WELLBEING IN THE WORKPLACE

The reasons, the outcomes, the goals.
Introducing the Model of Dynamic Adaptation®

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My interest in workforce wellbeing began early in my career, when two colleagues took legal action for psychiatric injury resulting from their work. My curiosity stemmed from the fact that I, and several other colleagues, undertook the same work but didn't experience the same degree of damage. So what factors were at play to explain these differences? This led to three years of PhD research, and what follows is how the findings might help your organisation thrive.

Every sector has one major thing in common: people. As adults, we spend approximately a third of our time (or more) at work, so it's not surprising that work plays a significant role in how psychologically well (or not) we feel.

Understanding how to enhance the positive while reducing the negative is not simply laudable, it's necessary.

Empowering people to thrive in the workplace is challenging, not least because of how complex and diverse we all are. But also because of the dynamics that result from a myriad of different mental ill-health outcomes when we fail to thrive. Workplaces contribute to, and impact on our psychological health, positively and negatively. Understanding how to enhance the positive while reducing the negative is not simply laudable, it's necessary.

In terms of wellbeing at work, research and surveys consistently suggest that people's concerns can be loosely grouped under four main headings:

- **Workload**
- **Relationships with managers**
- **Feeling appreciated**
- **Work-life balance**

In this short eBook I look at a range of solutions, interventions and strategies to enhance the psychological wellbeing of employees. I will mostly focus exclusively on emotional, mental and psychological health, not physical health. While mind and body are inextricably linked, the protection of physical health is well covered in existing guidance and legislation. However, a note of caution... If a staff member goes off for a clearly physical reason (an injury, surgery, flu), don't neglect the potential impact on psychological health. Wise, compassionate organisations will have the whole person covered – not just the bit of them that isn't doing so well. The same is true if someone is off sick with mental ill-health. There is a strong chance the physical health will also be impacted.

As you read on you will find some cautions about overuse of statistics in the field of mental health and some advice on what to focus on instead. I am also going to introduce some definitions to help frame the different types of intervention and how much weight to put on each depending on your industry.

To help make sense of the myriad of factors that can impact on our mental health, The Model of Dynamic Adaptation® (MDA) will be described. The MDA arose out of my research and is named to encapsulate the fact that our mental health is in constant motion, as we work to adapt to all the demands placed on us. If organisations can respond flexibly to these adaptations, there is a much higher chance of maintaining good mental health for most people most of the time, as we shall see.

I am also going to look at additional issues that need to be considered to underpin successful interventions, such as:

- **organisational priorities**
- **the nature of your business**
- **your budget**
- **what you already do well.**

Throughout, it is important to recognise that different occupations present different challenges

The final and largest section will be the identification of a range of different strategies, both proactive and reactive, to support good mental health in the workplace.

Throughout, it is important to recognise that different occupations present different challenges and risks and I look at this as well.

A word about statistics (and why we shouldn't rely on them)

We all seem to enjoy quoting statistics, and if we were to investigate those relevant to mental health in the workplace in 2019, we would most likely read that 1 in 4 people experience a mental health problem. We might not know, however if that's per year, in a lifetime, or at any given time. A little background reading into the statistics actually revealed that the origin of the 1 in 4 figure is unknown and indeed, in the UK, the prevalence is likely to be closer to 1 in 2![1]

There are several other reasons not to rely too heavily on these statistics. Firstly, they change! So, if we were to implement a strategy based on today's figures, it might not be relevant next year, when the figures are different.

Secondly, statistics depend on so many variables. For example, the original research question; how many people were surveyed; the demographics (age, gender, experience and so on) of the sample; what area of the country the sample came from; what definition of mental ill-health was used; what conditions were included in the research; how the numbers were analysed... the list is endless.

"if we were to implement a strategy based on today's figures, it might not be relevant next year, when the figures are different".

[1] Ginn, S., & Horder, J. (2012). "One in four" with a mental health problem: the anatomy of a statistic. BMJ, 344, e1302.

Thirdly, published statistics are usually general and may not relate to your industry or organisational culture. The 1 in 4 ratio may be much smaller in high-risk jobs with a toxic culture compared with an organisation that explicitly sets out to look after its staff. Timpson and Richer Sounds are excellent examples of this latter type.

Statistics around the economic costs of mental ill-health should also be treated with considerable caution, given that, by definition, they can only reflect the economic climate at the time the research was undertaken.

With these cautions in mind, it is best to simply acknowledge that, just like physical health, everyone has mental health. Sometimes it's good and sometimes not so good. Just like staying physically healthy, there is plenty that can be done to ensure we stay mentally healthy. When we're not, it can be costly - emotionally, socially and economically.

ACAS identifies mental illness as the largest single cause of disability in the UK[2]

[2] http://m.acas.org.uk/media/pdf/2/p/Mental_health_report_11_Nov_2016.pdf

"Every sector has one major thing in common: People"

Some helpful definitions

Mental Health is defined by The World Health Organisation as:

> "a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community".[3]

It is more than just the absence of a Mental Disorder. The difficulty with the term is that it often paired very closely with mental illness, and there is still considerable stigma around that!

Mental Illness or Mental Disorder refers to disruptions to our mental, emotional, social and psychological functioning that interfere with daily living. There are lots of difficulties with these terms in relation to diagnosis, labels, stigma and so on, and there is a noticeable drive to normalise our mental health in the same way as our physical health. For example, removing the term "disorder". We would not refer to diabetic disorder or epileptic disorder. Recognising anxiety and depression as being normal possibilities of being human and not referring to them as disorders is a helpful step.

[3] https://www.who.int/features/factfiles/mental_health/en/

On the subject of language, organisations might usefully consider referring to mind health rather than mental health. Mind health holds no pejorative connotations and is more inclusive of the psychological, emotional and social aspects of our wellbeing. It is also more closely aligned with the concept of physical health and has the advantage of being inclusive of preventative, rather than just reactive, interventions. For these reasons I prefer to use the term mind health, where appropriate, from here on in.

Critical occupations are ones where there is a high risk of exposure to potentially traumatic events and/or material that can exert critical impact on the psychological wellbeing of those within them; occupations that by their very nature are more likely to impact on the wellbeing of staff. Clear examples are the emergency services, but health workers, care home staff, social workers, education staff and criminal justice professionals may also be included. If, by the nature of its business, your organisation regularly exposes staff to potentially traumatic circumstances, there will be additional precautions that need to be in place to reduce, or ideally eliminate, the risks of psychological harm.

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Some issues to consider

There is unlikely to be a "one size fits all" approach to supporting the mind health of everyone in work. It will take time and attention to consider what will work best for your business and below are some pointers to get you started.

The nature of your business and its impact on the wellbeing of your staff

Critical Occupations place a greater demand on the psychological wellbeing of staff than others, usually because of the content of the work.

Critical occupations place a greater demand on the psychological wellbeing of staff than others, usually because of the content of the work. The emergency services are obvious examples, where staff deal with and witness trauma on an almost daily basis. Teaching, social work, criminal justice, health, and any other caring profession is also likely to put staff at a higher risk of exposure to potential psychological harm than many other occupations.

Then there are occupations that perhaps put more cognitive, rather than emotional, demands on staff. Roles that require hypervigilance, such as air traffic control, nuclear power, electrical work, driving and so on, make a large demand on people's attention and therefore different interventions may be required.

There are roles that have a high physical demand and may place staff at a higher risk of physical injury, such as construction, highways and working at height. This type of work may place a different type of strain on mind health.

There are jobs that require frequent travel, taking workers away from family, working shifts, changing time zones and so on. Again, a different approach may be necessary for these workers, compared with say, staff working in a care home for the elderly.

Of course, some roles might involve all the above, for example, emergency responders in international disasters, in which case an even more comprehensive mind health strategy may be required.

What is important is that organisations think hard about the specific and unique nature of their business and create an approach to mind health that addresses the needs of the majority of their staff most of the time, and aspirationally, all of the staff, all of the time!

What is important is that organisations think hard about the specific and unique nature of their business

Physical Health vs Mind Health

Physical health and mind health are inextricably linked. The evidence linking [the one to the other] or [them] is irrefutable; however, we take a very different approach to these two aspects of our wellbeing. For example, culture plays a significant part in how we perceive "mental health" - our tolerance, understanding and treatment of it. Physical health, by comparison, is treated pretty much universally the same, irrespective of culture. A migraine in the UK is a migraine in Uganda. But anxiety may be defined or treated very differently, depending where in the world you are.

Diagnosis, assessment, onset, recovery, and prognosis are usually objective, clear and understood where our physical health is concerned. A broken limb is usually attributable to a known cause, can be objectively assessed by x-ray, has a predictable recovery period and a known prognosis.

Where our mind health is concerned diagnosis can be tricky, assessment is largely based on clinical judgement (despite the existence of hefty diagnostic manuals), onset and recovery can be hard to define and the prognosis is often unclear. With a lack of certainty, we often

> we often feel ill-at-ease or even fearful of mental ill-health in a way we don't with physical ill-health

feel ill-at-ease or even fearful of mental ill-health in a way don't with physical ill-health and this can impact on our tolerance and acceptance of it in the workplace. There is not an easy solution, but an awareness of these differences can provide a foundation for education, training and change.

What you already do well and should keep doing

Before making wholesale changes to how your organisation responds to the mind health of your staff, it is important to consider what you already do well.

This is best arrived at by asking staff what they like, enjoy, even love about their work. Responses can be used as building blocks for enhancing mind health at work.

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Equally, you can ask what gets in the way of staff having a good day at work and remove as many of these blockers as possible – often they are very simple things.

Levels of intervention

When considering how to intervene to enhance mind health at work it can be useful to think about what you want particular types of interventions to achieve. For example,

- **Primary interventions** aim to promote good psychological health and require action on its determinants to prevent dysfunctional outcomes
- **Secondary interventions** involve the early detection of dysfunctional outcome, followed by appropriate action
- **Tertiary interventions** are aimed at reducing the impact of the dysfunctional outcome and promote quality of life through active rehabilitation

Most organisations have tertiary interventions in place in the form of Employee Assistance Programmes, Occupational Health services or external referrals. Reacting to dysfunctional outcomes, however, whilst necessary, should not be the full extent of organisational response to promoting and supporting mind health. Far from it, because...

Prevention means better outcomes and long-term cost savings

Primary and secondary interventions are, by definition, preventative and therefore lead to better personal outcomes, less fallout and, potentially, huge financial savings.

What are your priorities?

Factors that may shape your organisational priorities include:

- **the nature of the business**
- **existing approaches to enhancing mind health**
- **available organisational data**
- **the skills, experience, and training of relevant staff**
- **budgetary priorities and so on**

Your budget and existing resources

You may be forgiven for assuming that efforts to enhance the mind health and wellbeing of staff is a costly business, but it doesn't have to be. Some of the most impactful changes cost nothing, other interventions may end up being cost neutral. Some will cost money but, provided they are evidence-based, they are likely to result in considerable savings in the long-term.

The one thing all interventions will need is time – time to plan, research, implement and evaluate.

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These tasks may naturally fall to HR or Health and Safety specialists, but you may be surprised by the level of interest, skills, qualifications, and experience of other members of the work force. For example, you may have someone who loves research and statistics and would thoroughly enjoy evaluating any strategies. You may have staff whose hobbies have resulted in relevant skills development and who would be more than happy to apply them to work.

Whatever your business, you will have staff who are more naturally attuned to people than procedures and policies. You'll have others who are expert at writing and producing information and others who have vision and drive to see a strategy through. You may even have some rare individuals who possess all the necessary skills! But the point is, you almost certainly have most of the required resources within your organisation. If you are aiming for Gold Standard you might even consider appointing someone to a full-time, wellbeing advisor role.

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The business case for addressing mind health at work

In the current climate, as we become increasingly aware of the cost of mental ill-health, doing nothing is no longer an option.

People spend a significant proportion of their time at work (many of them doing so from their homes) and research tells us that working practices have a considerable impact (positive and negative) on our wellbeing. Even being mindful of the earlier caution about statistics, the financial cost of mental ill-health is substantial.

The Centre for Mental Health[4] estimates an annual national bill to UK business of £34.9 billion, the bulk of which is in the form of reduced productivity among people who are at work but perhaps should not be (known as presenteeism). Absenteeism costs about half the amount of presenteeism and the rest of cost comes from high turnover rates.

The Sainsbury Centre for Mental Health[5] calculated the average cost of one person leaving their job at £11,625 in 2007 - just under £16k at today's prices. This calculation consisted of legal fees; rehiring costs (staff time, advertising, etc.); loss of employee whilst recruiting; time for new employee to 'get up to speed'; impact on others' productivity.

[4] https://www.centreformentalhealth.org.uk/news/mental-health-problems-work-cost-uk-economy-ps349bn-last-year-says-centre-mental-health
[5] Sainsbury Centre for Mental Health (2007) Mental Health at Work: Developing the Business Case, London: SCMH, Policy Paper 8

For £16,000, at date of publishing, 85 staff members could be trained in a Petros intervention evidenced to improve retention and reduce sickness absence. If just one of the attendees who intended to leave then didn't, the intervention becomes cost neutral. More than one and you are potentially into substantial cost savings.

No case should need to be made for doing the right thing.

The question to ask is not, ***"Can the business afford to address the issue of mind health at work?"***, but ***"Can it afford not to?"*** If further persuasion is needed, Deloittes published an excellent analysis of the economic benefits of addressing mind health in the workplace[6].

On top of this, no amount of financial consideration takes account of the human cost, which is, arguably, incalculable.

No case should need to be made for doing the right thing.

[6] https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/public-sector/deloitte-uk-mental-health-employers-monitor-deloitte-oct-2017.pdf

How to Enhance Mind Health at Work: The Model of Dynamic Adaptation®

There are a myriad of interventions, strategies, policies and procedures that can be implemented to maintain and enhance the wellbeing of the work force, and there are some practices that should probably be stopped!

To help simplify this complexity we can provide you with a model, which suggests WHERE and, importantly, HOW to intervene, thus promoting the best possible mind health for your staff.

Motivated by my colleagues who were damaged by their work, The Model of Dynamic Adaptation® (MDA: Clarke, 2004) arose from my research into how to protect staff in Critical Occupations. Over the last eighteen years, the MDA has been tested and applied in a highly diverse range of settings and has been found time and again to help leaders, middle managers and frontline staff to make sense of their own and their organisation's psychological health.

The Model of Dynamic Adaptation®
A model to help make sense of the factors influencing mind health

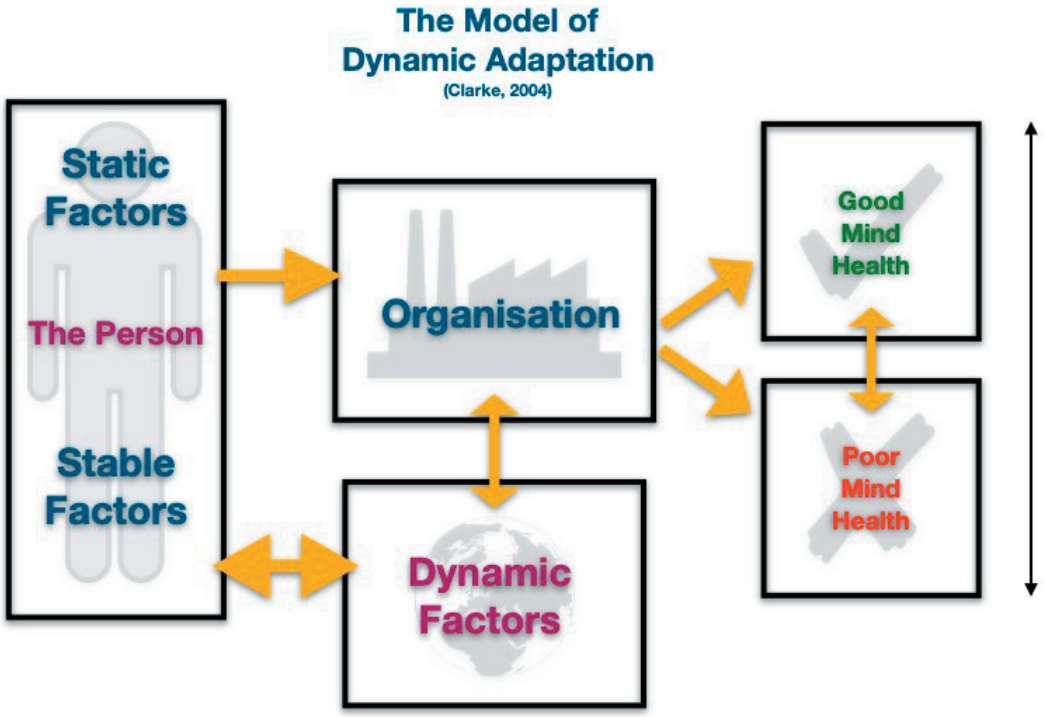
The MDA is so called to capture two things. One, that we all strive to adapt to our surroundings; and two, whether we realise it or not, we are doing so ALL the time So, this adaptation is a dynamic process. How well we each adapt will depend on a whole host of factors and what the MDA does is broadly categorise them.

To give our people the best chance of thriving, then organisationally we need to:

- **understand the way the work environment and culture can impact on the wellbeing of our staff**
- **know a bit about how the individuals who work for us adapt on a personal level**
- **accommodate the challenges of day-to-day living into our working life**

then, we have a more than fighting chance of helping our people thrive.

The best way to view the MDA is as a way of breaking down a mountain into molehills, with the overall aim to have as many staff in the green (Positive Psychological Outcome) box, as much of the time as possible.



Here's a description of what each of the boxes mean:

The Person

What qualities, characteristics and other factors empower people to adapt well, and which might make them vulnerable to change? To help break this down further, we can think about individual characteristics as static or stable.

Static Factors

Things about a person that are fixed, unchanging or change in a highly predictable way, e.g. gender, qualifications, age. Why is this important? Because a man in his fifties with professional certifications will have different needs from a woman in her twenties who has recently graduated.

Stable Factors

Things about a person that are potentially changeable but relatively stable, such as personality characteristics and habits;

factors that under normal circumstances only change slowly or change because of life experiences, training, or other interventions (such as therapy). For example, coping style, perspective taking skills, proneness to worry, optimism and so on.

The Organisation: practices, procedures, culture, workload, work content, relationships with colleagues and managers, the physical environment and so on that either enrich the work experience or make it unbearable

Dynamic factors that either energise or drain us day-to-day. These are things that change rapidly and/or unpredictably and are not always under personal control. For example, the weather, a house move, global pandemics, changes in organisational structure, becoming a parent etc.

Each factor included in each category has the potential to tip the scales either up or down the continuum, represented by the blue line to the right spanning positive and negative outcome.

Positive Psychological Outcome

Anything rewarding about the job: from working with a great team to feeling appreciated, having an impact and achieving a major breakthrough or success!

Negative Psychological Outcome

Any cost, such as feeling irritable, tired, overwhelmed, unappreciated, suspicious of others, anxious, that can be attributed directly to work

To bring the model to life, here's an example of how the MDA might be put into action, using a rather brief, fictional case study of a thriving business and three of its staff…

Toppins Tools is a highly successful firm supplying specialist tools to the energy industry. It has been established for 50 years and until recently was a family run organisation with many long-term loyal staff. It was taken over 12 months ago by a large progressive national firm, Total Tools, who have loads of ideas for improvement and expansion. Total Tools prides itself on taking care of its growing workforce and knows that the Toppins business needs modernising and streamlining. The warehouse and administrative buildings are old and tired, and the technology is out of date, but the workforce is cohesive, knowledgeable and hard working. However, as might be expected, there has been much resistance to the change process.

***Ali** is 22 and this new job with Total Tools is his first since graduating. Ali has had to move 200 miles for work and is now renting a flat in an area where he knows nobody, but he is hugely excited about his new role because it's his dream job in product design. He came across as very confident in the interview and had clearly done his homework. He is highly conscientious and keen to prove himself. Ali has recently found out that his parents are divorcing after 30 years of marriage.*

***Jamie** is Ali's supervisor and has only recently been promoted to a managerial role as part of the restructuring. He is very well regarded by both the Toppins Tools original staff and*

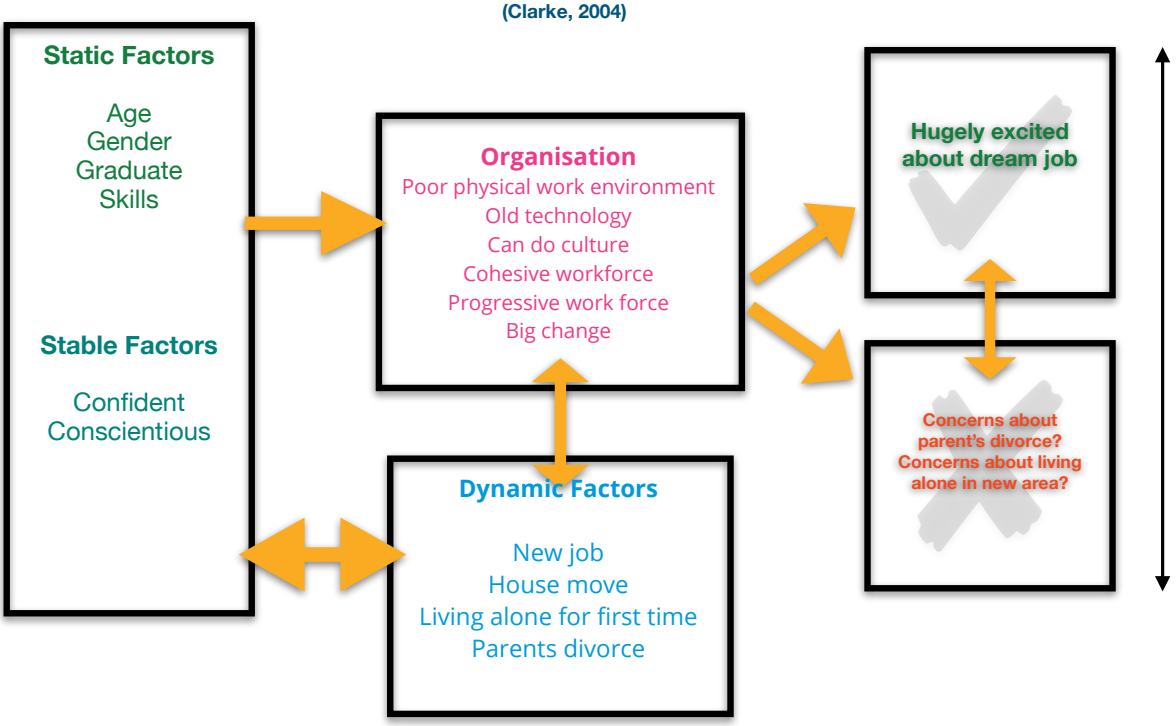
his new employers and is technically brilliant. But Jamie can lack confidence interpersonally and second guesses himself a lot. He is classic over thinker and is anxious about managing anyone. Ali will be his only supervisee. Jamie is booked onto some manager training, but it isn't for another 6 months. Jamie and his partner Chris have been together for five years and are at the end of the adoption process. It looks like they may be matched with their new child very soon.

***Margo** is Jamie's boss. She has been with the firm for 25 years and knows it inside out. She is known as a bit hard core and doesn't suffer fools gladly, but people who know her well and aren't intimidated by her somewhat gruff exterior describe her as having a heart of gold really! She is super productive and very driven, but empathy is not her strong point. She has struggled with the take-over and can't see the point of all the change – in her view, things were just fine as they were. Margo's daughter is expecting her first child and Margo is beyond excited about becoming a grandma. She finds it a lovely distraction from both the take-over and her husband's ill health.*

Based on what we know, we can separate out the factors for Ali, Jamie and Margo as follows:

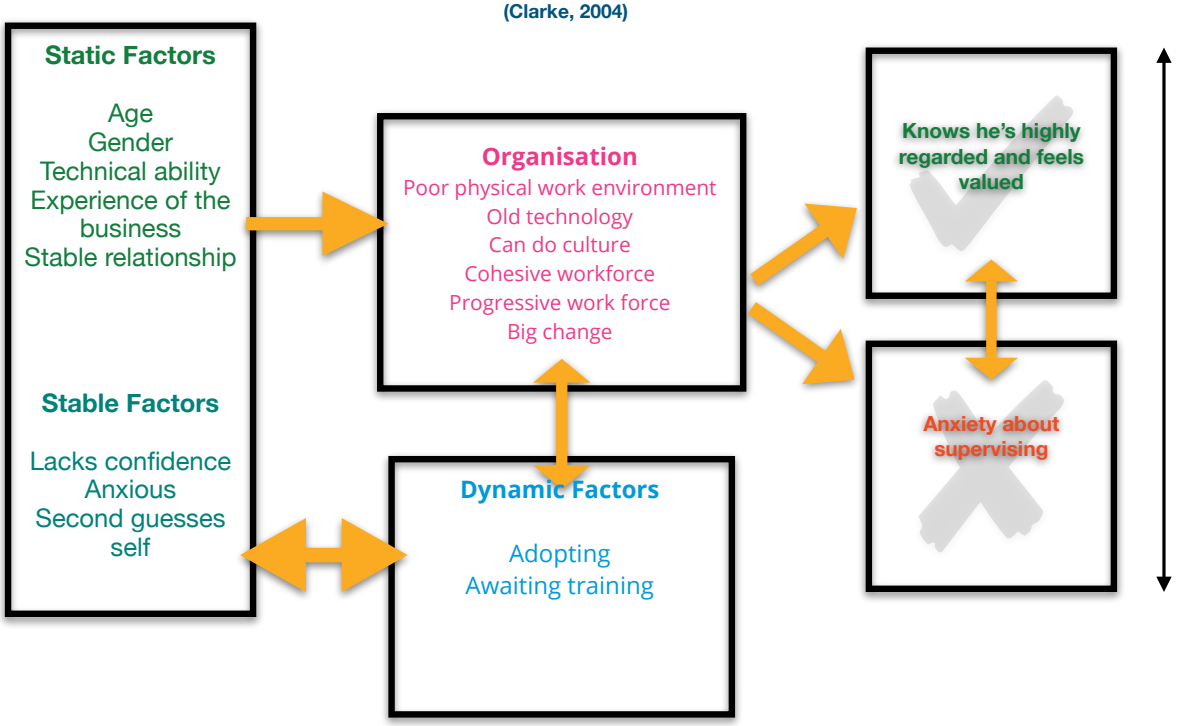
Ali

The Model of Dynamic Adaptation
(Clarke, 2004)

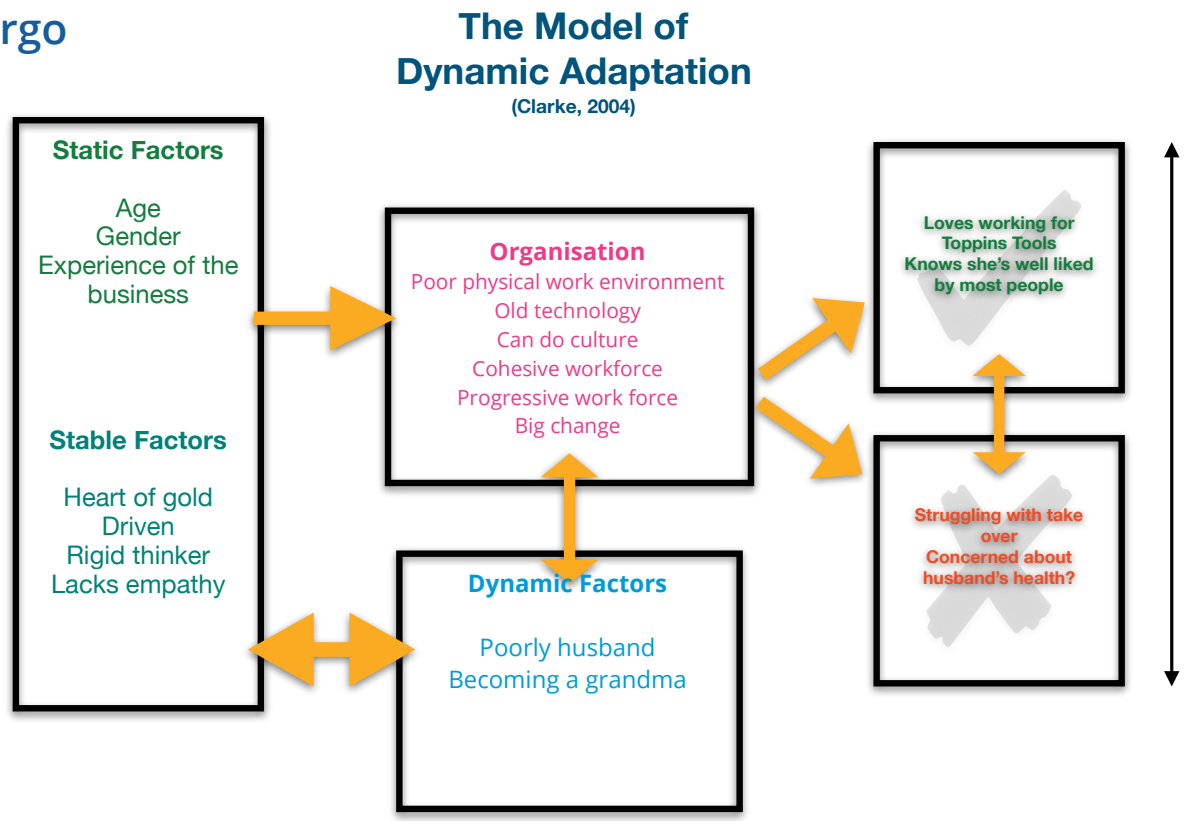


Jamie

The Model of Dynamic Adaptation
(Clarke, 2004)



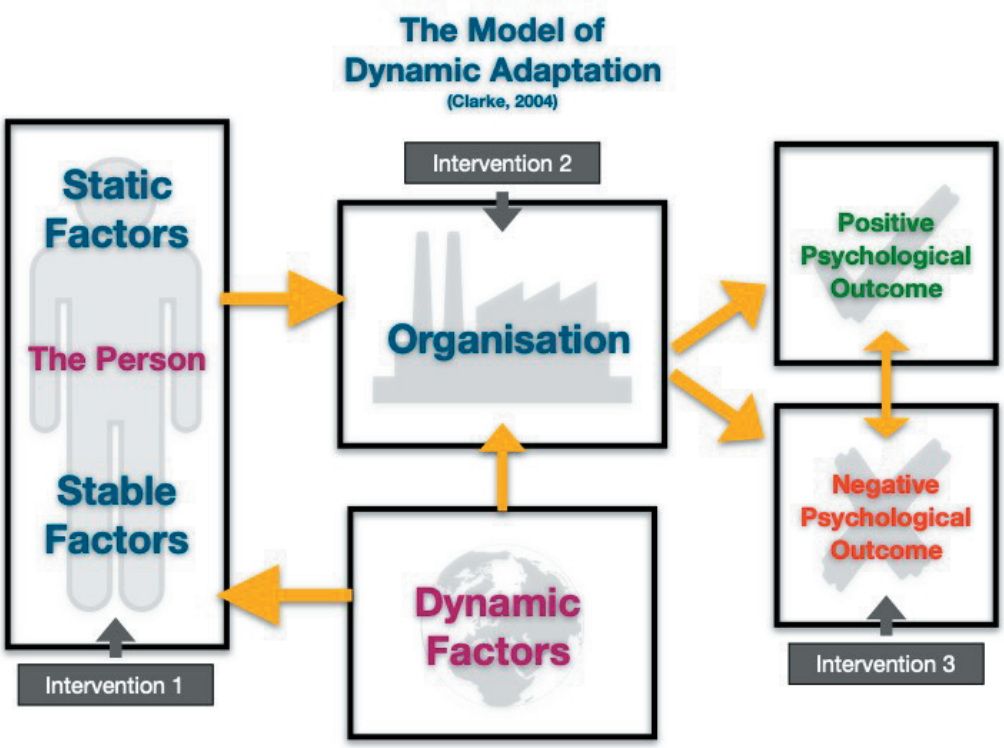
Margo



The question then arises, given what we know about the business and about the individual workers, how can we use the MDA to help Ali, Jamie and Margo thrive?

Notice that no judgement is made about whether an individual's particular issue is positive or negative. What's important is that they are understood and considered in the context of the workplace.

What the MDA offers is points of intervention.



- **Intervention One –** at the individual level. How to work with the individual and the skills, qualities, characteristics, history and experience they bring to the workplace.
- **Intervention Two –** at the organisational level. What needs addressing in the organization to allow people to thrive.
- **Intervention Three** – how to make sure that, in the unfortunate event that people aren't thriving, we respond appropriately.

It's worth noting that it's hard to intervene with dynamic factors because, by their very nature, they may be unpredictable and

out of personal control, but organisational practices can help substantially. For example, knowing Margo's husband is poorly might mean allowing her to work flexibly to accompany him to appointments.

Understanding about Ali's circumstances with his parents might mean offering some additional support at times when he appears on less than top form.

Alongside the statutory requirement for adoption leave, perhaps Jamie can be offered flexibility to make sure he's available for unpredictable happenings when settling in a new baby.

The payback to the organisation of this level of thoughtfulness is incalculable. I would have walked through fire for the boss who let me go straight home to my two-year-old who had come down with chicken pox!

In my experience, most organisations focus resources at Intervention Three. Which is a shame. In terms of physical health and safety, it is rather like relying on first aid and medical intervention because people keep having accidents, rather than getting "up stream" to discover WHY they keep having accidents in the first place. Because of the weight of emphasis on physical health and safety at work, fatal injuries have been reduced by almost three-quarters. It is time to pay equal attention to **psychological health and safety**.

With psychological health and safety, we need to ask why people aren't thriving, and use the MDA to help put

preventative strategies in place. This takes us neatly back to the three levels of Intervention, described earlier: Primary, Secondary and Tertiary. *It is worth noting that Interventions at point three are necessarily Tertiary, because the wheel has already come of the bus and it has crashed, so interventions here involve picking up the pieces.*

I recommend further reading in this area with Stevenson Farmer Review: Thriving at Work[7]. But, to bring it alive, it will be worth holding in mind Ali, Jamie and Margo and what you might do for them, based on the information you have, to keep them in the green (positive outcome) box, for as much of the time as possible!

Thinking about our example, here's how we at Petros use the MDA to approach and sense check what's going on and address staff needs at each level.

[7] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf

Table 1: Primary Interventions

Intervention point on the MDA	Primary interventions
1 Person	• Recruitment practices to specific role • Competencies for the job in hand • Values matched between the individual and the organisation • Resilience profile: strengths and vulnerabilities • Workplace action plans (mind) to identify personal needs • Physical health checks to support mind health
2 Organisation	• Physical work environment • Organisational culture: empowerment, autonomy, communication • Specific mental health awareness training: awareness for staff, skills for managers • Energy management: developing a culture to enhance performance • Mental health standards: core and advanced (sfr) • Promotion of personal duty of care • Involving insurers • Resilience training • Flexible working • Psychological preparedness training • Trauma training
3 Negative Outcome)	• By definition there will be no primary interventions at point 3

Table 2: Secondary Interventions

Intervention point on the MDA	Secondary interventions
1 Person	• Provision of decompression sessions® • Supervision
2 Organisation	• Environmental resilience meeting • Organisational culture surveys • Regular workplace reviews incorporating Mental Health Indicators (SFR) • Reasonable adjustments (ACAS)
3 Negative Outcome	• Robust post-event recovery protocols; employee assistance • Occupational health • Mental health trained hr • Mental health champions for signposting

Table 3: Tertiary Interventions

Intervention point on the MDA	Tertiary interventions
1 Person	• Retraining/Regrading • Exit interviews if indicated
2 Organisation	• Review of organisational practices to assess contribution • Mediation • Workload assessment • Reasonable Adjustments (ACAS)
3 Events	• Work life/home life balance review
4 Negative Outcome	• Therapeutic support

You'll find that tertiary interventions have the fewest listings. If you get it right at the start these should play much less of a role.

If we want thriving, productive workplaces we need to put in the effort to make them psychologically, as well as physically, safe and enjoyable places to be.

The often avoidable and tragic consequences of mental health mismanagement at work are a far wider drain on our economic and social resources than can truly be estimated. On a personal level they can be devastating, affecting relationships, blighting lives, potential and futures.

There is every reason to act now and help ensure your workforce flourishes.

If you would like to discuss any aspect of our work with organisations, teams and individuals in the field of mind health and resilience, don't hesitate to get in touch with us at Petros.

For people, not profit.

If you have enjoyed this free short eBook and found it useful, please 'pay it forward' to help a child and donate to our work with families and young people. Offering supportive and safe spaces to build resilient and happy families and communities. Donate today.

Find out about author Professor Jo Clarke, founder and Managing Director of Petros.

Looking for more good stuff about resilience, mental health and support? Please check out our wide range of mind health blogs and articles.

www.petros.org.uk