

Parity and integration The new challenge for mental health at work

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This Acas discussion paper was written by Adrian Wakeling, senior policy adviser.

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Parity and integration? The new challenge for mental health at work

Speaking in January 2017, Theresa May said that "For too long, mental illness has been something of a hidden injustice in our country, shrouded in a completely unacceptable stigma and dangerously disregarded as a secondary issue to physical health."

The solution? Parity of course. 'Parity of esteem' have become the by-words for the aspirations of mental health campaigners and policy makers trying to raise the profile of mental health and ill health. And the debate is not confined to a medical setting but, as the Prime Minister said, to what must be done "in our classrooms, at work and in our communities."

So how is the transformation going?

Legislatively, the Health and Social Care Act 2012 created a new legal responsibility for the NHS to deliver 'parity of esteem' between physical and mental health, which the coalition government subsequently committed to achieving by 2020. [The review of mental health at work](#) by Paul Farmer and Lord Stevenson was published in October last year with 10 key recommendations for how organisations of all sizes can ensure people 'thrive' in work rather than 'strive'.

As the review shows, mental health has become increasingly aspirational in its scope, with advocates now making strong connections between positive mental health and good work. Indeed, the report's stated vision that in 10 years' time "employees in all types of employment will have 'good work'" is arguably a major step towards recognising that mental health needs to become an integral part of every aspect of working life.

This sense of integration has been further re-enforced by some excellent campaigns – for example the 'Time to Talk' campaign that aims to normalise conversations about emotional and psychological wellbeing – as well as advocacy from celebrities, which emphasises the fact that anyone, no matter their economic status or social background, can suffer mental ill health.

Despite the abundance of wellbeing and mental health initiatives, there is still little consensus about which interventions actually work. The lack of real evidence is significant not just for individuals needing support but also for filling in the dotted line between wellbeing and productivity, the Holy Grail for all those of us who want to see happy and productive workplaces.

Stress: just another health hazard?

If parity is still the overriding measure of success, then the work of the Health and Safety Executive (HSE), the enforcement agency whose remit covers both our working minds and our working bodies, does provide us with a quick test of parity between the action employers take to protect mental and physical health.

Over the last decade or so stress has become the leading cause of long-term absence, with 526,000 workers suffering from work-related stress, depression or anxiety (new or long-standing) between 2016 to 2017 and 12.5 million days' work lost. What is being done to tackle it?

A [recent report commissioned by the manufacturers' organisation, Make UK](#), and undertaken by the Institute for Employment Studies, found that of the 100 UK manufacturers surveyed there was "only variable support for initiatives that addressed different dimensions of psychosocial health". The report states that "fewer than 15% of respondents reported that they carried out stress or psychosocial risk audits or surveys, or used tools to assess whether working arrangements, the design of jobs or aspects of the organisation's culture are likely to elevate the risk of mental health problems among some employees."

These findings are echoed in guidance just out from the European Commission on [Promoting mental health at work](#). The report finds that despite the fact that new 'psychosocial hazards' are emerging – such as harassment, violence and bullying at work – only half of the employers asked in the 'European survey of enterprises on new and emerging risks' said that they inform their employees about psychosocial risks and their effects on health and safety.

But why is there such an apparent disparity between the keenness on behalf of employers to address physical hazards and the seeming reluctance to do the same for mental hazards? It may have something to do with:

Stigma

Statistics show that 4 in 10 employees are afraid to disclose mental health problems to their employer; and 41% of employees cited 'shame' as the reason for not disclosing ([Added Value: mental health as a workplace asset](#), Mental Health Foundation 2016).

Ignorance and fear

There's an excellent animated short film about living with depression called '[I had a black dog, his name was depression](#)'. Produced by the World Health Organisation, it portrays very eloquently how the black dog can consume all your energy and sense of wellbeing. Though it's been around for a while, it's a film all managers should see.

Enforcement

Ben Wilmott at CIPD, among others, has been calling for HSE's stress standards to be used more pro-actively for some time. Employers do have a legal 'duty of care' that covers mental wellbeing but it is rarely enforced.

Parity between mental and physical health at work still has some way to go – and it is worth remembering that certain groups are more at risk of mental health problems than others – such as BAME and LGBT+ workers, carers, those with physical health problems and refugees and asylum seekers.

Parity and integration?

In a work setting, is parity a fair benchmark for how we respond to physical and mental health? In some ways, the HSE stress standards mimic our response to the causes of physical hazards at work: you identify a specific incident or set of circumstances and intervene to address the problem. This makes perfect sense when it relates to a slip or trip or possible exposure to a chemical. But does the same approach fit with our understanding of mental health?

The standards do provide a way of addressing some of the stressors that can lead to what Acas research into ['The management of mental health at work'](#) described as "anxious organisations". Our report found that poorly managed change and work intensification, for example, can undermine mental health and these echo 2 of the HSE's 6 stressors (along with 'change' and 'workload', the HSE has identified 'relationships', 'demands', 'support' and 'roles' as the main triggers of stress).

But a more psychotherapeutic mindset would see mental health as an integral part of all our work and home life, without the neat borders that we find convenient to impose for management purposes. So is integration and parity a better formula for promoting positive mental health at work? Parity has to be a continuing goal, of course, in terms of resources and access to services. But surely it is equally important to acknowledge, as Acas Senior Advisor Abigail Hirshman said in a recent blog about the [new landscape of mental health](#), that mental health is now "the landscape" we all share, rather than just another, largely unwanted, "landmark".

Introducing the landscape

Whatever the question Acas research has been asking in recent years – whether it's about the impact of new technologies on working practices and wellbeing or flexible working arrangements on levels of stress and workplace efficiency – mental health is always there as part of the challenge.

The introduction of new technology at work

We found that there is a 'human lag' between the introduction of technology and the way that management and HR policies and practices respond. In one of the case studies from our research ['Mind over machines: New technology and employment relations'](#) (carried out by the Involvement and Participation Association), nurses in an NHS Trust were given I pads to help them spend more time with patients and cut down on paperwork. In many ways this was good – it increased the number of patients nurses could see and facilitated a good in-situ support with access to case information – but there were unforeseen consequences that had an impact on mental wellbeing:

- targets increased leading to work intensification
- social time with colleagues diminished leading to a sense of isolation
- boundaries between work and home life became increasingly blurred with work being more easily taken home

So technology and new ways of working can have a huge impact on already stretched coping strategies. Change is only going to come faster and have an even more profound impact on our working lives, so we need to understand the way this threatens our sense of wellbeing.

Flexible working arrangements

The Acas research ['Flexibility in the workplace: implications of flexible work arrangements for individuals, teams and organisations'](#) showed that having a say in the hours or location of your work can be very empowering and make you work more effectively. But there are 'hidden penalties' as well as 'hidden benefits' to working flexibly, notably:

- The feeling that you owe your employer for accommodating your needs can lead to self-generated work intensification. There can be an obligation to pay back
- Flexible working can reduce stress in terms of work-life balance issues, but this is dependent on your line manager and having a supportive culture. Some managers only seem to want to offer flexible working to employees they trust and they expect them to be 'flexible with flexibility'

Although flexible working can be a great way of helping people with mental health problems to stay in work or come back to work more quickly, it is not a universal panacea. Like everything, flexible working depends on good communication between managers and their staff and a supportive management structure.

Introducing the characters

There seem to be very few areas of our work or home life that do not impact on our mental health and test our coping strategies. Managing mental health at work is surely about understanding how all the elements interact and why.

For example, some of the things we carry with us to our (physical or virtual) workplace are ours alone to manage – like our childhood experiences and personal relationships – while others are very much part of the work or home interface, such as our values and any prejudices we may have.

Managing our own wellbeing is crucial. But so is feeling the support is there in the workplace to recognise and raise our difficulties. These factors shape the kind of conversation we may need to have with our line manager. The key priority is being able to ask for help and to hope your manager spots the signs.

From the line manager perspective, the confidence needed to handle these personal interactions will often depend on their levels of emotional intelligence and any training they have received. Were they recruited for their people skills or their technical skills?

Many managers are a little scared of getting too embroiled in issues they do not understand and cannot control. There is a useful [competency framework for stress management](#) (PDF, 360KB, 20 pages) for managers, produced by Emma Donaldson-Feilder of Affinity Health at Work, which should be more widely publicised.

The line manager in turn needs support managers and the organisation as a whole. Is someone championing awareness of mental health and helping to fight the stigma? It might be worth starting with the question Sir Brendan Barber asked in his recent [blog on good work](#): "if your workplace was a person, would you say it was in good health?"

This is essentially the nub of the debate around good work and good workplaces: what are the factors that make work good for people – which, in turn, makes work good for business and for the economy?

Our shared goal has to be healthy and productive work for all.

[Find out more about the Acas framework for positive mental health at work](#)