



Personal Wellbeing in the Workplace

Is it just *'nice to have'*?



The challenge?

There is a growing recognition that supporting people to maintain and improve their personal wellbeing in the face of change and other challenges is the 'right' thing for an organisation to do for its workforce (including volunteers).

But what actually is wellbeing?

And why should we support it in the workplace?

Is it just 'nice to have' – part of what makes your organisation good to work for?

Or is it more than that?

What is wellbeing?

There are many definitions of 'wellbeing', which consider the concept from different angles (e.g. psychological wellbeing, emotional wellbeing, physical wellbeing, economic and social wellbeing, spiritual wellbeing, etc). The term is often used in a confusing way, interchangeably with 'health' and more philosophical terms like 'quality of life', 'life satisfaction' and 'fulfilment'.

The following definition and characteristics incorporate these different perspectives:

Wellbeing can be defined as....

A dynamic state in which we feel good, harness and grow our potential, build strong relationships with others and achieve positive things for ourselves, our families, our communities and wider society

Excellent wellbeing has the following characteristics:

- a. Our basic needs are met** (including food, drink, water, warmth, safety, good health and ways of coping with illness, disease & injury, a home, love and mutual support)
- b. We are physically fit for purpose** (i.e. able to do what we want and need to do)
- c. We feel satisfied with – and excited about – our life** (we experience pleasure and enjoyment, are enthusiastic, see opportunities and are absorbed in what we are doing)
- d. We live well with others and have a sense of belonging to community** (we are interested in people, have a positive attitude towards others, interact socially, demonstrate pro-social behaviour and feel close to others)
- e. We trust our institutions and the information they provide** (especially governments and public bodies)

- f. We feel good about ourselves** (we are confident, positive and optimistic and have a sense of purpose, usefulness, that we are contributing to society and that we are recognised and appreciated)
- g. We continually develop** (we are interested in new things, continually learn and develop new skills, think clearly, make our own mind up, act with autonomy, creative thinker and problem solver and able to set and achieve important personal goals)
- h. We respond well to life's challenges** (including responding well to disease, illness, injury and fatigue, dealing well with problems and setbacks, handling and thriving on changes to the external environment and managing anxiety, stress and worry)

This state of wellbeing is rarely appreciated fully as itself and is more often reflected by its loss or absence.

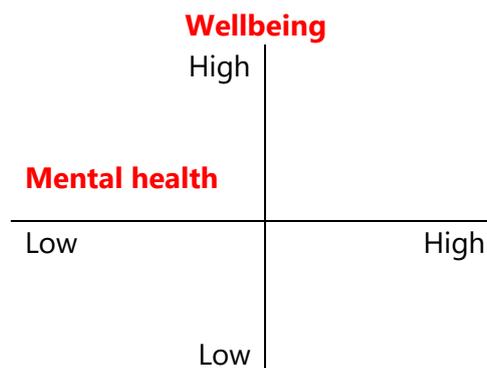
The relationship between 'wellbeing' and 'illness / disease'

This relationship is more complex than people often think. It needs to be understood if support is to be effective.

It has become common to think of health as a continuum, with *illness* and *disease* at one end and excellent *wellbeing* at the other. This is simplistic and inaccurate: people can exist at various places on this continuum simultaneously. We all experience ill health at times, but this does not necessarily mean that we lose all aspects of positive wellbeing (that said, we are unlikely to have positive wellbeing when you or people close to you are in physical, psychological or emotional pain).

We should not confuse the **absence of wellbeing** with **mental ill health**. Mental ill health and wellbeing are two different but interrelated states. **Mental ill health is where our psychological and emotional states and the resulting behaviours cause continual distress, interfere with our lives and have the potential to harm us and / or others.** These conditions can normally be clinically diagnosed, in much the same way as a physical illness can be diagnosed (although this is complex and controversial).

The absence of wellbeing does not mean that someone has mental ill health. Conversely, people with high levels of wellbeing can experience mental ill health. The following matrix is a useful (if simplistic) way of understanding this.



People can exist in any of the four quadrants (e.g. someone with a clinical anxiety condition can, at the same time, have many aspects of positive wellbeing). However, the absence of wellbeing can trigger mental ill health conditions. Also, activity which promotes positive wellbeing can play a significant role in alleviating the symptoms of mental ill health conditions. **The support that we can provide to help people to enhance and maintain their wellbeing is therefore also valuable in relation to dealing with mental health challenges.**

Why do we need to support wellbeing in the workplace?

Because we are human! Supporting our colleagues (including volunteers) to maintain and improve their wellbeing (and mental health) in the face of change and other challenges is the 'right' thing for us to do for many reasons, mostly because we surely should be kinder to each other than we sometimes are.

Clearly, a healthier workforce tends to be a more effective workforce. It could also be argued that giving people the opportunity to work in an environment which supports their continual personal development, wellbeing and good health is a key part of the *raison d'être* of all organisations (in all sectors).

Wellbeing is a key component of *personal resilience* in the workplace: i.e. the *ability to respond to the various challenges of the workplace in a way which enables you to flourish, at the same time helping your colleagues and the organisation achieve positive outcomes*. Organisations are mostly collections of individuals. If these individuals are resilient, this surely provides a springboard for organisational resilience.

Whom do we need to support?

Low levels of wellbeing and mental ill health are not occasional or unusual occurrences: both are completely **normal** and affect **everyone**:

- *Wellbeing* is a dynamic state; it changes daily throughout our lives, due to our behavioural and emotional tendencies, our lifestyle, our choices, our surroundings, the influence of other people on us and, critically, what happens to us. We **all** experience high and low levels of wellbeing during our lives.
- Various reports show that approximately one in four people in England will experience a mental ill health condition of some kind each year. i **Anyone** can develop mental ill health at almost any time in their life, just as we can a physical illness. It is no respecter of background, circumstances or even physical health and fitness! People with high levels of wellbeing in many areas can simultaneously experience mental ill health. A mental ill health condition is not a sign of weakness (Winston Churchill, Isaac Newton, Charles Dickens and Ludwig van Beethoven all experienced mental health challenges).
- Between one in five and one in six working age adults are depressed, anxious or experience stress-related challenges at any one time. ii The Mental Health Foundation's 2018 study identified that, in the preceding year, 74% of adults felt so stressed that they were 'overwhelmed' or 'unable to cope'. iii

Facts and Figures

Is there a tangible business case for supporting your workforce to maintain and improve their wellbeing and mental health? The following facts and figures will make you think:

- a. Around 70 million working days are lost every year because of mental ill health, costing Britain between £70bn and £100bn. iv
- b. Depression, stress and anxiety account for 44% of all work-related ill health cases and 57% of all working days lost due to ill health. The average days lost per case for stress, depression and anxiety is higher than for muscular-skeletal disorders. v
- c. Over 10.4 million working days are lost each year due to work-related stress (HSE). Nearly half a million people in the UK believe that they have work-related stress as a level that is making the ill (HSE).
- d. A report from Bupa, based on You Gov research among 6,000 employees in a range of industries, found that one in five middle managers had felt stressed for more than a year and one in ten felt close to breaking point. Half the managers surveyed felt 'constantly worried' and four in ten had experienced depression because of being stressed. vi

- e. One in five people take a day off due to stress, yet up to 90% feel unable to be honest about this being the reason for their absence. ^{vii}
- f. Research from Time to Change found that 49% of respondents would feel uncomfortable talking to their employer about their mental health. ^{viii}
- g. In a Bupa poll in 2014, 94% of business leaders admitted to prejudice against people with mental health challenges in their organisation. ^{ix}
- h. The Centre for Mental Health estimates that *presenteeism* (i.e. being at work when not well) accounts for 1.5 times more losses in productivity than *absenteeism*.
- i. Many mental health conditions can lead to a 'disability', as defined by The Equality Act 2010. In these situations, the same conditions exist as for physical disability. It is discriminatory to make assumptions about people's capabilities, potential and the amount of sick leave they are likely to take, based on their mental health. You must treat people with mental ill health the same as you would any other member of staff, unless they ask for help or demonstrate that they need help.
- j. Although legislation for Mental Health First Aid provision in the workplace is not yet in place. The Health and Safety Executive recommends:
You should consider ways to manage mental ill health in your workplace which are appropriate for your business, such as providing information or training for managers and employees, employing occupational health professionals, appointing mental health trained first aiders and implementing employee support programmes.
Some organisations have as many Mental Health First Aiders as physical first aiders.

The effects of Covid-19

As we know, we are living in unprecedented times. Covid-19 is having an adverse effect on our wellbeing and is triggering and worsening mental ill health conditions. It goes without saying that the most profound impact of the virus is severe and long-term debilitating illness. Research is now emerging which shows that Covid-19 and the resulting restrictions on our lives are adversely affecting our health and wellbeing in other, less obvious, ways. These include:

- Increased levels of anxiety about illness, family, friends, work and money
- Isolation (this has many potential impacts, including severe physical and mental ill health)
- Sleep disruption (partly caused by the anxiety)
- Over-eating (especially food containing refined cane sugar) and increased alcohol consumption (partly caused by anxiety, partly by boredom and partly simply by being around sugar and alcohol)
- Less rest and relaxation, as our homes become workplaces and schools, instead of being places of rest and respite
- Lack of regular movement throughout the day, caused by not having to travel to a workplace and move around this space
- Lack of variety in our physical surroundings and practical limitations to our leisure time activity (this can affect our mood and reduces the opportunity for diversionary activity, which can impede our ability to manage anxiety)
- Missing daily structure, the use of home for work, reduced ability to 'switch off' from work and lack of workplace peer support (all of which can lead to increased levels of work-related stress)
- Limited options for taking a break from normal surroundings and daily routines (this causes gradually increasing physical and mental fatigue)
- Uncertainty about the near and long-term future (we need to be sure of something!)

So, what can we do?

Wellbeing is not complicated. It is simply about being kind and looking after ourselves and people around us. We all have the responsibility to look after ourselves and to help the people we manage and our colleagues to do the same.

This does not require lots of money, training or that much time. It simply requires:

- **A commitment to looking after you own wellbeing now! (not waiting for a time when you have completed your major project or when there is no more change!)**
- **A commitment to helping colleagues (including volunteers) to look after their wellbeing, modelled by senior leaders and reflected in what they say and do and in the organisation's management system**
- **Some simple exercises, techniques and ways of thinking that actually you probably already know!**
Rebuilding Heritage will make many of these available to you, look for the Wellbeing Gym recordings at: <https://rebuildingheritage.org.uk/resources/theme/finding-time/>
- **A small amount of time set aside on a regular basis to sharpen your wellbeing and to support others (how about replacing long meetings or updated performance appraisal processes with some of these short wellbeing exercises?!)**

In summary

At this moment in time, we must work even harder to support our colleagues to maintain and grow wellbeing (and mental health).

Supporting our colleagues (including volunteers) to maintain and improve their wellbeing and mental health in the face of change and other challenges is the 'right' thing for us to do for many reasons, mostly simply because we surely should be kinder to each other than we sometimes are. And there is a genuine business case for it.

We should always remember that we **all** experience high and low levels of wellbeing during our lives and **we could all** develop mental ill health at almost any time in our lives, just as we can a physical illness. When talking about 'those people with low levels of wellbeing and mental ill health', we must remember that "they" are "us"!

So, we should remember to be kind to and look after **ourselves and each other**.

Resources

This guidance has been produced by **Steve Wood** www.linkedin.com/in/stevecoach/

Steve is a coach, trainer / facilitator, consultant and author, specialising in wellbeing / resilience and problem solving. Please contact Steve if you want any further information, guidance or support with wellbeing or mental health:

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Here are some further sources of help and information:

- **Mind (the mental health charity)**

Mind has produced valuable and practical guides on helping your team to deal with mental health challenges and improve their wellbeing.

<https://www.mind.org.uk/information-support/>

<https://www.mind.org.uk/information-support/helplines/>

<https://www.mind.org.uk/workplace/>

- **The local IAPT (Improved access to Psychological Therapies) Talking Therapy Service**

This NHS service provides cognitive behavioural therapy, guidance and self-help resources to deal with low mood and anxiety disorders. Support is also available for other conditions, such as post-traumatic stress disorder (PTSD). The service is accessed directly through the internet:

www.iapt.nhs.uk or the NHS Choices website: www.nhs.uk

- **Anxiety UK**

This organisation provides practical support to help us deal with anxiety

<https://www.anxietyuk.org.uk/>

- **Fit for Work**

This is a voluntary service which offers the wider working population access to occupational health (OH) advice and support. Employers can refer employees who have been off work for four weeks or more a free 'fit for work' assessment.

Tel: 0800 032 6235 / www.fitforwork.org

- **Mental Health First Aid England (MHFA)**

MHFA England provide a series of mental health guidance documents for workplaces and Mental Health First Aid training.

<https://mhfaengland.org/mhfa-centre/>

- **Mental Health Foundation workplace resources**

This includes the helpful guide 'Managing mental health in the workplace', produced with employee benefits specialist Unum.

www.mentalhealth.org.uk/tags/

- **The City Mental Health Alliance**

The City Mental Health Alliance is a coalition of organisations which have come together to create an environment in the City of London where mental health is discussed in the same way as physical health, supported by MHFA England and Mind.

Email: cmha@citymha.org.uk

www.citmha.org.uk

- **Mindful Employer**

Mindful Employer aims to increase awareness of mental health at work and provides easily accessible information to organisations and support for staff who experience stress, anxiety, depression and other mental health conditions.

Phone: 01392 677 064

Email: info@mindfulemployer.net

www.mindfulemployer.net

- **Blurt Foundation**

This foundation seeks to increase the awareness and understanding of depression

<https://www.blurtitout.org/>

- **Time to Change**

<https://www.time-to-change.org.uk/>

- **Cruse Bereavement Care**

The support includes advice for supporting children

<https://www.cruse.org.uk/>

- **Hope Again (specifically for young people)**

<https://www.hopeagain.org.uk/>

Who to contact in a crisis

If the person is suicidal or showing that they could harm themselves or others:

Contact – or help the person to contact – emergency professional support immediately, explaining the situation and making it clear that the person needs help urgently:

- **999 emergency or nearest A & E**
- **The Samaritans**
116 123 (24/7 freephone)
<https://www.samaritans.org>
jo@samaritans.org
- **The person's crisis resolution and home treatment (CRHT) team (they might have been given contact details or it might be included within their care plan), or another contact within their care plan**
- **Shout – a 24/7 text service, free on all major mobile networks for anyone struggling to cope and in need of immediate help – text SHOUT to 85258**

References

- ⁱ The Five Year Forward View for Mental Health. 2016 [cited 2019 June 19] www.england.nhs.uk
- ⁱⁱ McManus S et al. *Adult psychiatric morbidity in England, 2007*. Results of a household survey. Health and Social Information Centre, Social Care Statistics. 2009.
- ⁱⁱⁱ The study was an online poll undertaken by YouGov and had a sample size of 4,619 respondents (the largest known study of stress levels in the UK)
- ^{iv} Davies SC. *Annual Report of the Chief Medical Officer 2013, Public Mental Health Priorities: Investing in the Evidence*. Department of Health 2014.
- ^v *Labour Force Survey (LFS) Health and Safety Statistics for Great Britain*. Health and Safety Executive 2015. www.hse.gov.uk/statistics/causdis/stress/index.htm
- ^{vi} Crawford R. *Line managers too stressed to help staff*. *Employee Benefits*. 2013. www.employeebenefits.co.uk/issues/november-online-2013/line-managerstoo-stressed-to-help-staff/
- ^{vii} YouGov poll commissioned by Mind. Mind. 2013. www.mind.org.uk/news-campaigns/news/work-is-biggest-cause-of-stress-in-peoples-lives
- ^{viii} *Attitudes to Mental Illness 2013 Research Report*. Time to Change 2014. [www.time-to-change.org.uk/sites/default/files/121168 Attitudes to mental illness 2013 report.pdf](http://www.time-to-change.org.uk/sites/default/files/121168_Attitudes_to_mental_illness_2013_report.pdf)
- ^{ix} (Lovell, D. *Mental health stigma still an issue in business*. *Employee Benefits* 2014. www.employeebenefits.co.uk