



Practical strategies for supporting mental health at work

Audio transcription of an XpertHR webinar.

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Bar Huberman: Good morning everyone and welcome to today's webinar brought to you by XpertHR.

Today we'll be exploring what practical strategies you can put in place to support mental wellbeing in your organisation. I'm Bar Huberman, Acting Employment Law Managing Editor at XpertHR.

So what can we expect to hear about over the next hour? Well a few weeks ago on October 10th, it was World Mental Health Day and many employers took part in activities to show their support for mental wellbeing.

But not all organisations have started their mental health journey while others may have started but found that their efforts haven't resulted in any real change.

Today we're very fortunate to be joined by an expert panel of speakers who can talk from experience about how to embed mental health initiatives in an organisation.

First we'll hear from Dr. Barbara Mariposa, known as Dr. B for short, a medical doctor with a background in psychiatry and public health. Dr. B now works as an event leader, organisational consultant and author in the fields of mindfulness, emotional mastery, leadership, corporate performance and mental wellbeing.

Today Dr. B will be guiding us through the different factors that hinder and promote mental wellbeing at work drawing on four real life examples of organisations that she's worked with and the strategies they have put in place.

We're then going to take a deeper dive into one initiative in particular, mental health first aid with the Wellcome Trust, an organisation that's implemented successfully a mental health first aid training program. We'll also hear about some of the other support strategies they've put in place. And joining us from the Wellcome Trust is Natasha Gordon, a Project Manager. Natasha leads the development and implementation of mental health first aid at the Wellcome Trust. She also oversees the creation of the wellbeing strategy.

Natasha was an HR advisor before she joined the Wellcome Trust as a senior HR advisor in 2013. And alongside Natasha, we have Sarah Mason, a Project Officer for mental health first aid at the Wellcome Trust.

Sarah joined Wellcome in 2014 and was seconded to the mental health first aid project in 2016. She's now responsible for developing the new mental health ambassador's network which focuses on identifying workplace pressures and proactive ways of preventing mental ill health.

We'd love you all to get involved today and after we hear from Dr B, Natasha and Sarah, we'll have a Q&A session to answer as many of your questions as possible. You can submit your questions through the chat pane on the left of your screen.

We have lots of great questions in already so thanks everyone for those. We'll get through as many as we can. But please do keep sending them through. And if we aren't able to answer your questions today, it will help us to understand what guidance you need on XperthR.

You can also join in by participating in our polls. And before I handover to our speakers, I'm going to invite you to get involved straightaway by kicking off today's webinar with our first poll. And the question is, what action would you most like your organisation to take to benefit staff mental wellbeing? So the votes are coming through. To vote, just click on the circle next to the option. And the options are, discuss wellbeing in a one to one, appreciate the impact work can have on mental health, encourage self-care - so that's about leaders in the organisation, being good role models for self-care and encouraging others to do the same. Be flexible in how a job is done. And foster a collaborative team culture.

So I'll give you a couple more minutes to vote. Okay, I'm going to close the poll now. And we can see that 25.9% of you said that you'd like your organisation to discuss wellbeing in one to one's which is really interesting.

That's an interesting outcome. Dr. B, does that really boil down to how senior leaders and line managers can really influence mental wellbeing? What do you think it tells you about that?

Dr. B: I think it's really interesting to realise that people do have a very strong awareness of the incredible impact of leadership and good management on mental wellbeing.

And that if we are able to discuss these things with people openly, it's going to have a hugely beneficial effect in actually preventing distress before we get to that stage so I'm very, very encouraged by that little poll result.

Also it is important that we all are responsible for taking care of our own wellbeing and yet there's something about the culture that maybe encourages us to do that so that it's a bit of a chicken and egg.

If we feel that we're well taken care of by the people that we work with then that also encourages us to take good care of ourselves. Difficult to take care of yourself in a situation when you're not, when the workplace is not necessarily conducive to your own wellbeing. So it's very encouraging, yes.

So moving onto the first slide of my presentation, over the few years that I've been involved in mental health work in the workplace, I've been very encouraged to see a real shift over the last 18 months I would say in approach and attitude whereas five, six years ago it was like oh, do we have to do this?

Now people are kind of very much reaching out and saying listen, it's essential. And wherever you are in your company, at whatever stage of the journey, I will just tell you it all started with a very small step. And I'm going to tell you about some of the different companies that I've worked in that have a completely different perspective on this.

So wherever you are, anything is better than nothing. In fact, everything is better than nothing. So a journey of 1,000 miles begins with a single step is the message there.

And just to remind us, because some of the questions coming in were very much about, well, how do we actually argue our case for this upwards in the food chain if you like because sometimes the barriers to actually taking this seriously do lie within the sort of higher up rungs of an organisation.

Three main reasons for this. One is the financial, that there are huge costs to this. The other is the legal that we have an obligation. And the final one is the moral obligation. But just to remind ourselves that one of the reasons why there has been an increase in interest in mental health awareness in the workplace is because of the cost.

And if I had my way, when we talked about bottom line, I think we would not just talk about profit and profitability but also have a double bottom line which included the wellbeing of the people within a company.

Because we can see from the polls from people like Deloitte, that about 61% of people will say that they have a mental health problem that is due to or contributed to by work.

And whilst about two-thirds of managers say that they feel genuinely concerned about this, another two-thirds, or two-thirds in addition or maybe it's the same two-thirds, would also say that they feel obliged to put the organisational interest above that of staff wellbeing.

So the legal and financial responsibilities or arguments need to be very strongly made so that managers and people in positions of leadership actually do realise that there is a financial and legal cost to putting the organisational interests above the staff wellbeing.

So I think part of the shift in culture and understanding and importance around mental health has been driven by a very important report that came out in October last year that was commissioned by the government who realised the huge cost to the workplace in general that's £30 billion a year.

And I'll just outline what really some of the things that this report said. And one of those is that all organisations, whatever their size, need to be equipped with the awareness and tools not only to address, but also to prevent, mental illness caused or worsened by work.

And I think this is really, really important because it's acknowledging this very fact that's drawn out by the polls, that if people are broken and ill and then they go to work, that actually the way in which the workplace or people in work are being treated, the culture if you like, has an impact which causes distress.

And this is where we can have a huge but really important impact that we can make by putting in place the preventative measures. And one of the first jobs that I had about four five years ago

was actually due to a very on the ball HR professional who noticed that a particular division of her company and I'm not going to name any of the companies in the four or five examples that I'm going to use.

There was a lot of stress, a woman with anxiety, absenteeism and what she did is actually jump to quite a high level of intervention, although I'm not sure – and that was to bring me in to do a course on giving people the skills and tools to take care of their mental and emotional wellbeing.

It was based on mindfulness, on emotional intelligence and wellbeing psychology so that she'd already started to address that at a higher level. And from that one initiative, other departments caught on and said, oh that's really interesting. Can we do that in our department as well?

So this, the "mind the mastery" programme that I ran sort of spread as it were through the organisation without the organisation as a whole having a strategic approach to what are we doing around mental health. And that was great because now that organisation has gone onto take a more strategic approach.

And what we were doing in that course is basically giving people the knowledge and the tools and the confidence to understand and look after their mental health.

And that reflects back in that little poll result that actually we do, that 25% of you said that we do need to take care of our own wellbeing but we need to be given the tools and the ability to do that.

So this initial piece of work that we did within the company was at that prevent level which is promoting and was spreading in piecemeal way through the organisation, which is quite interesting, isn't it?

Because the way that I see it is that there's like three different levels of education that we can think about. One is understanding illness and that is raising awareness and knowledge and in the process what we do is we reduce stigma.

And this is where wonderful programmes like mental health first aid come in. They're really opening the box and letting us talk and understand what happens to people.

And what we need to actually also then do is look at how we can prevent the distress happening in the first place. What are the management styles and the people skills that people need? How can we educate managers? How can we educate people about wellbeing and how to take care of themselves and each other?

And then the third level, I would say, would be to promote flourishing where you create a culture of sustainable workplace prosperity. And they go hand in hand and whatever they're doing is great.

Some of the younger companies that I've been working with are very much looking at the third level and saying okay, we need to understand illness but more important, how do we create a culture where we're really allowing people to stay well and therefore do good work?

And so the three things go hand in hand in my understanding. One of the reasons that I'm so passionate about these three different levels is because we easily fall into the trap of thinking that it's the person or the individual that then stigmatises themselves and goes, what's wrong with me that I can't cope with all of this? Why am I being stressed? Why am I feeling depressed and burnt out? And unless we sort of look at the bigger picture, we can fall into the trap of not realising that there is another trap here which I call the acceleration trap which is the organisation itself can be burnt out.

That the rapidity of change all the merges and acquisitions and the changes in the landscape of finance, the financial crash. All these things can actually lead to organisational burnout. And I'm working with a big company in the city which is really experiencing that.

And by organisational burnout I mean a sense of like I don't know how to get out of this difficult situation. I'm a little bit sceptical. There's a lot of people that are very stressed. A lot of people who can't talk about that.

And what that then requires, and that's why they've kind of brought people like me in, is to actually address it from a senior leadership level all the way down to the organisation to recognise that the way they're conducting their business is actually damaging, not just the profit and the productivity, but also the wellbeing of the people. Another example of a company where they've actually looked at the big picture and saying, there's something really serious going on here. We need to address the way in which we are conducting our business.

And that's a very enlightened way, if you like, for me. And what I notice is – let's go back to the previous slide. That it's often the smaller companies who can instigate change more rapidly than large, large companies but it's very difficult to create cultural change.

It's like a slow moving animal. A steamship crossing the Atlantic and you need small changes in the rudder in 3,000 miles across the waters that there will be some change.

But these smaller, younger companies have a more dynamic feel to them so that they can change more rapidly. And again, just to emphasise this point, we need to shift the conversation away from talking about the individual as having a problem towards looking at why is this person not engaged?

If the person is exhausted, there's no way that they can – exhaustion and engagement are mutually exclusive. And sometimes what we see within an organisation is a quality of energy where there is a sort of sense, not a push, there's not a lot of openness that it's not okay to talk about the problems that we have. And if you look at the quality of organisations along the bottom and it's sort of in this negative zone, there's a lot of intensity around that.

People are pushing very hard. This is damaging to the wellbeing of the people and the profit whereas at the other end where you have sort of a positive organization and a very high level of engagement, then these are the situations that even if you're not feeling very well, there's something in the quality of the organisation that will reduce the level of suffering that you personally experience.

Because they have a sense that it's okay. We understand people go through difficult times. We're going to support you through this. We're going to be flexible in the way the work is structured so we can take care of you. And that's a sort of positive quality of the organisation's energy.

And then the little box at the bottom, the green box is the stuff that was quoted from this Stevenson/Farmer report. Another company that I work at is just beginning to get to grips with the fact that actually the reason that they're seeing a lot of absenteeism, a lot of people being burnt out, a lot of people having anxiety issues, is because they haven't caught up with the educational piece around what causes this in the workplace.

And this is too much to do. Lack of autonomy. Too rapid change. And then poor management and poor support. And so they're really look at – and educating managers around people skills. Not just around mental health awareness but how can we create an environment, if you like, where people feel they are taken care of and that we want them to flourish and that there is importance around what we call a work-life balance.

That we want to treat people well. That we have no zero tolerance around any form of bullying or harassment. And that we really value people as people.

And this particular organisation that I'm thinking of, they started off with an initiative on understanding illness and that very quickly kind of fell apart partly because the people who were pioneering that left but also because they hadn't really created a more strategic approach with which to deal with the kind of backlash that happened.

Because as they educated people about what illness looks like a lot of people came out of the woodwork, as it were, and started talking about their illness and the fact that they recognised that the pressures of work were contributing to this.

And because they hadn't taken more of a sort of company-wide approach, they then just kind of shutdown the initiative because they didn't really know where to go with that.

I came in at a very late point in this and through talking with the senior leadership team was able to say, look, don't shut this down. Don't get scared. Yes, we can address this. We can educate people on a wider level but we can't just target in a very small way on understanding illness.

We can broaden the way that we approach this and through that conversation with the senior leadership team we were able to sort of resuscitate the initiative which was dropped because that key person, only one person who was driving it left.

And they're now looking at a much wider and they're putting the resources in place and they're putting the people in place to actually carry through a much more strategic approach which is really great on all those three levels of education that I was talking about.

So what are the arguments that we can use if you're talking to a senior leadership team or management is, we have so much evidence now around the return on investments.

I have stacks of coins here in an attempt to demonstrate this. That a Deloitte report from a couple of years ago showed a 4 to 1 return on investment of even modest inputs like mental health first aid which is total brilliant. It's really a good first step in all of this.

And then a meta analysis which puts together all of this data that we've got and crunches all the figures together sort of like a Big Data approach which shows that we have even bigger impact.

Because even for £1 in the wellbeing of your people, there will be a £10 return or 9.98 return on the investment and that's a really important argumentative piece, argument piece, if you like on the finance around this.

The other thing that's important to arm yourself with is the research around, what are the best initiatives? And coming from a background in mental health, we know that it's the face to face training that gives the biggest return on investment.

And we know that it's what's called universal interventions when we educate everybody rather than targeting specific populations. That's what's called universal interventions. And I know I'm coming to the end of my time so I'm not going to say too much more about that.

But basically I think my key message and again I'm going back to the Stevenson/Farmer Report, we need to de-medicalise the discussion around mental health because of the important factors around the preventative role of leaders, line managers and good people management. In other words, the culture.

And I believe that from where we are now which is understanding illness which is fabulous that we're doing that, we're on the quest of a new paradigm, a new narrative where we're shifting the focus from this medical model and fixing things reactively to the position where we're actually collectively taking responsibility, each for their own wellbeing and each person for the wellbeing of every single other person in the workplace.

And in this way we're moving towards a much more sustainable workplace prosperity where success, prosperity, productivity and wellbeing go hand in hand. We're breaking down this silo thinking about that it's one person's responsibility to take care of somebody who's not doing too well but it's everybody's responsibility.

And that we know a lot about how we can put that sustainable workplace prosperity and that's a conversation I'm willing to have at another time perhaps. We need commitment from the top. We need a long term strategic approach.

We need organisational-wide involvement and we need the fundamental resources. I've seen this where I'm working and where they do that it just flies. Companies where they're not prepared, something is better than nothing but we need to continuously be pushing the conversation in this direction.

So thanks a lot guys. Look forward to your questions.

Bar Huberman: Thanks very much Dr. B. That was really interesting and really interesting to hear about some of the difficulties the organisations you've worked with across when they tried to introduce initiatives that hadn't become a strategic priority for the organisation.

So look forward to exploring more of what you were saying in the Q&A session later. Okay, so we're now going to launch our next poll. And the question is, which of the following sources of mental health support does your organisation signpost to staff?

So this is really interesting because we've had a question in from Debra who's asked, if a colleague needs urgent healthcare and the GP puts them on the waiting list, what else can we do to help them? So this kind of ties in with that.

And so again to vote, just click on the circle next to the option and here you can select all the sources that you highlight for staff as mental health related support.

So, the options are GP, occupational health, employee assistance programme, private medical insurance, mental health first aid, charities, other or none of the above. So I'll give you a couple minutes to have a think about that and vote.

Okay, we're going to close the poll now. Really interesting results here. We've had 74.8% of you say that you signpost employee assistance programme followed by occupational health and GPs.

So Natasha and Sarah, could I bring you in here now and maybe I could ask you what your advice would be to organisations who are thinking of introducing or who have a few options to signposting to professional mental health support?

Sarah Mason: Yes, exactly. That's a really lovely poll. It's great to see lots of people are signposting to an employee assistance programme and also to occupational health. One of the things we would say is if you don't particularly have many sources of support or you don't have that available, definitely signpost to charity, particularly the helplines that are run by Samaritans; their non-judgemental listening service. MIND for their information helpline and Papyrus also for suicide prevention – they're really great examples of how to get your employees some help and information without necessarily having to input money or budget into it, in the interim stages.

So I'm just going to move it along now and we'll make a start. And now that you know why we should support mental health in the workplace and thanks Dr. B for going over some of those statistics – they're really useful. We're going to look at, how do we essentially input a mental health strategy in your workplace?

So we're going to go through what we've done here at Wellcome, how we've done it and what we've learned in the process. And hopefully that will support some of you out there to do your own workplaces, without facing some of the challenges that we have along the way.

And before we take a dive into mental health I thought I'd give you some background about Wellcome because many of you may not know what we do. So Wellcome Trust employs about 800 people and we're based opposite Euston Station in Central London.

We are a global charity and we have a mission to improve health for everyone so we support about 14,000 researchers across 70 different countries. And their research ranges through lots of different things but particularly from infectious disease such as Ebola, Malaria and Zika all the way through to planetary health because we recognise that the health of our planet is vital in supporting human health as well.

We also fund through a range of priority areas and this year we've identified mental health as one of the key priority areas that over the next ten years it will see billions of pounds of investment, particularly focused on how we can improve diagnosing mental health and the therapy and the medications that are used and prescribed to help people to deal with mental ill health.

More information will come out on that in the media soon but you can have a look at our website for more information. And our employees here at Wellcome, they have access to an employee assistance programme, private medical insurance and an occupational health service so we have quite a lot of those options that were there in the poll.

Okay. Now we're going to talk about mental health first aid. So for those of you that don't know that MHFA acronym, that's what mental health first aid is shortened to. And it's provided by MHFA England as the training providers and external training providers that come in and deliver the training.

So mental health first aid is really like regular first aid but it's for your mental health. So if for example you cut your arm and it was bleeding quite badly, you'd go to a regular physical first aider. They'd put a bandage on it and then they'd send you off either to hospital or to a GP to access the relevant professional help that you need.

With a mental health first aider, it's the same thing but for your mental health. So the mental health first aider has the initial supportive conversation and then they signpost the individual onto the relevant professional health support.

And you can see from the table that's on the slide it's really important when you're talking about mental health first aid and you're introducing mental health first aiders to be really specific about what a mental health first aider is and what they are not.

Mental health first aiders are not counsellors. They're not therapists and they're not there to diagnose or advise someone on what they should do. But they are there to listen, non judgementally, and signpost someone onto the professional support that they need, whether that be through your employee assistance program or a charity or your GP.

And I know that a lot of you asked in advance of this webinar, how you can recruit your mental health first aiders. So we'll just go over that now. At Wellcome to recruit our mental health first aiders, we ask for volunteers in the first instance.

And that's a really useful way to get mental health first aiders particularly as the people that come forward will most likely have an existing interest in mental health. They may have experience with mental health or they may have supported someone else through mental ill health.

And that can be a really great strength because when it comes to gaining your knowledge or supporting someone else, that's a really helpful thing. But you need to be really mindful of that because as much as it's a strength, it can also be a weakness.

So I'm going to hand over to Natasha who's going to talk a bit more about our journey.

Natasha Gordon: Yes, hi everyone. I just wanted to give some impression to you about what we have learned and what we've achieved through introducing mental health first aid at work. Now a lot of

people who aren't quite sure about mental health first aid at work I think the key would be that you can't just introduce the initiative and then move on. You have to keep rolling things out and keep utilising it within everything you do about and towards improving mental health culture in the workplace.

So I suggest Sarah mentioned a moment ago in order to set up an original kind of interest group for mental health we went to an all staff meeting and just asked for people to register their interest for mental health generally speaking. And that gave us what we ended up calling a mental health theme team. And right from the get-go we had 30 people sign up and to this day we've now got well over 100 people.

And those people are still volunteers they just sign up when they want to carry on the conversation. Within that group of people in 2015 we asked them if they would be interested in joining our pilot mental health first aid training. We ran two sessions and each session you can get 16 spaces if you go through Mental Health First Aid England. And we filled those spaces but one of our very first learnings through that pilot was to get the right train out for the audience.

Now Wellcome, as you can probably imagine from Sarah's introduction, we have an awful lot of academics here. And academics really enjoy challenging data, to examine it, debating it and they need it to be contemporary and up to date. Now what we had from the two trainers that we were introduced to was one who really enjoyed the challenge of debating data, could respond to any challenge that he received. But the other one, although was effective in their own way, preferred to share personal stories and had a far softer approach which would have been effective elsewhere it just wasn't great for our audience. So that was our very first learning.

When we launched in spring 2016 to the rest of Wellcome we carried on making quite a few learnings. And another one was actually testing out expectations of the training but also of the mental health first aider role. So what we ended up doing was having pre-meets with anyone signed up for the training just to let them know what the training would involve because obviously if you sign up to the mental health first aid two day training session there are quite a lot of conversations about suicide which if someone has experienced that through obviously peers, or family members or otherwise can be quite difficult.

And we did have a couple of members of staff who went off on stress leave as a result of the training. So it was really important to make sure that you kind of outline what the expectations are but also what we did was create a role profile, an informal role profile which obviously isn't on their personnel record. But it does give an indication of what expectations of the role would be in terms of conversation and confidentiality and so on.

As I mentioned earlier and also what Sarah referred to is people that go to the training for what they think and what they believe to be self-help that is absolutely not what's going to happen and can actually be quite detrimental if that's what you seek the training for because it can be quite hard hitting with some of the case studies that you go through. So that was another learning that we learned. Another learning which ends up being a positive for us was people that weren't quite so enthusiastic about introducing mental health first aid at work, or the ongoing initiatives that we ran, just for their own reason did not feel as comfortable as us.

But for us we, what we tried to do was see it is more of a positive and a challenge for ourselves which was that the people that aren't quite onboard just yet are actually a good measure of

success and a milestone of achievement for yourself. If you manage to influence people to understand what you're trying to achieve and actually prove that you've achieved something through doing so and they then come around to your opinions and start supporting you without force and without that stick approach you've really done some winning there and something that could really help with any business case that you need to do in the future.

Now along with what we've learned is also then obviously what we've achieved. And so we've achieved quite a number of things but I'm going to stick with what we learned in the first, I don't know, six to 12 months of launching which is that our very first objective was to match our mental health first aiders with our physical first aiders. We had 30 physical first aid on site and within six months we overtook that to around 40 mental health first aiders. For us it was a clear and quite an obvious objective for us because the chance of statistics that we all know about one in four people of having a mental health condition each year far outweigh a physical accident happening at work or at least it does where we work. It might not in some places obviously.

We've also trained well over 1/3 of our staff since the 2015 pilot. And that includes all of our executive leadership team and senior leadership team who attended what mental health first aid offer as a half day training session. And they also run one-day training sessions and a two day training session if you want to be a mental health first aider.

The other achievement which a lot of people would be interested in is our sickness absence rates. And since we launched we've carefully tracked each month what the movements are and there has been an overall decrease since we launched of sickness absence. But what is I guess most interesting from a personal perspective of mine is that we've seen a shift in the reasons that people are selecting that they've been off. And that shift is from gastrointestinal, from cold and flu, from headaches on to mental health. And it actually is the only sickness absence reason that has been going up because everything else has decreased slightly which is great news for us.

Another achievement is more anecdotal staff feedback. We get feedback from just general people as you walk down the corridor but also through staff surveys which is really important; a particular I'll come on to in a moment. We also log, informally, our mental health first aid conversations to the network. Now there are going to be obvious confidentiality questions which we can't go into today because of time however the informal approach is that we ask our network which is now 50 people to every month just make a log of how many conversations they're having, agenda if possible, a division would be great and what the general key themes are. That way, we can really assess what the usage of the network is but also any particular topics, themes or areas in an organisation that needs more support than normal. Obviously this is just what we've learned and you all might learn very different things in - within your own cultures but just to give an indication of actually how much you can learn very quickly.

So moving on to how do you actually get people talking in the first place. I would say the most important thing you can do at the same time or even possible before you introduce training. And there's some really good low hanging fruit that you should take full advantage of. The first one is if you do, if you have already trained people utilise them. They are your absolute advocates in all of your teams and they can be your speakers. And when they are present in their meeting they can speak for you and they can also be the eyes and ears if there are problems going on.

You should also get yourself involved in staff meetings if you have them or at least find out what the main form of communication is within your organisation and see if you can be included in that

or have one solely dedicated to mental health. And you can do posters. You can see what we've got on the right there is a mental health checkpoint poster which we include in all of our key points: gym changing rooms and café areas across the building. And where the box on the right-hand side is blank at the bottom there, we actually insert faces and names of members of the mental health first aid network. And on the left is just a list of other resources beyond mental health first aid that people can access and they can choose whichever they want obviously.

I'd also say that because there are such an array of celebratory days throughout the year raising awareness to mental health, really join in on those either get your - if you - a lot of you obviously have EAP. And a lot of you obviously have occupational health. If you get them in one of those national days to hold a stand, or do a talk, and hand out information, or goodie bags, EAP does an awful lot more than counselling and advertise what they are. They'll really get people talking about it and asking questions which is a really great way of starting the conversation.

If you can get local people your MP or if you've got a mental health related organisation close by or a charity you can get speakers in for free, at least they should be coming in for free, to give you some information either to your mental health networks or to all staff about what, how they can be referring to your networks, utilising the resources and support that you've already provided as an organisation. And that's a really good way of also starting that culture change and just get people talking whether this points to a negative, it's still a conversation which is great. We also create some guidance documents which Sarah will go onto in a moment which we have freely available on our website and it just gives the basic signs and symptoms and also how to have a conversation.

Sarah Mason: Okay. So once you've got people talking about mental health you can really start drilling down to those groups, so one of the groups that we're really conscious about is line managers. And they're really a crucial group because they have a direct impact on both wellbeing and mental health. And they're often the most pressured group of staff. They're getting pressured from above and from below and you want it really to not just be a tick box exercise.

So a couple of things you can do here for the line managers. The first one is to really talk to them about what the benefits are of supporting mental health in the right place so, you know, savings of cost, savings in time, improving retention of staff, boosting productivity and boosting morale. And really market any training that you have if you decide to implement training directly at them. Tell them what the practical strategies are that they're going to get out of it. Tell them what the takeaways are and how that's going to impact them on their day job and how they can support their teams.

If you're still struggling go and talk to them. Ask them what are the barriers? Why aren't they engaging? Is it that they don't have time? Is it that they don't understand? Is it that they just aren't interested? And then you can really focus on those key challenges and get round them with their input.

As Natasha mentioned we here at Wellcome have resources specifically for our line managers. So you may have heard a wellbeing action plan from MIND which is a document that a line manager will sit down with their team member and have a conversation about what good mental health looks like for their employee, how as a line manager they can support their wellbeing, maybe what triggers are, how a line manager will know when a team member is starting to

experience mental ill health and also, you know, really important practical things that a line manager can do.

We have a mental health conversation information so for line managers just a step by step how to have that conversation, how to overcome that initial barrier of the fear of talking about mental health. And then also train your senior leaders. Senior leaders are great. You can really leverage the pressure that they put on to a line manager. If you train all of your senior leaders you'll find it very quickly becomes a priority for the line managers to get some mental health training. And finally encourage them to be visible. Really give them the ownership of mental health. Give them the chance to input on the initiatives and also celebrate those managers that are involved and are engaged. And, you know, get them to engage their peers, get them to talk to each other, and this way it will help you to spread the message a bit better.

So data is obviously everyone's best friend. It gets us through a lot of sticky situations when people ask us to justify ourselves which is obviously becoming an increasingly demanding thing, those budgets are getting tighter and tighter. So there are some other bits of data that would start coming through when you start launching initiatives that you can really use to measure your successes if you get going from the beginning.

So first of all would be your sickness absence rates. I've mentioned what we've seen through ours but it's really important if you can track back, say 12 months before you launch, and then continue to do so each month you can see whether there was a direct impact of someone we launched in the mental health initiative either through the rates of absence, absences sorry and/or if you have any changes to the reasons people have selected for their absences.

Also if you can track, or measure or log in some way the amount and types of conversations that mental health first aiders or wellbeing advocates or whatever you might have are having. And if you can get as much information from those as possible without breaching confidentiality or at least outlining where your confidentiality boundaries are and that would be within the role play file mentioned earlier that is a really key way and can actually link really nicely with your sickness absence rates as well.

And in the poll at the start a lot of you indicated the amount of resources and support resources that you offer your employees. If you can get regular reports from them that let you know how many people from the organisation are contacting them for what sort of support that will really give a beautiful picture of the first two points above. It will just build your business case and make it stronger because it shows actually how much those resources are needed and how much perhaps if your absence rates are going down how much it's preventing people from going off sick in the first place.

And equally if you do run any events ... or your speakers or anyone else in just to get people aware and talking about things can you see if there's a peak or spike in your absence rates or in the conversations with mental health first aiders or indeed in their amount of conversations and telephone calls that happen to your signposted resources. Are there any peak changes after those events because that always paints a really interesting picture for us because actually we can map back to the previous 12 months after each event you've run each line just shoot through the ceiling it's really great to see.

If you do have a staff survey or something equivalent and sometimes a staff survey can allow for bespoke questions to be added. If you can do so, do because that always gives really interesting feedback on a large scale. Or if you aren't able to bespoke something are there questions within those surveys, that can be, are wellbeing related about safe environments and mental health because anything that can be deemed as relevant to what you're trying to find out those will really paint just such a nice story for you especially if you do need to put together a business case or ongoing business case to keep justifying any budget requirements that you need for these initiatives.

And anecdotally when it comes to mental health it's not all about data and people do talk and that's the point of it. And it's really nice to get those conversations going where people are telling you about changes that's happened to them as a result of these conversations or the culture change, or the initiatives that you've done or any pledges that you find. What we've experienced on our end is that a lot of people have actually been proactive in seeking support because of the types of things that we've introduced here especially when it comes to sharing personal stories people realise they actually aren't alone. And levels of anxiety do vary quite a lot. And so it's good feedback when people have been proactive about seeking support is really nice to hear.

Lovely and then just to finish off we've put together some of the top challenges that we faced and we know the other organisations face when we've been talking to them. And some top tips to help you to overcome some of those challenges. And then some of the data that Natasha just spoke about will be really important when it comes to maybe getting a budget for something or getting senior level support. So we'll just leave that with you and then hand back over to Bar.

Bar Huberman: Thank you so much Natasha and Sarah. That's so interesting. And it's so great to hear about the start of your project and how that has moved on since you started it. So thank you so much for sharing all of that with us.

Okay so we're going to – thank you. So we're going to move on to our Q&A session now. And we've had so many questions in during the course of the webinar and also beforehand. So Dr. B I'm going to start with you please. And I know you both, all our speakers have spoken about this already but we've had so many questions about this and I think this really goes to the heart of the matter. So one of the questions is from Georgia and she says, "Do managing mental health training sessions for managers really work?"

Dr. B: Yes. Yes they really do on many levels. One well one the Manage Your Health managers trainings I do they first of all informing people about so they can understand what illness is. It's also more than that in that it's actually equipping them with the people skills to be better managers but also how to have those tricky conversations that they otherwise may be feel that they can't have.

And what most people discover is that they're not ... than they thought they were. And one of the reasons that people maybe shy away from any involvement is basically sort of fear that they think that they won't be able to do it. And when you create a sort of nice open conversation in a group setting where people have the opportunity to air their concerns and talk about their personal experiences in a non-judgmental way, suddenly things kind of open up.

And once they understand the importance that they play and also that they as managers have a responsibility to themselves to take care of themselves because as Sarah and Natasha pointed out managers are not this kind of like, you know, super people they're in pressure from so many

different directions as we know from that statistic that often they will feel that they need to prioritise the organisational interests over the people interests.

They too are sort of getting squeezed in the middle if you like. So train, in the workshop teaching them how they can take care of themselves so that they can then pass on that learning to their staff. Just opening up the box and reducing the stigma does absolutely work. The ones I've done in the younger companies started with the line managers. The line managers said we want our senior leadership team to do that, senior leadership team did it. The senior leadership team said my goodness but everybody should understand these basics of how to work well together.

So there's kind of like a ripple effect and wherever you start there's usually a ripple effect as people realise this is not too scary this is something that relates to everybody and there's so much we can do about it.

Bar Huberman: Thank you. And actually just staying on this point Dr. B we've had a question in from Alex today which is kind of related. And it – she wants to know what the best way is getting across wellbeing education in a really engaging way. So do you have any tips around that?

Dr. B: In an engaging way? I think is...

Bar Huberman: Yes.

Dr. B: ...to be, to make it fun. You know, there's some of the initiatives I've come across or picked up on there's a sort of a heaviness about it. And what I love about what you guys have done at the Wellcome is there's a real sense of prosperity about the very approach to it, you know, you've got 10 year approach, long term programme, very clear commitment at many levels in the organisation. Just really removing the stigma, opening up the language making it normal. It's like if somebody who is off sick to go and have an operation for I don't know maybe lets just say a hysterectomy is the first thing that comes to mind.

Nobody would have two thoughts or second thoughts about like sending them a card to see how they're doing, welcome them back, make sure they're kept up to speed but for some reason the stigma around what we currently call mental illness. And it's almost like we need to remove that label and just go this person is in distress. They want – how can we support them? And removing that layer of fear and misunderstanding and using language, you know, using the right language for all of these things, but including people, just making it okay for people to talk about it at every level of the organisation.

Bar Huberman: Okay. Thank you so much. So Natasha and Sarah just moving on to you and this is about change and, you know, how when it's not handled properly can presumably be a trigger for mental health issues. So we had a question in from Lorraine who said, "What steps can a business take to ensure that pace and change don't impact on mental health?"

Sarah Mason: Yes. So that's actually a really interesting question. I mean businesses have to change in order to keep up with what's going on outside. And it's really hard if you're starting out with mental health just to keep up with the change. I mean here at Wellcome things change all the time. Obviously there new priorities in world health such as the Ebola outbreak things like Zika so our ways of working change really quickly.

And what we've actually introduced is a new proactive element. So we have our mental health first aiders who are the reactive and the supportive arm. But we've recently introduced a mental health ambassadors' network. And they are a group of senior leaders and line managers who look at the way the business changes and upcoming changes to the workplace. And they look for ways we could be proactive and preventative to prevent mental ill health occurring in the first place. So there are ways to catch up with change but actually just talking about it and being open about mental ill health is a really great way to kind of nip those change issues in the bud.

Bar Huberman: Okay, thank you. It's such an important issue isn't it? And it relates to what Dr. B was saying earlier about the city organisations she was working with and the pace of change there so such a common issue for organisations. Dr. B we've had a few questions on this already, and I know the speakers have touched on this, but do you have any specific suggestions for reaching remote workers at multi-site operations or I suppose even, you know, people working from home and that's from Gemma but also quite a few people have asked that.

Dr. B: Yes. It's a tricky one is in it because we don't have that sort of immediate personal connection with people. I think the first thing is to recognise that the in this different environment you're going to have to absolutely address the problem differently. You want to kind of create a sense of community among whoever those people are and make sure everybody is, understands on the same level what stress, and overwork and the effect of poor support and I mean everybody understands in the same way what the challenges are and what it can look like when things go wrong, when stress and burnout starts to appear. Everybody can be educated about that wherever they are. So they can look out for each other and to include it in whatever conversations they have whether they're face to face or whether they're remotely basically.

And that if we check in regularly with people in the same way I think the tendency is to sort of have a sense of like, out of reach out of mind. But when working with virtual teams what we try to do is create a sense of community between the people like sharing little personal stories about what's going on in their life so they become like living people and not just somebody on a screen everywhere – oh somewhere over there in Singapore. So they're creating games for people to sharing weekly achievements, sharing challenges the people have met.

So you're creating a sense of community and that sort of trust buildup which makes it easier for people to then ask questions about well, you know, you seem a little snappy today is everything okay with you, you know, and make that face to face one to one thing. So it's almost like stopping seeing it as a problem but actually going well there's still people over there and we are still connected albeit in a different way. But also recognising that there are specific challenges that people in virtual environments face and recognising those from the beginning and saying okay guys how are going to overcome this? What ideas do you have about how we can bond better as a group even though we're in virtual environments?

Bar Huberman: Okay, thanks Dr. B some really useful things to think about there. I'm going to try and squeeze in one more question Natasha and Sarah for you to end on if we can which is from Leslie. And she wants to know, "If HR can only do one thing what would be the best initiative to choose?"

Natasha Gordon: So that's a big, big small question I must say because where ideally you could only do just one thing I just don't see how it would be entirely possible purely because these things do snowball and they do grow. And as it grows, demand grows and people's interest and curiosity

also picks up with it. So you will find that if you do one thing you'll end up doing a million other things and you have to be very careful with choosing the most appropriate and relevant things for your organisation. But if absolutely pushed, the very first thing I would always I think recommend everyone doing is going back to my slides on how to get people talking in the first place. So starting that conversation, getting resources free resources in, setting up posters, doing staff talks, producing your guidance documents all of those things are really great way of just getting that ball rolling, and getting people talking and getting a debate started.

Bar Huberman: Okay. Thank you so much. I think that's all we've got time for today. So we really hope that during the past hour we've given you all some valuable ideas to develop the next steps for promoting mental well-being in your business. And I'd like to say a huge thank you to Dr. B, Natasha Gordon and Sarah Mason for giving us their insights into what organisations can implement on a practical level to improve the mental health of their employees.

So if you want to know more around the subject, XpertHR has a number of resources that can help including our [Good practice guide on managing mental health](#), as well as one of the first in our mental health [webinar series which focused on preventing mental health problems developing in the workplace](#) and the disability discrimination aspects of mental health at work. Also do look out for our how to guide on introducing and managing mental health first aid in the workplace. We are recording today's session and will have the slides, transcript and recording available shortly. So that brings us to the end of today's webinar brought to you by XpertHR. Thanks for listening and goodbye.