

# Mental Health: Beyond Awareness



Exploring the role of business in improving wellbeing in Britain by investing in strategies, policies and practices which prevent the development of mental ill-health.

tomorrow's  
company

**OLIVER SANDERSON**  
Search & Selection Specialists

**WWA**  
The Work & Wellbeing Alliance

The challenges faced by Britain's businesses in addressing the mental health crisis are too great for any one organisation to be able to solve alone. Success, we believe, depends on collaboration with partners from all sectors. For this reason, a consortium was established across private, public and social sectors, drawing on tomorrow's company research, in combination with the expertise and experience of members of the Work & Wellbeing Alliance below.

### Members of the Work & Wellbeing Alliance



SLAUGHTER AND MAY



BETTERSPACE



# Executive Summary

Concerns about mental health and wellbeing have dominated headlines, leading to concentrated action by many businesses and the emergence of a dynamic market of new ideas and products.

We applaud those who have led this amazing mobilisation. It has changed the dynamics of the debate about mental health and, by bringing topics out of the shadows, it has enabled people to talk about their inner lives and challenges in ways that were not previously possible. This is a good thing. We have become aware of the cost of mental health issues for individuals, for organisations and for the wider economy. This is also now rightly bringing with it a desire to build on early successes, along with a need to better understand how the initiatives we take next can have greater impact.

In this report, we will therefore seek to bring greater clarity and focus to the approaches being taken to support a move from treating symptoms to addressing causes. The report asks how we can move beyond awareness building to the prevention of conditions in the first place.

The report considers how we can take the next stage on our journey from relying on the expertise of a few - or even a few hundred - mental health first-aiders, to creating much wider capability, capacity and confidence across our whole organisations, and to increase our understanding of how we might equip people differently for the additional challenges that these volatile times will bring.

The report also recognises that, given the diverse nature of the demographics across our organisations, a one-size-fits-all approach to mental health is only going to take us so far. So, we need to consider how we can create the tools and conditions enabling individuals to take control, not only for themselves, but also to look out for their colleagues in ways that reflect our deeper humanity.

We will then make a series of recommendations, which seek to use this inflection point to create more sustainable organisations in every sense.

'Beware of anyone who tells you there are simple clear approaches that will 'sort-out' mental health in the workplace. There are many attractive wellbeing offers, but the truth is that we are still in the foothills of understanding what works for whom and why. Employers must collaborate more openly in working towards the next generation of approach'.

Miranda Wolpert – Head, Mental Health Priority Area, Wellcome Trust.

## Norman Pickavance

Founder of the Work & Wellbeing Alliance



# Mental Health: Beyond Awareness

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## 1. Purpose of the report

**The primary purpose of this report is to:**

- Inspire employers to take the next step in their mental health and wellbeing strategies.
- Enable employers to move beyond awareness raising approaches and bring greater focus to prevention, building capabilities and ensuring effective risk management.
- Create a movement of employers who are committed to improving standards of mental health and wellbeing in the workplace and beyond.

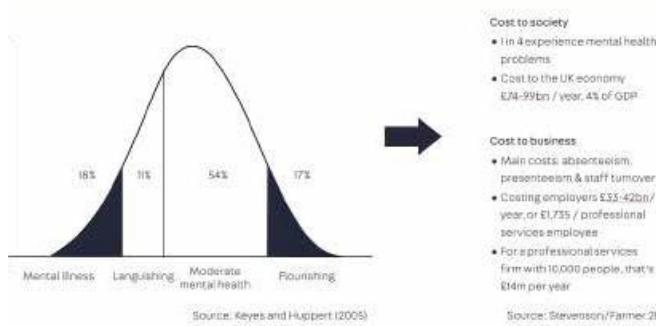
## 2. Introduction

It is a well-established fact that work can be critical for health and wellbeing and increase self-esteem, identity and purpose. And yet, as we dig deeper into the data, a very different picture emerges: where 57% of all working days lost to ill health in the UK are due to stress, depression or anxiety; where mental ill health is estimated to be costing employers up to £42 billion; and where the UK economy is losing up to £99 billion, as over 300,000 people fall out of work every year due to mental ill-health. Indeed, 'the UK is one of the few OECD countries where perceived health status has worsened over this period, with the proportion of people rating their health as "good" or "very good" falling by nearly 5 percentage points.' [OECD research]. This is in large part due to declining mental health.

It is also disturbing to be reminded that there are twice as many drugs being dispensed for mental illnesses as there were 10 years ago. Research conducted by the UK mental-health charity Mind suggested that 1 in 6 people experience a common mental health problem every week, such as sleep problems, fatigue, irritability and stress. These are issues that may not meet the criteria for a diagnosable mental disorder, yet that still affect a person's ability to function at their best.

Workers who are mentally healthy are more productive. [Front of Mind Report – CBI 2018]. Furthermore, as Stevenson and Farmer outlined in a recent report, 'Thriving at Work: a review of mental health and employer' (see diagram below), we start to see how poor mental health and wellbeing could well be applying the brakes to our economy at a time when the UK's productivity is already lagging, and may be holding back UK workers, whose nominal productivity is 16% less than that of the average worker in other advanced G7 economies, despite above-average investment in education and training. This does not feel like solid ground from which to launch Global Britain. So, improving workplace mental health and wellbeing should play a key role in closing the UK's productivity gap.

### One of the big challenges of our time



Many businesses have responded rapidly. Millions have been spent, projects set up, high-profile charities launched, campaigns initiated, and awareness raised. It all looks a lot like progress and - if we view actions to date as an 'emergency response to crisis' - then we would agree that capturing everyone's attention has been the first vital step.

Those who have led the charge - Royal Princes, Poppy Jaman (co-founder of the Mental Health First Aid movement), Sir Ian Cheshire, (Chair of Barclays Bank UK PLC and the Heads Together Charity), pioneers like Geoff McDonald, Rob Stephenson and Sue Baker, and organisations like Mind and Rethink – should all be praised for how they have helped to build awareness and started to change attitudes across business and society. As Sue Baker, CEO of Time to Change observed, 'Thousands of people and organisations are working tirelessly to tackle stigma, overturning old stereotypes and outdated attitudes.'

The number of people acknowledging that they know someone close who has had a mental illness increased from 58% in 2009 to 65% in 2014. Encouragingly, over two-thirds (68%) of respondents also said that they now know what advice to give a friend to get professional help for their mental health problem.

The research shows that people are becoming more tolerant and understanding of people with mental health issues. Nine in ten people (91%) agreed that we need to adopt a more tolerant attitude towards people with mental health problems in our society, and 78% agreed that people with mental health problems have for too long been the subject of ridicule.

[Source Time to Change Campaign]

Clearly such progress is to be applauded. Today, just over 1 in 5 businesses now say they are taking a leading approach, setting the organisation's health and wellbeing agendas from the top. Most employees (56%) believe that their employer has a role to play in helping them live healthier lifestyles, and 3 in 5 view managing their health as a top priority in life. [Global Benefits Survey - Willis Towers Watson 2016].

However, beneath these headlines, a far more complex picture is emerging. We are seeing a lot of conflicting information, which this report will attempt to decipher. For example, whilst 40% of people said they would now be comfortable talking to their employer about their mental health problems, almost half (48%) said they would feel highly uncomfortable [Time for Change: Research]. Furthermore, as Lord Layard (former UK happiness tsar) recently pointed out ‘talking to your line manager is still the most stressful thing an employee can do during their day.’

Another example of emerging paradoxes is that, whilst prevention is identified as being key to good workplace health and wellbeing [WHO 2014], Mental Health First Aid (MHFA) has almost become a default intervention by many businesses. As the name suggests, MHFA is reactive and does not prevent issues from occurring. Hugh Robertson (TUC Senior Policy Officer) observed in 2018 that ‘many employers are using MHFA as their only way of dealing with mental health issues and, increasingly, as a way of dealing with stress related problems. This is hardly surprising given that by introducing MHFA training organisations can say that they are doing something about mental health issues even if they are doing nothing about preventing stress-related illnesses such as depression and anxiety’.

Furthermore, whilst the Office for National Statistics would suggest that sickness absence has been decreasing over the past decade, as half the workforce is unlikely to talk about their mental health and is not reporting their condition, it is possible that people are not taking time off when they are struggling with mental illness, because they don’t want their bosses to know about it. Instead, it seems likely they are battling on, masking problems and trying to function. Indeed, this analysis tallies with information on presenteeism (the idea of being physically at work, but mentally absent) incidences, which have tripled over the past 8 years. The cost of people working while they are unwell is now estimated to be even higher than the cost of people taking time off. Today more than 4 in 5 businesses (86%) have seen presenteeism in their workplace in the last year, with more than a quarter saying that it has increased. [Health and Wellbeing at Work-CIPD 2018].

This paradoxical picture chimes with rising unease amongst mental health and wellbeing professionals. Many of those who have attended our workshops have discreetly asked whether their initial response to mental health in the workplace is appropriate for the task in hand, and even if it is, how they might measure the impact of the investment being made. We expect these murmurings to grow in 2020.

‘Beware of anyone who tells you there are simple clear approaches that will “sort-out” mental health in the workplace. There are many attractive wellbeing offers, but the truth is that we are still in the foothills of understanding what works for whom and why. Employers must collaborate more openly in working towards the next generation of approach.’

[Miranda Wolpert – Head, Mental Health Priority Area, Wellcome Trust].

We are not saying that business’ initial response to the mental health crisis was wrong. Rather, that we have reached an inflection point - moving beyond initial response and awareness building to questioning how business might deliver meaningful long-term mental health benefits for individuals within their organisations and wider society.

The hope is that we can move from initial surge to sustainable impact. However, to do so will require greater clarity of the issues we are seeking to address, a wider understanding of the causes of poor mental health, and better insight into the interdependent nature of mental health at work and in society. We will also be required to think more deeply about the importance of changing business culture in places of work, not simply as places where mental health can be discussed openly, but as places which actually engender positive mental health. And we will need more fully to consider how we can effectively measure the impact of the interventions and investments we are making.

This point of transition provides the context for our report.

### This report will consider four main areas:

- Taking stock of what has been happening both inside business and in the market that has grown up to support it.
- Considering the extent to which business has incorporated the changing social and economic contexts, along with work and organisational cultures, into a diagnosis of what is really happening with mental health.
- Developing a new framework for building sustainable mental health and wellbeing strategies, including how progress might effectively be measured.
- Recommendations for businesses to move beyond raising awareness of mental health issues to the implementation of preventative strategies.

## 3. Taking Stock

2017 saw the publication of the Stevenson-Farmer 'Thriving at Work' review, which was commissioned by the government to look at how employers can better support the mental health of everyone in employment. This provided an initial and widely-recognised benchmark against which to judge progress. 'Thriving at Work' found that UK workplaces are facing a much bigger mental health challenge than first thought, and highlighted the implications for society, the economy and government policy. Also significant was the identified financial impact on businesses, through loss of productivity and effectiveness, as well as absence rates due to sick leave. The Stevenson-Farmer report produced a powerful set of mental health core standards, which they recommended that all employers, regardless of workplace type, industry or size, should adopt. These standards state that employers should:

- (1) Produce, implement and communicate a mental health at work plan.
- (2) Develop mental health awareness among employees, such that everyone will have the knowledge, tools and confidence to understand and look after their own mental health and those around them.
- (3) Encourage open conversations about mental health and the support available when employees are struggling.
- (4) Provide employees with good working conditions, which contribute to positive mental health.
- (5) Promote effective people management.
- (6) Routinely monitor employee mental health and wellbeing.

The report goes on to stress that all organisations, whatever their size, should be equipped not only to address, but also to prevent mental ill-health caused or worsened by work. Widely welcomed, the CBI built on these recommendations, further proposing that the strategies must be seen to be owned and supported from the top.

### Front of Mind: The CBI's 2018 Report into Mental Health and Wellbeing

The CBI report underscored the Farmer-Stephenson recommendations with a particular emphasis on 3 areas:

1. Prioritising health and wellbeing from the top demonstrates its importance as a workplace issue, and ensures that it is a shared priority across the business.
2. Targeting action towards early interventions can enable people to perform at their best and makes business sense.
3. Embedding good health and wellbeing depends on creating a culture which reinforces positive messages and prioritises staff health and wellbeing.



"I experience depression and addiction. I knew that the firm's "This is Me" project would have considerably more impact if a Partner were prepared to take part. I think people now feel safer coming forward and the film has also helped to break down preconceptions about who can be affected by Mental Health issues."



OUT

Cothy Pitt - CMS  
Partner



" In 2010 / 2011 I suffered a period of debilitating health anxiety after the bereavement of several close family and friends. I suffered in relative silence and it impacted my work and family life. When my dear friend Amanda broke down at work with clinical depression. I recognised the signs. This time I knew what to do: I gave her a hug, I wrote her a letter sharing my story and told her who to see to get better. We both felt a responsibility and an opportunity to create a culture where it is ok to talk about our mental health."



OU1

Richard Woodward ■ Three  
Chief Commercial Officer

Amanda Lambeth ■ Three  
People Director

## 4. The Mental Health Marketplace

A wellspring of solutions has grown rapidly in response to the perceived crisis in mental health. However, the UK's market for workplace mental health solutions has also become problematic. It is large, diverse, and largely unregulated. Indeed, so many interventions have grown up in such a short space of time that we have even seen the creation of solutions to help people navigate the solutions - for example, the 'Minds at Work Gateway' in the U.K., or 'PsyberGuide' in the U.S., which provide user and expert guidance on mental health apps.

Any company looking to support their employees can choose from hundreds of existing strategies, tools, training, and sources of advice. We carried out a market review in July 2019 which found 15 different organisations providing some kind of product, service or guidance for employers addressing mental health in the workplace. Between them, they offered nearly 420 separate interventions, with some tailored for business sectors, such as 'Blue Light' for the emergency services, 'Pilot Light' for hospitality and 'Mates in Mind' for the construction industry.

However, many health, wellbeing and HR professionals we spoke to expressed feeling overwhelmed by an unregulated market of options and not knowing how to navigate them. Consequently, some employers have played it safe in just opting for what everyone else seems to be doing.

Across the 420 interventions we found the following composition:

- 24.3% were toolkits and resources. These were typically guides for companies or individuals on how to address mental health, how to start an anti-stigma campaign, or an overview of other interventions. Generally, these were free to access.
- 14% were forms of training, courses, and workshops. These ranged in their focus and output, but were typically externally facilitated and offered to the companies for a charge, much like any other training programme.
- 10% were education and campaign materials. These related specifically to tackling the stigma around mental health, or in educating people within the workplace about mental health or illness.
- 5% were externally provided services that companies could include as part of their offering. These included counselling, employee assistance programmes or other helplines.
- 27% were sector-specific. Around 6% of the total number of interventions catered specifically for teachers, whilst the majority of the sector-specific offerings assumed employees were office-based.

Beyond these business solutions, there was a wider market targeted at individuals providing access to, for example, meditation apps or yoga classes. This then merged with the self-help and self-improvement sector estimated to be worth \$13 billion by 2022.

Within the market, the most popular interventions appear to be anti-stigma campaigns, mental health first-aiders, manager support and training, and apps and digital solutions. We will now briefly consider each of these.

### 1) Anti-Stigma Campaigns

Myriad business-backed campaigns have been launched to tackle the stigma surrounding mental health, and to send a clear message that 'it's okay not to be okay'. In what one person we talked to termed a 'me-too' of mental health, CEOs and business leaders have spoken out about their personal experiences in an effort to make clear that mental health issues can affect anyone.

#### Case Study: Lloyds Banking Group

One such leader is António Horta-Osório, Chief Executive of Lloyds Banking Group. In a 2017 interview with The Times Magazine, he talked about how leading the bank through its post-financial crisis recovery nearly destroyed his mental health. 'I thought I was Superman. I felt I could do everything. Before this, I had thought that the less sleep I had and the more work I did, the better. It showed me I was not Superman. And I became a better person, more patient, more understanding and more considerate. It was humbling, but you learn.'

Of course, despite all these efforts and more, the stigma hasn't been fully eliminated across business and industry, just as it persists in parts of our society. However, it's clear that many (if not most) employers understand that working to remove the stigma is a top priority. They also often know where to seek ideas on how to go about it, and how to start setting an example from the top that the mental health of all employees should be everyone's concern.

### Case Study: InsideOut

At the core of the work at InsideOut is its 'LeaderBoard' which celebrates each leader who has decided to be open about their mental health. This role-modelling of behaviour plays an extremely important part in helping to smash the stigma long-associated with mental health conditions and helping others in their organisation speak out and seek help. InsideOut will grow the list each year, creating a ripple effect of more and more executives speaking out until it is as normal to talk about mental ill-health in the business world as it is to disclose a broken leg.

## 2) Mental Health First Aiders

Another dimension of awareness campaigns is the effort to empower individuals by providing them with the confidence and ability to support each other more effectively.

One of the most widely used wellbeing tools in the country is Mental Health First Aid (MHFA), which involves training people to help others vulnerable to mental health problems and to offer help when needed. First developed in Australia to improve public understanding of mental health issues, MHFA has since been taken up around the world, and is increasingly used in workplace settings. According to RAND, some 245,000 people in the UK have undergone training to be mental health first-aiders, or MHFAs. The concept also has significant political support: in January 2019, a motion was debated in the House of Commons that would make training MHFAs part of an employer's first aid responsibilities.

Mental health first aid was one of the most common topics of conversation at our Roundtables. Almost every major company we spoke to had trained, or was considering training mental health first-aiders, with a perceived positive impact on their organisations.

### Case Study: IKEA

'For us at IKEA, having a mental health first- aider on site can be vital when something goes wrong. We have had serious incidents happen at our stores. Having someone on site who can help both our co-workers and our customers, when something serious is potentially going to happen, is really important'

However, in a 2018 evidence review to establish how effective MFHA can be, the Health and Safety Executive concluded that the supporting evidence was weak or non-existent: 'It is not possible to state whether MHFA training is effective in a workplace setting. There is a lack of published occupationally-based studies, with limited evidence that the content of MHFA training has been considered for workplace settings. There is consistent evidence that MHFA training raises employees' awareness of mental ill health conditions. There is no evidence that the introduction of MHFA training in workplaces has resulted in sustained actions in those trained, or that it has improved the wider management of mental ill-health'.

Similarly, RAND concluded that the evidence base for MHFA is still maturing. Multiple evaluations have been undertaken, showing an increase in confidence, knowledge, attitudes and behaviour in the international context, although fewer studies consider improved mental health outcomes.

More worryingly, there is some preliminary evidence that people trained to be workplace MHFAs can face risks to their own mental health. Research from the University of Nottingham found examples where 'staff felt unsupported and where, for example, they had co-workers contacting them outside working hours: there were significant issues around lack of clarity with boundaries and potential safety concerns for the trained person.'

### An employer at one of our Roundtables voiced similar concerns about MHFA:

'I think there's a lack of evidence about whether mental health first aid is beneficial to organisations. There is evidence that it's beneficial for the people who are trained as mental health first aiders, it does raise awareness, it does de-stigmatise. But whether it has an impact on the mental health of the people who are coming into contact with the individuals is yet unproved.'

This is not to say that MHFA should not be used, but rather that it should be used with caution and in the context of other interventions. Just because an intervention is the most popular, or seems like it will help, does not necessarily mean it addresses the problem that an organisation needs to solve. Most importantly it should not be used in isolation, or as the only solution for the organisation. We are not suggesting that MHFA cannot be an extremely valuable tool as part of a wider mental health strategy. Furthermore, the most effective mental health first-aiders are those who are well supported by their organisations and have sufficient infrastructure in place.



"I experienced childhood trauma, including abandonment and sexual abuse. This resulted in several mental health challenges such as borderline personality disorder and dissociative episode s, tog ether with low self-worth. I feel that the impact of c h il d abuse is not well underslood <ind more heavily stigmatised in the workplace than the associated mental illness. I want lo change this. Shoring Ihese challenges hos helped creole on open and respectful culture which is 1mp orfont for sloff and clients."

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OUR

Sereno Bradshaw • Goddess Consultants  
Managing Director



"My wife and best friend took her life. My kids and I suffered badly and I had 9 months off work. I got fantastic support from Clifford Chance but I realised that there are many who don't feel able to ask for support and many who don't know they need it. Caring deeply about the mental wellbeing of all employees is a basic obligation that we have."



ROUT

Jeremy Connick - Clifford Chance  
Partner

### 3) Manager Support and Training

During our Roundtable discussions, the conversation about mental health in the workplace would frequently come back to the responsibility of managers to be sensitive to mental health and the view that good managers can make or break a mental health strategy. Managers are responsible for assigning employees' tasks and workload and performance management; they set the tone for support; and influence how comfortable individuals feel in declaring a mental health issue; and they can influence the level of required adjustments. Yet managers frequently report that they are under-prepared to manage mental health, and those with mental health problems often do not feel well supported by their line manager. Our Roundtables highlighted a need for additional support for managers themselves, particularly if they are supporting individuals with mental health issues. One team leader in our research discussed the dilemma of managing the relationships between her team members, when making adjustments to the working conditions of one team member suffering mental health issues caused tension with other team members. This is especially tricky when wanting to protect an employee's privacy.

#### Roundtable attendee

'The one thing I would do is to educate line management about the language and do's and don'ts of mental health. I have learned from my personal experience and understanding of mental illness. But other managers in the company, maybe less familiar with it, could be struggling to cope in those situations.'

In addition to providing support, training management in mental health and supporting team members facing issues can be highly effective. Academic research using a randomised control trial found that providing training for managers on mental health, communication skills and guidance on how to provide support led to a significant decrease in work-related sickness 6 months later.

#### Case Study: Unilever

One example of an employer aiming to increase support to managers is Unilever, which has redirected part of its general employee assistance programme to become a managers' helpline, which is now generating far more calls than before.

### 4) Apps and Digital Solutions

Over the last decade, there has been a notable rise in digital solutions to mental health and illness. Whilst there is now a general comfort level that some digital mental health solutions work (many are being prescribed by the NHS, for example), they have only relatively recently made their way into organisations and workplaces. They are an attractive option, particularly for large organisations: they are scalable, accessible, and can be cost-effective. They also have the power to relatively easily collect data as they go, additionally giving HR or others in the organisations clear information about uptake, usage and even overall wellbeing. There has been a great deal of innovation and investment in this area: apps or online formats can also include persuasive technologies to encourage use and uptake; they can be tailored or personalised for individuals; they encourage self-monitoring and self administration (empowering the individual), and they can be directive or use tunnelling - directing people to the right route or outcome.

## 5. Challenges with a Market-led Approach

### 1) A bias towards supporting professional, highly-paid office-based staff may be distorting how we think about mental health

Certain types of organisations and jobs get far more attention than others. There is a noticeable bias towards professional and office-based environments, where job descriptions and demands can accommodate at least some adjustments to improve wellbeing. By contrast, there is far less directed at companies with large unskilled or manual workforces working in non-office environments - for example, contractors providing cleaning and security services. Matthew Taylor (CEO of the Royal Society of Arts) has noted that those industries and individuals who are already well-supported by their workplace employee benefits programmes are those most likely to also have mental health support, whilst hourly-paid staff are not.

### 2) A tendency to think one-size-fits-all

We know that one size does not fit all. In developing mental health interventions, businesses need to be more aware of how different groups require different levels and types of support. For example, in our own Roundtable discussions, we found that flexible hours might work well for some but not for others; hot-desking and open plan offices might be helpful for building support networks, or may create different kinds of stress; banning email after hours may be an effective way of making employees switch off, but doesn't work for those with family or caring responsibilities who work different hours.

#### Roundtable Discussion

'I think the biggest barrier I see as a line manager in mental health is that it's not a one size fits all approach. So, having something different for everyone that reflects the root cause is actually what we need. Some people thrive on things like competition, whereas others find it detrimental. So, how can we individualise and personalise mental health prevention care?'

*HR Director, Roundtable attendee*

### 3) Lack of consideration of diversity and demographic issues

Broader demographic differences can make a real difference to rates of mental health, support-seeking behaviour, and how much support is available. Women of all ages and social categories have statistically reported higher rates of stress and mental health issues than men, and the gender gap is widening. There is also a notable disparity between ethnicities. In general, those from black and minority ethnic groups are more likely to be diagnosed with mental health problems and more likely to be admitted to hospital, but they are also more likely to experience a poor outcome from treatment and to disengage from services. The underlying causes are diverse: variables such as racism, poverty, social isolation and cultural attitudes towards treatment. The biggest concern is the greater likelihood to receive poor quality treatment, often due to the failure of mainstream health services to serve particular cultural needs . Employers we spoke to with particular demographics were vocal about these issues. Another noted a distinct gender divide: while women were much more comfortable discussing mental health issues, men generally were far less likely to talk about their mental health.

### 4) Lack of clarity about mental health goals

A research paper from the RAND Corporation, one of the only rigorous analyses of the market, concluded that 'Whilst the landscape of health and wellbeing interventions is a broad one, it can be difficult to understand "what works" – or whether it will have a positive impact on staff health and wellbeing outcomes'. Our research also indicates that it is frequently unclear what companies are trying to achieve. As one interviewee told us 'Measures of success are muddled, because the way the "problem" is defined in the first place is also muddled.'

Clearly, solutions must be geared towards different needs, and combined with greater clarity about their intended outcomes. We therefore need to more broadly consider what factors in people's workplaces, communities and lives have contributed to the rise in mental health and wellbeing issues.



"Since a teenager, I have experienced depressive periods and times of extreme stress. I also grew up experiencing an older sibling's struggle with schizophrenia. Early in my career, I hid my struggles and this made me more anxious and added more pressure. Speaking out as a leader, you will not only help others to feel able to be more open, but you'll also gain a lot for yourself, in ways you can't imagine."



OUT

Pauline McNully | Executive Programme Director  
Liberty Specialty Markets



"Being open about my depression has allowed me to transform my own mental health. I am happier now than I have ever been. This process has also transformed the culture of Cicero to become open and transparent about mental health. As a business we are actually getting a reputation for talking about mental health which means we can now recruit talented people like Rob. He was the first person we hired who had an open conversation about his diagnosis as part of the recruitment process"



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Mork Twigg - Cicero Group  
Executive Director

Rob Agnew - Cicero Group  
Account Director

# 6. A Different Diagnosis: Looking at Root Causes

As we have seen, a market-led mental health agenda has had an impact in addressing the urgent need to raise awareness across business and stamp out stigma, through communications campaigns, training, mental health first-aiders and wellbeing apps. However, we also observe that taking a 'product or service' approach alone to something as complex as the workings of the human mind is unlikely to deliver long term benefits. There are two major factors which have contributed to this:

- An understandable desire to act - almost everyone now knows of someone who has had, or is experiencing, some form of mental ill-health, and the resulting upheaval. The desire by leaders to do something tangible and immediate is very powerful and understandable.
- Technology offers immediate solutions - the world is transfixed by technology and we are offered technical apps for everything. This presents us with the notion that everything can be fixed by a technology intervention but when this is translated to mental health, we should be unsurprised if we end up treating symptoms and not getting to the causes.

These factors have led to a focus on fixes and not cures, and a failure often to consider how human beings really function within a wider system of relationships, pressures, expectations and constraints. It is time to move from sticking plasters to lasting solutions. We take our lead from the Stevenson-Farmer report, when it points to the need to think about prevention - and prevention is only possible if we understand cause.

We have framed our initial diagnosis within a simple spectrum of root causes: insecurity - an absence of something - and wellbeing - an abundance of something. This is not presented as a scientific model, but it does provide a useful way of thinking through some of the complex issues with which we are dealing. Within this spectrum of insecurity to wellbeing, we identify four areas to consider alongside each other: social, personal, economic and work. What quickly becomes evident as we work through this structure is the interaction and interdependence between each of these areas.

We will examine each of these in turn.

## 1) Social

**Social Insecurity** - An absence of social support mechanisms, friends and meaningful human interaction sometimes captured in phrases like loneliness. These conditions have been brought about by multiple factors, including levels of divorce, dispersion of traditional family units and general mobility.

A study by The Co-op and British Red Cross reveals over 9 million people in the UK across all adult ages are either always or often lonely. Research commissioned by the Eden Project showed disconnected communities could be costing the UK economy £32 billion every year. Research by Holt-Lunstad between 2010 and 2015 indicates that loneliness, living alone and poor social connections are as bad for your health as smoking 15 cigarettes a day. Loneliness is worse for you than obesity. Lonely people are more likely to suffer from dementia, heart disease and depression. Loneliness is likely to increase your risk of premature death by 29%.

**Social Wellbeing** - The regular sharing of human experience; the sense of solidarity and being 'in it' together with other people; of being understood; of belonging; and of feeling special or valued.

## 2) Personal

**Personal Insecurity** - Feeling inadequate or not measuring up; not feeling valued or having to constantly justify self; being unsure about identity or afraid of being different; and lacking in confidence.

These issues are increasingly witnessed, for example, in young people exposed to social media and can also become wrapped up in sleep, exercise, diet and drink problems.

**Personal Wellbeing** - Feeling good about what's happening in life; a sense that life has meaning; taking good care of self; and feeling more inclined to take care of others.

## 3) Economic

**Economic Insecurity** - Constantly worrying about money; a lack of savings; susceptibility to life shocks; frustration with the cost and bureaucracy of gaining access to finance; the ability to pay for the fundamentals of life; and the ability to live life in accordance with wider social expectations.

An RSA/Populus survey of 2019 found that 78% of the population was facing more uncertainty and anxiety about their jobs and income than a generation ago. The Living Wage Foundation found that 4 in 5 low-paid workers (earning around £10,000) experience pay volatility. Not knowing whether, when, and how much work they are going to have makes it difficult for low-paid workers to plan for the future, find fulfilment at work or lead a healthy community and family lives. As a result women in the bottom 20% of income groups are five times more likely to suffer depression than the population average.

**Economic Wellbeing** - Resilience to shocks; the ability to participate in life and community economically; and the ability to save for a secure future.

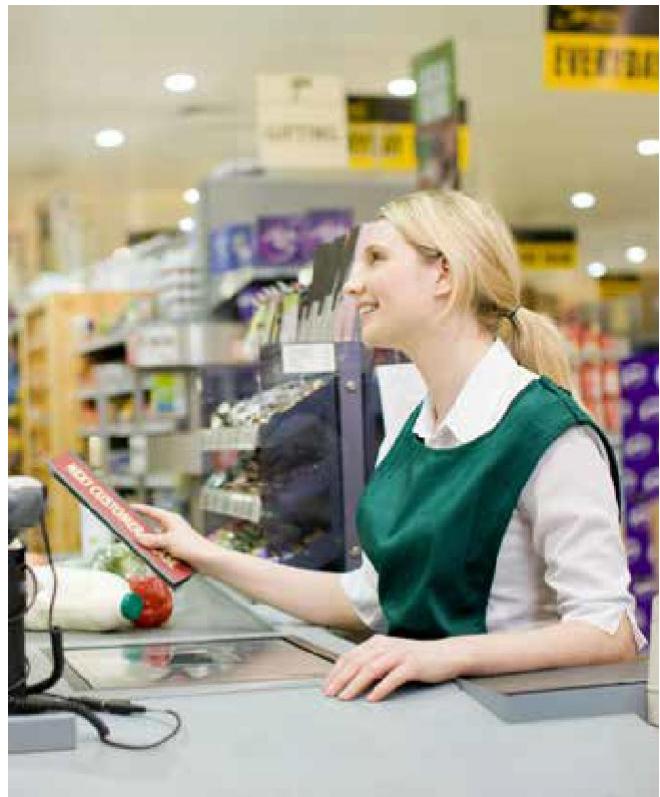
#### 4) Work

**Work Insecurity** - Feeling they have little or no say in what happens at work; feeling always at the behest of others, under constant measurement with little chance of recognition, little sense of contributing to something worthwhile; and low connection with other work colleagues;

In the largest epidemiological study of its kind in 2010, Sir Michael Marmot found that conditions of such uncertainty induce a sense of 'lack of control' such that workers in low-paid roles incur four times more stress-related conditions, like anxiety, heart disease and strokes, than a person in a senior management position would experience.

**Work Wellbeing** - A heightened sense of autonomy in the way work is carried out; a sense that the work matters or a sense of purpose; a sense of growing mastery; and relating to colleagues.

Psychologists Deci and Ryan observed that workers with greater autonomy in their decision-making felt greater satisfaction, performed better at their jobs and had lower levels of depression, stating: 'Human beings are inherently motivated to grow and achieve and will fully commit to even the most uninteresting tasks if their personal meaning and value is understood and they have a sense of control over what they are doing.'



The interaction of these four major themes can combine to produce even bigger impacts on the mental health of specific socio-demographic groups. For example, women in the lowest 20% of income bands (economic insecurity) are disproportionately represented in careers such as cleaning, catering, cashiering, and care work where there is frequently little attention to the way in which jobs are designed, with few opportunities for progression (work insecurity). Given that women still pick up the majority of childcare responsibilities, we can see how social insecurity mounts due to a lack of time or money to go out and create wider social connections. All of these factors combine to dent personal security, and self-esteem levels can plummet. It is little surprise that such working women are five times more likely to suffer depression than the average.

Our research has identified innovation and good practice which aligns with our alternative diagnosis. These are outlined in the case studies below.

## 1) Addressing Social Insecurity

### Case Study: The Camerados – A social movement.

There is a lot of talk these days about creating movements for change. However, the reality is that a social movement is something that people can create or join or shape for and by themselves, and the more they do this, the more successful they are. In many ways, they are the opposite of hierarchy and control models. They are truly connected and messy and energetic and dynamic and sometimes even fun. The Camerado's have a deceptively simple formula: when we go through hard times we often forget the two most essential things: friends and purpose. You get both when you look out for someone - a connection and a real sense of purpose, and you get away from your own problems for a bit. A Camerado is halfway between a stranger and a friend; people just get alongside each other, no fixing, no agenda, just there. The Camerados is a social movement of people popping up all across the UK and the globe, who believe the best way through tough times is to be a Camerado. They do it in daily life or in 'public living rooms', which are simply somewhere to go, relax, chat and look out for each other. It is about taking an interest in others.



## 2) Addressing Personal Insecurity



### Case Study: BetterSpace – Creating a holistic workforce well-being platform

With all that modern life throws at people, it's little surprise that only 17% say they are flourishing. People want to avoid burnout and stress, but lack the time and money to find what's best for them. BetterSpace aims to change that. It selects the best resources, from apps to classes to products and activities, and makes personalised suggestions. It highlights for individuals where their biggest lifestyle risks are and then, based on what's right and what works best for an individual, it allows them to manage their wellbeing as an integrated element of everything else they do. It offers advantages because it takes the hassle out of taking good care of yourself. Activities are edited to suit individual areas and include things which are social, physical and cerebral in nature. In so doing it moves decisively away from the one-size-fits-all of so many mental health and wellbeing programmes. It helps to maintain personal progress by nudging individuals in the right direction by making activity suggestions based on algorithmic analysis of what works best for each person.

### 3) Addressing Economic Insecurity

#### **Case Study: The Financial Inclusion Alliance – addressing economic insecurity**

The Financial Inclusion Alliance believes that there is now an opportunity for thoughtful businesses to bring together the best of the innovation and support that is already available and to become trusted gateways through which workers can access the financial, social and psychological support they need to reduce economic insecurity. The recent report 'Serving All' highlights how organisations can put a financial inclusion first strategy into operation: to address income security through a commitment to guaranteed hours, by putting in facilities to help employees pay down debt and to save, and by combining this with education about better planning and budgeting. The FIA believe that this strategy is a necessary underpin to so much else that needs to happen on the mental health agenda.



#### **Case study: Blueprint for Better Business – How purpose translates into better work**

How we think about people crucially affects everything we do. Blueprint for Better Business believes that many of the current problems in business and society have at their root some deep limiting assumptions about what it is to be human. These assumptions can cramp our thinking and limit our imagination of what it is possible to change in ourselves and in the organisations in which we work. Some people feel that they are expected to behave differently at work - applying a different set of values to those that they apply in their personal lives - leading them to feel they are living a divided life. Blueprint for Better Business combines philosophy and faith traditions, together with empirical work in neuroscience and behavioural studies, to offer a richer and more realistic view of the human person.

## 4) Addressing Work Insecurity

### Case Study: Talk for Health – Developing better connections through effective mutual support

After 6 years delivering Talk for Health funded by the NHS, Nicky Winn participated in the 2017 ‘Thriving at Work’ review with Lord Dennis Stevenson and Mind CEO Paul Farmer. Talk for Health was subsequently awarded a government grant to develop ‘Talk for Workplace Health’, which builds on the fact that the way we interact in groups is critical to our wellbeing. It teaches communication and emotional literacy skills that lift wellbeing to produce happier, more resilient and higher performing workplaces. Talk for Workplace Health has recently been delivered to employees of organisations including Macquarie, the Ministry of Defence, and Slaughter and May. Talk for Health features as a pioneer case study on the government-funded website What Works for Wellbeing.



## 8. Developing a new Mental Health Agenda: Translating our analysis into a Framework for Action

During this research, one of the biggest hurdles we have found for businesses developing a successful agenda for mental health is understanding what issues they are looking to address. One of the reasons for this is the inconsistency and slippage in the terminology and understanding between mental wellbeing, mental illness, severe mental ill-health, and wellbeing more generally.

This, as we have seen, means that the marketplace for mental health support or intervention in the workplace is muddled: it is not always clear what problem is being addressed, the scale of the problem, what proportion of the workforce it is likely to affect, the reasons for addressing it, and the ROI or business case.

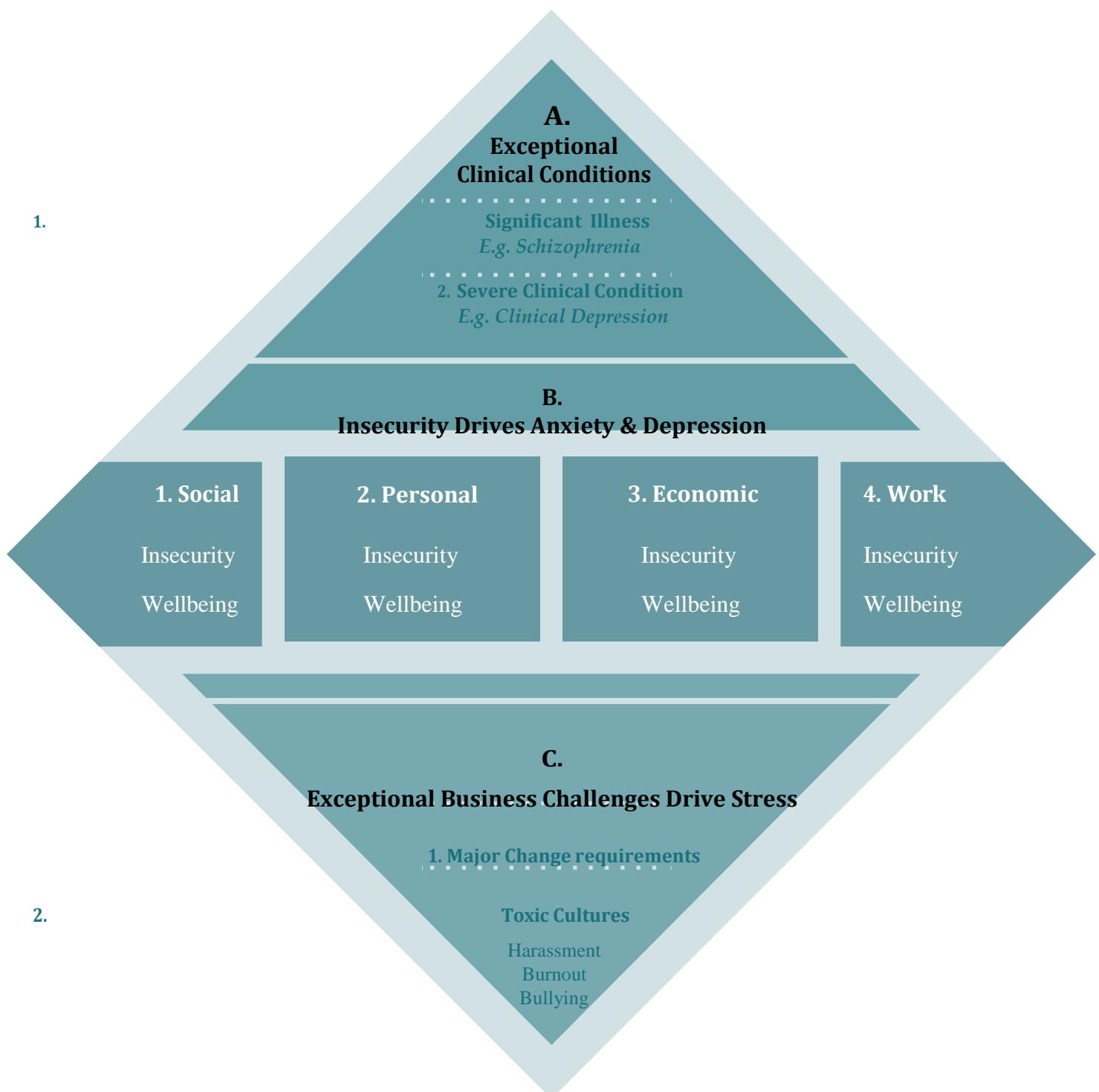
Drawing on the findings of our interventions review, along with our Roundtables with Heads of Wellbeing and HR directors, we have identified three main types of mental health challenge, which can be further subdivided into eight sub-categories of ‘problem’ that could come under the mental health agenda for an organisation. The eight sub-categories take into account the sliding scale between illness and health and between what is deemed personal and what is organisational, along with what is treated as risk management and what is treated as value-creation.

These categories are not mutually exclusive. Mental health is a fluid state, which is applicable to everyone, every day, and nearly always multifactorial and complex. However, we believe that this framework will help organisations in defining their mental health strategy and in better understanding how it integrates with the business’ overall strategy. Clarity on what is being covered helps to decide which interventions to use (if any) and what outcome to expect.

### 3 Broad areas of mental health challenge in the workplace

- A. Exceptional Clinical Conditions**
- B. Insecurity Drives Anxiety & Depression**
- C. Exceptional Business Challenges Drive Stress**

## Strategic Mental Health Framework



## 9. Recommendations

- 1) Business should look to move beyond awareness raising, to implement preventative mental health and wellbeing policies. Such plans should be documented and form part of annual reports by 2025.
- 2) Boards should conduct annual wellbeing and mental health risk assessments, using a recognised industry model such as that outlined in this report.
- 3) Given its importance, financial inclusion and wellbeing should form a standard element of all such plans and risk assessments.
- 4) Workplace mental health strategies should be integrated into an overarching UK Government mental health plan (which would include sector-specific targets). If tax incentives are deemed to be an appropriate way of encouraging corporations to take more action, these incentives should only be provided to those organisations that demonstrably improve the wellbeing of their people.
- 5) All mental health tools, products and services should have to demonstrate that they can deliver the benefits claimed through a 'clinical trial' process (in line with pharmaceutical remedies) by 2025.
- 6) A Public Commission should be established to define professional standards, capabilities, assessment and accreditation of wellbeing and mental health practitioners. This should include some form of qualification in psychology.
- 7) The HR function should formally review how to strengthen psychological capability in the function to ensure that business designs in health and wellbeing from the start and for future generations.
- 8) A working party should be established between business leaders, Mind, the CIPD and the British Psychological Society to conduct a review of mental health practices that are fit for purpose in workplaces dominated by blue-collar/manual functions, to develop strategies that work best in these environments.

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