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Additional speaker responses to audience questions from the “State of the Nation’s Mental Health” webinar

1. What practical steps can large corporates take to address the topic of suicide in a sensitive, effective way? Could you give details of where the free online suicidality training can be accessed please?

Answered during the webinar.

Claire Farrow: BITC’s suicide prevention toolkit is also useful:
<https://www.bitc.org.uk/toolkit/suicide-prevention-toolkit/>

2. Fiona - can you share the link to the Mercer data you mentioned?

Fiona McAsland: Yes, it’s the [Mercers Wellness Barrier](#)

3. What sort of data would you say is a good indicator of mental health?

Dame Carol: Good indicators of mental health: presenteeism, absence, productivity, efficiency, innovation, employees would recommend organisation as a good place to work.

Fiona McAslan: Employee Opinion Surveys if you ask the right questions, can be a good indicator. It’s also crucial to get accurate data from your wellbeing suppliers. Whilst you’ll get these individually there’s benefit in pulling it all together so you can see the full story across your organisation.

4. How would you advise the best way to collect & collate the data on the state of MH of employees?

Dame Carol: Collecting data. Good data and robust analysis are fundamental to knowing where to focus your mental health and wellbeing interventions and what form they should take. Furthermore, data enables you to measure whether interventions are having the desired effect

or not, and therefore whether it is worth expanding, adapting or stopping implementation. Data used in the right way will help organisations to focus on preventative measures rather than reactive interventions. Potential metrics: sickness absence; staff survey by staff group; work-home balance by staff group; staff survey on leadership and management; FTSU cases on bullying and harassment.

James Murray, Kooth: As we saw from the session, 61% of attendees revealed they do not have the data to understand their employee's mental health or to see at an aggregate level the overall mental health of the company. This makes it difficult to know what is working and therefore where to invest in order to make improvements. We would advise the following:

1) Develop a simple information strategy for mental health and bring those disparate insights from EAPs, questionnaires, mindfulness apps and other initiatives together in one place to see the picture. Don't worry that data is not complete or perfect - this is a journey

2) Benchmark mental health - having decided on the factors that you are going to track attempt to score where you are at based on what data you can access. Pay particular attention to: a) signposting sources; b) adoption by vulnerable groups; c) presenting issues; d) qualitative and quantitative data on 'what works'

3) Invest in the initiatives that address gaps and double-down on those things that are working building in data collection in line with your strategy.

Unfortunately, stigma does still exist so the most accurate data will be anonymous. On Kooth we collect anonymised data on a whole range of things including demographics, the severity of needs, presenting issues, community or peer support and usage. And you can design your own questions that we can pose to your service users so that you can benchmark the wellbeing of your employees.

Fiona McAslan: As above

5. Is Kooth only available in the UK?

Kooth has 20 years of history of giving 'hope' to service users in the UK and being trusted by the NHS. We take safeguarding extremely seriously and will only move our service into a new geography when we know we can manage the care pathways of that locality in a way that is safe for service users. As a publicly-listed company, we are receiving backing from our investment community to 'go international' and we will lead that initiative by focusing on the needs of our customers such as Chartered Management Institute which has 130,000 members all over the world. The primary focus will be on English-speaking companies and countries but we also plan to build local language capabilities. Watch this space!

6. I understand that people who have been working from home throughout the pandemic have suffered from mental health issues. However, I have worked in the community/office every day.

This caused me so much stress and fear, especially in the beginning, going into houses of people I don't know, on a regular basis. I still suffer the same fear no matter how much PPE I wear. I was not allowed to work from home due to the nature of the care profession and my work as a Field Care Supervisor.

Answered during the webinar

7. What do you find are the most effective preventative measures to support mental health?

Dame Carol:

- High-quality leadership that talks about these issues "We all have mental health".
- Boards that take a visible actual interest in staff mental health
- Managers who have appropriate training and are supported to deliver a people-centred approach.

Fiona McAslan: A mixture of organisation led and self guided programmes work well, as well as in the moment and counselling support. Training your line managers is also absolutely key in how to have a good mental health conversation and make sure they feel confident to do so.

8. How important do you think it is for employers to have a dedicated Wellbeing Manager, versus making it a responsibility of all leaders within a business?

Answered during the webinar.

9. With a return to office in sight - how do employers support mental wellbeing for those anxious to return? This is not just fear of COVID, but fear of social interaction.

James Murray, Kooth: 82% of companies are going for a hybrid model in the new world of work. We know that this is the biggest change in the history of the workplace. Leaders are faced with an unprecedented challenge of helping a battleworn team (PTSD quite literally) through this change curve and we know that less than 50% will disclose their mental health concerns. We believe that digital mental health platforms, particularly those that are: always available, ensure anonymity and offer a 'human in the loop' will give such leaders an ally in supporting the team through 'returners anxiety'. Important to remember that to flourish we need to try to keep a balance between the 2 forces of social connection (for which we are hard-wired but may be anxious to do so) and 'deep work' (concentration time outside of zoom or the open-plan office). Leaders who can get their team working with balance will have high-performing teams.

Also answered during the webinar.

10. We still come across employers who are incredibly reluctant to open up discussion on mental health, for fear of opening up the flood gate, taking absence through the roof. Sharing MH stat's and impact of positive wellbeing on productivity, somehow seems to reinforce the fear... rather than consider prevention rather than cure. Any tips to shift this mindset please?

Dame Carol: Try to find the language 'the way in'. Can they talk about wellbeing or the good effect that physical activity has on mental health - take the sting out of it.

Fiona McAslan: You cannot underestimate the impact sharing personal stories has to open up discussions around mental health. Using your channels to create a psychologically safe environment is key. You may actually find your absence goes up as you do this and that's ok. People are being honest about how they are feeling and this is the culture you want to create.

11. Stigma is unfortunately still very prevalent. Young people are worried about saying yes to mental health difficulty questions in university forms and company forms, even vaccination forms. Some are advised by their parents to say no as they feel that there would be discrimination. Should there be more explanation on these questions for people? Any advice on this?

Dame Carol: The questions would probably be best put in a different way.

12. Hello, I put a comment in chat about supporting people with disabilities returning to work or remaining at home. Would be interested to hear comments.

Dame Carol: Returning and supporting disabled people to work is a cultural thing in the organisation. Do they embrace this, and then the quality of managers to work on an individual basis with the disabled person. "Access to Work" is a scheme that all employers should know about.

Fiona McAslan: Line Manager's should discuss and agree what interventions might support the colleague's needs that will also support the operational needs of the business. Each case will be different, and policies should allow for some discretion, but Line Manager's should aim to use that discretion in a fair and consistent way so as not to disadvantage anyone unnecessarily. It might be appropriate to consider a combination of policies, especially where circumstances change.

13. Given these statistics, do you think employers will be more understanding/flexible when recruiting (for example if someone disclosed they were out of work due to mental health, or request adjustments for interview)?

Answered during the webinar.

14. Does the panel feel that this is a wider issue with the education system. Do they feel that the core of the education system should change: for example, as it's core, to teaching young people about mental health, how to manage their careers and navigate the world of work, how to manage money, look after the planet etc?

Dame Carol: Answer Yes. This must be a shared endeavour with schools.

15. I think the UK is far more ahead of other countries now in this area. What are the panellists views on the USA view on Mental Health support? We are owned by a US company and I don't know if it is seen as important as we do in the UK.

Dame Carol: I think that this observation is correct. I think that many USA companies are catching up in the MH space - ? an opportunity to educate them.

16. How do we support the mental health needs and risks for workers affected by long-term conditions incl. post covid?

Fiona McAslan: We should expect that the longer term impacts of COVID will be ongoing and as people reflect back on the fear of infection, fear of isolation etc, this is likely to present as significant mental health issues. Dialing up your mental health support will be critical in the months ahead. There will also the social wellbeing and physical health aspect to consider

Claire Farrow: Take a look at this article and the useful resource I reference at the end provided by Society of Occupational Medics (SOM)

<https://makeadifference.media/physical/the-impact-of-covid-19-on-mental-health-and-what-employers-can-do-to-support-long-covid/>

This article might also be useful:

<https://makeadifference.media/mental/is-your-workplace-prepared-to-support-people-with-long-covid/>

17. : How do we support a work life balance? How to separate home life from work when you WFH? What advice would you give to employers?

Dame Carol: This is increasingly important. It comes down to the manager having individual conversations with each member of the team, and sorting out the workplace, and their regularly checking to make sure it is not misused with excessive work eating into home time.

18. What can people actually realistically do if they feel stigmatised or unsupported at work due to mental health issues?

Fiona McAslan: I'd recommend discussing with their line manager and Human Resources in the first instance to understand what support is available. Occupational Health can also be a good route to provide further information to your organisation around the mental health issues you're encountering. If you have access to an Employee Assistance Programme it's worth contacting them to discuss with someone independent in a confidential manner.

19. What extra support is given to the wellbeing champions and first aiders? What's the best way to support this wellbeing 'army'?

Fiona McAslan: At NatWest we provide a Wellbeing Champion programme which is designed to equip them to confidentially signpost to the right support services. Your suppliers should be able to help with this.