Elizabeth Blackwell Annual Public Lecture

Working at Mental Health and Wellbeing

Professor Dame Carol Black DBE
Welcome and introduction by

Professor Rachael Gooberman-Hill
Director of the Elizabeth Blackwell Institute for Health Research

Professor Jane Norman
Dean of Health Sciences

bristol.ac.uk
Practicalities

• **Fire assembly point**: exit left from main entrance
• **Toilets**: on the ground floor, including inclusive and accessible toilet
• **Hearing loop**: middle of the room best
• **Quiet room**: room 1.5 opposite the Great Hall
• **First Aid**: do let a staff member know
• **Elizabeth Blackwell Institute staff**: wearing purple lanyards
• **Drinks Reception**: in Reception Room

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Welcome and introduction by

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Working at Mental Health and Wellbeing

Professor Dame Carol Black DBE

Chair of the British Library, and the Centre for Ageing Better

Adviser on Health, Wellbeing and Work to various Government bodies

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Elizabeth Blackwell

- Born Bristol 1821, moved to USA 1832
- Started as teacher, but entered US medical school 1847
- First woman to graduate from a US medical school.
- First woman listed on the British Medical Register.

Her medical interests included Public Health, women’s and children’s health, and education – she founded a medical school in 1860.

A tireless pioneer
My own journey – starting in Bristol
The ‘light bulb’ moment …

.. while President of the RCP, working with the Faculty of Occupational Medicine.

The determinants of health are largely social:

- The social gradient
- Stress
- Early life
- Social exclusion
- Work/Unemployment
- Social support
- Addiction
- Food
- Transport

Marmot, and others
The scope of my work

Too few drivers in the journey keeping people in work

Apprenticeship etc
School
Higher Education

Work
Sickness absence
SSP/OSP

Out of work
Claim to Employment Support Allowance (ESA)
Work Capability Assessment (WCA)

ESA
JSA
Work
Inactivity

BENEFITS

FALL ILL and often recover
Wait for WCA often long – many appeals
Support too late

LEAVE WORK
My passion

• Enabling individuals to have good health and wellbeing …

• … so that they find quality in life and purposeful activity.

• Such activity is often work – paid or unpaid.

• **Major barriers** to this:
  
  - poor Mental Health and wellbeing
The Continuum

• I shall talk mainly about the workplace ....

• .... which has been my interest since 2006.

    BUT

• The factors that affect workers – stress, poor sleep, financial concerns, harassment and bullying – are also to be found in Higher Education, and some of them in schools.

• This topic needs a joined-up approach.
What Works Centre for Wellbeing

- Founded 2015, “an independent collaborative centre that puts high-quality evidence on wellbeing into the hands of decision-makers in government, communities, businesses and other organisations.”

- “We bring pioneering thinkers together from across these sectors to share ideas and solutions.”

- “Our goal: to improve, and save, lives through better policy and practice for wellbeing.”

Wellbeing at Work: five main drivers:

- Health, Relationships, Security, Environment, Purpose
Why invest in employee wellbeing?

A number of studies point to the potential benefits for employers who choose to invest in employee wellbeing.

**Better performance**: Organisations with high levels of employee wellbeing have outperformed the stock market by around 2% per year over 25 years.

*London Business School, 2015*

**Reduced costs**: Average cost of absence and presenteeism due to ill-health is around 8% of a company’s wage bill. *Telegraph, Britain’s Healthiest Company survey 2015*

Total cost of sickness absence to UK business c. £15 bn per year. *Black/Frost 2011*

**Higher creativity**: Organisations promoting health and wellbeing are seen as 3.5 times more likely to be creative and innovative. *World Economic Form 2010*
Wellbeing and economic performance

- Wellbeing is increasingly seen as a complementary indicator to economic indicators (e.g. Gross Domestic Product) of how well a society is performing.

- In the workplace, personal wellbeing can include a person’s assessment of satisfaction with their work or job, positive feelings about work (e.g. motivation) and absence of negative feelings about their work (e.g. anxiety or worry).

What Works Centre for Wellbeing
Preventing people from working or from working well

Social determinants of health

Common Mental Health problems
- Stress, anxiety, depression

Common MSK problems
- Back pain, neck pain, soft-tissue rheumatism

Chronic medical conditions (multiple?)
- Diabetes, lung, heart (obesity-related), cancer, inflammatory arthritis

Major functional incapacity
- Major trauma, addictions, neurological disabilities.

Poor workplaces, poor work, poor managers
What are the everyday challenges on the ground?

What are the solutions?
Using Britain’s Healthiest Workplace survey to understand workers’ health

Now in its seventh year

Independence

Independent Advisory Board

Rigour

Scale

430 organisations
150k employees
>20m data points
How are data collected and fed back?

**Inputs**
- Organisational Health Assessment
- Employee Health Assessment
- 40-minute online completed by management
- 20-minute online completed voluntarily by employees

**Outputs**
- Organisational Health Report
  - Comprehensive, on organisation’s health, with benchmarking information, site visit if possible, and offering practical suggestions for improvement
- Employee Health Report
  - Immediate personal report, identifying lifestyle and health risks, with suggestions for improvement
Risk factors that impact upon productivity loss (average days per yr)

**Cross-sectional analysis**

Independent effect of modifiable drivers of work impairment, as determined across 98,000 distinct employees over 3 years.

**Lifestyle risks:**
- Obesity: 1.2 days
- Sugar: 2.0 days
- High fats: 3.1 days
- Inactivity: 5.3 days
- Insufficient sleep: 6.4 days

Obesity 1.2 days to Sleep Lack 6.4 days

**Mental Wellbeing risks:**
- Bullying: 5.9 days
- Unrealistic time pressure: 6.4 days
- Financial concerns: 7.9 days
- Depression: 19.1 days

Bullying 6 days to Depression 19
Change in risk factors
and change in productivity loss

Reduction in work impairment days (per year) associated with reduction in risk factors

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Reduction</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced MSK pain</td>
<td>0.8</td>
<td>0.8 per condition</td>
</tr>
<tr>
<td>Reducing added fats</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Physical activity times 5</td>
<td>2.6</td>
<td>2.6 (from 30 to 150 mins/wk)</td>
</tr>
<tr>
<td>Reduced time pressure</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>No longer bullied</td>
<td>5.0</td>
<td></td>
</tr>
<tr>
<td>Sleep up from 4 to 7 hours</td>
<td>5.2</td>
<td></td>
</tr>
<tr>
<td>Now few financial concerns</td>
<td>5.8</td>
<td></td>
</tr>
<tr>
<td>Reduced salt intake</td>
<td>6.2</td>
<td></td>
</tr>
<tr>
<td>No longer depressed</td>
<td>31.0</td>
<td></td>
</tr>
</tbody>
</table>

Longitudinal analysis

Reduction in work impairment associated with reduction in risk, as determined across a cohort of 7,247 repeat participants over 3 years

Covariate adjusted
BHW: Messages from 2018 UK cohort

- Analysis of 26,432 employees in 129 organisations
- Average days lost due to absence and presenteeism, per employee per year, **35.6 days**
- Best-performing company in survey, Nomura **18 days**
- 55 mins of every lost productive hour is due to presenteeism
- Over one third of productivity loss is related to work stress and lifestyle choices
- Average productivity loss per employee translates to **£81bn annual cost** to UK economy
Risk factors for MH are the most significant drivers of work impairment for UK employees.

Attribution of UK productivity loss due to ill-health-related absence and presenteeism

- Physical and Lifestyle: 25%
- Chronic conditions: 14%
- Financial concerns: 13%
- Other: 15%
- Mental Health: 33%

One-third of total productivity loss of UK employees is attributable to mental health and wellbeing issues.

2018
Essential Enablers of Mental Health and Wellbeing

- Leadership
- Board engagement
- Manager capability

These are essential to mental Health and Wellbeing of employees.

They support organisational culture …..

…. but are often forgotten.

After them, think of:
Culture is key - very strong relationship between line manager support and mental wellbeing

My line manager cares about my health and wellbeing....

Symptoms of depression

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>23%</td>
<td>13%</td>
<td>6%</td>
<td>4%</td>
<td>4%</td>
</tr>
</tbody>
</table>

2 or more stress factors

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>91%</td>
<td>79%</td>
<td>42%</td>
<td>22%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Sleep <7 hours per night

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>45%</td>
<td>36%</td>
<td>33%</td>
<td>28%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Note: adjusted for age, income and gender
Have you ever had health problems yourself that affected your work capacity?

Selected slides from a presentation by Niklas Baer at the OECD Wellbeing Week, October 2018
Data from 2017 survey of 1,540 managers of Small or Medium Enterprises in the German part of Switzerland.
Healthy managers’ employees

Perceived % of employees with physical problems
Perceived % of employees with psychological problems

I have never had any health problems (45%)
I have had physical problems (34%)
I have had psychological problems (12%)
I have had physical and psychological problems (9%)

- 9%
- 17%
- 20%
- 32%
- 5%
- 6%
- 16%
- 27%

Conclusion: healthy managers do not have ill employees

- Selected slides from presentation by Niklas Baer at OECD Wellbeing Week, October 2018
- Data from a 2017 survey of 1,540 managers of Small or Medium Enterprises in the German part of Switzerland.
Mental Ill-Health – its relationships

- Bullying
- Obesity
- Managers’ behaviour
- Depression
- Anxiety
- Stress
- Physical inactivity and MSK problems
- Sleep
- Financial concerns
Do you know your data?

• What is the extent/incidence of problems?
• What is the dimension of MH issues?
• Which sections of staff are most at risk?
• Are there any particularly exposed groups?
High incidence of MH issues in the UK workforce, across a broad range of dimensions

- **Depression**
  - Symptoms of depression: 7.9%

- **Factors contributing to MH concerns**
  - At least 1 type of work stress: 58.1%
  - “A lot” of financial concerns: 9.6%
  - Subject to frequent bullying: 1.1%
Mental Health concerns are negatively correlated with income and seniority

Incidences of concerns by income (adjusted for age and gender):

- Symptoms of depression
- At least 1 type of work stress
- "A lot" of financial concerns
- Subject to frequent bullying

Graphs showing the percentage at risk for each income bracket.
Younger employees are most exposed to MH concerns, across the board

Incidence of concerns by age (adjusted for income and gender):

<table>
<thead>
<tr>
<th>Symptoms of depression</th>
<th>At least 1 type of work-related stress</th>
<th>“A lot” of financial concerns</th>
<th>Subject to frequent bullying</th>
</tr>
</thead>
</table>

Graphs showing the percentage at risk for each concern across different age groups.
Employees, particularly the young, are reluctant to use MH interventions offered by their employer

Who or where, would you go to for support if you were experiencing a mental health problem?

Sources of support at work
- My line manager: 36%
- Another senior manager: 8%
- A mentor or coach from within my organisation: 7%
- Another colleague: 22%
- Someone in Human Resources: 11%
- Someone in Occupational Health or an onsite counsellor: 13%
- A confidential helpline: 19%

Other sources of support
- Friends: 55%
- Family members: 65%
- A GP: 61%
- Websites: 21%
- A charity: 6%
- Another health professional: 14%

Line manager support is key

Friends, family and GP are the most commonly-used sources of support
The common basket of Mental Health interventions

Information leaflets etc
Mindfulness
MH First Aid
Physical activity
Cognitive Behaviour Therapy
EAP
Volunteering
Resilience /anti-stress
Massage/relaxation classes
Financial Wellbeing
On line/app resources
Coaching

Which ones make a difference?
Who uses them?
Employees are largely unaware of the MH interventions available to them at work.

Total employee population

Access to mental health interventions

After taking into account access, awareness and participation rates, only 3% of employees use mental health and wellbeing interventions in the workplace.

Of those that do, 71% feel that the interventions improve their mental health.
Massage, mindfulness and volunteering optimise participation and health-improvement rates

Effectiveness of mental health interventions
(participation x health improvement rate)

Survey 2018
What can and should employers do?

- **Know your own Staff**, data and demographics – organisations vary.
- Create the right organisational enablers.
- Know the **dimension/extent** of your challenges, and the **most exposed** groups.
- **Ask Staff** what they think will work best.
- Use **evidence-based** or best practice interventions
- Work hard on **participation**
- Collect **data** and **evaluate**.
# The Continuum

<table>
<thead>
<tr>
<th>Period</th>
<th>Influences</th>
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</thead>
<tbody>
<tr>
<td>Early years</td>
<td>Parents, home, social determinants of health</td>
</tr>
<tr>
<td>School</td>
<td>Parents, teachers, environment</td>
</tr>
<tr>
<td>University</td>
<td>Transition, part student part worker, environment crucial</td>
</tr>
<tr>
<td>The World of Work</td>
<td>Need for ‘good work’ and ‘good workplaces’</td>
</tr>
</tbody>
</table>

We need healthy, engaged, sustainable workers.
“Mentally Healthy Universities” project

Collaboration between: National Mind, Goldman Sachs, and 10 local partners (including Bristol and Cambridge)

Design:

- Test a multi-intervention programme which supports staff and students to stay well
- Help create HE cultures and environments which are conducive to good mental health
- Develop evidence, learning and guidance for the sector.
- Foster long-term relationships between universities and local mental health providers
Extract from the Implementation Plan:

“To be successful, it is widely acknowledged by Universities UK that work on student mental health and wellbeing must take a whole-institution approach.

This means that it will extend to identify how to support staff, on their own wellbeing and on ways to support students.

The plan will also need to cover a wide range of existing work, on academic workloads, equality & diversity, international strategy, and postgraduate experience.

Any successful action plan will need to be widely endorsed across the collegiate University, and carefully co-ordinated.”
Cambridge Medical Students

Addenbrooke’s Hospital

Concerns raised by:

• Faculty/Peers
• Students for others
• The failing student

Information courtesy of Dean Diana Wood, and Sub-Dean Richard Davies
Students ‘on the radar’ of the welfare team.

Reasons for coming to the team’s attention.

Health on the radar

- Physical Health
- Mental Health (about 44%, which is about 10% of total clinical school population)
- Behaviour
- Performance
- Social
- Physical Health
Presenting Issues - CSMHS

CSMHS = Clinical School Mental Health Service

NHS Staff and students
Can wellbeing be embedded in schools?

Changing landscape:

• Good schools have already explored ways to teach wellbeing.

• The importance of learning about wellbeing and mental health has been reinforced by the pending statutory requirement to teach Health Education, along with Ofsted’s new Framework.

• The Framework focuses on personal development, including resilience, within a curriculum that meets the needs of students.

The Dept of Education has a significant programme of school and college teacher and leader wellbeing recommendations, hopefully late 2019.
**Bounce Forward**: Healthy Minds curriculum

*Bounce Forward* have developed an evidence-informed wellbeing curriculum for schools, with content gathered from a project that searched internationally for the best well-tested materials.

The four-year curriculum consists of 113 lessons for year 7 to 10 students. Resilience skills are taught explicitly through 26 individual lessons, or implicitly through the teaching of other topics.

**Research outcomes**: baseline data year 7, collected again Year 9 and Year 10. Control group taught Personal, Social, Health and Economics ‘as usual’. Health and behaviour results (out 2020) show gains across all outcomes. At mid-way point, internalising and externalising behaviour shows mixed outcome.
We must work with the continuum ....

... and it helps to be able to ‘bounce’.

Life is not about how fast you run or how high you climb but how well you bounce.

—Vivian Komori
Questions

Please raise your hand and a person with a roving microphone will come to you
Final remarks by

Professor Rachael Gooberman-Hill
Director of the Elizabeth Blackwell Institute for Health Research
Thank you for coming

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