



The Prince's  
Responsible  
Business Network



Mental Health at Work 2019 Report

# TIME TO TAKE OWNERSHIP



In partnership with



and the Wellbeing Leadership Team

## Survey partner



## In partnership with



## National partners



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# FOREWORD

BY LOUISE ASTON

## MORE WORKPLACES NEED TO BE PART OF THE SOLUTION TO BETTER MENTAL HEALTH, NOT PART OF THE PROBLEM

In the past couple of years, we've seen growing momentum around the tangible need for mental health improvements from the Government and mental health stakeholders, including employers. [The Stevenson / Farmer review](#) has stressed the critical importance of helping employees to thrive at work. We cannot allow this momentum to dissipate – the time is now for employers to act.

While strides have been made in some areas of the workplace, the support for mental health is undermined by working conditions being a cause of mental health issues. The number of employees who have experienced poor mental health due to work, or where work was a contributing factor, in the past year has increased significantly. People who come to work don't expect to be physically injured and also should not expect to be psychologically harmed.

A profound cultural shift is paramount, so that work itself doesn't cause poor mental health. Organisational needs are being favoured above the wellbeing of people. We won't achieve parity between physical and mental health until more employers take ownership over their role and create workplaces that enhance positive mental health.

Whilst mental health awareness has universally risen, the findings in our national survey show too many employers are tinkering at the edges rather than making the fundamental changes that are really needed to improve wellbeing, retention and productivity. Those who aspire to be employers of choice must tackle the barriers outlined in this report.

**I call on leadership to identify what they can own and be accountable for.**

In response to this growing need, we've launched Business in the Community (BITC)'s [Responsible Business Tracker](#)<sup>®</sup>, a measurement tool designed to enable organisations to measure their performance as a responsible business. The Tracker is aligned with the United Nation's Global Goals that underpin our [Responsible Business Map](#). The Health and Wellbeing questions are linked to the [Workwell Model](#), BITC's framework to support organisations embed wellbeing into organisational culture.

**Business is at its best when people are at their best. Let's ensure people can take their whole selves to work and thrive.**



**Louise Aston**  
Wellbeing Director,  
Business in the  
Community

# FOREWORD

BY TONY WOOD

## HEALTH AND WELLBEING ARE KEY STRANDS OF RESPONSIBLE BUSINESS. DOING THE RIGHT THING FOR YOUR EMPLOYEES IS ALSO DOING THE RIGHT THING FOR YOUR BUSINESS

As we enter the fourth year of assessing mental health in the workplace with fresh eyes, we are seeing some encouraging improvements. But a lot of work is still ahead.

More employers are talking about mental health issues, supported by the rise of mental health first aid training and employee-based support routes, yet our findings show there is a need for employers to do more. There is no health without mental health. A holistic, integrated approach is essential.

There are often strong health and safety measures to tackle occupational problems like physical injury, but few organisations have similar measures in place for mental health. Managers acknowledge that they need to do more but they are often hampered by other organisational priorities and pressures.

It's been revealing to focus in on some new areas this year. There's an increasing need to understand intersectionality better. Worryingly, a third of lesbian, gay, bisexual, transgender and other (LGBT+) employees reported hiding their sexuality at work for fear of discrimination in the last year. Nearly a third of Black, Asian and Minority Ethnic (BAME) employees felt they have experienced negative outcomes in the last year due to their ethnicity. Those with a disability fare even worse.

Financial wellbeing continues to be a huge problem. There is a fine line in the disparity between what the employee wants and what the employer offers in the area of support. Employers either aren't offering financial advice or support isn't accessible or visible enough in the workplace. Only 5% of employees say they receive financial support in the workplace, but whether this is reality or perceived reality due to lack of promotion, is interesting for employers to consider.

In partnership with Business in the Community's Wellbeing Leadership Team, we're helping businesses move from good to great in terms of improving their mental health capability. We're trying to get people engaged on the journey, even if they focus on the basics. And we're going on this journey with a host of organisations to cascade good practice by engaging with their stakeholders and supply chains.

**In order to take action, you've got to talk action. Good is good, but it's time to aspire to be great.**



**Tony Wood**  
Partner and UK  
Managing Director,  
Mercer Marsh  
Benefits

# FOREWORD

BY WOLFGANG SEIDL

## WE MUST BUILD A CULTURE OF HEALTH THAT PUTS THE WHOLE PERSON AT THE CENTRE

Yet again, we have evidence similar to last year that poor mental health has reached epidemic proportions. And even with a significant increase in awareness and more people coming out to talk about their experiences, we are not even close to tackling the problem.

We need to look closer at the causes and symptom triggers.

Financial worries continue to play a big part. We are also seeing the significant impact of being in more-often-marginalised populations, with women, BAME and LGBT+ employees more likely to suffer discrimination, harassment and bullying. We need to give people the support, confidence and platform to speak up.

Another cause is management. Managers are in a sandwiched position, bearing pressure from above and below. We need to engage more managers in a positive way as interventions are not working fully yet. We see that managers are not adequately trained in mental health.

Interventions are needed that aren't vague or incorrectly recorded. A lunchtime session on how to deal with stress isn't going to create measurable impact. We need a whole-person approach with a clearly defined employee journey showing where their first port of call should be, where to be referred with warning signs and issues with chronic conditions. This will help de-stigmatise mental health issues and build more trust with employees from all backgrounds.

Companies are pushing managers towards tactical, not strategic solutions. Commissioning mental health training that helps managers recognise poor mental health symptoms is not useful on its own. Instead, managers should be able to relate to troubled colleagues with empathy. Managers should internalise good behaviours, not just list off a load of symptoms, which aren't likely to be useful and are better understood by health professionals.

We urgently need to build inclusive cultures – a culture of health. This culture is built on the basis of psychological safety. Psychological safety isn't about being nice but about giving candid feedback, openly admitting mistakes, and learning from each other. This enables people to be comfortable within themselves in the work environment. Google conducted a [psychological safety](#) experiment, which found that teams with high levels of psychological safety outperformed targets by 17%, whilst those with low levels missed targets by an average of 19%.

A culture of health takes a whole person approach, which breaks down the stigma to entry so that people are comfortable coming forward with mental health issues and not just physical ones.

Work is beneficial to health but only if it's good work. Employers should aim to build a culture based on good work for the whole human being.



**Dr Wolfgang Seidl**  
Partner and  
Workplace Health  
Consulting Leader,  
Mercer Marsh  
Benefits

# EXECUTIVE SUMMARY

## WE ARE MOVING FORWARD BUT WE MUST DEEPEN OUR COMMITMENT

As we move into the fourth year of conducting our national mental health at work survey, in collaboration with business and nine national partners, it's great to see progress being made with increased awareness and positive action.

However, progress is not happening with the scale and speed needed. Unacceptably, some employers are still contributing to the psychological harm experienced by their staff through poor business practices and cultures.

### **Employers need to stop harming the mental health of their employees through poor business practices and culture.**

This report highlights the urgent need for employers to take ownership of the impact their working practices have on the mental health of their employees.

In our latest findings, 2 in 5 (39%) employees have experienced poor mental health due to work, or where work was a contributing factor, in the past year. This figure stood at 36% in both 2017 and 2018; this increase shows movement in the wrong direction.

The three main causes of work-related poor mental health are too much pressure, workload impacting on ability to take leave (leavism) and a lack of support. More can and should be done by employers to relieve that pressure. Employee mental health is also affected by negative

work relationships, and people not feeling able to trust their managers.

### **Employers must acknowledge and support employees experiencing poor mental health, whatever the cause.**

Our findings show that 30% of the UK workforce have been formally diagnosed with a mental health condition at some point in their lifetime – yet parity of esteem between physical and mental health has yet to be realised. Employers must take this ambition seriously if positive change in the workplace is to be achieved.

Responsible business needs to be the mission of all employers. Not enough employers are taking full ownership over measures within their organisation to support their staff.

Employers must consider further ways of ensuring people feel comfortable talking to someone at work by creating a safe and open environment.

Where employees are experiencing poor mental health symptoms not related to work, feeling lonely and isolated is the most significant factor (32%). This is particularly true for younger employees (48% of 18-29 year olds, compared to 19% of 60+ year olds). Financial difficulties such as debt, and family bereavement or long-term illness of family members were also notable causes (both 24%).

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# 30%

of the UK workforce have been formally diagnosed with a mental health condition at some point in their lifetime.

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# 39%

2 in 5 employees report experiencing poor mental health symptoms related to work in the last year. 23% in the last month.

# EXECUTIVE SUMMARY

The whole spectrum of mental health has to be acknowledged by employers, including the most severe of experiences. For 13% of those surveyed who had experienced poor mental health symptoms that were not caused by work, one of the root causes was their partner, spouse or family member being abusive. For 23% of this group, the abuse sometimes occurred whilst they were at work or travelling to and from the workplace.

Employers need to rapidly provide appropriate support for those affected by poor mental health caused by factors both in and outside the workplace.

As in previous years, there remains a worrying disconnect between what senior leaders believe about the support they provide and the reality of employees' experience. Those at CEO and Board level are more likely than those with no managerial responsibility to think their organisation supports its staff – 51% against 38%. Worryingly, the proportion of employees who believe their organisation does well in supporting those with poor mental health fell to 41% from 45% over the past year from 2018 to 2019 over the past year from 2018 to 2019.

## **Employers should create workplaces that enhance positive mental health.**

Good employee mental health is fundamental to building a successful, sustainable organisation. We know that good work positively enhances wellbeing

and there needs to be much greater emphasis on this. Despite this, more than 6 in 10 (62%) managers have had to put the interests of their organisation above staff wellbeing either sometimes, regularly or every day.

Many companies are fostering good mental health at work through innovative policies and approaches, and are reaping the benefits through improved staff recruitment and retention. However, this is not being seen UK-wide. Only 13% of managers have attended specific training that focused on mental health. By comparison, a third of CEOs or Board personnel have received some form of training about mental health. With mental health issues estimated to cost employers around £34.9 billion each year (according to the [Centre for Mental Health](#)), providing effective support isn't just the right thing to do – it makes complete business sense.

## **One size doesn't fit all. There are different risks and concerns for different groups.**

Our understanding of the impact of intersectionality continues to grow. LGBT+ employees are especially likely to have experienced a mental health problem where work was a cause or factor (79% of LGBT+ people, compared to 62% who don't identify as LGBT+). A third of LGBT+ employees reported having hidden their identity at work for fear of discrimination in the last year.

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# 52%

of those who experience mental health problems related to work say this is due to pressure such as too many priorities or targets.

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# 62%

of managers have had to put the interests of their organisation above staff wellbeing either sometimes, regularly or every day.



As many as 30% of BAME employees felt they have experienced negative workplace behaviour or outcomes in the last year due to their ethnicity.

Finances are another area to consider, although financial security varies by age and gender. 21% of employees (25% in 2018) say that they struggle to make ends meet financially, a number highest among 18-29 year olds (26%) and women (23%), compared to 19% of men. More than a third (34%) say that they spend more money when they are feeling down. This again affects the youngest employees the most, with 44% of 18-29 year olds agreeing that they do this compared to just 28% of those in their 50s.

## All UK employers need to commit to improving the wellbeing of their people.

Whilst progressive employers are making a positive impact, the scale of the challenge means we really need to step up our response. It is simply not acceptable for employers to be the cause of mental health problems among staff – they must take ownership and be part of the solution.

We urge every employer to follow our [recommendations](#) to help put good work into practice. It's time for employers to be far more ambitious and aspirational. Many organisations can make a faster change than they think.

## The time for action is now.

### NATIONAL PARTNERS



# SUMMARY OVERVIEW

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## EMPLOYERS NEED TO ACKNOWLEDGE THEIR DIRECT IMPACT ON EMPLOYEES

**2 in 5**

employees (39%) have experienced poor mental health where work was a contributing factor in the last year

2018

**36%**

**62%**

of managers faced situations where they put the interests of their organisation above the wellbeing of colleagues

2018

**64%**

**24%**

cited bullying and harassment from their manager as a cause of work-related poor mental health

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## EMPLOYERS SHOULD CREATE GOOD WORK THAT ENHANCES MENTAL HEALTH

**70%**

of managers say there are barriers to them providing mental health support

2018

**68%**

**41%**

of employees experiencing a mental health problem reported that there had been no resulting changes or actions taken in the workplace

2018

**49%**

**51%**

feel comfortable talking generally in the workplace about mental health issues

2018

**54%**

**28%**

of line managers say how well they do in managing staff wellbeing is not part of how they themselves are assessed

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## WORKING CONDITIONS MUST BE EVALUATED

**52%**

of those with an experience of poor mental health due to work cited that it was due to pressure

**36%**

mentioned workload as causing poor mental health symptoms

**11%**

Only 11% of managers in the UK have received training on understanding workplace stressors

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## EMPLOYERS MUST ACKNOWLEDGE AND SUPPORT EMPLOYEES EXPERIENCING POOR MENTAL HEALTH, WHATEVER THE CAUSE

50% of employees have cited poor mental health due to causes outside of work:

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**48%**

of those aged 18-29 experience loneliness

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**30%**

experience marital or relationship problems

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**24%**

cite financial difficulties (such as debt)

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## POSITIVE IMPROVEMENTS ARE BEING MADE BUT THERE IS NO ROOM FOR COMPLACENCY

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**41%**

of employees experiencing poor mental health reported that there had been no resulting changes or actions taken in the workplace

2018

**49%**

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**21%**

of employees say they struggle to make ends meet financially

2018

**25%**

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**9%**

of those who disclosed a mental health problem were dismissed, demoted or disciplined

2018

**11%**

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**44%**

would feel comfortable talking to their line manager about their own mental health

2018

**44%**

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## KEY CONCERNS

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**79%**

of LGBT+ people are likely to have experienced poor mental health where work was a cause or a contributing factor

**32%**

hid or disguised that at work for fear of discrimination in the last year

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**24%**

of LGBT+ employees with disabilities reported being encouraged to hide their sexual orientation by work colleagues

compared to

**6%**

of those without a disability

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**23%**

of those who have suffered abuse said it sometimes occurred whilst they were at work or travelling to and from the workplace

# CALLS TO ACTION

**BUSINESS LEADERS HAVE THE OPPORTUNITY TO STEP UP AND MAKE DIRECT CHANGES TO THE WAY THEY THINK ABOUT AND TACKLE MENTAL HEALTH ISSUES**

We urge employers to implement three calls to action. These are priority actions we believe will have the biggest impact on organisational capability to support better mental health:

**1**

**CREATE GOOD WORK  
THAT ENHANCES  
MENTAL HEALTH,  
FOR EVERYONE**

**2**

**ACKNOWLEDGE AND  
SUPPORT POOR  
MENTAL HEALTH,  
WHATEVER THE CAUSE**

**3**

**PUBLICLY REPORT  
YOUR WELLBEING  
PERFORMANCE**



# RECOMMENDATIONS FOR LEADERS

**We have used the results from the survey along with available best practice to produce a series of guiding principles and key actions for senior leaders on how to radically improve the support provided in the workplace.**

These recommendations – which are supported by our nine national partners – will enable organisations of all shapes and sizes to advance the support they offer, wherever they may currently be on their journey. These principles, which complement the [Thriving at Work](#) review of mental health, are aimed at all employers. While they are aspirational, they are also achievable.

## OWNING RESPONSIBLE LEADERSHIP

Recognise employee mental health as a critical component to being a responsible business.

### Actions:

- Consciously role model behaviours that promote good mental health
- Enable an inclusive culture by embedding wellbeing into management accountability and operational policies and tools
- Publicly report on your wellbeing performance in external communications such as annual reports

## UNDERSTANDING THE IMPACT OF WORK

Position the enhancement of wellbeing through good work as a priority corporate objective.

### Actions:

- Audit the mental health risks as well as the physical ones and develop a plan for minimising them
- Increase management's understanding of the positive and negative impact work can have on employees and hold them accountable for this
- Regularly monitor and report on working conditions and always include employee feedback

## EQUIPPING LINE MANAGERS

Make employee mental health 'business as usual' for all managers.

### Actions:

- Embed the promotion of good mental health as a core competency for managers
- Recognise and reward empathy and compassion
- Ensure comprehensive training reaches all managers, and includes the impact of work on mental health and productivity

## PROVIDING TAILORED SUPPORT

Take an inclusive and employee-led approach to providing support

### Actions:

- Introduce training for workplace adjustments and modifications, so that support can be tailored
- Build active listening and communication skills and make signposting easy
- Provide and promote access to a diverse range of inclusive mental health services and facilities such as Employee Assistance Programmes and Occupational Health.

## SPOTLIGHT: RESPECT AND INCLUSION

Promote and implement zero-tolerance policies and guidelines:

- Develop awareness of non-inclusive behaviours and define those that are unacceptable
- Support and encourage staff to be responsible bystanders when they witness bullying and harassment
- Join up inclusion and wellbeing activity to enable a whole person approach, and track your progress in both these areas

## SPOTLIGHT: FINANCIAL WELLBEING

Embed financial wellbeing into your organisation's wellbeing strategy:

- Review whether there are any work-related causes that could be impacting employees' financial wellbeing, such as pay, contract type or shift patterns
- Share your commitment to increasing financial wellbeing and breaking the stigma through internal communications and campaigns
- Develop and promote financial education, information and guidance that helps employees get the right support at the right time



# THE STATE OF THE NATION



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# 30%

of the UK workforce have been formally diagnosed with a mental health condition at some point in their lifetime

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# 50%

of employees have experienced poor mental health symptoms due to causes external to work

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# 56%

have experienced both work and non work-related poor mental health symptoms

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# 45%

of LGBT+ employees report having a formal diagnosis for a mental health condition

## THE CAUSES OF EMPLOYEES' POOR MENTAL HEALTH ARE DIVERSE AND COMPLEX AND AFFECT PEOPLE BOTH INSIDE AND OUT OF WORK

- Work related causes of poor mental health symptoms are significant, as are non work-related causes
- A wide range of factors contribute to poor mental health
- Employees are suffering from loneliness and isolation, where work isn't a cause
- There is a strong age gradient, with the youngest employees experiencing poor mental health to a much higher degree

The prevalence and causes of mental health problems are diverse and complex and affect people both inside and outside of work. It's important to see every situation as unique and take the time to understand the possible causes so we can propose the right solutions.

30% of the UK workforce have been formally diagnosed with a mental health condition at some point in their lifetime, most commonly depression (20%) or general anxiety (14%). And half of employees have experienced poor mental health symptoms due to factors external to work.

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# 63%

of men feel comfortable talking about a range of issues, including physical health conditions

compared to

# 67%

of women

### Employees who have experienced poor mental health where work was a contributing factor

**23%** of UK employees have experienced symptoms of mental health problems in the last month related to or caused by work.

In the last year, **39%** had experienced those symptoms caused by work, which is a small but significant increase from 36% in both 2018 and 2017.

**62%** of employees have done so, at some point in their career. This has increased from 20% in 2017.



# THE STATE OF THE NATION

One third of those that have experienced poor mental health at all, have just experienced work-related problems. 62% of employees have, at some point in their career, experienced the symptoms of poor mental health due to work or where work was a related factor.

Diversity of experience must be taken into account. In general, younger people aged 18-29 are more likely to report being diagnosed with a mental health condition than those aged 60+ (35% compared to 25%). Women are more likely than men to have been formally diagnosed with a mental health condition (36% compared to 24%). More than 2 in 5 (45%) of

LGBT+ employees report having a formal diagnosis for a mental health condition, much higher than the proportion of others (28%). Another particularly vulnerable group are those with a disability, where half (52%) have been formally diagnosed with a mental health condition, compared to a quarter (25%) of employees with no disability.

White employees are more likely than those from a BAME background to have been formally diagnosed with a mental health condition (31% compared to 23%). This could be because over half (53%) of white employees report feeling comfortable talking about all of the issues, as opposed to 40% of those from a BAME background.

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## 35%

of men only experienced work-related mental health problems

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## 24%

of women only experienced work-related mental health problems

### Those at the lowest and highest ends of the household scale are least likely to report having experienced poor mental health symptoms due to work:

- 54% of those earning £15,000 or less
- 66% of those earning between £15,000 and £25,000
- 65% of those earning between £40,000 and £70,000
- 59% of those earning £70,000 or more

### Conversely, formal diagnosis is most common among those paid less:

- 36% of those earning £15,000 or less
- 39% of those earning between £15,000 and £25,000
- 29% of those earning between £40,000 and £70,000
- 21% of those earning £70,000 or more



Men were significantly more likely to have only experienced work-related problems (35% compared with 24% of women) and women were more likely to report mental health issues in both aspects of their life (60% compared with 51% of men). Women are more likely than men to report experiencing poor mental health due to work (66% compared to 58%).

LGBT+ people are particularly likely to have experienced poor mental health where work was a cause or a contributing factor, with 4 in 5 (79%) reporting this, compared to 3 in 5 (60%) heterosexual employees. This figure has risen from 73% in 2018. Of those from an ethnic minority background who have experienced poor mental health symptoms related to work, a quarter stated their ethnicity was a factor in these symptoms, compared to only 1% of those with work related symptoms who were white.

**My employer zoned in on one element of the cause, and thought by fixing that, they'd solved everything. But they misrepresented what was making me stressed and anxious to senior managers, which was incredibly frustrating.**

Half reported having symptoms specifically without work being a cause. Loneliness and isolation was the most often reported cause (32%) with marital or relationship problems significant for many (30%). Financial difficulties (such as debt) and

family bereavement / long-term illness of family members were also notable causes (both 24%). LGBT+ employees are more likely to report loneliness as a contributing factor to poor mental health (46%), in comparison to other employees (30%). Debt issues feature more prominently in the reasons for non work-related poor mental health for those earning less. (See [Spotlight: Financial Wellbeing](#)).

More than half (56%) of those who have reported poor mental health symptoms in the past have cited work and non-work-related causes. It's a reminder that one aspect of our lives will never be experienced in isolation, and how our work impacts us will vary from one day or year to the next.

As an example of how different factors can interact, employees who have experienced both work and non work-related poor mental health were significantly more likely to give an interpersonal cause (67% compared with 61% of those with just work-related poor mental health). They were also significantly more likely to say 'organisational change was handled poorly' (35% compared with 30%), or that they 'felt stuck in a role with no progression' (30% compared with 21%) and experienced uncertainty about future employment (18% compared with 13%).

We need to support the whole person. Causes and symptoms of mental health problems are complex. Employers have a duty of care to develop awareness and empathy for individual needs.

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# 32%

reported loneliness and isolation as the top cause of symptoms of poor mental health

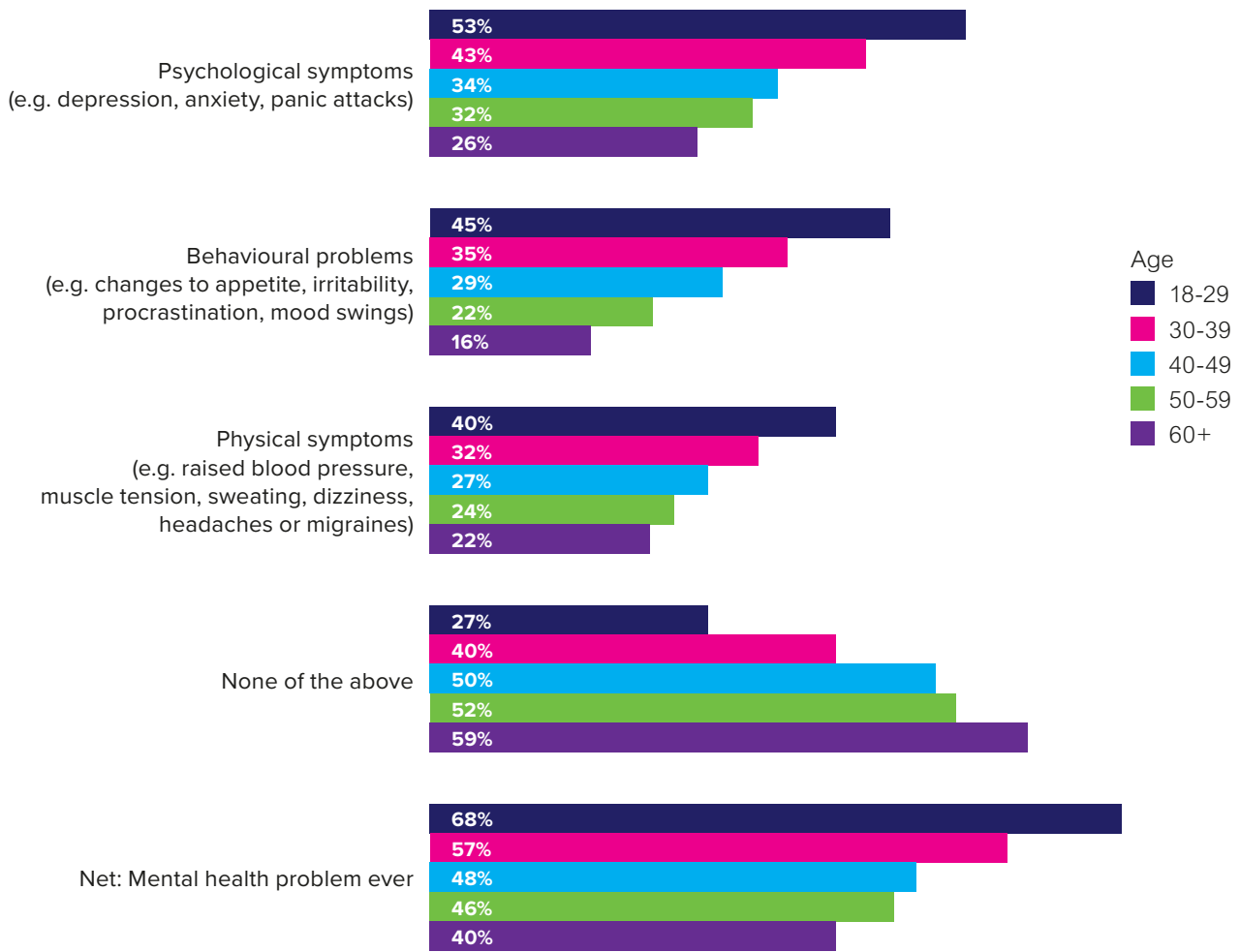
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# 56%

of those who have reported poor mental health symptoms in the past have cited work and non-work related causes

# THE STATE OF THE NATION

## Which of the following, if any, have you ever experienced where work was not a cause?



Base: all (4,626)



## ANONYMOUS – A CLIENT OF MERCER MARSH BENEFITS

### Finding solutions for modern work challenges

Loneliness can stem from various sources. Whether that's extensive travelling, relocation or being based at home can all lead to a feeling of isolation affecting not only productivity but more broadly wellbeing.

Expectations of continued innovation, growth and wealth creation have meant that the outlook is optimistic for the high-tech industry. However, the supply of skilled talent has not kept pace. This mismatch has made it difficult to recruit, and results in global searches to hire the right tech candidates.

A global search often results in relocation for new recruits. While the new hires were very qualified, we were finding that many individuals joining our organisation were less adept to adjusting to their new environment. This challenge was so profound that a couple of our new recruits contemplated committing suicide.

Mercer Marsh Benefits' subsequent work with us provided insights into these incidences. We found that prolonged periods of loneliness as a consequence of being away from home were the sources of low mood, depression and even suicidal thoughts. The pressure of relocating to a new country and leaving a close network of friends and family behind, alongside adapting to a new job and culture proved overly straining. While multinational organisations' capacity to recruit globally is an apparent benefit of globalisation, there can be consequential costs. Loneliness is now considered an epidemic affecting "one-fifth of the UK population; the equivalent of nine million people."<sup>1</sup>

With Mercer Marsh Benefits we implemented the following:

1. a pre-assignment screening in the country of origin;
2. a pre-deployment screening with family members who are joining spouses;
3. a targeted Employee Assistance Programme in the host country alongside practical advice;
4. a mental health pathway, starting with the upskilling of line managers and resilience training, through to an early intervention referral model.

Employee engagement scores increased over the last 12 months and, thankfully, no further suicidal thoughts have been reported. The availability of support for individuals who experience loneliness is good news for employees' individual aspirations and employers' organisational goals. This case study's shared benefits will hopefully lead to sustained impact.



# **OWNING RESPONSIBLE LEADERSHIP**



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# 62%

of managers have had to put the interests of their organisation above staff wellbeing either sometimes, regularly or every day

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# 48%

say that their ability to effectively manage staff wellbeing is part of their formal role assessment

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# 20%

of CEOs believe their organisation supports those with mental health problems very well compared to 10% of junior managers

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# 24%

of managers say senior leaders being more supportive of wellbeing would be useful to support their teams

## LEADERS NEED TO TAKE OWNERSHIP FOR THE IMPACT THEIR ORGANISATIONS HAVE ON MENTAL HEALTH AND SUPPORT THEIR STAFF BETTER

- There is a disconnect in perception between CEOs and line managers of what resources are available for managers to support others
- Managers understand their role is pivotal to staff wellbeing, yet they are often required to put the interests of the organisation above staff needs
- The number of employees who believe their organisation supports wellbeing has gone down since last year

It's been encouraging to see a huge rise in active campaigning over the past few years, which is helping to normalise the conversation around mental health in general. But whilst tackling stigma is still critical, many employers are potentially neglecting the role they play in creating or exacerbating mental health problems.

We know that awareness levels have increased considerably since 2009<sup>2</sup>, but the findings in our report indicate that these existing policies and procedures are not actively achieving real change.

**I lost faith in management and so moved to a different company.**

Our report highlights that 1 in 3 CEOs have had some kind of mental health training, and whilst encouraging, this isn't yet at the level

we need in order to see the desired change in workplaces. We also need to encourage more investment in this area across whole organisations, as we see even fewer numbers of staff at other levels getting specific training. Only 9% of all employees and 13% of managers have attended training that focused only on mental health.

**We continue to be dogged by a disconnect between perception and reality in organisations.**

There seem to be strong voices in senior leadership generally, and well-intentioned line managers, but our survey showed limited conscious effort to change business practices or behaviours. It is within senior leaders' gift to ensure concrete policies and practical tools are in place to ensure campaigns or strategies are not undermined by lack of support or resources.

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Only  
**9%**

of all employees have attended training that focused only on mental health

# OWNING RESPONSIBLE LEADERSHIP

More than 6 in 10 (62%) managers have had to put the interests of their organisation above staff wellbeing either sometimes, regularly or every day. This is causing trust in managers to deteriorate, as the proportion of employees that feel their

manager is genuinely concerned about their wellbeing fell to 57% from 60% in 2018. 24% of managers say senior leaders being more supportive of wellbeing would be useful to support their teams.

**27%**

of employees fear negative consequences if they make their mental health issues formal

We know employees can experience poor mental health at times or live with an ongoing mental health condition. However, with the right support they can succeed and thrive at work. Therefore we, as employers, have a huge responsibility to take action. The Business in the Community Wellbeing Leadership Team has a vision to create an environment where individuals and organisations can be their best. Whilst there has been significant progress made in recent years, the findings in this year's report highlight that there is still more to do.

Our aim is to use our business skills, reach and convening power to build a movement committed to positioning health and wellbeing as strategic boardroom issues, with an ambition to significantly improve these outcomes. During this year we have focused on building insight on the topics we believe have the most impact on employees' mental health, including Financial Wellbeing, Line Management and Organisational Design. We are using these deep dives as an opportunity to learn from each other to move from 'good to great' with regards to how we approach mental health at work within our own organisations, so that we can share our experiences and learning with others to drive change across UK PLC. Tackling this issue will make a big difference to the productivity and prosperity of the country, but most importantly to people's lives and wellbeing.

David Oldfield, Group Director & CEO, Commercial Banking, Lloyds Banking Group and Chair of Business in the Community's Wellbeing Leadership Team

## Leaders must create psychologically safe places to work.

There is still much work to be done for workplaces to be safe, supportive environments where employees feel able to discuss their problems without fear of judgement or worse, negative consequences for their careers. The most commonly mentioned barriers to disclosing mental health symptoms to HR or Occupational Health are a feeling that they would be unlikely to provide support (29%), an unwillingness to “make it formal” (28%) and the fear of negative consequences for their career (27%).

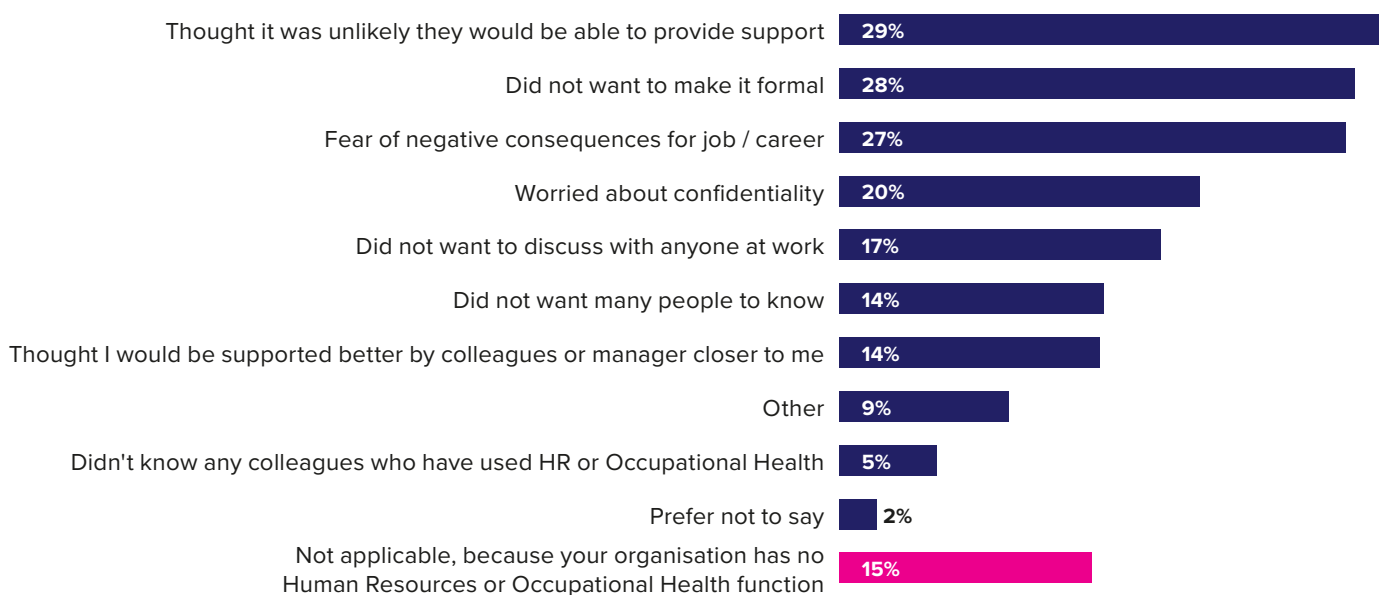
78% of managers say that colleagues of a person experiencing poor mental health symptoms were supportive when changes were made to assist them. However, this is down from 84% in 2018. Support from HR and senior managers is less positive. Only 59% (down from 66% in 2018 and 71% in 2017) thought their HR department was supportive. Respondents felt that 64% of senior managers were supportive (68% in 2018) and 33% were not (30% in 2018).

The National Forum for Health and Wellbeing at Work’s [Compassion at Work Toolkit](#) shares the business case for compassion and has recommendations for breeding a culture of compassion and empathy.

# 64%

of employees say senior managers were supportive when they reported symptoms of poor mental health

### If you didn't approach Human Resources or Occupational Health, why is that?



Base: those with a mental health problem who did not approach Human Resources or Occupational Health (1,645)

# OWNING RESPONSIBLE LEADERSHIP

The proportion of employees who believe their organisation does well in supporting those with mental health problems fell back to 41% from 45% in 2018 to a position similar to 40% in 2016. Younger employees feel the least supported, even though they bear the most significant brunt of poor mental health.

**My daughter has health issues, and my long commute meant I could not be with her as much as she needed. Senior management refuse to allow working from home – although my immediate line manager would have agreed to it. Other staff members with health issues were also refused to work from home.**

It is within the power of senior leaders to ensure their employees are supported and yet only 2 in 10 CEOs believe their organisation supports those with poor mental health very well. This reduces even further to only 1 in 10 for junior managers. Tackling the organisational barriers to supporting employees is a key step, such as not having enough time for one-to-one management and being required to achieve performance targets (both cited by 22% of managers).

## More organisations need to mirror the sense of responsibility felt by managers.

Most managers (84%) agree that what they do affects the wellbeing of their team, and leadership must remember this important truth. As the [Thriving at Work](#) review states, doing more to internally and externally report on the mental health of your people increases transparency and accountability. It also sends a clear message to your employees, customers and clients that you take it as seriously as any other business objective.

Recent campaigns have had exemplary leaders at the fore, changing the tide, and collectively making a big impact on stigma. We need to build on these acts of bravery, and not only role-model openness but also positive and healthy working behaviours. We know modelling good behaviour works, and the biggest part a manager, or leader can play to affect the wellbeing of their team, is to look after their own mental health, and make day-to-day decisions that put people first.

**My company has all the policies and the words are right, but actions don't align in practice.**

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# 41%

of employees believe their organisation does well in supporting those with mental health problems

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# 84%

of managers agree that what they do affects the wellbeing of their team





## PAUL FARMER CBE, CEO AT MIND

### Creating a culture of openness and discussion about mental health at work starts with senior leaders.

For the last decade, Mind have been leading a sea-change in the way leaders are thinking and acting about workplace mental health. I've seen first-hand the power of senior leaders coming together to move the debate forward into real action.

This leadership and collaboration is essential in making effective long-lasting change. That's why as part of the Thriving at Work review into mental health and employment, which I led with Lord Dennis Stevenson, we recommended that a Leadership Council be set up by Government to maintain the momentum built up by the review. The Leadership Council launched in January 2019 with representatives from 25 organisations, large and small and spanning the private, public and non-for-profit sectors.

Each of the members has committed to embedding the key principles underlying good mental health at work and driving the report recommendations forward, with the aim of mainstreaming mental health at work through employer action. The scale of the challenge cannot be underestimated, but with the combined strength of the Leadership Council members I feel confident we're moving in the right direction.

Employers have made great strides in the past few years, indicating a commitment to creating mentally healthy workplace cultures. We want to reach a point where all workplaces recognise the value of recruiting and nurturing a diverse workforce of talented employees, including those whose mental health may have prevented them working previously. With the right support, work can be a place within which all of us can thrive.

# OWNING RESPONSIBLE LEADERSHIP



## IMPACT STORY

### ANGLIAN WATER GROUP, WINNER OF BITC'S BUPA HEALTH AND WELLBEING 2019 RESPONSIBLE BUSINESS AWARD



#### Creating and implementing an award-winning approach

Our mental health strategy was created to ensure all employees feel informed and supported, which in turn will breed a positive wellbeing culture where they feel happier, healthier and safer.

Our Wellbeing Team brings together Occupational Health, Human Resources, Health and Safety, Communications and other business representatives. Collectively, we commissioned independent research to determine what employees thought were key issues affecting their mental health at work.

We conducted an online wellbeing survey (with an 80% completion rate) and more than 100 phone interviews. The insights were used alongside reason for absence statistics to help our Wellbeing Team draw up a strategy. Following this work, our mental health strategy was developed with three key elements:

- Increasing awareness of mental health and **breaking the stigma**
- Providing a range of **resources and tools** to support employees' mental health
- Completing **mental health training**

To help tackle the stigma and normalise conversations around mental health, we emphasise that everyone has mental health, in the same way that we all have physical health. We encourage colleagues to look out for one another and ask how they are doing, and our work in this area has strong support from senior leadership.

One of our most powerful initiatives was an internal video featuring five of our employees telling their own stories and mental health challenges. The video, which also included a foreword from our CEO Peter Simpson, was extremely impactful and relatable for other employees.

The second element of our strategy involved providing wide ranging resources for employees, from self-help to expert support. We also encourage employees to spend some time during the day to focus on their own mental health. This may include mindfulness exercises through an online app, or engaging in things like bibliotherapy – a therapeutic approach that uses literature and novels to support good mental health.

A key feature of this element of our strategy was to provide the same support pathways as we do for employees' physical health. We also make professional support easily available for employees requiring it.

Finally, we introduced mental health training for all staff. Two online modules were created for all staff to complete, which involved increasing awareness around mental health conditions and improving training on how to enhance mental health resilience. In addition, all front-line managers receive mental health training to ensure they feel confident to support an employee who may be struggling with poor mental health; this was introduced following employee feedback we received.

We partnered with Mental Health at Work to develop a one-day training course to increase their knowledge of mental health conditions and give them the skills to deal with difficult conversations at work and be able to signpost appropriately. This training is currently in progress and should to be completed in 2020.

**One of our most powerful initiatives was an internal video featuring five of our employees telling their own stories and mental health challenges. The video, which also included a foreword from our CEO Peter Simpson, was extremely impactful and relatable for other employees.**

# UNDERSTANDING THE IMPACT OF WORK



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# 36%

cited workload, to the point of working overtime and not taking annual leave

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# 65%

stated that this was at least because of one interpersonal cause

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# 11%

Only 11% of managers in the UK have received training on understanding workplace stressors (7% of all employees)

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# 24%

cited bullying and harassment from their manager as a cause of work-related poor mental health symptoms

## THERE IS NO GOOD WORK WITHOUT SUPPORTING MENTAL HEALTH IN THE WORKPLACE

- **Employees are suffering due to pressure and workload**
- **Employees still don't feel comfortable opening up about their problems**
- **Employers must create workplaces that support positive mental health, not contribute to the problem**

Good work is created by elements including security, fair pay and professional development. [Research](#) shows that job quality, employee health and wellbeing, engagement and productivity are closely linked, making it in every business' interest to offer good work.

What Works Centre conducted the [Good Work report](#), which highlighted that improving wellbeing at work makes staff engagement sustainable and supports higher performance and productivity.

### **The proof is clear, good work makes good business sense.**

Despite this, our findings highlight that workplaces often don't foster a positive mental health culture. 2 in 5 (39%) employees have experienced poor mental health symptoms where work was a factor in the last year (23% in the last month). Out of those, 52% said pressure, such as too many targets or priorities, was a cause. 36% cited workload, to the point of working overtime and not taking annual leave.

65% stated that their problems were at least because of one interpersonal cause. This may be because of negative work relationships, they didn't feel they could trust their manager, feeling lonely or isolated, bullying or harassment from colleagues, their managers or even customers and clients. 24% cited bullying and harassment from their manager as a cause of work-related poor mental health symptoms.

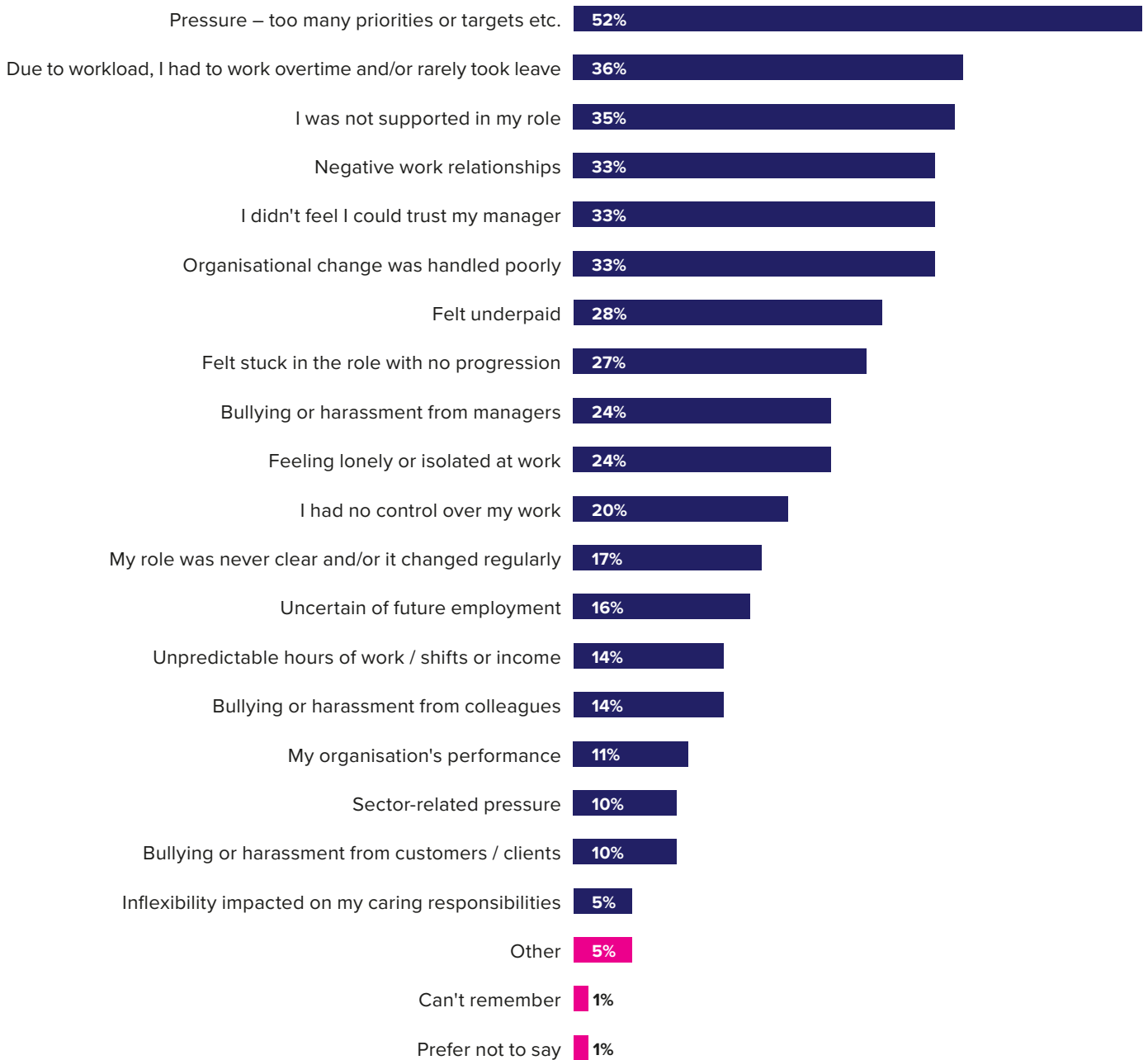
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**Flexi-time, working from home and being given support with workload, as well as phased or gradual return to work, were particularly appreciated**

**Work has left me anxious outside of the workplace and this is the case with all my colleagues too.**

# UNDERSTANDING THE IMPACT OF WORK

## Which, if any, best describe the specific issues that caused mental health symptoms in work?



Base: all with an experience of a mental health problem due to work (2,640)

## Employees are under immense pressure at work, which is affecting their mental health.

The extent of work's impact on mental health can be seen by the 61% of those who have experienced poor mental health symptoms at some point in their career. Work life balance, good job design and feeling as though you have the resources and the means to fulfil your responsibilities are vital for managing stress and maintaining good mental health.

Of those who experienced problems as a result of work, 33% cited organisational change being handled poorly, 28% cited feeling underpaid, and 27% said it was because they felt stuck with no progression.

There is a clear age gradient, with younger people more likely to report having experienced poor mental health symptoms due to work than their older counterparts (73% of 18-29 year olds compared to 49% of those aged 65+).

## Work-related causes of poor mental health vary between groups.

Women were more likely than men to cite not being supported in their role (38% compared to 32%), negative work relationships (37% compared to 30%), bullying or harassment from colleagues (17% compared to 9%) and sector-related pressure (13% compared to 7%) as issues that caused psychological, behavioural or physical symptoms at work. By contrast, men were more likely to say their organisation's performance was a factor (14% compared to 8%).

Younger employees aged 18-29, often starting out in their careers, were more likely to report having experienced symptoms as a result of feeling underpaid (39% compared to 25% of those aged 60+) or due to feeling stuck in the role with no progression (37% compared to 13%). This pattern was mirrored among those from a BAME background with 37% saying they felt underpaid (compared to 27% of white employees) and 39% that they felt stuck in the role with no progression (compared to 25% of those from a white background).

**I didn't trust my management. No change was ever forthcoming and so I left the organisation of my own accord.**

These insights indicate what changes could possibly enhance our mental health. In order to find practical solutions, employers must understand the impact stress is having on their employees. Only 11% of managers and just 7% of all employees have received training on understanding workplace stressors.

Positive actions and adjustments were felt to be helpful but some were more effective than others. Overall, support with workload (30%) was most frequently felt to be the most useful response. Measures such as online support and signposting were felt to be less helpful. In most cases those who disclosed to a line manager or HR would have appreciated more response actions.

# 52%

of employees said pressures, such as too many targets or priorities, was a cause of poor mental health symptoms

# 33%

of those who experienced problems as a result of work cited organisational change being handled poorly

# UNDERSTANDING THE IMPACT OF WORK

## Employers should create good work that enhances mental health.

Good work is part of the solution. As shown by [CIPD's report UK Working Lives](#), employee wellbeing contributes to a sense of job quality. Employers must create workplaces that enhance rather than damage their employees' mental health.

That means responding to employees' needs and building an inclusive environment, engaging with them (either individually or as a team) about how they are, and to reflect on anything that may be causing them stress or worry in their work or personal life.

**It's been the same in all corporate environments: unsupported, long hours, exploitation, bullying, and if you try to ask for help, you're pushed out.**

## Healthy working environments are a result of inclusive and compassionate culture.

Mental health interventions are crucial – HR can design good jobs, but leadership must empower management to facilitate new ways of working.

The external context is important to consider. Falling wages and rising job insecurity have led to a sharp decline in the quality of work for many. More than 1 in 5<sup>3</sup> workers now face precarious employment conditions that mean they could lose their work suddenly. Even with a job, 1 in 8 UK workers are living in poverty<sup>4</sup>.

We know that employees are still struggling to deal with the demands and insecurities of the workplace and financial insecurity is contributing to the burden of poor mental health. There is still a stigma surrounding the ability to talk about money, which we are calling on employers to address.

Only  
**7%**

of all employees have received training on understanding workplace stressors

**30%**

of employees said support with workload was felt to be the most useful response



## PAUL BARRETT, HEAD OF WELLBEING, BANK WORKERS CHARITY

**Digital technology is now ubiquitous. The benefits it brings are self-evident, both at work and in the home.**

As a consequence, our lives have been enriched in countless ways – it's transformed how we shop, it enables us to watch films and TV at the time of our choosing and it enables us to work remotely, collaborating with colleagues regardless of distance. As with any new technology, the benefits are clear from the outset – the negative consequences take longer to emerge.

This is now happening with digital technology and we're seeing it in a multitude of ways. Links have been established between heavy use of social media and problems like depression, anxiety, low self-esteem and even suicide. The use of devices has been found to be a cause of sleep deprivation and the quality of inter-personal relationships is being undermined by the proliferation of devices. There is evidence of a decline in our focus and capacity for critical thinking at work, as a result of the constant interruptions from email and smartphone notifications. One study found that because of the tendency to skim read when we absorb content from a screen, we gain a much less nuanced understanding of the material compared to when we read from hard copy.

This could have serious consequences for work quality when reviewing reports or other important documents – so much for the paperless office!

In Bank Worker's Charity's new white paper on digital wellbeing, "[At the crossroads](#)", we argue that there is a healthy balance to be struck in the use of digital technology. This can protect against any negative impact on our wellbeing whilst ensuring that we remain productive in the workplace, enabling us to gain all of the benefits of digital technology but less of the downside. Some forward-thinking companies have recognised this, putting in place measures to encourage healthy digital behaviours among their people. Companies like Volkswagen, BMW and AXA are taking steps to limit the frequency and overload of email, whilst other companies are encouraging phone-free meetings and tech-free periods in the working day, to allow critical thinking and creativity to flourish. As more companies follow suit, we firmly expect digital health and wellbeing to become an integral part of workplace wellbeing strategies.

# UNDERSTANDING THE IMPACT OF WORK

EXPERT VIEW

CIPD

**PETER CHEESE, CEO, CIPD**

**The CIPD's purpose is to champion better work and working lives. 'Good work' is the basis for engaged workers, productive organisations and a thriving economy, and has now become a strong policy and economic theme.**

The findings in this report reveal how fundamentally the quality of people's work and working conditions affect their psychological health. Yet 41% of employees experiencing poor mental health reported there had been no resulting changes taken at work. Where action had been taken, all of the positive actions were found to be helpful, with flexi-time, working from home and workload support particularly appreciated.

These results show how vital it is for line managers to be able to facilitate meaningful conversations with individuals to ensure that people's jobs or workloads are not exacerbating or causing mental ill health but promoting good work in the interest of improved wellbeing.

The CIPD's annual UK [Working Lives survey](#) measures job quality and asks workers to consider the work and jobs they do against the key dimensions of good work, including

job design and the nature of work, relationships at work and, of course, health and wellbeing. 2 in 5 believe work positively affects their mental health, compared with a quarter reporting a negative impact, which is concerning. 1 in 4 workers report intense and stressful working conditions and 2 in 5 workers report having experienced some form of work-related health condition in the past 12 months, with a quarter citing anxiety and 14% depression.

The focus on mental health at work from BITC and others is therefore a vital agenda for all of us. But we need to understand and provide more guidance on the holistic nature of the response, from corporate cultures and the nature of the work and jobs we define, to the individual support and development of line managers as a key part of creating healthy work environments.

## COSTAIN



### Tackling fatigue through personalised work plans

Costain helps to improve people's lives with integrated, cutting edge, smart infrastructure solutions across the UK's energy, water, transportation and defence markets. We take a whole-organisation approach to wellbeing, and make it a reality through sponsorship of our strategy by the Group Chief Financial Officer and this is then driven by senior managers.

The complexity of our project delivery means that fatigue is often an issue within the industry. We recognise that the nature of our work is mentally and physically challenging. This, combined with long hours and the requirement of some employees to often live away from home, contributes to reduced energy levels, which can lead to exhaustion and in some cases, poor mental health.

As a responsible business, we looked to introduce positive interventions to help reduce fatigue, increase energy levels and create a happier and more productive workforce.

We ran two leadership-driven interactive awareness days, dedicated to tackling the challenges of fatigue. This process uncovered some attitudinal barriers to flexible working and encouraged everyone in the business to talk more openly about energy levels and fatigue.

Every project and office now has a 'fatigue management plan' which helps record and manage working hours, including travel time. Line managers are responsible for gathering, monitoring and reporting data and working with their direct reports to ensure adjustments are made as required. Using analytics, predictable fatigue 'hot-spots' have been identified within work patterns and programming which has allowed us to spot risks and manage them properly.

Costain has a flexible working policy but to ensure it is implemented, we have worked to change attitudes about flexible working and actively promoted our range of flexible working options that can support a healthy work life balance. An increased investment into IT software has seen a 21% increase in video conferencing which further supports flexible agile working and tackles fatigue.

To ensure the whole organisation benefits, we run several initiatives to gain employee insight. As a result of feedback from employees, we updated our planned absence process to allow employees who wish to observe holy holidays the flexibility to work on bank holidays, and take this time owed to mark their own holy festivals, without taking annual leave. This small and easy-to-implement change has made a big impact on these individuals' experience of work.

# EQUIPPING LINE MANAGERS



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Only  
**13%**

of those who have experienced poor mental health due to work turned to a line manager

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**69%**

of managers say that supporting the wellbeing of their staff is a core competence

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Only  
**48%**

are assessed on how well they support the wellbeing of those they manage

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**70%**

of managers believe that there are barriers to providing mental health support to their direct reports

## **MANAGERS WANT TO DO MORE TO HELP STAFF WELLBEING BUT MANY STILL EXPERIENCE BARRIERS AND LACK OF SUPPORT**

- **Line manager capabilities are improving**
- **Their responses to poor mental health are mostly aligned with employees' preferences**
- **Training is seen as the biggest barrier to providing support**
- **Line managers often don't have the specific support or skills to deal with poor mental health other than stress**

There is a strong understanding and confidence in most managers of their role in supporting staff. Nearly 7 in 10 (69%) managers say that supporting the wellbeing of their staff is a core competency. 75% of managers would feel very or quite confident that they would be able to talk to employees about mental health issues.

LGBT+ managers are more likely than other managers to feel confident responding to each of the symptoms of mental health conditions mentioned – stress (81% compared to 74%), anxiety (75% compared to 67%), depression (74% compared to 60%) and panic attacks (66% compared to 58%). This is possibly due to their increased likelihood of coping with these symptoms themselves.

This may be one of the reasons why there has been an improvement in the number of employees reporting poor mental health who see no resulting changes or actions taken in the workplace (from 56% in 2016 down to 41% this year). The majority (78%) of managers thought that they dealt with the most recent occurrence sufficiently. However, there are still many who feel they are missing vital skills and confidence, with 17% flagging that they had not dealt with an issue well.

7 in 10 managers believe there are barriers to supporting the mental health of those they manage. One of those barriers is training, as 3 in 10 say that not having appropriate training is holding them back. Only 3 in 10 spoke to their own line manager to seek guidance on handling the situation, which might imply there is a missing link in the chain.

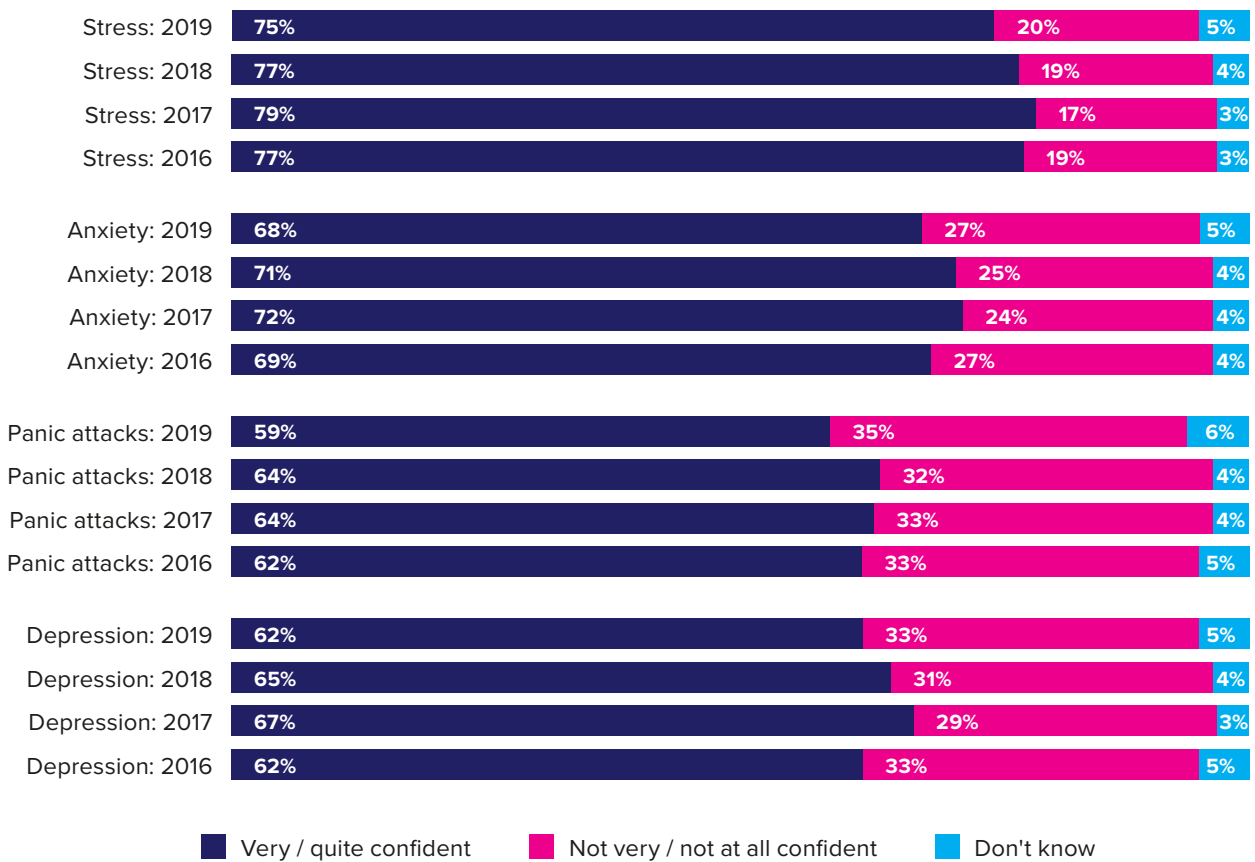
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**75%**

of managers would feel very or quite confident that they would be able to talk to employees about mental health issues

# EQUIPPING LINE MANAGERS

And how confident, or not, would you feel about responding to someone in work if they had problems such as ...?



Base: managers 2016 (1,047); 2017 (1,138); 2018 (1,648); 2019 (1,521)

**I spoke to my line manager about the depression I was suffering with and he said, "it will not change the way I manage you". This was a new line manager and my first meeting with him. I had a catch-up review with him when I was off sick, but he spent most of the time focused on when I was coming back and complaining about some of my out-of-character actions, which occurred when I was suffering from severe depression. At no point was I asked how I was.**

If too many priorities, workload and lack of support are key causes of work-related poor mental health, managers are either not taking responsibility for this or are not being given the right tools and permission to manage this effectively. Only 11% of managers in the UK claim to have received training on understanding workplace stressors. This is obviously being felt implicitly by employees, as only 13% of those who have experienced poor mental health due to work, turned to a line manager.

### **Mental health should be built into line managers' roles and they need appropriate support to manage this effectively.**

From an employee perspective, unsupportive, non-inclusive cultures are a major barrier. Among those that would not feel comfortable talking to their line manager about mental health problems, this is most likely due to a fear of negative consequences for their job or career, with close to 2 in 5 (38%) reporting this. One of the most commonly cited causes of work-related mental health issues was feeling that they couldn't trust their manager (33%). Not wanting to discuss the problem with anyone at work (35%) and not wanting to make it formal (34%) are commonly mentioned reasons underpinning not wanting to speak to a line manager.

### **In order to be effective, managers must receive more comprehensive training.**

Many think basic training in common mental health conditions would help (35% - 38% in 2018). Simple guidance on how to be able to talk to those with mental health problems and training on the management of wellbeing would also be welcomed (both 32%). As indicated in other chapters, training rates in reasonable adjustments and managing workplace stressors are also both very low.

Employers need to ensure the training or support they are providing is accessible to BAME managers. BAME managers are more likely than white managers to cite having no resources or materials for support (25% compared to 14%) and having no one to talk to about it to as barriers (14% compared to 7%). BAME managers were more likely than those of a white ethnic background to say they felt they handled it not very or not at all well (25% compared to 15%).

**As a manager, I have a good relationship with my team and I believe they would confide in me about problems they may have.**

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# 35%

of employees cited not wanting to 'make it formal' as their reason for not speaking to their line manager about their mental health problems

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# 32%

of managers said simple guidance on how to be able to talk to those with mental health problems, and training on the management of wellbeing, would be welcomed

# EQUIPPING LINE MANAGERS

## **Operational and management tools need to enable the prioritisation of employee wellbeing.**

If senior leadership teams don't change their practices to empower line managers, even the most willing of line managers will be held back from offering the most effective support. Around half (48%) of managers are assessed on how well they support the wellbeing of those they manage; what gets measured gets managed, so by holding managers more accountable for these kinds of areas and building them into assessments and development plans, businesses can drive real change.

**We have created Wellbeing Champions at our organisation, whose job is to be the first port of call for people to raise mental and physical problems in a safe environment.**

Managers who feel confident identifying mental health problems are relying heavily on general life experience over formal training. Those who are confident they could identify the signs tended to cite their general life experience (67%) as a reason. The experiences of friends, family and themselves were also important, meaning that older managers tend to feel more confident and comfortable than their younger counterparts.

Employers therefore must prioritise interpersonal skills in the appointment and appraisal of line managers. We need to get to the point where empathy and compassion are rewarded and valued as highly as technical skills.

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# 48%

**of managers are assessed on how well they support the wellbeing of those they manage**

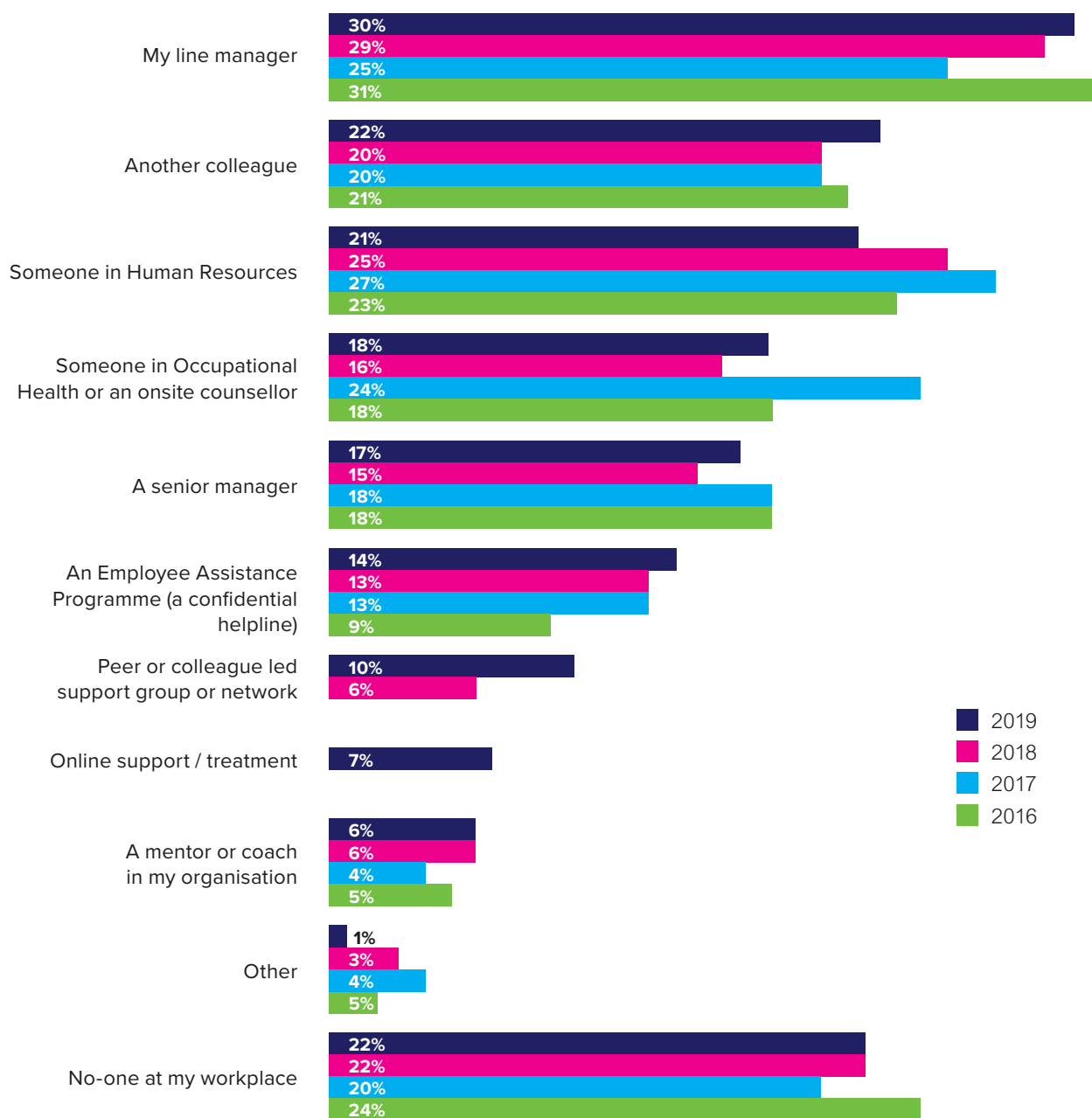
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# 67%

**of managers who feel confident identifying mental health problems say they could identify the signs because of general life experience**



**Thinking about the most recent time that someone you manage experienced mental health issues, did you talk to or receive support from any of the following people at work?**



Base: those with experience of managing an employee with mental health problem: 2016 (502); 2017 (538); 2018 (796); 2019 (564)

# EQUIPPING LINE MANAGERS

EXPERT VIEW

## SIMON BLAKE OBE, CHIEF EXECUTIVE, MENTAL HEALTH FIRST AID (MHFA) ENGLAND



MHFA England

**Line managers are the linchpin of healthy, productive and successful workplaces. But too often, reports like Mental Health at Work highlight that they don't have the skills and the support they need to succeed.**

These findings should prompt every business to reflect on the training they offer and the ongoing support systems they have in place for their line managers.

Behind every successful business is a group of successful line managers. It is a specialised role. Like any other specialisation, line management requires preparation and training. Organisations must lead from the top to support and equip line managers with the skills to succeed. If we want our organisations and our people to thrive, getting this right is crucial.

At MHFA England all our managers are trained as Mental Health First Aiders (MHFAiders). This means they have a good level of skills and awareness to

support their line reports if they recognise they are struggling with their mental health. We also have an MHFAider network for those who prefer to talk to someone other than their line manager.

Positive mental health and wellbeing is fundamental to a productive and engaged workplace and fundamental to good line management. It is why we believe all managers should receive mental health training.

If we get these fundamentals right then everyone stands to benefit; line managers, employees, leaders, businesses – and society as a whole.



## ALISON PAY, MANAGING DIRECTOR, MENTAL HEALTH AT WORK (MHAW)

**Managing people is a privilege, but it is also often an all-encompassing role; meeting personal, team and client deadlines and targets, recruitment, development, retention. Suggesting that a line manager considers mental health in addition to this can often feel overwhelming.**

If we can encourage line managers to view this as part of their role, rather than another task to do, then there are immense resultant benefits for all, including increased employee engagement and productivity.

The research indicates that whilst line managers on the whole do see this as part of their role, this isn't translating into action in the workplace, with 70% believing that there are barriers to providing support for the mental health of people that they manage and only 44% of staff feeling comfortable talking to their line manager about their own mental health.

Removing stigma around mental health is often the first step in making these changes and yet currently only 13% of managers have attended any training that focuses specifically on mental health.

Line manager workshops can build understanding around mental health and bring confidence to use the practical skills to manage it. A comprehensive programme for line managers should include addressing stigma, including an understanding of the language around mental health and associated discomfort. We also need to equip line managers to get better at noticing changes, and then having the courage to say what they have noticed in a genuine and authentic way.

Line managers are in a unique position, enabling them to intervene and signpost to support before a situation escalates; if we can keep people in work with the support that they need and avoid talent loss from roles or the workplace, then this has to be great news for both individuals and organisations.

# EQUIPPING LINE MANAGERS

EXPERT VIEW

## INSTITUTE OF LEADERSHIP & MANAGEMENT



**Our research at the Institute of Leadership & Management consistently reveals how scrutinised line managers are and how their behaviour significantly affects the experience of being at work for the people they manage.**

This latest report reveals that the majority of managers acknowledge their role in supporting the wellbeing of their staff but almost a quarter do not feel confident in their ability to recognise mental health problems or adequately supported in dealing with such issues.

Line managers have managers too; the responsibility for the wellbeing of the people they manage should be a shared one. Unless everyone in the organisation appreciates their role in the collective wellbeing of the organisation, the burden will rest unfairly on middle managers.

Training is undoubtedly important for instilling the confidence to instigate conversations about a possible mental health issue, but recognising what is

different about someone's behaviour is only possible if the relationship between manager and member of staff is authentic and open. Building such relationships takes time and effort on the part of the manager, but the benefits extend beyond wellbeing. Being interested in the whole person, their hopes, ambitions and personal circumstances, assists the manager in supporting their teams to find meaning in their work, to balance work and other commitments so that, whatever the pressures an individual experiences, the relationship with their line manager isn't one of them.

## KIER GROUP

### Driving culture change

The typical demographic of the average construction workforce is male, aged 45-54, a group that has a higher risk of poor mental health and suicide. Male site workers in construction are also three times more likely to commit suicide than the average UK male<sup>5</sup>. As a construction and services company, Kier has a responsibility for the safety of our employees, and their physical and mental wellbeing. The comparably high risk of suicide underpins the critical importance of supporting the mental wellbeing of our employees.

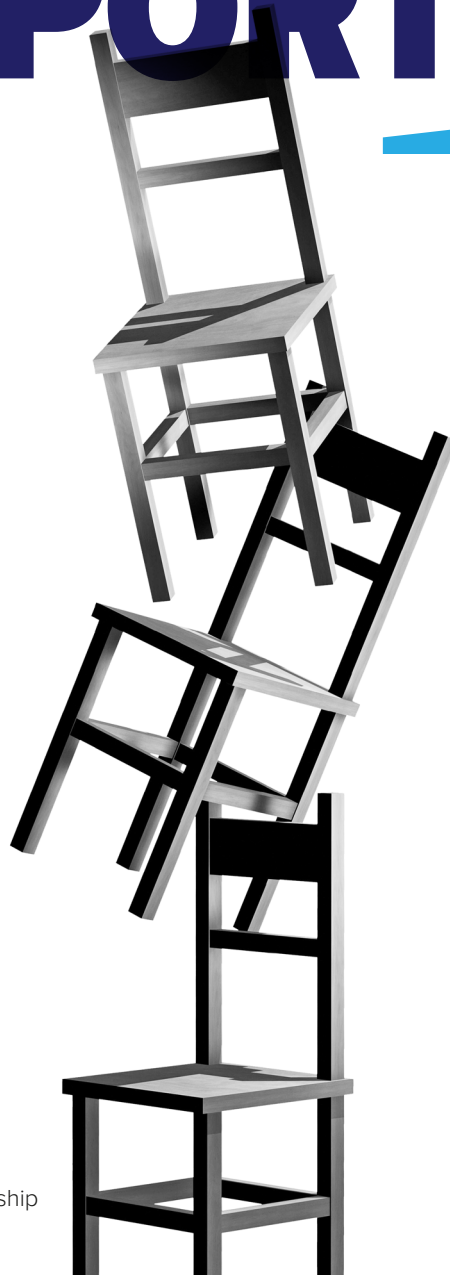
Kier's number one priority is to operate a safe and sustainable business and we recognise that a healthy workforce plays a vital role in this. We had to acknowledge the risk that faces our industry in order to achieve our ambition, so our health and wellbeing strategy has been developed with an emphasis on mental health. For an organisation like ours, the working culture and stigma around emotional or mental health problems is one of our biggest challenges. Over the past few years, our key focus has therefore been to change culture and the way people perceive mental health.

In order to have an impact on attitudes and behaviours across the organisation, Kier instigated a series of mental health training courses and set the ambitious target of training 550 Mental Health First Aiders by 2020. This was not just about spotting the signs or helping in a crisis but aimed to improve people's general knowledge of mental health, helping them to understand the barriers created by stigma and creating an open culture where our employees felt comfortable talking.

Since 2018, Kier has run over 70 mental health courses across the business to continue to drive a change in the perception of mental health issues. Through our partnership with Mental Health England, there are now seven in-house courses on offer including awareness, mental health first aid, respond, mental health first aid youth, and three resilience courses for both managers and staff.

Since January 2018, over 500 mental health first aiders have been trained and over 1,000 Kier employees have attended one or more of the seven courses on offer. Across a 14-month period from January 2018 to May 2019 there has been a 250% increase in counselling referrals.

# PROVIDING TAILORED SUPPORT



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**33%**

of those who disclosed a mental health problem felt ignored

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Only **39%**

of those who disclosed a mental health problem felt able to influence what happened next

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**9%**

of those who disclosed a problem were dismissed, demoted or disciplined, 10% resigned

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**22%**

of 18-29s would find flexi-time helpful compared to 10% of employees aged 60+

## EMPLOYERS MUST ADOPT AN EMPLOYEE-LED APPROACH TO DEAL WITH THE COMPLEX NEEDS OF DIFFERENT GROUPS

- More people are coming forward to talk about their problems in the workplace
- In most cases employees found adjustments that were made to be extremely helpful
- Too many vulnerable employees are being ignored

While some progress has been made in terms of businesses making reasonable adjustments, the pace of positive change remains slow and imbalanced across different sized businesses and sectors. Employers urgently need to increase access to facilities and services and gain a greater understanding of what works.

In our survey, just over half of respondents (52%) felt that after disclosing their condition they were treated fairly but many disagreed and significantly more women (31%) than men (23%) felt they had not been treated fairly. Only 39% felt able to influence what happened next. A third felt ignored and

whilst 41% recognised that meaningful adjustments were made to their work, 39% saw no adjustments made.

Disabled employees are more likely to feel that their organisation does not do well in supporting employees, with close to 2 in 5 (38%) reporting this compared to a quarter (25%) of those without a disability. LGBT+ people are more likely than other employees to feel their organisation does not do well in supporting employees (35% compared to 27%), rising to 45% of lesbians and 38% of bisexuals.

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Only **19%**

of those who had had training around mental health had covered the issues of reasonable adjustments and rehabilitation

*this means only*

**8%**

of all UK managers have received training on this

**When I was going through a difficult time there was no attempt to reduce my workload – in fact, they increased it. My manager knew I was already seeing a counsellor and on medication but that made no difference. I felt suicidal, and one day I just burst into tears at work and could not stop and walked out after almost 20 years. My manager was only interested in getting the job done no matter what, they totally dismiss any form of work-related stress.**

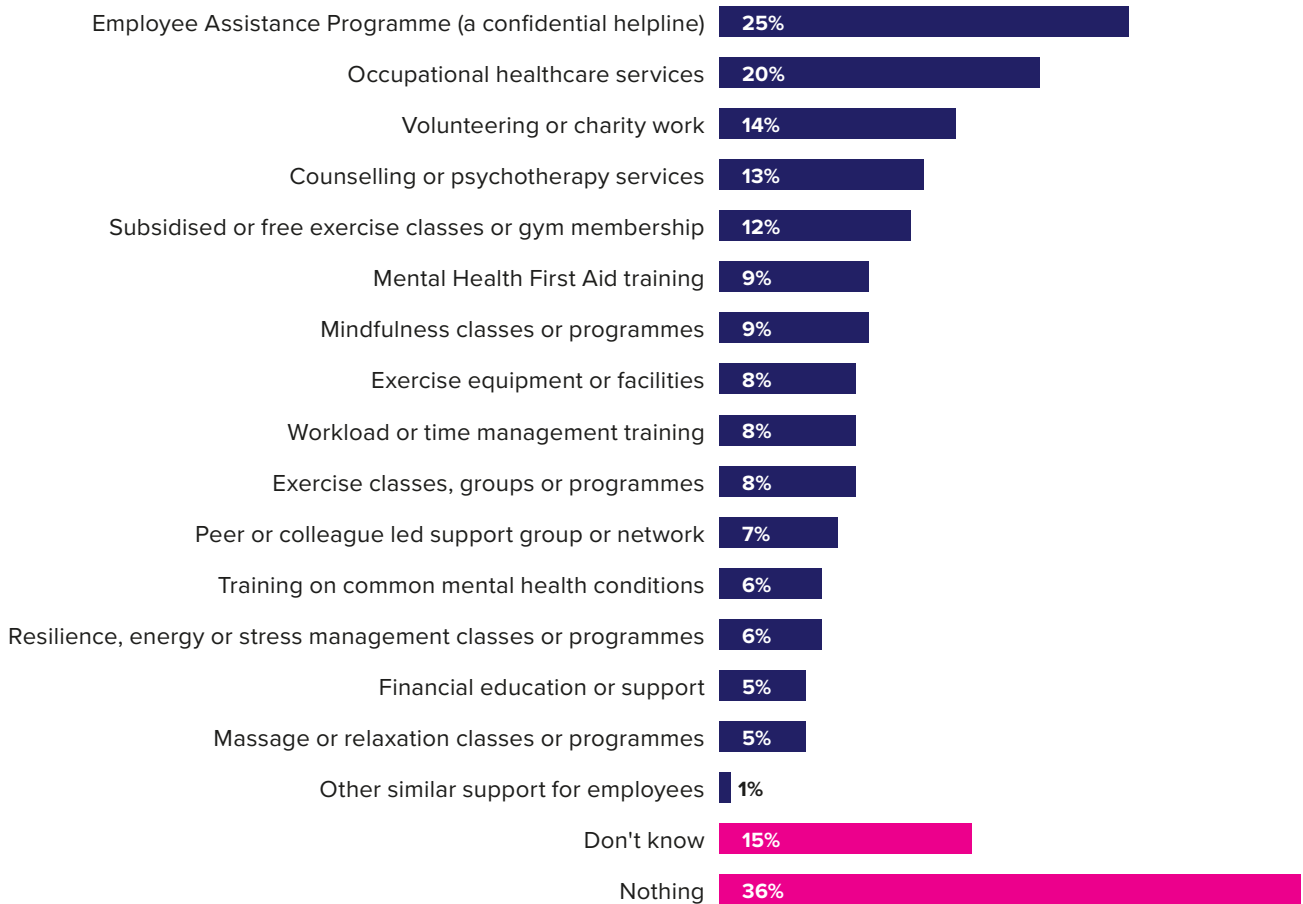
# PROVIDING TAILORED SUPPORT

## All employers should provide access to services and facilities.

Prevention and early intervention are key to providing support. But this can only be realised if employers offer the services, and employees are aware of them. Over a third of employees (36%) report not having any workplace facilities or services that could help wellbeing mental health.

Only 37% of employees in workplaces of 250 staff or more are aware of Employee Assistance Programmes (EAPs) and 29% know about Occupational Health. However, this stood at just 7% and 5% respectively in small businesses (10-49 employees) and 2% for micros (2-9 employees).

### Are any of the following available where you work or through your employer?



Base: all (4,236)



## Barriers to seeking support vary, as do employer responses.

While women are not appropriately supported, men are less likely to open up about their issues. Men are less likely than women to feel comfortable talking about a range of issues, including physical health conditions (63% compared to 67%), gender (57% compared to 63%), stress (56% vs 63%) and mental health problems (49% vs 53%).

Employers must also explore ways to support younger employees, who are coping with specific symptoms such as anxiety as well as addressing barriers to discussing their complex problems and where external factors can include fear for the future and financial wellbeing. Younger employees were particularly likely to cite not wanting to discuss problems with anyone at work as a barrier (25% compared to 12% aged 60+).

**No support was offered when I mentioned being diagnosed with anxiety, even when I asked for it. I felt like I was on the brink of a nervous breakdown and so felt I had to leave the role.**

Reassuringly, more employees with issues are involving people or systems at work (up by 6% from last year) which is very positive. And those who do disclose generally had a positive or neutral response (64%), far more so than those who don't disclose (32%).

41% of employees experiencing a mental health problem reported that there had been no resulting changes or actions taken in the workplace – still too high but moving in the right direction over the last four years (49% in 2018, 51% in 2017, 56% in 2016). Of those that disclosed their issues to their manager or HR department for example, a far lower figure of 19% felt that nothing happened in response.

We need to increase knowledge and understanding about mental health. A quarter felt that their employer's lack of understanding of mental health issues led to an unfavourable outcome, and 35% of those who experienced negative outcomes from raising mental health issues believe their employer was not prepared to make adjustments to working practices.

This is reflected by the fact that only 19% of those who had had training around mental health had covered the issues of reasonable adjustments and rehabilitation, with only 8% of all managers in the UK receiving training on this.

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# 63%

men are less likely to feel comfortable talking about a range of issues, including physical health conditions

compared to

# 67%

of women

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# 41%

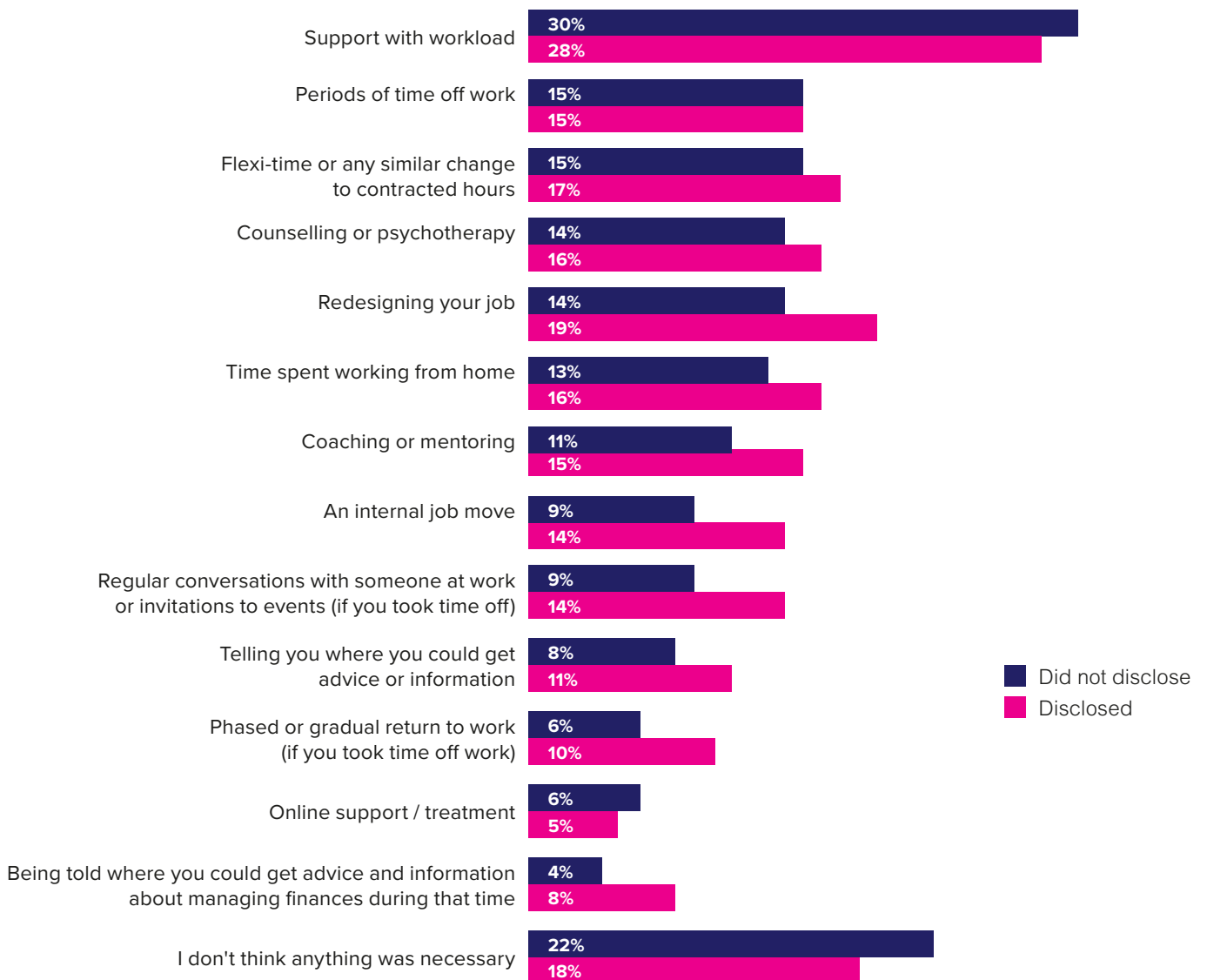
of employees experiencing a mental health problem reported that there had been no resulting changes or actions taken in the workplace

2018

# 49%

# PROVIDING TAILORED SUPPORT

Still thinking about when you experienced mental health issues, which of these, if any, would have been helpful?



Base: those experiencing mental health symptoms in the past: did not disclose (431)

For those who resigned (10%), were demoted, sacked, forced out or faced disciplinary procedures (9%), the most frequently cited reason for this was that their employer was not prepared to make adjustments that would accommodate their needs (35%). A quarter felt that their employer lacked an understanding of mental health issues.

Line managers need more training on how to provide adjustments. But it's not just line managers that need more support. Employees need to be made more aware of what can be done and how to have a conversation about reasonable adjustments with their employer or line manager.

### **Employers need to consider how reasonable adjustments can be tailored and employee-led.**

Whilst 12% of men thought that flexi-time or similar changes to contracted hours would have been helpful, 19% of women thought it would have been. Similarly, nearly a third (31%) of women would have welcomed support with their workload, compared to over a quarter (27%) of men.

Other than support for workload, younger employees tended to identify multiple types of potential support to an extent not seen among older groups. A notable example included flexi-time (22% of 18-29s and 18% of 30-39s but just 12% of those in their 50s and 10% aged 60+). Those with more severe limiting conditions or disabilities would have appreciated flexi-time (25%), more so than support with workload (22%), or periods of time off work (20%).

18% of those in their thirties would have welcomed coaching and mentoring compared to 9% of those in their 50s and 12% of all employees that had experienced poor mental health. Despite a huge growth in digital health solutions, online support or treatment was selected by 9% of 18-29s and 4% of those aged 40+.

The 'one-size-fits-all' template doesn't work and it is failing individuals, particularly minority groups and people with more complex or nuanced mental health needs. Adjustments should be considered part of a holistic rehabilitation and practical journey and made accessible to all employees.

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# 25%

of those with more severe limiting conditions or disabilities would have appreciated flexi-time

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# 4%

of those aged 40+ use online support to help with mental health problems

**I live with a mental health condition, dyslexia, dyspraxia and dyscalculia, and my adjustments include a headset and orange screen filter to help me take in information. I also really value the 'Genius Within' coaching that helped me deal with stress and feeling overwhelmed. I have used just about all the resources available from the Group including the Employee Assistance Programme and the support I have received has helped me get back to my best.**

George Goss, Fraud Controls Analyst

# PROVIDING TAILORED SUPPORT

EXPERT VIEW



## SOCIETY OF OCCUPATIONAL MEDICINE (SOM)

**The SOM welcomes this report's focus on providing effective support to employers and employees around workplace mental health. SOM is the largest nationally recognised professional organisation for Occupational Health (OH) professionals.**

OH professionals are uniquely trained to provide a tailored approach (as this report recommends) to respond and support employees' needs. OH can help the line manager/employer understand what adjustments are required to support employee's mental health.

This report's results show that employers urgently need a greater understanding of what works and what they should be doing. It is concerning to see that only 29% of employees know about OH, with much lower awareness amongst smaller businesses.

The report makes important recommendations to support both line managers and employees. For example, a key step is to support adjustments, flexible working, help with workload, or phased or gradual return to work.

The report's spotlight on building a better understanding by employers of mental health issues aligns with the Government,

which recently launched a consultation on improving health at work and reducing ill-health related job losses. The consultation looks at Statutory Sick Pay changes, extending the right to all employees to request workplace modifications to manage their health, and the importance of quality OH services to respond to this. The consultation recognises the lack of access to OH services (which are currently provided only to around half of all employees) and aims to build capacity and rapid accessibility.

It's great to see that more people are coming forward to talk about their problems in the workplace but the survey results show that too many vulnerable employees are still being ignored, with variations across different sized businesses and sectors. At SOM we have aimed to demonstrate best practice – making a Time to Change pledge to end mental health discrimination and committing to the Mayor of London's healthier workplace scheme. This report will help to build momentum to achieve further positive change.

## DIANE LIGHTFOOT, CHIEF EXECUTIVE, BUSINESS DISABILITY FORUM

**Business Disability Forum is a membership organisation whose mission is to promote disability inclusion in business management processes and practices.**

A huge amount of our work is speaking to and advising employers on inclusive strategy development as well as equipping people managers to get the best from their teams whilst supporting the wellbeing of the 'whole' person. As mental health continues to be a daily issue for people managing increasingly diverse teams, managers and HR teams are frequently calling our Advice Service to ask the 'on the ground' questions such as "Can you give me the actual words to say to this employee who is having suicidal thoughts?" or "I'm being told to increase my teams outputs and there is already a lot of over time working in the team. What should I do about this?"

We commonly see mental health and wellbeing strategies are not effectively working with or being developed alongside workplace diversity and inclusion strategies. The phrase "disabilities and mental health" is common in employment policies, yet BITC's finding that 52 per cent of disabled employees have been diagnosed with a mental health condition resonates with

the profile we see among our members' workforces as well. Other sources also support that, more often than not, people with a disability or long-term condition are also managing a mental health condition.

Our recent findings in [The Great Big Workplace Adjustments Survey 2019](#) found that employees with mental health conditions are sometimes waiting for up to two years to get the adjustments they need in place. Often, this was due to a lack of communication, ineffective automated systems, or a lack of productive communication between an employee and a manager. Employers need to review their workplace adjustments process to ensure they are inclusive to people within all diversity groups (such as LGBT+, gender, BAME, for example) as well as having methods to appropriately identify and support the mental wellbeing of an individual as well. Appropriate identification and support methods are often the missing link in workplace adjustment process development.

# PROVIDING TAILORED SUPPORT

## IMPACT STORY



## HEATHROW

### Training and practical tools that aid employee-led support

Heathrow Airport had been experiencing a very high number of work-related stress cases. In the summer of 2016, the newly established health and wellbeing team worked to investigate the reasons. Heathrow Airport found that whilst managers acknowledged their responsibility to support their colleagues' wellbeing, they weren't fully confident in helping someone who was struggling with mental ill-health.

The first key intervention was a new training programme. Heathrow combined best practice from Health and Safety Executive, Mental Health First Aid and MIND with their own organisational learning and coaching techniques as well as Heathrow's purpose and values to create a one-day, off-site education course for managers – 'Your Mind Matters for Line Managers'. The course focused on three topics; 1) the importance of creating a positive psychological environment, 2) how to catch someone before they fall and 3) helping them return to work.

Managers also requested practical tools to help provide support. This led to two simple tools for managers being created:

**1. A personal plan** (for non work-related issues) comprising of three simple prompts for the manager to shape a conversation with their colleagues.

**2. Workplace pressures assessment tool** based on the HSE Stress Risk Assessment model but developed to be more business-friendly and suitable for Heathrow and its colleagues.

The process of using these tools underpins their success. Occupational Health no longer completes or owns the form. Instead the line manager supports the process and the form is owned by the colleague who completes the form outside of work. This gives them a greater sense of ownership and time to reflect. The improved quality of the form content means that the manager is able to have a far more meaningful conversation about adjustments and return to work.

Through colleague education and the introduction of the manager framework, conversations regarding stressors are now more open and focused. This means managers and Heathrow are able to support and sign-post to appropriate care pathways, which speeds up recovery. The true indication of Heathrow's success is the impressive 80% decline in work-related stress absences in 2018.

# INSIGHTS AND SPOTLIGHTS



# INSIGHTS IN FOCUS

## GENDER

**66%**

of women report experiencing poor mental health due to work

*compared to*

**58%**

of men

**31%**

of women felt they had been treated unfairly after disclosing their condition

*compared to*

**23%**

of men

**37%**

of men are reluctant to discuss mental health problems with anyone at work

*compared to*

**32%**

of women

**Being a single male with no responsibilities means that I'm leaned on more heavily than those with families.**

**My ego and male pride wouldn't let me admit anything was wrong and that I wasn't coping.**

## AGE

**35%**

of those aged 18-29 reported being diagnosed with a mental health condition

*compared to*

**25%**

of those aged 60+

**39%**

of younger employees were more likely to report symptoms as a result of feeling underpaid

*compared to*

**25%**

of those aged 60+

**25%**

of younger employees were particularly likely to cite not wanting to discuss problems with anyone at work as a barrier

*compared to*

**12%**

of those aged 60+



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## ETHNICITY

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**25%**

stated their ethnicity was a factor in symptoms caused by work

*compared to only*

**1%**

of those who were white

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**53%**

of white employees report feeling comfortable talking about their issues

*compared to*

**40%**

of those from a BAME background

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**25%**

of BAME managers cite having no resources or materials for support

*compared to*

**14%**

of white managers

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## DISABILITY

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**52%**

of disabled employees have been formally diagnosed with a mental health condition

*compared to*

**25%**

of employees with no disability

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**38%**

of those with a disability are more likely to feel that their organisation does not do well in supporting employees

*compared to*

**25%**

of those without a disability

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**20%**

would have appreciated counselling or psychotherapy

*compared to*

**13%**

of those with poor mental health symptoms but without a disability

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## LGBT+

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**79%**

of LGBT+ people are particularly likely to have experienced poor mental health where work was a cause or a contributing factor

*compared to*

**60%**

of heterosexual employees

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**33%**

of LGBT+ employees reported having hidden or disguised that at work for fear of discrimination in the last year

*a rise of*

**8%**

compared to 2018

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**64%**

of LGBT+ employees experienced symptoms of a mental health problem where work was not a cause

*compared to*

**49%**

of heterosexual counterparts

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# SPOTLIGHT ON: RESPECT AND INCLUSION

**24%**

of employees who have experienced poor mental health due to work cited bullying or harassment from a manager as a cause

**30%**

of BAME employees report negative behaviour or outcomes due to their ethnicity in the last year

**20%**

of BAME LGBT+ employees report feeling as though they lost a job, in part due to their sexual orientation

*compared to*

**7%**

of those from a white background

**24%**

of LGBT+ employees with disabilities reported being encouraged to hide their sexual orientation by work colleagues

*compared to*

**6%**

of those without a disability

# RESPECT AND INCLUSION

## EMPLOYERS MUST ADOPT AN EMPLOYEE-LED APPROACH TO DEAL WITH THE COMPLEX NEEDS OF DIFFERENT GROUPS

A new focus in our report this year is on respect and inclusion, which was developed in response to the stark insights to LGBT+ experience of the workplace in 2018. This highlighted the risk of discrimination and its impact on mental wellbeing. We felt it was important to investigate further. The workplace should always be a safe place for everyone.

Among those with an experience of poor mental health due to work, 10% cited bullying or harassment from customers and clients as a contributory factor, with BAME and LGBT+ employees particularly affected. Most worryingly, it's much more common for people to cite bullying and harassment from their manager.

**I was belittled by a colleague and was expected to just “get over it”. I couldn't, I took time off and was let go before my probation was up.**

Ethnicity impacts employees' experience in the workplace at a significantly higher level than gender, age or LGBT+. 30% of BAME employees reported negative behaviour or outcomes due to their ethnicity in the last year. Most commonly, this has been negative comments from colleagues, customers or clients, but also in the form of not receiving a promotion

or new job. Significantly, 20% of BAME LGBT+ employees report feeling as though they lost a job in part due to their sexual orientation, compared to 7% of those from a white background.

**My employers were aware of the bullying that took place within the team but chose to ignore it all.**

A third of LGBT+ employees reported having hidden or disguised their sexual orientation at work for fear of discrimination in the last year. 16% had heard or received negative comments from colleagues because of their identity and 13% had heard likewise from clients or customers. Disturbingly, 5% report having been physically attacked by colleagues or customers because of being perceived as LGBT+ and 8% believe that being LGBT+ was a significant factor in losing a job in the last year.

The situation for LGBT+ people with disabilities worsens, as a quarter (24%) reported being encouraged to hide their sexuality by work colleagues compared to just 6% of those without a disability. Nearly half (47%) of LGBT+ employees with a disability hid or disguised their sexuality because they were afraid of discrimination, compared with 27% of those without a disability.

**10%**

cited bullying or harassment from customers and clients as a contributory factor to work related mental health issues

**5%**

report having been physically attacked by colleagues or customers because of being perceived as LGBT+

# RESPECT AND INCLUSION

Perhaps surprisingly, younger employees were more likely to report adverse behaviour on the basis of age (23% of 18-29s) than those in their 50s (12%) or 60s (15%).

**Employers need to eliminate harassment or violence being committed in the workplace. They have a duty of care to employees whose lives are being affected by it, in or out of work.**

7% of all employees have suffered poor mental health symptoms as a result of domestic abuse at some point in their life – 9% of women and 4% of men. Of those that have experienced this, 23% reported that the perpetrator targeted them when they were at work or travelling to and from the workplace. Men and women were equally likely to report that having happened. For 70% of those targeted at work or when travelling it was in person, 42% by phone, 29% by email and 17% through social media.

**The manager bullying my colleague should have been disciplined as this wasn't the first time this had happened. I felt very let down by the senior managers.**

There is already consensus around the need for action to prevent violence and harassment in the world of work. In June 2019, the [International Labour Organisation \(ILO\) Convention and Recommendation on Violence and Harassment](#) – agreed by governments, employers and workers – was launched. This convention includes the journey to and from work, as well as covering those who work at home.

**I was not willing to accept the bullying culture and so I whistle blew.**

Cultivating inclusive cultures and working environments is crucial to supporting the mental health of employees and will underpin a zero-tolerance approach to bullying and harassment. Furthermore, and considering the prevalence of loneliness and isolation in the UK, the workplace has the potential to provide important social connections and enhance mental wellbeing. Employers owe a duty of care to employees; good workplaces should foster supportive and safe environments.

**7%**

of all employees have suffered poor mental health symptoms as a result of domestic abuse at some point in their life

**23%**

of those who have experienced domestic abuse reported that the perpetrator targeted them when they were at work or travelling to and from the workplace

**RACHEL SUFF, SENIOR POLICY ADVISER, CIPD**

**Healthy relationships at work are vital to our wellbeing. A workplace climate that is inclusive and based on trust will help people to feel supported and discuss mental health issues.**

The Mental Health at Work survey findings show how detrimental the impact can be if the employment relationship is not healthy: among those with an experience of a mental health problem due to work, 33% cited negative work relationships as a cause, 33% said they didn't feel they could trust their manager and 24% reported bullying or harassment from managers. A further 14% cited bullying or harassment from colleagues and 10% from customers or clients. A quarter (24%) said they felt lonely or isolated at work.

Clearly, many employers need to invest more effort in fostering a workplace environment which values diversity, is free from hostility and based on tolerance. Recent CIPD *UK Working Lives* research shows that employees generally report a supportive working environment, and relationships at work are generally positive. However, blame from management (19% of workers) and being excluded for being different (22%) is not uncommon. 3 in 10

workers report at least one form of bullying or harassment in the workplace in the last 12 months.

Aside from the impact on people's wellbeing, conflict can have a range of damaging effects on the individual and the organisation. In the CIPD research, more than 1 in 4 workers reporting workplace conflict in the last 12 months say they are likely to quit their job in the next year (almost double that compared with employees who experienced no conflict).

When dealing with bullying and harassment at work, prevention is better than cure. Promoting a zero-tolerance policy for unacceptable behaviour is key to avoiding inappropriate behaviour occurring in the first place. Senior leaders need to take a visible lead on the issue and set the tone for fostering a working environment where people feel empowered to speak up.

# RESPECT AND INCLUSION

EXPERT VIEW

**involve**  
the inclusion people

## ROMEO EFFS, GLOBAL MANAGING DIRECTOR, INVOLVE

**In recent years we have seen much greater visibility and awareness of LGBT+ inclusion in the workplace, as well as mental health at work.**

What has received less attention however is how these two key issues can be crucially intertwined. As shown within this survey, LGBT+ people are more likely to suffer from mental health problems and also more likely than other employees to mention a range of issues at work which caused these symptoms. Other research has demonstrated how these challenges further increase for minority groups within the wider LGBT+ community such as those who are from ethnic minority backgrounds, or identify as trans or gender non-binary.

The discrimination that LGBT+ people can face in the workplace doesn't just impact immediate career progression, but can have a lasting legacy on mental health which can affect individuals throughout their whole working and personal life. This report helps to remind businesses not only of the importance of policies and

initiatives which specifically support their LGBT+ employees, but also of the longer-term impact on mental health – negative and positive – that this can have.

As an organisation we don't just hear of the amazing initiatives that leading businesses are doing for LGBT+ inclusion, but unfortunately, we also hear of bullying and harassment being under-investigated or ignored by senior management. Policy is important, but businesses must also ensure that these policies are properly implemented and a clear message is sent that a diverse and inclusive workplace is a core priority, and discriminatory behaviour will not be tolerated.

This doesn't just benefit LGBT+ employees and those suffering from mental health problems, but also the wider workforce, as well as the bottom line.



## MERCER MARSH BENEFITS

### Tailoring approaches for different groups

Our mission at Mercer Marsh Benefits is to help each and every employee be the best they can be at work. We recognise that experiences of mental health problems vary across different groups and communities and are challenging ourselves to do more to break down stigma and create a safe, open environment for all employees. Here we highlight three areas of focus: LGBT+, BAME and male colleagues.

This year's [Working With Pride](#) report highlighted the prevalence of mental health issues in the LGBT+ community. Our LGBTA+ Group – Pride – champions days such as International Day Against Homophobia, Transphobia and Biphobia, and holds regular events to help engage colleagues on topics including LGBTA+ ageing, bisexuality, transsexuality and LGBT+ and mental health. We extend our impact beyond the workplace by working with Opening Doors London, a charity supporting LGBT+ people over 50, to offer colleagues opportunities to volunteer.

According to the Mental Health Foundation, people from black and minority ethnic groups living in the UK are more likely to be diagnosed with mental health problems and are more likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health<sup>6</sup>. Our Race and Ethnicity taskforce is campaigning to raise awareness of isolation and loneliness as triggers of

mental health issues by sharing colleague stories. Our reverse mentoring scheme helps colleagues create connections and share experiences, including how to navigate the workplace as a BAME employee. Quiet spaces in each of our local offices double up as prayer and meditation rooms and also “mental health safe spaces” for colleagues looking to take time out.

Samaritans has highlighted suicide as the single biggest cause of death in males under 45 and, in the UK, men are three times more likely to take their own lives than women<sup>7</sup>. We are very aware that greater efforts need to be made to engage male colleagues who are reluctant to discuss mental health and as a first step are working to have an equal balance of male and female front-line mental health first aiders in our 70-strong nationwide team.

*“Our focus is on removing the stigma attached to mental health and, particularly, male mental health. We want to create a culture in which colleagues feel able to talk about their mental health in the same way we do about our physical health. You won't think twice about telling a colleague if your physical health isn't 100%, why should it be any different when it comes to talking about our mental health?”*

**Phill Beecroft, Sponsor of the Mental Health @ Mercer business resource group.**

# SPOTLIGHT ON: FINANCIAL WELLBEING

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**24%**

of employees who experience poor mental health symptoms not due to work cite financial difficulties as a cause

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**5%**

of all employees report that financial advice or support is available in their workplace

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**34%**

reported that their financial situation negatively affects their mental health

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**36%**

of employees would feel comfortable talking about financial difficulties at work



# FINANCIAL WELLBEING

## STIGMA AROUND FINANCIAL DIFFICULTIES CONTINUES TO HAVE A NEGATIVE IMPACT ON MENTAL HEALTH

Last year's report highlighted a growing emphasis on the importance of financial wellbeing and this year is no different. We continue to see the negative impact on people's mental health as a result of financial worries and uncertainties.

It is one of the top three causes of non work-related mental health problems. Nearly a quarter (24%) of employees who experience mental health problems not due to work cite financial difficulties as a cause. A third (34%) reported that their financial situation negatively affects their mental health but fewer than half (46%) of that group have talked to anyone about it and very few turned to their employer for assistance. This could be due to a lack of workplace support rather than because they would not want to.

Debt issues feature more prominently in the reasons for non work-related poor mental health for those earning less: 32% of those with non work-related problems earn less than £15,000, and 31% with earnings of £15,000 to £25,000. That compares to 24% (£40,000 to £70,000) and 19% of those with earnings that are £70,000 plus.

Younger people and women are affected the most by difficulties, as 21% (down from 25% in 2018) say that they struggle to make ends meet financially, a number highest among 18-29-year-olds (26%) and women (23%), compared to 19% of men.

**There is a disconnect between what employers actually provide in support, compared to what employees perceive them to provide.**

Almost 3 in 10 (28%) receive some form of additional financial support from their employer. For 12% that is flexible working that specifically results in lower expenses such as childcare and travel. Contrarily, 18% of employees believe that their employer supports those who are having financial difficulties (17% in 2018), and a third (35%) believe they do not do this well. Those who have received financial advice and support from their employer such as online courses, one-to-one sessions about pensions and financial training are not universally enthusiastic about it. Just over half (57%) felt it had been useful but a quarter (25%) thought that it was not.

Despite this, employers need to rapidly catch up and respond to the climate we're in. Currently, appropriate and sensitively handled support doesn't match need.

Only 18% of employees believe that their employer supports those with financial difficulties. Only 5% report that financial advice or support is available in their workplace, a figure that is highest at 7% for large organisations (250 employees or more).

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# 32%

of those with non work-related mental health problems earn less than £15,000

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# 18%

of employees believe that their employer supports those with financial difficulties

# FINANCIAL WELLBEING

## Discussing financial issues is a sensitive subject for many people and our findings are indicative of the thriving stigma.

A barrier to engagement on financial problems is that only 36% of employees would feel comfortable talking about financial difficulties at work. It significantly trails behind sexual orientation (50%) and mental health problems (51%), because of the association with pay and rewards confidentiality. It is a sentiment that does not vary by gender or age although it is notable that those with greater managerial responsibility start to feel more confident in discussing it. 46% of those who manage 10 or more staff would feel comfortable talking about it, compared to 34% with no managerial responsibility. Employers must think creatively about interventions or activities that might help to sensitively tackle this stigma. Again, cultivating an inclusive and open culture is vital for success.

The majority of employees don't want support from their employer on financial wellbeing, which could be due to a level of embarrassment or not feeling comfortable to take it. It also conflicts with their specific interest in advice about pensions (23%), flexible working and help with travel costs. Most of the interest comes from younger employees and especially those living in London. For example, 30% of 18-29 year-olds are interested in assistance with pensions, and 27% in travel cost help.

Pensions (64%) dominated the list of subjects for those that wanted more support or training from their employer, far ahead of savings (32%). Around a fifth could see a role for information about buying a home or insurance.

We're in a time of political and socio-economic instability, and employers must respond directly to employees' fears. Particularly for young people, there is fear for their futures in not being able to get on the property ladder or securing a decent life in retirement through a pension.

Fair pay and benefits are basic building blocks for providing good work. We need to see a shift in employers seeing themselves as a stakeholder in employees' financial wellbeing. Given what we know about the relationship between financial difficulties and mental health, investing in financial wellbeing through education and support, is undoubtedly an area to unlock significant enhancements to UK employee wellbeing.

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## NICK MCCLELLAND, COMMERCIAL DIRECTOR, MERCER MARSH BENEFITS

**We know worries about money are having a profound impact on the mental health of our people but, as just 36% of UK employees feel comfortable talking about financial difficulties at work, how can we help employees get the help they need?**

Financial education is almost universally seen as the traditional first step in directing employees to appropriate products and solutions through their company benefit scheme. However, one of the most telling findings from this year's report is that current forms of financial education and support offered by employers are just not hitting the right buttons. In response to a long list of employer-provided initiatives, including subsidies and discounts, one-to-one advice on pensions and other subjects, training sessions and online courses, a whopping 58% of employees responded that they would like to receive 'none of the above'.

The reality is that current strategies are not working and organisations that continue to productise the approach are actually creating too much noise despite good intentions. Wouldn't it be better to talk to your people about how you can help them sleep better at night? How you can make them feel more in control? How you can help them make better financial decisions that enable them to focus on their aspirations rather than just worrying about the next bill they'll receive?

If you are determined to really make a difference to your people's health and wellbeing, helping them break bad habits and form new habits is the absolute precursor to education. To that end, your people need, first, to be in the right mindset to receive help and, second, to be energized by a wellbeing programme that appeals to their personality, identity and learning style.

Building trust has to be your first priority. Only 18% of employees believe that their employer supports those who are having financial difficulties, and a third (35%) believe they do not do this well. You need to create a safe space with your people, explaining how the programme is underpinned by your commitment to supporting them across all pillars of their personal wellbeing, including financial, mental and physical.

Organisations must look at wellbeing as a cultural and business imperative. This is no longer about business case returns or ticking a corporate box. Being a responsible employer means recognising at a cultural level that looking after your people's whole wellbeing is no longer a nice thing to do, but crucial to remain relevant as an employer.

## SALARY FINANCE

### Raising awareness with employers of the impact of financial wellbeing on their business.

Our survey of over 10,000 UK employees identified that 36% of employees run out of money before their pay-cheque two or more times a year. So, our focus has been on the challenges that face these employees who struggle to make ends meet.

More than 69% of this group have financial worries. They are 8.8 times more likely to have sleepless nights, 7.6 times more likely not to finish daily tasks, 5.7 times more likely to have troubled relationships with work colleagues, and 2.3 times more likely to be looking for a job. They are 4.9 times more likely to be depressed and 3.8 times more likely to be prone to panic attacks.

Business in the Community and Salary Finance convened roundtable discussions to explore how businesses could better utilise employee benefits to support the financial wellbeing of their lowest-paid workers. The roundtables, hosted in Manchester, Leeds, London and Edinburgh, considered the specific needs and circumstances of this group. By the end of the exercise, there was consistent feedback from delegates that some of the most commonly offered benefits like saving schemes, or even pensions – though important – would not be helpful until the immediate needs of the individual can be met.

The following three themes emerged for achieving change:

#### 1. Knowing your workforce

Financial Wellbeing means different things for different people. Often the benefits that are being offered don't meet the needs of those that have the poorest financial wellbeing and require the most assistance.

#### 2. Culture change

There is a dilemma that employers want to support those most in need, but struggle with knowing who these individuals are. Talking about money continues to be a taboo subject and particularly difficult for those that are struggling.

#### 3. Relevance and communication

Even the best benefits will have limited impact if employees are unaware of them or not clear on how to access them. Having a comprehensive and on-going communications plan, especially for those that work outside of the office, is critical. Using multiple channels and methods achieve the highest levels of engagement.

## SANTANDER UK

### Normalising conversations around financial wellbeing

At Santander, we care about the wellbeing of all our colleagues and strive to create a healthy, inclusive and safe environment for our people. To ensure our colleagues receive well-rounded support, we've developed our four pillars of wellbeing; physical, mental, financial and social.

We continually review our approach to ensure it meets the needs of our colleagues, and financial wellbeing has been a recent area of focus. This was in response to insight from our engagement surveys, coupled with anonymous data from the mental wellbeing app which is available to all Santander colleagues. Together, these datapoints demonstrated the clear link we know exists between poor financial and mental wellbeing and highlighted the need for us to introduce additional support for our colleagues.

As a large financial services organisation, one of our key challenges has been to challenge the perception that our colleagues are immune to financial difficulties. As part of a wider campaign to tackle this, we introduced Nudge as one of our flagship initiatives in September 2018. Nudge provides a personalised, interactive platform which supports our colleagues' financial wellbeing with tools such as budget-trackers and savings guides, and resources on a range of topics.

Historically, organisations have focused solely on supporting those experiencing financial difficulties; Nudge takes this further by encouraging all colleagues to take proactive steps to achieve positive financial wellbeing. It helps them achieve their financial goals, be that saving for a new home, family or retirement.

Our four pillars of wellbeing framework continues to help us normalise conversations around financial wellbeing by ensuring increased prominence and ongoing focus on financial wellbeing throughout the year in all our activity and communications.

We're pleased to be seeing the benefits of our approach. The Nudge platform has been used by over half of our colleagues, and we've seen high participation levels and received positive feedback on our webinars and communications. To continue our progress, we're planning the introduction of a new Wellbeing Hub, which will make it even easier to locate and access a wider range of financial wellbeing support.

# SECTOR IN FOCUS:

## SMEs

Small and medium-sized enterprises (SMEs) employ 60% of all private sector employment in the UK. If we are to make tangible and long-standing change in the workplace, SMEs have a crucial role to play in providing open and inclusive approaches to mental health.

Our survey highlights that whilst employees of SMEs are slightly less likely than average to have experienced work-related poor mental health symptoms (59%, compared with 62% overall), overall SMEs are still lagging behind larger companies in seeing positive change.

Only 1 in 5 (20%) employees at SMEs compared with 1 in 4 (25%) of those at larger organisations said their work-related poor mental health was caused by feeling isolated at work. It follows that they are also significantly less likely to list any type of interpersonal cause (62%, compared with 67% at organisations with 250 or more employees).

But although SME employees are less likely to struggle with work-related poor mental health, they are also less likely to be

discussing their problems with anyone at work. A culture of silence continues to prevail in SMEs to a higher degree. Only 33%, compared with 38% at larger organisations, have gone to anyone at work for help. A further 10% went to their line manager, compared with 14% at larger organisations. Overall, 88% of SME employees with work-related poor mental health did not disclose these problems to either their line manager or HR.

The lack of communication within the workplace means that those with work-related problems are less likely to have a positive outcome. 34% of respondents had some type of positive or neutral outcome due to their work-related poor mental health compared with 39% at larger organisations.

Many SMEs may feel constrained by their available resources. However, all SMEs have a duty of care to embed a positive culture and standards for mental health. This can and should be the norm, and this report's recommendations are for SMEs as much as they are for larger organisations.

# 20%

of employees at SMEs said their work-related poor mental health was caused by feeling isolated at work

compared to

# 25%

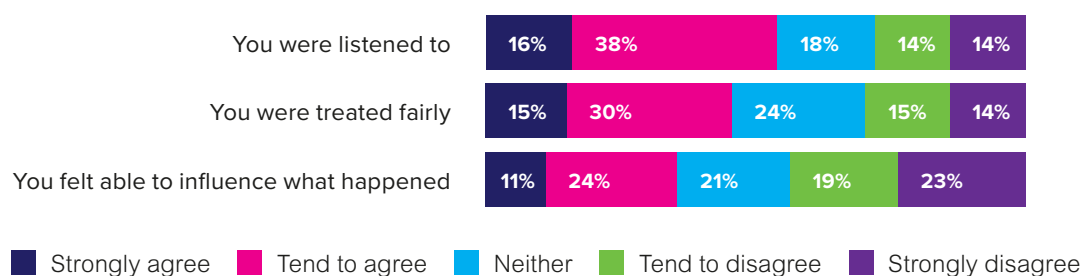
at larger organisations

# 88%

of SME employees with work-related poor mental health did not disclose these problems to either their line manager or HR

### Agreement levels among SME employees about the outcomes of their disclosed mental health problems

Thinking about the most recent time you experienced those problems to what extent do you agree or disagree that between you and your employer...



Base: 1 to 249 employees who have work related mental health problems and disclosed (223)

## RHONDDA HOUSING ASSOCIATION



### Taking a whole person approach

Rhondda Housing Association (RHA) is a not-for-profit social landlord that manages over 1,800 homes. We provide housing support for tenants whilst working to alleviate poverty in communities across the south of Wales. We strive to be a sustainable business, which adds real social value in the areas in which we operate. We won the BITC Wellbeing at Work Award in Wales in 2017, for our wellbeing initiative called HAPUS.

HAPUS takes a whole person approach and builds on our belief that healthy staff are happy, and happy staff perform better. The programme was primarily developed to address high levels of sickness absence and low staff morale. We also wanted to engage colleagues in the overall work that RHA does in communities, and emulate the positive impact we have externally, internally with our employees.

With board support, a team of employees from across the organisation were able to deliver something that wasn't seen as "just another HR initiative." HAPUS is a commitment to make the lives of colleagues better – regardless of the challenges or issues they are living with or facing. The programme combines occupational

health and safety, healthy eating days, line manager training on mental health, working with Time to Change Wales on mental health stigma in the workplace, yoga sessions, early GP referrals, whole body check-ups, mindfulness sessions and weight loss campaigns. The team responsible for HAPUS also uses it to help promote employee engagement and build in social activities.

The positive impacts at both an employee and organisational level include:

- 90% of staff feel that the combination of physical and mental wellbeing activities has had a positive impact on their wellbeing
- 87% of colleagues feel better equipped to cope with pressures at work and home
- Managers feel better able to support their team
- 5% increase in the number of staff who feel that RHA is a "great place to work"
- Sickness rates were reduced by 3%
- A proactive commitment to talking about wellbeing has boosted RHA's reputation and profile locally, driving down recruitment costs and generating new income

# DEFINITIONS

## **Common mental health issues:**

Those mental health problems, such as depression and anxiety, that affect more people than others. National Institute for Health and Care Excellence (NICE) estimates that common mental health problems affect up to 15% of people at any one time in the UK.

## **Long-term mental health conditions:**

A formally diagnosed mental health condition which has affected someone for a year or longer.

## **Short-term mental health conditions:**

A formally diagnosed condition affecting someone for less than a year.

## **Mental health diagnosis:**

Meaning a doctor has assessed the condition. To diagnose a mental health problem, doctors will look at factors such as the person's experiences (groupings of certain feelings, behaviours and physical symptoms may suggest different diagnoses), how long the experiences have lasted, and the impact it is having on their life.

## **Parity of esteem:**

Valuing mental health equally with physical health. Reflecting both in equal measure in policies and management processes.

**For more information and an 'A-Z' of commonly used terms relating to mental health, visit [Mind's website](#).**

# METHODOLOGY

The National Employee Mental Wellbeing Survey is a comprehensive assessment of workplace mental health in the UK.

It is based on the key findings from a YouGov panel survey of 4,236 full and part-time employees in the UK that is representative of gender, age, industry sector, region and business size, excluding sole traders and those working alone. The survey explores mental health and wellbeing in the workplace with many questions tailored for managers and those who have a manager.

Fieldwork was undertaken between 14th May and 18th June 2019. The survey was carried out online.

Differences have been drawn between previous years where relevant.

**Note** – the small base size of transgender respondents to the survey means it was not possible to analyse the results of this group individually. However, transgender respondents are included in the overall LGBT+ statistics.



# ACKNOWLEDGEMENTS

## BUSINESS IN THE COMMUNITY WOULD LIKE TO THANK THE FOLLOWING INDIVIDUALS AND ORGANISATIONS:

All the organisations that contributed their stories of best practice, some of which are featured here and others will be profiled in the coming months.

**Louise Aston**, Wellbeing Director,  
Business in the Community

**Aishlyn Angill-Williams**, Wellbeing  
Campaign Manager, Business in the  
Community

### Wellbeing Leadership Team:

Anglian Water Group, Bupa, Costain,  
GlaxoSmithKline, Fiona Adshead  
(Independent Advisor), Heineken, Lloyds  
Banking Group, Mercer Marsh Benefits,  
National Grid, Nuffield Health, P&G,  
Public Health England, Royal Mail Group

### Our contributor:

In partnership with [Mercer Marsh Benefits](#)

### Our partners:

- BDF
- Chartered Institute of Personnel and Development (CIPD)
- MIND
- Mental Health First Aid
- Mental Health at Work
- Involve
- Salary Finance
- SOM
- ILM

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The Prince's  
Responsible  
Business Network



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