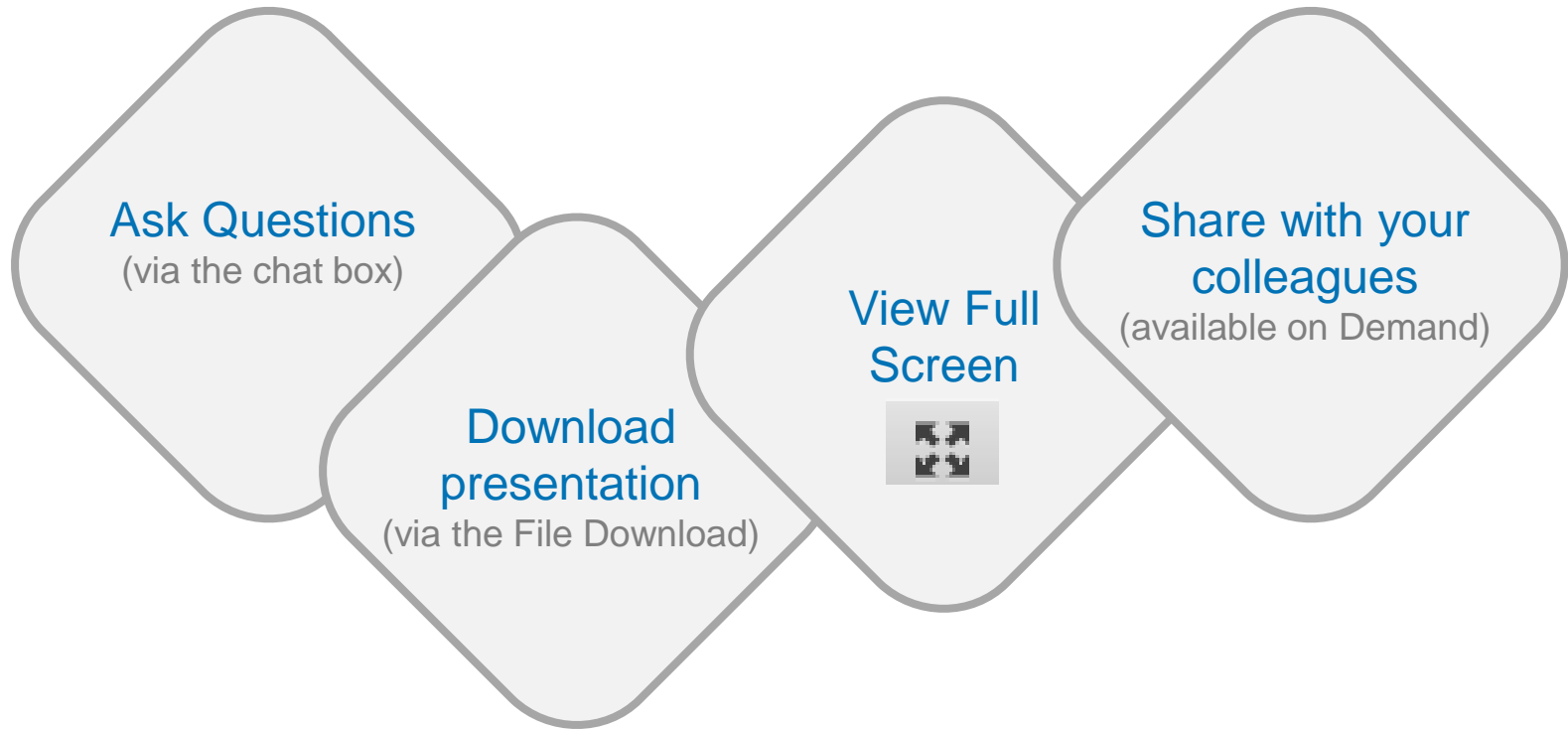


Developing a Response to Serious Mental Health Issues in the Workplace

November 19, 2019 03:00 PM CET



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Panelists:



Michel Syrett

Founding Member

Lived Experience Research Collective, UK Mental Health Foundation
 Michel Syrett is a Senior Human Capital Fellow at The Conference Board. He has had a bipolar diagnosis since 1997 and is a founding member of the Lived Experience Research Collective at The UK Mental Health Foundation. He has a background in HR Research, was a founding trustee of the British char...[Full Bio](#)



Marion Devine (Moderator)

Senior Human Capital Researcher, Europe
 The Conference Board

Marion Devine is Senior Researcher in Human Capital for Europe, based in TCB's Brussels office. Marion brings a European perspective to TCB's HC work and contributes across a broad spectrum of HC topics in support of the various HC Centers. Marion brings a wealth of expe...[Full Bio](#)

World Health Organisation statistics - between one in four people worldwide suffer from mental health problems entailing medical intervention



Almost everyone likely to experience mental illness

Your Mental Health
Linda Hamilton
Cognitive behavioural therapist

YOU'RE more likely to experience mental illness in your life than you are to develop diabetes, heart disease or any kind of cancer - combined. Put another way, almost everyone develops a diagnosable mental illness at some stage in their life.

An exaggeration? Not according to recent research conducted by a team of New Zealand psychologists who tracked the mental health of almost 1,000 people as they progressed from childhood to middle age.

Participants, who were all born in the same towns between 1972 and 1973, received in-depth mental health assessments eight times between the ages of 11 and 38. The vast majority - 83 per cent - developed mental health problems at one stage or another, with only 17 per cent reporting 'ongoing' mental health.

These figures may seem high to many. However, globally with four recent long-term projects conducted in the US, Switzerland and New Zealand, those studies, conducted over 12- to 30-year timepans, found that between 61 and 85 per cent of people developed a mental illness at one stage or another.

Sceptics protest that these figures are inflated, that mental health has become too medicalised, that everyone gets stressed and anxious and down on occasion, and that over-diagnosis trivialises the suffering of those who have 'real' mental illness. However, the same complaints are not made about physical health problems, as pointed out by psychiatrist Dr David Retten in a Psychology Today column.

Most of us will likely receive some kind of pulmonary or orthopaedic diagnosis at one stage or another, he notes, but no one says such conditions are being over-diagnosed. If you have slightly elevated blood pressure, you're generally diagnosed with hypertension and advised to exercise and watch your diet. Can you imagine, asks Dr Retten, if a doctor said they were raising their new blood pressure threshold to 160/100 so that only the most 'real' cases are diagnosed?

The notion that mental illness only happens to 'other' people, to an unlucky minority, contributes to shame and stigma, resulting in unnecessary secrecy and isolation.

New, this sense of stigma has reduced significantly in recent years - I see from my own clinic how much more comfortable and open younger people are in talking about their mental health. Nevertheless, there is a long way to go in this regard.

Most people, the New Zealand researchers point out in a Scientific American article summarising their research, will never receive treatment and their relationship, job performance and life satisfaction are perfectly normal. If

you ever develop a psychological disorder, many assume you will have it for life, the researchers write. "The newest research suggests, for the most common psychological complaints, this is simply not true."

Rather, they add, an episode of poor mental health is like bronchitis, kidney stones, a broken bone or other highly common conditions. That is, sufferers experience impaired functioning - in the case of mental health, this might be anxiety, agitation, racing thoughts, low mood,

sleeplessness, or various other symptoms - but it is temporary and treatable, just like the aforementioned physical ailments.

We all need to mind our mental health, which means viewing periods of psychological strain in the same way we view broken bones and the like - as part of the normal wear and tear of life, to quote the New Zealand psychologists.

Acknowledging this universality will result in society devoting the necessary resources to tackling mental health problems. It will also help us go easier on ourselves and our loved ones when we, inevitably, hit our own rough patches in the road.

Linda Hamilton is a Kinsale-based cognitive behavioural therapist. Contact her on 086-3300807 or go to www.kinsalecbt.com



An increasing expectation among employees that organization take a lead (TCB *Higher Expectations: how organizations engage with social change issues 2019*)

Employees expect both a public and internal response to many social change issues that affect them in the workplace

How do you think your organization should respond to the following issues?

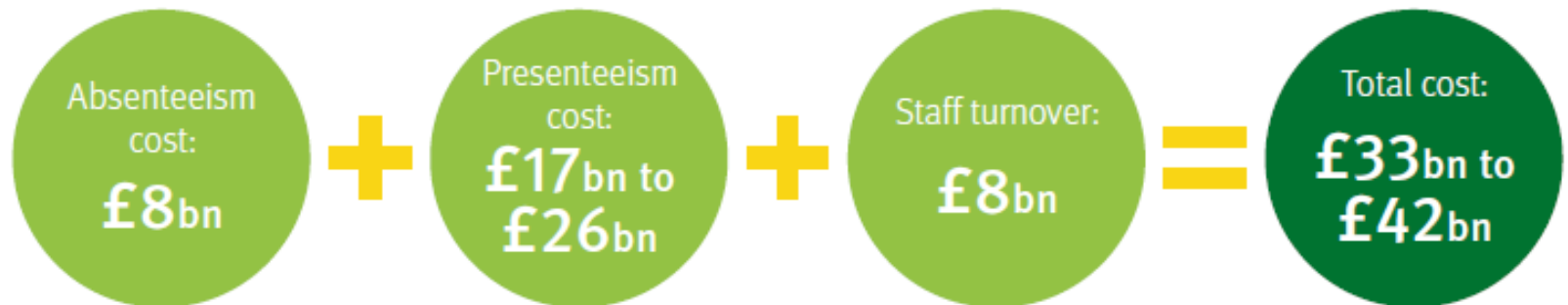
	Organization Response			
	Both Publicly and Internally	Publicly Only	Internally Only	Should Not Respond
Gender (e.g., female leadership, #MeToo movement, pay equity)	73%	6%	16%	5%
Disabilities (e.g., ADA accommodations)	71	6	21	2
LGBTQ (e.g., marriage equality, violence)	64	6	19	11
Well-being (e.g., physical and mental health, mindfulness)	62	5	30	3
Ageism (e.g., employment of people over 40)	57	4	33	6



Organizations recognise that mental health issues affect their own employees and can exact a steep cost (*Thriving at Work*, Stevenson/Farmer Review 2017)

Figure 3: Poor mental health costs employers between £33 billion and £42 billion a year²¹.

This is made up of:



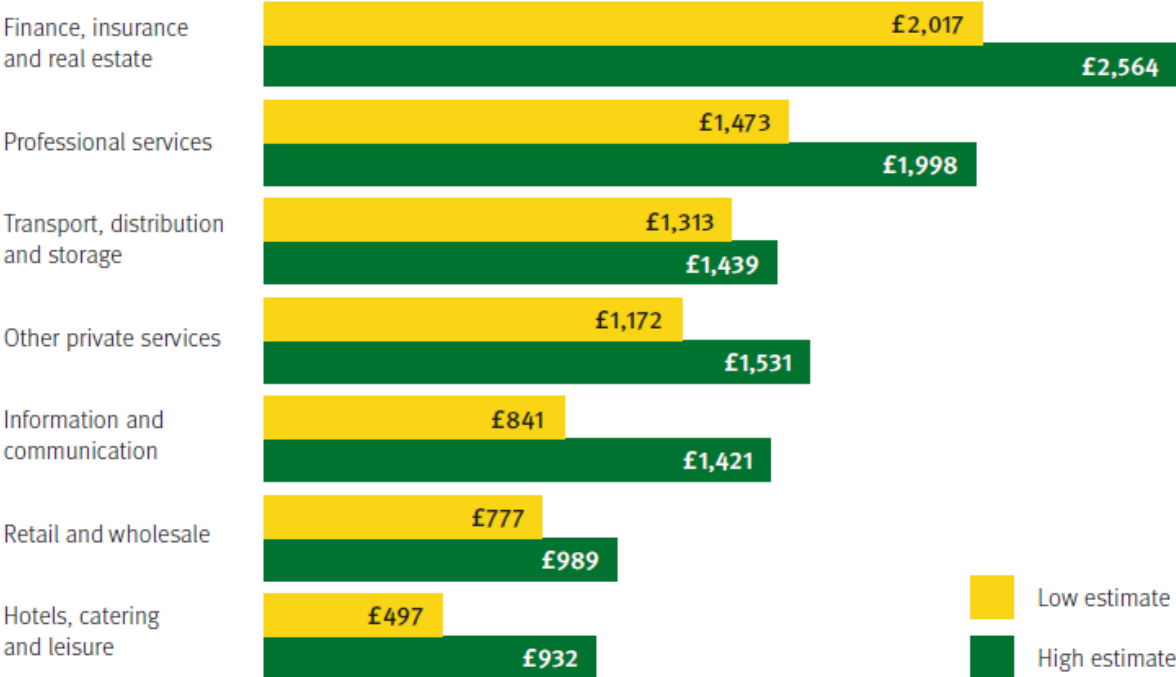
This amounts to a cost per employee of between £1,205 and £1,560 per year. This cost is for all employees, not just those who are ill.



Costs Vary Across Industry

Figure 4: Private Sector mental ill health costs per employee

Average cost per employee: £1,119 – £1,481



24 Thriving at Work: The Independent Review of Mental Health and Employers



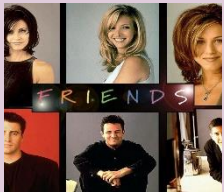
Psychological Bulletin study suggests that this generation (aged 18-35) carries much higher levels of perfectionism



Self-oriented perfectionism: Imposing an irrational desire to be perfect on oneself - 10% increase

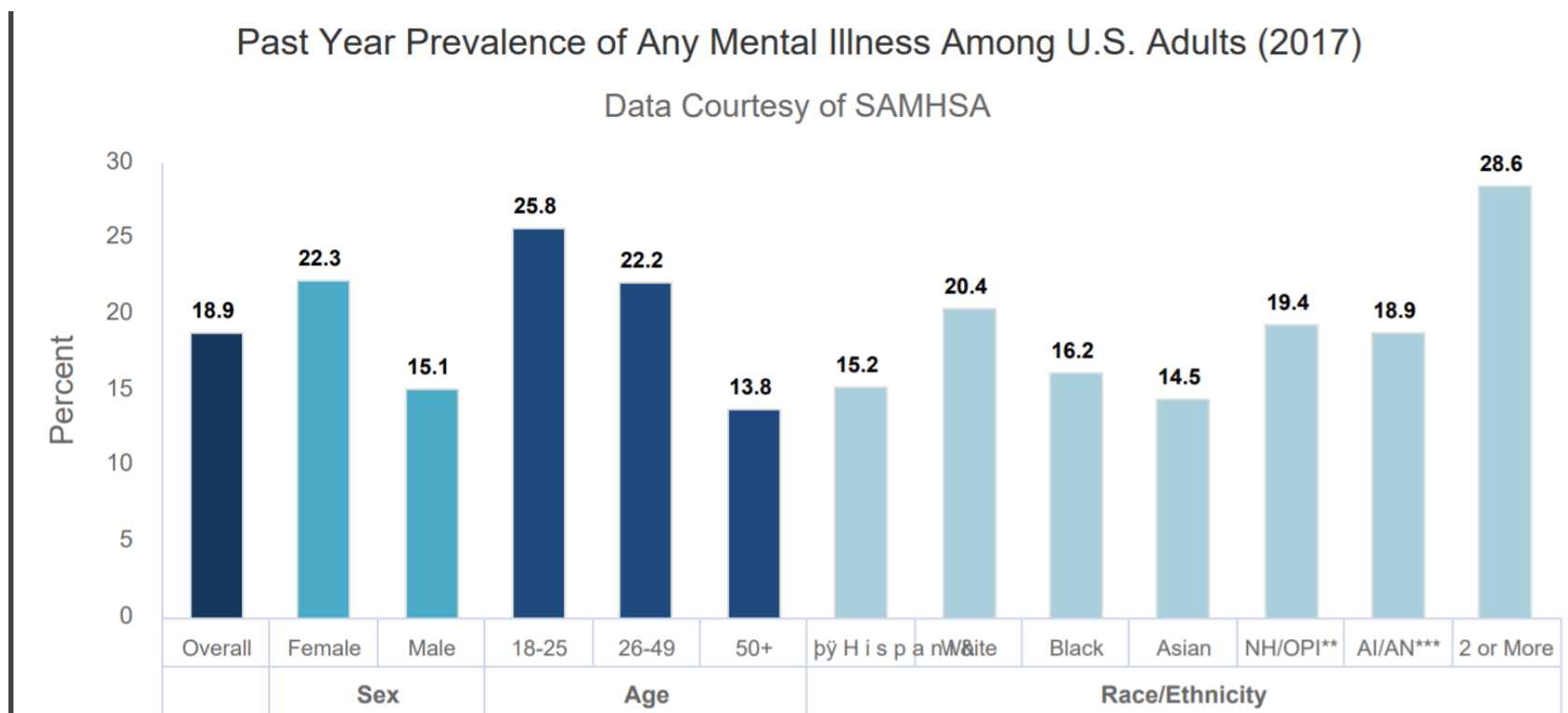


Other-oriented perfectionism: Placing unrealistic standards of perfection on others – 16% increase



Socially-prescribed perfectionism: Perceiving excessive expectations of perfection from others 33% increase

Millennials are experiencing higher anxiety higher levels of anxiety, depression and thoughts of suicide



Developing the right aims and implementing the policy

Michel Syrett

Senior Human Capital Fellow

The Conference Board



Early disclosure

- Why?
- Because fear of being discovered, and perceived stigma and discrimination, impacts negatively on performance, productivity and a general sense of wellbeing.

- How?
- Organisation-wide mental health awareness education, led by people with lived experience of mental illness and championed by senior management
- Recruitment and training of a team of Mental Health First Aiders



Early detection of symptoms

- Why?
- Because early detection of symptoms allows early organisational intervention
- How?
- Focussed training for line managers and supervisors, led by occupational health experts and people with lived experience of mental illness



Early intervention

- Why?
- Because early intervention can reduce significantly the time spent on sick leave, benefiting the individual clinically and the organisation financially
- How?
- Line managers and supervisors refer the individual to the organisation's occupational health experts, who in turn liaise with the individual's family and mental health support team



Issues to grapple with (1)

Encouraging disclosure while
guaranteeing confidentiality



Issues to grapple with (2)

Managing the recovery of an individual who is neither perfectly well nor perfectly ill



Examples of reasonable adjustments

- Reduction in working hours
- Reduction in performance targets
- Access to private space
- Regular work breaks
- Temporary redeployment
- Confidential counselling and/or employment support
- Regular time off for clinical treatment and personal health support



Conclusion

- Creating an organisational culture in which it is safe for employees to admit to mental health problems, together with interventions that support the individual who has periodic episodes of an enduring mental health condition, is a significant change management exercise
- Like all change management exercises, it requires visible and active leadership from senior management, focussed training for line managers and supervisors and measured milestones to ensure that the desired change is occurring
- The return for this investment of time and effort is increased work performance, greater retention of talent, better workforce wellbeing and reduced sickness costs



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