

Airmic Live  2021

A Leader's toolkit: mental health in the workplace

Airmic Live  2021

Digital Event Series



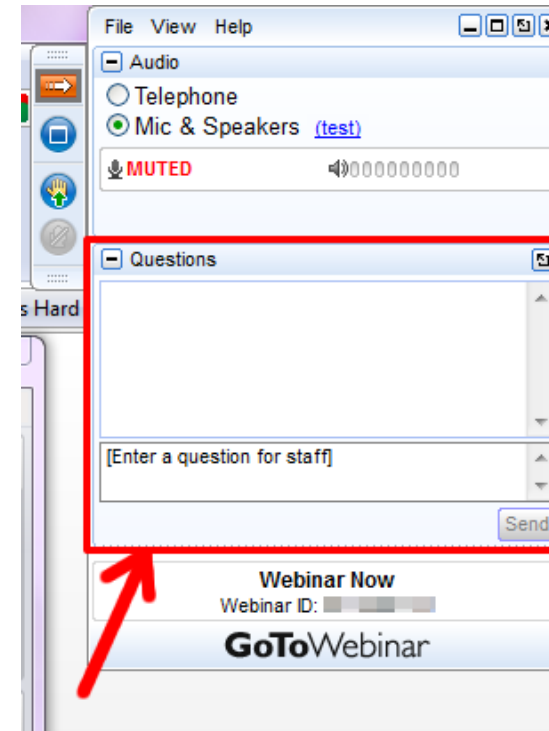
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If the console is not visible, click the orange arrow to expand it





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Julian Cox

**Head of Employment Law,
London, BLM Law**



Jacqui Beasley

**Head of Partnerships, CBT
Clinics Group**

The case for action

Work related stress and mental ill health claims are increasing

“

We know there is a four-fold reason for organisations to protect staff's mental health: moral, reputational, economic and legal.

”

Key facts



1.4
million

Work-related ill health cases
(new or long-standing) in 2018/19

Source: Estimates based on self-reports
from the Labour Force Survey, people who
worked in the last 12 months



0.6
million

Work-related stress, depression
or anxiety cases (new or long-
standing) in 2018/19

Source: Estimates based on self-reports
from the Labour Force Survey, people who
worked in the last 12 months



0.5
million

Work-related musculoskeletal
disorder cases (new or long-
standing) in 2018/19

Source: Estimates based on self-reports
from the Labour Force Survey, people who
worked in the last 12 months



9.8
billion

Annual costs of new cases of
work-related ill health in 2017/18,
excluding long latency illness
such as cancer

Source: Estimates based on HSE Costs to
Britain Model



0.6
million

Workers sustaining a non-fatal
injury in 2018/19

Source: Estimates based on self-reports
from the Labour Force Survey



69,208

Non-fatal injuries to employees
reported by employers in 2018/19

Source: RIDDOR



147

Fatal injuries to workers in
2018/19

Source: RIDDOR



5.2
billion

Annual costs of workplace injury
in 2017/18

Source: Estimates based on HSE Costs to
Britain Model



28.2
million

Working days lost due to work-
related ill health and non-fatal
workplace injuries in 2018/19

Source: Estimates based on self-reports
from the Labour Force Survey



12,000

Lung disease deaths each year
estimated to be linked to past
exposures at work

Source: Counts from death certificates and
estimates from epidemiological information



2,526

Mesothelioma deaths in 2017,
with a similar number of lung
cancer deaths linked to past
exposures to asbestos

Source: Counts from death certificates and
estimates from epidemiological information



15.0
billion

Annual costs of work-related
injury and new cases of ill health
in 2017/18, excluding long
latency illness such as cancer

Source: Estimates based on HSE Costs to
Britain Model

Work-related stress, depression or anxiety

602,000

Workers suffering from work-related stress, depression or anxiety (new or long-standing) in 2018/19

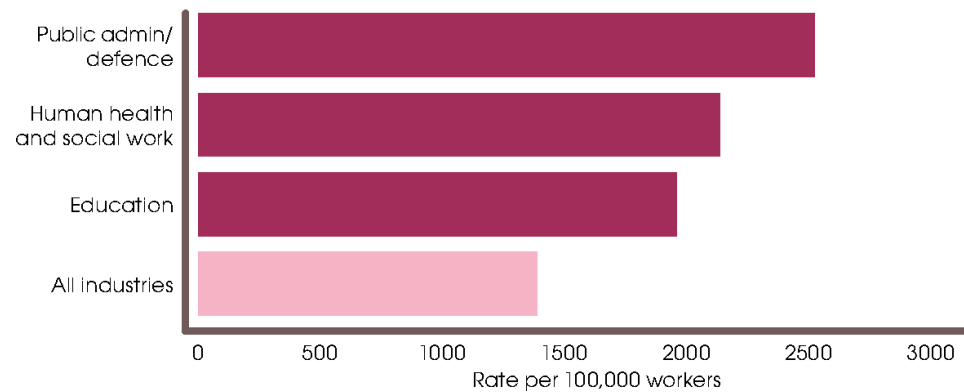
246,000

Workers suffering from a new case of work-related stress, depression or anxiety in 2018/19

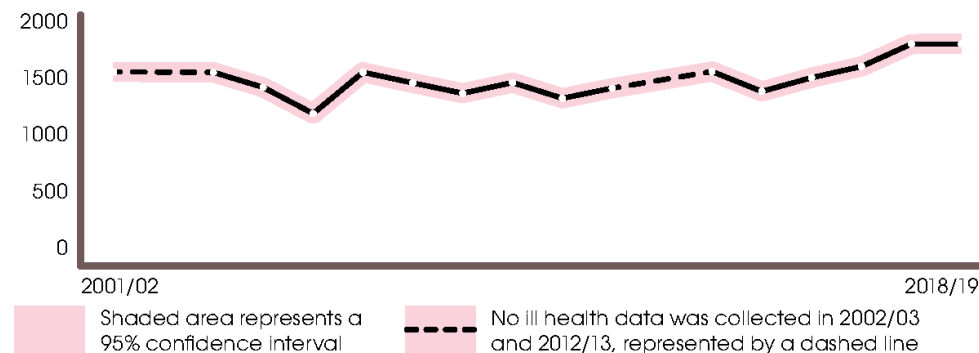
12.8 million

Working days lost due to work-related stress, depression or anxiety in 2018/19

Industries with higher than average rates of stress, depression or anxiety, averaged 2016/17–2018/19



Stress, depression or anxiety per 100,000 workers: new and long-standing



The rate of self-reported work-related stress, depression or anxiety was broadly flat but has shown signs of increasing in recent years.

Working days lost per worker due to self-reported work-related stress, depression or anxiety shows no clear trend.

Workload, lack of support, violence, threats or bullying and changes at work are estimated to be the main causes of work-related stress, depression or anxiety based on 2009/10–2011/12 LFS data.

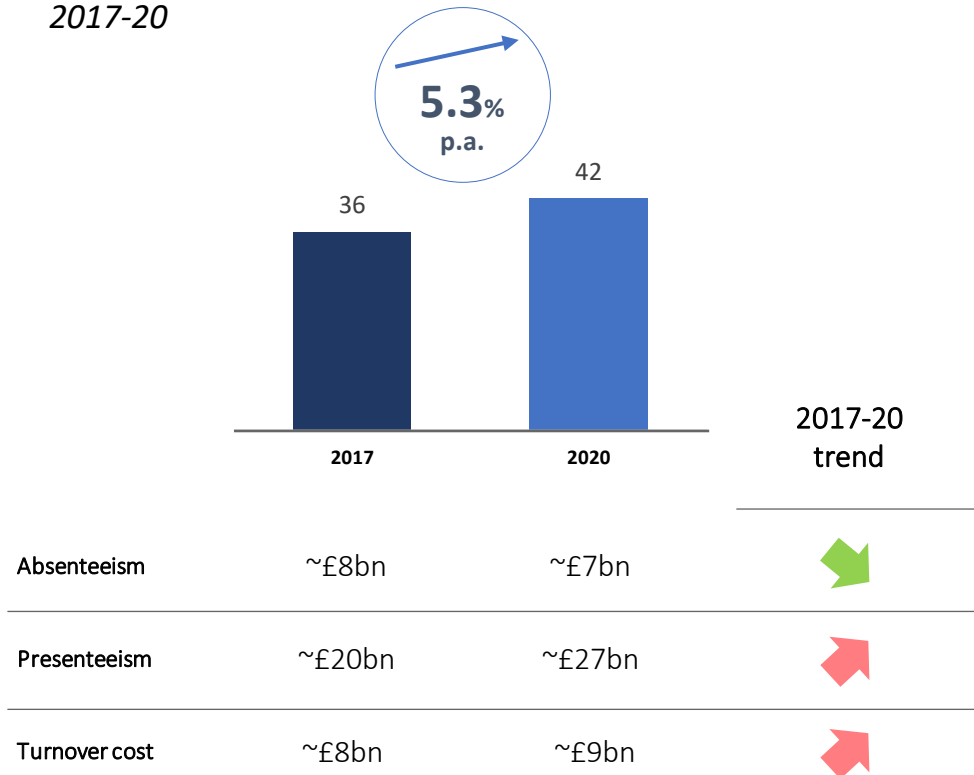
Estimates of work-related stress, depression or anxiety are based on self-reports from the Labour Force Survey (LFS).

To find out the story behind the key figures, visit www.hse.gov.uk/statistics/causdis

The cost of poor mental health in the workplace is high and rising

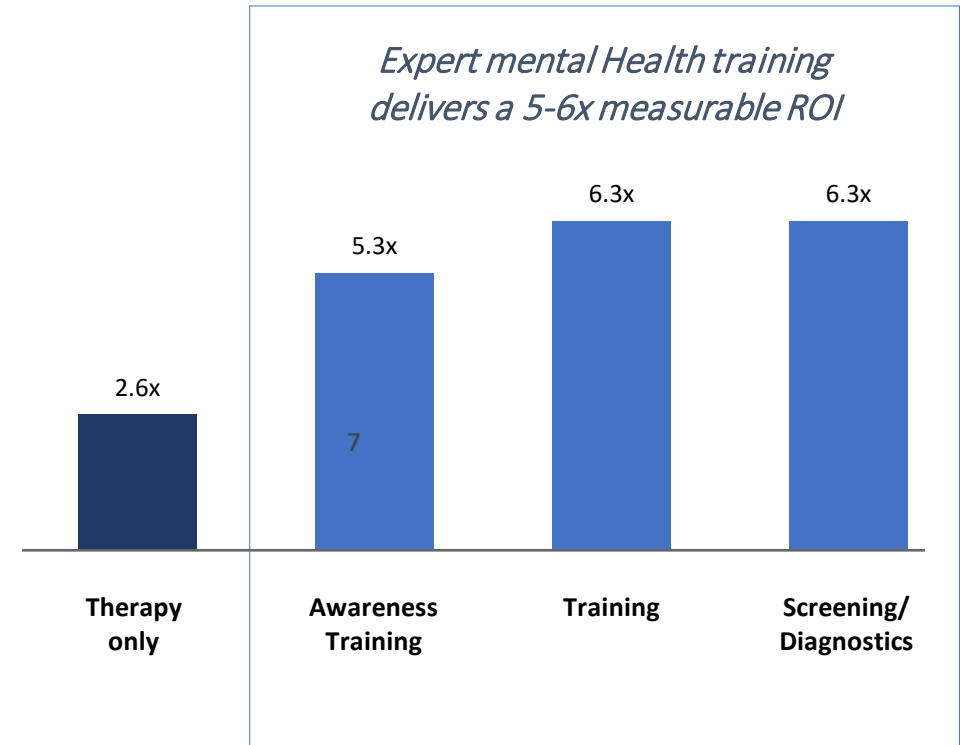
The economic cost of mental ill health continues to rise

Cost to UK economy of mental ill health p.a., £bn
2017-20

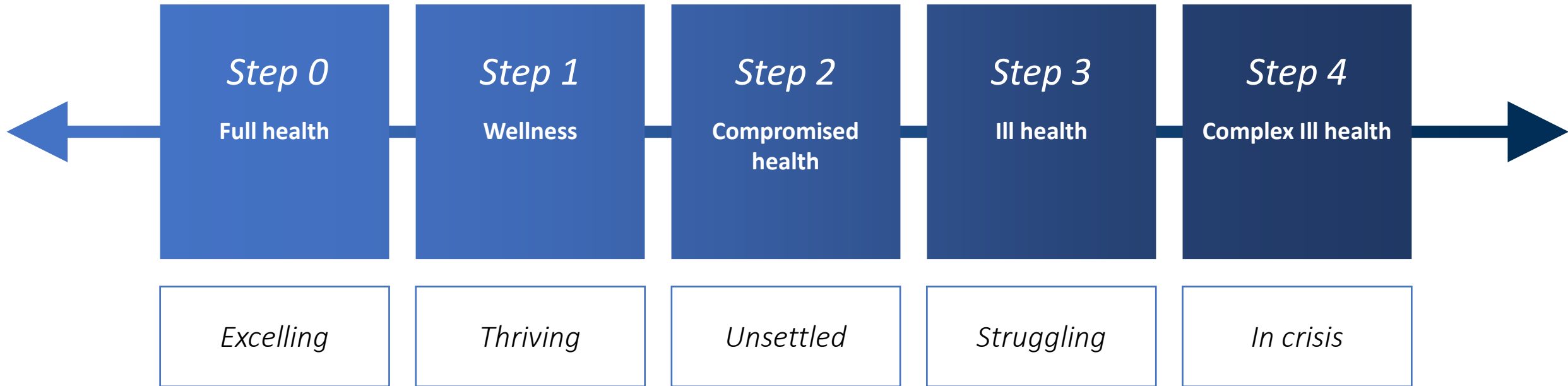


High quality training represents the most cost effective corporate response

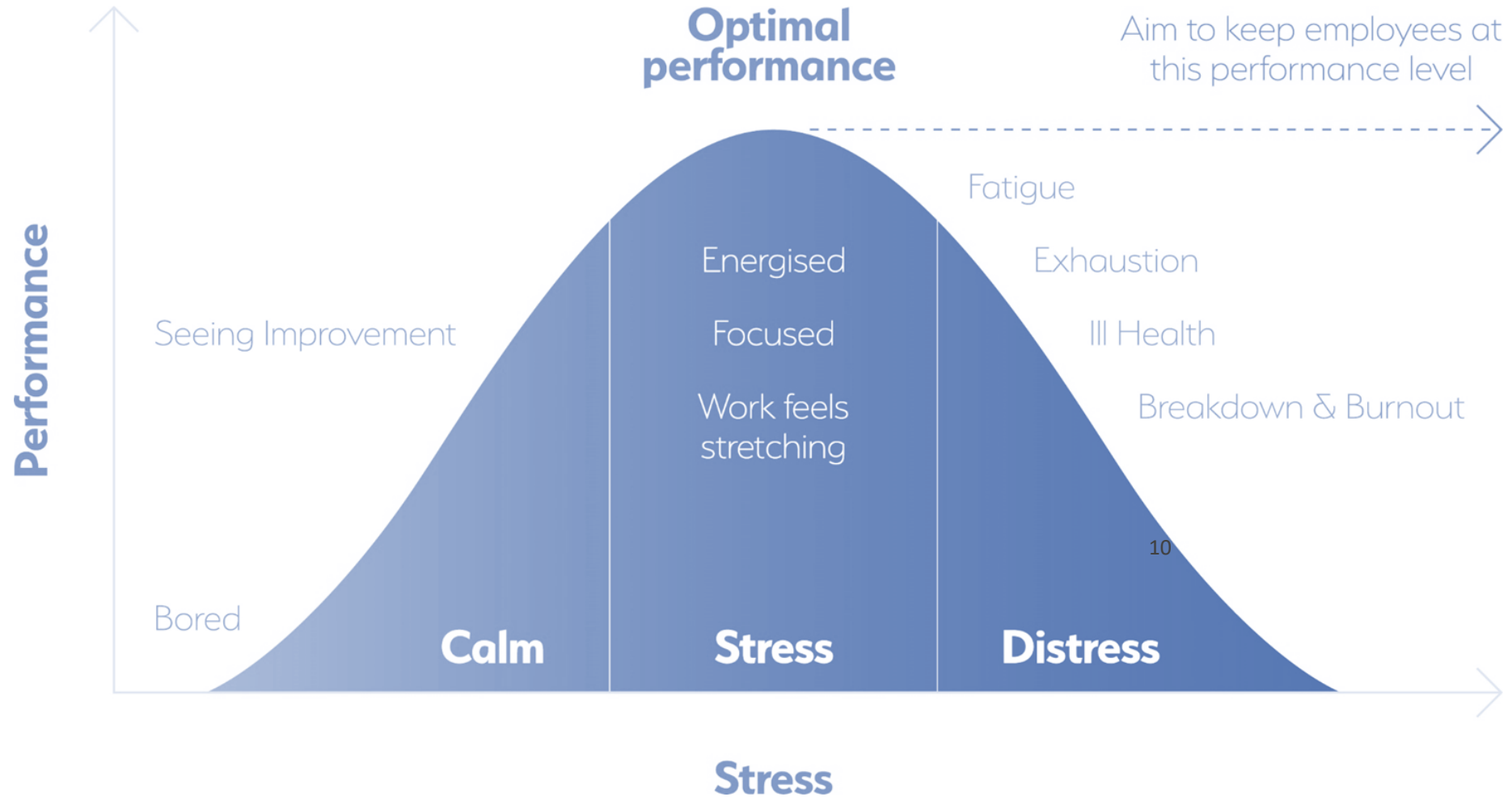
Return on investment of different corporate mental health interventions Average ROI, 2020



Continuum of mental health and wellbeing



What to look out for



Mental health: What a lockdown does to us

Cluster analysis of behaviour and attitudes in the April 2020 lockdown
(IPSOS MORI and Kings College London)

Mental health: What a lockdown does to us

Cluster analysis of behaviour and attitudes in the April 2020 lockdown
(IPSOS MORI and Kings College London)

"The Accepting" (48%)	"The Resisting" (8%)	"The Suffering" (44%)
59% male	64% male	36% male
Mean age of 50	Mean age of 44	Mean age of 29
8% more anxious and depressed	58% more anxious and depressed	93% more anxious and depressed
12% Sleeping worse	54% Sleeping worse	64% Sleeping worse
48% checking social media	66% checking social media	64% checking social media
94% following rules all the time	49% following rules all the time	99% following rules all the time
28% financial risk	65% financial risk	47% financial risk
12% drinking more alcohol	39% drinking more alcohol	23% drinking more alcohol

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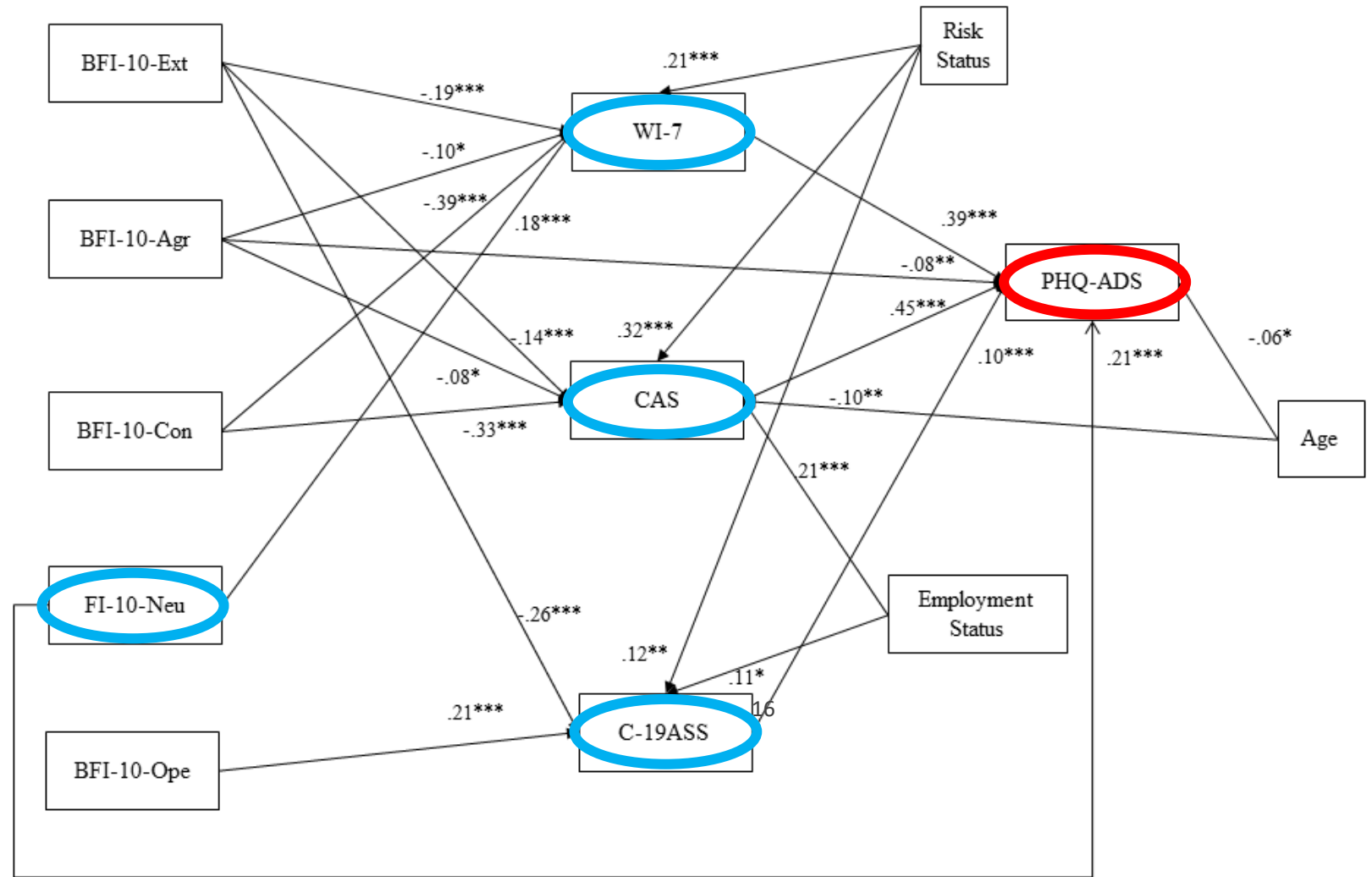
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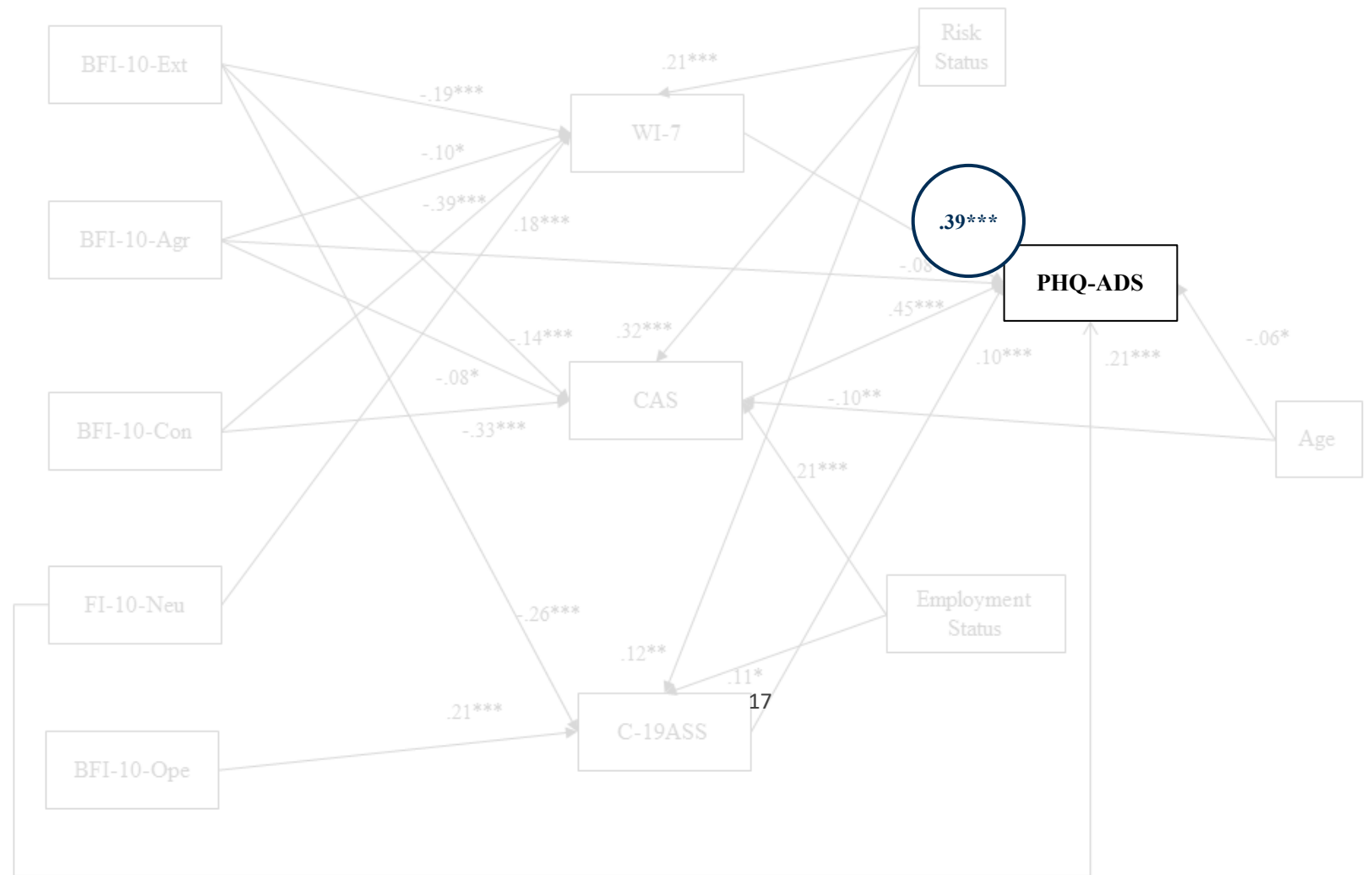
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Mental health: magnification of anxiety and depressive symptoms during the pandemic



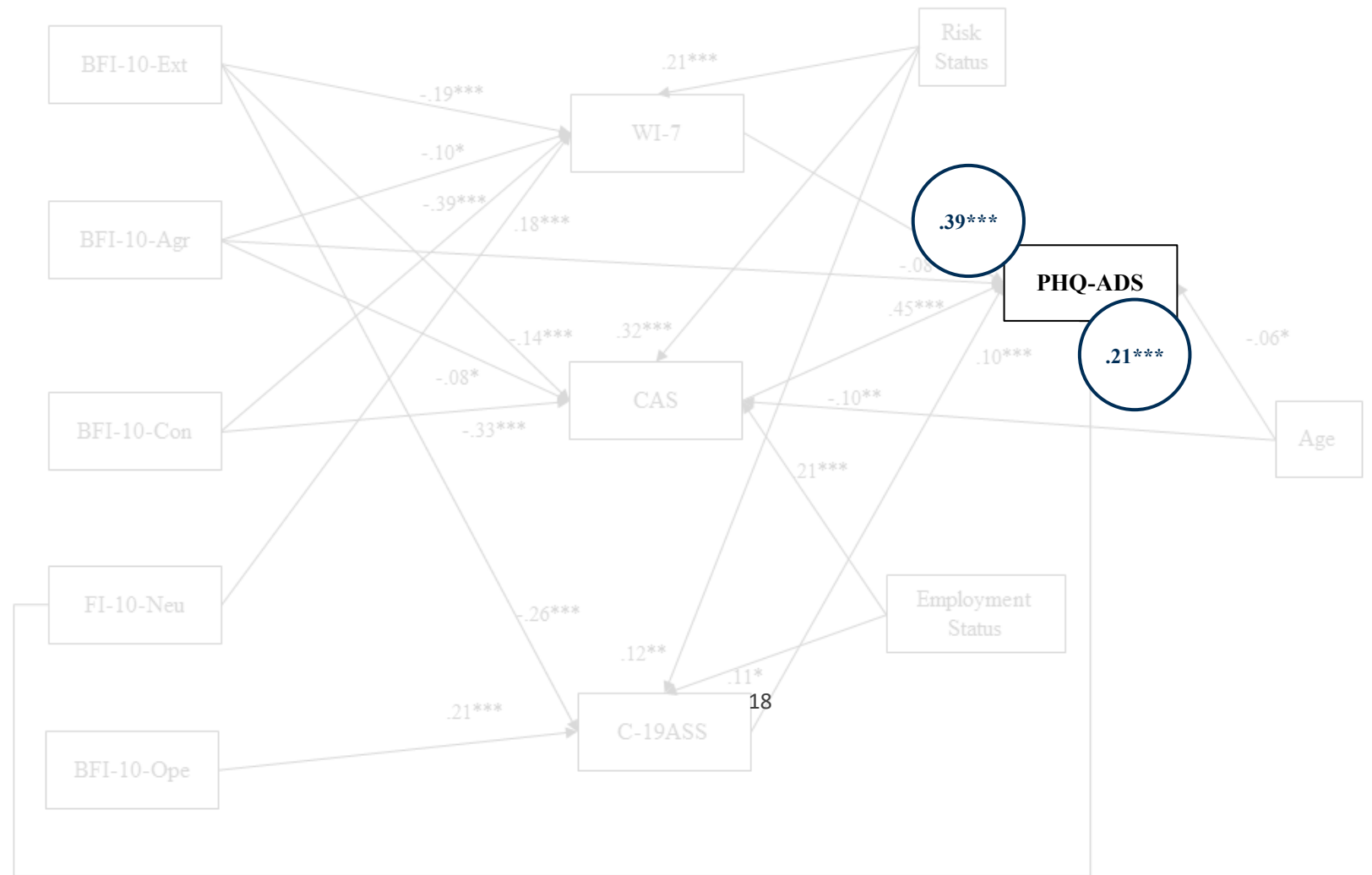
Nikčević, A. V., Marino, C., Kolubinski, D. C., Leach, D. & Spada, M. M. (2020). Modelling the contribution of the Big Five personality traits, health anxiety, and COVID-19 psychological distress to generalised anxiety and depressive symptoms during the COVID-19 pandemic. *Journal of Affective Disorders*.

Mental health: magnification of anxiety and depressive symptoms during the pandemic – **Health anxiety**



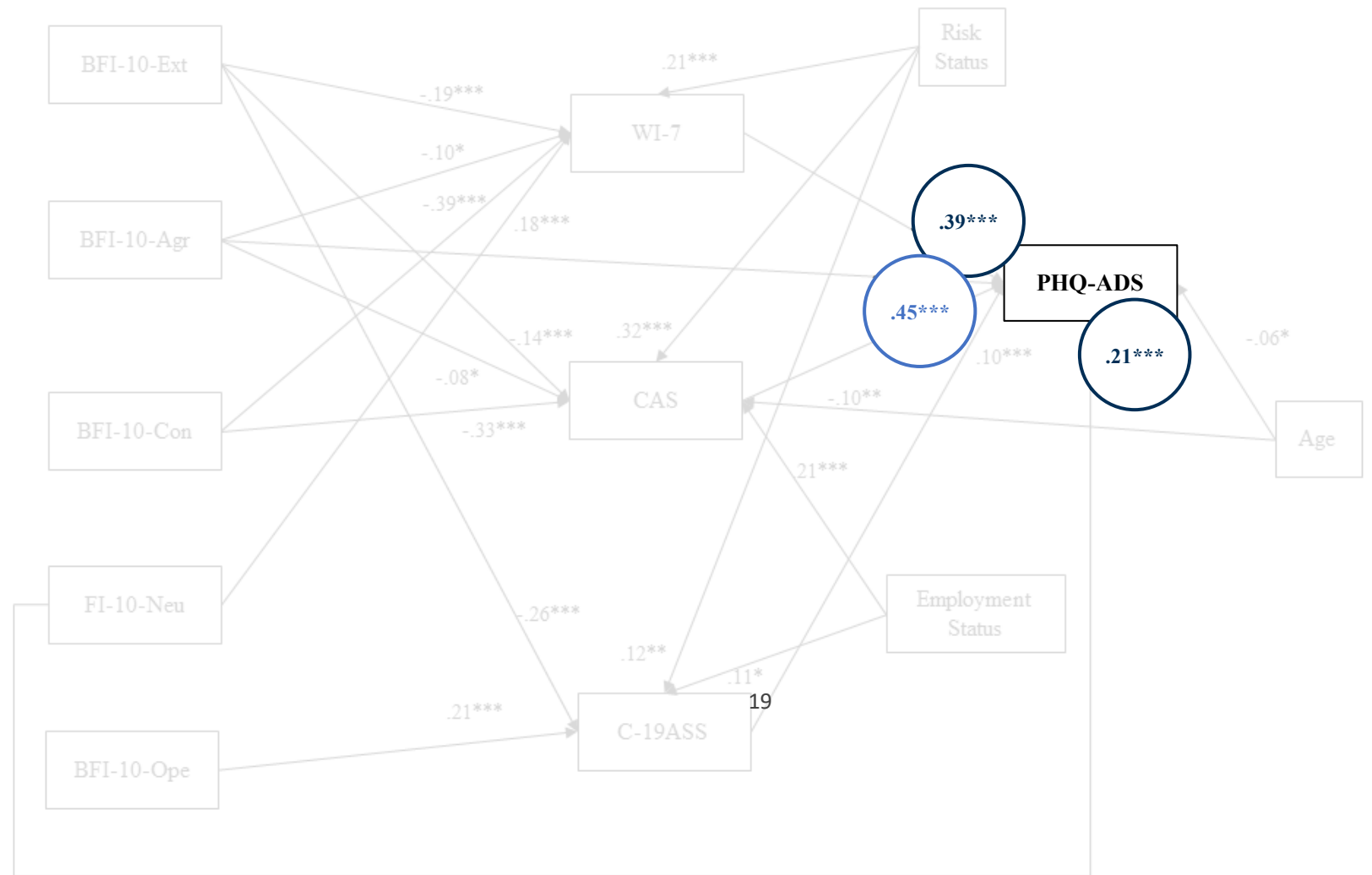
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Mental health: magnification of anxiety and depressive symptoms during the pandemic - Neuroticism



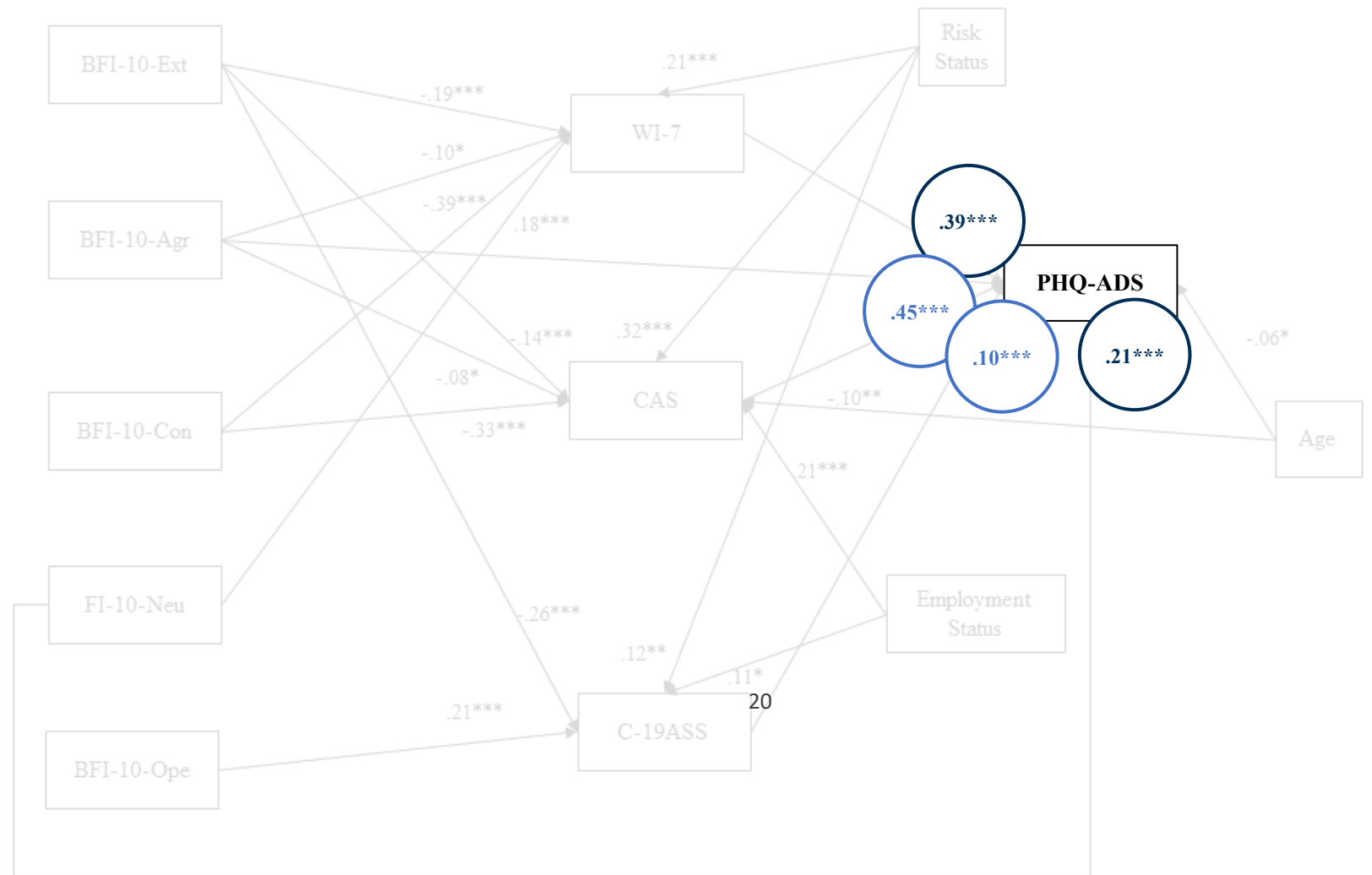
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Mental health: magnification of anxiety and depressive symptoms during the pandemic – **COVID-19 anxiety**



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Mental health: magnification of anxiety and depressive symptoms during the pandemic – **COVID-19** anxiety syndrome



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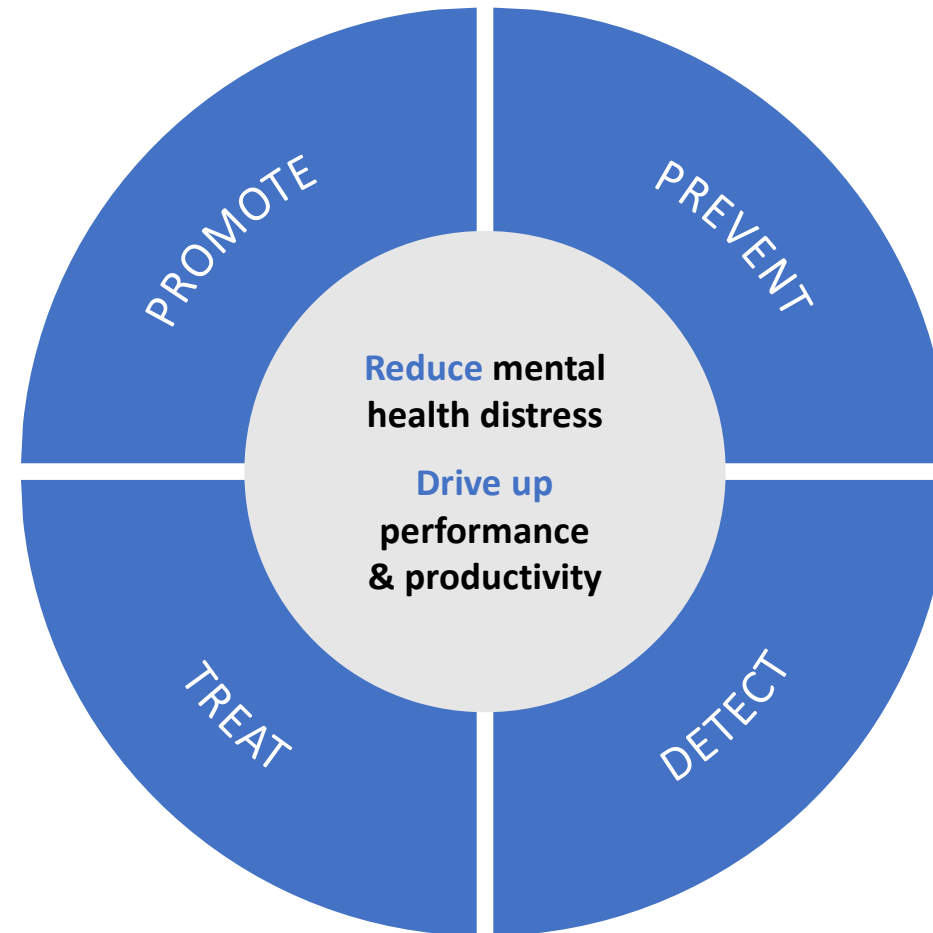
Framework for pre-claims landscape

Health and Wellness Promotion

- Stress Prevention
- Relapse Management
- Wellness Action Plans
- Resilience Management

Evidence based interventions and treatment

- Right treatment, right time, right clinician
- Specialist clinical support to recovery



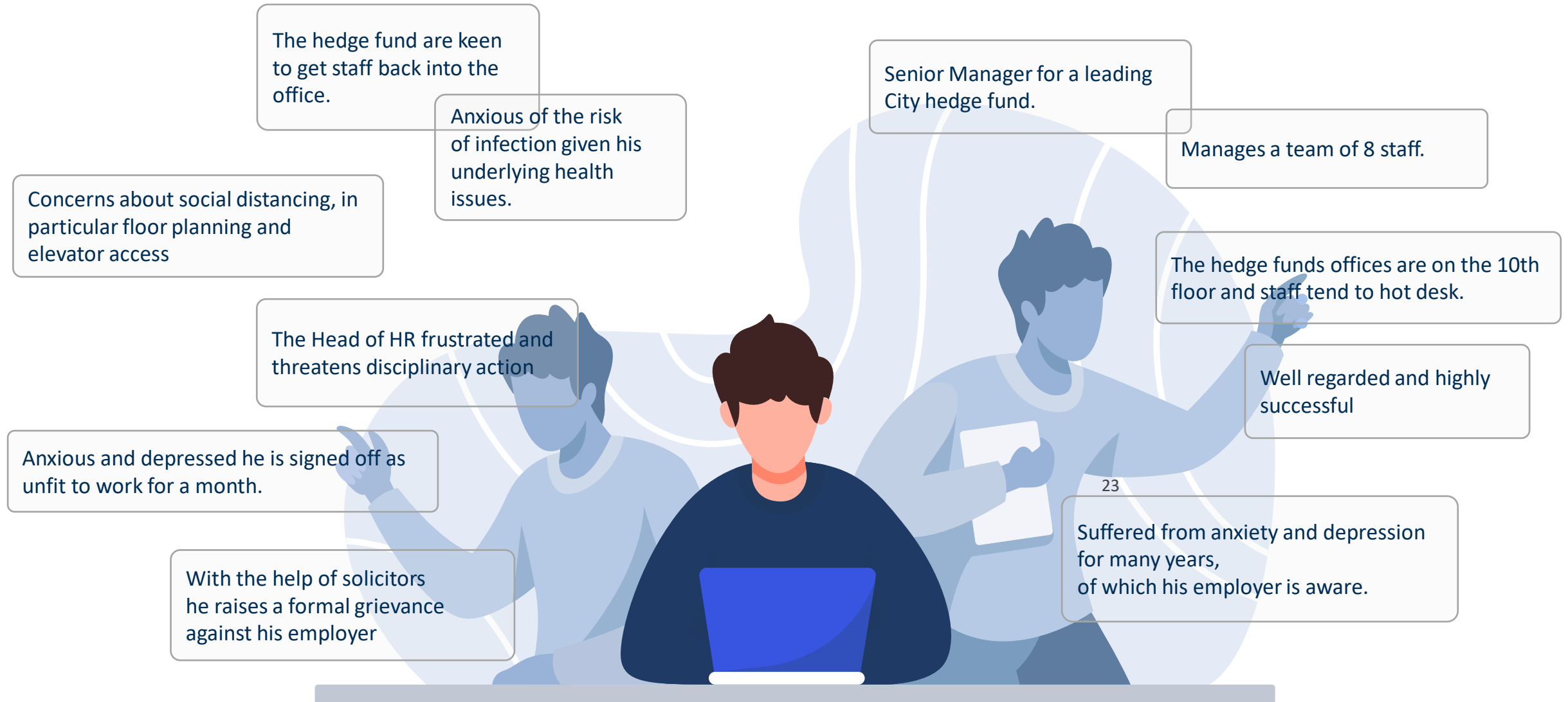
Prevent, Education, Support

- Mental health Awareness
- HR/Employment law legal health check
- Specialist skills workshops

Mental Health and Wellbeing Screening

- **Early identification** of employees at risk of compromised mental health
- Wellbeing Analysis

Case Study: Employer dealing with senior executive suffering from anxiety who refuses to return to work due to Covid-19



Mental health and employment law – the key considerations

- **Mental health and the protection this affords employees and workers under the Equality Act 2010**
- **Assessing what reasonable adjustments ought to be made in relation to employees and workers suffering from mental health issues compliant with an organisation's obligations under the Equality Act 2010**
- **Handling complaints from employees and workers suffering from anxiety which is Covid-19 related**
- **Handling complaints in the workplace relating to anxiety and stress**
- **Handling capacity dismissals**
- **Managing short and long term absenteeism due to mental health issues**

Claims to which employers are exposed if they get it wrong

- **Discrimination claims pursuant to the Equality Act 2010 including harassment**
- **Unfair dismissal**
- **Automatic unfair dismissal for health and safety/ whistleblowing reasons.**
- **Constructive dismissal**
- **Psychiatric illness**

Case Study: Employer dealing with senior executive suffering from anxiety who refuses to return to work due to Covid-19



Managing the risk and legal defensibility

- **Financial and economic challenges**
- **Risk identification measures**
- **Managing the risk**
- **Practical support around implementation**
- **Legal Issues and defensibility**

Q&A

“





We all have mental health problems – people’s mental health will go up and down in life – and having poor mental health for a time isn’t something that should be criticised or stigmatised. I think good mental health is reflected in really mature, really active and good handling of these problems.

28

”

Professor Dame Carol Black

The complete risk, rehab and legal toolkit

Wellness Maintenance and Promotion, Compliance and Defensibility		Treatment	Legal Support
 Detect	 Mitigate & Promote	 Treat	 Support
Detection & Early Intervention	Wellness Maintenance and Promotion	Access to treatment	Legal Support
Legal Health Check HR & Legal Review All staff Mental Health Pulse check surveys	Specialist Mental Health Training: Webinars and Workshops Specialist Legal skills workshops Legal defensibility training	Online self-guided CBT Access to Evidence based therapy* Legal support for HR through treatment	Handling Grievances Managing dismissals Defending employment tribunal proceedings Strategic HR advice and support

Organisations that proactively manage
mental health mitigate risk and derive benefits

EMPLOYEE
BENEFITS

Talent
Attraction

Reduction in
absenteeism

Safer, more empathetic
working environment

Increased Employee
Engagement

Reduction in poor mental health
and psychological distress

Talent Retention and
employee advocacy

Increase in
presenteeism

Minimise claims and
improve claim defensibility

Increased
productivity

Increased
performance

ORGANISATIONAL
BENEFITS

Further information

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Appendix

Case Study – Employer dealing with senior executive suffering from anxiety who refuses to return to work due to Covid-19

This will be the story
from which we do the
Q&A case study

- John is employed as a senior Manager for a leading City hedge fund. He manages a team of 8 staff.
- He is well regarded and highly successful in his role.
- John has underlying health issues though. He has suffered from anxiety and depression for many years , of which his employer is aware.
- What support was in place - options : OH referral, specialist psychological assessment and onward evidence based treatment .
- What wellness maintenance, relapse management or wellness action plan support was in place? Anxiety Disorders are Depressive disorders are treatable conditions - contextual and dynamic, mitigate long term/chronic conditions with effective treatment.
- With lockdown starting to ease, the hedge fund are keen to get staff back into the office.
- What consultation and/or engagement was done?
- Did they do an early identification of Covid19 anxiety and broader mental health audit . The Company's Head of HR e mails John to say he is required to come in given his level of seniority, client facing role and management responsibilities.
- John writes back to HR and says he is reluctant to do so. What were the early warning signs that lapse or relapse in terms of behaviour, performance, working patters etc– were they picked up by manager or colleagues? Did they have the relevant training
- He says he is very anxious of the risk of infection given his underlying health issues. A Zoom call follows between the two. During this call, John cites specific concerns about social distancing, in particular floor planning and elevator access. Was an assessment offered to understand nature of difficulties, reluctance and whether psychologically driven, so can be offered treatment. (or can be resolved via practical adjustments – staggered start, further understanding of health and safety etc), The hedge funds offices are on the 10th floor and all staff tend to hot desk.
- The Head of HR becomes increasingly frustrated by John's continuing reluctance to come in. He angrily tells John that he is being 'paranoid' What Training for HR Professionals in understanding mental health, how best to support and how to have difficult conversations was provided? What Leadership Training in Mental Health was provided? and if he is not prepared to come into the office then the company will have to consider disciplinary action missed opportunity to resolve informally with specialist support as opposed to performance/misconduct immediately against him, including dismissal. John is very upset by this and abruptly terminates the call.
- Spiralling into anxiety and depression, John goes to see his GP who signs him off as unfit to work for a month. He submits his sick certificate to HR. What support was offered – did it Trigger a review and signpost to OH or Psychological Treatment (in line with NICE guidance) With the help of solicitors he raises a formal grievance against his employer
- As a valued and highly productive member of staff the company are keen to resolve matters and get John back to work.

Case Study – Employer dealing with senior executive suffering from anxiety who refuses to return to work due to Covid 19

This will be the story from which we do the Q&A case study

Intervention and Treatment Plan:

- Employment law advice sought
- Specialist legal and HR advice provided in relation to:
 - How to handle grievance
 - Developing strategy for resolving grievance
 - Identifying strategy to achieve a swift return to work
- Organisation commits to Mental Health Training for Senior Leaders
- Communication strategy to highlight support and signposting for appropriate evidence based treatment and wellness maintenance
- Organisation commits to Mental Health and Wellbeing Audit

Results

- Grievance fully investigated and resolved
- Employee returned to work after 4 weeks
- Up to date medical report obtained to better understand John's mental health issues
- Reasonable adjustments identified
- home working 3 days a week
- 2 days in the office to oversee team
- Own office provided away from the open plan area
- Staggered work arrival and departure to avoid peak commuting time and lift congestion
- Increase in productivity and loyalty

34

Framework for pre-claims landscape

Ignore for now SG

Text

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- three

Text

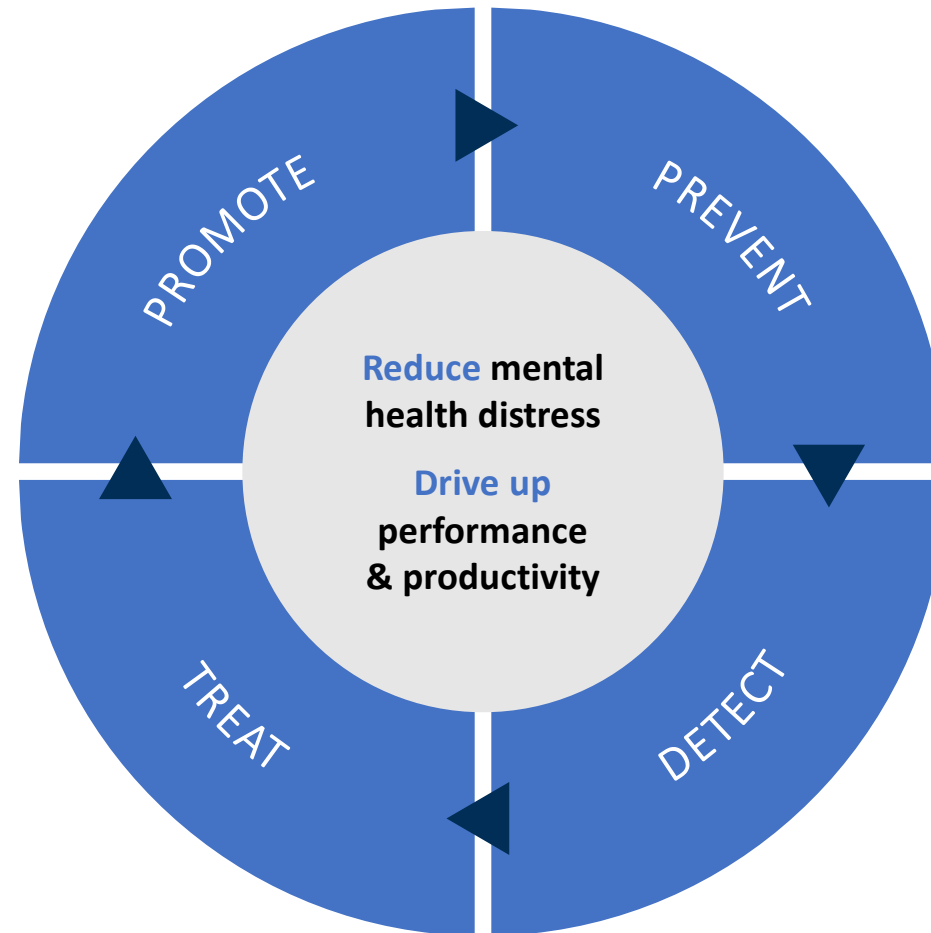
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Question & Answer

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Thank you for Attending!

Please join us for the next Airmic LIVE on 3rd February when we will examine the next of Airmic's periodic Pulse Surveys of market conditions