# Time to walk the walk

As World Mental Health Day focuses on the workplace this year, **Nicola Banning** considers what really makes a difference to how we feel at work

This year, as 10 October approached, I asked a question on social media: what are you doing in your workplace to mark World Mental Health Day? I got lots of 'likes' but not much else. This parallels my sense that society's awareness of mental health has improved and we're getting better at talking about 'it'; but there are still too many people in the workplace who don't yet understand what doing something about 'it' might mean.

At a moment of change in the nation's psyche, it's vital that we seize our role as educators in the field of mental health at work. Employers need our help to understand what mental health is, and how managing it makes a difference to how people feel at work, and ultimately, to the bottom line. Turning to our community who work every day with employees, employers and EAPs, this article shares some of my conversations with practitioners who are committed to creating meaningful cultural change at work. It offers tips and advice for therapists, managers and employers who want to know what really makes a difference to how people feel at work. It's also a celebration of our contribution to an emotionally and psychologically healthy workforce.

The ripple effect of therapy means it spreads beyond the places where our clients work. Aged 16–70 years, our clients bridge every demographic, work in every profession, from the bottom to the top. People of working age are often supporting children and young people, and at the other end of the life cycle, caring for ageing relatives – it all affects our capacity to function well at work. The same applies for therapists. We too have mental health,

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and our professional caseload, our caring responsibilities in our personal life, and a culture of insecure work, can take their toll. So mental health awareness-raising days can provide us with a real opportunity to take stock and tune in, not just individually, but systemically, to the organisations that we work for and within.

**A life cycle at work**

Over a third of our lives is spent at work, and inevitably the life cycle of births, marriages, divorces, illnesses, retirements and deaths all occur while we're an employee. The constant cycle of organisational shifts, over which we have little control: downsizing, reorganisation, restructuring, redeployment, redundancy and change, all happens to us and around us. If we accept that mental health is as real as physical health, we need people in organisations with a better understanding of how these normal cycles and transitions impact on our mental health, so that employers can play their part in cultivating healthier and happier workplaces.

Keen to know if we had our own house in order, I asked Suky Kaur, Head of Policy and Communications at BACP, about the Association's plans to support its staff on World Mental Health Day. She explains: 'BACP will use it as a day to promote the EAP provider to staff, and HR will offer a wellbeing fair, with talks on mental health at work, offering lifestyle checks and information. We'll also be providing members and the public with BACP's top 10 tips for wellbeing at work on the website.'

Employers holding such events can expect that after any mental health initiatives, they might see an increased number of referrals for workplace counselling, once employees have had the opportunity to stop, notice their wellbeing and face the reality that they might not be feeling 'fine' after all.

**Paternal employers**

Rewind to the 19th century, and wellbeing at work was a concept well understood by Quaker chocolate merchants, Cadburys and Rowntree, who set out to improve, nurture and support their workforce for its loyalty and dedication. Building homes, schools, libraries, leisure facilities and ensuring better working conditions, these employer philanthropists really understood what was meant by the words, 'an organisation's greatest asset is its people'. Perhaps few leaders would openly disagree with this sentiment today, but those of us who work with employees and employers, have an awful lot of experience to the contrary. The landscape of work and the erosion of financial and psychological security at work, the normalisation of zero hours contracts, and the high commitment demanded from the employee (not always matched by the employer), is unrecognisable from when I began my career aged 18.

In 1989, I joined the Royal Dutch Shell Group, and we'd joke that it was the *Hotel California*: '*… you can check out anytime you like, but you can never leave*'. Well, why would you? A free three-course lunch, subsidised bar, hairdresser, shops, a theatre, onsite dentist and doctor, and better sports facilities than you'd ever find at your local leisure centre. Take the lift to the lower basement and you'd find an (almost) Olympic-sized swimming pool, squash courts, gym, a rifle range, and bizarrely, a billiard room. Sadly, researching this article, I discovered that the bulldozers had moved in and this underground leisure paradise is no more. Perhaps, it's symptomatic of our changing relationship with our employers – that they no longer have this paternalistic place in our lives. Not necessarily a bad thing either, but having honed my interest in workplace wellbeing, I confess to a nostalgic regret that these facilities which endured in my memory for nearly 30 years, are no longer bringing health and happiness to Shell employees.

While the Quakers would not have approved of Shell's on-site bar, they certainly understood that providing the conditions to create a loyal and dedicated workforce, made good business sense. The business case for having a fit and psychologically healthy workforce is now well understood and an increasing number of professional bodies are producing both the economic and ethical argument for doing so.[1–3]

**Making a plan**
If you're looking for a starter pack to educate your organisation or a local business, the Mental Health Foundation has developed a user-friendly manual, *Managing Mental Health in the Workplace*,[1] to help managers support their teams. Education is crucial to developing a culture where mental health is understood, and where good quality line management provides working conditions where people can succeed at work, and those who are distressed get the appropriate support at the right time, to recover.

Setting out the bigger picture, the Mental Health Foundation highlights that the number of working days in the UK lost to stress, depression and anxiety has increased by 24 per cent in the last six years.[1] Less than half of employees said they would feel able to talk openly with their line manager if they were suffering from stress, and a quarter of people consider resigning due to stress.[1] It's a clear call for better quality line management and greater emotional literacy at work, outlined in a recent report by the Institute of Directors for better quality conversations about mental health.[2]

While awareness-raising days can help to get us talking about mental health, if the people leading the organisation aren't educated as to what mental health is, and why it matters, not much is going to change. I've attended Time to Change events and talked to staff, but too often, such initiatives end up preaching to the converted, paying lip service to the real issue of workplace mental health, and lack any meaningful endorsement at leadership level. If the Chief Executive and senior management team don't show up or are too busy, why should staff believe it's anything

more than a tick-box exercise? More than that, non-attendance by those with influence perpetuates the stigma surrounding mental health, sending the message that mental health is something distant that only happens to those people over there, because 'we're OK'.

**Educating leaders**
Working with both the public and private sector, therapist and trainer Lisa Jenner is committed to educating leaders that cultural change starts at the top: 'For years, I've delivered workshops to build staff resilience,' she explains,

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'but I began to feel uncomfortable that it was always about making staff more resilient and a requirement they should "toughen up", rather than addressing the environment in which they work.'

Referring to a recent report by the CIPD, citing management style as one of the top three causes for work-related stress,[3] Lisa is direct: 'I tell managers that mental health is not simply about managing sickness absence. It's about presenteeism and performance, and if you're interested in getting the best out of your people, you need to understand how we are wired. I explain how the limbic system works, and that whenever we have a perception of threat, our limbic system takes over, so we literally can't think straight.' Giving them a rudimentary lesson in brain science, Lisa explains which bits of the brain are working when we are stressed, and which bits of the brain are working when we feel safe.

**Busting myths**
Being 'too busy' to manage stress is absolutely no excuse: 'It's a myth that managing stress is extra work', says Lisa. 'Managers don't need to add anything to their workload, but they do need to have different conversations. Change happens one conversation at a time. You can have the same conversation, and it will either raise cortisol in the brain and increase stress, or it will increase oxytocin in the brain, and increase trust and excitement. I put it plainly: if you want your people to make good decisions, you'd better start thinking harder about your leadership style. This usually works, even for the most cynical of managers who thinks this is just fluffy stuff.'

But even the most enlightened managers can be willing to spend money on the development of their staff but not on themselves, often because they don't think they need developing. And that's part of the problem: 'Firstly, managers are just as much at risk of experiencing poor mental health as their staff. Secondly, if they are stressed,

their staff are more at risk of emotional contagion from them. The research suggests that we will mirror the behaviour of authority figures, so managers have a leadership shadow which impacts directly on sickness absence, morale and productivity in their staff.'

**A price worth paying**
Since the financial crash, the public sector has been under enormous pressure to cut costs, and too often services that support staff wellbeing and development are the first things to go. Managers leading counselling services have reported the constant cycle of change in organisations, in which each new leader needs the evidence that providing access to counselling reduces sickness absence, improves attendance, retention and morale.

'We shouldn't be surprised by this,' says Nicola Neath, BACP Workplace Chair: 'Just because we know the value of our work, we cannot assume that people in business understand it. It's our job to inform them and educate them, so that they see it has a direct benefit to business efficacy. The organisation is our client, in just the same way that the client is our client. We contract with every client, and we don't assume that they know what they're going to get; so why should we ever make assumptions about organisations? What therapists need is the confidence to be able to work at that level in business.'

**Take it to the board**
One recommendation made in the Institute of Directors' report, *A Little More Conversation*,[2] was the idea of having a non-executive director working to ensure that openness around mental health is culturally instilled in the company. An external perspective can help support even the most progressive board to keep it on the agenda, and to understand that their management of organisational changes will have a direct impact on the mental health of their people. Time and again, staff working on the frontline, exposed to all manner of abuse, trauma, and horror, are not debilitated by that but by poorly managed change, a lack of communication, insufficient resources and a cultural backdrop of, 'just get on with it'.

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Having a mental health and wellbeing policy can be an important first step, but it's just part of the process, explains Nicola Neath from the counselling service at the University of Leeds: 'Of course the policy is important, but it's never a replacement for individual relationships and work ethos. Morale and culture emerge through the relationships between people, and that's what we do as therapists: we build good relationships with others, and that's why organisations need us, to help them do something that they don't always do very well.'

**Supporting recovery**
Line manager behaviour is one of the most influential aspects on whether a member of staff makes a successful return to work or not. Therapists and occupational health can work hard to get an employee fit to discuss a return to work, only to be set back by a line manager not understanding mental health, putting unnecessary pressure on the employee or failing to complete HSE risk assessments. This is not only unsafe for the employee, but it leaves employers at risk of litigation. Training managers to understand how their behaviour style will influence an individual's recovery, is something therapists are well placed to do, and there's no shortage of excellent information on how to support managers to do this, including from the CIPD.[5] Knowing that we're all vulnerable and that one day we're likely to need that support too, can help change the culture.

Arguably, productivity and mental health at work would be a whole lot better with a little more kindness; but unlike resilience, kindness is not a quality that ever seems to be in vogue. Of course, workplace differences and conflicts are inevitable and we can't expect to like everyone, but so often it's not what happened that employees can't cope with, it's *how* it happened. Ill-worded emails, misjudged comments, lack of gratitude and poorly managed changes can all leave an employee in a state of fight, flight or freeze. Having witnessed distraught clients arriving in our waiting rooms, moved to tears by a kind word from the receptionist, or a gentle enquiry of concern, I know our workplaces would benefit from more of it. To be treated with care and as a human being is the start of the recovery process.

**Check-in**
Meetings and trainings offer an ideal opportunity to ask staff how they are. At the University of Leeds, Nicola Neath begins every training session with a simple check-in. 'No one needs to do anything except notice how they are, and to be present in the room. It's a bit strange for those who've never experienced it before, but it's come through bringing mindfulness into the organisation and training staff in it. Now, managers are using it, and so there's a chain reaction, where the knowledge we share as therapists, spreads. It's simple, it doesn't cost anything but it does create a different environment where our people know that how they are feeling, matters.'

**Environmental factors**
Given that we spend over a third of our lives at work, it's sobering to think about where some of us are spending it. While there is much that we may be unable to change, we aren't as powerless as we might think. At a team meeting, a manager encouraged staff to name one thing they'd like to change. Someone mentioned a picture on the wall, that had been there forever, which it turned out everyone in the team hated and were well pleased to see the back of. Sometimes, the small things can make a difference. Ask your team what they don't like, and how they'd like to change it.

With a global obesity problem, the success of the daily mile initiative introduced into primary schools to get all children active, is spreading to the workplace.[6] Public Health England is now prescribing 'walking meetings',to tackle our sedentary working culture, and Dr James Levine, an obesity expert in the US, has cautioned that, 'sitting is the new smoking'.[7] Getting staff up and out, looks like the next step in shifting workplace health.

Meanwhile, a new study led by Swansea University Medical School will investigate whether spending time in green and blue spaces, such as parks and beaches, can have a positive effect on our long-term wellbeing and mental health. Researchers will look at data for 1.7 million people in Wales to explore how people change their use of health services, such as their GP, as their local environment changes.[8]

Weathering Britain's changing seasons can also disrupt our mental health at work. Staff at the Royal United Hospital Bath NHS Trust are offered advice and support for winter wellbeing, as increased demand on the overstretched NHS always has consequences for health.[9] Cindi Bedor, Head of Staff Counselling there, explains: 'Staff are under greater pressure, and at a risk of colds and flu, and so we provide advice on nurturing themselves, reminding staff of the support available, including our counselling service, as well as the Festival of Winter Walks, aimed at celebrating the winter months.'[10]

## Digital detoxing

It's impossible to ignore the adverse effects of constant connectivity if organisations are serious about understanding mental health: Cumulatively, never being off duty or being able to relax and recover is not good for us. Leaders who struggle with this can help themselves and their staff by adopting a whole team policy and communicating this to their customers.

At the University of Leeds, Nicola Neath runs digital detoxing workshops for staff who are struggling to keep their attention where it needs to be, which has consequences for performance. 'It's like Pavlov's dogs: we hear a 'ping' and we're conditioned to respond. If it's an emergency service then you expect a response 24/7, but if the shop says 'closed', we don't expect to go in. That's what employers need to address with technology, for the sake of our mental health.'

## Closing thoughts

Looking to the future, the World Health Organisation predicts that depression will be the world's most common illness by 2030, and suggests that the global burden of the condition will be greater than for illnesses such as diabetes, heart disease and cancer. Take a moment to digest that. As a profession, we need to be ready to respond, to ensure that alongside employers, we are directly involved in supporting employees during their life cycle at work and in the preventative work that will help sustain good mental health.

As we adapt to the ever-changing landscape of work, the rise of robots and automation and what this means for our society, World Mental Health Day is a good point to

take stock. For now, all the buzz about mental health is undoubtedly good for our profession, our work is gaining in profile, though the question of where the money is coming from remains unanswered. But if the last 18 months of political change nationally and globally has taught me anything, it's that we can take nothing for granted and that common sense isn't always common practice. The mood can change and we can never assume that the argument has been won. We can't afford to stop making the case for what makes sense when it comes to mental health at work; so, let's keep talking the talk, and walking the walk.

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### Your feedback please

If you have thoughts about any of the issues raised in this article or would like to write an article of your own, we would like to hear from you. Please email the editor: **counsellingatwork@bacp.co.uk**

# Feedback

We welcome readers' letters and comments. If you've read something in *Counselling at Work* you would like to comment on, please do get in touch: **counsellingatwork@bacp.co.uk**

**Dear Editor**

I was interested to read the article 'Cancer in the room' in the summer 2017 issue of *Counselling at Work*, which highlights important legislation that protects cancer patients at work. Two years ago I resigned from my role as a community social worker at a hospice, following cancer treatment. Like many other employees, I was unaware of the Act at that time and the protection it afforded me.

In 2011 I was diagnosed with a recurrence of breast cancer and underwent a mastectomy and a period of chemotherapy. I returned to work, but in 2013 was diagnosed with a further recurrence and underwent a further period of chemotherapy. In 2015 I resigned from my job after what I felt was a tremendous pressure to do so, that was not helping my recovery.

As a community social worker at the hospice, my primary role involved visiting patients and families at home. I juggled things so that I could attend clinic days in my own time while carrying out all my work responsibilities as before. However, a new system of duty cover was introduced which made it almost impossible to negotiate clinic dates around workdays. My colleagues were in full support of me and were willing to cover my 'duty' days. My employer, however, would not allow this and as my appointments were in central London, it was difficult to juggle both work and the clinics on the same day.

While I was on sick leave, I was told that in future I would have no alternative other than to work on the ward. Because of my experience on various wards during my illness, I did not feel comfortable to work on a palliative care ward. I told my employer that if this were to be the case, I would have to seriously consider my position. On my return to work, I was asked almost daily if I had made a decision as to whether or not I would resign. I felt that this tremendous pressure was not helping my recovery and so I left my job in 2015.

Following my resignation I became aware of the protection provided to cancer patients under the 2010 Disability Act. As an experienced and well-respected member of staff, I thought a genuine oversight had occurred and that the hospice would negotiate something with me that would be acceptable for both of us, such as my returning to work as a member of bank staff.

No acknowledgement has been made of the fact that, according to the 2010 Act, it is the employer's responsibility to see that its provisions are implemented. I feel that this situation is potentially an issue for many people and so I am pleased that the article in *Counselling at Work* raises awareness of this important legislation.

**A BACP accredited counsellor in private practice**