

Taking care of business

Employer solutions for better mental health at work



Report of Mind's business summit, May 2011



For better
mental health



Attendees

Lord Freud, a Minister for the Department for Work and Pensions, was joined by senior professionals from a range of businesses and organisations representing employers of all sizes and sectors:

AXA

Barclays

British Chambers of Commerce

Business in the Community

Chartered Institute of Personnel and Development

Deloitte

Federation of Small Businesses

Happy Ltd

Linklaters

Marks & Spencer

National Grid

Santander

Stannah Stairlifts

Veolia Environmental Services

Work Foundation

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Introduction

Right now, one in six workers is experiencing depression, anxiety or stress (ONS, 2009) at a cost of £26 billion to the UK economy, or around £1,035 per employee (Sainsbury Centre for Mental Health, 2007). Mental health at work is a significant problem, yet it remains the elephant in the room, meaning that the costs spiral for individuals and businesses.

Mind already knows that the recession is increasing the strain on employers and, in turn, their workforces. Our research found that seven per cent of workers in England and Wales had started taking antidepressants due to the effect of the recession on their workplace, and one in 10 had visited their GP for help (Mind, 2010).

In the current economic climate, there may be a temptation for employers to dismiss workplace wellbeing initiatives, particularly on mental health, as 'nice to do' rather than essential. Yet pressure to reduce costs, and reliance on staff to see organisations through these difficult times, mean addressing mental health in the workplace is more than ever a business necessity.

Simple steps can save employers up to 30 per cent of the costs associated with mental ill health at work (Sainsbury Centre for Mental Health, 2007), while in 2009, performance of FTSE-100 companies taking action and reporting on employee health issues was 20 per cent better than that of their competitors (Business in the Community, 2010).

Yet beacons of best practice have not translated into widespread action to promote and protect the mental health of our workforces. Mental health remains the elephant in the room at work, with 41 per cent of workers saying that even stress is a taboo subject (Mind, 2011a). Mind's 'Taking care of business' campaign aims to change that and, in partnership with employers, transform attitudes to mental health at work.

Mind's business summit

To explore why the business case for managing mental health positively at work has not translated into widespread good practice, Mind held a business summit in May 2011, supported by AXA, to identify the challenges employers experience and develop peer-led solutions. Representatives of 16 organisations shared their insights, which form the content of this report. Mind's role was to facilitate debate – all the recommendations cited in this report were suggested by business.

Clear themes emerged on where action is needed from Government, employers and Mind.

The employment context:

- Coalition Government policy
- tax disincentives
- fit notes and GPs.

The workplace:

- leadership
- management
- stigma and disclosure
- size and sector
- support provision.

Mind would like to thank all attendees and particularly AXA for hosting the summit and supporting the publication of this report. Unless otherwise specified, all quotations are taken from the summit discussions, which were conducted under the Chatham House rule.

Summary of recommendations

A number of current Government initiatives – such as the sickness absence review and the review of all tax reliefs – provide timely opportunities to implement these recommendations. We urge the Government to use these and other appropriate levers to ensure employers are encouraged and supported to address mental health at work.

The Government should:

- explore financial incentives to encourage employers to prioritise mental health awareness and support at work – such as a feedback incentive loop where insurance premiums would be lower if employers had good mental health training for management in place
- keep the current tax-exempt status of employee assistance programmes (EAPs) as welfare counselling to encourage employers to provide EAPs, which act as support and prevention services for mental ill health
- research and evaluate extending tax reliefs or reductions for a range of employer-funded interventions that promote mental wellbeing, and ensure exemptions are applied and publicised consistently by HMRC and other agencies engaging with employers, such as Business Link
- explore how to improve GPs' use of the fit note – for example, by increasing the amount and quality of compulsory occupational medicine training available at medical school and as 'refresher' modules and by working with the Royal College of GPs to raise awareness of best practice
- along with organisations such as Mind consider the specific needs of different sizes and sectors of business and ensure recommendations and resources are tailored to a range of needs

- ensure sustainable provision of occupational health support for small and medium-sized employers (SMEs) at local level – for example, by implementing the NHS Wellbeing Task and Finish Group's recommendation for NHS occupational health to provide spill-over services for local businesses.

All employers should:

- build relationships with local GPs in order to improve their awareness of workplace environments and appropriate adjustments, by inviting GPs into their business or visiting GP surgeries
- make it their policy to talk with staff before they see a GP in order to explore possible workplace adjustments to discuss at their GP appointment
- incorporate safeguarding mental wellbeing into change-management processes and during other challenging periods – for example, through training from the leadership level down, proactively offering additional support to staff, or simply leading by example – as appropriate to the business; safety net support such as occupational health and EAPs should also be built in where possible
- take steps to create an open, supportive workplace environment and facilitate disclosure of mental ill health – for example, by raising awareness of mental health among staff, introducing mental health champions or buddy systems, or ensuring regular 'temperature checks' are built into management practice to open up dialogue – as appropriate for their business
- have a communications policy for staff absent through ill health which balances semi-regular contact to provide reassurance while not placing pressure on staff to return to work prematurely; where possible, frequency of contact should be discussed, tailored and agreed with individual employees.

- move from a default performance management approach to a more flexible ‘well conversation’ model, which focuses on employees’ capacity rather than incapacity, to avoid adversarial situations from developing, and provides a case-by-case response to each employee’s strengths and needs
- introduce and promote an EAP – SMEs can explore pooling resources in a local area to share the costs, supported by groups such as local Chambers of Commerce. At a minimum, employers should be aware of and able to signpost employees to appropriate sources of independent and confidential advice, such as the Mind infoline, local Mind or Citizens Advice Bureau.

Large employers should:

- prioritise employee mental health as a boardroom issue – on a par with physical health; this should include regular monitoring of progress or issues by senior leadership, reporting back to the board
- include details of proactive management of psychological health in their public reporting data, in line with Business in the Community’s public reporting guidelines
- ensure supporting mental wellbeing is embedded in management practice by facilitating regular supervision and appraisal, in line with the best practice outlined in Mind’s employers’ guide (2010)
- introduce, where possible, comprehensive, mandatory mental health awareness and management training for line managers and embed this into learning and development plans, using models like Business in the Community’s ‘Managing emotional wellbeing – Building team resilience’
- ensure line managers are central to absence management and trained to work in partnership with human resources, occupational health or legal colleagues, to provide a person-centred, rather than procedure-led, risk-based approach

- train line managers in making referrals to their EAP and evaluate their occupational health provision to ensure it plays an integral role in prevention and proactive absence management.

Owner/managers of SMEs should:

- promote positive mental health with staff, keep levels of employee health and wellbeing under regular review and report this to investors, lenders and/or partners as appropriate
- ensure they demonstrate positive management behaviours, hold regular reviews with staff to explore issues or development needs, and follow the simple steps to good management of mental wellbeing outlined in the Mind and FSB guide (2011).

Mind should:

- facilitate development of a network of business leaders with direct experience of mental health problems to challenge stigma by acting as ambassadors and spokespeople in the media, at events and with other employers
- continue to educate employers about mental health conditions, appropriate interventions and best practice and, working with stakeholders and trade bodies, explore producing tailored guidance
- work with employers to produce tailored approaches and guidance for different sectors which speak the right language for them and reflect their situations and needs.

The employment context



41 per cent of people
are currently stressed or very
stressed by their jobs – making
work more stressful than
money worries, marriage,
relationships or health issues.

(Mind, 2011a)

Coalition Government policy

A raft of recent policy announcements shows the Coalition Government's recognition that addressing mental health in the workplace is a business necessity. The mental health strategy, public health white paper and sickness absence review all acknowledge the crucial role of employers in improving staff wellbeing, preventing work-related mental ill health and helping employees with mental health problems to stay in, return to and perform well at work.

At the summit, Lord Freud, Minister for Welfare Reform, stressed the holistic nature of the Government's vision, stretching from reform of the welfare system through the new Work Programme to the public health strategy's commitments on employment (Department of Health, 2010). The Government's approach is to move beyond "a rigid dividing line between mental health and physical health," with a dual focus on getting people "back into long-term work, not this kind of shuffling for a few weeks into work but actually sustaining work," and "pre-empting the problem by stopping people falling out of work in the first place and making sure people stay in touch with the labour market".

"Early findings from the Fit for Work Service pilots indicate that while most service users have mental health or musculoskeletal issues as their main condition, it is often a non-medical issue at work that contributes to their sickness absence."

Lord Freud acknowledged some of the barriers faced by individuals and employers in the current system of state support:

- Access to Work: "Less than one per cent of that budget assists people with mental health issues. And that's a shocking figure when you recognise that, actually, mental health is the biggest reason that people are off work."
- Sickness absence regime: "We've got 600,000 [ill health benefit] claims every year. Around 300,000 of those are from people coming straight from work and about a third of the total, in other words around 200,000, are people with mental health issues. Our current problem is that potentially for some people we do nothing for more than 28 weeks," so in many cases they flow from statutory sick pay on to [ill health] benefits without any intervention from the employer.

The Government aims to play their part by procuring new Access to Work contracts to support people with mental health problems and through the current sickness absence review led by Dame Carol Black, National Director for Health and Work, and David Frost, Director General of the British Chambers of Commerce. Yet Lord Freud made clear that the responsibility lies with employers as well as the state.

The message was that employers need to normalise the issue of mental health to move beyond stigma and ensure good management training is in place so that issues can be spotted and dealt with at an early stage. The sickness absence review is exploring the varying levels of support provided by small and large companies and whether Government can incentivise and embed good practice in prevention and early intervention through financial reinforcement mechanisms.

Recommendation:

- **As part of the sickness absence review, the Government should explore financial incentives to encourage employers to prioritise mental health awareness and support at work – such as a feedback incentive loop where insurance premiums would be lower if employers had good mental health training for management in place.**

Tax disincentives

Existing tax disincentives can discourage employers of all sizes from investing in the mental wellbeing of their staff, which in the long run costs employers and the state more due to ill health and sickness absence. Worryingly, the Government's review of tax reliefs may be set to make matters worse by introducing a benefit-in-kind tax on employer-funded employee assistance programmes (EAPs).

Grave concern was expressed about the proposal, as part of the review of all tax reliefs conducted by the Office of Tax Simplification at the Treasury, to tax EAPs as an employee benefit 'in kind'. Currently EAPs are exempt from taxation under s210 of the Income Tax (Earnings and Pensions) Act 2003, in recognition of their status as a clinically based workplace counselling service.

EAPs are provided to all staff as a strategic intervention paid for by employers to assist with mental ill health and performance and not offered as a benefit. The message was clear: a tax levy on EAPs will discourage employers from using their services, meaning employees will lose access to an independent, confidential and expert service that can help prevent employees from developing mental health problems and help those experiencing such difficulties to manage their condition and recover more quickly.

“Taxing EAPs as if they’re an employee benefit rather than a programme that helps with mental health issues in and around the workplace just doesn’t make sense. This could actually kill the [EAP] industry and that would result in even more pressure on organisations and even more pressure on the NHS.”

EAPs are also holistic, enabling people to access advice on a range of issues that may be affecting their mental health, from debt to relationships, and so are an efficient and effective way for employers to provide psychological support to staff. This significant tax disincentive would wrongly send a signal to employers that EAPs are an optional extra 'benefit', rather than an integral part of a proactive approach to preventing and actively managing sickness absence. It also draws an unhelpful and impractical line between problems at work and home which can combine to negatively affect mental health.

Inconsistencies from HMRC over whether employer-funded health initiatives are taxed as employee benefits in kind also came to light. This affects small businesses in particular, which struggle to fund or

access occupational health services, but may put in place simple interventions to try and support staff by improving their wellbeing. Tax disincentives can significantly jeopardise this good practice, as the second testimony shows.

“One of the things we do [which has] proved to be very effective, both mentally and physically, [is] have onsite massage at work every month. It took me quite a while to persuade HMRC this was not a benefit in kind. This was part of our health programme and as a result, they accepted that.”

“We had to stop our massage because HMRC said they were going to tax it as a personal benefit and we couldn’t afford to fight it because they were going to hit us with 10 years of back tax if we did. We just had to drop it [as] we haven’t got the legal departments that the big companies have to fight that.”

SMEs often need greater incentives to promote wellbeing, due to greater pressure on resources, so taxing employer-funded employee health and wellbeing services is counter-productive and at odds with the Government’s aim of encouraging employers to play a bigger role in safeguarding employee health and wellbeing, as set out in the sickness absence review. There was a plea from employers of all sizes for Government to address these tax disincentives urgently “because that is a language we will understand and could well respond to”. We need more research into how tax reliefs impact employers’ health interventions.

Recommendations:

- **As part of the tax simplification review, the Government should keep the current tax-exempt status of employee assistance programmes (EAPs) as welfare counselling, to encourage employers to provide EAPs, which act as support and prevention services for mental ill health.**
- **As part of the sickness absence review, the Government should research and evaluate extending tax reliefs or reductions for a range of employer-funded interventions that promote mental wellbeing, and ensure exemptions are applied and publicised consistently by HMRC and other agencies engaging with employers, such as Business Link.**

Fit notes and GPs

Currently the sickness absence system tends to be “adversarial,” with employers sometimes sceptical of GPs’ diagnoses and recommendations, which can – in turn – hinder efforts to keep people in work or help them return more quickly following an illness or injury. While the introduction of fit notes has in principle enabled GPs to focus on what people can do and what adjustments might help, in practice many barriers remain.

Largely, the move to the fit note was welcomed for “the way it can change the conversation [to be] about capacity rather than incapacity”. In practice, however, employers felt that GPs too often miss the opportunity to support patients to manage their condition alongside their job. Fit notes rarely include genuinely practical recommendations, or the proposed adjustments are entirely inappropriate for certain workplaces. This can cause a problem where employees believe they have a right to the adjustments, but employers are unable to put them in place, and can further complicate workplace relationships.

“Most GPs have never been in a factory, they don’t understand it and some of the comments that they’re suggesting as adjustments on their fit notes [have] very limited success.”

One large employer reported that “of the thousands of fit notes that they’ve had, fewer than two per cent of GPs have said anything about adjustments that could be made to the workplace to help people to stay in work or return to work”. Another issue is that often “everything comes under the banner of stress,” so it can be difficult for employers to identify the causes and symptoms of different cases and, consequently, to put in place appropriate remedies or support.

In part this is down to medical students and trainee GPs receiving very little training on occupational medicine, which is compounded by poor GP knowledge about mental health – In a recent Mind survey, nearly 30% of respondents who went to their GP with mental health problems found their GP was unaware of services available to support them (Mind, 2011b). Raising awareness of how mental health interacts with different workplace environments, and what adjustments might be realistic, is therefore crucial. Some employers are trying to initiate this themselves, by inviting GPs from their local area into their workplace, but unfortunately “they’re all telling us they’re far too busy to come and look, to see the sort of environment that they’re trying to get their patients back into”.

Another example of good practice is one employer that intervenes, where possible, before a staff member visits their GP, to have a conversation about the type of adjustments that they might make in the workplace. This means that when the person goes to see their GP they have examples of feasible adjustments to hand and can play an active part in formulating their return-to-work plan, which can be recorded on the fit note. This proactive approach can enable the employer, employee and GP to identify together the right adjustments for the person and the business, while being sensitive to the particular situation. It would be inappropriate, for example, in cases where the employer and employee are in dispute or when there are allegations of bullying.

Recommendations:

- **As part of the sickness absence review, the Government should explore how to improve GPs' use of the fit note – for example, by increasing the amount and quality of compulsory training in occupational medicine available at medical school and as 'refresher' modules, and by working with the Royal College of GPs to raise awareness of best practice.**
- **All employers should build relationships with local GPs, to improve their awareness of workplace environments and appropriate adjustments, by inviting GPs into their business or visiting GP surgeries.**
- **All employers should make it their policy to talk with staff before they see a GP in order to explore possible workplace adjustments to discuss at their GP appointment.**

The workplace



Only 15 per cent of FTSE-100 companies report on proactive management of psychological health, while 97 per cent report on physical health.

(Business in the Community, 2011)

Leadership

Despite the prevalence and cost of mental ill health in the workplace, eight in 10 employers have no reactive or proactive mental health policy to support staff (Shaw Trust, 2010). To move this agenda forward, leadership is crucial – mental wellbeing must become a boardroom issue and senior management should drive progress from the top.

This principle lies at the heart of the innovative Workwell campaign led by Business in the Community (BITC). Working with leading employers, BITC is promoting a holistic model of employee wellbeing where “working well is part of the DNA of the organisation [and] positioned as a boardroom issue” which drives employee engagement and in turn productivity. Crucially, public reporting on employee wellness and engagement is a key objective of the campaign to ensure employee wellbeing is viewed “not only [as] responsible business practice, but actually mission-critical to sustained performance”. BITC’s bio-psycho-social Workwell model helps employers realise this in practice (see p.17).

BITC has made some headway – in its latest research, in terms of quantitative measures aligned with the Workwell model, all FTSE-100 companies include some kind of health and wellbeing theme in their public reporting. However, only 15 per cent of FTSE-100 companies reported on proactive management of

employees’ psychological health. So on the whole companies are not positioning mental health as a boardroom issue and “it’s not being put on the same par as physical health”.

There is a risk that employee wellbeing is still seen as “a nice bolt-on of lettuce leaves and gym membership” for many employers, and that the traditional tactical approach of health and safety compliance prevails, rather than the proactive model promoted by BITC. Stigma perpetuates the problem for mental health, with employers even less likely to acknowledge it as a priority issue.

Yet since the Chartered Institute of Personnel and Development (CIPD) has found that 70 per cent of employee mental health problems are either directly caused by work or by a combination of work and home (CIPD, 2009), there was a strong view that this simply must be a mainstream and strategic issue for UK business. Some enlightened employers are recognising this, and proactively building mental wellbeing support into change management or during difficult periods at a strategic level.

The company quoted below introduced this training for its directors first and then cascaded it down through their departments – an approach that embeds mental wellbeing as a priority through all levels of the organisation, driven by the leadership.

“This is going to be a challenging year for [us] on a number of levels and... we need to get good performance in the organisation and continually improve that performance... so [the directors] asked us to come and talk to them about building resilience, leadership styles and how the leadership teams can support their management teams in delivering good performance without harming people in the process.”

Recommendations:

- **Large employers should prioritise employee mental health as a boardroom issue – on a par with physical health. This should include regular monitoring of progress or issues by senior leadership, reporting back to the board.**
- **Large employers should include details of proactive management of psychological health in their public reporting data, in line with Business in the Community’s public reporting guidelines.**
- **Owner/managers of SMEs should promote positive mental health with staff, keep levels of employee health and wellbeing under regular review and report this to investors, lenders and/or partners as appropriate.**
- **All employers should incorporate safeguarding mental wellbeing into change management processes and during other challenging periods – for example, through training from the leadership level down, proactively offering additional support to staff, or simply leading by example – as appropriate to the business. Safety net support such as occupational health and EAPs should also be built in where possible.**

Case study:

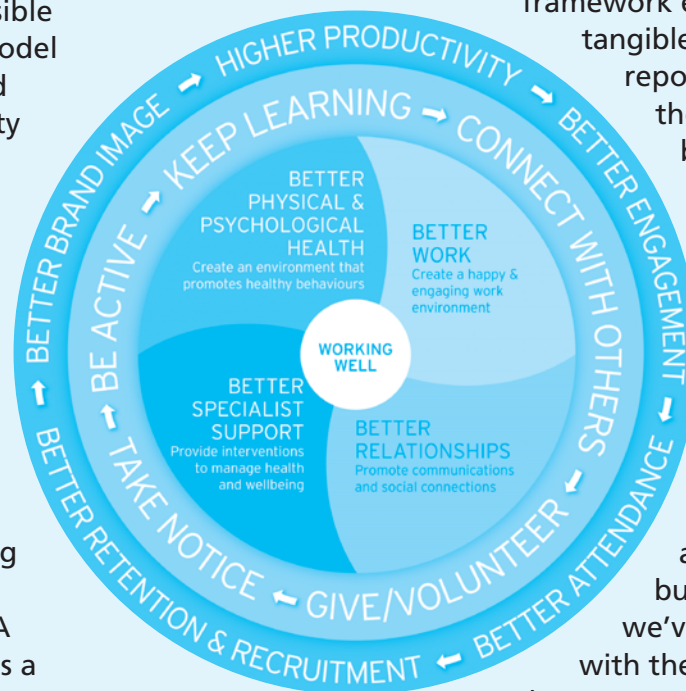
Business in the Community's Workwell model

The Workwell model, developed by business for business, articulates the complexities of mental health in the workplace and the different interrelated factors that impact on employee wellbeing. "We worked with our members and our leadership team to develop this bio-psycho-social model and what it's done very successfully is provide a strategic and holistic framework for integrating employee wellness and engagement into responsible business practice." The model has been widely endorsed by the business community and organisations such as Mind.

In a very straightforward and practical way, the model articulates the dual responsibility between employer and employee and the links between holistic wellness and productivity. 'Working well' is positioned at the centre, as part of the DNA of the organisation and as a boardroom issue. The four segments are the actions employers should take to provide the environment for the whole person to thrive. It is very proactive but recognises that people do become ill, so under 'better specialist support', early intervention and active absence management are key. The light blue circle is the actions individuals should take to improve their own health, based on the 'Five ways to wellbeing' from

the Government Office for Science's Foresight report on mental capital (2008). Finally, the outer circle is some of the high-level business benefits.

BITC's recommendations on public reporting are built on this model, with metrics corresponding to the four principles of better work, better physical and psychological health, better relationships and better specialist support. This practical monitoring framework enables businesses to take tangible action on these areas and report in a meaningful way on their progress – to their board, their shareholders and prospective investors.



While all FTSE-100 companies report to some degree on health and wellbeing of staff, "some of that reporting isn't very meaningful insofar as it doesn't actually link to securing business objectives [so] we've done a lot of work with the investment community, the CIPD, Henderson Global and 10 exemplar FTSE-100 companies to see what kind of measures investors want and what would be useful in terms of exemplar management". Mind and BITC will be urging companies to follow the public reporting guidelines and in particular ensure staff psychological health is on a par with physical health as a boardroom and shareholder issue.



7 out of 10 people said their boss would not help them cope with stress.

(Mind, 2011a)

Management

Management can have a huge impact on mental health. Good line managers can be crucial in spotting early signs of distress and initiating early intervention, while poor line managers may exacerbate or even cause mental health problems through their approach or behaviour.

In many instances, “line managers can be a health hazard” – a view was widely shared that “some of the pressures in the workplace of bad management or under-trained management ... create a lot of mental health problems or exacerbate them”. This is not so much a failing of individual managers, but of management culture in the UK.

Management capabilities are a significant problem for UK employers. “We invest less per manager on management development than our European competitors” and “by and large, people get into managerial positions because they’ve been good accountants or they’ve been good engineers and it’s the only way that you can reward them”. People tend to be promoted for technical ability rather than strong people management skills, and then as managers they receive very little training to develop those necessary softer skills.

Generally, managers are not rewarded for managing people well, but for “cranking as much out of them as possible”. Consequently, many employees receive poor management support – the CIPD’s employee outlook survey has found that 20 per cent of employees had never had an appraisal and 20 per cent had never received any training. This can lead to employee dissatisfaction and under-performance, through a lack of either avenues to raise issues or opportunities for personal development.

In this context, it is unsurprising – but worrying – that seven in 10 employees Mind surveyed in 2011 felt their manager would not help them cope with stress. While line managers remain such a barrier, it will be impossible to see significant improvements in mental health at work. This is equally true of line managers in large firms as of owner/managers of SMEs – “it’s the day-to-day management behaviours that make the difference”.

The solutions, though, come down to common sense. Work has been done to define the characteristics of managerial behaviour that are associated with psychologically healthy workplaces: “And you read down the list and actually it is good management. There isn’t any magic to it, it is the things you’d expect: managers who have common sense, a degree of empathy, recognise that individuals wanted to be part of something – all those straightforward things.”

Leading employers, small and large, have recognised this. Some SME owner/managers have a very direct, simple and informal approach of tea and coffee breaks with all their staff on a daily basis. “We’re talking to them every day and we’re in very much closer contact so anything that’s going wrong you pick up. You know everybody extremely well.” Larger firms are shifting their training away from technical aspects of management to softer skills, emotional intelligence and awareness of their own behaviour and team resilience. National Grid is an excellent example of a well embedded approach to line-management training and support (see p.21).

The key point is that this is not as complex as people might fear. “It doesn’t matter whether you’re two people or two million people – some of those common basic management skills and basic human skills are the things that make a lot of difference and can prevent escalation.”

Recommendations:

- **Owner/managers of SMEs should ensure they demonstrate positive management behaviours, hold regular reviews with staff to explore issues or development needs, and follow the simple steps to good management of mental wellbeing outlined in the Mind and FSB guide (2011).**
- **Large employers should ensure supporting mental wellbeing is embedded in management practice, by facilitating regular supervision and appraisal, following the best practice outlined in Mind’s employers’ guide (2010).**
- **Large employers should, where possible, introduce comprehensive, mandatory mental health training for line managers and embed this into learning and development plans, using models like Business in the Community’s ‘Managing emotional wellbeing – Building team resilience’.**

Case study:

National Grid

National Grid has around 10,500 employees in the UK, including 4,000 field engineers “down the hole and up the poles” and 6,000 in office and support functions. This mix of staff roles poses a challenge for developing a comprehensive approach to mental wellbeing and stress management at work across the business, but in the past 18 months National Grid has started to make real progress.

Finding the HSE Management Standards for Stress were not the right fit for all parts of their organisation, a team of people nominated by directors from across the business – including line managers, safety reps, communication, HR and occupational health specialists – were brought together to determine a common understanding with an aim of improving our approach to mental wellbeing in National Grid. “That collaboration process enables us to progress our strategy with everyone in that team on the same level and it allows us to talk a common language. When they go back to their parts of our business, they can talk and support with confidence.” This has begun to embed mental wellbeing as a priority throughout National Grid.

Practical tools for managers and staff have followed, hosted on an interactive intranet site with e-learning packages for employees on building their resilience and for line managers on emotional intelligence and their behaviour. National Grid recognised the crucial role of line

managers so adapted Business in the Community’s ‘Managing emotional wellbeing – Building team resilience’ tool, the essence of which is being developed into instructor-led workshops for use this autumn. “Now we’ve put the e-learning into our learning management systems it becomes part of our people’s development processes as they move forward up through their management training.” They are also producing core guidance for managers on a number of scenarios involving difficult conversations with staff and how to take the first steps.

Going forward National Grid is currently piloting fast-track psychological rehabilitation services within its call centre teams. In addition, they are working on broadening the role of occupational health away from reacting to absence and workplace injuries to supporting the well and encouraging all employees to choose healthy lifestyle behaviours. To measure the impact they are developing a wellbeing index using their employee survey, and a scorecard and dashboard to monitor the outcomes of their various programmes. Their next challenge is to ramp up awareness of mental wellbeing more broadly across all parts of their 10,500 workforce.

“The idea really is a slow burn. This is something where we’re continually introducing new processes and packages into the organisation so people feel that there’s a building support network that’s coming through.”



1 in 5 people fear disclosing stress would put them first in line for redundancy.

(Mind, 2011a)

Stigma and disclosure

Stigma and prejudice are still pervasive, with mental ill health largely seen as a weakness or excuse and “real partners don’t get sick” still the prevailing attitude. This was universally felt to be a huge barrier to progress, meaning staff feel unable to disclose stress or mental health problems while managers are not aware of problems or do not know how to broach the subject.

While improving the external employment context and internal leadership and management of mental health are all important, ultimately people’s understanding, attitudes and behaviour need to change to move forward on this issue. Employers of all sizes and sectors acknowledged that “the way in which lots of people talk or don’t talk about mental health [is] very much the elephant in the room,” which means staff may not be aware of available support until a crisis happens. Creating the right environment so employees feel able to disclose their problems and concerns is therefore a crucial part of employers’ providing proactive support for staff, to prevent mental health conditions from worsening and leading to sickness absence.

As it stands, many people experiencing mental ill health still fear that disclosure will jeopardise their career or their reputation, as two attendees who had experienced depression and bipolar disorder, respectively, explained.

“I felt an immediate sense of relief because I’d told some people, followed about a day later by a sense of even more deep despair on the basis that now not only what I’d done was failed to cope with some of this, but I’d now probably lost my job.”

“I think when you’re a professional person, there is an enormous pressure to conceal mental ill health. My current employer is fully aware of my mental health problems and is supportive... But it’s still very difficult because, even among your peers, you don’t want to say anything. You’re always worried about your performance. Are you as good as the other people in the department? You’re very much afraid of taking time off ... I still think that, if I was going for another job now, I would be very keen to try and hide it yet again.”

Yet some employers are taking steps to create an open workplace environment where people feel able to disclose mental health problems. An important first step is for companies to recognise mental ill health is an issue that affects their business and that can affect all employees, whatever their role or level, as National Grid (see p.21) and Deloitte (see p.25) have done. Then this has to be communicated throughout the organisation so they are aware of what support is on offer and feel more confident their mental health is valued. This can be as simple as publicising resources and available support services on the organisation’s intranet or taking a regular ‘temperature check’ by asking how staff are in individual catch-ups or team meetings.

Communication should continue with staff who are off sick, as silence can breed more anxiety and distress about returning to, or being managed out of, work. Employers must have “the confidence to actually go and talk to someone without it looking like you’re pressurising them,” to give staff reassurance. If possible, an agreed schedule outlining the frequency of contact should be set up, tailored to the individual employee’s needs.

Opening up different routes of communication is important, too. “We work with our safety reps to build their confidence, knowledge and understanding of the support systems so they can start to buddy up with the [frontline technicians] particularly to talk this area through, see whether we can start to demystify some of the discussions around [mental health].” Deloitte’s Mental Health Champions scheme (see p.25) offers staff a disclosure route outside of line management structures and also harnesses the positive power of the “shadow of a leader,” with senior staff leading by example to talk about mental health and share their own experiences.

In order to tackle wider stigma about mental health, there is a pressing need for more senior business leaders to follow in the footsteps of John Binns, a partner at Deloitte, and talk publicly in the media and at events about how they have had mental health problems and also a successful career (see p.25). Peer-to-peer education is crucial if we are to confront the elephant in the room.

Recommendations:

- **All employers should take steps to create an open, supportive workplace environment and facilitate disclosure of mental ill health – for example, by raising awareness of mental health among staff, introducing mental health champions or buddy systems, or ensuring regular ‘temperature checks’ are built into management practice to open up dialogue – as appropriate for their business.**
- **All employers should have a communications policy for staff absent through ill health, which balances semi-regular contact to provide reassurance against not placing pressure on staff to return to work prematurely. Where possible, frequency of contact should be discussed, tailored and agreed with individual employees.**
- **Mind should facilitate development of a network of business leaders with direct experience of mental health problems to challenge stigma by acting as ambassadors and spokespeople in the media, at events and with other employers.**
- **Mind should continue to educate employers about mental health conditions, appropriate interventions and best practice and, working with stakeholders and trade bodies, explore producing tailored guidance.**

Case study:

John Binns, Deloitte

In 2007, I experienced a period of significant depression. It meant me taking two months off work, and it changed forever how I and Deloitte see and respond to colleagues with mental health difficulties.

Once I had admitted my depression to senior partners, I thought my career would be over. But despite all my fears to the contrary, my colleagues reacted to my depression with unfaltering kindness and common sense. This allowed me to rest and recover in the same way that someone would who had a physical illness like a broken leg or a bad back.

When I returned to work on a graduated return, the positive way the company treated me meant that I felt even more engaged and energised with Deloitte than before, which meant I was more productive than ever. I was made to feel valued and given time and support to get back to firing on all cylinders. Even without knowing the figures, this made the business case for investing in staff wellbeing crystal clear to me.

Now I wish I'd spoken up earlier, so I could have got support at an earlier stage, before falling off the edge. My experience made me want to open the way for others in the early stages of depression – or managing someone in that situation – to talk openly about what is still a taboo subject for many.

So, on my return to work I spoke to senior partners within the firm about how people

could spot the symptoms of stress and depression at the earliest stage and talk to someone about their fears and concerns. Working together with Mind and others within the firm, I developed the idea for Deloitte to set up our Mental Health Champions network.

Deloitte now has seven partners trained so people can talk to them in confidence about their mental health, outside of formal line-management structures. It's not HR-related but for senior leaders in the business. This sends a signal that employees can be open about their mental health and access support at an early stage. Some 40 people across the firm have sought help from the Mental Health Champions, and we have also boosted the firm's Well Now programme to focus on managing pressure, building resilience and offering early help to colleagues.

Many more people (around 30 per month) also access our onsite occupational health adviser for support. As a result of all those programmes over the last two years, we have seen a significant improvement in both absence rates and staff satisfaction rates in our employee engagement survey. We're now looking at what more we can do to ensure employees feel confident to come forward about stress and mental health issues.

With Mind's support, I have spoken out publicly about my experiences, as it's so important to have senior and successful role models prepared to talk about this subject, to challenge some of the stigmas around mental health problems at work.

Size and sector

A lively debate on whether small or large businesses are better placed to support their staff's mental health found advantages and challenges on both sides. Equally complex are the different needs of the manufacturing and engineering sectors compared with office-based or service roles. Government policy and mental health resources for employers have not necessarily taken account of these different contexts in their efforts to move this agenda forward.

There was general acknowledgement that, due to limited resources, SMEs often find it more difficult to access or provide formal mental health support for employees, such as occupational health support or EAPs. Employers felt part of the problem is that government schemes such as Health Work Connect are piloted and then axed time and again, so there is a lack of continuity in provision and therefore low awareness of available support among SMEs. With a small workforce, there will be lower incidence of mental health problems, so “the frequency with which you will need to use it is probably once every three or four years. You may not have anybody. You won't know about [available support] and by the time you do get to know about it and think it's good, it's gone.”

Yet, in relation to BITC's Workwell model, many SMEs are doing well on three of the four core principles for employee wellbeing: better work, better physical and psychological health and better relationships. The fourth, better specialist support, is where SMEs face challenges.

“The TUC themselves say working in a small business is generally a much happier place to be [and] the social contact we have all the time on an ongoing basis.”

SMEs are often built on a family or friendships and managers have much more direct and frequent contact with their workforce. Research for the Government on how small firms deal with absence from work found that “most small organisations have to be fleet of foot and agile and responsive to not just their customers but also the needs of their staff”, so the support they offer staff may be more flexible and person-centred (Bevan et al., 2004).

In contrast, larger firms are more likely to have access to occupational health services, health insurance, EAPs or other forms of formal support for employees – so are getting it right on better specialist support – but their workplace culture may be problematic.

Prescriptive processes and procedures for dealing with mental health in large firms can also mean preventable problems too easily escalate into a crisis. Legal protection for disability “leads to people feeling entirely impotent in seeing a risk and exposure” for the company, instead of “just using the soft skills

that need to be deployed in these situations,” such as picking up a phone and calling the employee who is absent. Issues are also commonly passed from the line manager to HR to occupational health and on to the legal team in big firms, so the person ultimately dealing with the issue is very remote from the employee and a sense of proportion or perspective about their problem is lost. As a result, some large firms are trying to recapture the SME ethos by moving away from HR departments to a business partner model, where the line manager manages staff issues directly.

These different challenges for small and large employers yield different needs, but to date most Government initiatives and other mental health resources for employers have focused on large workplace environments. As SMEs tend to be more informal and flexible in the way they support staff, the Government “can’t see evidence of small businesses tackling this issue so they assume that small businesses don’t care – [that] it’s not a priority for them”. Yet “50 per cent of the private sector workforce works in a small business and 98 per cent of those are micro-businesses,” so it is essential their needs are addressed.

“If you can’t stand the stress, get out,’ that is still, I think, the norm in far too many big businesses... You’re expected to work ridiculous hours and put yourself under huge stress and the danger is that those kind of companies see this as: ‘Yes, we’ll carry on working people like that but we’ll have a safety net’.”

Similarly, there was a strong view that manufacturing and engineering sectors tend to be sidelined on this agenda. Off-the-shelf tools can be inadequate for the range of job roles in many organisations – for example, National Grid found the HSE Management Standards for Stress were not a good fit for all parts of their company – and some employers felt most recommendations for employers are currently only suitable for office-based or service roles rather than the “metal-bashing shop” or outdoor work.

Stigma can be even worse in these environments where physical labour, strength and masculinity tend to be the norm. “It’s very often the factory-based personnel who find it very difficult to open up and say they’ve got a problem” and for field engineers “talking to people [is] not really part of their job, or so they think” so barriers to disclosure can be greater. Traditionally, in these environments, managers tend to identify mental health problems only once the situation is “beyond redemption” and the employee is already involved in disciplinary proceedings.

Yet others felt there is a way forward, looking at the progress that has already been made in some organisations. Employers in different sectors need to ask “what are the keys in your industry, what are the right messages to enable people to move forward?”. One example is linking issues relating to mental health into the safety and risk agenda, especially as many manual jobs carry higher levels of risk for the workforce. “So this is around things such as fatigue, error management, concentration levels,” where good mental wellbeing is crucial to prevent risks to employees but also the public – for example, in relation to energy companies. There is a clear need for more approaches that speak the right language for manual workers.

Recommendations:

- **The Government and organisations such as Mind should consider the specific needs of different sizes and sectors of business and ensure recommendations and resources are tailored to a range of needs.**
- **Through the sickness absence review, the Government should ensure sustainable provision of occupational health support for SMEs at local level – for example, by implementing the NHS Wellbeing Task and Finish Group’s recommendation for NHS occupational health to provide spillover services for local businesses.**
- **Large employers should ensure line managers are central to absence management and trained to work in partnership with human resources, occupational health or legal colleagues to provide a person-centred, rather than procedure-led, risk-based approach.**
- **All employers should move from a default performance management approach to a more flexible “well conversation” model, which focuses on employees’ capacity rather than incapacity, to avoid adversarial situations from developing, and provides a case-by-case response to each employee’s strengths and needs.**
- **Mind should work with employers to produce tailored approaches and guidance for different sectors which speak the right language for them and reflect their particular situations and needs.**

Support provision

Employee assistance programmes (EAPs) and occupational health provision can be crucial to supporting staff during the early signs and later stages of mental health problems. Yet various barriers mean employees and employers are not necessarily seeing the full benefits of these resources.

“EAP programmes are probably the single most under-utilised tool in any manager’s toolbox.” Employers can be sceptical about EAPs even though they are clinical programmes and employees “tend to think there’s this stigma attached” despite their independent and confidential nature. In many organisations, EAPs are not effectively publicised and managers do not tend to refer staff to use them, so uptake can be very low. Even when people are referred, in some companies “there were three, four, five months of somebody being off sick before they actually got that intervention”. Many shared the view that managers often do not know how to make a referral, and are not well trained in doing so.

Some employers seek to rectify this by promoting engagement with their EAP via occupational health or line managers proactively referring their reports, while others have made a direct link with staff to raise awareness of the support available.

Occupational health can also be under-used, due to the prohibitive cost for SMEs or the tendency towards silos in large companies. Often this leads to employees being referred to occupational health only after many months of sickness absence, when

“We’ve had an EAP service for the best part of 20 years within our organisation, vastly under-utilised, and it was only when we launched our own wellbeing website that the employees themselves could access that they became aware of that.”

interventions to aid return to work are far more difficult to implement successfully. Occupational health advisers (OHAs) are rarely utilised at the prevention end of support.

One company has developed a new model where occupational health provides proactive management and support for employees: “Thirty per cent of the colleagues that go into occupational health are still actively at work so we are demonstrating the in-work scenario.” Their approach is to use occupational health to support their business drivers, hence “the overriding objective, if you support the individual, the business objective is also achieved because it’s that early intervention [leading to an] early return to work”. Around 40 per cent of staff referred to occupational health now receive an intervention within the first week of sickness absence.

The company has a coherent range of support programmes including an EAP and access to a full range of talking therapies and psychiatric care, through its health insurance scheme. Occupational health case managers play a crucial role, developing trust with staff and helping them to navigate the various support systems “to make sure they know what is available to them and gain that early intervention”.

Other companies are moving from the traditional approach of managing the ill to actively supporting the working well. “We’re developing the skills of the OHAs within the contract to have much more ability to have a wholesome consultation with employees, not just around the issue they present for but in a broader context across their lifestyle.”

Recommendations:

- **All employers should introduce and promote an employee assistance programme – SMEs can explore pooling resources in a local area to share the costs, supported by groups such as local Chambers of Commerce. At a minimum, employers should be aware of and able to signpost employees to appropriate sources of independent and confidential advice, such as the Mind infoline, local Mind or Citizens Advice Bureau.**
- **Large employers should train line managers in making referrals to their EAP and evaluate their occupational health provision to ensure it plays an integral role in prevention and proactive absence management.**



Only 38 per cent of
workers think their current
employer is doing enough
to support them.

(Mind, 2011a)

Conclusion

A range of factors, from the employment context to challenges in the workplace, conspire to ensure mental health remains the elephant in the room. But a concerted effort from Government and employers – working with organisations such as Mind – will move this agenda forward.

Mind recognises that some employers are leading the way, with small and large employers from different sectors showing commitment to safeguarding the mental health of their employees through a range of actions. Yet the majority of staff still fear speaking up about issues and feel their employer will not provide support if they do disclose a mental health problem.

With pressures on employers and workforces showing no signs of abating, it is imperative that all employers make staff mental health a priority and that government does its part to create the right environment to incentivise this, in line with the business-led recommendations in this report. Mind's 'Taking care of business' campaign will continue to promote these and work with employers to confront the elephant in the room.

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Mind infoline

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For better
mental health

Mind has been speaking out for better mental health for over 60 years and is now the leading mental health charity in England and Wales. We work in partnership with more than 160 local Mind associations to improve the lives of people who have mental health problems.

Mind is an independent organisation supported by donations. We campaign to influence Government policy and legislation, work closely with the media and are the first source of unbiased, independent mental health information.

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