

Elizabeth Blackwell Annual Public Lecture

Working at Mental Health and Wellbeing
Professor Dame Carol Black DBE



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Elizabeth Blackwell Institute
for Health Research



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#EBIpubliclecture

Welcome and introduction by

Professor Rachael Gooberman-Hill

Director of the Elizabeth Blackwell Institute
for Health Research

Professor Jane Norman

Dean of Health Sciences



Practicalities

- **Fire assembly point:** exit left from main entrance
- **Toilets:** on the ground floor, including inclusive and accessible toilet
- **Hearing loop:** middle of the room best
- **Quiet room:** room 1.5 opposite the Great Hall
- **First Aid:** do let a staff member know
- **Elizabeth Blackwell Institute staff:** wearing purple lanyards
- **Drinks Reception:** in Reception Room



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Working at Mental Health and Wellbeing

Professor Dame Carol Black DBE

Chair of the British Library, and the
Centre for Ageing Better

Adviser on Health, Wellbeing and
Work to various Government bodies

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Elizabeth Blackwell

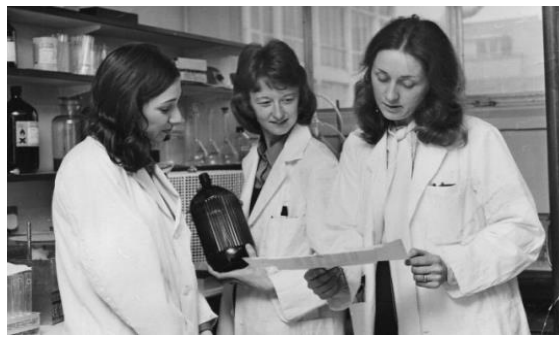


- Born Bristol 1821, moved to USA 1832
- Started as teacher, but entered US medical school 1847
- First woman to graduate from a US medical school.
- First woman listed on the British Medical Register.

Her medical interests included Public Health, women's and children's health, and education – she founded a medical school in 1860.

A tireless pioneer

My own journey – starting in Bristol



The 'light bulb' moment ...

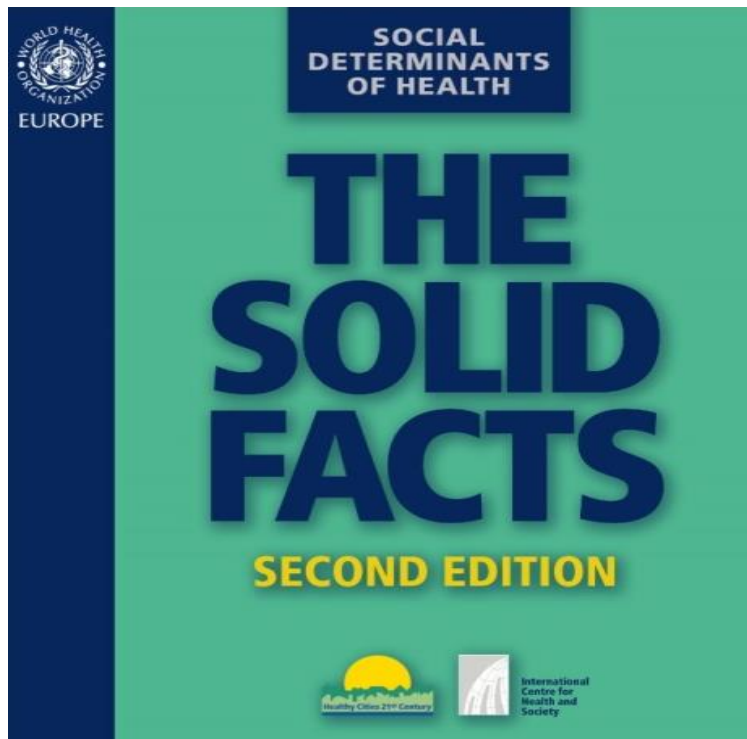
.. while President of the RCP, working with the Faculty of Occupational Medicine.

The **determinants of health** are largely **social** :



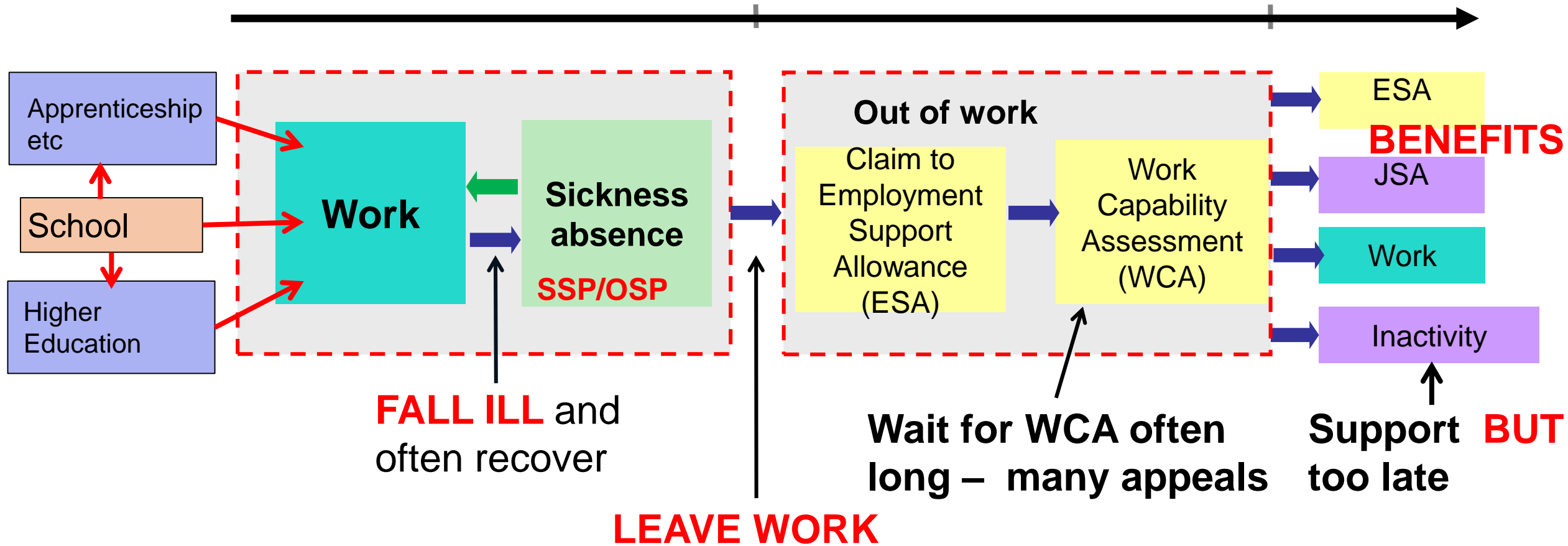
- The social gradient
- Stress
- Early life
- Social exclusion
- **Work/Unemployment**
- Social support
- Addiction
- Food
- Transport

Marmot, and others



The scope of my work

Too few drivers in the journey keeping people in work



My passion

- Enabling individuals to have good health and wellbeing ...
- ... so that they find quality in life and purposeful activity.
- Such activity is often work – paid or unpaid.
- **Major barriers** to this :
 - poor Mental Health and wellbeing

The Continuum

- I shall talk mainly about **the workplace**
- which has been my interest since 2006.

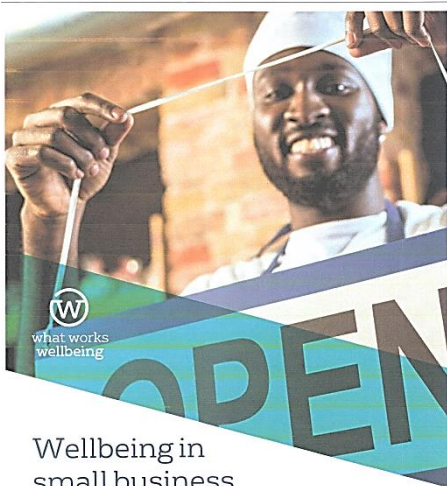
BUT

- The factors that affect workers – stress, poor sleep, financial concerns, harassment and bullying – are also to be found in Higher Education, and some of them in schools.
- This topic needs a joined-up approach.

What Works Centre for Wellbeing



what works
wellbeing



Wellbeing in
small business
PRACTICE EXAMPLES

- Founded 2015, “an independent collaborative centre that puts high-quality evidence on wellbeing into the hands of decision-makers in government, communities, businesses and other organisations.”
- “We bring pioneering thinkers together from across these sectors to share ideas and solutions.”
- “Our goal: to improve, and save, lives through better policy and practice for wellbeing.”

Wellbeing at Work : five main drivers:

Health, Relationships, Security, Environment, Purpose

Why invest in employee wellbeing ?

A number of studies point to the **potential benefits** for employers who choose to invest in employee wellbeing.



Better performance : Organisations with high levels of employee wellbeing have outperformed the stock market by around 2% per year over 25 years.

London Business School, 2015

Reduced costs : Average cost of absence and presenteeism due to ill-health is around 8% of a company's wage bill. *Telegraph, Britain's Healthiest Company survey 2015*

Total cost of sickness absence to UK business c. £15 bn per year. *Black/Frost 2011*

Higher creativity : Organisations promoting health and wellbeing are seen as 3.5 times more likely to be creative and innovative. *World Economic Form 2010*

Wellbeing and economic performance

- Wellbeing is increasingly seen as a complementary indicator to economic indicators (e.g. Gross Domestic Product) of how well a society is performing.
- In the workplace, personal wellbeing can include a person's assessment of satisfaction with their work or job, positive feelings about work (e.g. motivation) and absence of negative feelings about their work (e.g. anxiety or worry).



Preventing people from working or from working well



Social determinants of health

Common Mental
Health problems

Stress, anxiety
depression

Common MSK
problems

Back pain,
neck pain,
soft-tissue
rheumatism

Chronic medical
conditions (multiple?)

Diabetes, lung,
heart (obesity-
related), cancer,
inflammatory
arthritis

Major functional
incapacity

Major trauma,
addictions,
neurological
disabilities.



Poor workplaces, poor work, poor managers

What are the everyday challenges on the ground?



What are the solutions?



Using *Britain's Healthiest Workplace* survey to understand workers' health

**BRITAIN'S
HEALTHIEST
WORKPLACE**

now in its
seventh year

Independence

Independent Advisory Board

Rigour



UNIVERSITY OF
CAMBRIDGE



EUROPE



Scale

430

organisations

150k

employees

>20m

data points

How are data collected and fed back?

Inputs

Organisational Health Assessment

40-minute online completed by management

Employee Health Assessment

20-minute online completed voluntarily by employees

Outputs

Organisational Health Report

Comprehensive, on organisation's health, with benchmarking information, site visit if possible, and offering practical suggestions for improvement

Employee Health Report

Immediate personal report, identifying lifestyle and health risks, with suggestions for improvement

Risk factors that impact upon productivity loss (average days per yr)

Cross-sectional analysis

Independent effect of modifiable drivers of work impairment, as determined across 98,000 distinct employees over 3 years

Vitality



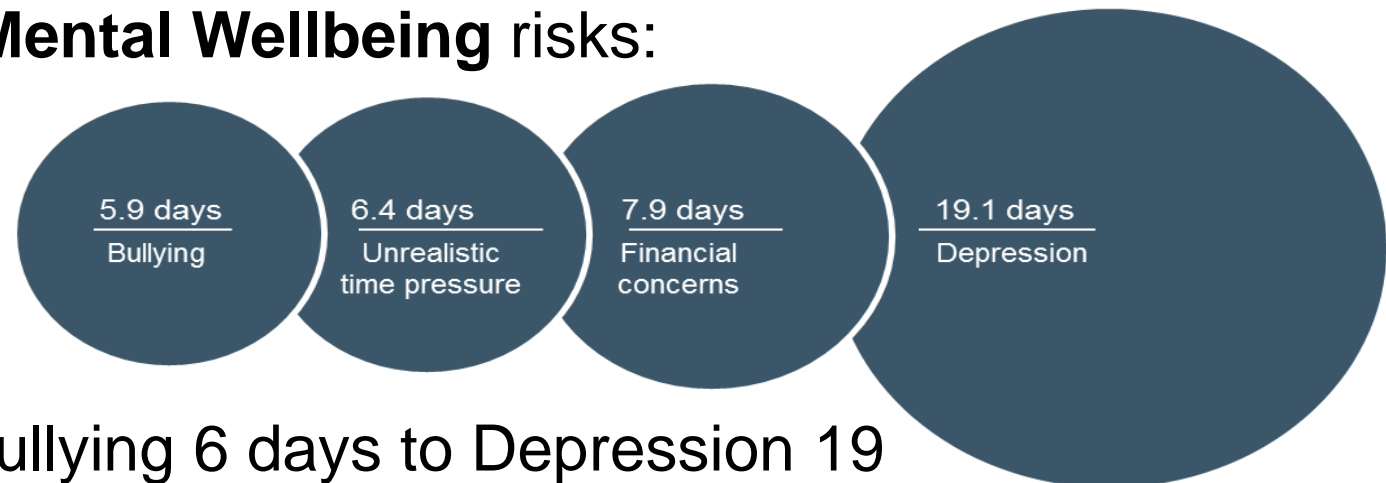
EUROPE

Lifestyle risks :



Obesity 1.2 days to Sleep Lack 6.4 days

Mental Wellbeing risks:



Bullying 6 days to Depression 19

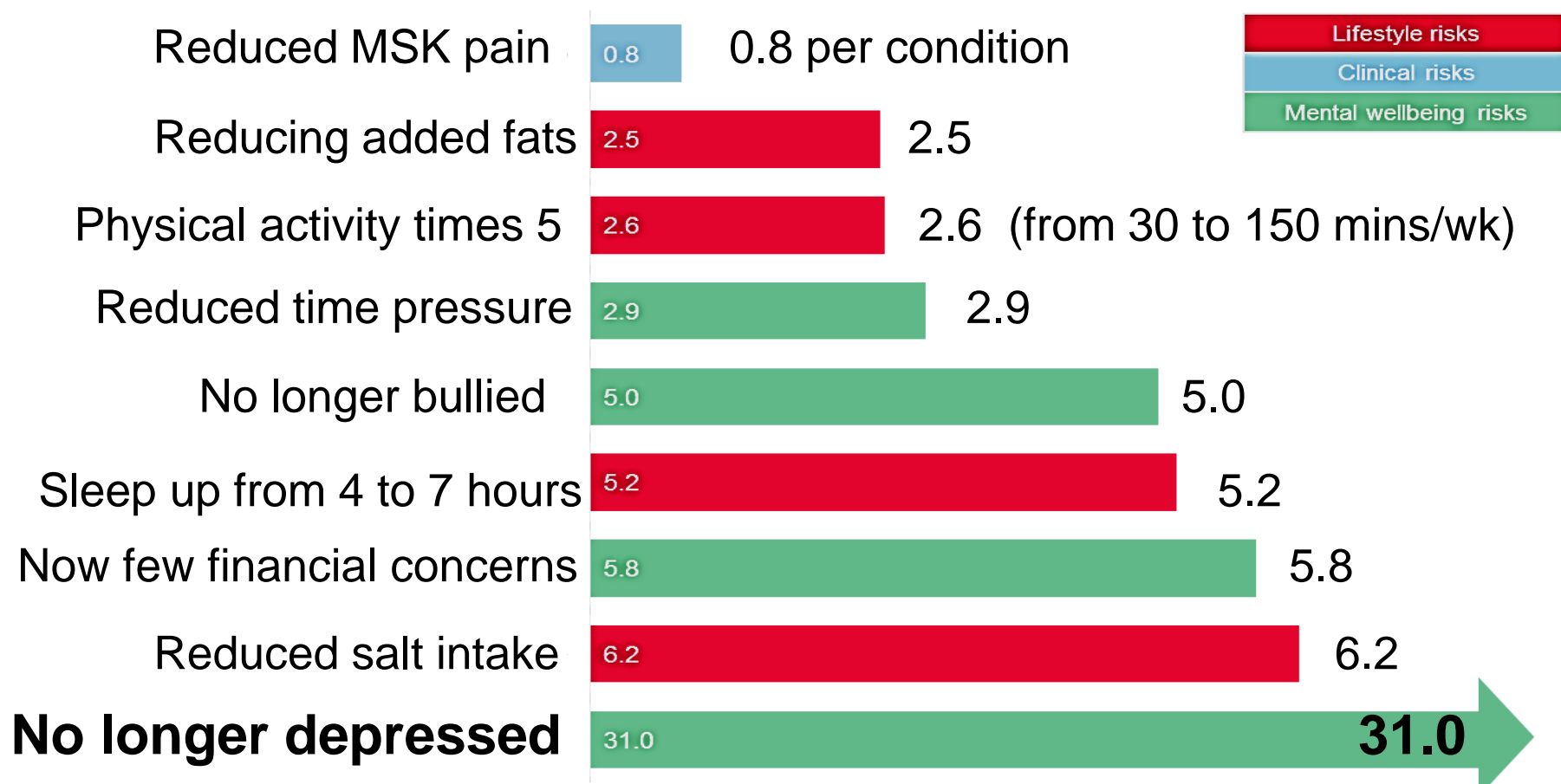
Change in risk factors

and change in productivity loss

Reduction in work impairment days (per year) associated with reduction in risk factors

Longitudinal analysis

Reduction in work impairment associated with reduction in risk, as determined across a cohort of 7,247 repeat participants over 3 years



Covariate adjusted

BHW: Messages from 2018 UK cohort



Analysis of 26,432 employees in 129 organisations



Average days lost due to absence and presenteeism, per employee per year, **35.6** days



Best-performing company in survey, Nomura **18** days



55 mins of every lost productive hour is due to presenteeism



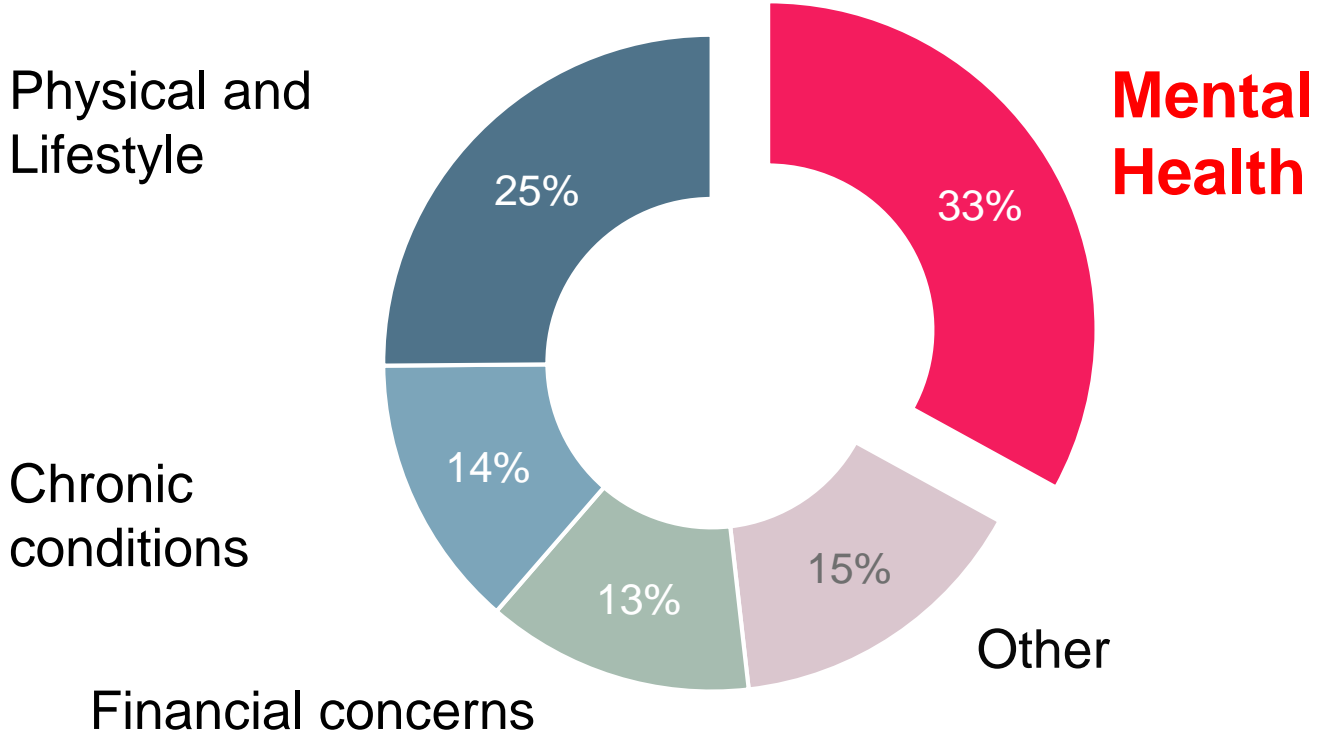
Over one third of productivity loss is related to work stress and lifestyle choices



Average productivity loss per employee translates to **£81bn annual cost** to UK economy

Risk factors for MH are the most significant drivers of work impairment for UK employees

Attribution of UK productivity loss due to ill-health-related absence and presenteeism



One-third of total productivity loss of UK employees is attributable to mental health and wellbeing issues.

2018

Essential Enablers of Mental Health and Wellbeing

- 🍏 Leadership
- 🍏 Board engagement
- 🍏 Manager capability



- These are essential to mental Health and Wellbeing of employees.
- They support organisational culture
- but are often forgotten.

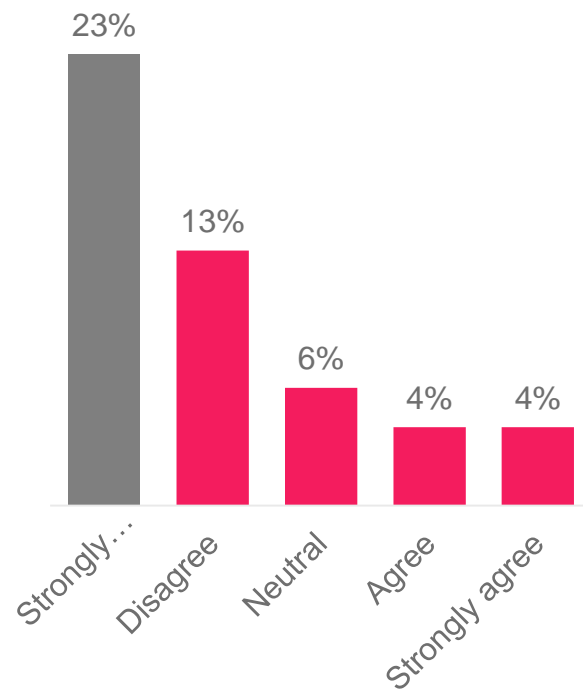
After them, think of:



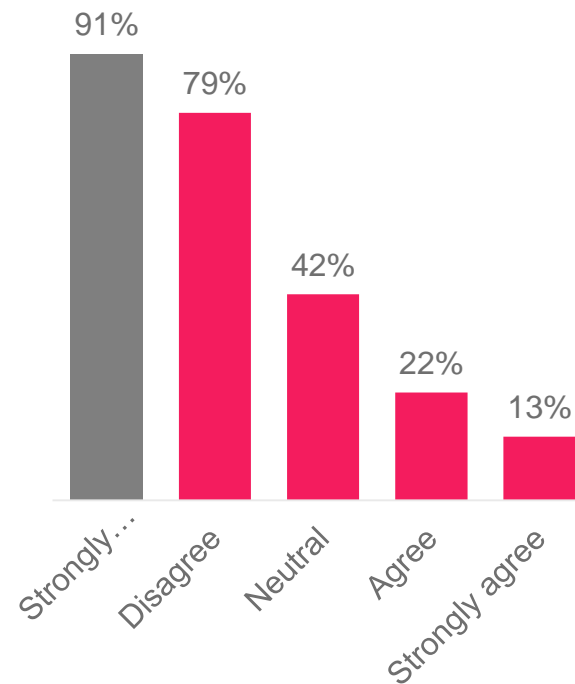
Culture is key - very strong relationship between line manager support and mental wellbeing

My line manager cares about my health and wellbeing....

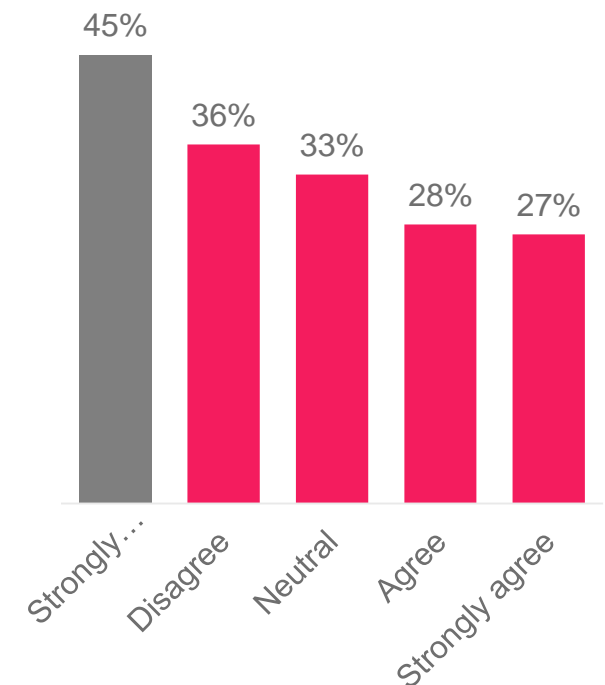
Symptoms of depression



2 or more stress factors



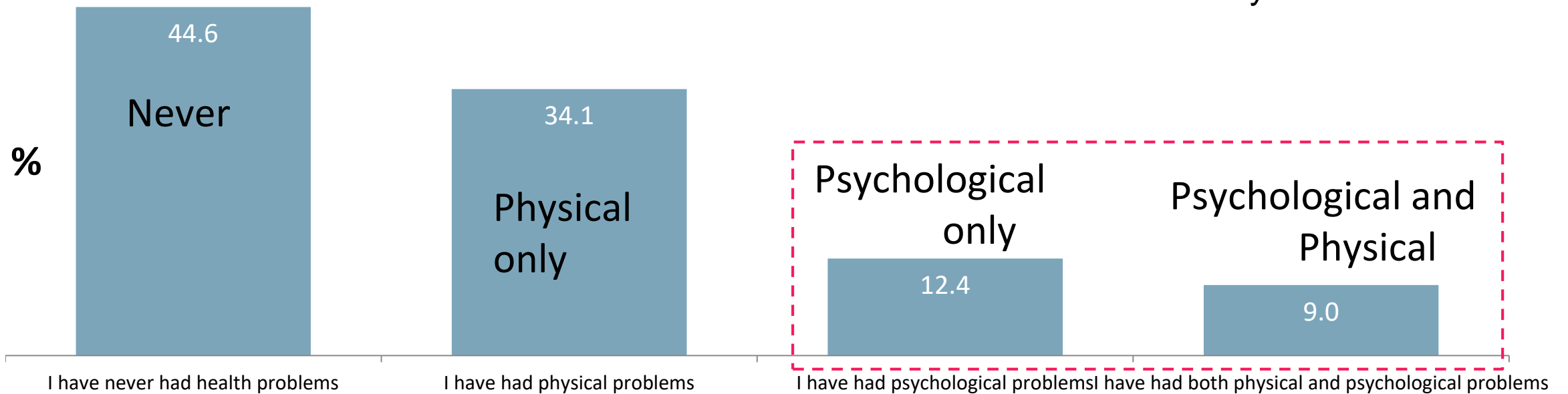
Sleep <7 hours per night



Line Managers' Health and Wellbeing

Have you ever had health problems yourself that affected your work capacity?

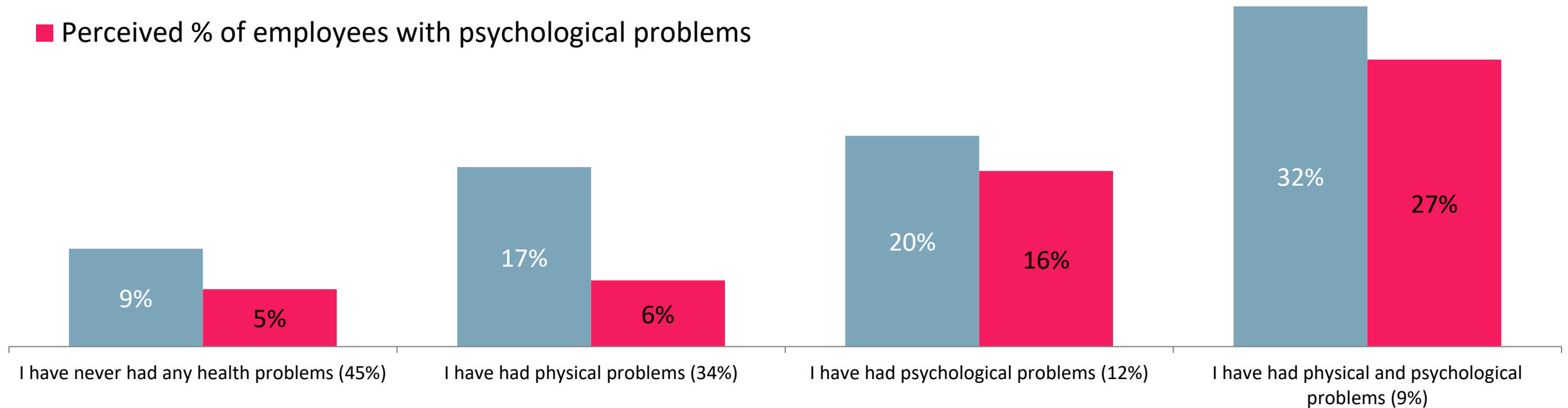
Survey 2017 Switzerland



- Selected slides from a presentation by Niklas Baer at the OECD Wellbeing Week, October 2018
- Data from 2017 survey of 1,540 managers of Small or Medium Enterprises in the German part of Switzerland.

Healthy managers' employees

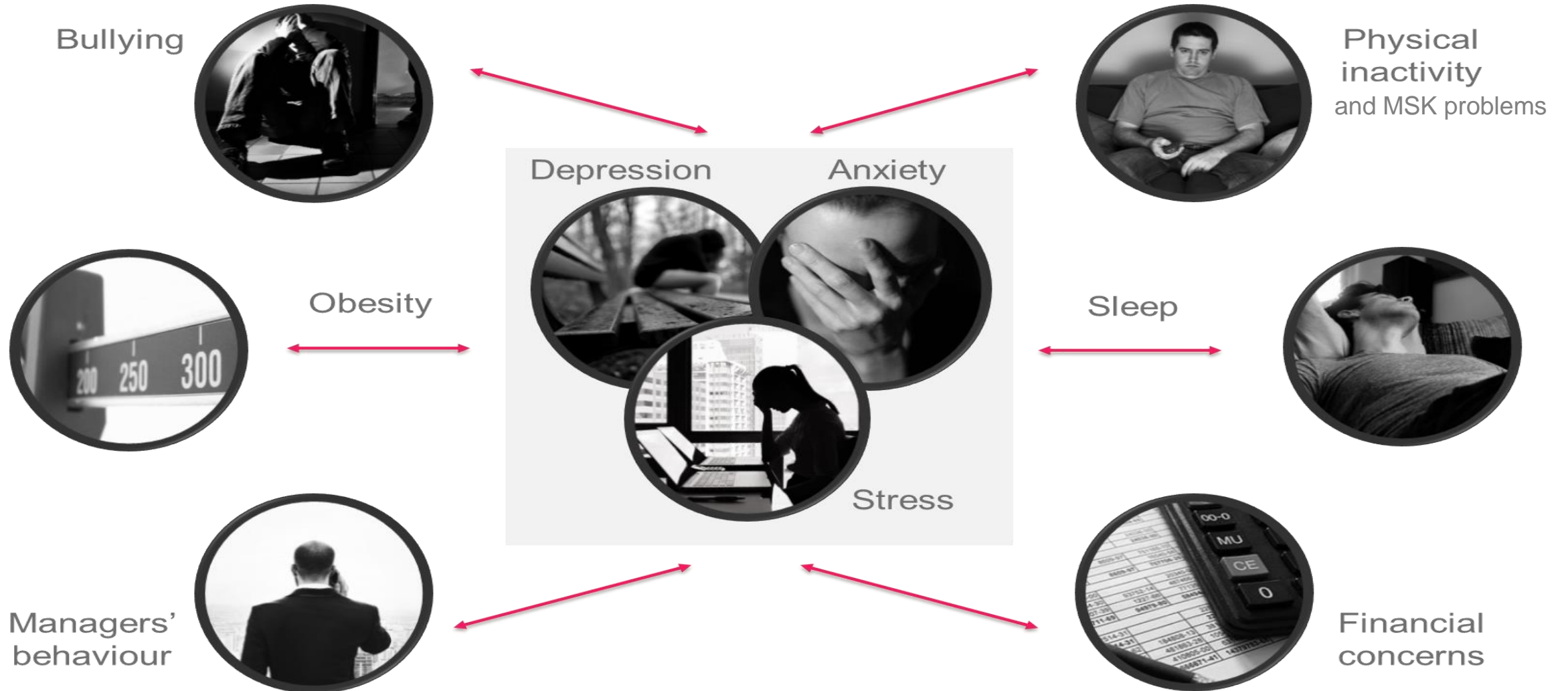
- Perceived % of employees with physical problems
- Perceived % of employees with psychological problems



- Selected slides from presentation by Niklas Baer at OECD Wellbeing Week, October 2018
- Data from a 2017 survey of 1,540 managers of Small or Medium Enterprises in the German part of Switzerland.

Conclusion: healthy managers do not have ill employees

Mental Ill-Health – its relationships



Do you know your data?

- **What is the extent/incidence of problems?**
- **What is the dimension of MH issues?**
- **Which sections of staff are most at risk?**
- **Are there any particularly exposed groups?**

High incidence of MH issues in the UK workforce, across a broad range of dimensions

Depression

Symptoms of depression



7.9%

Factors contributing to MH concerns

At least 1 type of work stress



58.1%

“A lot” of financial concerns



9.6%

Subject to frequent bullying

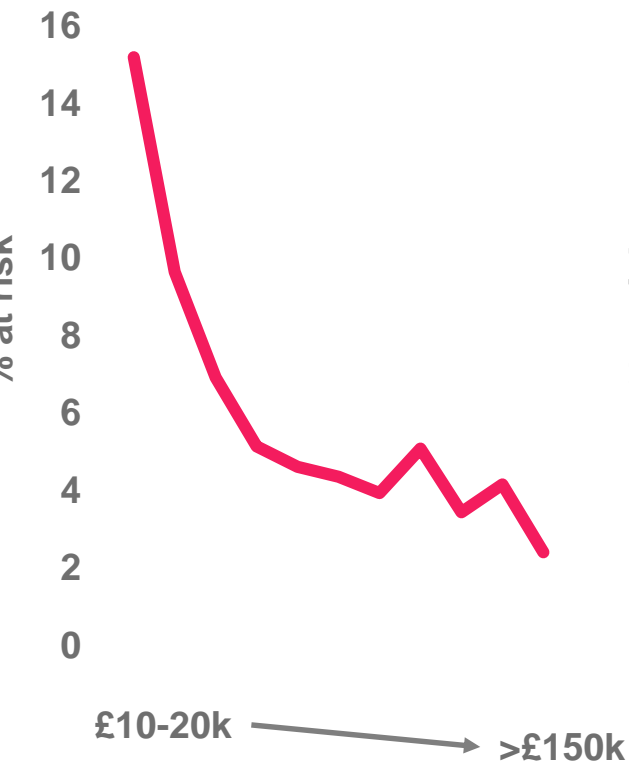


1.1%

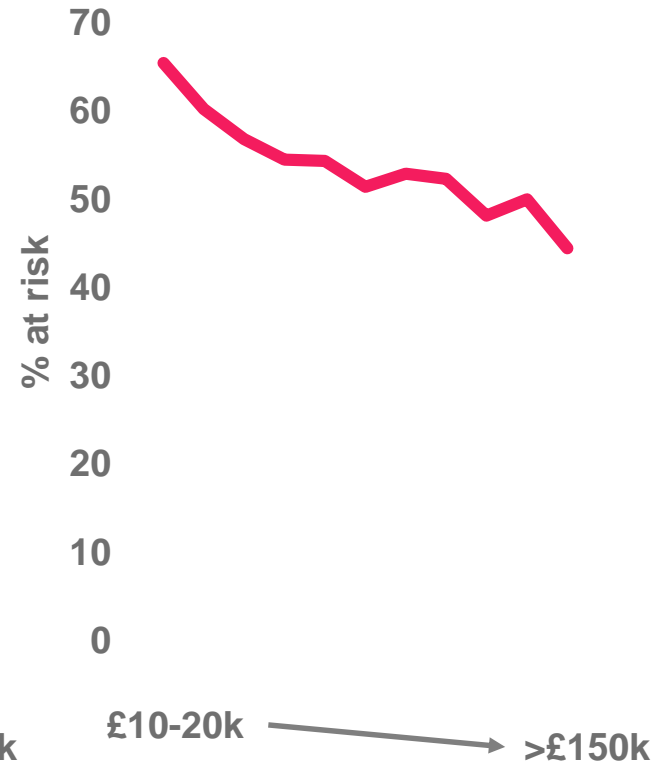
Mental Health concerns are negatively correlated with income and seniority

Incidence of concerns by income (adjusted for age and gender):

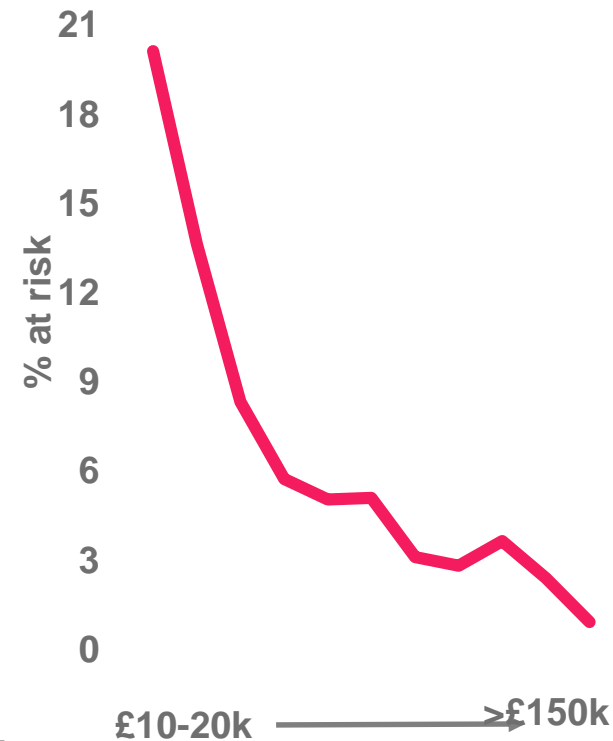
Symptoms of depression



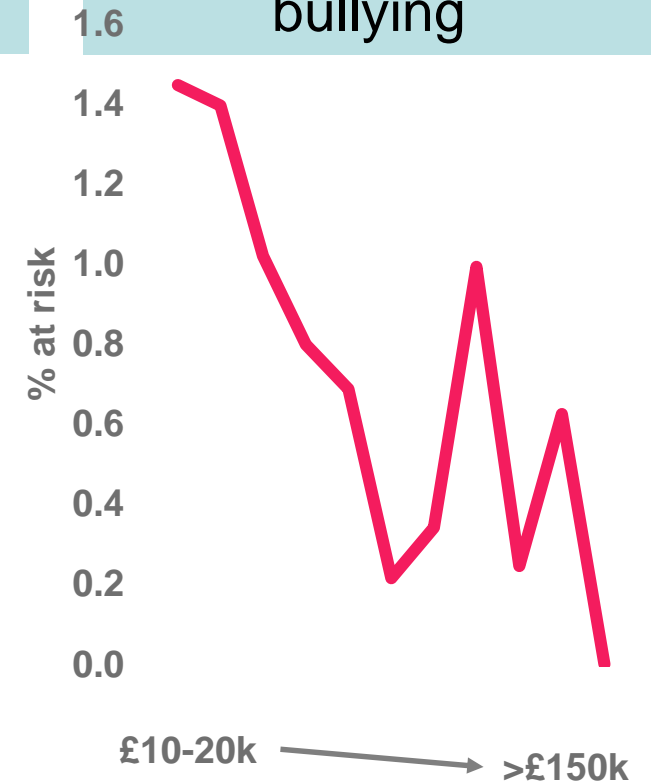
At least 1 type of work stress



“A lot” of financial concerns

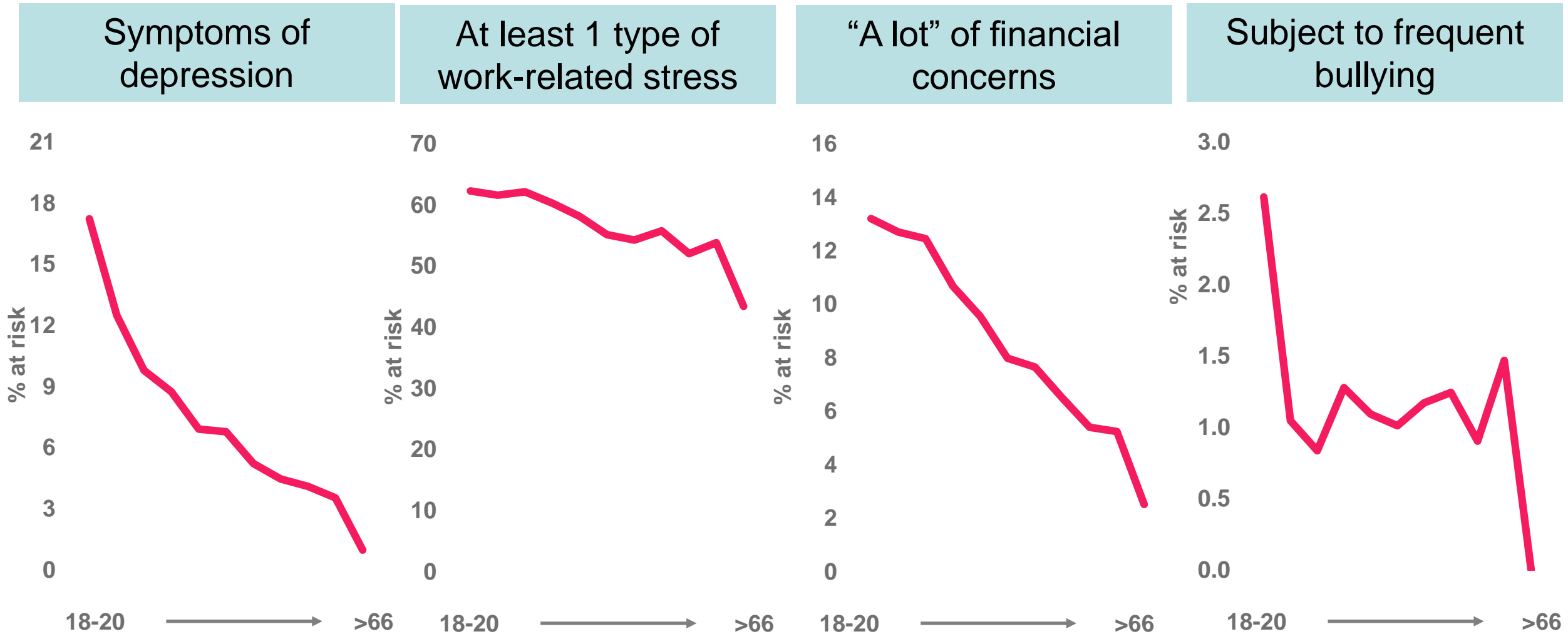


Subject to frequent bullying



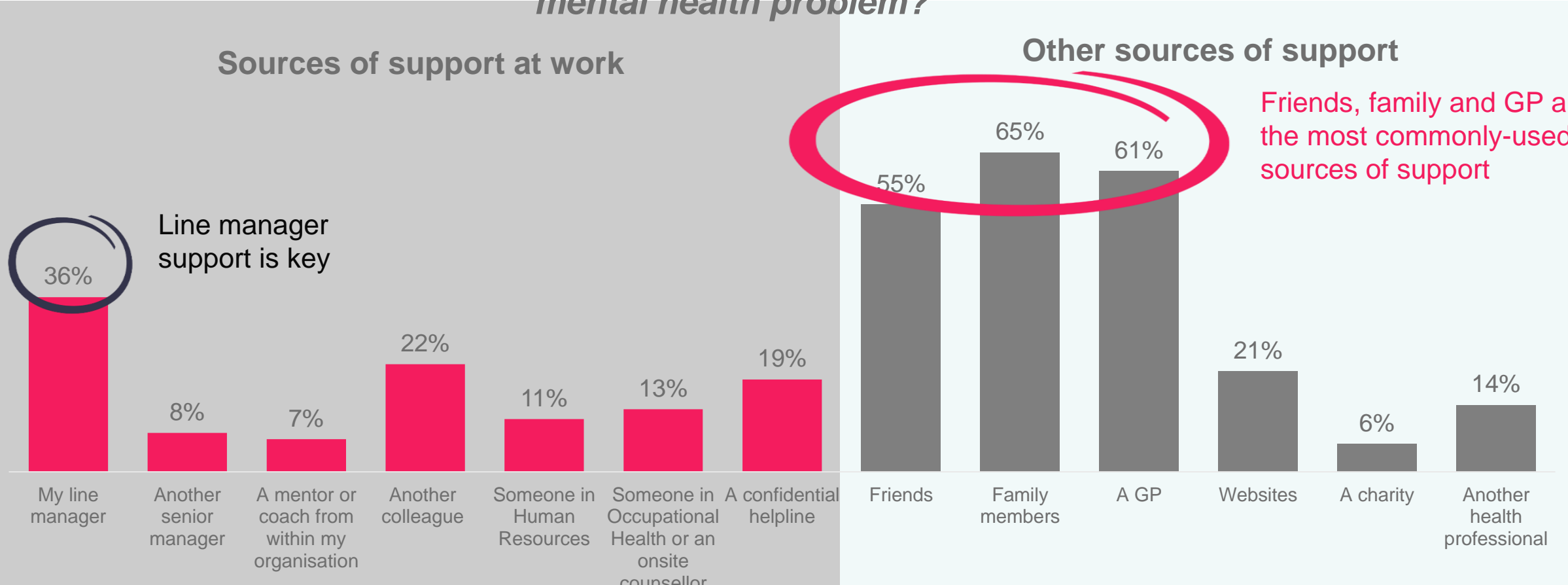
Younger employees are most exposed to MH concerns, across the board

Incidence of concerns by age (adjusted for income and gender):



Employees, particularly the young, are reluctant to use MH interventions offered by their employer

Who or where, would you go to for support if you were experiencing a mental health problem?



The common basket of Mental Health interventions



Which ones make a difference?

Who uses them?

Employees are largely unaware of the MH interventions available to them at work

Total employee population

Access to mental health interventions

Awareness of interventions offered

Participation

After taking into account access, awareness and participation rates,

only 3%

of employees use mental health and wellbeing interventions in the workplace

Of those that do,

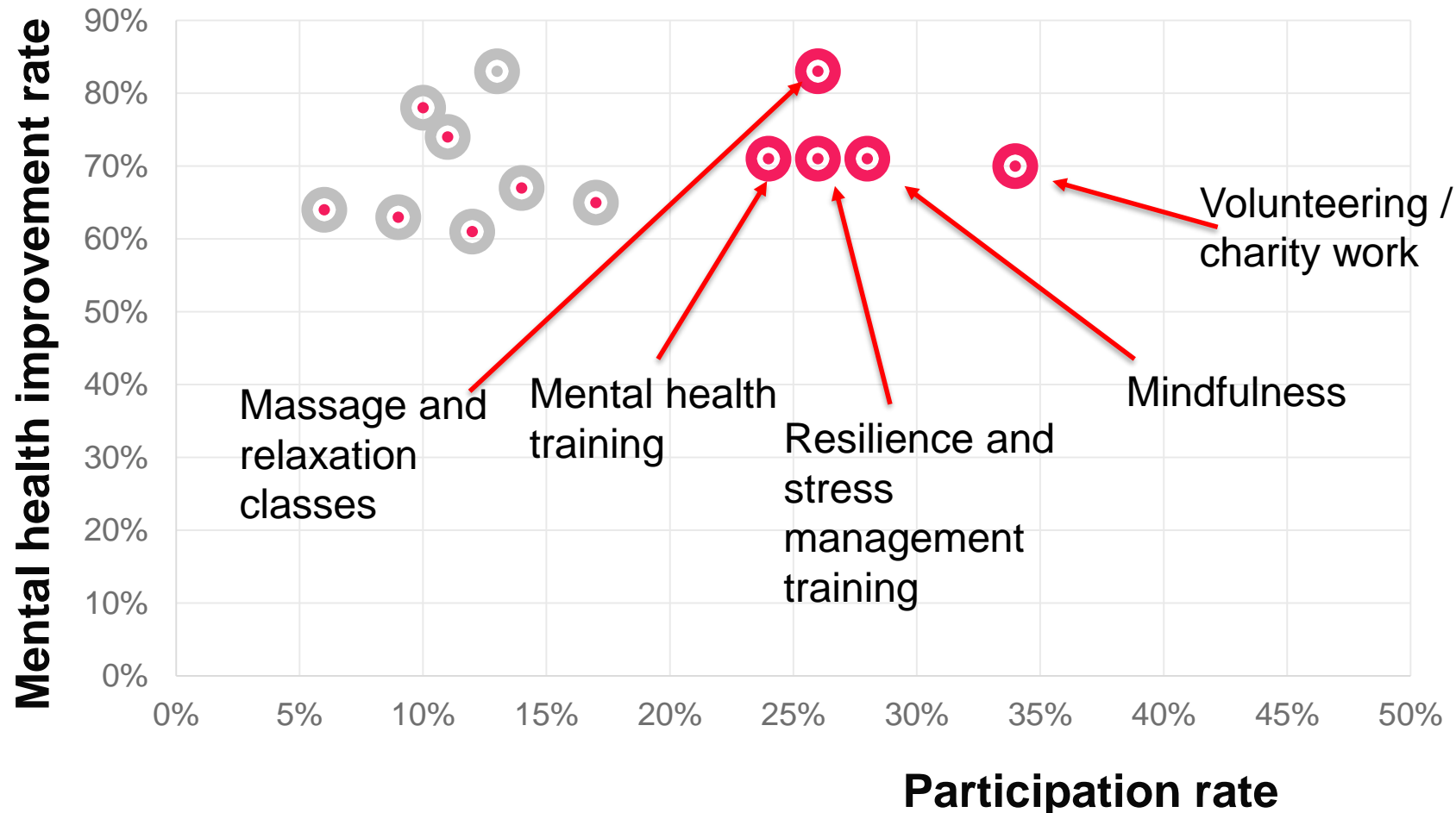
71%

feel that the interventions improve their mental health

Massage, mindfulness and volunteering optimise participation and health-improvement rates

Effectiveness of mental health interventions
(participation x health improvement rate)

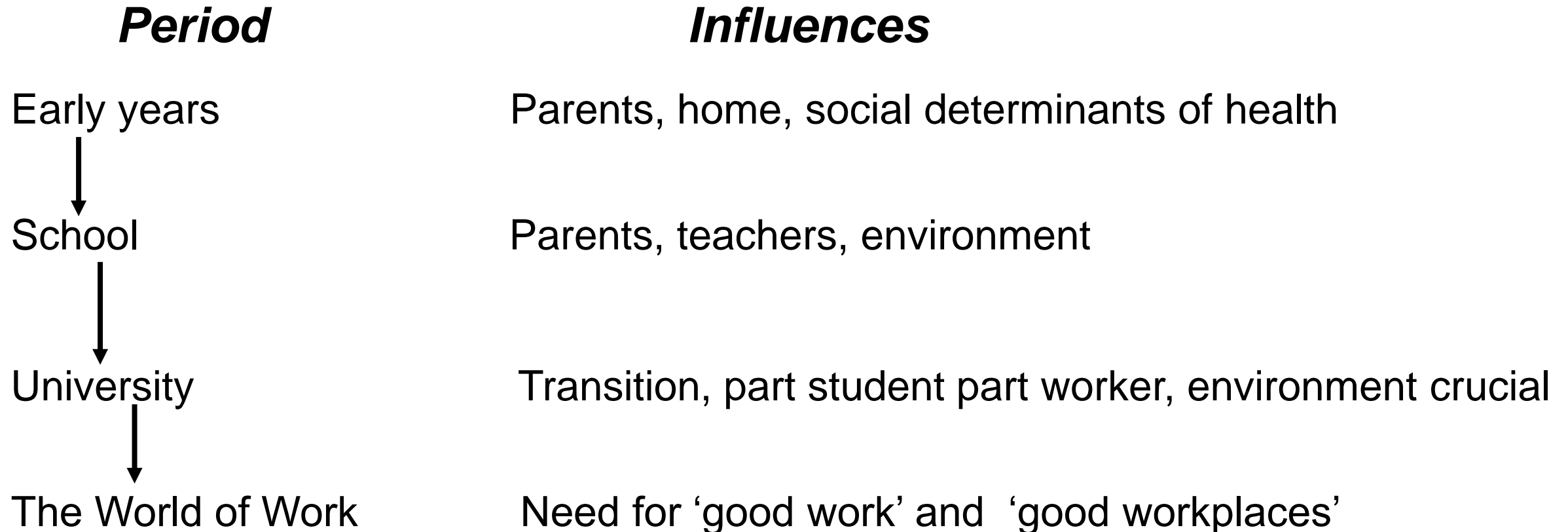
Survey 2018



What can and should employers do?

- **Know your own Staff**, data and demographics – organisations vary.
- Create the right **organisational enablers**.
- Know the **dimension/extent** of your challenges, and the **most exposed** groups.
- **Ask Staff** what they think will work best.
- Use **evidence-based** or best practice interventions
- Work hard on **participation**
- Collect **data** and **evaluate**.

The Continuum



We need healthy, engaged, sustainable workers.

“Mentally Healthy Universities” project

Collaboration between : National Mind, Goldman Sachs, and 10 local partners
(including Bristol and Cambridge)

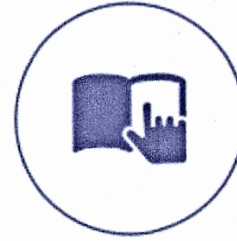
Design :



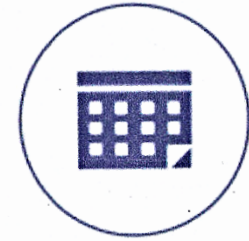
Test a multi-intervention programme which supports staff and students to stay well



Help create HE cultures and environments which are conducive to good mental health



Develop evidence, learning and guidance for the sector.



Foster long-term relationships between universities and local mental health providers

Student Mental Health and Wellbeing, Cambridge

Extract from the Implementation Plan :

“ To be successful, it is widely acknowledged by Universities UK that work on student mental health and wellbeing must take a whole-institution approach.

This means that it will extend to identify how to support staff, on their own wellbeing and on ways to support students.

The plan will also need to cover a wide range of existing work, on academic workloads, equality & diversity, international strategy, and postgraduate experience

Any successful action plan will need to be widely endorsed across the collegiate University, and carefully co-ordinated.”

Cambridge Medical Students



Addenbrooke's Hospital

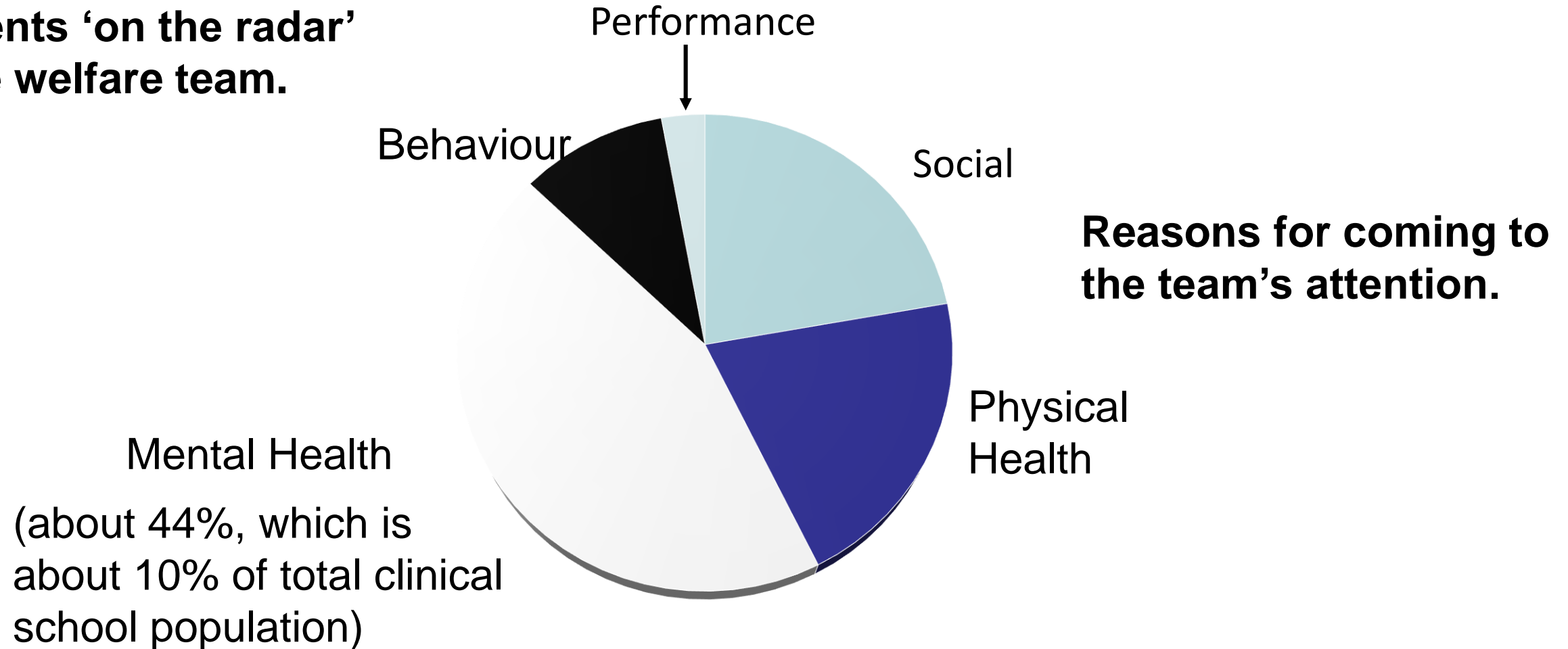
Concerns raised by :

- Faculty/Peers
- Students for others
- The failing student

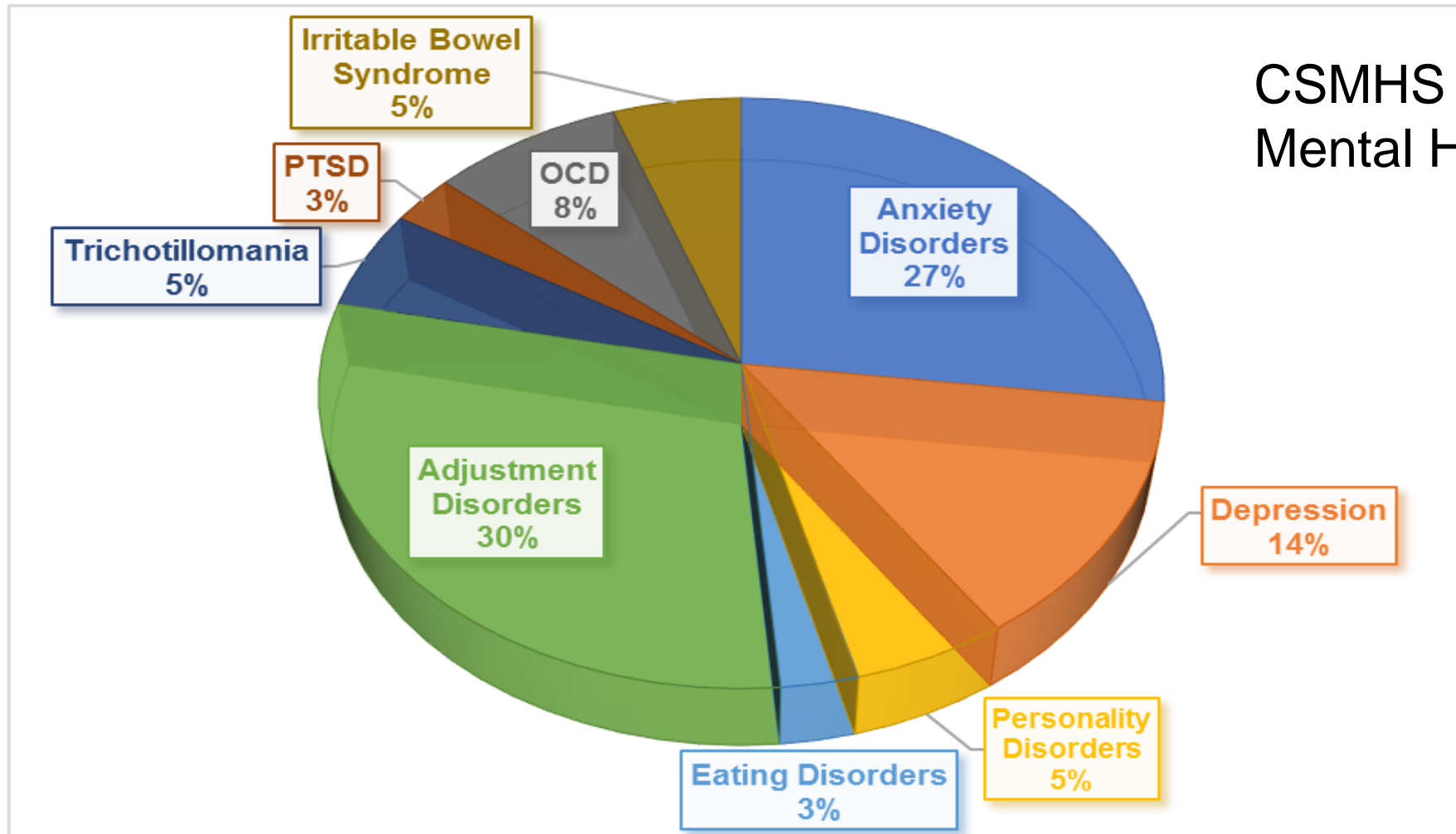
Information courtesy of Dean Diana Wood, and Sub-Dean Richard Davies

Health on the radar

Students 'on the radar' of the welfare team.



Presenting Issues - CSMHS



CSMHS = Clinical School
Mental Health Service

NHS Staff
and students

Can wellbeing be embedded in schools?

Changing landscape :

- Good schools have already explored ways to teach wellbeing.
- The importance of learning about wellbeing and mental health has been reinforced by the pending statutory requirement to teach Health Education, along with Ofsted's new Framework.
- The Framework focuses on personal development, including resilience, within a curriculum that meets the needs of students.

The Dept of Education has a significant programme of school and college teacher and leader wellbeing recommendations, hopefully late 2019.

Bounce Forward : Healthy Minds curriculum

Bounce Forward have developed an evidence-informed wellbeing curriculum for schools, with content gathered from a project that searched internationally for the best well-tested materials.

The four-year curriculum consists of 113 lessons for year 7 to 10 students.

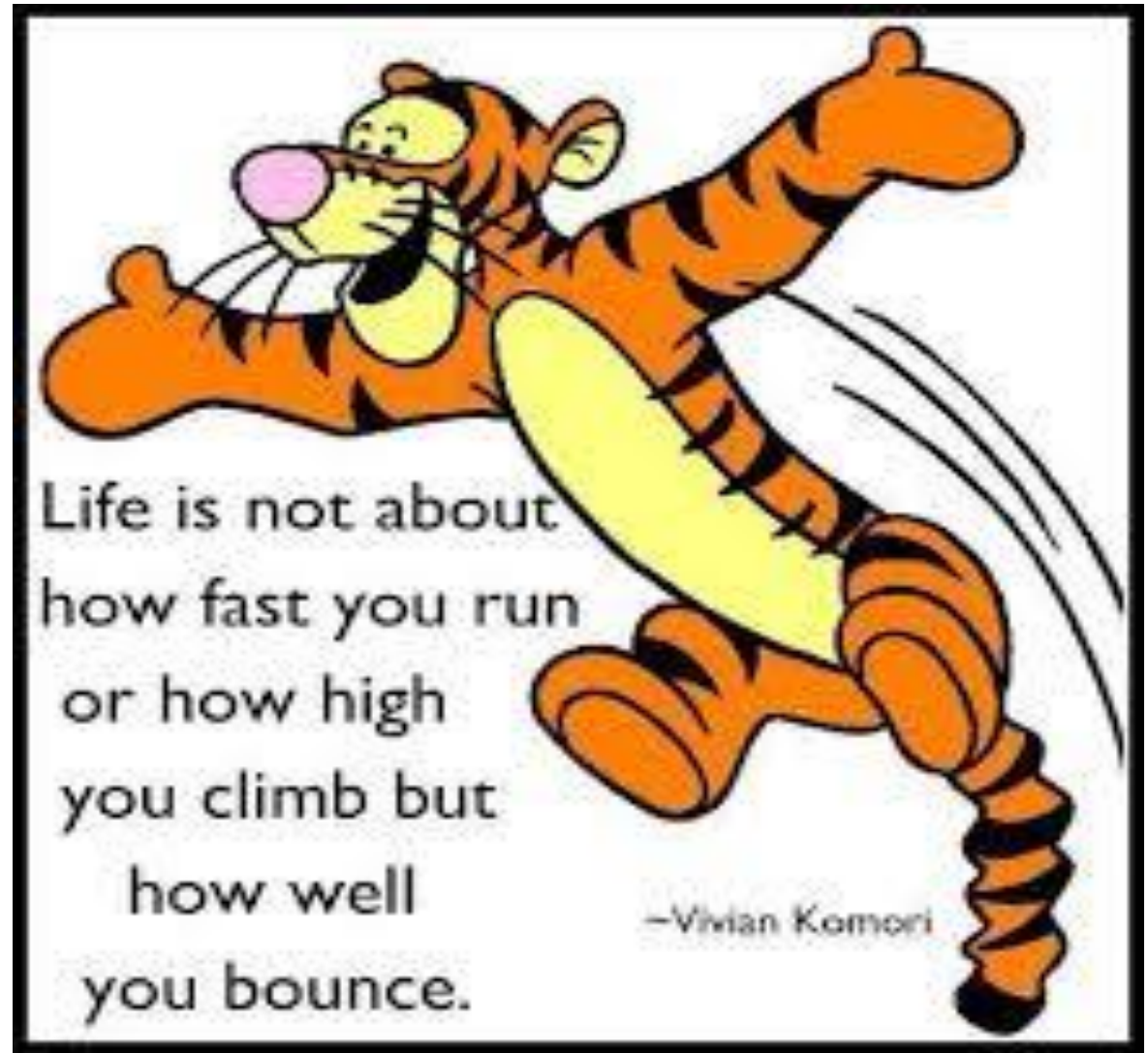
Resilience skills are taught explicitly through 26 individual lessons, or implicitly through the teaching of other topics.

Research outcomes : baseline data year 7, collected again Year 9 and Year 10. Control group taught Personal, Social, Health and Economics 'as usual'. Health and behaviour results (out 2020) show gains across all outcomes. At mid-way point, internalising and externalising behaviour shows mixed outcome.

Final word

**We must work with
the continuum**

**... and it helps to be
able to 'bounce'.**



Questions

Please raise your hand
and a person with a
roving microphone will
come to you



Final remarks by

Professor Rachael Gooberman-Hill
Director of the Elizabeth Blackwell
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Thank you for coming

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