MHE Training ‘Mental Health in the Workplace’
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Laura Marchetti & Ophélie Martin
WHO WE ARE

We are a European non-governmental network organisation committed to:

- the **promotion** of positive mental health,
- the **prevention** of mental distress,
- the **improvement of care**, advocacy for social inclusion and the protection of the rights of (ex)users of mental health services, persons with psychosocial disabilities, their families and carers.
« We advocate for positive mental health and wellbeing and for the rights of people living with mental ill health and we raise awareness to end mental health stigma ». 

- 30 years of advocacy
- 73 member organisations
- 30 different countries
- 5 Strategic priorities
WHY MH MATTERS AT WORK 1/2

• We spend a lot of time at work

• Workplaces present an important forum to identify and support existing mental health needs

• Work can be very positive for mental health (and vice versa!)

• Poor working conditions & quality of work: additional risk factors for mental health
WHY MH MATTERS AT WORK 2/2

- Persistence of stress can lead to other **problems and diseases (Chronic fatigue, burnout, musculoskeletal or cardiovascular diseases)**

- **Negative impact** on job satisfaction, moral and performance (i.e. absenteeism, presenteeism)

- **Negative impact** on productivity and health of the organisation

- The costs of poor mental health for individuals, employers and society are **enormous**
FIGURES

• **1 in 6 people** across EU countries has a mental health problems (84 million people)

• Overall costs related to mental ill-health are estimated to exceed **4% of GDP** across the 28 EU countries (EUR 600 billion)

• **1.6% of GDP** (or EUR 240 billion) in indirect costs related to labour market impacts (lower employment and lower productivity)
  
  • Absenteeism and lower productivity: EUR 42 billion in EU countries
  • Costs of presenteeism: EUR 23 billion
OUR CONTEXT

• Advocating for the rights and wellbeing of others does not mean you should overlook your own

• Workplaces can be stressful, workload can sometimes feel too much

• Relationships with colleagues matter, we spend most of our time out work

• Worklife balance is essential

• Structure, organisation and good management is KEY to positive mental health
**Work-related stress**: harmful physical and emotional response caused by an **imbalance** between the perceived demands and the perceived resources and abilities of individuals to cope with those demands.

- Dynamic interaction between the individual and the environment
- Stress is not a challenge
- Not a disease, yet first sign of a problem

**Psychosocial hazards/risks**: those aspects of the design and management of work and its social and organisational contexts which have the potential for causing psychological or physical harm.
UNDERSTANDING STRESS AND ITS RISKS 2/2

Psychosocial risks
- Poor work design, organisation and management
- Unfavourable social context of work

Work-related stress
- Demands at work are beyond worker’s capacity to cope with them

Negative outcomes
- Emotional
- Cognitive
- Behavioural
- Physical and mental ill-health

Non work-related factors
- Major life events, serious illness, bereavement, etc.
Tour de table: We want your opinion
What makes a (mentally) healthy workplace?
How to Support a Mentally Healthy Workplace? 1/3

- Make an organizational commitment to mental health at board level, encourage senior executives to speak up and champion positive mental health.

- Create a culture of openness: mental health should not be a taboo subject at work, it should become a topic of conversation and a focus for shared activity (a walk, a shared lunch, a talk on how to look after your own mental health when under pressure, an informal meeting...).

- Find ways of measuring the mental health and wellbeing of workforces and report to top level management and board level.

- Consider reasonable adjustments for employees experiencing severe or longer term mental health problems (which can often be managed by making small, sometimes temporary, adjustments to working schedules or other adaptations at work).

- Training on mental health for employers, front line managers and employees (identify, initiate conversation, support, respond appropriately, direct to professional counselling support).

**Things that matter**

The manager’s attitude towards the employee is the single most important factor that has a substantial impact on workers’ mental health. Having a good manager can help employees to cope better with work-related stress or mental ill health.
HOW TO SUPPORT A MENTALLY HEALTHY WORKPLACE? 2/3

• **Create a culture of openness:** mental health should not be a taboo subject at work, it should become a topic of conversation and a focus for shared activity.

• Make an **organisational commitment to mental health** at board level, encourage senior executives to speak up and champion positive mental health.

• Find **ways of measuring the mental health and wellbeing of workforces** and report to top level management and board level.

• **Training on mental health** for employers, front line managers and employees.

• Consider **reasonable adjustments** for employees experiencing severe or longer term mental health problems.
HOW TO SUPPORT A MENTALLY HEALTHY WORKPLACE? 3/3

**REWARD IS CRUCIAL**
It may be linked to salary, but more broadly refers to the respect and esteem in which the person is held in the workplace.

**FAIRNESS IS KEY**
Positive feelings of equity and fairness lead to increased satisfaction and motivation as well as commitment to work.

**WORK-LIFE BALANCE IS DECISIVE**
Tensions between home and work have consequences for a person’s mental health. Conflicting demands of work and home, a lack of support in the workplace for personal commitments, or a lack of support at home for work commitments can increase the risk of developing a mental health problem.

**PAY ATTENTION TO INTERPERSONAL RELATIONSHIPS**
Inadequate, inconsiderate or unsupportive supervision, poor relationships with co-workers, bullying, harassment and isolation increase the risk of a mental health problems. There is also some evidence of a relationship between supervisory style (e.g. authoritarian, laissez-faire) and employee satisfaction.

**LOOK AT THE WORKPLACE CULTURE**
The organisational culture of the workplace – communication, leadership and clarity of role and structure of the workplace – can greatly affect the mental health of employees.
It’s not just words...

- The words we use can frame and reframe people’s experiences.
- They can be stigmatising and discriminatory or be means to fight stigma.
- They can open or close conversations.
- They can give or take away hope.
- They can be at the heart of misconceptions.
• Symptom
• Disorder or illness
• Hallucinations
• Delusions
• Clinical depression

• Experience
• Distress
• Hearing voices or seeing visions
• Unusual or distressing beliefs
• Sadness, grief, overwhelm, distress
BE CAREFUL WITH LABELS: DO NOT REFER TO PEOPLE AS THEIR CONDITIONS

A person living with a mental health problem is much more than their experience or diagnosis. You could not describe yourself with a single word, could you? Avoid the use of diagnostic language when referring to people: A diagnosis does not represent a person’s whole identity!

YES to:
- A person with a mental health problem
- A person living with mental ill health
- Mental health service users
- Person with lived experience
- Expert by experience

NO to:
- A psycho
- He/she is a schizophrenic / A depressive
- The mentally ill/sick
- People with mental disorders
- The mentally diseased/disordered
We all have mental health, and we may all experience psychological distress at some point because of specific events or circumstances happening in our lives. Experiences of mental distress can vary greatly from individual to individual. When we need to bring up someone's mental ill health, it is better to speak about what they are experiencing, rather than using psychiatric terms. Terms such as 'illnesses' or 'diseases' can be helpful for some people as they may help them seek help and support, but they can also hinder our understanding of mental distress as a wide spectrum of experiences and feelings.

"A person experiencing mood swings"
"She/he is hearing voices or has unusual beliefs"
"He/she has been given a diagnosis of"
"Someone who is currently experiencing"
"A person receiving support for"
"People experiencing mental ill health/mental distress"
"Encountering/experiencing emotional or psychological difficulties"

"The patient"
"Symptoms of depression"
"He/she has bipolar disorder"
"Mental disease"
"Suffer from"
• A culture of openness is one where employees feel safe to disclose, open about how they feel with colleagues, management or designated individuals, without fear of missing a promotion, of being judged etc...

• It starts with the language we use: non-stigmatising, focused on experiences and feelings

• Promoting personal stories or engagement via initiatives, (awareness days, mental health champions, internal newsletters, mental health champions, team building activities, workshops)

• Breaking the silence: Regular communication and conversations about mental health during one-to-one lunches/meeting, or team meetings, can also encourage staff to open up
EXERCISE

• Divide in small groups/pairs

**Situation:** ‘The annual appraisal for employees of your organisation is approaching, and you have been asked to draft the questions that will be asked to employees’

The appraisal must be **mental health and wellbeing oriented**, so it gives employees motivation, reassurance and perspective on their work.

Based on today’s discussions, **draft 5 questions minimum** to discuss with employees as part of their annual appraisal.
QUESTIONS
Thank you for your attention!

www.mhe-sme.org
laura.marchetti@mhe-sme.org
ophelie.martin@mhe-sme.org