

Workplace Health

by Mercer Marsh Benefits

Good Intentions, Bad Outcomes

Why a disjointed
approach to mental
health is failing to
deliver



Research Analysis

As the health of the nation continues to deteriorate, the focus must shift from disconnected tactical solutions to joined-up strategic solutions.

Perhaps the most sobering fact to emerge from this year's *Britain's Healthiest Workplace* survey, of 32,000 employees across 167 organisations, is that over the past four years the state of the nation has continued to deteriorate. The average number of annual working days lost per person due to absenteeism or presenteeism – when employees come to work but experience decreased productivity and quality of work due to health problems – has risen from 23 to 30 days.

Given the increasing efforts by employers to address falling health levels and, in particular, falling mental health levels, this is most alarming. According to the *Mental Health at Work Report 2017*, released by Business in the Community (BITC) and sponsored by Mercer, three out of every five employees have experienced a mental health issue in the past year due to work, or where work was a related factor, and 31% have been formally diagnosed with a mental health issue.

Despite this, there is a worrying disconnect between how leaders think employees mental health is being supported and how it's actually being supported.

According to the study, 61% of CEOs and managing directors believe that employees' mental health is being looked after, compared to just 40% of non-managers. Most worryingly of all, just one in 10 employees (11%) felt able to disclose a mental health issue to their line manager, with mental

health remaining one of the most difficult topics to talk about at work. Those surveyed said they felt more comfortable talking about seven other equality and social issues, including race, age, physical health and religious belief.

A shocking 15% of respondents faced dismissal, disciplinary action or demotion for choosing to disclose a mental health issue to their employer.

Why is mental health still taboo?

People don't want to talk about their mental health to their line manager because, first, there's still a fundamental issue with the way we talk about it. If someone is sick with influenza we say "they have flu", never "they are flu". The implication is that this is something from which they can recover. Yet if someone is sick with depression, we say "they are depressed", as if this now defines them entirely. It would be far better to say "they have depression", with the implication that there is a clear treatment pathway in place.

Second, if someone has a physical problem, such as a back issue, there is a clearly defined care pathway, featuring a physical assessment, recommended adjustments and support to put these into practice. But most organisations lack clear mental health pathways the manager can use to direct people towards appropriate support. Instead, they typically have a range of disjointed tactical initiatives, such as one-off mental health days or work/life balance classes. The result is that most managers have no idea what to do with someone struggling with a mental health issue. What use is a standalone mindfulness seminar to someone who can't come into work because of a crippling anxiety disorder?

The need for joined-up strategies

If this year's research teaches us anything, it's that record investment in disjointed, tactical wellbeing initiatives are failing to deliver. Strategic mental health pathways must be created and used to normalise people's experience of recovering from and managing mental health issues, in much the same way that physical assessments and workplace adjustments have normalised people's experience of, and willingness to seek help with, musculoskeletal issues.

Such mental health pathways should include proactive elements, such as training managers to spot the early warning signs of stressed employees and resilience training to educate people how to sustain good mental health. As well as reactive elements, such as a triage model for ensuring employees in need of further support are given clinically appropriate referrals into relevant treatment options.

The design of these pathways must be based on the ongoing analysis of organisational data, including the insights generated by analysing how people are currently using existing health services, such as medical plans, employee assistance programmes, group income protection and occupational health or existing rehabilitation programmes.

At the same time, we need to start viewing people as "joined-up" human beings, whose physical and mental health are inextricably intertwined, so that we can start creating policies that address wellbeing as a whole, instead of attempting to address physical or mental health in isolation.

Only once there is a pragmatic response to mental health will the genuine desire of leaders to improve the health of the workforce start to have an impact.



Joined-Up Health for Joined-Up People

The tendency to treat physical and mental health in isolation has led to disjointed policies that put too much pressure on people to talk about their mental health in isolation.

Critical to normalising mental health is treating it like any other aspect of health. People aren't afraid to talk about joint pain or sleep issues. What's more, people don't feel like they need to have experienced these issues to be able to empathise with someone affected by them.

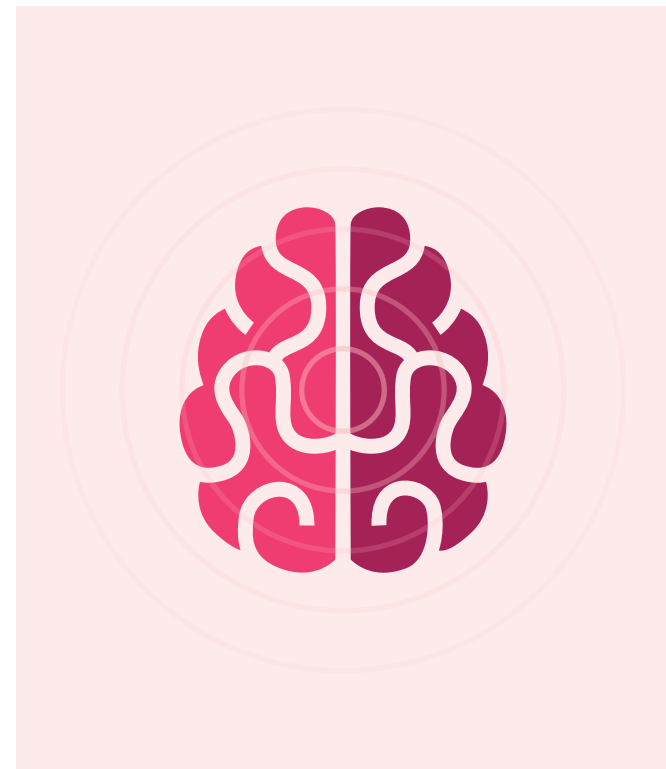
A big trend of late has been to identify role models who have suffered poor mental health in the workplace. If you don't have a leadership figure who can talk about their breakdown, you might be feeling that your wellbeing strategy is missing a trick. But what if your CEO never had a breakdown? Although it was hoped such a direct focus on mental health would encourage more people to get help sooner and has contributed to a more positive discussion, this unfortunately hasn't worked in improving the overall experience of employees or the statistics in this report.

Dimensions of wellbeing

Instead, we need to stop trying to divide humans into two halves — their physical and mental components — and start creating people-shaped policies that look at their health as a whole.

This is important because if someone is struggling to manage their income, they are likely to not only experience stress and anxiety but also sleep loss, causing them to want to eat unhealthily because they feel tired. Even if an employee might not yet have any physical or mental health issues, and may even consider themselves to be healthy, by encouraging them to look at their financial health you can support them to identify and prevent future problems.

In total, Mercer has identified Eight Dimensions of Wellbeing (see the next page), all of which are linked to and impacted by our mental health.



By taking a step back from putting such an explicit focus on mental health, and looking at all of the eight dimensions of wellbeing, employers have an opportunity to start normalising mental health by creating people-shaped policies that prevent problems from arising in the first place.

Mercer's Eight Dimensions of Wellbeing



1. Physical — I take good physical care of my body



5. Financial — I can manage my income to good effect



2. Emotional — I can express and manage my feelings



6. Intellectual — I have opportunities to learn and stretch myself



3. Spiritual — There is meaning and purpose to my life



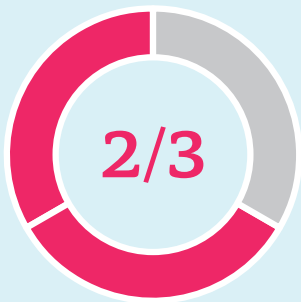
7. Environmental — I have positive thoughts about the world around me



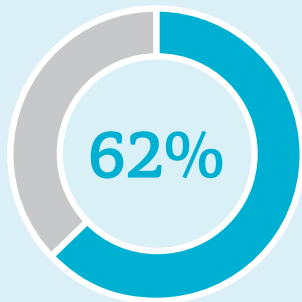
4. Social — I enjoy regular positive interactions with others



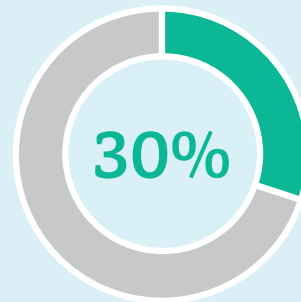
8. Occupational — I have goals I'm enjoying striving to achieve



of employees have concerns about finances



of employees are not eating healthy diets



are getting less than seven hours sleep a night

Source: 2017 Britain's Healthiest Workplace

Why Are We Less Healthy?

Wellbeing is now a boardroom issue, but good intentions are not filtering down.

Few, if any, organisations are planning to set less challenging targets this year than they did last year, yet productivity is suffering. Add to that the rate at which technology is constantly changing, encouraging us to always be on, and it's no surprise that people are struggling to find the time to look after themselves.

Although countries such as France have introduced laws to give workers the right to disconnect from work and switch off their mobile devices, so that they can recharge properly at home, few UK employers have opted to voluntarily follow suit.

In the absence of a solution that will work for all organisations, employers need to consider the culture they're creating and gather insightful wellbeing data. If behaviours are clearly detrimental to people's health, they must step in to facilitate change, be this to address toxic blame cultures or to stop people from extending their working day in unhealthy ways.

Creating a culture of health

Each year, *Britain's Healthiest Workplace* benchmarks organisations against six HSE Management Standards, which have been proven to impact the health of employees. By training new managers to live up to these standards you can empower them to create a culture of health.

1. Demands

People are given adequate and achievable work, and their skills and abilities are matched to job demands. Any concerns about their work environment are also addressed.

2. Control

Individuals have some say over their workloads and deadlines. They are allowed to play to their strengths and feel able to manage their day in healthy ways.

3. Relationships

People are allowed to have "water cooler conversations", enjoy social spaces and are able to foster good workplace relationships to help and support each other.

4. Role

It's clear what's expected of individuals: they understand their role and objectives, and don't feel like the goalposts are being changed.

5. Change

Change and the need for change are effectively communicated. People understand the probable impact of any change to their job and the timetable for changes.

6. Support

Managers understand their duty of care to others, make time to talk to people one-to-one and know how to direct them towards appropriate support whenever needed.

Conclusion

An explicit focus on mental health has failed to deliver the desired results. Employers must now normalise mental health by creating people-shaped policies that look at all the dimensions of wellbeing, instead of just looking at physical or mental health in isolation.

Critical to success treatment pathways, so that managers can easily direct people towards appropriate support as needed.

Only by making mental health an aspect of health, like any other, will people finally feel safe enough to ask for access to the support that is still so clearly needed.

Visit www.uk.mercer.com/mentalhealth
Contact: mercervk@mercervk.com

Top Tips

Don't just look at physical or mental health in isolation.



Do create policies using all the dimensions of wellbeing.



Don't copy one-off tactics that might have worked for others.



Do create strategic joined-up solutions based on your own data.



Don't expect employees to want to talk about their mental health.



Do put in place clear treatment pathways for those in need of support.



Don't underestimate the role of managers in optimising workforce health.



Do educate managers to use the HSE standards to create a culture of health.





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Wolfgang is a Partner and leads Workplace Health Consulting for UK and Europe advising companies on health & well-being strategy, integrated models of healthcare, absence management and proactive interventions, such as resilience programs. He is a member of the Global Health Management team, founded the European Health & Well-being Network and currently advises a number of blue-chip companies on health & wellness strategy and implementation.

Before joining Mercer in 2010, Dr Seidl was Executive Director of the Validium Group and Director for consultancy, sales and clinical programs at Accor Services. Prior to that he worked in primary and secondary care and in academia. He is a member of various national and international research organisations and a regular speaker at professional conferences in US and Europe.

He is a Doctor of Medicine, holds a Master's degree in Psychiatry, Philosophy & Society, and is a BACP accredited Counsellor and Psychotherapist. He is an internationally recognised expert in the field of quality enhancement measures in workplace health and the business impact of health management in terms of ROI models. Wolfgang has many years' experience in running Employee Assistance Programs; he is a board director of the Employee Assistance Research Foundation (EARF, St Louis, Missouri) and a Visiting University Professor in Applied Psychology.

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