

FABIAN POLICY REPORT



community
For a better working world

MINDS AT WORK

*Making mental health a priority
in the changing world of work*

*Edited by Josh Abey, with a foreword by
Alastair Campbell and contributions by Luciana Berger MP,
Paul Farmer, Barbara Keeley MP and more*



The Changing Work Centre was established by the Fabian Society and the trade union Community in February 2016 to explore progressive ideas for the modern world of work. Through in-house and commissioned research and events, the centre is looking at the changing world of work, attitudes towards it and how the left should respond. The centre is chaired by Yvette Cooper MP and supported by an advisory panel of experts and politicians.

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Community is a modern trade union with over a hundred years' experience standing up for working people. With roots in traditional industries, Community now represents workers across the UK in various sectors.

FOREWORD



Alastair Campbell, former director of communications and strategy at Downing Street, is an ambassador for Time to Change.

WE HAVE COME a long way on mental health. There is greater awareness and understanding and a better appreciation of mental health and mental illness than 10, 20 or 30 years ago. That is on one level a success. But though we have moved in the right direction on the stigma and the taboo of mental illness, that has not been matched by sufficient progress on services for those who need them. So we rightly encourage people to be more open, but then don't always have the capacity to provide real support.

We have seen improvements in the workplace too. But it is far from universal. There are employers who understand the importance of wellbeing both to their organisations and the individuals within it. Who know that a happy and healthy workforce is a more productive and innovative workforce. But there are others who still seem to see mental illness as an inconvenient lifestyle choice or a reality that exists only in the mind of the staff member trying to take them for a ride. Of course it exists in the mind. It doesn't make it any less real and it is even more painful if people feel they cannot be open about their feelings without fear of rejection or dismissal.



A Fabian Society report
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Like all publications of the Fabian Society, this report represents not the collective views of the society, but only the views of the individual writers. The responsibility of the society is limited to approving its publications as worthy of consideration within the labour movement.

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So just as all too often politicians talk of how mental health is a priority, but fail to follow through with the policies and funding to make their words a reality, too many employers talk the talk on mental health at work, but do not put in place the measures that would make a real difference to their employees. Whether it's big employers offering in-house counselling for staff or small employers offering real flexibility in working hours, there are plenty of practical steps organisations can take to make their workplaces better for those with mental health conditions.

The world I want to see is one where people feel they can be as open about their mental health as they are about their physical health. We are getting there. But we have a long, long way to go. Employers can and should take a lead. We would all be better off for it.

I have asthma. But nobody ever defines me by my asthma. Theresa May has diabetes. Nobody defines her by her diabetes. Yet all too often people who are open about mental illness are defined by it. He's a schizophrenic. She's bipolar. He's a depressive. We need to see beyond illness labels and see what an individual has to offer. And we need to change the lens through which we view mental illness.

Recently a profile writer said of me that I have had a successful life and career 'despite a history of mental health struggles.' I felt moved to write and ask if, the next time he wrote about me, he could delete 'despite' and insert 'in part because of.' Because that is how I feel about it. A breakdown in the 80s made me prioritise my life better, do more to look after my own health, and made me resilient. Depression I think gives me more understanding of other people and their problems. And I have lived with family members with more serious mental health challenges, including my brother Donald who lived with schizophrenia all his adult life, but lived a good life to the full. His employer, Glasgow University, never saw him as a 'schizophrenic' but as an employee with schizophrenia which occasionally made him erratic, occasionally required him to be hospitalised, but who could be managed well and do a good job for them.

This is about changing attitudes in government and beyond. I welcome this collection as part of that campaign, and commend Community and the Changing Work Centre for their efforts to put mental health at work on the agenda. **F**

CONTENTS

4	Call to action <i>Josh Abey and Kate Dearden</i>
8	Challenges and consequences <i>Chris O'Sullivan</i>
10	Time to thrive <i>Paul Farmer</i>
12	Mental health in the new economy <i>Sally Anne Gross</i>
14	Accommodation or integration? <i>Gill Dix</i>
16	Mutual and meaningful <i>Dr Ruth Yeoman</i>
18	Unions at the heart <i>Roy Rickhuss</i>
20	Setting the standard <i>Luciana Berger MP</i>
22	Risks and rewards <i>Gillian Connor</i>
24	An equal response <i>Dr Jed Boardman</i>
26	Relentless focus <i>Barbara Keeley MP</i>

Call to action

Work is at the centre of the mental health debate. *Josh Abey* and *Kate Dearden* shine a light on the lives affected and call for action from government, employers and trade unions



Josh Abey is a researcher at the Fabian Society and Kate Dearden is research and campaigns officer at Community

WORK MAKES UP a huge part of our lives and has a significant impact on our mental health. This may be for better or for worse – poor practice can exacerbate mental ill-health, but work is also the place where people can find both support and a sense of purpose.

As Alastair Campbell notes in his foreword to this report, we have made real progress in the battle to remove the stigma that too often comes with mental ill-health. But this has not yet been matched by policy action, and too many people are going without the support and services they need.

Nowhere is that more the case than when it comes to the world of work. While some employers have taken action to support good mental health, too often the issue is not taken seriously. Government has done too little to encourage businesses to do better. This report places work at the centre of the mental health debate, and calls for employers, government and trade unions to work together to address the crisis.

Change and challenges

The world of work is changing. One of the key features of this change has been the expansion of employment practices that promote insecurity – including zero-hours contracts and bogus self-employment.

The emergence of a gig economy – where workers, enabled by technology, flexibly take on short-term contracts and tasks – has undermined the security of more traditional employment relationships.

New Fabian research adds to this analysis, by highlighting a steep increase in the number of self-employed workers with a mental illness

Recent reports from both the Office for National Statistics (ONS) and Business in the Community have shown that job insecurity contributes to poor mental health. New Fabian research adds to this analysis, by highlighting a steep increase in the number of self-employed workers with a mental illness. Over just five years the number has almost doubled, rising from 105,000 in 2012 to 203,000 in 2017. These estimates come from the Annual Population Survey, conducted by the ONS and released earlier this year; they refer

to those self-employed workers aged between 16 and 64 who have a self-reported mental illness. The definition of mental illness used includes depression, bad nerves and anxiety.

Action from government

The government has taken some steps to improve mental health provision. The most recent budget contained a commitment of £2bn to pay for a 24-hour mental health hotline, more mental health specialist ambulances and new mental health crisis centres in every major A&E by 2023-24. These new measures are welcome and should prove impactful if delivered. But there has been insufficient focus on the interaction between mental health and the world of work.

In this sense, Labour's offer is better suited to the challenge. In her contribution to this report, shadow mental health minister Barbara Keeley sets out a holistic approach that prioritises preventative strategies and infrastructure investment to improve the environment in which we work. Other Labour policies will contribute to minimising the conditions in which workplace mental ill-health develops: banning zero-hours contracts, ensuring that contracts reflect hours actually worked, and extending the rights of employees to all workers.

CASE STUDY: STEPHEN

Stephen works three days a week as a receptionist for an organisation that manufactures toiletries and cleaning products. Prior to 2004, he worked on the factory floor in the same organisation and has, over the years, held a number of trade union positions.

Stephen describes his period of workplace mental health difficulty as a 'mini-breakdown'. A combination of toxicity and stress in the workplace itself, and a difficult start to a relationship with a new guide dog – Stephen was born blind – led to a situation where, as he put it: "Things got on top of me." Stephen's manager was "quite aggressive on the factory floor" and it got to a stage where Stephen began to feel suicidal.

Stephen has mixed feelings about how well his employer dealt with the situation. An absence of formal one-to-ones with bosses to discuss how things were going resulted in a failure to identify problems soon enough. It was only once Stephen let it be known that he was considering suicide that the employer was pushed to what he describes as a 'panic response': sending him home and urging him to consult his doctor. Following this, they did give him time to engage with counselling.

Stephen is clear about the importance of training in detecting mental health risks early on: "I feel a lot of it is training, I really, really do. From the top-level person to the bottom person, we need to train ourselves." Stephen describes stigma and a lack of understanding, even 'in the disability world' around mental health; colleagues told him that they 'didn't expect that of him' because they 'thought he was really strong'. For Stephen, this type of reaction was bound up with expectations of masculinity, and he stresses that the need "to actually admit you're not macho and strong after all is very important."

Stephen believes that both the government and trade unions can make a difference through the provision of mental health advocates for workplaces. "Maybe we should have mental health advocates that go round to businesses and actually do a talk in the canteen about being honest, about mental health awareness," he says. Stephen is clear about the value of someone physically coming "into the building and say[ing] 'hang on a minute, this is what's happened to me'."

Stephen is reflective, and does believe that things can improve. His relationship with the manager whose aggression helped precipitate Stephen's breakdown improved several years later when Stephen's grandmother died, and he conveyed to Stephen how sorry he was. In Stephen's words, this demonstrated "the complicated nature of mental health and managers' attitudes to it." Unlike before, his organisation now also has a human resources officer.

Above all else, Stephen is insistent about the importance of trade unions in driving progress forward. "I think trade unions have a massive role. I think trade unions could actually be the vanguard for all this."

But a future Labour government should go further. A key starting point must be the government-commissioned independent review of mental health and employers, *Thriving at Work*. Paul Farmer – one of the co-authors of the review – uses his contribution to argue for two key actions from government. First, workers need a review of the Equality Act to ensure it provides sufficient protections for individuals with fluctuating mental health conditions and to set clearer expectations for employers to comply with existing equality and employment laws. Second, we need to see considerable reform to statutory sick pay to

make it more flexible, and increase the rate at which it is paid. Statutory sick pay should also be a basic right for all employees from day one of their employment.

Going beyond *Thriving at Work*, a truly bold Labour government would address inequalities in the way the social security system treats different kinds of workers – especially when self-employed workers may be disproportionately at risk of mental illness. Self-employed workers currently rely on employment and support allowance if they have to take a break from work due to mental ill-health. Currently, only a small minority of self-employed

workers purchase private income protection insurance policies. The government should establish a collective insurance protection scheme for the self-employed, recently recommended by the Royal Society of the Arts. A government scheme with some form of automatic enrolment would create the economies of scale necessary to reduce premiums and ensure universal coverage. The Fabian Society's 2016 report *For Us All* assessed some of the complex options for improving social security when people fall ill, mandating improved employer support and extending private protection.

Finally, we must not forget that government is itself an employer. A survey conducted by Mind last year found that, compared to their private sector counterparts, public sector workers are more likely to have poor mental health, more likely to take time off for mental ill-health and less likely to feel supported when they disclose problems. In her chapter Luciana Berger discusses the ways in which the NHS has been falling short when it comes to promoting staff mental health, and suggests how it can change – with lessons for the whole public sector.

Action from employers

There is also a lot that employers can do to improve the mental health of their workforces. A common theme running through our interviews with workers is the importance of training to ensure that managers are working to a higher standard when it comes to taking care of employees' wellbeing. As Gillian Connor writes, good training is needed not only to make sure that managers know what their formal responsibilities are but also to improve critical 'soft' skills like building trust with staff. It is also clear speaking to workers affected by mental ill-health that there can be significant differences between large organisations with the means to provide training, and small businesses that may not have the same capacity. Employers of all sizes should be providing training for managers within workplaces – and the government should commit to providing funding to bear the costs for small and medium-sized enterprises.

Additionally, businesses should be required to make provision for mental health first aid, just as they are for physical first aid. Mental Health First Aid England,



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who lead the Where's Your Head At? campaign, and the Centre for Mental Health estimate that mental ill-health costs employers £35bn a year – but simple steps including first aid could save over £10bn of these costs. Taking a lead from the Time to Change employer pledge, businesses should also build mental health action plans which have senior leadership buy-in, strategies to raise awareness and overt policy around mental health. These must, as Gill Dix argues, be more than tick-box exercises – they need to be designed to truly integrate workers' needs. And employers should take action – like extending their involvement with individual placement and support services – to reach out to employees with a higher likelihood of being adversely affected by mental ill-health; this would help tackle the health inequalities that Jed Boardman explores in his contribution to the report.

Businesses should build mental health action plans which have senior leadership buy-in and strategies to raise awareness

There are also arguments to suggest that corporate governance arrangements can affect staff mental health. Ruth Yeoman makes a strong case that more widespread

CASE STUDY: MICHELLE

Michelle is a former medical secretary whose mental health difficulties first developed after she experienced sexual harassment and bullying in her workplace. She 'had a complete nervous breakdown' and went from being a remarkably active person to 'switch[ing] off from life'; for months, she would spend '22, 23 hours a day in bed'. Her sustained mental ill-health affected her physical health too – Michelle describes drastic weight loss and her blood pressure rising 'through the roof'.

Michelle recalls the appalling response from her employer. "I went to the assistant director of HR, they knew about it ... the director knew. And basically they did nothing. Absolutely nothing." She describes being treated as if she was 'expendable'. Michelle also explains that she reported the workplace harassment to her trade union – the perpetrator was a full-time union officer, and she was branch secretary – but that the response was a 'whitewash'. Consequently, Michelle was left feeling as if she had nowhere to go.

Michelle feels very strongly that the government is not pulling its weight when it comes to its responsibilities around mental health. Regarding NHS services, Michelle argues there should be 'proper funding' and mentions that her 11-year-old granddaughter has been refused access to counselling services despite the recent death of a parent.

Michelle also feels it is the government's responsibility to support workplace training on mental health, but she is clear that it would need to be fully funded. "There would need to be very explicit caveats that the money couldn't be siphoned off for anything else," she adds. A key reason Michelle thinks workplace training should be funded is to tackle inequalities between large and small organisations: "If you're working for public sector or big organisations ... you stand more of a chance to get something in the workplace to protect people. But if you've got ordinary people maybe working for someone like a shop in the high street, they'll stand no chance."

In terms of the role played by trade unions, Michelle suggests that there could be a 'properly recognised' mental health rep in workplaces, in a similar vein to a health and safety rep, who gets time off to carry out dedicated work. Michelle recalls an experience in her role as branch secretary, whereby a colleague came to see her but only felt able to reveal that she was being bullied after an hour of tearful discussion. "You need a lot of time to listen – really listen."

Despite all she went through, Michelle describes herself as lucky because her GP funded all of the counselling she had. She is now a campaigner on mental health within her union and a governor for her local NHS mental health trust. "It's about putting something back," she says.

employee ownership would benefit mental health by giving workers the tools to ensure that work is meaningful, adding value to workers' lives.

Action from trade unions

The trade union movement is increasingly alert to the issue of mental health at work, and there are examples of practical steps being taken to help members and the broader workforce. The TUC this year updated their 'mental health and the workplace' guide, which helps workplace representatives to support those experiencing mental health problems. In his contribution, Roy Rickhuss sets out Community's approach and explains how the union is

using its mental health charter to hold employers to account. Other unions are taking similar action: UNISON launched its Mental Health Matters campaign last year, and Usdaw runs an ongoing mental health and wellbeing survey in order to gather information on how best to support members facing problems.

Unions can take a lead where government cannot or will not, directing resources to ensure that workers have someone to turn to when they are experiencing mental health difficulties. In workplaces where a union is recognised, unions should formally integrate mental health into its branch structures, perhaps through additional responsibilities for

health and safety representatives. Reps can investigate potential mental health hazards, consult with the employer about mental health issues in the workplace and help deal with members' mental health-related complaints. This necessitates enhanced support for reps: mental health modules should be added to all reps' training, and all reps should receive additional training in mental health first aid with the support of the union and the employer. **F**

EIGHT RECOMMENDATIONS TO IMPROVE MENTAL HEALTH AT WORK

Government should:

1. Review the Equality Act to ensure sufficient protections for those with mental health conditions, and clarify expectations of employers.
2. Reform statutory sick pay to make it more flexible, more generous and available to workers from the start of their employment.
3. Establish a collective insurance protection scheme for the self-employed.

Employers should:

4. Provide high-quality training for managers; SMEs should be supported to do this with government funding.
5. Make provision for mental health first aid.
6. Build wide-ranging mental health action plans that include dedicated measures to reach out to those with higher risk of experiencing mental ill health.

Trade unions should:

7. Continue to campaign and hold employers to account on the issue of mental health at work.
8. Integrate responsibility for mental health into branch structures and provide enhanced support and training for representatives – including in mental health first aid.

CASE STUDY: ADRIAN

Adrian is a former steel industry worker, and he currently works part-time in the social care sector. After retiring from the steelworks, Adrian volunteered for several years as a project manager for a mental health advocacy service, and it was here that he "realised how bad we were at work – how we didn't look after people and, if anything, we actually bullied people."

Whilst Adrian does not consider himself to have had mental health problems, he recalls a particular experience from the steelworks. "There was a guy whose daughter had a child, and the child was born disabled and died after about five months. And he came back to work and he withdrew himself from everybody – to the point where he would have his break on the machine he was working on. And the conditions weren't exactly ideal for eating and drinking, with dust and gas and whatnot. And nobody picked up on it. I was the branch works representative at the time, and he'd come to me and talk to me about his issues, but I never actually picked up that it was a mental health issue – which it was. Although I let him speak to me and get things off his chest, we didn't do anything proactive to help him."

Adrian thinks that the steelworks have since seen improvements, not least from the formal introduction of mental health first aiders. Adrian could not emphasise enough how valuable he considers mental health first aid training to be. "You like to think if you came across somebody, you would be able to help them." He argues that, in the steel industry, this is especially important now given the uncertainty surrounding the industry's future. "A lot of people are worried, and they may not know it but they possibly could be having a breakdown – and if we've got people who can pick up those signs, that's going to only do them good."

Adrian's experience, however, is that employers often 'do nothing' and that too much hinges on the discretion of employers to 'believe' staff. He illustrates this with a poignant example from his own life. "Although I don't consider myself to have suffered from any mental illness, 13 years ago I was off work for eight months because my wife was ill – and unfortunately she died. And the workplace were excellent. But I think that's because they believed me. And that's the problem you've got with anxiety and stress at work: employers believing that there actually is something wrong. And we weren't very good at that."

Adrian does, however, take heart from the change he saw in his former workplace. "I like to think now that we are being more open about letting people speak. And I think that is one of the main things that we need to do: let people speak, and don't dismiss it."

Challenges and consequences

To understand the scale of the challenge of addressing mental health in the workplace – and to appreciate the consequences of inaction – we need to explore the issue from multiple angles, argues *Chris O’Sullivan*



Chris O’Sullivan is head of workplace mental health at the Mental Health Foundation

FOR CLOSE TO two decades, we have seen increasingly compelling research about mental health at work. One in four people will have a mental health problem; mental ill-health costs the economy billions; and the employment rate for people with mental health impairments is lower than for physical impairments. In some ways we have made huge progress, and in other ways we have made very little. It is time for concerted action, on multiple fronts and from multiple actors. To underpin this, we need to understand the scale of the challenge and the consequences of failing to address what is arguably the largest public health challenge of our time.

Put simply, without addressing mental health, lives are at stake, the health of the nation is at risk, and the productivity of the economy and the services that rely on it are imperilled.

We know that when our working life supports our ability to thrive, the identity, income and purpose that it brings can be good for our mental health. We also know that challenging working conditions can be toxic, and that they mean we may lose the mental health benefits work can bring. As the nature of work changes, and the economy and society adapts to new political and social realities, it is even more important that we address mental health at work as a core issue.

We must lean into the complexity and challenge, and we must not fail to act. Protecting and improving mental health must be a core function of all workplaces, regardless of size or sector. In the last 18 months, we have seen welcome political attention on mental health at work. The Thriving at Work review brought together many of the strands familiar to those of us in the mental health sector and provides a compelling set of recommendations for action.

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Economic analysis undertaken for the report by Deloitte outlines the scale and impact of mental ill-health at work.

The Deloitte analysis points to an overall cost to employers of between £32bn and £44bn, including the £1bn cost of mental ill-health amongst self-employed people – a group which is often overlooked. The cost of absence contributes £8bn to the total, and an additional £8bn is associated with turnover caused by mental health problems. The remainder of the cost, estimated to be between £16.8bn and £26.4bn, arises

from presenteeism: people are working but not fulfilling their potential because of mental ill-health. The cost to employers – including public sector employers – is huge, but factoring wider costs the net annual cost to the economy is estimated to be in the range of £75bn to £105bn.

In 2016, economic analysis commissioned by the Mental Health Foundation concluded that the gross value added to the UK economy by people with mental health problems is around £226bn, which is 12.1 per cent of total GDP. By turning the cost argument on its head and pointing to the value added to the economy by those of us with mental health problems, we presented a positive framing of the challenge as an opportunity. We need to be mindful of the costs of action but – if we are bottom-line focused – just as concerned with the potential risks of inaction.

Cost is one way of assessing the scale of the challenge. Another is in terms of prevalence of distress and mental health problems. The latest data from the Adult Psychiatric Morbidity Survey in 2014 shows that one in six adults of working age experiences the symptoms of a mental health problem in any given week. This is hugely significant as it brings the attention to the present time. The often-quoted lifetime incidence figure that ‘one in four people will experience a mental health problem’ has

been helpful in building awareness but it has also enabled employers and individuals to assume that those one in four are not in their workplace.

We must reach a point where we all recognise that distress – not coping, for whatever reason – is part of life, with most of us going through periods where poor mental health has an impact on our lives. We must do this without minimising the impact of complex mental health problems. In 2017, research for the Mental Health Foundation discovered that around two-thirds of Brits say that they have experienced a mental health problem in their lifetime.

For this year's mental health awareness week, the Mental Health Foundation polled a representative sample of 4,000 UK adults, with 72 per cent reporting that this year they had felt stressed to the point that they were overwhelmed or unable to cope. Thirty two per cent said they had had suicidal thoughts as a result of stress, and 17 per cent had self-harmed as a result of stress. Amongst young adults the levels of reported stress were higher still, and this year Universities UK research reported a fivefold increase in the number of students disclosing mental health conditions since 2007. This has ramifications for the workplace, with new generations moving into the workforce.

It is without doubt that the last 20 years have seen progress towards addressing the stigma of mental ill-health, and that in the last five years the pace of change has accelerated, at least in terms of raising awareness. This may explain why the numbers of people reporting mental ill-health

have increased. Our own research tells us though that only half of people with mental health problems disclose at work, and that a justified fear of discrimination is the main reason they do not.

At the same time, it has been demonstrated time and again that austerity, welfare reform, increasing inequality, social pressures on young people and increased pace of change in all walks of life play a role in the development of mental health problems. We must do more to understand how these determinants affect our mental health, and frame resilience not just as a property of individuals procured by personal responsibility, but as a property of organisations, neighbourhoods and nations as well, procured by diligent action across policy and political spheres. These factors are live in our communities and we must recognise that they have an impact in the workplace too. Life does not stop at the workplace door.

Increasingly we are seeing organisations address mental health with new eyes, seeing people as crucial to business success and working to create cultures of authenticity where people can be open at work. Businesses are also recognising that protecting and promoting health and well-being enables people to work more effectively – supporting staff, their families and communities to thrive. If we are to address the huge challenge that mental ill-health and distress pose in our rapidly changing world, we need to see action from employers which recognises the wider context of people's lives.

It is not enough for employers to incentivise gym membership and provide fruit for employees if there is an embedded culture of bullying, or an expectation that people will work in a way that constitutes a psychological hazard.

We can talk about coming forward when you have a problem – but the reality is still that, for many people, simply coming forward is not safe or helpful. We must address discrimination at work and ensure that there are support services that people can access quickly, effectively and without prejudice. If we want to encourage disclosure, there must be a 'disclosure premium', so people know that coming forward and bringing their whole selves to work is not going to result in dismissal, discrimination or even destitution – a reality that 11 per cent of people still report.

This October, we have seen the secretary of state for health and social care signal his intention to focus on prevention in health policy and practice. We welcome a renewed focus on prevention, and we look forward to a debate that allows the framing of prevention in the broadest sense – not just through proper support for public health, but ensuring that addressing inequality and mental health are driving issues across policy areas, including in education, employment, trade, and industry.

To adequately appreciate and address the scale of the challenge, we need to see a holistic approach to mental health at work – promoting and protecting the mental health of the entire workforce and asking big questions about the nature of work now and in the future. We must recognise that some people are at disproportionate risk, either because of the nature of their work or the nature of their lives and experiences. Health and safety as well as diversity and inclusion policy and legislation can address those risks. Finally, we must ensure that people with emerging issues or ongoing mental health problems can benefit both from in-work support, and from a cultural shift to supporting disclosure by addressing stigma and supporting ongoing wellbeing. If we do that, we can also create working environments where those most distant from work can feel safe and supported as they return to employment. Each of these steps are interlocking and interdependent, and true progress is contingent on both aspects improving as we take action. **F**



Time to thrive

It is in the interest of both government and employers to build on recent progress and work in concert to do more on mental health in the workplace, says *Paul Farmer*



Paul Farmer is the chief executive of Mind

WITH MENTAL HEALTH problems affecting one in three British workers each year and mental health being the leading cause of sickness absence, it is not surprising that employers are starting to look more closely at the crucial role they play in supporting the wellbeing of their staff.

The annual cost of poor mental health to employers is between £33bn and £42bn. This cost arises from presenteeism where individuals are at work but significantly less productive due to poor mental health, as well as from sickness absence and staff turnover. More crucially 300,000 people with a long-term mental health problem lose their jobs each year.

Thriving at Work, an independent review of mental health commissioned by the prime minister and led by me and Lord Dennis Stevenson, aims to address this issue. It sets out six mental health core standards and four more ambitious enhanced standards for employers. It has a vision which includes that in 10 years' time employees will have 'good work', which contributes positively to their mental health, our society and our economy.

Thriving at Work also sets out some key recommendations for government which is vital to effecting substantial change. We need to see bold policy and legislative change to complement employers' efforts. At a time when there is a national focus on productivity, the inescapable conclusion is that it is in the interest of both employers

and government to prioritise and invest far more in improving mental health.

The role of government

The Thriving at Work recommendations were formally accepted by the prime minister and by the government in their Work, Health and Disability command paper, *Improving Lives*. An implementation plan was developed by the Work and Health Unit, outlining the government's commitments as an employer and policymaker.

We have been working with central government as an employer to ensure that it is implementing the standards and leading by example. However, we feel that government as a policymaker could do more to take action and there are some key recommendations on which there has so far been very little progress. These include the legal protections under the Equality Act 2010, the enforcement of these protections, and the improvement of statutory sick pay.

There is a clear need for government to do more to ensure employer compliance with existing equality and employment laws. People with mental health problems are covered by the Equality Act 2010, therefore employers need to take responsibility for offering reasonable adjustments in the same way that they would for an employee coming to work with a broken leg. The government is committed to taking action to extend protections from discrimination in the workplace

both through the Equality Act 2010 and other legislation.

Statutory sick pay is designed to enable people to take time off work when they are unwell, whilst retaining their job. To better achieve this purpose, employees should be able to take a staged return to work after a period of sickness, taking on part-time hours to ease back into work and being paid pro rata between their standard pay and sick pay. But current provision is not flexible enough for this, which is why in the Thriving at Work review we recommended that the government develop a new flexible model for statutory sick pay to better support people to be able to return to work on a voluntary phased return.

A proposed model must be thought about carefully to ensure that people are not pushed into returning too early or using up much of their entitlement on working part-time without taking time to focus on their recovery. At Mind, we believe this should be an additional entitlement to statutory sick pay, which comes with independent advice for employees to decide what path is right for them.

A recent report from the Money and Mental Health Policy Institute has further underlined the importance of the issue and the need for action by government. Three-quarters of people who responded to its survey who had taken an extended period of sickness absence reported that their household income fell, and two-thirds of



these saw their income fall by 50 per cent or more. This drop in income can have a huge impact on a person's life and their prospects for recovery. It is more than just flexibility of statutory sick pay that needs to be looked at, but the rate at which it is paid.

The role of employers

Employers are increasingly striving to create mentally healthy workplaces for their employees. This includes tackling the work-related causes of stress and poor mental health at work, promoting wellbeing for all staff, as well as supporting employees experiencing mental health problems. Offering flexible working hours, generous annual leave, subsidised exercise classes and regular catchups with colleagues will see greater staff morale, productivity and reduced sickness absence.

It is vital that employers develop a strategy for supporting the mental health of employees which aligns with their overall organisational strategy. A mental health at work plan should set out how an organisation approaches supporting its staff, including support options available should

they become unwell. It should also include policies and procedures that promote wellbeing and tackle the work-related causes of poor mental health.

It is important for employers to recognise that prioritising the mental health of staff is an ongoing commitment

Smart workplaces are recognising the value of prioritising workplace wellbeing and, as a result, seeing happier, more engaged and productive staff who are less likely to need to take time off sick. But we also want employers to create environments where staff can talk openly about poor mental health at work and know that, if they do, they will be given support and understanding rather than face stigma and discrimination.

To support employers to normalise conversations about mental health in the workplace, Time to Change – the campaign we deliver in partnership with Rethink Mental Illness – has developed the Time to Change employer pledge. As part of the pledge organisations develop an action plan to get employees thinking and talking more about mental health. This could range from sharing information to running events or training line managers to feel more confident having conversations about mental health with their teams.

Providing the correct support for line managers is another crucial part of the solution. The relationship managers have with their staff is key in shaping how employees respond when they are experiencing stress and poor mental health. Managers need the skills and confidence to manage situations effectively and sensitively so they can start the process of supporting staff in a positive way.

It is important for employers to recognise that prioritising the mental health of staff is an ongoing commitment and changes are not going to happen overnight. Employers alone cannot create the cultural change envisaged in Thriving at Work, which sees a role for trade unions, industry groups, professional bodies and accrediting organisations to provide support. These bodies can also advise employers on occupational health services and insurance products to help support the mental health of their staff.

It has now been a year since the Thriving at Work employment review made its recommendations to employers. Although some progress has been made, we know there is still a long way to go, with many organisations not knowing where to start when it comes to workplace wellbeing. That is why, with support from the Royal Foundation, Mind has curated the mental health at work gateway, which has plenty of information from a range of trusted sources.

While these new recommendations are not mandatory, this is a real opportunity for employers and government to take steps to transform people's day-to-day experiences at work. What is more, investing in supporting mental health at work is good for business and productivity. **F**

The mental health at work gateway can be found at www.mentalhealthatwork.org.uk.

Mental health in the new economy

Technology and insecure employment models are introducing new challenges for workers' mental health. We need to understand the complexity of these challenges and implement fundamental solutions, writes *Sally Anne Gross*



Sally Anne Gross is principal lecturer on the University of Westminster's music business management masters programme

THE MODERN ECONOMY, transformed by the growth of digital technology and automation, is now characterised as one in which 'atypical' working practices are proliferating, and may indeed constitute the future of work. The casualisation of work is a major feature of the gig economy, where the demand for work is increasingly met with flexible, non-permanent and part-time contracts – or self-employment arrangements where workers once would have been deemed employees.

There are many who argue that the potential which these changes offer can

radically alter not only the way we work but how we live. The digital optimists both on the left and right of the political spectrum argue that in the future we might all be able to work anywhere and at any time, and in doing so live an idealist nomadic existence – or at least one in which we will be able to exercise much more choice about how we sustain ourselves. However, the more pragmatic argument runs that these opportunities will only apply to a small few and that the reality for most people will be very different. Recent research has shown that current working practices in the gig

economy benefit a very small percentage of the workforce and that, maybe unsurprisingly, those benefiting are already the more privileged members of society.

In 2016, my co-researcher Dr George Musgrave and I began investigating the working lives of musicians in Britain. Musicians commonly represent a type of work that is characterised by individual autonomy underpinned by a vocational commitment, a love of one's work. The research was commissioned by the charity Help Musicians UK which had already published an earlier report indicating that musicians, despite their commitment to their vocation, were reporting high levels of stress manifesting as anxiety, panic attacks and depression. The charity was keen to find out more about the working lives of musicians and so our initial research sought to extend their survey by increasing the number of research subjects. In the second part of our research, we wanted to conduct qualitative interviews to ask musicians themselves how they were experiencing their working conditions. Our research is the largest ever nationwide study of the psychological impact of working conditions on musicians' lives.

The survey findings were startling. They indicated that 68.5 per cent of those taking part in the survey had experienced depression and 71 per cent experienced anxiety.





The findings of our research are particularly poignant if we are to understand the impact of the ever-increasing instability of work and the growth of the gig economy more broadly. Our research illustrates that the impact of precarious labour conditions are not only economic. Even though all those we interviewed spoke of their devotion to their work, they were clear about the impact their work had on all aspects of their lives. Their working conditions appeared to be especially harmful to their mental health and wellbeing. There was additional evidence that suggested the negative impacts were disproportionately felt depending on gender, race, class and sexual orientation.

There are many challenges for people in insecure work, not least the requirement to be constantly ready to find new employment. For those working in customer-facing roles in service industries, there is a requirement to carry out affective labour: to be constantly smiling, caring, and listening. This emotional dimension of work is also impacted by the expansion of the feedback economy, where we are asked to give feedback on every interaction we have. Agency staff require employers to rate and give feedback on all casual employees; the better your feedback, the more work you may be offered. This is widespread across many industries from packers in warehouses, to call centre staff, to employees in education and the health service.

The constant rating of performance dominates the lives of many and our

research shows it is a site of real anxiety. The complexity of the social security system and the rolling out of universal credit is also making it increasingly difficult for the workforce of the new economy to maintain any kind of stable existence. For the self-employed, access to state benefits and tax credits is even more complex and inconsistent. These issues impact on people's basic needs for food and housing, and disproportionately impact the lives of those caring for family members.

The lack of a predictable income also means that people cannot plan for a future; they cannot reach any of the anticipated life milestones. With increasing numbers of young adults unable to leave home or move somewhere they might have a chance of finding better work, they report feeling 'trapped' and talk of having no future.

At this point there is very little reliable, easy-to-access help beyond that offered by friends and family. The NHS is seriously under-resourced. Those seeking urgent mental health support are frequently having to wait for months before being offered any treatment. Although there are many private providers, these all rely on patients being able to afford treatment. Although some employers and charities are offering counselling services, these are mainly short-term and oversubscribed.

There needs to be increased policing of the ways in which employers are relying on precarious work. Employers need to be encouraged to adopt fairer working practices

that enable workers to predict their weekly income. There needs to be a duty of care from employers that includes raising awareness of mental health issues and providing access to support for those in need.

Labour market changes have an impact on our social relationships, our family life, our community, our sense of self and with that our general wellbeing. The complexity of the question of who we are and what we do becomes a source of anxiety and is something that pervades our everyday lives.

There needs to be immediate action to alleviate the problems already facing those working on short-term or zero-hours contracts, and the growing number of self-employed workers. This will not be done by employers alone but must be part of a wider policy shift that recognises the full impact of precarious labour models on employees, their families and wider society. This must inevitably mean a reimagining of the role of our public services and new investment in our social security system and the NHS. The introduction of a simple universal basic income scheme would enable all of the precarious workforce to manage their lives differently as well as benefitting the poorest and most vulnerable in society.

There are no easy solutions. These problems are multifaceted, and demand responses that shift the emphasis from the current limited economic model to one which values quality of life in a more equitable and sustainable way, so that we may all have a future to enjoy. **F**

Accommodation or integration?

The business case for prioritising the mental health of staff is too compelling to ignore. *Gill Dix* sets out a framework for the role employers should play



Gill Dix is head of workplace policy at Acas

I HAVE SPENT MUCH of my working life researching and commenting on the world of work. This has involved identifying future trends, unpicking the motivation for good and bad behaviours and, critically, trying to find ways to make work better for everyone, whatever they do.

Although plenty will argue that the underlying drivers of working life – labour and capital – have not changed for centuries, the conversation is shifting. For many people, of course, work is still primarily about money and job security, but we are opening our eyes to what makes businesses tick and what motivates and engages workers.

But is it possible to build a bridge between business success and employee wellbeing, to satisfy both the demands of shareholders and the needs of employees? On the surface this seems a tall order: most academics and political commentators seem to be taken up with a polarised dynamic that pits business flexibility against job security, job quality against technological change and legal compliance against voluntary good practice.

For many workers, there is only one winner in the business versus people race. But all is far from lost. Much progress has already been made to push employee wellbeing up the policy agenda. Thanks to the work of Dame Carol Black and her colleagues during the early 2000s, workplace wellbeing has become effectively legitimised as an area of serious policy debate.

But without hard evidence for the business benefit of wellbeing interventions, the momentum has begun to slip a little. For some, the solutions have fallen short. The ‘wellbeing brand’ has become a little tarnished and tired. Only recently I have seen articles warning workers not to take their employers’ wellbeing initiatives at face value: often, it is argued, they amount to little more than offering staff a free bowl of fruit.

Part of the problem with wellbeing is that it is so all-encompassing: it reaches out to everything from diet to exercise and relationships to cultural values. What we needed to emerge was one single issue that gave greater focus to the challenges so many people face in their lives. Step forward mental health.

Endorsed by celebrities, championed by politicians and brought to life by the bravery of so many testimonies of lived experience: mental health is clearly here to stay.

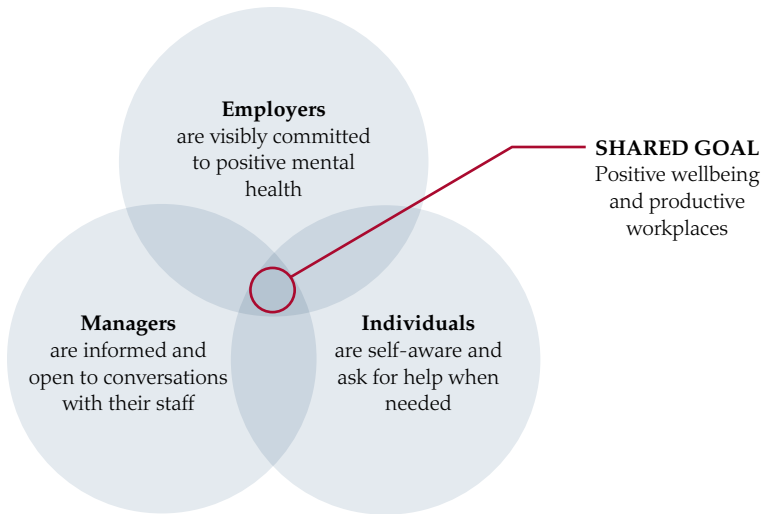
I know many of us are tired of having to start every discussion on mental health by presenting the business case to employers. But it is compelling, getting easier to make, and always worth rehearsing.

Mental health problems – in the form of everything from absenteeism to presenteeism – cost UK employers around £40bn a year. Far more positive and captivating, as Chris O’Sullivan notes in his contribution to this collection, is the fact that people with mental health problems at work contribute £230bn a year to the economy. So people with mental health problems are definitely in credit.

If we bring those figures down to the individual workplace the arguments become even more compelling. Providing cover for someone on long-term sick leave is costly and can have an impact on team morale. But what if you trained your managers to be able to have empathic



Framework for positive mental health at work



Source: Acas

conversations with someone struggling at work? More than 300,000 people in the UK with a mental health condition leave work every year. This represents a terrible waste of talent.

Although it is more acceptable to talk about mental health now, it is still hugely stigmatised and often seen as weakness

Let us not automatically assume that someone with a diagnosis of a serious mental health condition is going to be less productive or harder to manage than someone without any diagnosis. It is just not that simple, or indeed true.

The need to make the business case is unlikely to go away any time soon because although the mental health of many workers is coming under greater scrutiny, so is the business health of UK plc.

The UK's low and, compared with G7 counterparts, trailing productivity is a persistent feature on the policy and political agenda. If productivity is about increased output, it would be easy to jump to a conclusion that it is incompatible

with integrating apparent 'vulnerability' into the workforce. And let us be clear, although it is more acceptable to talk about mental health now, it is still hugely stigmatised and often seen as weakness. It is hardly surprising that those in insecure jobs are at high risk of poor mental health. Economic vulnerability leads to psychological vulnerability, and so the cycle continues.

In my view, too much of the focus on solving the productivity problem has been on big ticket ideas like infrastructure, capital and innovation. We have for too long ignored the real engine room of productivity: the workplace. A more enlightened perspective on productivity tells us that the way workplaces are run is crucial, and this includes the way we treat people, and the way they feel. The workplace is no longer where we simply work, it is where we live, have positive and negative emotional experiences and, as the government's review of mental health highlighted, where we either 'thrive' or 'strive'.

Acas' own research, The Management of Mental Health at Work, found that there are three big factors that often create a hostile environment for our mental wellbeing:

- Organisational change: both in terms of how it is managed and how it is communicated to employees

- Downsizing and work intensification, and the impact this can have on stress levels and work-life balance
- Line manager capability to engage with staff when it comes to interpersonal interactions, particularly around performance management systems.

These can cause workplaces to become institutionally anxious. But what is the solution? The increasing focus on good work, partially ignited by Matthew Taylor's recent review of modern working practices, may give us a possible route map for where to go. As Sir Brendan Barber said in a recent blog, the good work agenda is essentially a way of answering the question: "If your workplace was a person, would you say it was in good health?"

For Taylor, for Acas and for many others, including the Carnegie Trust, the diagnosis rests upon checking your workplace against a template of, amongst other things, good job design, leadership, communication, relationships and job security. It is encouraging that the government is taking an interest in this but it must not become a glorified tick-box exercise. Action must follow to make work and working lives better.

Acas has created a new framework for positive mental health at work which has at its heart a goal shared equally by employers, managers and individuals. The goal? Positive wellbeing and productive workplaces for all. The role of employers is to:

- Lead and embed a wellbeing strategy (the provision of fruit is optional!)
- Reduce stigma
- Tackle the causes of workplace stress
- Support and train managers
- Understand the impact personal issues can have on mental wellbeing

It is possible to create shared agendas at work based upon mutual interests. And it is in all our interests to be mentally well and to thrive at work, whatever we do.

I believe we are on the cusp of a monumental decision: either we decide to merely accommodate people in work or we ensure that work becomes an integration of not just what people do but who they are. **F**

Mutual and meaningful

By embedding the principles of mutuality in workplaces, we can amplify the voice of workers and ensure that work is meaningful. This can play a major role in addressing mental ill-health, as *Ruth Yeoman* explains



Dr Ruth Yeoman is a fellow of Kellogg College, University of Oxford and leads research projects at the Centre for Mutual and Co-owned Business

MENTAL ILL-HEALTH IS on the rise – and one of the reasons is the way we organise work. Precarious, controlled and ‘voiceless’ work makes all of us vulnerable to mental ill-health. The European Working Conditions Survey 2000-2001, for example, highlighted the connections between the intensification of work and harm to workers’ health and wellbeing. In a survey of middle-aged Australians, Dorothy Broom and colleagues found that poor quality work is as bad for health outcomes as unemployment. Drawing on the UK Workplace Employment Relations Study, Duncan Gallie, professor of sociology at Nuffield College, Oxford and colleagues have shown that wellbeing requires people at work to be able to have a voice with a diversity of channels for them to be heard. Voice channels include both task discretion (having personal control over one’s job tasks) and organisational participation (which has an indirect effect on positive working conditions). But to secure positive health outcomes, voice must be incorporated into corporate governance and supported by a culture of mutual concern.

Neglecting meaningfulness in work

Social justice demands that we mitigate the harm caused by poor quality work. In her model of a political economy of health inequalities, Clare Bambra of Newcastle university shows how psychosocial risks

are unevenly distributed in the workplace. This is because employees located at different positions in the organisation experience varying job demands and levels of control over their work. Addressing such inequalities requires an extension of how we think about the nature of work, and especially its contribution to making our lives worth living. When we talk about work contributing to meaning in life, we are essentially looking at whether work involves doing things which people can judge to be significant, valuable or otherwise worthy of their humanity. But although initiatives such as the International Labour Organisation’s decent work agenda seek to improve the global provision of good work, they have little to say about meaning and purpose at work.

Meaningful work is one way we can improve the lives of working people. Although there is increasing practitioner interest in meaningful work, the injustice of having to do non-meaningful work has yet to influence policymaking. But at a political juncture when disaffection and alienation are increasing the appeal of populism, we may legitimately ask: do we have a crisis of meaning? The answer is yes, if we consider the harmful effects of lost meaning upon people who have been displaced by deindustrialisation. This has resulted in communities suffering what Princeton university’s Anne Case

and Angus Deaton call ‘deaths of despair’, where a loss of meaning in life exposes people to poor mental and physical health outcomes.

In his work on the ‘Glasgow effect’, Strathclyde university’s global public health director Professor Sir Harry Burns found widespread health inequalities in young and middle-aged people whose families had been hit by deindustrialisation, exacerbated by poor planning decisions in housing and industrial policy. Adverse childhood experiences of this kind led to premature mortality, caused particularly by drugs, alcohol, suicides, violence and accidents. Yet people presenting with alcoholism at Burns’s surgery refused to give up drinking. His patients would tell him: “[I] don’t care, life is not very nice ... drink makes me feel better.” In a BBC Radio 4 interview, Burns argued that public policy must ‘tackle the social, environmental and economic dislocation felt by people’ in order to ‘help people regain a sense of purpose and meaning in life’. He says this would necessitate innovations in social cohesion which move away from ‘doing things to people, rather than doing things with people’. Thinking this way has immediate implications for the organisation of work.

Meaningfulness in work

Meaningful work has been shown to



benefit employees' mental health, as well as generating positive organisational outcomes. The experience of making a contribution which matters because it is morally valuable or otherwise worthwhile supports wellbeing. Joanne Ciulla at Rutgers Business School defines meaningful work as 'morally worthy work in a morally worthy organisation', while Austrian psychoanalyst Victor Frankl described the drive to meaningfulness as the 'will to meaning'. This drive is extremely difficult to eliminate. Indeed, people will use whatever materials are to hand, including poor quality and precarious work, to craft meaningfulness. The philosopher, Susan Wolf, says that the value of meaningfulness aims at independently valuable objects we find affectively engaging. Meaningfulness arises when 'subjective attraction meets objective attractiveness', where the experience of meaningfulness is more likely to occur when a person becomes actively connected to and emotionally involved in something or someone of value.

In my research on meaningful work, I argue that people generate meaningfulness for themselves and others when they promote the good for those things – people, animals, communities, nature, organisations, etc – which are valuable in their own right and to which they are emotionally attached. Such life-promoting activities are experienced as meaningful when they involve us in looking after valuable things, through work which is designed for autonomy, freedom and dignity.

Having a voice is a key organisational pathway for accessing meaningfulness. Voice systems recognise workers as having the status and capabilities to co-produce the values and meanings which are needed to get the work done. However, productive meaning-making, and therefore the experience of meaningfulness, is stifled when organisations make no attempt to secure fairness, trust and concern in production and distribution. Values such as fairness are used by mutual organisations to underpin their voice systems. This helps workers to become confident in exercising their voice, and hence to play their part in creating the morally valuable purposes and emotional connections needed for meaningful work.

Mutuality

Mutuality is an organising philosophy which describes how we are to live with one another. As such, mutuality is concerned with the values, principles, and practices which specify the conditions under which we are prepared to join our effort to those of others in order to secure together what one cannot secure alone. The objective of mutual organisation is to distribute among all affected stakeholders a fair share of the benefits and burdens arising from their collective activities.

Having a voice is a key organisational pathway for accessing meaningfulness

Having a voice at work unlocks meaningfulness. This involves shared responsibility for forming the purpose, making the rules, and implementing the tasks necessary for promoting the good for valuable objects, or those objects for the sake of which the organisation exists. This generates a richness of positive meanings which people can adopt to lend significance to their work and lives. Co-owned organisations are potentially supportive environments for experiencing meaningfulness when members can make the decisions needed to care for the valuable objects and purposes.

A mutual philosophy can be taken up under any type of ownership – including shareholder ownership – which is committed to developing a member orientation. However, co-owned models, such as employee ownership, enjoy a distinct advantage because they hardwire the member perspective into the organisation's governance, obligating management to institute an enduring voice system. A 2012 report for the Employee Ownership Association, *Fit for Work*, showed health benefits for members of employee-owned businesses who also experienced significant levels of control.

New kinds of organisations

Organisations can be encouraged to incorporate meaningfulness and mutuality into work design. They can also consider ways to institute governance-level practices. Phil Bielby of Hull university develops a normative legal theory of mental health vulnerability which combines rights and care. Adopted into corporate governance, a 'right to care' in mental health contexts puts duties upon organisations to examine how their work practices make people more or less vulnerable to poor mental health. Mutual organisations which promote meaningful work are well placed to adopt a 'right to care' because they are already required by their constitutions to address the fundamental question of how to share power.

In his concept of an associative democracy, the sociologist Paul Hirst argued that modern societies need to create fresh sources of social solidarity. He said that solidarity 'has to be built up from active cooperation in more complexly divided and more individuated populations'. A promising source of such solidarity are the co-owned organisations which foster orientations of care towards morally valuable purposes. Such organisations re-configure the traditional distribution of decision-making entitlements and obligations, making the provision of democratic voice a management duty rather than a gift which is dependent upon enlightened management. Mobilising the voice of workers through meaningfulness and mutuality exposes the varieties of ill-being in the organisation of work, directing us towards novel policy solutions for a reformed political economy. **F**

Unions at the heart

Trade unions have a critical role in addressing mental ill-health at work. *Roy Rickhuss* sets out how they can make a difference



Roy Rickhuss is the general secretary of Community

WORK-RELATED STRESS, ANXIETY OR depression now account for more than half of all working days missed due to ill-health in the UK. In 2017/18, 15.4m working days were lost as a result of mental ill-health. The figures, revealed by the Health and Safety Executive, show this equates to 57.3 per cent of the 26.8m working days lost in total.

Few of those with long-term mental health problems are able to stay in work and having to leave their job only worsens their mental health. Only 50 per cent of people with disabilities are in work; the figure is 46 per cent for those who have depression and 34 per cent for people with a mental illness.

Despite the increasing awareness of mental health, and the good practice of some employers, it is clear we are just scratching the surface on mental health at work, particularly when you consider that workplace stress is cited as the number one cause of mental ill-health across the UK. Those are devastating figures for workers across the country and demonstrate the crisis we are facing when it comes to our nation's mental health.

Mental health conditions are not easily identifiable, and compared to physical health so little is commonly known about mental ill-health. But just like we all have physical health that can go up or down, so too with mental health. Mental health issues affect everyone, whether personally or through close family and friends.

Government, employers and trade unions have differing roles and duties to sup-



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port those experiencing mental ill-health in the workplace, and to make workplaces accessible and supportive environments where every worker can thrive.

Trade unions in particular, which are uniquely positioned to help secure the right support for those experiencing mental ill-health in the workplace, recognise mental health as a workplace issue, and can provide collective solutions.

As the general secretary of Community, with previous experience of working for the Samaritans, I know the issues my members face in their workplaces, and the struggle for so many workers in understanding and addressing conditions related to their mental health, as well as the stigma attached. The stories I listened

to when I worked for the Samaritans are no different from the stories I hear now. People are stressed about their work, worried about paying their bills and being able to provide for their families. Whether it is steelworkers who have lost a loved one, or care workers who are overworked and stressed, the underlying issues stay the same – workers experiencing mental ill-health still do not have the right support in the workplace.

That is why Community members at our conference in 2017 voted overwhelmingly for the union to campaign around mental health in the workplace, and to provide tailored support to all of our members on mental health whether they work in a steelworks, a warehouse or a prison.

We know workers with mental health problems face discrimination at work, and experience numerous challenges getting the help they need. Without the right support, many working people are struggling: taking time off work, being less productive and leaving work, and feeling unable to speak to their colleagues about the issues they are facing.

As a trade unionist, I believe workers alone should not be responsible for taking care of their own mental health. We have a duty to help those workers with their workplace issues and provide collective solutions.

Trade unions stand proud of our achievements on behalf of working people. We have and continue to make workplaces safer, smarter, greener and more prosperous. Whether it is low pay, increasing workloads, exploitative working conditions, bullying or discrimination, trade union workplace representatives organise every day to defend the rights of those workers.

That same collective action must be replicated when it comes to mental health at work. We can empower our reps to support members with mental ill-health by creating workplace cultures where workers can open up about their mental health without fear of discrimination.

Union reps all over the country have helped working people who have mental health conditions, and helped them to stay in work. They are the colleagues who listen without judgement and ensure management implement the reasonable adjustments to give workers the support they need, making mental health a priority in every workplace.

Whether that is ensuring working practices support equality, securing more facility time for union reps to speak and consult with their colleagues, or holding to account employers that are failing to protect workers' mental health, there is much to do to ensure employers take care of our members, and workers across the country.

For employers, it is not just about offering counselling. Tackling the problem calls for a more wide-ranging response. Workplaces must be supportive environments, with employers changing employment and recruitment policies, offering mental health first aid training, flexible working and time off work. Employers should use a range of initiatives to support the mental health of anyone who works for them.

In addition to this, unions can ensure approaches to mental health serve workers regardless of age, sexuality, gender and race. Only by understanding the diversity of experiences of mental health – and how different groups are impacted by racism, sexism or homophobia – can we ensure we are supporting all workers who are experiencing mental ill-health.

Employers and managers equally need to be equipped to recognise early signs of stress and mental ill-health so employees feel comfortable to approach their employers, as well as their union reps, about their stress levels if they are struggling to cope at work.

Community has a proven track record of working constructively with employers to reach agreements beneficial to workers and business in regards to pay and terms and conditions, as well as the work we have done to tackle mental ill-health.

Employers and managers need to be equipped to recognise early signs of stress and mental ill-health

We have worked with Tata Steel for many years to support the National Joint Safety, Health & Environment Forum ('SHEF') trade union safety reps training scheme, which trains and upskills our members. This has been supplemented with the addition of training mental health first aiders, who have the ability to identify and consult management on any potential mental health issues that could arise on the shop floor.

In 2016 we completed a major company-wide programme on mental health with Tata Steel UK. This involved the development of a mental health policy, code of practice and training programmes for the workforce, managers, human resources and occupational health.

Within our footwear, leather, tanning and textiles industry health and safety committee, we have produced guidance notes on occupational health and the many forms that it can take.

In addition, our in-house Community health and safety reps training programme

has also focused on occupational health issues for many years, including bullying and harassment, violence at work and work-related stress.

Recently, we have gone even further in our commitment to help our members and workers get the support they need at work. Our mental health charter, developed for employers, commits them to tackling stigma, challenging discrimination, promoting equality of opportunity, encouraging wellbeing and raising awareness of mental health in the workplace. A number of our biggest employers have already signed our charter and are working to build on their commitment to mental health in their workplaces, from Liberty Speciality Steels to Serco custodial services.

In addition to this, we have teamed up with Mental Health First Aid England to train our staff, our union representatives and members in mental health first aid so they feel prepared when approached by their colleagues about mental health problems. We have encouraged our employers to replicate the same for the wider workforce.

Our campaign in the workplace to raise awareness about mental health problems and increase people's understanding, as well as encouraging those with mental health problems to talk about their experiences, is changing workplaces for the better.

We are constantly working to ensure that mental health never falls off the political agenda, and lobbying for important changes to legislation to make mental health a priority in every workplace.

Trade unions continue to provide collective solutions to mental ill-health. By resolving workplace issues that will most likely contribute to a person's mental health problems, or seeking necessary adjustments if required at work, we have helped thousands of workers across the country by creating positive working environments.

Through collective action we can combat unhealthy working conditions, understand the issues facing the workforce, and give support to the thousands of workers experiencing mental ill-health so people can thrive at work. If you are struggling with your mental health, you should speak to your trade union rep to help you get the support you need at work. Workers should never suffer in silence. **F**

Setting the standard

If we are to confront the challenges of mental health in the workplace, it is crucial the NHS – the country’s biggest employer – sets a high standard itself, writes *Luciana Berger*



Luciana Berger is the Labour and Co-operative MP for Liverpool Wavertree and a member of the health and social care select committee. She is president of the Labour Campaign for Mental Health

WORK DOMINATES OUR culture and society. We are working more hours in a day, and for more years in our lifetimes. The digital revolution brings many benefits, but also destroys the divide between work and home, between time ‘on call’ and time for oneself or family. We have been hearing about it since the 1950s, but we are still waiting for automation to deliver extended periods of leisure; instead work takes up most of the week, and for non-shift workers often blurs into the evenings and weekends.

For millions of people, work defines their identity, their sense of belonging, and their place in society. But work is also becoming precarious. The gig economy means that millions are working long hours for little reward, or subject to the vagaries of zero-hours or low-hours contracts. Some people are having to do two or even three jobs, with all of the logistical costs and pressures that brings, just to survive.

It is no surprise that work can make us ill. Physically, many workers are suffering ill-effects from office-based work, including hours at a desk, akin to smoking. Mentally, the changing nature of work, from stable and steady, to unpredictable and rocky, is also taking its toll. The explosion in demand for mental health services can be partly ascribed to work-related stress and anxiety, bullying, lack of job satisfaction, and worries about status and reward.

When it comes to mental health in the workplace, a good place to start is

the NHS. The NHS is ranked as the fifth largest employer in the world, behind the US defense department, the Chinese army, Walmart and McDonalds. One and a half million people work directly for the NHS, not counting dentists, opticians, GPs, or private suppliers. There is scarcely a family in Britain which does not have a member of NHS staff somewhere on the branches of the family tree, and I bet everyone reading this knows someone who works for the NHS.

One in three junior doctors suffers from work-related stress

If we can create a mental health-friendly environment in every NHS workplace, that would have an enormous positive impact on the nation’s mental health. Of course, by their nature, most jobs in the NHS come with stress, especially in acute care. Doctors, nurses, ambulance paramedics and others witness things daily that most of us would hope never to see in a lifetime. But the stress they experience can often tip over into more serious mental ill-health.

We know that the NHS is understaffed and overstretched. In September this year, the official figures showed that understaffing across the NHS as a whole is the worst it has been since the NHS was founded.

The King’s Fund says these shortages are becoming ‘a national emergency’. A record 107,743 vacancies include a shortfall of 11,576 doctors and 41,722 nurses.

This is having a detrimental impact on the mental health of NHS staff. For example, one in three junior doctors suffers from work-related stress, according to the British Medical Association (BMA). In November 2018, the BMA reported on widespread bullying, harassment and undermining of junior doctors at work. The BMA warns the job is becoming simply undoable.

This year’s health and social care select committee report on nursing found that in too many areas and specialties, the nursing workforce is overstretched and struggling to cope with demand. Over the course of our inquiry, we heard concerns about the impact of these pressures on morale, retention, and standards of care for patients.

Recent surveys show that out of more than 2,150 anaesthetists, nearly three-quarters reported that fatigue had a negative effect on their physical health or psychological wellbeing. More than four in five anaesthetists felt too tired to drive home safely after a night shift and over half said they had experienced an accident or near miss. Their representative body, the Association of Anaesthetists, has launched a campaign: #fightfatigue.

Psychological professionals are feeling increasingly stressed in their jobs. Findings from the British Psychological Society and New Savoy staff wellbeing survey of more

than 1,300 psychological professionals in the NHS in 2016 showed that 48 per cent of psychological professionals surveyed reported depression, with half saying they felt a failure. One-quarter considered they now have a long-term, chronic condition, and over 70 per cent said they find their jobs stressful.

These are just snapshots of a much bigger picture across every part of the NHS, where people are being made unwell by working to help others get better. This is surely unsustainable.

What can be done? We must make the argument, as Fabians have always done, for a well-funded NHS, with enough staff to keep pace with ever-growing demand, especially in mental health and social care. The NHS Five Year Forward View stated in 2014 that without efficiency savings, the NHS funding gap would be £30bn

by 2020/21. Looking further ahead from now to 2030/31, the Health Foundation has put the additional spending required at £65bn a year (if efficiency savings are 1.5 per cent a year) or £48bn (if efficiency savings are at 2.2 per cent).

This prospect of demand always outstripping supply is the reason why we need to shift our emphasis onto prevention rather than cure. As I have argued elsewhere, we need to hardwire pro-health decision-making into every aspect of public policy, from school curriculums to public transport. This 'health in all policies' approach would mean that people can live healthier lives for longer, regardless of their postcode, and thus place fewer demands on the NHS.

As the country's biggest employer, the NHS should model good practice for staff mental health. NHS Employers are

working with NHS England and NHS Improvement to implement a new framework on mental health, and I wish this initiative well.

NHS employees should work in an environment free from bullying, racism, homophobia or sexual harassment. NHS managers should be equipped with the skills and training to adequately support their staff. This might include progressive approaches to counselling, time off for treatment or recovery from mental illness, time to talk about mental illness, and proper systems of professional development and feedback.

Many employers, and trade unions such as Community, have led the way in campaigning to tackle stigma and prejudice in the workplace. This should include support for the Time to Talk campaign and initiatives all year round such as mental health awareness week. Every part of the NHS should support these initiatives.

There are some good examples already. Mersey Care NHS Foundation Trust puts staff health and wellbeing at the centre of its strategy, with mental health support for its staff. The new services include 24-hour telephone counselling, tailored face-to-face counselling, and awareness and intervention programmes. Over two years the new service has helped 1,500 staff and made a potential saving of over £906,000 – the equivalent of 10,441 absence days avoided.

But overall, the NHS is not a healthy place to work. The high esteem in which NHS staff are held by the public is not matched within the system. People who work in the NHS deserve a supportive environment at work, for the sake of their own mental health. They should also set a good example for other employers – such as the BBC, civil service, armed services, police, and private companies – to follow.

We have always argued that work should be well-rewarded, safe, fulfilling and balanced with plenty of time for leisure and family life. Instead, in the 21st century, work is contributing to the crisis in mental health. The modern nature of work is fraying the bonds of community and solidarity. In many cases it is creating anxiety and illness. All employers have a duty to protect and enhance their employees' wellbeing, from the tiniest startup to the mighty NHS. **F**



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Risks and rewards

People with severe and long-term mental health difficulties are often excluded from the labour market. We should be focusing on what people can offer and supporting them to realise their potential, argues *Gillian Connor*



Gillian Connor is head of policy partnerships at Rethink Mental Illness and Mental Health UK

THERE IS AN emerging and compelling economic case for being proactive about mental health in the workplace. But the economic case for supporting people who are severely affected by mental illness is seemingly less obvious. Stigma and misunderstanding are rife. The perceived ‘risk’ of taking on someone with a mental illness, or supporting those already in the workplace, often overshadows what an individual can offer. We know that an informed and positive attitude, accompanied by the right support, can help people to enter and remain in work. This means a societal rethink of how we view mental illness.

It is clear that employers are concerned about the risk of taking on someone with a serious mental health condition, and that the concern can be paternalistic at best. Rethink Mental Illness commissioned an independent survey of 500 people with staff hiring responsibilities in 2017 which showed that: 68 per cent would worry someone with severe mental illness ‘wouldn’t fit in with the team’, 83 per cent thought they ‘wouldn’t be able to cope with the demands of the job’ and 74 per cent would worry that someone with severe mental illness would ‘need lots of time off’.

It is not surprising then that only 43 per cent of people with mental health problems are in employment, compared to 74 per cent of the population. Only five per cent of those with psychosis (includ-

ing those with schizophrenia) are in work. The government is committed to halving the disability gap in the next decade, and around half of this target includes people with a mental illness. We know that many people want to work, but the right conditions need to be in place. They need the right support and attitudes from line managers and fellow colleagues. And they need the same from the state in terms of welfare and employment support.

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The barriers to accessing and sustaining employment for people with an often ‘hidden’ and fluctuating illness can be broadly summarised as: poor societal awareness and understanding of mental illness, a welfare system that is more geared towards visible disability and line managers who are ill-equipped to deal with mental health problems when they do arise or are disclosed in the workplace.

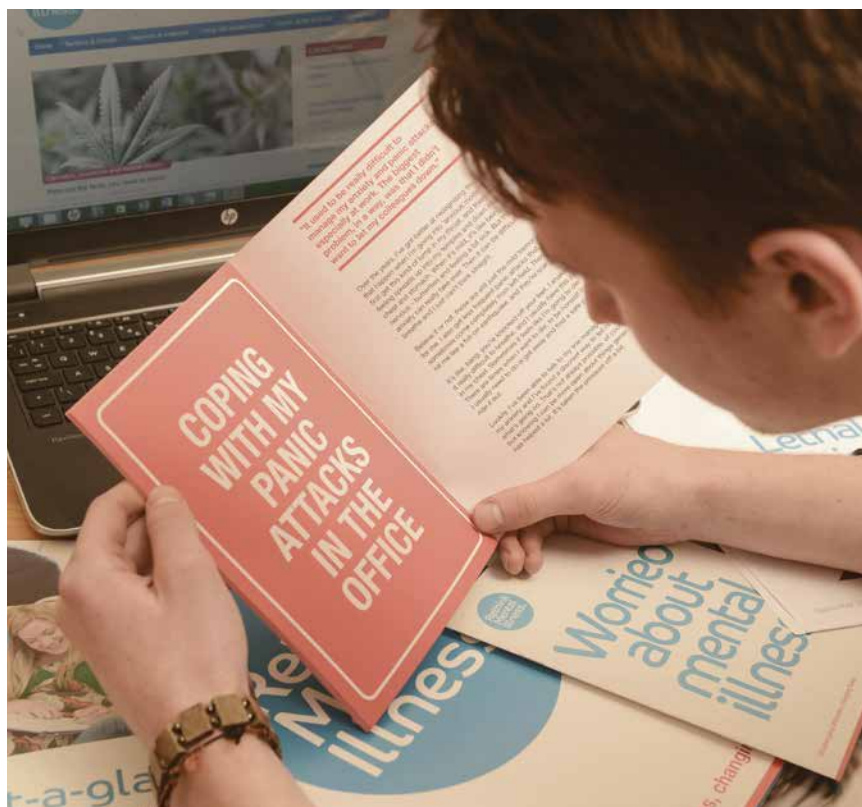
Workplaces reflect societal attitudes. When delegates on our charity’s mental health awareness training courses are prompted for words they associate with mental illness, especially conditions like schizophrenia, ‘dangerous’ and ‘unpredictable’ invariably crop up. The reality, which is not as newsworthy, is that people with this serious condition are more likely to be victims of crime than perpetrators. People are also surprised to learn that many people are able to manage their symptoms, whether through medication or other treatment, and can maintain a full-time job with the right support. But the attitudes we hear help to explain why people are reluctant to share their diagnosis during the recruitment process or once employed. It does not help that companies do not consider the effect of online recruitment, password systems, and uploading documents on people with mental health problems which include cognitive challenges. Companies often trumpet their disability-friendly approach but often are not explicit about their support for less visible disability, or are not open to work trials, for example. The onus must be on companies to be inclusive in their approach and to make it clear that mental health is as important as physical health. Research by Time to Change shows that some people with a mental illness reported the stigma to be worse than the illness itself, and

self-stigmatisation is very common. A message around parity of esteem in the workplace would offer the reassurance that many of our beneficiaries managing a serious mental health condition would gladly welcome.

Similar perceptions around illness and disability pervade welfare and employment support programmes. Low awareness of mental illness and its fluctuating nature, including the impact of medication, and assessors' inflexibility are some of the barriers evident in our welfare system. Many people want to work and can work but will need a lot of support. We find that people can be pressured back into work too soon and without reasonable adjustments in place. Individual placement and support (IPS) services, which support people into work over a period of time, are an excellent and proven example of how those with a severe mental illness can be supported into meaningful work. Yet these schemes are still not widespread, and more employers are needed to get on board to support IPS clients.

Lastly, line managers can be a 'blocker' rather than an enabler in supporting mental illness in the workplace. Managers often contact our national information line because they are worried about how to manage a disclosure of mental illness and how to deal with performance issues which may be linked to mental ill-health. Our 2017 research highlighted that over half of those surveyed (54 per cent) would not know how to support someone with a severe mental health condition, like schizophrenia, at work. This can explain why many with a mental illness struggle to remain in work, perhaps taking long periods of sick leave when this could have been avoided with good management and trust.

We also hear from employees who report that requesting reasonable adjustments under the Equality Act often feels like asking for a 'favour' rather than an exercise of their legal rights. This is why adequate training for line managers is needed around not just the law and duty of care responsibilities but also the 'soft' management skills, such as listening non-judgementally, which are needed to build rapport and trust with their direct reports. This needs to be part of a wider organisational strategy around supporting mental health and wellbeing in the workplace which has clear backing from the top.



© Time to Change

What we ultimately need is a fundamental rethink. Instead of concentrating on what people are unable to contribute, we should adopt an asset-based approach that focuses on finding the value and potential of each individual.

For example, companies purport to want candidates who are 'emotionally resilient' and have high emotional intelligence. The ability to express and manage emotions, and handle interpersonal relationships judiciously and empathetically, is increasingly valued. Indeed, much of our charity's training in external workplaces is designed to help people consider their own mental health and resilience, often for the first time.

These skills are already obvious in many of my colleagues managing a long-term and often serious mental health condition. The experience of developing personal coping strategies and new ways of working to maintain and aid their recovery, and preempt periods of ill-health, has given them valuable insight and skills. This lived experience also often informs and instils a sense of empathy towards struggling colleagues and customers. These are

important skills given that one in four of us will experience a mental health problem in our lifetime, and even more of us will be touched indirectly.

This is not to play down the challenge of living with a serious mental illness, and the challenges of managing staff with lived experience in the workplace. Learning to manage a mental illness takes time, dedication and support. And fluctuation in resilience is to be expected. But let us create the right conditions for ongoing recovery. Employers can play a key role in designing workplaces, instilling working hours, encouraging conversations and practices that fit around people and their unique characteristics and needs. Ultimately flexible approaches can benefit everyone, and make employers more attractive propositions.

We all have a part to play in creating these conditions and challenging our own preconceptions and fears around mental illness. We are making some great strides around elevating mental health, but let us ensure that we are comfortable about mental illness too. **F**

An equal response

Disadvantage and mental health conditions too often go hand in hand. Understanding the causes of work-related mental ill-health allows us to formulate an action plan to reduce inequalities, argues *Jed Boardman*



Dr Jed Boardman is a senior policy adviser at the Centre for Mental Health and lead for social inclusion at the Royal College of Psychiatrists. He is a consultant psychiatrist and senior lecturer in social psychiatry at the Institute of Psychiatry, Psychology and Neuroscience

MENTAL HEALTH ISSUES are not equally distributed across different groups in the population. Lack of work, and the conditions we work in, have an impact on our health. When we look at the groups most affected by mental ill-health, we can see that improving our working environment can play a role in reducing health inequalities.

What do we know about work, mental health conditions and inequalities? We know that people with mental health conditions are often disadvantaged. They are more likely to be out of work than others in the population. These unemployment rates are higher in men than women and much higher in people with a diagnosis of schizophrenia. People with mental health problems may find it difficult to get jobs, often as a result of stigma and discrimination. While many people with mental health conditions are in work, about 300,000 people with a long-term mental health condition lose their jobs each year in the UK, they do so more frequently than those with physical health conditions and they are less likely to get back into work. Mental health conditions fluctuate and may require flexible employment conditions and appropriate workplace adjustments. In an economic downturn people with mental health problems have a lower

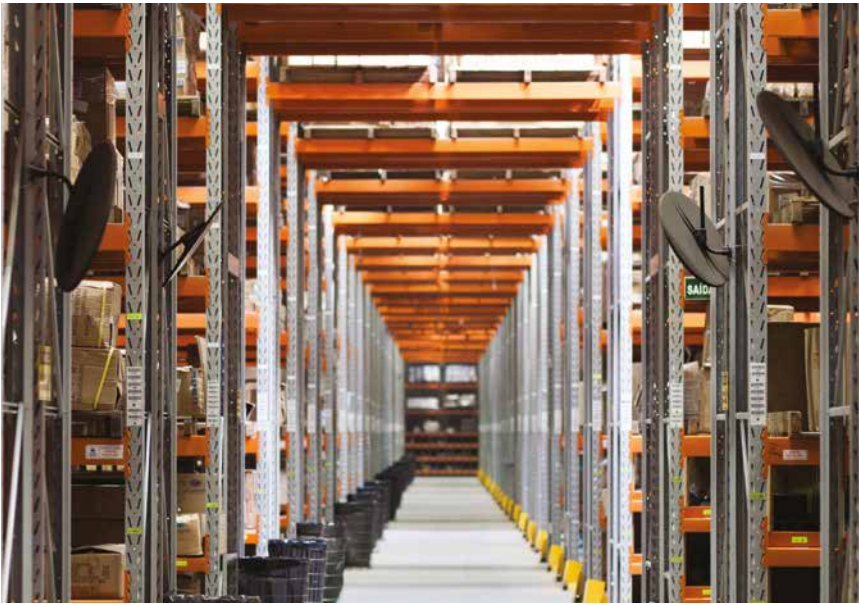
re-entry rate into the labour market. They represent the highest number of those claiming sickness and disability benefits. Because many people may experience their first episode of a mental health condition in their late teens or early 20s, this can have serious consequences for their education and employment prospects.

Employment is central to personal identity and provides structure and purpose and opportunities for friendship

However, work may offer benefits for all: being in employment is regarded by many as being good for health. Evidence generally supports this assertion. Employment not only provides financial rewards; it is central to personal identity, it provides structure and purpose, and it offers opportunities for socialisation and friendship. On the other hand, unemployment is associated with emotional instability, depression, hopelessness and apathy which

in turn contribute to other social and interpersonal problems including domestic discord, and child welfare and development issues. There seems to be a causal association between losing employment and subsequent mental distress and ill-health. In the population, during times of higher unemployment, we see increases in rates of suicide, suicide attempts and depression. Suicide rates are higher in men and about 14 per cent of suicides can be attributed to unemployment and financial difficulties.

Nevertheless, the relationship between employment and health needs more qualification. We have always known that poor job conditions can be bad for health, and there is a large literature on industrial hazards. Being in, or moving to, a job with low psychosocial quality may be no better than being unemployed and may have even more adverse effects on mental health. These low-quality working conditions are characterised by low levels of control, high demands and complexity, low job security, and unfair pay. The quality of the working environment matters, and poor-quality conditions are more likely to be experienced by people from disadvantaged socioeconomic groups. Low pay is also more common among ethnic minority groups and people with long-term disabilities. Certain jobs are more likely to



expose people to these poor working environments, including elementary jobs, sales and customer services, plant and machine operatives, and caring, leisure and other service occupations. Moreover, people who are in danger of unemployment are those who are looking for (or have previously worked in) jobs which carry the greatest risk to their health.

There are stark regional differences in poor-quality work in England, with the north of the country faring worst. Despite the increased rates of employment seen in the UK in recent years, jobs have been insecure, often part-time and there has been an increased use of zero-hours contracts, all representing conditions which contribute to health inequalities. Contrary to the usual adage that ‘work pays’, there has been a rise in in-work poverty which contributes to poor mental health, greater childhood poverty and poorer life chances. Between 2013/14 and 2016/17, the number of people living in poverty in working families in the UK rose by more than one million and two-thirds of children in poverty now live in a working family. Single working-age women, especially those who are lone parents, are particularly vulnerable to poverty.

What steps can be taken to address these health inequalities in relation to employment? Recent reports, including the Thriving at Work review discussed elsewhere in

this collection, have produced a myriad of recommendations. In 2015, The National Institute for Health and Care Excellence (NICE) produced an evidence-based set of guidelines on workplace health that looked at ways to improve the health and wellbeing of employees, focusing on the organisational culture and the role of line managers and produced 51 recommendations in 11 areas. The 2017 Taylor review of modern working practices put forward seven steps explicitly directed toward the goal of good work for all. The extensive Marmot review of health inequalities produced nine broad policy recommendations in the area of employment which aimed to ‘create fair employment and good work for all’. Public Health England has recently focused on the role of local organisations in promoting good quality jobs to reduce health inequalities.

To summarise some possible actions suggested in these reports, it is instructive to adopt a public health approach to reducing health inequalities. This means taking action to reverse the fundamental causes, prevent the harmful environmental influences and mitigate the negative impact on individuals.

Reversing the primary causes of health inequalities might then include:

- Introducing a minimum income for healthy living and reviewing our social

security system to ensure that it provides financial protection to those who cannot work due to circumstances such as caring responsibilities, incapacity or disability, and those in low-income work or who face additional costs due to disability.

- Creating a more progressive taxation system.
- Active labour market policies to improve skills, create good jobs and help people into and remain in work.
- Creating poverty strategies to reduce in-work poverty and child poverty.

Preventative actions might include improving the quality of the working environment, reducing adverse physical conditions of work, enhancing job control and enhancing people’s degree of autonomy at work, improving job security and reducing the risk of redundancy or job loss. This means implementing the NICE guidance on workplace policies and practices to improve the health and wellbeing of employees and the recommendations of the Thriving at Work review to help people with health conditions remain in work.

Action to mitigate the effects of health inequalities on individuals might include focusing on ways of supporting people with mental health conditions into employment and abandoning the sanctions imposed on them. Individual placement and support services provide an effective person-centred means of getting people with mental health conditions into open employment, but remain poorly implemented. Other potential measures include providing targeted employment services for vulnerable groups such as migrants, homeless people and lone parents, and improving financial and benefits advice for people with mental health conditions. Local organisations should also focus on promoting local employment and services that value a collaborative and co-produced approach.

Addressing mental health inequalities around work is a concern for all of us. To quote the 19th century German physician Rudolf Virchow: “Medicine is a social science and politics is nothing else but medicine on a large scale.”¹

Relentless focus

The government has failed to address mental ill-health at work.
Labour is determined to do much better, writes *Barbara Keeley*



Barbara Keeley is Labour MP for Worsley and Eccles South and shadow minister for mental health and social care

WORK WILL BE a critical territory for Labour in our battle to tackle mental ill-health across society. People spend on average 90,000 hours at work over a lifetime, so putting in place the building blocks of better health and wellbeing support at work is crucial.

The challenge of mental ill-health in the workplace is stark. Currently, 300,000 people with a long-term mental health problem lose their jobs each year, while around 15 per cent of people at work have symptoms of an existing mental health condition. This is to say nothing of the difficulties faced by people in the so-called gig economy. Research from the GMB union showed that more than 60 per cent of precarious workers had suffered stress or anxiety as a result of their work or had worked while unwell for fear of losing pay or losing their job.

Aside from the individual human suffering it causes, mental ill-health brings huge costs to employers, the government and the economy as a whole.

To reiterate what other contributions to this collection have highlighted, employers are hit with costs to their businesses which range between £33bn and £42bn each year. The impact is felt particularly keenly by smaller businesses. Research from the insurance sector shows that it costs small and medium-sized enterprises £30,000 to replace a staff member in recruitment costs, training time and lost productivity. The cost to government of poor mental health is between £24bn and £27bn, made up of costs in providing benefits, falls in tax revenue and costs to the NHS.

And the cost to the economy overall is between £74bn and £99bn per year.

These costs would be far greater were it not for the efforts of workers with mental health problems, who continue to deliver for the economy despite suffering illness. The TUC points out that these workers contributed £226bn to UK GDP in 2016. They suffer in silence – and they need more support. It is in the interests of both workers and employers to tackle workplace mental ill-health – so that those in work get the support they need to thrive and those out of work are helped to return to employment. To fail to tackle these problems would be financially illiterate as well as indefensible morally.

And yet this is an area in which this government is falling badly short. Continued underfunding of the NHS, combined with a lack of protection for mental health funding within the NHS budget, has reduced access to the services from which workers with mental health conditions would benefit. Underfunding is leading to adults having to wait as many as four months in certain areas of the country for basic talking therapies, as part of the improving access to psychological therapies (IAPT) programme.

In addition, 40 per cent of patients starting the IAPT programme only ever complete one treatment session; and concerns remain that there is not enough choice in the availability of psychological therapies.

Analysis of investment made in mental health improvement programmes by private sector companies shows a consist-

ently positive return. The approach of a Labour government will be to encourage businesses to invest in the mental health of their workforces as part of a wider cross-government strategy on mental health.

We should applaud companies which have been proactive in developing structures of support, flexible working and other initiatives to improve the wellbeing of their staff.

But Labour in government will look to ensure that every business provides this kind of support to their employees.

This must be accompanied by a relentless government focus on putting mental health services on a par with physical health services. Labour will invest properly, ringfencing mental health budgets so that money is not used to plug other gaps in the NHS and putting a preventative approach to mental health services in place. We will also ask the National Institute for Health and Care Excellence to look at a greater range of evidence-based psychological therapies.

And Labour also recognises that decades of underinvestment in the country's infrastructure is holding back businesses and creating environments that lead to greater workplace stress. So we will drive greater investment in infrastructure through a national transformation fund that will invest £250bn over 10 years – leading to benefits to workers across the country. If we are to face up to the challenges of mental ill-health, workers and workplaces must be at the centre of our thinking. Labour in government will recognise this and genuinely address our country's mental health crisis. ■

