TIME TO TALK ABOUT MENTAL HEALTH
INTRODUCTION

Back in 1946 Roffey Park was set up to help those traumatised by the war years to return to and thrive in the workplace. The people we helped then were suffering from what we would now characterise as PTSD (Post-Traumatic Stress Disorder). The approach and therapies adopted to help these British workers were held to be unique and groundbreaking and over time attracted the attention of people from all corners of the globe, including from the World Health Organisation, who were keen to learn about the fascinating work taking place in this corner of rural West Sussex.

Seventy years on and we still have that Roffey Park drive to try to be at the edge of things. We are seen as leaders in the field of organisational development and over the past seven decades have made many contributions to thinking on leadership and on different aspects of human activity and relationships in the workplace. We are excited to be rediscovering some of our early roots - through our recent work on resilience and compassion – and look forward to making further contributions to a better understanding of mental health and wellbeing in the workplace.

Today there is a lot of good work being done in the mental health space by great organisations and committed individuals throughout the UK. But there is still a lot to be done. The way forward – I believe – lies in the altruistic actions of like-minded people working in partnership to chip away at the barriers surrounding acceptance of those with mental difference.

Roffey Park is delighted to publish these articles as a result of the Wellbeing and Mental Health event at Roffey Park to market the Institute’s 70th anniversary in 2016. The first article is the result of a collaboration between Kirsten Samuel, CEO, Kamwell Limited; Colin Minto, Director, APeopleBusiness; Dr Mark Winwood, Clinical Director, Psychological Health, AXA PPP Healthcare and Jacquie Findlay, Senior Partner, People In Partnership.

The second article is written by Nighat Sahi, Senior Solicitor, Sahi N Associates Ltd and Bark&co. The final article, written by me, explores some of our own research and thinking in this field.

These articles are a shining example of what is possible when we pool thinking and resource. I hope you will enjoy reading and benefitting from these as much as I did.

Michael Jenkins
Chief Executive, Roffey Park
The word ‘stigma’ has become a familiar part of our societal narrative, not least in the context of mental health where it colours the way people relate to this deeply complex issue, often without their conscious awareness. According to the Oxford English Dictionary, stigma is “a mark of disgrace associated with a particular circumstance, quality or person”. In other words, it can be seen as a negative set of assumptions, beliefs and attitudes that are applied to those who are perceived as different from an accepted norm.

The term is multi-faceted and can be broken down into three distinct types:

**Self-stigma** occurs when an individual subscribes to a wider group's misconceptions about mental health and internalises these negative beliefs. As a result, they may experience feelings of shame, anger, hopelessness or despair that act as a barrier to them seeking social support, employment or treatment for their mental health concerns. This type of stigma propagates fear and isolation and can exacerbate an individual's negative experiences of their condition.

**Social stigma** refers to the attitudes and beliefs of wider society towards people with mental health challenges. For example, the public may assume that those with psychiatric conditions are violent and dangerous when in fact the target of their assumptions is more likely to be the victim, rather than the perpetrator of such abuse. The media portrayal of mental illness can significantly contribute to reinforcing social stigma.

**Institutional stigma** refers to an organisation's policies or culture of negative attitudes and beliefs that affect, often invisibly, the way mental health is approached in the workplace, educational establishment or other institution. This can manifest in a reluctance to promote inclusiveness, treating those with mental health challenges as inferior to those who have a physical illness or declining to promote mental health initiatives.

**Stigma in the workplace**

In AXA PPP Healthcare’s 2016 survey, 33% of employees and 28% of managers reported being diagnosed or treated with a mental health condition; less than a quarter of both groups reported feeling that they could be open about this. These findings are mirrored in research by Time To Change, which found that 9 out of 10 individuals living with mental health concerns had experienced stigma and nearly half of those surveyed would be uncomfortable disclosing their mental health concerns at work. Roffey Park’s workplace survey, The Management Agenda 2017, found that whilst 63% of people feel comfortable discussing mental health issues with their colleagues, 56% are less comfortable when discussing mental health issues with their immediate line manager.
What are the reasons behind non-disclosure?

In managers - 42% felt they would be judged by their colleagues, 32% feared being judged by their managers and 32% reported that disclosure would harm their career prospects.

In employees - 29% reported feeling embarrassed by their condition and 24% claimed they would be judged negatively by their manager, whilst nearly 40% of respondents reported being treated worse than colleagues with a physical health concern.

Embedded in organisational culture – just under half (47%) agreed that the culture of their organisation was open and accepting of mental health issues (The Management Agenda 2017, Roffey Park).

The History of Stigma

In order to understand how stigma has become entrenched in our attitudes towards mental health, an investigation into its origins is a necessary first step. Historically, self-stigma, social stigma and institutional stigma have at their core a deluge of negative beliefs and judgements relating to mental health. A cursory Google search of the term ‘history of stigma’ gives overwhelming priority to content focused on mental health, revealing just how intimately linked the two are.

Early beliefs about mental illness centred around possession by evil spirits, with sufferers thought of as ‘wild beasts’ that needed to be confined, causing them to be heavily ostracised and isolated. ‘Mad houses’ were built across the world where patients were kept with no regard for their quality of life. Around the start of the eighteenth century, asylums gained popularity as places where the ‘insane’ could be ‘corrected’. This approach assumed that mental illness could be cured in the same way as a physical ailment, informing the development of treatments such as trepanning, frontal lobectomy and electro convulsive therapy (ECT). These medical interventions did little to reduce the stigmatisation of those with mental illness.

Fast forward to the twenty-first century and, sadly, misinformation has continued to reign. Much common knowledge about mental illness is drawn from popular culture, a lot of which is inordinately inaccurate, only fanning the flames of stigma. Words such as ‘mental’, ‘nutter’ and ‘crazy’ are all stalwarts of the English language, used freely to describe those living with mental illness and, indeed, in other contexts not related to mental health (“it’s driving me crazy”, “I’ve had a mental day at work”). Language is a central informant to the way we think about things and discourse around mental illness has done nothing to diminish the fear people have around opening up in work or social environments.
Research has shown that among FTSE 100 companies, those who prioritise employee engagement and wellbeing outperform the rest of the FTSE 100 by 10 per cent. At these companies, fewer days are lost to sickness absence and there is less ‘presenteeism’.
Source: Business in the Community, Wellbeing and Work: the facts.

Thankfully, the past year or so has seen a shift towards positive change. As mental health is discussed more openly, our understanding of it has begun to change. As figures from sports, entertainment, government and business begin to open up about their own struggles, the process of normalisation has begun and a positive narrative developed to highlight the skills and capabilities that those with mental health conditions possess. The historic over-medicalisation of psychological distress and mental illness is also being tackled, with growing pressure on the healthcare system to increase access to talking therapies. But despite these important leaps forward, the road towards the eradication of stigma is long, and much further work is needed to address its root causes and the impact that it has.

The Impact of Stigma

For people living with a mental illness, stigma is the biggest obstacle to seeking treatment, managing their wellbeing and gaining societal acceptance. Negative stereotyping, prejudice, discrimination and a lack of understanding only serve to exacerbate the problem. To further explore the impact of stigma, the three different categories identified below serve as a useful framework:

Self-stigma – when a person experiencing mental health concerns internalises negative beliefs about their condition it can have a profound effect on their self-esteem, as well as feelings about their abilities and character. Self-stigma is often at the root of non-disclosure, causing the individual to close off a certain part of themselves, thus exacerbating feelings of isolation and worthlessness. Self-stigma can manifest in self-imposed exclusion from important facets of life, from hobbies and social activities, to pursuing a career.

Social stigma – those with mental illness are some of the most likely targets of exclusion from housing, education and financial services, partly due to the negative stereotypes with which they are associated. This causes vulnerable individuals to miss out on access to the building blocks of a full and healthy life. Social stigma is one of the main contributing factors to the ongoing aggression and hostility directed towards those with mental illness.

Institutional stigma – institutions are not immune to the perpetuation of stigma. Many employers do not see mental health as an important part of inclusivity, equality and wellbeing programmes. Instead of fostering a culture of openness and acceptance, the reality is that many organisations have yet to address the disparity between their approach towards physical and mental wellbeing. Whilst there is legislation in place to protect individuals from discrimination, legislation is only as good as its enforcement and those already in a vulnerable state may avoid taking action for fear of worsening an already difficult period in their lives.

Stigma can make those experiencing mental illness feel shackled into a life of isolation where they are unable to speak up and seek the support they need. This can become a self-perpetuating negative cycle with profound and enduring effect on their ability to pursue mental wellbeing.

The Way Forward

Reducing stigma requires a multi-dimensional approach, which not only educates at an individual level, but also tackles the concepts and labelling of mental illness at a societal and institutional level.

The role of the individual
- Learn the facts. We all know someone who is living with mental illness. Take time to understand what they are going through and how you can support them.
- Learn to model self-care and integrate mental wellbeing into your daily lives.
- Be there for someone without judgement. Show compassion, empathy and choose your words respectfully.

Start early with school children
- Children are taught from a young age to raise the alarm if they see someone in physical distress. In this way, we need to create greater equality and parity between physical and mental health.
- Raise awareness through the inclusion of mental health on the school syllabus (derogatory name calling is often due to a lack of understanding).
- Information and education for children, parents, teachers and professionals (some young children have reported that they have been stigmatised by teachers, GPs and mental health professionals, the very people that are meant to help them: no one is immune from bias).
- Teach children the right language to use.

The role of the organisation and employer
- Employers must take responsibility for actively valuing, supporting and promoting mental wellbeing in the workplace, and creating a holistic wellbeing programme that places as much importance on mental health as physical health.
- Ensure a zero-tolerance approach to prejudice and discrimination.
- Create a culture where people can talk openly about mental health.
- Engage senior role models to take the lead in promoting mental health awareness.
- Education and training on what mental illness is and what it is not (to reduce fear, stigma and discrimination caused by the unknown).
- Provide training for line managers to spot the signs of mental illness in their people and to feel confident in supporting and signposting appropriately.

- Identify what services are in place to support employees, e.g. EAP, Occupational Health, and facilitate easy, confidential access.

- Lobby government to ensure the right policies and support are in place and to ring-fence mental health spending.

- Sign up to an organisational pledge e.g. Time to Change, to reduce stigma and discrimination.

The media need to recognise the pivotal role they play in compounding the problem and need to educate themselves fully before leading with any story.

Less sensationalising and more positive, inspirational stories about people's journeys and their path to recovery are what is needed.

Take every opportunity to re-frame and evolve the conversation, providing positive education and language relating to mental health.

**Conclusion**

Through the process of stigmatisation, vulnerable individuals fail to seek help when they need it the most, institutions become places of prejudice and exclusion and, as a society, we continue to propagate a negative view of those with mental health concerns. At the same time, the past year has seen a much needed shift in attitudes as more people, including those in the public eye, start to open up about their personal battles and, in so doing, diminish the power that stigma can have over its target. With the right strategies in place, we can harness this positive change and move forward with the acceptance and support those with mental illness not only need, but deserve.

A workplace audit showed that EDF Energy was losing around £1.4m in productivity each year as a result of mental ill health among its employees. As part of an Employee Support Programme the company offered psychological support to employees and trained over 1,000 managers to recognise psychological ill health among staff and to minimise its effects. This resulted in an improvement in productivity which saved the organisation approximately £228,000 per year. Job satisfaction rose from 36 to 68 per cent. Source: Business in the Community, 2009

The role of the communications, media and entertainment industries

These industries are largely responsible for sensationalising violent acts by people with mental illness and depicting people with mental health problems as being dangerous, violent, unstable, or unpredictable.

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Mental health, wellbeing and disability in the workplace are becoming increasingly urgent priorities. A 2016 research paper, commissioned by ACAS found “Mental illness is the largest single cause of disability in the UK. Workplaces are amongst the institutions that contribute to, and impact on, our mental health throughout our lives ... The complexity, diversity and range of root causes of mental health conditions make management of mental health at work difficult and challenging, especially for line managers who are often on the frontline in supporting colleagues or signposting them to additional support.”

The challenges that mental health in the workplace present, appear to be consistent across sectors. There are now a growing number of “anxious organisations”, which struggle to manage change and communication and where the management culture endorses, rather than contains, anxiety. Key areas that can cause difficulties are managing and communicating organisational change, downsizing and work intensification, performance and personal interaction.

According to ACAS, “mental health problems cost employers in the UK £30 billion a year through lost production, recruitment and absence”. The cost to the wider economy is even greater. According to the Organisation for Economic Co-operation and Development (OECD), in 2014 mental health “was the cause of 40% of the 370,000 new claims for disability benefit each year” and the cost of the UK’s failure to cope adequately with mental health issues is 4.5% of GDP each year, caused by productivity losses, higher benefit payments and the increased cost to the NHS. According to The Guardian in the same year, that cost carries a price tag of £70 billion a year.

They are startling statistics but they still take no account of the loss of talent and human resources when those individuals with mental health issues or disabilities are forced out of a workplace that can’t or won’t accommodate them.

The urgent need for our leaders to model the right behaviour: combating the rise of “anxious organisations”
The way forward

Tackling mental health is a multi-faceted challenge and not all of the necessary initiatives are within the scope of an employer. That said, there is no doubt that employers and their management have a significant role to play. The Centre for Mental Health charity estimates that employers should be able to cut the cost of mental health - in lost production and replacing staff - by about a third, by improving their management. Areas where change and improvement is both needed and possible, include:

- incorporating mental health and wellbeing as part of your overall business strategy, dovetailing it with staff retention, morale, productivity and customer experience.
- better policies and practices by employers to help employers help staff both before, during and after any episode of poor mental health. Such practices could include: workplace campaigns to highlight the ongoing stigma surrounding mental health, having a warning system and procedure in place for staff who feel unwell and/or a policy to support the development of a workplace culture where staff felt empowered.
- strong leadership around attitudes to mental health, which also encourage innovative practice, together with tailored help and training for management to increase awareness, knowledge and confidence.
- ensuring employees are encouraged to discuss their mental health concerns. Although this is a tricky and sensitive area, adopting a “tell your boss” ethos and following an easy 4 step process can make all the difference:
  1. Pick the right time: and speak with the employer/employee.
  2. Prepare: set an agenda to keep focus and make notes. The key is to emphasise that the employee’s condition does not necessarily affect the quality of their work.
  3. Encourage questions: knowledge is a powerful tool and can be a positive experience.
  4. Follow up with an email: thank the parties for their time and support, set out what was agreed and what if any actions will need to be taken forward.

All the above are perfectly achievable but require motivation and a proactive approach from within the organisation. All three measures can be designed to deliver quantifiable results. The drivers behind such initiatives and steps are likely to be twofold: increased awareness of the real cost of mental health issues and an increase in the availability of practical support and resources.

Modelling the right behaviour

Strong leadership that models the right behaviour and attitudes is a central feature that runs through all the above suggestions. It’s not rocket science to suggest that leaders who model the right kind of behaviour and attitude are more effective in their leadership and will heavily influence organisational culture.

As human beings, we have a tendency to copy the behaviour of others, particularly if that person is someone in authority or who we respect. If you see your boss always taking a high degree of care with health and safety, you’re more likely to do the same. Moreover, a manager who demonstrates empathy and understanding and who tries to accommodate staff issues, is more likely to gain respect. A change of attitude will not of course happen overnight, but there are 4 key steps you can take as an employer immediately, at little cost, which will have almost an impact:
A national and universal change of approach is become increasingly urgent. But small changes in attitudes and procedures at a grass roots level is both immediately effective and can make a big difference.

**Introduce mental health training, education and awareness**

Your leaders don’t have to be psychiatrists but a more thorough understanding of the causes, symptoms, challenges, support and treatment of mental health issues is likely to make your leaders more aware, more understanding, more confident of the handling of a situation and more able to offer practical assistance (or direct a member of staff to the right practical support). Training and education needs to be ongoing.

**Help leaders to know what to do**

Even if introducing mental health into your business strategy is beyond your remit at the moment, introducing a procedure and policy for leaders to follow is a necessity. What do they do if they hear staff talking in a detrimental way about mental health, how do they respond if they think a member of staff may be unwell. If someone else has a concern about a member of staff do you have a well-known open door policy? These are matters that can take a small amount of time to determine but can make a big difference to company culture.

**Review working practices**

Can you offer more flexibility in terms of hours and working from home? What about your employee benefits? Could you offer something else which might make a difference. Financial issues, confidence and health are all big factors in mental health – is anything else you can offer which will address these?

**Review your management appointment system**

Consider using psychometric/personality assessments both at the recruitment and promotion stages to help assess the leaders you choose, their natural ability to lead by “good example” and their attitude towards mental health.

**AUTHOR**

Nighat Sahi
Senior Solicitor, Employment and Business Immigration Consultant, Sahi N Associates Ltd and Bark&co
We are constantly bombarded with reports in the media telling us how stressed we are at work. Certain professions, such as teaching, social work and the police are considered high stress professions, yet it appears that many other occupations are also feeling the pain. Where does this pressure come from?

People we speak to in organisations talk about the ever constant drive to deliver more with less and the pressure to achieve higher productivity levels. Our own research, (see infographic on opposite page), shows that people are working longer hours than ever before, when perhaps they shouldn’t be. There is growing evidence that working more hours actually reduces productivity, and we believe that organisations should focus on enabling managers who recognise that increasing productivity is not simply about driving people to work longer hours, but being alive to individual needs and showing due care and concern.

We are entering a period where open discussion of workplace stress and mental health in gaining traction and momentum. For too long, UK society has found it more straightforward to talk about physical manifestations of ill-health and to a certain extent this tendency is understandable. But that does not make it excusable. Support for people with mental health issues is in need of urgent attention: the professionals who struggle to provide critical care are unsung heroes who need the more active involvement of ordinary people in the workplace.

What this means in practice is three key things. First, we need to do more to normalise discussion of mental health in the workplace. Our Management Agenda 2017 research has some encouraging data to suggest that workers in peer groups are willing to discuss their issues amongst themselves. But the data suggests that they are not so keen to bring up the subject with their bosses. This indicates that while we look to be on the right track – and that there is a great deal of goodwill to try to help – managers could do more to make themselves available and open to their reports who might want to discuss what are very sensitive and personal matters.

Second, we need to encourage organisations to get behind the established mental health charities more than ever before and to add their voice, and resources, to new initiatives such as those championed by the Duke and Duchess of Cambridge together with Prince Harry, namely the Heads Together campaign (which seeks to address in particular the mental health needs of younger members of our society and the newest entrants to the UK workforce).

Third, we need a sea-change in the way that mental health is viewed. Good work is being done in the area of cognitive diversity (which looks at different thought and problem-solving processes) which (logically) implies a growing need for us to reframe how we work with, and find work for, people who see the world in a very different way to the majority of the population. Many of these potentially “fully paid-up” members of our workforce have undiscovered talent, which only the most innovative and open-minded of companies are beginning to recognise in areas such as complex problem solving and data analytics.

So let us continue to address the serious issues inherent in mental health – but let us also not disregard the significant opportunities it represents for UK organisations who are willing to jettison prejudice and reach out more.
WORKPLACE STRESS AND MENTAL HEALTH IN A SNAPSHOT

Extra time spent working on a regular basis... compared with 20 years ago

- **51%** Take work home in the evening
- **29%** Work at weekends
- **84%** Work through lunch hour
- **33%** Work a 50+ hour week

Causes of stress

1. Increasing workload
2. Poor strategic direction from the top
3. Office politics
4. Lack of time

Mental Health

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<td>47%</td>
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Source: The Management Agenda 2017, Roffey Park Institute