European Conference on the Promotion of Mental Health in the Workplace
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Improving mental health through work

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HEALTH WORK WELLBEING
What is our overall goal?

Healthy, engaged workforces
- A high-performing, resilient workforce
- Enhanced productivity

Well-managed organisations

Contributing to:
- A well-functioning society
- Better economic performance

Good mental health is essential to achieve this goal.
### UK Employment and Health Statistics
Jan – Dec 2010

(Labour Force self reported; Qtr 3 2009)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>27.3 million</td>
<td></td>
</tr>
<tr>
<td>Sick</td>
<td>650,000</td>
<td>26%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>2.4 million</td>
<td>29%</td>
</tr>
<tr>
<td>Inactive</td>
<td>9 million</td>
<td>48%</td>
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Beneath many of these figures for inactivity and unemployment lie diminished lives, poor mental health, and loss of self-esteem.

Mental ill-health is the most common reason for claiming health-related benefits.

Source: Labour Force Survey 4 qtr average to Dec 2010 of men and women aged 16-64 in the UK
Why do people leave the workplace?

- Two-thirds of sickness absence and long-term incapacity is due to mild and treatable conditions, often with inappropriate ‘medicalisation’, needing vocational rehabilitation:
  - Depression, anxiety, stress-related mental health problems (est. cost £28.3 bn in 2009)
  - Musculoskeletal conditions – mild and often soft tissue (est. cost £7 bn in 2007)

“The art of medicine remains the art of identifying the patient’s problem (which is something more than diagnosing the disease).”

Sir Douglas Black – echoing Sir Robert Platt
One in six adults in the UK suffer a common mental health disorder such as depression, anxiety, phobias and panic attacks.

- 12.8 million working days (40%) due to stress, anxiety and depression, and sickness absence due to mental health problems lasts longer
- 1 in 5 people find work either very or extremely stressful
- stress costs the UK economy approx £4 billion per annum

People with common mental health problems are:
- 60% less likely to be employed
- 40% more likely to be inactive
- individuals with mental health conditions also have the lowest employment rate of all other health categories.

Up to 90% of people with mental health conditions ‘want to work’ compared with to 52% for people with other disabling conditions.
“Body & Soul” report produced by The Work Foundation (UK) 2010

Explores the connection between physical and mental health conditions, and the impact these conditions have on productivity and work participation.

Findings include:

- The rate of mental health conditions is higher among those with a chronic physical health condition.
- Researchers understand that physical health influences mental health and mental health influences physical health
  - For example, about 25% of people with arthritis report a co-morbid mental health condition.
Role of the Fit for Work Coalition:

- Provide **leadership** in making MSDs a health and work priority at EU and national level
- Provide **robust evidence base** to support Fit for Work core principles
- Provide the means to **disseminate best practices** in national settings
- Adapt successful initiatives for **national implementation**

In Germany, the Commissioner for the disabled in Rhineland Palatinate agreed to develop a national plan for improving working conditions for disabled people.

In Finland, the government backs more support for people with MSDs, and the leading opposition party said chronically ill patients willing to stay in work was an election theme for 2011.

In Denmark, $90 million has been earmarked for improving MSDs/chronic diseases, and Fit for Work objectives will become election themes in 2011.
Health and wellbeing in the workplace

Advantages of the workplace:

• a microcosm of society, as to age, gender, income, ethnicity
• a potential powerful communication vehicle
• a culture of wellbeing at work can reinforce positive health behaviours
• good employer/employee relationships can sustain healthy behaviour
• infrastructure for measurement of health outcomes is often in place
• interventions can benefit employees, employers and the public purse
• a business case can be made
• families of employees extend impact further.
Promotion of mental health in the workplace

The promotion of physical health and fitness, and the prevention of physical disease, are highly-desirable goals, often pursued by companies, **BUT**

the promotion of positive mental health and well-being is done by too few companies.

Physical health influences mental well-being.
Positive Workplaces

**Key features** common to those organisations which have achieved success in promoting physical and mental health and well-being:

- Senior visible leadership
- Accountable managers throughout the organisation
- Attention to both mental and physical health improvements
- Systems of monitoring and measurement to ensure continuous improvement
- Empowering employees to care for their own health
- Fairness
- Flexible work

**Health and well-being need to be embedded in every aspect of an organisation’s structure and work**
## Black Review: Health, Work and Well-being Initiatives

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Status</th>
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<tbody>
<tr>
<td><strong>Fit Note</strong></td>
<td>In use from 6 April 2010</td>
</tr>
<tr>
<td>11 ‘Fit for Work’ service trials</td>
<td>Live 2009 -2011</td>
</tr>
<tr>
<td>Public sector exemplar: Boorman review of NHS staff health in England</td>
<td>Recommendations included in NHS Operating Framework 2010/11</td>
</tr>
<tr>
<td>National Standards for provision of OH services</td>
<td>Published Jan 2010</td>
</tr>
<tr>
<td>Council for Health and Work</td>
<td>Established 2009</td>
</tr>
<tr>
<td>Regional co-ordinators of health, work and well-being</td>
<td>Live 2009-2011</td>
</tr>
<tr>
<td>Education and training initiatives for GPs and secondary care professionals</td>
<td>Live 2009-2011</td>
</tr>
<tr>
<td>Working our way to better mental health: a framework for action</td>
<td>Published Dec 2009</td>
</tr>
<tr>
<td>Occupational Health Adviceline for SMEs</td>
<td>Live 2009-2011</td>
</tr>
<tr>
<td>Challenge Fund for Small and Medium Enterprises</td>
<td>Live 2009-2011</td>
</tr>
<tr>
<td>Free interactive Workplace Wellbeing Tool</td>
<td>Launched 2010</td>
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All to help maximise physical and mental health, wellbeing and productivity.
Importance of Fit for Work Service Pilots

- Identifying underlying problems with rapid referral
- One stop supported approach
- Practical support in non-medical areas
- OH input as required

These measures are to help people remain in work or return to work more quickly
Fit for Work Service Pilot: Case Study, ‘George’

**Problem**
- 50 year old man, working alone as a catalogue distributor
- Presented with musculo-skeletal problems & pain
- Assessment identified: stress; anxiety; long term psychological issues dating back to childhood; previous gambling and alcohol addiction
- Had caring responsibilities in family causing stress at home & financial difficulties due to inability to work usual hours
- Poor relations with employer

**Action**
- Referral to Physiotherapy
- Referral to local Council for Alcohol counselling and support
- Identified carer’s support, referral completed
- Given information on Citizens Advice Bureau for benefit review
- Encouraged to attend Alcoholics and Gamblers Anonymous
- Motivational support from Case Manager at regular review calls

*Little of this is strictly medical!*
Fit for Work Service Pilot: Case Study, ‘George’

Results
- Client improved from Physiotherapy
- Citizens Advice provided help and information
- Client continued counselling and attendance with Alcoholics’ and Gamblers’ Anonymous
- Case Manager provided regular review, motivation, self-help materials, and ensured client was progressing

Outcome
- Increased productivity at work
- Client promoted to manager, doing less physical duties
- Caring responsibility now reduced, which has improved relationship between client and partner

Without Fit for Work, the outcome could easily have been the Benefit system
Psychological Therapies and Employment Advisers: Case Study

Clinical psychologist:
- diagnosed female client with a panic disorder made worse by stress at work – including communication difficulties with line manager
- client considering taking time off but wanted to stay in her job
- referred her to employment adviser.

Employment adviser discussed:
- reasonable adjustments, e.g. time off for clinical appointments
- changing her work environment
- buddy scheme.

Employment adviser and client met with employer - agreed a number of adjustments and reviewed the plan after six weeks.

Outcome

• Client remained in work and her employer made sure her line manager had mentoring and support
• mentoring and support received by line manager had a positive impact on wider team.
• Provides SMEs and GPs with tailored occupational health advice, by advisers with special training in Mental Health.

42% of calls are about sickness absence
24% of calls are about the fit note
20% of calls are about mental health
   (anxiety, depression, stress, and other mental health conditions)
Colebrook arranged Health and Wellbeing Workshops for staff, covering topics: Staying OK in Changing Times; Feeling OK: Keeping Good Mental Health; Worklife Balance and Healthy Lifestyles.

Workshops were personal and bespoke, using local links and suppliers; well attended by staff from all levels. Following staff evaluations, the workshops have been refined and will be repeated over the coming months. Typical feedback:

“I will hopefully be better equipped to support team to deal with forthcoming changes, I will listen more”

“Be more assertive with myself”
“That I have the motivation when I put my mind to it”
“I will try to worry less – be more positive”
“It reminded me that you feel so much better after exercise”
Case study: Airbus

• Commercial partnership between a large company and an NHS Trust.
• Male-dominated environment with 7,500 employees.
• Marketed programme around “well-being” and not “mental health”, to avoid latter’s stigma.
• Mental Health First Aid courses to Managers, Shop Stewards and Apprentices.
• Encouraged the men to open up and be more honest among themselves.

Results
• Saved £1.7 million of direct costs over 3 years
• Sickness absence fell by 3 to 4%
• social benefits: one employee’s partner approached a manager in a local supermarket to say the programme had improved her life too.
Addressing Mental Health Conditions

- **Awareness training for line managers**, to increase understanding of MH issues and their ability to respond confidently and rapidly

- **Prevention** of directly-work-related MH problems (around 15% of total) – e.g. by providing mentally-healthy working conditions and practices (see guidance by UK Health and Safety Executive)

- **Better access to help** for employees, particularly to evidence-based psychological help and support while carrying on working

- **Effective rehabilitation** for those who need to take time off, including regular contact with the employee during periods of absence

Centre for Mental Health 2010
“No other technique for the conduct of life attaches the individual so firmly to reality as laying emphasis on work: for work at least gives one a secure place in a portion of reality, in the human community.”

Sigmund Freud
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