

# The Mental Health of the London Workforce

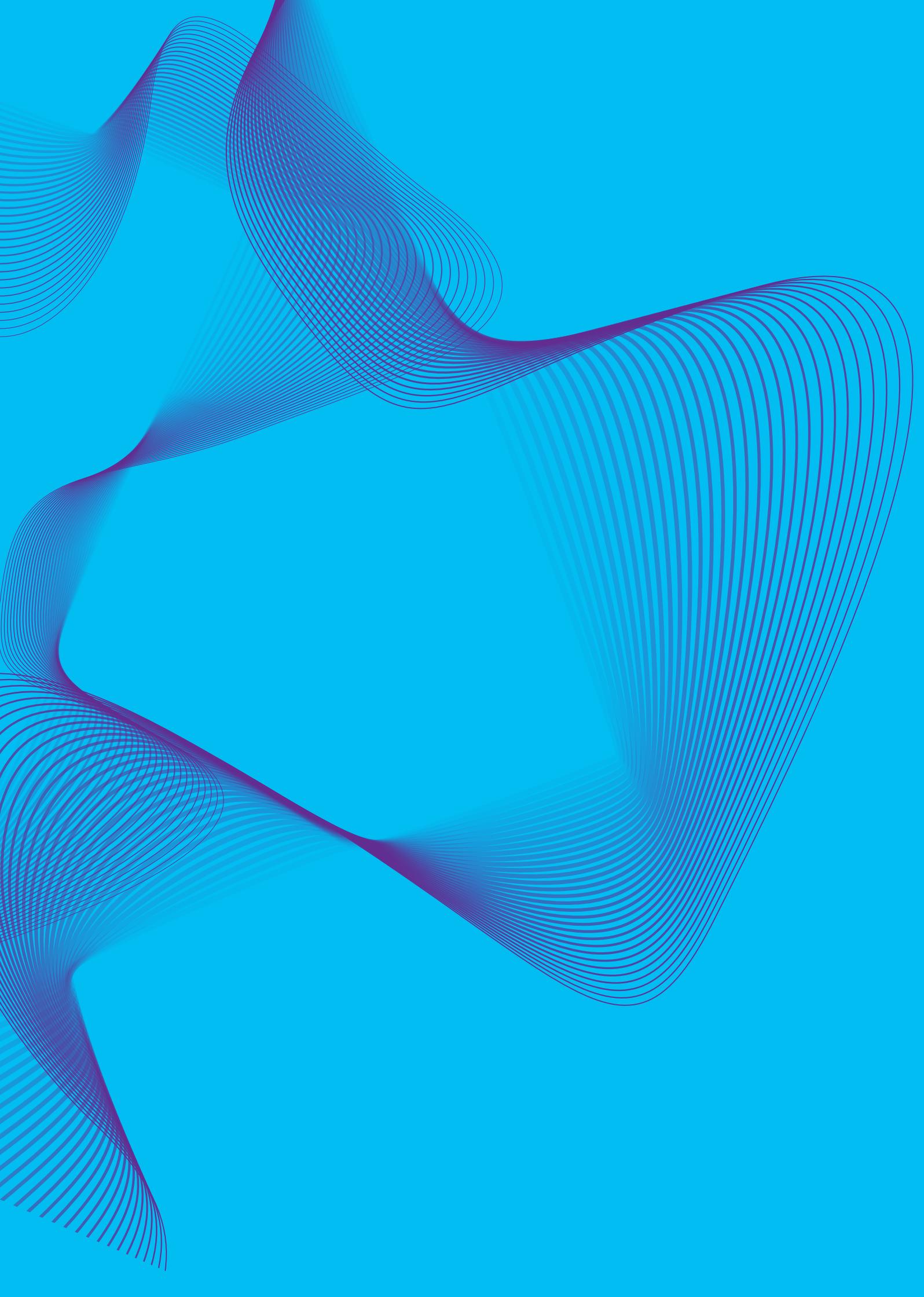
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*Mental health provision by employers*

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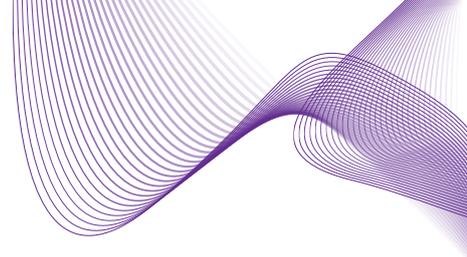
# 1. Executive summary

Public understanding of the scale and impact of mental ill health in the workplace has grown rapidly in recent years, with seminal reports such as the Stevenson/Farmer review of mental health and employers shedding light on the experiences of employees – around 15 per cent of people at work have symptoms of an existing mental health condition<sup>1</sup> – as well as the implications for their employers: recent estimates put the costs of poor mental health to employers in the United Kingdom at £42-45 billion per year.<sup>2</sup> Furthermore, the impact of Covid-19 and the lockdowns that have stretched over more than a year have heightened the focus on mental ill health and how its effects have rippled across all aspects of society, including at work.

Employers have been encouraged take steps to reduce the burden of mental ill health at work, and many have already begun to respond through the introduction of workplace-based mental health support. This report seeks to give employers, employees and other stakeholders insight into how to develop an effective programme of mental health and wellbeing support at work. It presents findings from interviewees with 13 representatives of organisations in central London who have been asked to sharing their experiences and learning from this development process, focusing on the following four questions:

- 1. What is the nature of the most pressing mental health challenges faced by London workers?**
- 2. What is the current provision of mental health and wellbeing support from interviewed organisations?**
- 3. What are the barriers that organisations must overcome in delivering support?**
- 4. What advice can be shared by interviewees for other organisations that are considering developing a mental health programme for their own employees?**

We find that, notwithstanding the diversity of interviewed organisations in terms of both their size and sector, there are distinct commonalities in reported mental health concerns of employees. Some of these issues have continued to affect workers through the pandemic – such as high workloads and difficult relationships with colleagues – while others, such as commuting, have for many employees been profoundly, and perhaps permanently, changed. Similarly, there are recurring themes in the challenges that organisations face in supporting employee wellbeing, such as stigma and issues with effective leadership on mental health. Interviewees reported a range of services available to employees, from support incorporated into organisational processes like line management, to peer-to-peer programmes that seek to give people the tools to support each other and normalise speaking up about mental health. Interviewees also shared their advice for those seeking to develop such support in their workplace: engage with colleagues and secure meaningful buy-in from organisational leadership to build a programme that reflects and responds to the needs of employees.



## Summary of Findings

### Experiences of mental ill health by employees

- ♦ **Managing workloads** was by far the most reported source of work-related mental distress for staff in these organisations, with commuting stresses including the expense and unreliability of public transport also widely reported.
- ♦ Personal mental health concerns included **financial pressures**, and for younger staff, **lower paid, less secure roles** and living in **shared housing**.
- ♦ **Younger staff** were generally thought to be **more comfortable discussing mental health** at work and have stronger expectations of employers to support their wellbeing.
- ♦ The impact of poor mental health on organisations included **lower staff morale, low productivity** and staff absences through **long-term sick leave**.

### Mental health support by organisations

- ♦ Almost all organisations have incorporated mental health support into their **operational processes**, including wellbeing check-ins and formalised guidance on supporting employee wellbeing.
- ♦ **External mental health support providers**, such as employee assistance programmes, were also widely used by organisations, although the take-up rate by employees is unclear.
- ♦ **Peer-led mental health support**, such as Mental Health First Aid were also popular resources and were found by interviewees to increase employee engagement in and help normalise conversations about mental health at work.
- ♦ Almost all organisations had processes in place to **escalate support** for employees experiencing poor mental health, including signposting to medical or specialist support, and developing a plan to support their mental health at an organisational level.

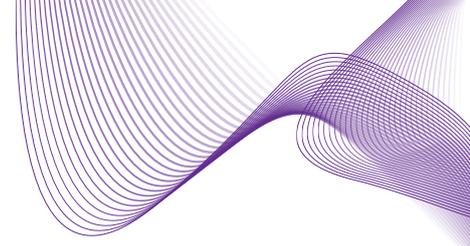
### The impact of the pandemic on mental health

- ♦ Experiences of employees during the first lockdown were mixed. **Health anxieties**, feelings of **loneliness** and **maintaining a healthy work-life balance** were commonly reported, but more positively, many were reported to find **working from home**, having **more flexibility in working hours** and **avoiding a daily commute** beneficial to their mental health.
- ♦ During the third lockdown, those **without adequate workspace** – particularly **younger staff** –, those **living alone**, and those with **caring responsibilities** all experienced particular **strains on their mental health**.
- ♦ Positive developments included **more open discussions of wellbeing** at work and **increased mental health support** provision by organisations.

### Recommendations for organisations

- ♦ Interviewees recommended that organisations planning to develop a mental health support programme **tailor it to their unique workforce** rather than simply import programmes from other companies.
- ♦ **Organisation leadership** has a profound influence on instilling a supportive, open culture around mental health. Ensuring that wellbeing practices are **meaningfully embedded** in organisational activities and policies requires a **commitment from team leaders**.
- ♦ **Meaningful engagement and consultation with employees** about their mental health and how the organisation can effectively support them was strongly advised to ensure that the mental health offer reflects and responds to staff needs.

## 2. Introduction



London's workforce is crucial for the UK economy. While London accounts for only 16.5 per cent of UK employment, it contributes more than 22 per cent of national output.<sup>3</sup> However, this nationally important economic role is hampered by mental ill health in the workforce. Every year, one in five of London's 5.6 million working age adults experience symptoms of a mental health condition, such as anxiety or depression.<sup>4</sup> This has major economic effects. Nationally, the total costs of mental ill health amount to more than 4 per cent of GDP, largely due to lower employment rates and productivity, and greater spending on social security programmes.<sup>5</sup> A recent report by the Greater London Authority found that lost output in London associated with poor mental health costs between £6.86bn and £7.55bn every year.<sup>6</sup>

Beyond these considerations, mental ill health has profound social impacts and reflects existing health and social inequalities, which have been further exacerbated by the Covid-19 pandemic.<sup>7</sup> Emerging evidence on the mental health impact of the pandemic and lockdown has found that the mental health of the UK population declined at the onset of the pandemic. Being younger, female, in a recognised Covid-19 risk group,<sup>8</sup> living in areas affected by lockdown, struggling financially, and having a pre-existing mental health condition or Covid-19 infection<sup>9</sup> have all been associated with poor mental health outcomes, including increased stress, anxiety and depression.

Even before the pandemic, NHS mental health service provision had been stretched for many years. Businesses have increasingly stepped into the gap, providing support in and through the workplace. Despite the successes of some initiatives, however, provision in and by businesses remains uneven and uptake is often poor.<sup>10</sup> If London is to be able to boast a healthy workforce, more needs to be done to help businesses to plan, extend and deepen the support they offer their workforce. But more also needs to be done to encourage uptake of existing services amongst employees, and government can do more to support businesses to create healthier and happier workplaces.

This will not only have positive benefits for London's workers and their families, but also for businesses – through improved retention of staff and increased productivity –, for the NHS and other care providers – in terms of reduced pressures on mental health services– and for the economy – in terms of improved productivity and output.

### About this report

This report is part of a study that was commissioned by the Northbank, Victoria, and Victoria Westminster Business Improvement Districts (BIDs) and aims to ensure that appropriate mental health support is provided to London's workforce in the future. The first output from the study was a rapid assessment of the best available evidence around work-based mental health interventions and initiatives. This review focused on identifying effective interventions and initiatives, as well as the settings in which they are effective. It examined empirical evidence from the academic and grey literature.

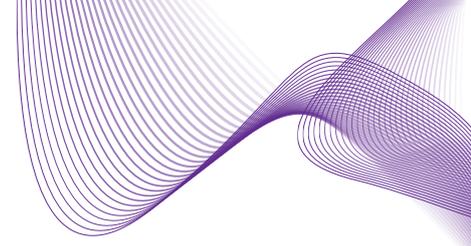
The review can be accessed here: <https://www.kcl.ac.uk/policy-institute/assets/what-do-we-know-about-the-effectiveness-of-workplace-mental-health-interventions.pdf>.

This report is the second output from this study. Through two rounds of interviews with representatives from organisations based in these BIDs conducted in May 2020 and February 2021, it explores how the mental health of London's workforce can be supported in the workplace, both in terms of what businesses can do and how government and others can support this. The report considers the following questions:

- 1. What is the nature of the most pressing mental health challenges faced by London workers?**
- 2. What is the current provision of mental health and wellbeing support from interviewed organisations?**
- 3. What are the barriers that organisations must overcome in delivering support?**
- 4. What advice can be shared by interviewees for other organisations that are considering developing a mental health programme for their own employees?**

While the first round of 13 interviews took place shortly after the United Kingdom's lockdown during the Covid-19 pandemic, interviewees were asked to reflect on pre-lockdown mental health concerns and support service provision in their organisation. A separate section of the interview protocol from this round focused specifically on experiences of employees since lockdown and the impact on their mental health. The second round of interviews, conducted nine months later, followed up with 8 of these interviewees and focused on how the pandemic and lockdowns had affected the wellbeing of staff, particularly in relation to changes to their work and personal life, and how their organisation has supported them during this time. This report documents the findings from both rounds of interviews.

# 3. Research methods



This study reports findings from two rounds of qualitative interviews with representatives from organisations based within the Northbank, Victoria and Victoria Westminster BIDs. The study used a convenience sample, with potential interviewees approached by the BIDs with an invitation to participate in the study. 27 organisations initially agreed to take part in an interview; ultimately, 13 interviews took place. The timing of interviews around the start of the first Covid-19 lockdown and the profound transitions in working practices required by the lockdown seemed to be the primary cause for the relatively high dropout rate from the study at this stage.

Interviewees represented organisations in both public and private sectors, including the arts, hospitality, consultancy, sales, lobbying and higher education, and were almost evenly spread across micro (fewer than 10 employees), small/medium (between 10 and 250 employees) and large (more than 250 employees) organisations. Interviewees were human resources representatives or employees whose role at the organisation included staff wellbeing responsibilities. The first round of interviews took place in May 2020. Interviews typically took 35-50 minutes. All interviewees from this round were asked to participate in a follow-up round of interviews in February 2021, with eight interviewees participating in this latter round. Interviews were 15-40 minutes in length. Interviews were conducted on an anonymous basis and were recorded and later transcribed with the informed consent of all interviewees. Interviewees were assigned the same coding number across both rounds of interviews.

## 4. Key findings

### General mental health concerns of employees (pre-Covid-19)

Interviewees were asked about the mental health concerns most commonly raised by employees at their organisations prior to the Covid-19 pandemic and lockdowns across the United Kingdom, which took place immediately prior to the first round of interviews for this study. These concerns may broadly be divided into work-related and personal concerns, although, as noted below, these concerns may feed into and exacerbate each other. Interviewees were also asked to report on any differences in attitudes towards, and experiences of, mental health in their organisation by different employee demographic groups, and the impact of poor mental health on their organisation. Findings from these discussions are presented in this section.

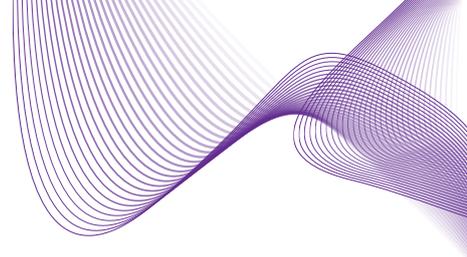
### Work-related mental health concerns

Notwithstanding the wide variety of professional sectors represented in this study, there were broad similarities in mental health concerns of employees reported by interviewees. In particular, managing workloads was highlighted by almost all interviewees as a major source of mental distress for staff in their organisation. This concern was expressed in different ways by interviewees. The pressures of meeting deadlines and managing multiple complex projects simultaneously was noted by six interviewees (Int. 1, 2, 3, 4, 5, 7), while understaffing and the expectation that staff must “do more with less” was raised by another three interviewees (Int. 6, 9, 12). Even before the Covid-19 pandemic obliged employees to work from home where possible, five interviewees noted the challenges in “switching off” at the end of the day and being fully present for their family or personal life (Int. 1, 2, 4, 5, 9). This was particularly emphasised by interviewees from organisations with offices or contacts in other time zones who may feel pressure to stay online and work longer hours to overlap with their counterparts abroad (Int. 1), and by an interviewee from an organisation that had grown quickly without developing structures to support that growth (Int. 5).

Another work-related source of stress noted by interviewees related to commuting into the office. The expense of public transport, particularly train travel from outside London into the city, was noted by three interviewees (Int. 1, 6, 9) as well as its unreliability and the stress of dealing with crowds of people was raised by six interviewees (Int. 1, 2, 4, 8, 9, 13). The time away from home that commuting consumes also takes a toll on many employees, according to 2 interviewees (Int. 2, 9). Interviewees from organisations which had relatively flexible approaches to working from home felt that the negative impacts of commuting had been mitigated to some extent as a result for their employees (Int. 2, 5, 10). One interviewee commented:

**Commuting was always a major stress** for people. I think people really are searching for balance and if they are required to work in London five days a week, that’s almost a bit passe now. People absolutely want to have **balance and choice**. More and more, even before this [lockdown], they wanted to work from home so they could exercise, take their children to school, they are able to **put their needs to the forefront** whereas years ago you’d never dare ask. (Int. 2)

A few other work-related stressors were noted by smaller numbers of interviewees. Strains and tensions in professional relationships, particularly between employees and



line managers, was raised by two interviewees from larger organisations (Int. 4, 9). Relatedly, an interviewee from a large organisation highlighted the impact of bullying and harassment, describing it as “a slow burn that has a huge toll on people’s mental health. By the time they come to us, it’s too late – they’re sick, they’re depressed” (Int. 12). Finally, another interviewee noted that as **office space** in central London is so expensive, their small organisation could not provide staff with amenities to make their office life more comfortable, such as a kitchen, breakout rooms, and lunch space. As a result, staff may be obliged to eat their lunch at their desks, which is poor mental hygiene (Int. 7).

## Personal mental health concerns

Personal lives as a source of mental health issues were raised less frequently by interviewees, although one commented that work and personal stressors can feed into each other and be challenging to differentiate: “It tends to be that people have both, and personal stress is the one that starts the work stress, in my experience” (Int. 13). Similarly, the most commonly raised stressor in employees’ personal lives were **financial concerns** (Int. 1, 2, 3, 4, 6, 8, 11, 12) with the high cost of living in London and the salaries paid to employees noted by some interviewees as two sides of the same coin (Int. 8, 12).

Younger staff were also reported to be typically in **lower paid, less secure** roles which may oblige them to move positions or organisations, with a resulting disruption to their professional and personal lives a source of stress and uncertainty (Int. 8, 11). Younger employees were also reported by three interviewees to be more likely to be living in shared housing, which at times negatively affects their mental health (Int. 5, 11, 13). Ill health, either the employee’s own or that of a family member, was raised by three interviewees as another common concern (Int. 5, 9, 11).

## Differences in experiences of mental health by demographics

Interviewees were asked to reflect on whether there were any differences in attitudes towards mental health between different demographic groups within their organisation. In the context of gender, the results overall were mixed. Around half of interviewees noted no major differences between men and women in terms of engagement with the organisation’s mental health and wellbeing provision, or comfort and confidence levels in discussing mental health issues, including their own. However, others reported that women were more proactive than men in self-care at work, with particular interest in mental health tools such as resilience and mindfulness and were more likely to speak up when experiencing poor mental health (Int. 1, 9, 8).

Results around differences in age were much more pronounced. Overall, most interviewees reported that younger staff were more comfortable discussing mental health at work and have clearer expectations of employers to support their wellbeing. Indeed, in some cases, this attitude towards mental health in the workplace from young people was reported as driving organisational change. One interviewee commented:

**Millennials** are more likely to come forward to **discuss stress**. When they're looking for a job, it's **not all about the salary anymore**, they're looking at other things. They want **work-life balance**, flexible working, home working, dental care, health care policies in place. That generation of employees want different things. **Older employees tend not to come forward** as much. They will come forward with a personal issue if they're struggling performance wise, then it will all come out. Millennials are much more likely to come forward and tell you. (Int. 13)

This view was echoed by another interviewee who stated that for younger employees in their organisation, "there is generally a strong understanding that mental health is as important as physical health – in general, under 30s have more mental health language" (Int. 5).

## Impact of poor mental health on the organisation

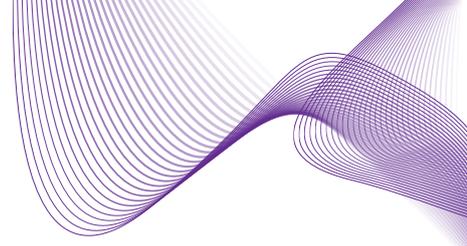
Interviewees reported a range of effects on the organisation as a result of poor mental health among staff. A number of interviewees noted the negative effects that poor mental health within the organisation may have on morale across the team (Int. 2, 3, 5, 7, 9, 12). One interviewee commented that staff morale can be tied directly to the quality of work that the team produces:

On the morale point, that is really key. I'd **link morale to quality of output**. The level of professionalism means the work will get done, but the **quality of the work is much higher when the morale is high and sustained**. (Int. 9)

Five interviewees also noted that some people experiencing mental ill health may not be aware of the effects on their behaviour on others (Int. 2, 3, 5, 12, 13). One interviewee commented: "People's lives change and they don't recognise how they conduct themselves and how they treat their colleagues." (Int. 12). Another noted that this is a particular concern when this behaviour comes from someone in a leadership position, describing a situation in which a manager became unpredictable and short-tempered with staff and noted that the "anxiety when you are looking up to someone [behaving this way] undermines your confidence in what's happening" (Int. 5). The interviewee noted that the organisation's board intervened and encouraged the manager to take leave to work on their mental health, and the situation ultimately came to be seen by staff as a positive example of recovering from mental ill health in a supportive professional environment.

**Long-term sick leave** for mental health related concerns was also raised by four interviewees as having impacted upon their organisation (Int. 3, 8, 12, 13). One interviewee noted that long term sick leave in their organisation is almost always due to mental ill health, especially stress, depression and anxiety and described this as a complete change from the recent past (Int. 13).

By contrast, one interviewee described the low absence rate at their organisation as a source of concern, describing it as a "**presenteeism problem**." They added that "people can hang around in the office for a long time but not necessarily be productive" (Int. 1). **Low productivity** because of poor mental health was reported by five interviewees



from organisations of different sizes (Int. 1, 3, 7, 9 12), affecting both the employee experiencing mental ill health and those around them who are providing professional and personal support. One interviewee stated:

It certainly **impacts upon productivity**. When we've had colleagues who have gone off [work] with mental health issues... it has a big impact on the person suffering the crisis and those around them... We're a very caring organisation, and there is a loss of productivity in concern for the individual, there is also a loss of productivity in the outputs generated, as we have to **re-task things** to others. When we are putting in **more active support**, again it's a **draw on resources** that reduce our overall productivity. (Int. 9)

Finally, staff turnover was also included as a potential consequence of poor mental health by two interviewees (Int. 5, 7). One interviewee described concern over turnover as one of the drivers for developing their organisation's mental health offer to staff, commenting that "wellbeing is important as we want to make sure everyone is happy and hopefully this will lead them to stay" (Int. 7). This interviewee also tied staff turnover to knock-on effects on morale and productivity.

# 5. Mental health support provision by organisations

## Organisational processes

Almost all interviewees reported that their organisation had incorporated mental health and wellbeing practices into their operational processes. These practices took a variety of forms. Some organisations included **wellbeing checks** during regular catch ups between employees and their line managers, reported by three interviewees (Int. 5, 7, 8). Some organisations also invited staff to provide updates on their wellbeing and state of mind during **team meetings** (Int. 3, 5, 7). One interviewee described a more creative approach that their organisation adopted in encouraging staff to discuss their mental health in these meetings, asking them to provide an analogy about how they are feeling such as “I’m jogging in the sun” or “I’m sprinting in the rain and mud.” The interviewee reported that these roundtables gave the team a better sense of each other’s wellbeing and provided an opportunity to identify the support that employees need (Int. 5).

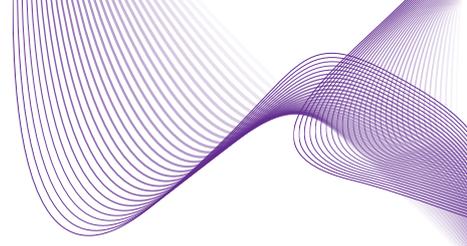
**Formalised guidance and policies** on employee mental health, such as staff handbooks and wellbeing awareness plans were also used by some organisations (Int. 1, 3, 5, 12, 13). Some smaller organisations, which were less likely to have formalised policies than larger organisations, reported that they did not feel these tools were beneficial for their team. Instead, they preferred a “light touch” approach in practicing a workplace culture of tolerance and kindness, which may be easier to generate informally in a small organisation (Int. 2, 8).

One interviewee reported that the organisation’s management had included wellbeing targets as a **key performance indicator** for two members of staff who had volunteered to lead projects on mental health and wellbeing in the team (Int. 7). Lastly, one interviewee from a large organisation reported using the Bradford Factor, a human resources tool originally designed to measure absenteeism among staff, as a means to initiate conversations about wellbeing with staff. The Bradford Factor calculates a score for an employee using the total number of their absences over a set period of time. The interviewee commented:

We introduced the **Bradford Factor**, which encourages dialogue with employees. Managers are quite clear that if someone goes above the score, we need to talk to them. The **dialogue is so important**... we normally find if someone goes off with cold or flu regularly, its often because of something completely different. (Int. 13)

## Professional health support

Most interviewees in this study reported engaging the services of external providers to support the mental health of their staff. Most common was the use of **Employee Assistance Programmes** (EAPs) (Int. 1, 2, 3, 4, 9, 10, 11, 12, 13). EAPs are a support service paid for by the employer that employees and their families may access either online or over the phone to seek help for issues that might adversely affect their health, wellbeing or work life such as mental ill health, bereavement or financial issues. Generally, this service includes an immediate assessment of the concern- by a nurse or counsellor and where appropriate, short-term counselling or referral to other health professionals is arranged. This service is confidential and most interviewees were not aware of the rate of take-up by staff; however, the few that did know reported that use of the EAP by their staff was low.



In addition to the EAPs engaged by their organisations, two interviewees reported that their colleagues could access **counselling sessions** with a psychologist or trained counsellor upon request, paid for by the company (Int. 1, 10, 12). Another organisation paid for **private health insurance** for their staff, which covered counselling and other mental health services (Int. 2).

## Information resources

Informational resources related to mental health and wellbeing were also provided to staff at four organisations, typically via the organisation's intranet or shared drive (Int. 1, 4, 9, 12). These resources included:

- Advice how and where to seek support for mental health concerns both within and external to the organisation.
- Mental health “toolkits” developed by external organisations and charities such as MIND
- Resources on topics such as coping with bereavement; domestic violence; health matters, such as alcohol and substance misuse; nutrition; and tools to support wellbeing, such as meditation.

## Peer to peer support

Peer-led mental health and wellbeing support was widely used across the interviewed organisations, particularly by those large enough to rely on a critical mass of staff to lead them. The most popular of these initiatives is Mental Health First Aid, a qualification which is offered by a number of organisations including St John's Ambulance and **Mental Health First Aid England** (Int. 1, 3, 8, 9, 10, 11, 12, 13).

Members of staff may volunteer to undertake a training course which aims to teach participants about mental health; factors that can affect wellbeing; identifying the signs of mental ill health; and how to support a colleague who needs assistance. One interviewee reported that within their organisation, a small group of trained Mental Health First Aiders went on to form a working group on mental health which meets quarterly to plan activities and review mental health policies (Int. 3). Another interviewee reported that Mental Health First Aiders in their organisation wear coloured lanyards as well as adding a note to their email signature to indicate their role to colleagues (Int. 1).

A small number of organisations with Mental Health First Aiders also had other peer-led groups with varying responsibilities around mental health. One organisation introduced “**wellbeing champions**”, who meet regularly to plan mental health initiatives, advise management about embedding mental health in workplace practices and attend senior leadership meetings. (Int. 1). Similarly, another organisation introduced “**wellbeing pioneers**”, a group of staff members who are aware of available resources for employees with mental health concerns and can signpost them to the most appropriate means of support, although are not trained counsellors themselves (Int. 1, 4).

Additionally, another interviewed organisation instituted a **Sustaining Resilience at Work team** (SRAW) which provides colleagues with a raised awareness of, and tools to recognise signs of and manage stress. Where an employee is concerned about their own or a colleague's wellbeing, a member of SRAW will arrange an informal meeting with the individual to gauge their level of stress and work together to develop an action plan to manage their stress (Int. 9).

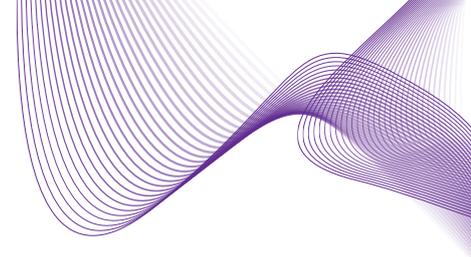
A smaller number of other peer-led initiatives were also reported by interviewees. Two organisations introduced a **"buddy system"** for their staff, pairing employees who are encouraged to regularly check in and support each other with work-related matters (Int. 3, 9). A group of employees from one organisation set up an online discussion forum which aims to help identify emerging issues around mental health in their workplace as well as potential solutions to these concerns (Int. 9). Another interviewee reported that staff at their organisation developed an online forum sharing wellbeing tips and suggestions for group activities such as swimming and yoga (Int. 12).

## **Education and training courses on mental health and wellbeing**

Six interviewees reported that their organisations offer their staff the opportunity to participate in educational courses on mental health-related topics (Int. 1, 8, 7, 9, 10, 12). Most organisations did not formally evaluate these courses but monitored participation rates and developed their training offer to reflect interest and demand among staff. Topics of these courses included:

- ♦ **Maintaining resilience at work**
- ♦ **Stress management**
- ♦ **Goal setting**
- ♦ **Financial management**
- ♦ **Nutrition**
- ♦ **Mindfulness**
- ♦ **Practicing kindness**
- ♦ **Alcohol awareness**
- ♦ **Diversity and inclusion**
- ♦ **Mentoring and management**

These events are typically run by external facilitators for a fee and can range from webinars, lunchtime "brown bag" sessions or multi-day courses. Some organisations leverage external events such as Mental Health Awareness Week, National Work Life Week or Time to Talk Day to host or promote these courses or incorporate them



into corporate activities where the whole team gathers, such as away days (Int. 4, 5). Where mental health sessions were built into corporate activities, there was an expectation that all invited staff would participate. However, more often participation in education and training was on a voluntary basis. Topics were generally selected based on feedback from staff as well as what was feasible given available resources.

## Social events

Seven interviewees described social events during or after work with colleagues as part of their mental health offer to staff (Int. 2, 5, 6, 7, 8, 9, 11). Birthday lunches, as well as free sessions for staff such as massage, chiropodists, manicures, meditation, fitness classes and yoga classes, were provided by one interviewed organisation (Int. 11). Another interviewee reported that their workplace organised participation in team activities such as raising money for charity in order to create a community feeling and sense of bonding among colleagues (Int. 7).

Programme type	Specific service	No. of organisations	Internally/externally run	Mandatory/voluntary
<b>Organisational processes</b>	Wellbeing check during regular catch ups with line managers	3	Internal	Mandatory
	Roundtable updates in team meetings	3	Internal	Mandatory
	Wellbeing targets included as KPIs	1	Internal	Mandatory
	Mental health policies, handbooks awareness plans	5	Internal	Mandatory
	Bradford Factor (identifies frequent short-term absences)	1	Internal	Mandatory
<b>Education and training</b>	Courses on topics such as sustaining resilience at work, stress management, nutrition, mindfulness	6	Mixed	Voluntary
<b>Professional health support</b>	Employee assistance programmes (EAPs) for counselling, financial advice, bereavement etc	9	External	Voluntary
	Counselling sessions paid for by organisation	3	External	Voluntary
	Private health coverage provided by organisation	1	External	Voluntary
<b>Information resources</b>	Toolkits, advice, resources, links to external mental health charities and providers, eg MIND on intranet, notice boards etc	4	Mixed	Voluntary
<b>Peer-to-peer support</b>	Mental health first aiders	8	Internal	Voluntary
	“Wellbeing champions”	1	Internal	Voluntary
	“Wellbeing pioneers”	2		
	SRAW (Sustaining Resilience at Work) team	1	Internal	Voluntary
	Discussion forums/working groups for identification of emerging issues and solutions	1	Internal	Voluntary
	Staff-led online forums sharing wellbeing tips, etc	1	Internal	Voluntary
<b>Social events</b>	Team games and socialising during/after work		Internal	Voluntary
	Raising money for charity as a team	7	Internal	Voluntary
	Self-care such as massages, chiropodists, manicures, meditation, yoga classes		External	Voluntary

## Targeted support

Almost all interviewees reported at least one instance of a colleague needing more a targeted intervention and support from their organisation for an experience of poor mental health. Typically, identification of this need emerges from discussions between the affected employee and their line manager, or less commonly, between the affected employee and human resources. In the first instance, staff members are usually signposted by their manager or human resources representative to medical or specialist support. This is most commonly their GP and/or the EAP where it is available. They may make recommendations for counselling sessions with a mental health nurse or psychologist or support from occupational health advisors where appropriate. Two interviewees reported that they had engaged with mental health charities to support employees experiencing mental health crises (Int. 5 8), although one interviewee reported that confidentiality requirements and other terms set by the charities meant that this was not an effective approach for the organisation to take (Int.8).

At this point, the organisation will work with the employee to develop a plan to support their mental health at an organisational level. Interviewees reported that their workplaces try to take as flexible an approach to developing these plans as possible, within organisational constraints such as staff capacity. Aspects of these plans may include sick leave; a staged return to work; or changes to working practices such as working from home, changes to work hours, and changes in the employee's role or team in which they work.

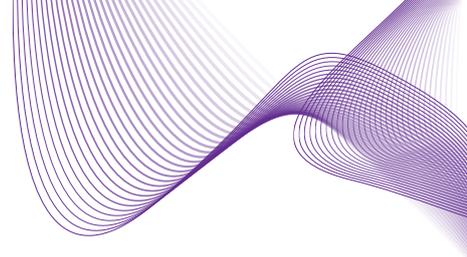
Several interviewees noted the challenges experienced by line managers in supporting staff mental health without professional training. Three interviewees reported that their organisations now offer training and support to line managers in dealing with mental health issues among their staff (Int. 1, 6, 11).

## Experiences of the Covid-19 lockdown and its impact on mental health

The first round of interviews for this study took place around six to eight weeks after Covid-19 regulations required all employees in England to work from home where possible. Interviewees were asked for their views on how their colleagues were adapting to this transition and were coping with life under lockdown more broadly.

Overall, experiences and concerns of employees were mixed, but health anxieties related to the pandemic among many employees were high for both themselves and loved ones. While staff were reported to be less concerned about their workplaces being Covid-19-secure, concerns about potential exposure to the virus on public transport predominated (Int. 1, 2, 3, 5, 6, 8, 9, 11, 13).

Maintaining a healthy and sustainable work-life balance was also reported as a challenge for some employees (Int. 1, 3, 4, 9, 13). For example, interviewees highlighted the difficulties some experienced in creating boundaries between home and work responsibilities and in finishing the working day (Int. 3, 4, 9). One interviewee commented:



It's **generating stress** in two ways. They're not able to **separate work from life** as easily – you're in your home living environment and working – and it's **hard to separate and switch off**, particularly if you're dipping in and out of caring responsibilities. (Int. 9)

Feelings of **isolation and loneliness** were also reported, particularly during the periods of lockdown where socialising with others in person was restricted by Covid-19 regulations (Int. 1, 2, 4, 7, 9, 11). One interviewee felt that the impact of reduced social contact on employee mental health was also affecting their work: "... the longer we stay home in lockdown, the more difficult I think it's going to be for people to maintain motivation and wellbeing... it's very different talking to people over the phone rather than face to face" (Int. 9).

Stress and anxiety caused by uncertainties around **personal finances and job security** were also reported by three interviewees (Int. 3, 5, 8). At this stage, some organisations were starting to place some employees on furlough. This was reported to be impacting upon mental health both for those on furlough, particularly in terms of losing their regular routine and feelings of productivity, and for those not on furlough whose workload had increased as a result (Int. 3).

It was noted that younger employees were more likely to be in shared accommodation, which was negatively affecting their work life, particularly in terms of findings space from which to work and being able to have work meetings in the presence of flatmates (Int. 5, 13).

However, for others, **working from home** and having **more flexibility in working hours** was beneficial (Int. 1, 5, 7, 9, 13). **Productivity** was reported to have remained strong among employees, according to four interviewees (Int. 3, 5, 7, 13), with one also noting that none of their employees had fallen ill and taken sick leave since lockdown first began (Int. 13). Some interviewees noted that even at this early stage of lockdown, colleagues were reflecting on what could be learned from these changes to working practices (Int. 2, 5, 6, 9, 13). One reported an emerging view in their organisation that these changes could prompt the organisation to think more broadly about managing workloads and working effectively (Int. 6). Another noted that while their organisation's Chief Executive had previously been "dead-set against" allowing staff to work from home, the successful implementation of this change in their organisation had led them to embrace it at least part-time into the future (Int. 13).

Three interviewees thought that life without a **daily commute** could bring more balance for at least some of their colleagues (Int. 2, 9, 13). One remarked:

I think **people have taken a massive stock of their lives** and thought, I used to spend four hours a day on the train and now I can get up and be with the children, I can walk the dogs. I think this has made people really **recalibrate what's important** to them. People really like not going into London every day. (Int. 2)

Many interviewees reported that changes and additions had been made by their organisation in their mental health and wellbeing offer to their employees both in terms of changing support needs of staff and in transitioning services online where

possible. Most common was the scheduling of more frequent meetings with managers and senior leadership, and more open discussions of wellbeing during team meetings (Int. 1, 7, 8, 9, 10).

In addition, five interviewees reported their organisation had introduced virtual social events including pub quizzes, cooking lessons, singing groups and exercise classes (Int. 1, 5, 7, 8, 9). One interviewee pointed to the introduction of a “buddy” system of two or three people who were encouraged to check in with each other every day (Int. 9), while another reported that corporate messages from senior leadership within their organisation included more personal messages of care and concern for employees, which was unusual for their office culture (Int. 9). Two interviewees stated that their organisations arranged virtual training courses on resilience and other topics around wellbeing (Int. 1, 9). Finally, many organisations were proactive in sending equipment to employees to ensure that they could work from home effectively, such as laptop risers, office chairs and screens (Int. 4, 5, 8, 9).

## Challenges for organisations in supporting employee mental health

A number of challenges to organisations’ ability to effectively supporting their employees’ mental health were identified by interviewees. While many interviewees felt that stigma around mental health issues had declined in recent years, five reported that it was still a barrier for some people to seek help from their organisation (Int. 1, 3, 4, 7, 12). One interviewee commented:

One of biggest barriers is **stigma about telling people they are suffering**. There’s a level of **embarrassment** from the person dealing with it, although it’s not as bad as it used to be. (Int. 3)

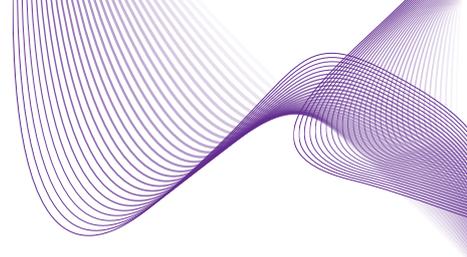
Another interviewee echoed this view, and noted how stigmatisation may hamper effective support:

There is still a bit of a **taboo around mental health**. It’s difficult to understand what people need and when they need it. It can happen that you find out about the problem when things have progressed quite far whereas it would be better if they had mentioned it earlier so there’s more that you can do about it. (Int. 7)

While many interviewees spoke positively about the influence that leadership within their organisation have on instilling a supportive, open culture around mental health, a small number highlighted where management decisions may hamper these efforts (Int. 2, 3, 5, 9). In particular, three interviewees pointed to the unwillingness or inability of their organisations to make the required changes to workplace to address mental health concerns (Int. 2, 3, 9).

There has been an impression at the organisation that people will say that mental health is important, but **when it comes to the crunch, the work takes priority** and that pressure is still put on staff. (Int. 9)

This view was seconded by another interviewee, who commented:



We try to factor [supporting mental health] into the way we manage, so it does come **from the top down**. On the other hand, **I don't think we change the way that the company works** to prevent or help in some ways. For example, people get stressed about **workload**, but I don't think we particularly factor that in sometimes when dealing with mental health (Int. 3)

Similarly, one interviewee reflected on the challenges their organisation's leader has experienced in modelling behaviour that prioritises their own wellbeing:

The culture of any organisation comes **top down**, the problem that you have is for most people at the top of their game, they **run on adrenaline** like no other... it's **rare to come across leaders who set the best example**.... It's a dilemma for a lot of organisations because they care deeply for their staff, but **leaders are often the worst example** of work-life balance. (Int. 2)

Another identified challenge for some managers is balancing openness about their own mental struggles with their concern about damaging staff confidence in their leadership (Int. 2, 4, 5). One interviewee noted:

They will say "**I don't know how much to share** – I'm torn between 'sharing is powerful' and it helps people to a) appreciate that I'm a person and I also sometimes need support, and b) it role models that **you can have mental health issues and be successful**, but if you share too widely it can **undermine confidence**." It's a **really difficult tightrope** and I'm not surprised that some people say, "I'm just not going to say anything." It would be really useful if there were **targeted resources for senior leaders** about different ways they could communicate and navigate that. It is different to being part of the team – it's quite **lonely at the top** and it is a **different burden**. (Int. 5)

This latter point about the unique pressures of leadership was also raised by another interviewee:

I don't think they get the chance, a lot of senior leaders, to share that kind of detail and **it is a fine line because they want to be the strong one**. That person has all these people's mortgages on their heads – that's how most leaders think... which is why they've got to have a **strong management team** around them that's hugely **compassionate**, they've got to **build a culture** that, even if they themselves would struggle to say I'm really struggling today, then actually the people around them can say it to their teams. (Int. 2)

Similarly, another interviewee reported that there is pressure on leaders to demonstrate that they are up to the job, and struggling with their mental health is a sign of weakness:

For people in management, there is a barrier to putting their hands up and saying they aren't coping. There is this feeling of if you're in senior management you should be able to cope with this, and I think there is fear that people may not be perceived to be doing their job properly if they say I'm suffering from mental issues. (Int. 3)

Two interviewees also commented upon the challenges in navigating professional and personal boundaries in providing support to employees (Int. 3, 8). One commented:

One of biggest challenges I've dealt with is that **you can't be someone's boss and also be the person they talk to about their mental health issues with**. It's really important to have someone **external** to the company as it gives the individual a **security** that they **won't be judged** or that the company won't go back and use this in some way down the line. (Int. 3)

Another interviewee expressed concern about the risk of excessively interfering into staff members' lives:

It's a question of **intrusion**. Most people already spend a lot of time with their colleagues and talk about work with their partner. We are **conscious not to intrude too much further into people's lives**. It's [also] a question of **peer support** – a junior staff member probably doesn't need a director as part of their life. (Int. 8)

## Advice to other organisations in developing mental health provision

Seven interviewees reported sharing learning and best practices with their professional networks and counterparts at other organisations about supporting employee mental health (Int. 1, 7, 8, 9, 11, 12, 13). All interviewees gave a number of recommendations for other organisations that are considering developing a mental health support programme for their employees. These recommendations are primarily centred around engaging with staff and leadership effectively.

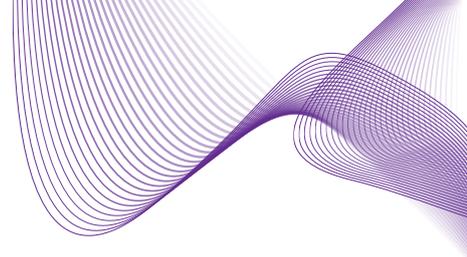
### Staff engagement

Interviewees strongly encouraged meaningful engagement and consultation with employees about their mental health needs and how they feel the organisation and their colleagues can best support them. One interviewee advised:

Start with the staff – **focus groups**. What do they want? **You can lead a horse to water, but you can't make it drink** – we've proven that with the stuff that we've done. We've planned these things and tried to communicate the message that guys, you won't be judged – it's ok if you take 45 minutes to come, and they still they didn't come. So, I would say that setting up something like that, it's better if it's **staff-led**. It's not going to be a wish list, no you're not going to get everything that staff come up with, but it's a good place to start because it means that at least **staff are going to engage with it**. (Int. 4)

Another interviewee echoed this suggestion about engaging staff in the development mental health programming rather than solely at the direction of senior leadership:

Get everyone to **feed in** to this – it's been really beneficial. If senior leadership push out a policy, it looks like people are just ticking boxes. When **all of us get involved** in actually thinking about ways to benefit the whole company it has much greater value when **everyone is able to participate** in it and make suggestions as well. (Int. 3)



A third interviewee advised encouraging staff to lead on topics and activities of interest to them where possible and allowing the programmes to grow according to staff engagement:

We had an occupational health and safety network that evolved into wellbeing network and grew. Then we approached human resources to suggest changes. It was very much a **bottom-up approach** which **slowly filtered up**... Getting **employee engagement** is the best first step – recruit people on topics that are interesting to them. The best route is usually through **fitness and physical health** and progress from there. Have a focus on **workplace stress** to get **support from management** and tie it back to business. (Int. 1)

### Leadership support

Notwithstanding the importance of employee engagement, almost all interviewees also highlighted the value of support and buy-in from organisational leadership in supporting staff mental health. Ensuring that wellbeing practices are meaningfully embedded in organisational activities and policies requires a commitment from team leaders. One interviewee commented:

My main bit of advice is to **get senior leadership involved from the start**... It's a key part of your [organisation's] strategy and operating model. (Int. 9)

Another interviewee emphasised the importance of a clear and sustained statement of organisational culture in relation to mental health from the top:

**It doesn't matter what you put in place if you don't have a culture that's supportive of it**... if you make people feel they can never be honest about their feelings, it's a complete waste of time. (Int. 2)

## Update on mental health under lockdown: Round two of interviews

In February 2021, the study team re-interviewed eight of the original participants in this study to understand the experience of their colleagues over the past year of lockdown, the impact on their mental health and wellbeing, and the support that organisations provided to staff.

### Experiences of mental health

Overall, the experience of employees in these organisations was mixed, but some themes emerged by their stage of life and lifestyle. Three interviewees reported that **younger staff** had tended to struggle more with working from home, primarily because of a lack of workspace at home, difficulties with flatmates who were also working from home, feelings of isolation and less meaningful supervision from their managers (Int 3, 4, 9). One interviewee commented on the challenges of remotely supporting less experienced staff in their development:

If we were in an office together you might be standing next to her and going through a document and saying how about this. It's **much harder** when someone sends you a document – suddenly you're **marking their homework** and it becomes **more formal** and **more iterative than discursive**, and certainly **less enjoyable**. (Int. 3)

More generally, those without **adequate workspace, IT equipment or strong internet connection** were reported to have struggled to adjust to working from home (Int. 4, 9, 12). Those lacking a separate workspace were also reported to find it difficult to switch off at the end of the day (Int. 9). Employees with **young children** and/or responsibilities with **home schooling and caring for loved ones** were also reported to have found balancing these responsibilities hugely challenging at times, notwithstanding the efforts made by organisations to support them (Int. 9, 10, 11, 12).

Many people, especially those living alone, were reported to be experiencing loneliness or simply missing the social contact of seeing their colleagues in person (Int. 3, 5, 7, 9, 10, 11). One interviewee highlighted how interaction had changed with remote working:

Everyone **misses the social element**. You can't manufacture it – all these **interactions** that happen in the periphery that we miss. In meetings, especially ones that are task-driven, the way we would have balance out that interaction there would have been **soft space and chat**, whereas **online it's more direct**. (Int. 5)

Feelings of isolation were particularly highlighted by interviewees from sectors that attract highly social people, such as hospitality and the arts (Int. 3, 11). One commented:

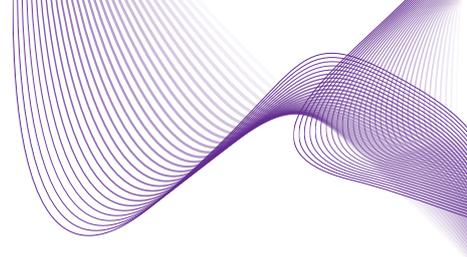
We are working in a sector that is people-based. We are **incredibly social** and hire people that want to be with people... it's a common thread in our personalities. We love **socialising, celebrating, being together**. When that is taken away it **creates such a vacuum**... The main issue is [a feeling of] "what do I do?" (Int. 11).

Many interviewees commented on increased productivity among staff but were also concerned that staff were working too hard and risking burn-out (Int. 4, 5, 7, 9, 10, 12). One interviewee commented that at the start of lockdown, their colleagues had used the time they would otherwise be commuting into the office to work, resulting in working much longer days. However, over time they found a healthier work-life balance and structure. The interviewee added:

There was **no notice** for people to adapt to this new way of working, but it was probably **the best thing that could have happened** because it showed we were able to deliver the **same level of service and productivity** if not more so, as people didn't have to **commute**. They were **judged on output**, which is what they should be. (Int. 4)

Another interviewee commented on the change to virtual rather than in person client meetings also impacted on productivity:

**Productivity has increased** as there is less travel to client sites. That means we are able to do **more meetings in a day**, and it's a lot more **efficient**. This is something that will stick – fewer in person meetings. (Int. 7)



Employees who had typically **commuted** into the office were also pleased to save time and money and were enjoying an improved quality of life more generally without the journey, according to three interviewees (Int. 5, 11, 12, 13).

Some organisations had successfully introduced more **flexible working** (Int. 3, 7, 9), with employees choosing their own working hours along with the introduction of a corporate lunchbreak when staff were not expected to be online or available for meetings (Int. 9).

### Changes to mental health provision

A number of interviewees reported that wellbeing checks have become features of team meetings and communications (Int. 3, 4 5, 7, 10, 11). Even more so than at the first interview stage at the start of lockdown, these interviewees reported that discussions of mental health have become normalised, and staff have become more open about their own wellbeing. One interviewee commented:

Since Covid, it's much **more structured** as we see that as a key risk. So, there's **regular management check-ins** [with employees], and management have to report back to senior leadership about the wellbeing of team. (Int. 5)

**Social activities** have expanded and moved online for several organisations (Int. 4, 10, 11, 12). These activities included virtual morning coffee breaks, exercise classes and clubs for cooking, books, gardening, and physical fitness. Some activities incorporated wellbeing checks, for example a monthly “wellbeing breakfast” where topics around mental health are discussed (Int. 7). Similarly, **virtual training programmes and workshops** on subjects such as managing anxiety, loneliness during lockdown, managing exercise while working from home were developed or further promoted by some organisations (Int. 3, 4, 9, 10). One organisation also rolled out a **wellbeing app** for employees, with resources on nutrition, exercise, mindfulness and meditation.

### Working practices post-lockdown

All interviewees reported that plans for working practices post-lockdown were still ongoing, with consultations with staff about their preferences informing the decision-making process. They reported that where possible, increased flexibility especially around working from home is likely for their organisations. A typical view, expressed by one interviewee, was that a balance needed to be struck between giving employees autonomy in their working practices while still maintaining a team culture:

There will be **more flexibility** but we will not give up on the **office**. We still think it's important to have **a hub and a heart**.... We will look to downsize with the expectation there won't be any days where all the staff are in. There will be a few times a year when there is a staff day and we rent a room or go away. (Int 5)

## 6. Conclusion

Notwithstanding the diversity of interviewed organisations in terms of both their size and sector, there are distinct commonalities in reported mental health concerns of employees. Some of these issues have continued to affect workers through the pandemic, such as high workloads, while others, such as commuting, have for many employees been profoundly, and perhaps permanently, changed. Similarly, there are recurring themes in the challenges that organisations face in supporting employee wellbeing, such as stigma and issues with effective leadership on mental health. Interviewees also spoke to the profound effect that poor mental health among employees has had on their organisation, such as low morale, decreased productivity and increased sick leave.

Interviewees reported a range of mental health programmes and services available to employees. These range from support incorporated into organisational processes like line management, to peer-to-peer programmes that seek to give people the tools to support each other and normalise speaking up about mental health. We can also see how the pandemic has impacted on mental health at work, both in terms of alleviating the negative impact of stressors, such as commuting, and in terms of new or exacerbated challenges, such as feelings of isolation. Most positively, perhaps, is emerging evidence that the experience of lockdown has normalised discussions about mental health and increased employer recognition of the importance employee wellbeing.

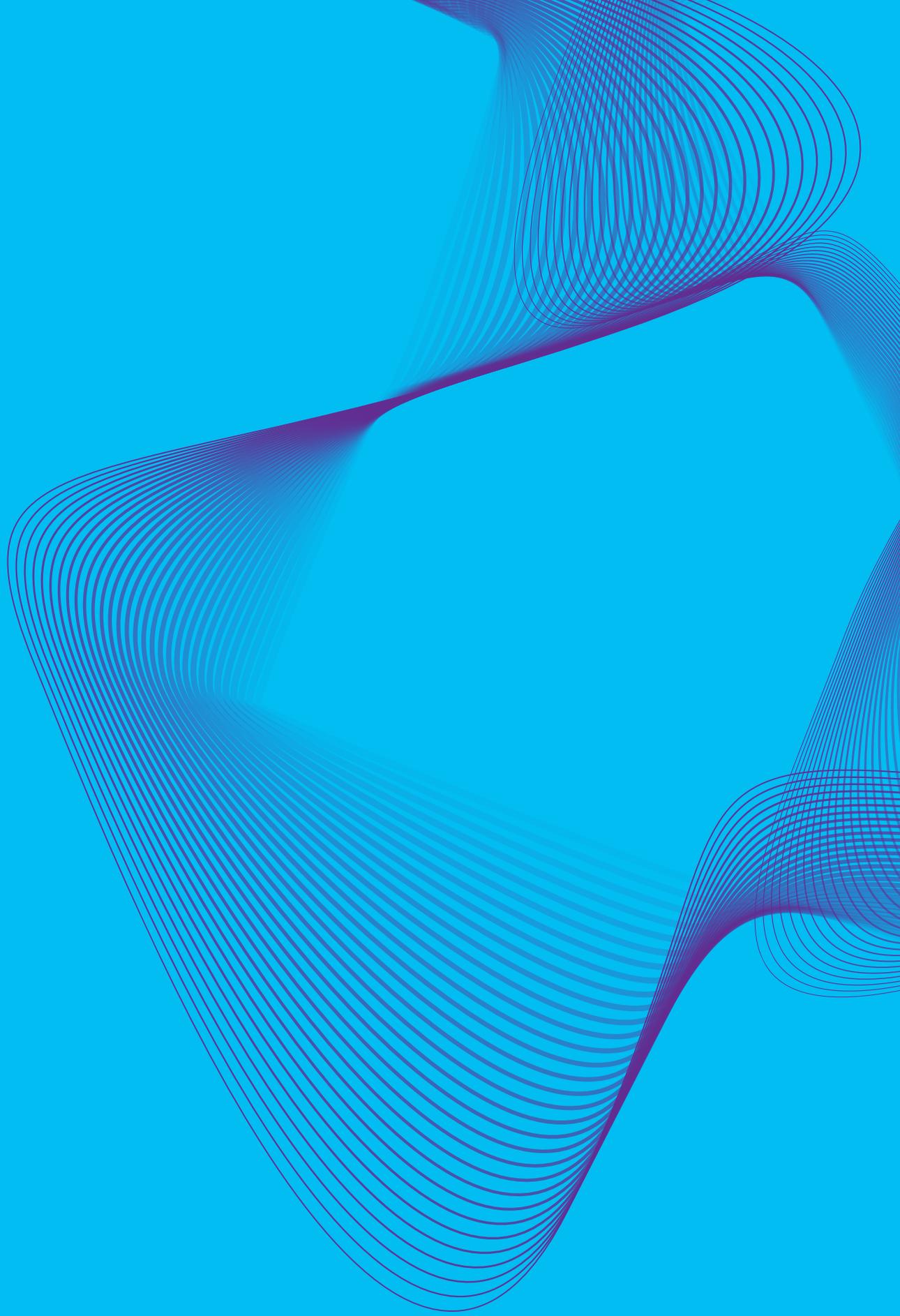
Interviewees also shared their advice for those seeking to develop effective mental health support in their workplace: engage with colleagues and secure meaningful buy-in from organisational leadership to build a programme that reflects and responds to the needs of employees.

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