

# Agenda for change

**Everyone has a strategy on mental health and wellbeing, but how many can say it's working? Our panel says it's time to press 'reset'. Elaine Knutt reports. Photos by Ed Tyler**

**M**ental Health Awareness Week in May served chiefly as a reminder of just how much mental health awareness there is. News and social media feeds are full of first-person testimonies, survey results and well-meaning advice; workplace posters offer “bikes and bananas” or sometimes “yoghurt and yoga”. But workplace mental health and wellbeing strategies that take employers' legal responsibilities on welfare and psychosocial risk and convert them into workplaces that don't harm people's health, or that successfully manage situations where damage has been done, are much harder to find.

So far, what's being tried just isn't working. Last year's Stevenson/Farmer review is the go-to source for worrying statistics on the scale of the problem; two recent surveys from the Chartered Institute of Personnel and Development (CIPD) record rising levels of stress and a spreading culture of presenteeism and “leavism”. These results are set against a background of austerity in the public sector, weak growth and Brexit, which – along with changing working patterns and the rise of “gig” work – add to an underlying insecurity that feeds poor mental health.

Worsening survey data on stress and mental health is no doubt partly due to greater openness, which encourages people to answer more honestly. But while “awareness” means we can be increasingly confident that we're mapping the true scale of the problem, it does

nothing to eliminate it. The need to fill the gap between aspirations and policies that can improve and extend working lives is why *Health and Safety at Work* has convened a roundtable discussion, assembling ten experts with evidence based and practice-fresh viewpoints on what works and what doesn't.

## Ten good men and women

The debate covered the regulatory safety net – Dan Shears, national health, safety and environment director at the GMB brought his own highlighted copy of the Health and Safety at Work Act – and whether the UK needs a new one with a tighter mesh. It asked whether compliance and legislation, or the business and productivity case, is most likely to drive organisational change, and acknowledged the problem that no one knows what “good” looks like in this context – although the BSI's new PAS 3002 *Code of practice on improving the health and wellbeing within an organization* could provide part of the answer.

There were examples of innovative approaches to wellbeing from two very different employers. Queen Mary University of London (QMUL), for instance, has been trying to eliminate non value-added work for staff to reduce demand and workload; while construction company Barhale is 12 months in to a ten year strategy – Be Healthy, Be Safe – that asks staff difficult questions about what the organisation should do, and has been willing to act on the answers.



## + PARTICIPANTS

Standing, left to right:

**Paddy Smith**  
Public affairs manager, CIPD

**Dr Joanna Wilde**  
Consultant organisational psychologist

**Judith McNulty-Green**  
Technical information manager, IOSH

**Dr Carolyn Yeoman**  
Operations director, OCAID Wellbeing

**Anne Hayes**  
British Standards Institute

**Dan Shears**  
National health and safety director, GMB

**Lawrence Waterman**  
Chair, British Safety Council

Seated, left to right

**Zarah Laing**  
director of health, safety and wellbeing, QMUL

**Andrew Harris**  
Client wellbeing manager, Healthy Performance

**Rob Houghton**  
Head of learning and development, Barhale

There were also suggestions of the types of expertise that can make a difference. OCAID Wellbeing is bringing the principles of safety management to wellbeing, including tools to establish a “wellbeing cultural maturity model”, via structured interviews and surveys to benchmark where firms are and how they can improve. “It's reassuring for health and safety professionals, as they can assess, manage and mitigate the risks,” says operations director Carolyn Yeoman.

Consultancy Healthy Performance has launched a new staff survey tool called Pascal that seeks to model stress both in the workplace and at home – as the latter can also become the employer's problem when such issues are inevitably brought to work. “The company gets anonymised, aggregate data that helps them pinpoint the pressure points,

and then bespoke the interventions,” says Andrew Harris, client wellbeing manager.

As views are shared around the table, the group soon agreed on key points. Firstly, those wellbeing initiatives which focus on the behaviour of the individual are addressing symptoms, not root causes. Rather than looking at individuals and what makes them unhealthy, employers should study how the environment and organisational culture makes them unwell in the first place.

OCAID Wellbeing is fully signed up to the system-level approach. “We're encouraging organisations to look at what they might be doing to damage the wellbeing of their staff, and at the root causes, which are often poor leadership. A lot of the work I do, starting with the board down, is getting people to understand that the reason why they've got people

ill in their workplace, or why presenteeism is so high, is that the culture is not where it needs to be in terms of wellbeing.”

Organisational psychologist Joanna Wilde, whose corporate career spanned British Airways and other FTSE 100 companies, argued that many of today's wellbeing “initiatives” can actually increase demand on the individual – when excessive demand is often a root cause of work-related stress. “We approach the wellbeing issue by loading demand onto people who've got no time. So paradoxically, we're actually making it worse. There's a real failure to understand what we need for something to be psychologically safe.”

Lawrence Waterman, chairman of the British Safety Council, agreed that “wellbeing programmes” can be a PR facade, allowing risks to flourish unchecked behind it. Pithily, he said:

“The moment you talk about fruit Friday and smoking cessation programmes, or have leaflets about healthy eating, you're saying the workplace is a really convenient venue for bullying people into behaving better, so that they are less harmed by the appalling environments they're stuck in, the bad relationships they have with managers, and their precarious employment.”

## Wellbeing and safety equivalence

A close second is the fact that wellbeing should be managed more like safety: the workplace is creating psychosocial hazards alongside physical ones, but they can be pre-empted in a similar way – and long before “stress” appears as a symptom. As Wilde said: “We shouldn't see health and wellbeing as something different than safety: psychological safety is critical, and we're not very good at it.”





**“You are bullying people into behaving better, so that they are less harmed by the environments they’re stuck in, or bad relationships with managers”**

Lawrence Waterman,  
British Safety Council

health and safety process, but actually getting some statistics about how your organisation is performing is quite hard.” As he might have added – and solicitor Rhian Greaves points out in our Viewpoint column on page 15 – lack of RIDDOR data also makes it harder for the HSE to know which organisations are systematically failing.

Secondly, the generic duty to protect “health, safety and welfare” gives the HSE such a vague enforcement goal that, in the last ten years at least, it has preferred not to take aim at all. “How do you prove it’s related to work, or get enough evidence to say there’s a clear failing?” Shears asks.

The GMB, therefore, is calling for a new Mental Health at Work Act to make the duties crystal clear to employers and the sanctions more realistic. “It would give employers that structure, so that they know this is what you need to do, and how you need to do it,” Shears suggests.

But the question of more legislation – or simply better enforcement of what we have – split opinion on the panel. Yeoman and Judith McNulty-Green, head of technical information at IOSH, were concerned that greater enforcement could encourage employers to be compliance-led, when they were seeking to encourage them “beyond compliance”. “It just becomes about compliance and it doesn’t change culture and it doesn’t change attitudes. They will pick off one recommendation, and it will not deal with that systemic failure,” McNulty-Green warned.

She was an advocate of using the “business case” as stick-and-carrot to influence employers. Quoting from the Stevenson/Farmer Review, she said: “Fifteen percent of people at work have an existing mental health condition – if we’re going to deal with the productivity problem, we need to keep them at work. Presenteeism costs between £33bn and £42bn a year from lost productivity. We need to think about the return on investment from holistic, proactive mental health processes.”

But Wilde’s corporate experience told her that often a persuasive business case doesn’t exist: even if there is the prospect of reduced costs and increased productivity down the line, the up-front costs of reducing demand – hiring more staff, cutting hours or reducing targets – were simply too high. But more enforcement, or prosecutions, would alter the environment in which businesses work.

“My view is, let’s look at the business case and show the timescales, let’s make it really good – but sanctions, please. Organisations need to

In Yeoman’s words: “Everyone thinks they’re an expert on wellbeing, whereas with safety, they would seek out someone who’s an expert. We see organisations that have a high safety culture, but wellbeing culture is at the starting point. Until we actually go back and look at root causes of stress and lack of wellbeing – as we do for safety – we will struggle to move forward.”

There’s also agreement that language – which tends to frame our perception of problems and shape our responses to it – is key. “The lexicon’s completely wrong,” says Dan Shears at the GMB. “Wellbeing’s a nebulous concept, and there’s nothing in the Health and Safety at Work Act about it – it talks about welfare. Then we talk about mental health, when most employers mean stress.” Wilde adds that the term “risk assessment” – as required under the Act – is often understood as “avoiding legal risks to the organisation, not the health risks to the individual”.

Wilde is also concerned that the wheels and cogs of employment law, including complaints, whistleblowing and grievances, are a serious psychosocial hazard to individuals caught up in them – partly because they use the language of litigation: “allegations”, “hearings” or “investigations”. “It’s not providing a framework to mitigate harm, it’s causing mental health damage. It’s adding to the sense that people can’t speak up in organisations, and contributes to the problem.”

**Looking at legislation**

In theory, the UK’s legislative framework places duties on employers to safeguard mental health and wellbeing. Under the Health and Safety at Work Act and the Management of Health and

Safety at Work Regulations, organisations must undertake a risk assessment for health hazards – including stress – and take action to control that risk. Meanwhile, the voluntary stress management standards – now being revamped by the HSE – offers a structured approach to managing work demands and fair treatment.

But Shears points to several shortcomings. Firstly, cases of work-related stress or mental ill health are not RIDDOR reportable. “It’s very difficult to report any of this stuff. You might report internally, through HR rather than a



**“Until we go back to look at root causes, we will struggle to move forward”**

Dr Carolyn Yeoman, OCAID

ORGANISATIONAL CULTURE AND INDIVIDUAL DEVELOPMENT



Enabling Resilient People  
in Resilient Organisations

WELLBEING AND ENGAGEMENT SERVICES

Organisational Culture Development

- Wellbeing & Engagement Culture Assessment
- Wellbeing & Engagement Strategy Design/Review
- Organisational Stress Risk Assessments
- High Impact Wellbeing Days

Individual Wellbeing Development

- Leading Wellbeing & Stress Awareness for Managers
- Personal Stress Risk Assessment & Countermeasures

OPEN COURSES lead by Dr. Carolyn Yeoman

	Understanding PAS-3002	Implementing PAS-3002
Manchester	24 September, 2018	25 - 26 September, 2018
London	6 November, 2018	7 - 8 November, 2018
	Wellbeing and Engagement Masterclass	
Manchester	16 - 17 October, 2018	

Please call us at OCAID Wellbeing Limited to discuss your needs on 0333 456 7233 or see further details at [WWW.OCAID.COM/Wellbeing](http://WWW.OCAID.COM/Wellbeing)



OCAID  
resilience



OCAID  
reliability



OCAID  
wellbeing

T: +44 (0)333 456 7233 E: [info@ocaid.com](mailto:info@ocaid.com) W: [www.ocaid.com](http://www.ocaid.com)





**“It’s easier for senior managers to act on [an HSE inspection] because that makes it a compliance issue”**

Zarah Laing, director, QMUL

see there’s a cost to not doing something, as well as some reward that’s some way off in the future,” she said.

Most of the group believed that more HSE inspections would galvanise employers into addressing “root causes”, but Zarah Laing, director of occupational health, safety and wellbeing at QMUL, had first-hand experience. In 2008, HSE inspectors called at QMUL, looking at asbestos, Legionella and stress. “We received recommendations from the inspector on those three topics, then there were action plans and buy-in from every part of the university, on every level, it was on everyone’s agenda,” she recalls. “It’s easier for senior management to act on that, because it makes it a compliance issue. And if it’s necessary, I think large organisations would pay for the HSE’s advisory visit costs,” she suggests.



**“We approach wellbeing by loading demand on people who’ve got no time. So paradoxically, we’re actually making it worse”**

Dr Joanna Wilde, organisational psychologist

But if employers are operating in an enforcement-free zone, and the business case is either unpersuasive or simply not there, what’s left? Perhaps that’s what the BSI’s Anne Hayes, head of market development for governance and resilience, was thinking when

she put a question to Barhale’s Rob Houghton, head of learning and development: why had it implemented such a comprehensive wellbeing programme? Because, said Houghton, it was simply the right thing to do. And, he added, in a biographical note, because he had personally experienced good mental health support in a 12 year career as a police officer, and wanted that to be available to others.

#### What’s not working ....

The group shared plenty of anecdotes about what doesn’t work, including scepticism around Employee Assistance Programmes (EAPs). Shears says that employers like that they “come free with the [corporate] insurance” and overlook the fact that the telephone lines are staffed by “students with a holiday job working off a checklist.” Yeoman recalls researching EAPs as a PhD student. “We knew then that they don’t look at the sources of stress, or what the risk factors are – that was 22 years ago. They’re largely unregulated, and some of the practices, and lack of [staff] qualifications, are extremely worrying.”

There were mixed views on the impact of senior figures sharing personal experiences in public, with some arguing that it successfully “normalised” mental health issues. But Wilde felt that most senior business leaders who do so are “in relatively safe positions in



**“A Mental Health at Work Act would give employers structure, so that they know what to do, and how to do it”**

Dan Shears, GMB

organisations”, and Shears was also sceptical. “They are invariably given the time and support they need, because they are valuable to the organisation – many workers are those you can get rid of and get others in.”

McNulty-Green shared some preliminary findings on a research project commissioned by IOSH on the effectiveness and impact of “mental health first aid” training. The researchers found that it was useful in creating an atmosphere where issues could be discussed, but also that it was seen as an easy way to tick off employers’ responsibilities on workplace mental health while leaving the fundamentals unchanged. “It’s still essentially reactive – it’s not proactive in managing



**“There needs to be evidence that there’s something at the back end, not just lip service”**

Andrew Harris, Healthy Performance

prevention strategy, while IOSH is launching a course on occupational wellbeing specifically for managers and line managers.

On benchmarking surveys, Andrew Harris of Healthy Performance described the need to have an organisational culture that ensures meaningful results. “The challenge is about trust – when you include demographic information where respondents may feel they’ll be identified, that has a massive effect on your return rate, and whether people are forthcoming about their personal life,” he said. “You can say it’s confidential until you’re blue in the face, but in a toxic and mistrusting organisation, they’re not going complete that survey. You need to establish trust – and there needs to be evidence that there’s something at the back end of it, and it’s not just paying lip service.”

As part of Barhale’s Be Healthy, Be Safe programme, Houghton described gathering views directly from the frontline. “We had an interesting session about the “I, we and it” – what can you do to make things better in terms of better mental health culture, what can the team do, and what can the business do? Some people probably weren’t ready for what the people at the coal face were telling them: it was ‘I want you to help me not be so lonely when I’m away’, ‘I want you to help me with social inclusion’. It’s not PPE or fruit or yoga. The business is going to take on that challenge, but they’re not quick wins.”

Waterman said that many construction firms are taking their responsibilities to staff seriously, for instance keeping relaxation areas on sites open in the evenings so that

the root cause,” she pointed out.

Laing, however, had some more positive comments: “The group of people that we trained are mostly working in the residences, on the front line; they can recognise the signs and symptoms, and can signpost students at an early stage.” QMUL is also able to refer students to its own in-house counselling service, rather than the NHS. For academic staff, she said, there were some concerns about confidentiality when talking to “first aiders”. “But it can be part of a package,” she concluded.

#### ... and what can make a difference?

But what concrete steps can businesses – and the health and safety specialists that advise them – take right now? One recurring theme was the central role of line managers. At the CIPD, public affairs manager Paddy Smith agrees: “The main cause of stress in our surveys was the workload, but the second main cause of stress was the line managers. For us, line managers are key – and getting senior leadership to invest in line managers so that it trickles down.” McNulty-Green agrees that line managers must be a focus of any stress



the social support isn't turned off like a tap at 5pm. Harris also pointed to the importance of the physical environment, which can contribute – positively or negatively – to the “psychological contract” between employer and staff.

Laing described QMUL's Friday breakfast club for staff: if anything went wrong during the week, there is an outlet over coffee and croissants on Friday. “It began two years ago and is still going strong,” she reported. On a similar note, Harris describes a client that designated Friday as “wind-down day”, banning all meetings. “People are less likely to be ‘revved up’ over the weekend,” he says.

#### What does good look like?

With wellbeing not defined in legislation, another problem is that there's no definition of what good looks like. As Waterman points out, there's no Approved Code of Practice, no agreed metrics, and awards events often highlight “nice glossy stories” rather than the systemic operational approach. Could the new PAS 3002 provide that definition?

Wilde, a member of the project steering group, explains its thinking: “In the beginning it was very much around intervention in individual health, but through discussion it moved to the idea that it's the environment you create for people that determines health and wellbeing. It has generated principles around themes such as fairness and inclusion at work, job quality, and HR processes, principles and practices.” Specifically, the new

“Mental Health First Aid is still essentially reactive – it's not proactive in managing the root cause”

Judith McNulty-Green, IOSH



“People at the coalface were saying ‘I want you to help me not be lonely at night’. It's a challenge for us”

Rob Houghton, Barhale

standard builds upon the NICE guidelines for workplace policy and managerial behaviour.

However, PAS 3002 itself struggled to show “what good looks like”. “The research work and evidence base pointed at the cultural end of things, but the case studies we had were more at the ‘fruit and pilates’ end. So there's a mismatch between what the PAS says you need to do, and the case studies that are lower on the maturity model,” says Wilde.

Yeoman, who will be offering courses around PAS 3002, agreed. “I liked the PAS, it made a lot of sense, although the case studies don't reflect it well. If you do PAS 3002, it takes you to a level of compliance, and you start to be proactive, while our wellbeing maturity model takes organisations further.”

#### Not so horrible histories

Though the safety sector sometimes treats mental health and wellbeing as a new discovery, Waterman points out that the Olympic Delivery Authority adopted “improving wellbeing” as an aim for the London Olympics, around the same time as the HSE's management standard clearly stated that stress should be managed as part of the overall psychological environment.

Shears, however, draws on earlier historical sources. In 1970, when the Robens committee took evidence that led to the Health and Safety at Work Act, one submission was from the mental health charity MIND, based on a 1968 report, suggesting that this is a workplace hazard we've failed to get to grips with in 50 years of trying.

As several voices round that table suggest, the Health and

Safety at Work Act has been successful in ushering in a robust safety culture in the UK, but we now need the equivalent for workplace wellbeing and mental health. “We've knocked off the easy things; you can do something about safety. The biggest problems take the most people to sort out, but there has to be commitment, and there has to be things to assist people,” says the BSI's Anne Hayes.

Our experts have identified a long list of challenges for everyone to get involved with: encouraging employers to move away from individual responses and towards an organisation-level approach; reframing mental health and wellbeing as a safety problem; and working alongside HR teams on managing legal risk and health risk rather than focusing on reputational risk. The fact that we're all fully mental health “aware” shows that culture change in the workplace is possible – and with further pressure and advocacy it can change further, and faster. ■



# healthyperformance®

## Employee Health and Wellbeing Specialists

Are you looking for innovative, engaging and easy-to-implement employee health & wellbeing solutions?



Healthy Performance has 10yrs' experience of providing onsite and online wellbeing services to global brands and SMEs nationwide

pascal™  
Your company pressure gauge

Measure pressure like never before...

**FREE TRIAL** of our new online employee stress audit

Quote code: HSW18

If employee wellbeing is on your agenda, let's see how we can help...

Call us on 0800 170 1777

Email us at [team@healthyperformance.co.uk](mailto:team@healthyperformance.co.uk)

[www.healthyperformance.co.uk](http://www.healthyperformance.co.uk)