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Mental Health
Foundation

Added Value:

Mental health as
a workplace asset

Executive summary

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With one in six of the UK workforce experiencing mental health problems in 2015, there is a growing awareness of the importance of good workplace mental health and wellbeing. This is not simply because it's the 'right thing to do', but because recognising, valuing, improving and protecting mental wellbeing in the workplace makes good business sense.

The Mental Health Foundation, Oxford Economics and Unum undertook this research to shift the narrative on workplace mental health from discussion of the financial burden of mental health problems to one of the value of mental health as an asset: of individuals, of companies and of the economy.

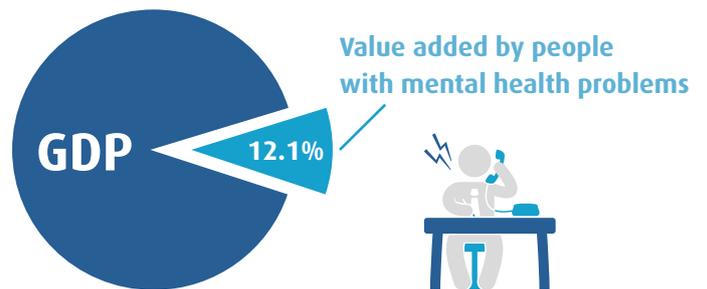
The research combines three approaches:

- **Economic modelling by Oxford Economics** – This used publicly available data to quantify for the first time the value added to the economy through the employment of people with mental health problems. Additionally, Labour Force Survey data was used to present an analysis of the composition of the labour force with mental health problems.
- **Qualitative research undertaken by the Mental Health Foundation** – This includes 25 in-depth qualitative interviews with people with mental health problems, line managers and HR directors to provide detailed accounts of personal experience and to help frame the workplace mental health and wellbeing survey.
- **A workplace mental health and wellbeing survey commissioned from YouGov by Unum and Mental Health Foundation** – This combines a sample of around 1,000 people who have self-defined as having mental health problems with a further sample of around 1,000 people who have line management responsibilities.

Key findings

1. People living with mental health problems contributed an estimated £226 billion gross value added (12.1%) to UK GDP.

This is 12.1% of GDP overall, and as high as nine times the estimated cost to economic output arising from mental health problems at work.



In 2015 people with mental health problems – working in a wide range of industries, from construction to entertainment – made an estimated £226-billion gross value added contribution to UK GDP in 2015. This is greater than the contribution to GDP made by all industries located in the East and West Midlands combined.

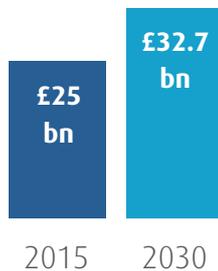
An estimated £25 billion in foregone gross value added to the UK economy is missed out on because of the cost of mental health problems to individuals and to business. This includes the cost of absence and staff turnover, lost productivity, carers leaving the workforce, and people with mental health problems not being able to access the workforce.

In 2015, an estimated 8.6 million people aged 16 or older in the UK were affected by a common mental health problem such as stress, depression or anxiety, and nearly 4.9 million of these were in work (15.3% of the total employed population in 2015). People with mental health problems made up an estimated 15.9% of those in employment in 2015.





By 2030, the foregone gross value added due to the challenges arising from staff mental health problems is predicted to rise to £32.7 billion.



Some businesses have shown that it is possible to reduce the costs associated with staff mental health problems. If just 10% of the costs were mitigated, the UK economy could be £3.3 billion larger than it otherwise would be in 2030 (0.1% of forecasted GDP that year). Reducing the costs of mental health problems could bring substantial benefits to business and the economy in the future.

2. Work is a key factor in supporting and protecting mental health

“In a way, work keeps me well.”

The workplace mental health and wellbeing survey identified that 86% of all respondents believed that their job and being at work was important to protecting and maintaining their mental health.

People who had been diagnosed with a mental health problem within the last five years were more likely than those who had not to regard their job as very important to their mental health (49% vs 43%).

Line managers who had lived experience of mental health problems were significantly more likely to regard their work as very important to protecting and maintaining their mental health than those line managers without lived experience (52% vs 43%). For those consulted for this research, absence was a last resort and maintaining a good work life was important.

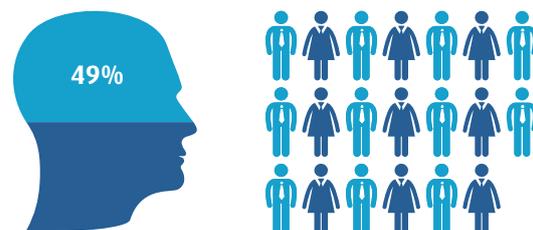
3. Distress is an issue that affects a major proportion of the workforce, whether people have experienced a mental health problem or not

Most survey respondents who had experienced a mental health problem, and over a third of respondents who had not, reported that distress had left them less productive than they would like.

Most respondents to the survey signified that they had at some time experienced distress – with 73% selecting ‘I have been through times where I felt stressed, overwhelmed or had trouble coping, for whatever reason’. Among those who had been diagnosed with a mental health problem in the last five years, this rose to 88%.

Critically, four in ten line managers who had no history of mental health problems (39%) indicated that they had experienced distress. This is a strong indicator of presenteeism and highlights the need to act holistically.

Furthermore, it is of huge concern that nearly half of the respondents who had been diagnosed with a mental health problem in the last five years (49%) reported going to work while experiencing suicidal thoughts or feelings. Of equal concern is that one in twenty (5%) of the managers surveyed who had not experienced a mental health problem had nevertheless gone to work while experiencing suicidal thoughts or feelings. This is an indisputable indicator of distress in the workplace which should be taken seriously.



Forty-nine per cent of people who had been diagnosed with a mental health problem in the last five years had taken mental-health-related sickness absence, with 45% having taken time off and given another reason. Some 9% of managers with no mental health problems reported taking time off work for mental health related reasons, with a similar proportion of these managers taking absence for mental health reasons but giving another reason.



4. Disclosure can be a positive experience, but discrimination and self-stigma remain big issues

"I haven't talked [to work] ... I have always worried that if it goes in any kind of personnel record or any kind of written thing where someone might access my medical report so it would mean that I would have difficulties with getting another job or promotion or anything like [that], so I don't tend to talk about it."

A majority of respondents to the workplace mental health and wellbeing survey who disclosed a mental health problem to an employer described it as an overall positive experience, and were more aware of the support available to them than those who had not. However, the negative experience of a significant minority in part legitimises the fears of those who have chosen not to disclose.

Nearly three in five respondents (58%) who had been diagnosed with a mental health problem in the last five years had chosen to disclose it to an employer in this time. This was lower for line managers with lived experience, among whom 47% had disclosed.

A majority of the respondents who had disclosed to an employer rated the experience as positive (54%), with 30% categorising it as neutral, and 14% as negative. Line managers who had lived experience of mental health problems (and who had disclosed) were more likely to report a mainly positive experience (61%) and less likely to report a mainly negative one (11%). 55% disclosed because they wanted to, others revealing that they had disclosed because they had to (45%), or because they didn't have a choice (31%) Line managers and work colleagues were the most likely people to be disclosed to – underlining how important it is that colleagues and line managers are able to respond with compassion.

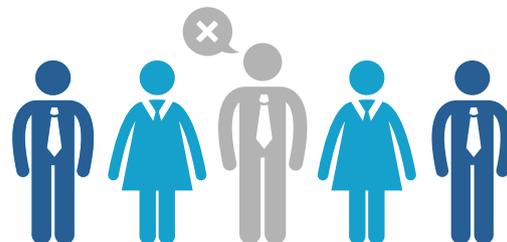
Of the 45% of respondents with recent mental health problems who chose not to disclose, fear of being discriminated against or harassed by colleagues (44%), feeling ashamed to do so (40%) and the feeling that it is none of the employers business (45%) were the top reasons selected for choosing not to disclose. Past negative experiences were a factor for 27% of respondents but for 25%, it was just a case of not having guidance for doing so.

Twenty-two per cent of respondents with lived experience selected the statement 'I feel that I have been directly discriminated against because of my mental health' – this is nearly one in four of the people who have been diagnosed with a mental health problem in the last five years.

For those who had disclosed a mental health problem at work, this rose to 29%, indicating that fears of discrimination cited are often legitimate. This is hugely significant, because direct discrimination (where an employer is aware of the disability) presents a significant risk of legal action to the employer.

Just 19% of respondents who had lived experience reported thinking that their company treats discrimination on grounds of mental health as severely as other discrimination on grounds of other protected characteristics such as race or gender.

One in five line managers surveyed (20%) agreed that a person disclosing a mental health problem in their organisation would be less likely to progress because of this. Of those diagnosed with a mental health problem in the last five years, 23% reported exactly this consequence, underlining the importance of ensuring that disclosing is a positive experience.



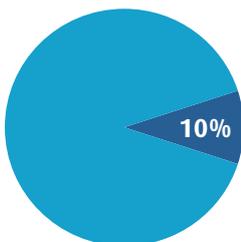
5. Many employers lack systems to recognise and address mental health at work

“Taking just a day off is unheard of. I think a lot of people do end up getting themselves signed off by the doctor. If you have to go to the point where you are so stressed out, so ill, that you have to be signed off for two, four, six weeks at a time with anxiety, it has already gone too far...”

The workplace mental health and wellbeing survey suggests that many employers lack systems to recognise and address mental health at work, especially in relation to absence management and making adjustments.

Just 34% of the respondents to the survey who had been diagnosed with a mental health problem in the last five years indicated that they have been well supported by their line manager. Only 39% of line managers, with or without lived experience, knew what resources were available to them if they needed help in supporting a person with mental health problems.

Only 10% of line managers felt that they had had sufficient training to deal with mental health problems at work, indicating a training need.



Only 25% of respondents believed that their company policies and procedures supported employee mental health. This rises to 27% among line managers and 29% among those who have disclosed a mental health problem at work.

The ability to use flexible working was the most commonly selected response to improving the culture of an organisation to promote good mental health, with 67% of respondents overall selecting this option; this rose to 81% of those who had disclosed and 74% of those who had chosen not to disclose.

Managers with lived experience were much more likely to feel confident in providing day-to-day line management to a person with a mental health problem than those who had no personal experience, 66% of those managers with lived experience indicating that they felt confident in providing everyday line management compared to 47% of line managers with no personal experience.

Three quarters (75%) of managers who had chosen to disclose a mental health problem to an employer expressed confidence in providing day-to-day line management to a person with mental health problems. This indicates that this population of managers may be in a prime position to advise and support management peers in providing ongoing compassionate support to colleagues.

Key recommendations

The following recommendations have been designed to help businesses address the challenges identified in this research. For a more detailed version, visit unum.co.uk/mental-health to see the report in full.

Value mental health and wellbeing as core business assets

- Designate champions both at a board level and within senior management to oversee the development and implementation of a mental health strategy at the heart of the business.
- Set targets and KPIs for improving mental health and wellbeing that integrate with main company performance metrics.
- Recognise and celebrate the impact of existing employee benefits and corporate social responsibility activities on the mental health and wellbeing of staff.

Support the development of compassionate and effective line management relationships

- Recognise and support the critical role that line managers play in creating mentally healthy teams, responding to distress, and supporting recovery in the longer term.



- Provide opportunities for managers to attend relevant training that addresses mental health as a business asset, and includes both responding to distress and building management competencies to protect and improve mental health across the workforce.
- Provide support for staff who are line-managing people with mental health problems, including access to HR and, where necessary, occupational health services.
- Recognise that line managers who have personal lived experience of mental health problems are a unique asset to a company.

Address discrimination and support disclosure

- Ensure that discrimination on the grounds of mental health status is seen to be as unacceptable as discrimination in relation to other protected characteristics such as race, gender or sexual orientation.
- Build a disclosure premium by undertaking specific activities to create an organisational culture that values authenticity and openness, with senior managers taking the lead by speaking openly about any mental health problems experienced.
- Encourage staff to report any discrimination they face and to blow the whistle on any discrimination they witness.

Value the diversity and transferable skills that the lived experience of mental health problems brings

- Include mental health in diversity and inclusion strategies, and recognise that mental health is a relevant factor in wider diversity and inclusion programmes.
- Recognise that staff who have disclosed a mental health problem have taken a risk in doing so. Acknowledge and value the trust they have placed in you.
- Nurture and develop peer support in the workplace, both formally and informally.

Conclusions

- The three top priorities for action were identified by survey respondents. They echo the findings in the qualitative interviews and focus groups and contain the same principles that underpin diversity and inclusion strategies across the business world. They were:
 - A workplace culture that supports mental health and enables people to seek help when they need it
 - A clear commitment from senior leadership to support mental health and wellbeing in the company
 - Clear mental health policies within the company that are implemented at all levels

These three actions describe the essence of a mentally healthy workplace. Beneath them lie a range of variables, some of which have been explored in this research and the recommendations that have arisen from it. In addition to these actions, there are three key areas of interest from our findings in which further research and insight would be useful.

1. Disclosure premium. We need to appreciate that when people feel most able to disclose distress they are easier to support. Equally, we must recognise that calling for 'honesty' is not the way forward. By addressing discrimination and investing in the talent of people with lived experience, while simplifying and celebrating disclosure, businesses can create a disclosure premium in which they benefit from talent and staff feel engaged and supported to achieve their best.

2. Below-the-line distress. We need to recognise that many people whose work and personal lives are affected by distress do not have a diagnosable mental health condition, and even those who do may not share this with work. To reap the benefits of promoting and protecting mental health at work, employers need to be proactive and anticipatory, seeking and addressing psychological hazards at work and enabling staff to seek help both within formal structures and informally or anonymously through community or EAP provision.





3. Balance and authenticity of approach. Employers need to recognise that creating a mentally healthy culture requires more than a brief focus on mental illness at work. Measures to support people with mental health problems must be balanced with initiatives both to address challenges that affect all staff and to support those at greater risk. There is a very real possibility that superficial activity may prove unsustainable or may alienate either staff with lived experience or the wider staff population. This research shows that staff with lived experience, particularly line managers with lived experience, have a unique perspective to offer, and should be encouraged to do so.

Mental health will continue to grow as an issue of concern to HR professionals and to business, and benefits from a range of stakeholder interest. We hope to see further efforts to coordinate both action and research in this area, involving the widest range of stakeholders and sectors as is possible.

For the full report, visit unum.co.uk/mental-health

