The *blind* spot

Tackling mental health at work is big business – so why, asks **Nicola Banning**, do the words 'counselling' and 'counsellor' so rarely feature as being a part of the solution?

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A sudden bereavement, a conflict with a manager, recurring cancer, a child with a terminal illness, domestic abuse, an unplanned pregnancy and a colleague's suicide – these are just some of the life events that have brought clients through the door to my counselling room in recent days. Some of these clients are unable to work – others are unable to bear the thought of not working – as work provides stability and a place to be competent. If you're reading this, you'll probably have spent thousands of hours of your working life, like me, supporting people in crisis who are accessing counselling (often for the first time), paid for by their employer.

This disruptive mix of life events is happening to UK employees and is now bracketed under the catch-all term 'mental health at work'. With a sixth of workers experiencing a mental health problem at any one time, and with stress, anxiety and depression thought to be responsible for nearly half of all working days lost in Britain, the relationship between mental health and the workplace is both complex and costly.[1]

In January 2020, Deloitte and Mind published another report into the mental health of the UK workforce, *Mental health and employers – Refreshing the case for investment.*[2] It was an update to their analysis in 2017 which contributed to the Stevenson-Farmer Review, *Thriving at work.*[3] At the time, we asked the question in *BACP Workplace*: Why is there so little mention of the role of counsellors in the recent *Thriving at work* review on mental health and employers?[4] Given how readers of *BACP Workplace* spend their professional lives, it's infuriating that we still need to ask the same question three years on.

I've spent over 15 years providing counselling support to stretched public sector workers, including teachers, heads, social workers, carers and firefighters, whose working lives have been disproportionately affected by the cuts to public services. Working conditions and pay have been impacted, as well as the day-to-day grind of working with children and families where poverty, hunger and children at risk have all become depressingly normal. The service we offer is highly valued, in constant demand and we are both reactive (providing counselling) and proactive (providing training, psychoeducation, reflective supervision and support).

Yet each time I read another report about workplace mental health, I struggle to find any reference to the work that we do as counsellors. You'd be forgiven for thinking that we don't exist - the quiet but potent work of the counselling profession is slipping under the radar, going unacknowledged and almost certainly undervalued. At the end of last year, at a meeting of the BACP Workplace Executive Committee, we discussed what steps BACP Workplace needed to take to address this problem, which we named 'the blind spot'.

Naming the blind spot

Drivers will know that the blind spot is an area that can't be seen, either when you're looking ahead or when you're looking behind. It's dangerous because when we aren't aware of the blind spot, we are most at risk of an accident or a collision. Arguably, some of the problems emerging from the speedy roll-out of mental health first aid in organisations, are early casualties of the blind spot. Unofficial and unsupported caregivers are burning out from taking on an organisational responsibility for mental health. The sense of urgency 'to do something about mental health at work' can all take place within a context where there is often a lack of HR understanding, poor connection between key staff or services, and a lack of referral or signposting to professional support, all of which can create mental health issues.

The blind spot is also a term used in therapeutic circles to describe a part of ourselves we can't yet see or that we don't yet know, but which we might come to know. And,

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of course, organisations have blind spots too and it's often our task to skilfully help our clients and our organisation clients to reduce their blind spot and increase what they are capable of seeing – and so create the potential for change.

And that's what we need to do right now – we need to skilfully help policy makers and stakeholders to see that there's a blind spot in the nation's conversation about mental health at work, and the counselling profession is sitting in it. As the noise from an ever-expanding group of new organisations now invested in mental

health at work has got louder, and the suits sharper, the voices of workplace mental health specialists with decades of clinical expertise are largely absent. This has to change.

What does best practice look like?
Given the enormous potential to focus on best practice and the high standards in mental health at work support that already exist across the UK, the report from Deloitte has little to say about the places where we work, which some of our members have created, fought for and are proud to call their workplace. Over half the UK workforce (13.8 million people) have access to counselling via an EAP,[5] and in the public sector, it's the norm for staff in the NHS, emergency services, local authorities, schools, universities and colleges to have access to emotional and psychological support at work.

Nicola Neath is the former Chair of BACP Workplace and staff

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counsellor with the Staff Counselling and Psychological Support Service at the University of Leeds, supporting 9,500 staff. Nicola explains that this sizeable workforce has been offered counselling provision for over 20 years, but the service has grown: 'We are so proud of what we've achieved here at Leeds. It's taken years of relationship building on the part of the counselling team to get a comprehensive approach to fully support our staff with their emotional and psychological health. It's a strong, sensible and progressive approach to business, but the wider culture of work out there is still suspicious that offering support means there is an inference of weakness.'

Therapists in organisations
Paul Veveers is the Director of Health and Safety at the University of Leeds and is honest about what he's learnt

from Nicola and her manager, Sally Rose, the two therapists who run the staff service: 'I have to say, they've really opened my eyes to the positive impact of an in-house counselling service and the value that therapists can bring to an organisation. They are able to get deep into understanding the culture of the organisation and the drivers that exist for employees, as well as being able to understand the internal pressures that an organisation is facing. If you take Brexit, for example, it's been crucial that the therapists understand the impact this could have on higher education staff. The support the service provides is not only to the employee but to the organisation (eg HR and managers), and this means that supporting employee mental health is just a part of the way we do things at Leeds, and it's not just a token gesture.'

That it translates into something experienced as tangible in the culture of the organisation matters, because too many employers can end up paying lip service to what it means to really support staff with their mental health. Paul explains: 'The real benefit at the University of Leeds has been that the counselling support has evolved into an organisational approach and direction which builds the capacity of the organisation to support its people. We are trying to build a culture that means mental health is supported as the norm and we have processes and approaches that give people the ability to take care of themselves, and the confidence to speak out, and to know they can do both with the support of their manager.'

It's led to the development of tailored training and support to develop skills and build competence, and an impressive programme is delivered by the counselling team, as Nicola

explains: 'We have 14 resilience workshops, from managing worries to understanding neurodiversity, the full eight-week mindfulness-based stress reduction (MBSR) programme, supporting others in distress, exploring the impact of attachment dynamics in work relationships, and an introduction to transactional analysis and training for line managers.' This is what it can look like when therapists are embedded into the workplace.

A mixed picture
In the latest report by Deloitte and Mind, they estimate that the costs of poor mental health to UK employers is a conservative £45 billion each year.[2] This is made up of absence costs of around £7bn, presenteeism costs ranging from about £27bn to £29bn and turnover costs of around £9bn.[2] It acknowledges that progress has been made and that there is now greater support for employees, particularly in large organisations, and that there is greater social awareness of mental health issues through several high-profile campaigns. This has led to a reduction in the level of stigma at work associated with mental health issues, which is positive.

Of course, it's positive that stigma has lessened, but I'm left wondering whether there remains a stigma about the word 'counselling' and that one reason for us being written out of the story, is the shame that remains in our workplace culture about seeking help. Nicola Neath agrees that for all the talk about mental health, there are wider and deeper cultural changes that need to occur: 'Understanding ourselves is good for wellbeing, creativity and reaching our potential; and so, of course, counselling is good for business. Well-regulated, self-aware, self-compassionate staff are less likely to burn out, bully or over-stretch themselves and others. They are more likely to think outside the box, look after their health, and contribute to sustaining their own wellbeing and that of their organisation.'

Leavism and financial insecurity
Noting the negative changes, the report highlights the rise of leavism,[2] continuing to work while not at work or when staff are on leave, correlating with an 'always-on' culture, with consequences for burnout and poor mental health. Concerns have also been expressed about the mental health of young workers, who are twice as likely to suffer from depression than the average worker, making connections with financial insecurity in younger workers.

Interestingly, the report also highlights the increasing numbers of people working under short-term contracts, in freelance work or without sufficient employer support, creating uncertainty about their financial future and with little concern for their mental health and wellbeing needs. Ironically, this fairly accurately reflects my own employment status and probably the majority of the counselling profession, responsible for supporting the mental health of the workforce. I put this to Kris Ambler, BACP's Workforce Lead: 'The gig economy is sold to us on the notion that it offers workers the liberty to work flexibly, free of the shackles of nine-to-five working and the pressures that go with it, but the reality is that this 'freedom' is scant reward for the stress of having no steady and reliable income stream. Those working on zero-hour contracts, especially millennials, are among the most 'stressed' of all workers, and they don't have the luxury of employee benefits, including workplace counselling, to fall back on.'

Gender and power
Despite legislation for equal pay between men and women being 50 years old, we know that the law has not been enough to prevent the gender pay gap. Men make up the majority of those in the highest paid and most senior roles – for example, there are just seven female Chief Executives in the FTSE 100.[6] In a recent book, *Invisible Women*, the

writer Caroline Criado-Perez explores the data bias in a world designed by men.[7] From government policy and medical research, to technology, workplaces, and the media, she reveals, through a range of case studies, stories and new research from across the world, the hidden ways in which women are forgotten, and the profound impact this has on us all.

She reports how every five years since 1995, the Global Media Monitoring Project has evaluated the world's print and broadcast for its representation of women. Its latest report, published in 2015, found that 'women make up only 24 per cent of the persons heard, read about or seen in newspaper, television and radio news, exactly as they did in 2010.'[7] What if the oversight of the therapy profession is just another example of this inherent gender bias – whereby a female-dominated profession, with little financial security, which is focused on care-giving, is non-unionised and whose value is harder (though not impossible) to quantify, is simply simply written out of the mental health at work story?

Counsellors in the news
While we do read of and hear therapists contributing to news features on various aspects of mental health, one bone of contention for the workplace sector has been BACP's relative silence on the issue of mental health at work, in contrast to Paul Farmer, Chief Executive of Mind, and Poppy Jaman, CEO of Mental Health First Aid England. It's important that the profession is not represented as working simply in private practice because we have the greatest capacity to change lives when we are in organisational contexts, in education, the workplace and our communities.

The BACP Workplace Executive Committee is keen to contribute to news stories about the value of our work in organisations, but we undertake our roles on the Executive Committee in a voluntary capacity and our days are filled by running busy in-house counselling services, EAPs or our own private practices. We are therapists first, not experts in managing press and public relations, and the coverage of our profession

is an issue that Kris Ambler, BACP's Workforce Lead, is aware of: 'The Executive plays a vital role in highlighting the value of workplace counselling, and in doing so, supporting BACP's wider strategic goals to promote the profession and help generate paid employment opportunities for members.

'One of my aims has been to raise the profile of and more clearly embed talking therapies within the popular narrative of mental health and wellbeing at work. Over the last 12 months, we've invested a good deal of time and resources in positioning BACP alongside organisations at the vanguard of workplace wellbeing, and in doing so, our influence and visibility have notably increased. Moving forward, this can only be good for BACP members and, recognising that the landscape is increasingly shifting toward "portfolio working", it's essential that we move with these employment trends.'

Buy-in at the top

More broadly, there are too few Chief Executives willing to talk about the role of counselling and counsellors in supporting staff. One notable exception to this was the former Commissioner to the London Fire Brigade, Dany Cotton, who was outspoken in her belief that staff needed access to counselling support for their mental health. After the Grenfell Tower fire, Dany Cotton was open about receiving support from the counselling and trauma service after displaying all the signs of PTSD.[8] It could be very different if more leaders were willing to normalise the practice of seeking help and receiving it.

I asked Paul Veveers at the University of Leeds whether he would trust in his own service to access psychological support if he needed it: 'Yes, I absolutely would. While I haven't used the service as a client, I have used the support and advice as a manager on how to best support a situation in one of my teams. We currently offer a hybrid model of support – which means that we can offer any employee the ability

to use the service and retain some level of privacy. If a member of staff has a working relationship with an in-house team member, they can be referred to Mind Matters Counselling, and the same level of service is offered, ensuring that all levels of our organisation can use the counselling and support service.'

It's also occurred to me that one blind spot our profession could have is the nature of keeping confidence. Could it be that we're so accomplished at maintaining confidentiality, that we need to learn to become just as gifted at communicating what this means for people and why it is so valuable to have a trusting relationship in their workplaces? It's through the therapeutic relationship, where employees experience what it feels like to be psychologically safe and to be accepted, that our clients learn to accept themselves, self-regulate and recover. But rarely does any of this feature in discussions about return on investments (ROI).

Closing thoughts

It's unlikely that this blind spot is going to disappear any day soon – but my hope in writing this article is that, once named, we can shed light where there are shadows and work on it collectively as a sector of specialists. For that, we need to come together and share best practice, which is what Julie Hughes, Chair` of BACP Workplace, is calling for:

'I know that BACP Workplace members are a huge force for good in supporting the mental health of the UK workforce. I'd like to encourage you to get in touch with your stories and experiences of how the interventions and support that you offer make a difference every day. I want us to build a picture of our capacity to change lives and of why it is that we are fundamental to supporting good mental health at work. It's vital that the voices of workplace specialists, managers running in-house services, and EAPs speak out about the value that the counselling profession brings to UK employers and employees.' ●

Please don't hide your work away in your therapy rooms – you can respect client and organisational confidentiality and still shine a light on the valuable work that you do. BACP Workplace is encouraging you to share your stories by emailing: workplaceeditor@bacp.co.uk

REFERENCES

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Resources

The Deloitte report highlights the *2019 Health at Work Commitments*, which can help employers to develop forward-looking, informed and inclusive programmes to develop happier, more person-centred, workplaces. **www.mentalhealthatwork .org.uk/ blog/introducing-the-mental-health-at-work-commitment/** *Thriving at Work: a review of mental health and employers.* An independent review of mental health and employers by Lord Dennis Stevenson and Paul Farmer. 26 October 2017. **www.gov. uk/government/publications/ thriving-at-work-a-review-of-mental-health-and-employers (accessed 20 February 2020).**

What is BACP Workplace doing?

• BACP Workplace had a stand at the Health and Wellbeing event at the NEC in March, promoting the work of the counselling profession. Nicola Neath spoke on the work of the counselling service at the University of Leeds and contributed to a panel debate on the future of mental health awareness.

• We are working with BACP's Communications team about how we tell our stories about what we do to support employees and employers. We will keep you updated on how you can get involved.

• We are talking to Deloitte and Mind about the work of BACP Workplace members, with a view to forging relationships and for a gold standard and best practice in service delivery to be included in any future reports.

• Nicola Neath, former Chair of BACP Workplace, is leading a new group to champion mental health within the workplace. It is part of the Council for Work and Health, which is comprised of more than 40 bodies, representing more than a million people working in the fields of employment and health. This group will provide an opportunity to think about the importance of mental health at work, counselling and the benefits of employing counsellors, and increase both understanding and visibility of workplace counsellors and psychotherapists across the UK.

• We are developing a workplace competency framework, which will be available for practitioners, employers and stakeholders, describing the key additional skills that workplace counsellors need to work effectively, safely and competently within a workplace setting.

How can BACP Workplace members get involved?

If we want to increase understanding of our role within the UK workforce supporting good mental health, we need to understand more about what it is that BACP Workplace members are doing. Think about the following questions and consider letting us know what work you're involved in:

If you are an in-house service:

• What are you doing in your workplace or counselling service to support employees?

• Are there interventions or projects that you have started in your workplace that you are proud of and that are making a difference?

• What kinds of support do you offer to staff? For example, training, mental health training for managers, supervision, supporting mental health first aiders.

• Do you have buy-in and support from your leaders and Chief Executive? If so, what do they say about the value of the service to the organisation?

If you are an affiliate working with EAPs or in private practice:

• What trends are you noticing in your client work?

• What is your experience of working with EAPs?

• How are EAPs supporting their client organisations?

• Are you involved in delivering services beyond the counselling room?