

CIPD Coronavirus webinar series

In it for the long haul: supporting employee
health and wellbeing

3 December 2020

Welcome

Katie Jacobs, Senior Stakeholder Lead, CIPD

CIPD



Today's speakers

Katie Jacobs

Senior Stakeholder
Lead,
CIPD

Rachel Suff

Senior Policy
Adviser,
Employment
relations,
CIPD

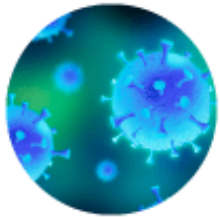
Professor Neil
Greenberg

Professor of
Defence Mental
Health, King's
College London

Dr Jo Yarker

Director,
Affinity Health at
Work

#StrongerWithCIPD



**Covid-19
resources**



**NEW Wellbeing
helpline**



**Employment
Law helpline**



**Communities
and branches**



***People
Management***



**Knowledge
and content**



Free learning



**Careers
support**



**Professional
credibility**

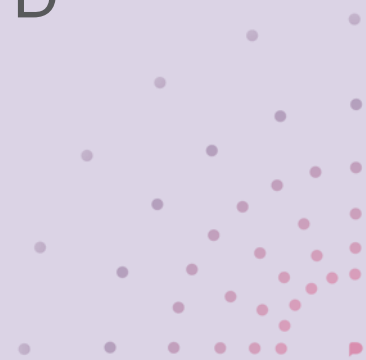


**Financial
support**

[cipd.co.uk/memberbenefits](https://www.cipd.co.uk/memberbenefits)

Context

Rachel Suff
Senior Policy Advisor, Employment Relations, CIPD

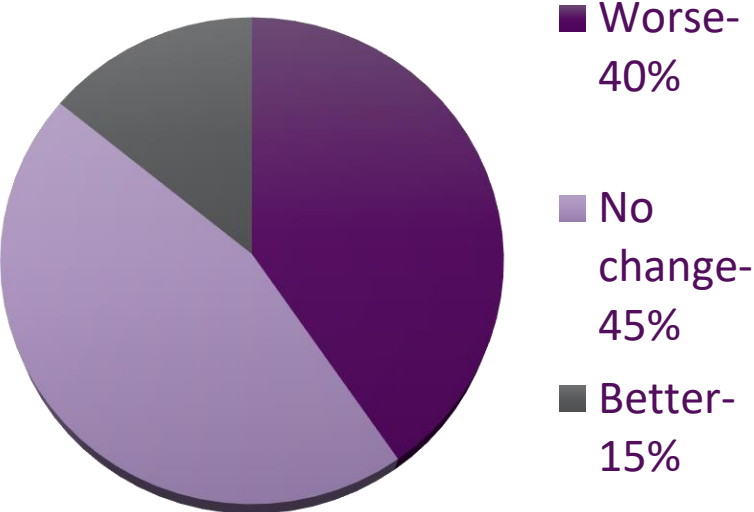


The crisis has intensified the challenges for many people's physical and mental health ...

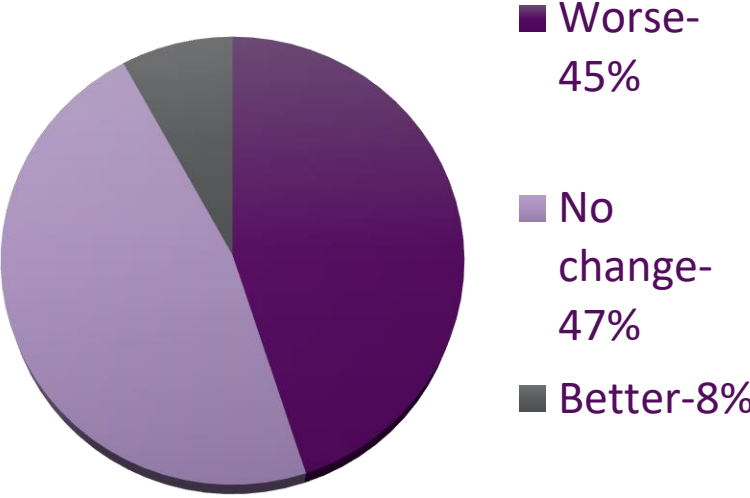


As a result of COVID-19, are the following better or worse off? (CIPD Sept employee survey)

Your physical health

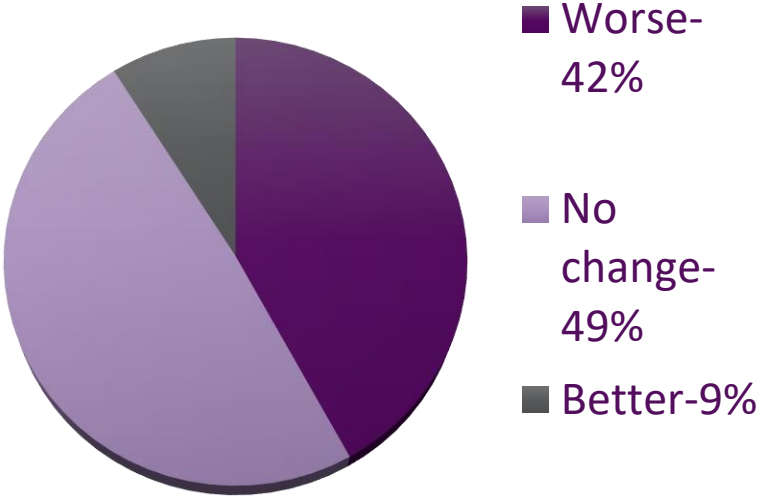


Your mental health

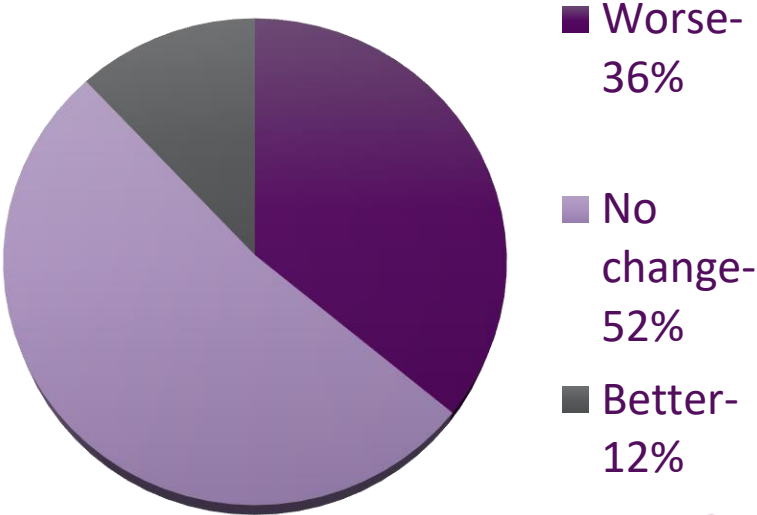


As a result of COVID-19, are the following better or worse off? (CIPD Sept employee survey)

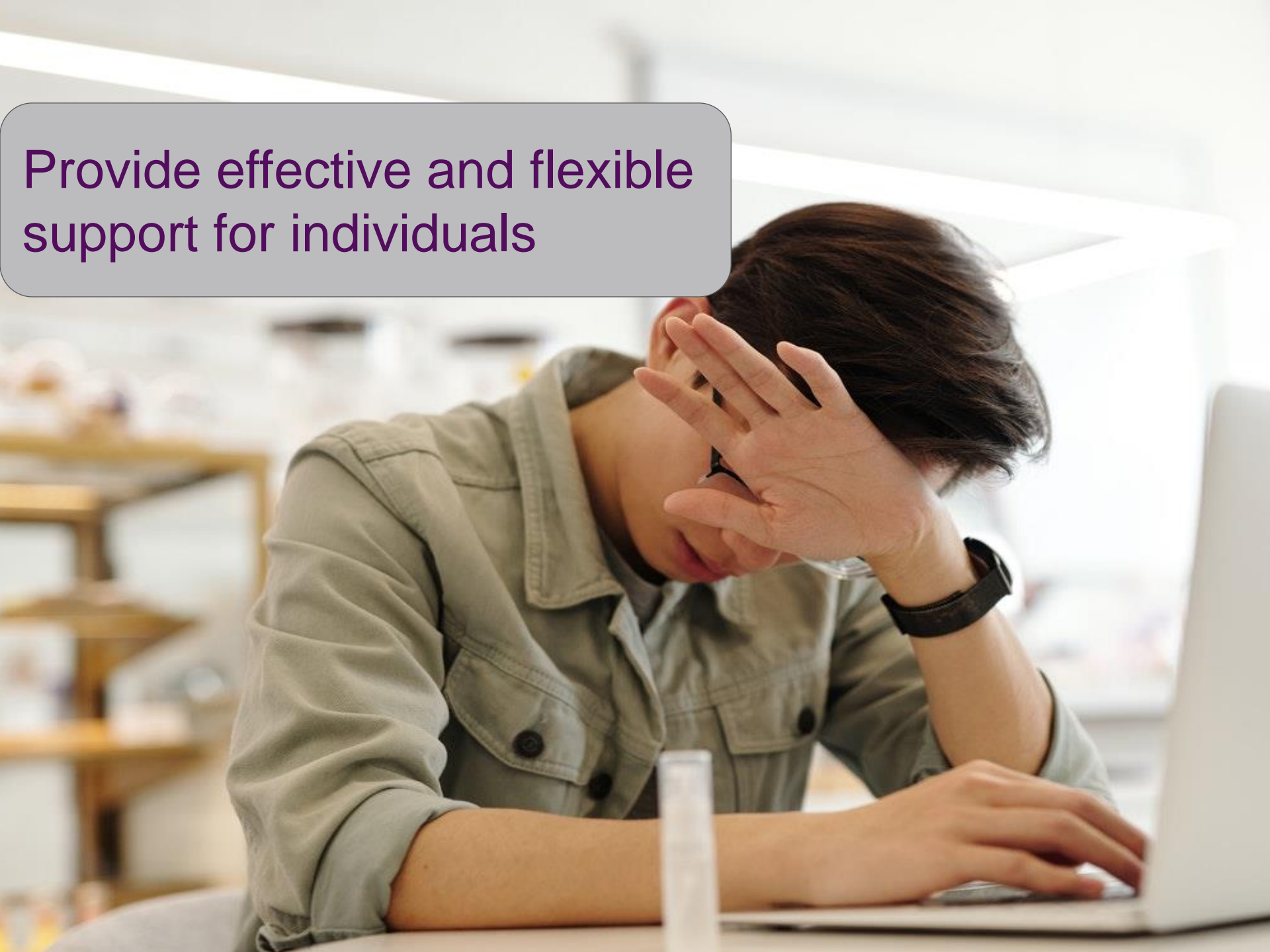
Social connections at work



Financial security



Provide effective and flexible support for individuals



Good people management is key to effective wellbeing support – but much more investment is needed





Responding to the coronavirus

As measures to stem the spread of COVID-19 take on increasing priority, the CIPD will collate and publish updated resources to support your response

www.cipd.co.uk/news-views/coronavirus

Key CIPD resources

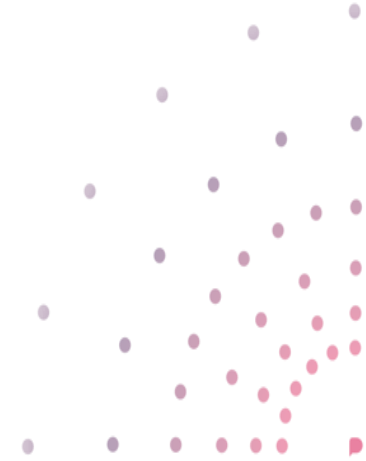
CIPD/Mind [People Managers' Guide to Mental Health](#)

[CIPD Guide: Coronavirus \(COVID-19\): Mental health support for employees](#)

[CIPD Webinar: Managing the psychological impact of COVID-19](#)

[CIPD 10 top tips for healthy remote working](#)

[CIPD Podcast: Managing the wellbeing of remote workers](#)





Improving organisational resilience in the workplace

Professor Neil Greenberg

Professor of Defence Mental Health

King's College London

@profngreenberg

Twitter: @profngreenberg

www.kcl.ac.uk/kcmhr

<http://epr.hpru.nihr.ac.uk/>

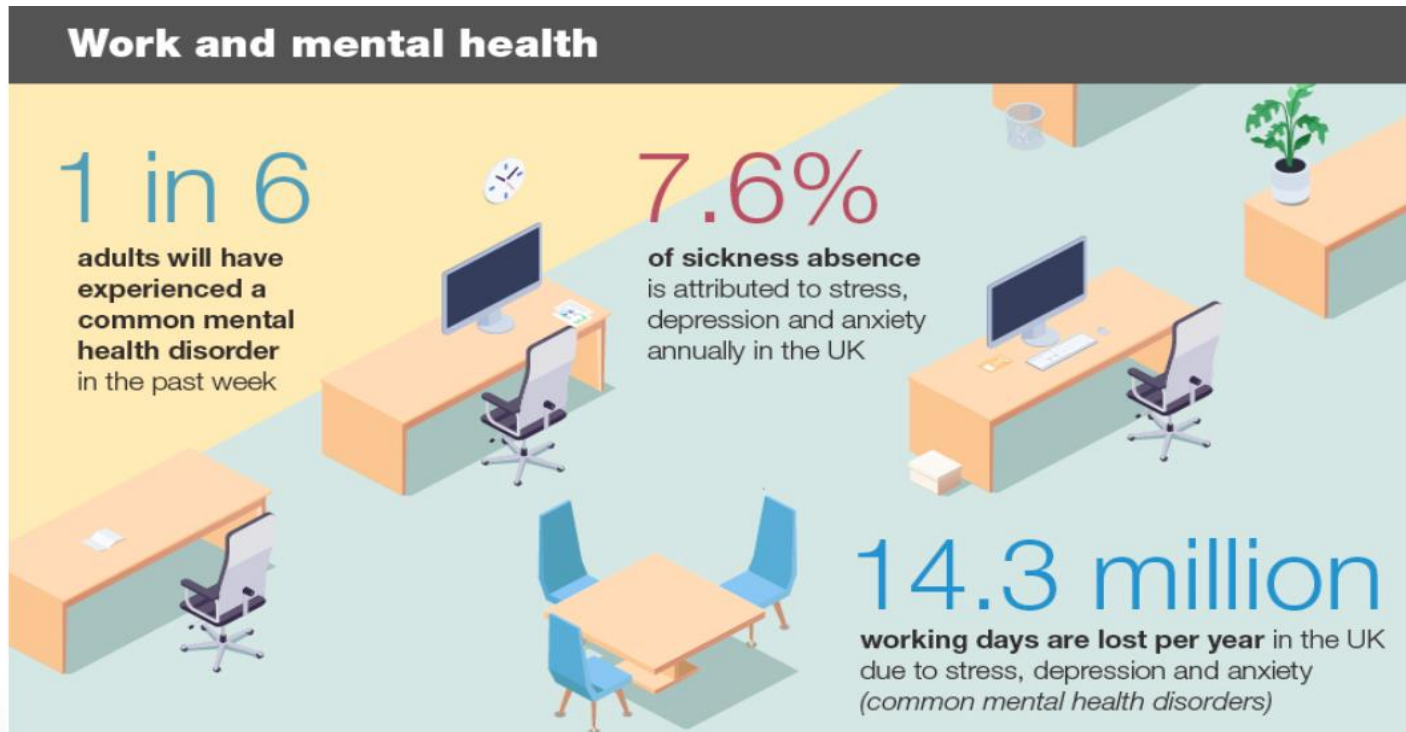
K C M H R

THE KING'S CENTRE FOR MILITARY HEALTH RESEARCH

Who am I? – T:@profngreenberg

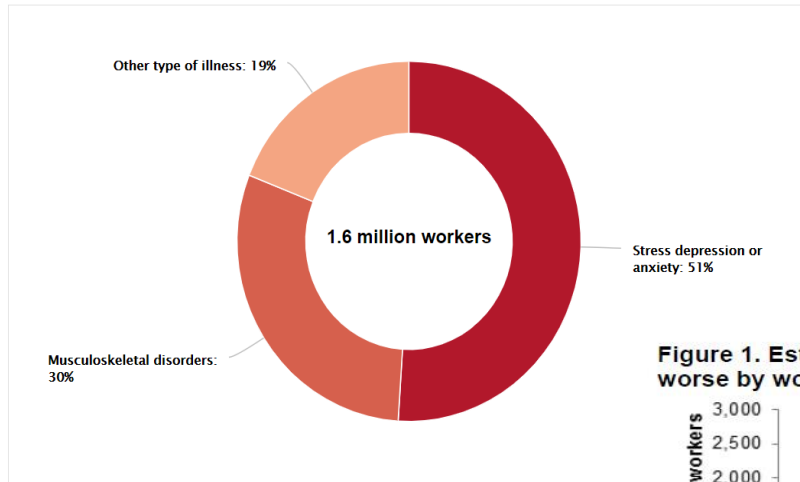
- Psychiatrist and Professor at King's College London
- RC Psychiatrists Chair of Occupational Psychiatry SIG
- Served in the Royal Navy for 23+ years
- Managing Director of March on Stress Ltd
- Provide psychological clinical support, advice, training and assessments for organisations
- During 2020 worked with NHSEI, PHE and DHSC

Mental health at work



Stress, depression and anxiety at work

New and long-standing cases of work-related ill health by type, 2019/20

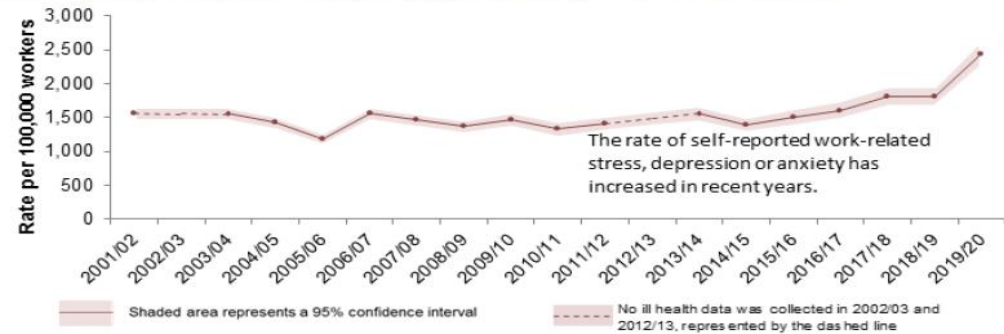


17.9 million working days lost (19/20)

Chart notes

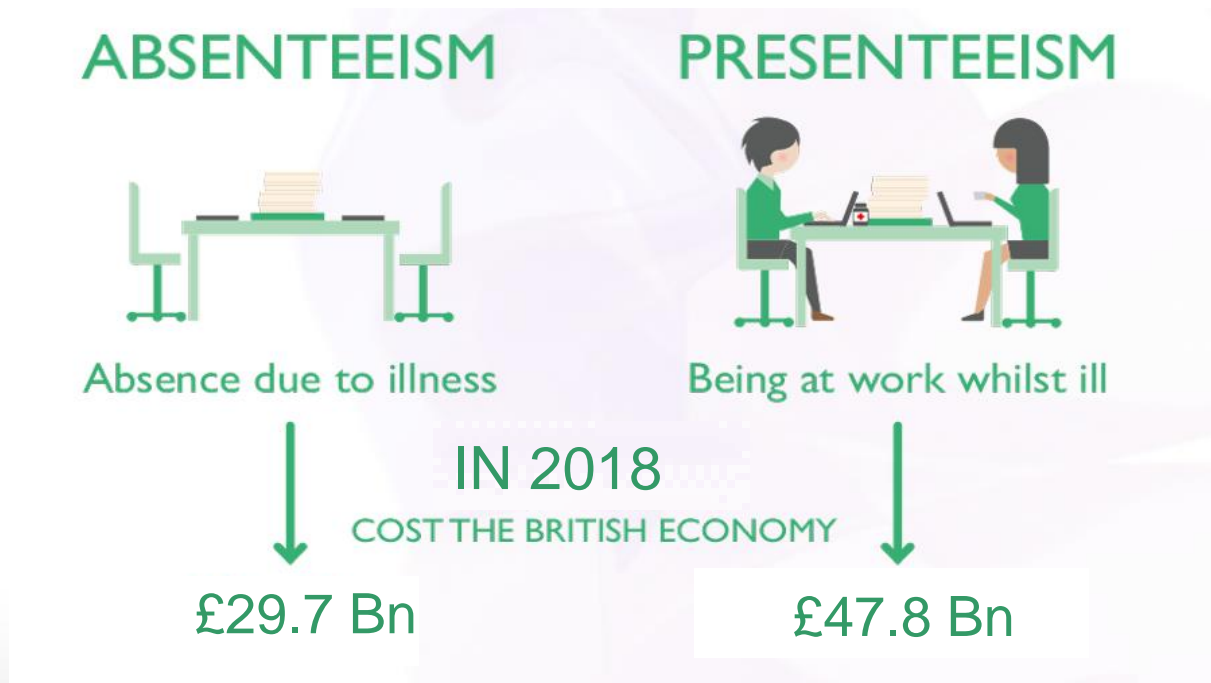
Source: Labour Force Survey (LFS) self-reported estimates

Figure 1. Estimated prevalence rates of self-reported stress, depression or anxiety caused or made worse by work in Great Britain, for people working in the last 12 months



Source: LFS annual estimate, from 2001/02 to 2019/20

Impact of poor mental health at work



LAM Mozambique Airlines Flight 470 2013



Very bad outcomes

Calls to review murder sentence of Sergeant Alexander Blackman

© 11 September 2016 UK



Sergeant Alexander Blackman was convicted of murder at a court martial in 2013

Briton Danny Fitzsimons jailed in Iraq for contractors' murders

Danny Fitzsimons avoids death sentence but family say his PTSD meant he should never had been employed in a war zone

Caroline Davies
guardian.co.uk, Monday 28 February 2011 17:23 GMT
Article history



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Germanwings plane crash: Andreas Lubitz 'rehearsed descent' on previous flight, says French report

2015

France's BEA releases report into Germanwings crash, in which 27-year-old co-pilot Andreas Lubitz crashed plane into Alps, killing 150



Main Sources of www. Information



Traumatic Stress Management Guidance

For Organisations Whose Staff Work In High Risk Environments

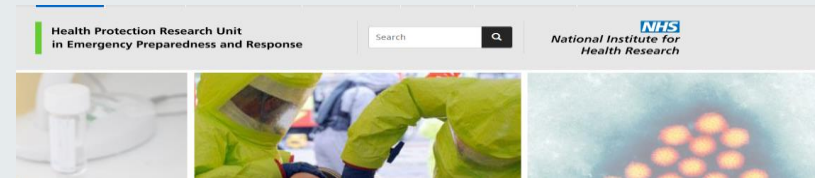


www.ukpts.co.uk



www.kcl.ac.uk/kcmhr

<http://epr.hpru.nihr.ac.uk/>



www.marchonstress.com/

Risks to mental health during COVID 19

Traumatic exposure

Workload and shift patterns

Home life stressors

Moral injury

Potential Morally Injurious Events

Commission

- I did things I should not have done
- I am a monster
- My team did things they should never have done

Omission

- I froze and people died
- I just let it happen

Betrayal by a higher authority

- My supervisor had no interest in my safety
- They lied to cover up their errors

So what's happened to the mental health of the general population



Levels of anxiety in the general population

GAD-7 score

UCL COVID-19 Social Study. Panel of 20,000 to 70,000 adults weighted to the national population. Data provided by UCL and used with permission (>5=mild, >10=moderate). Baseline from German study (Löwe et al. 2008).

Dashed line indicates change in sample methodology – see text for more details



ONS Wellbeing scale – anxiety

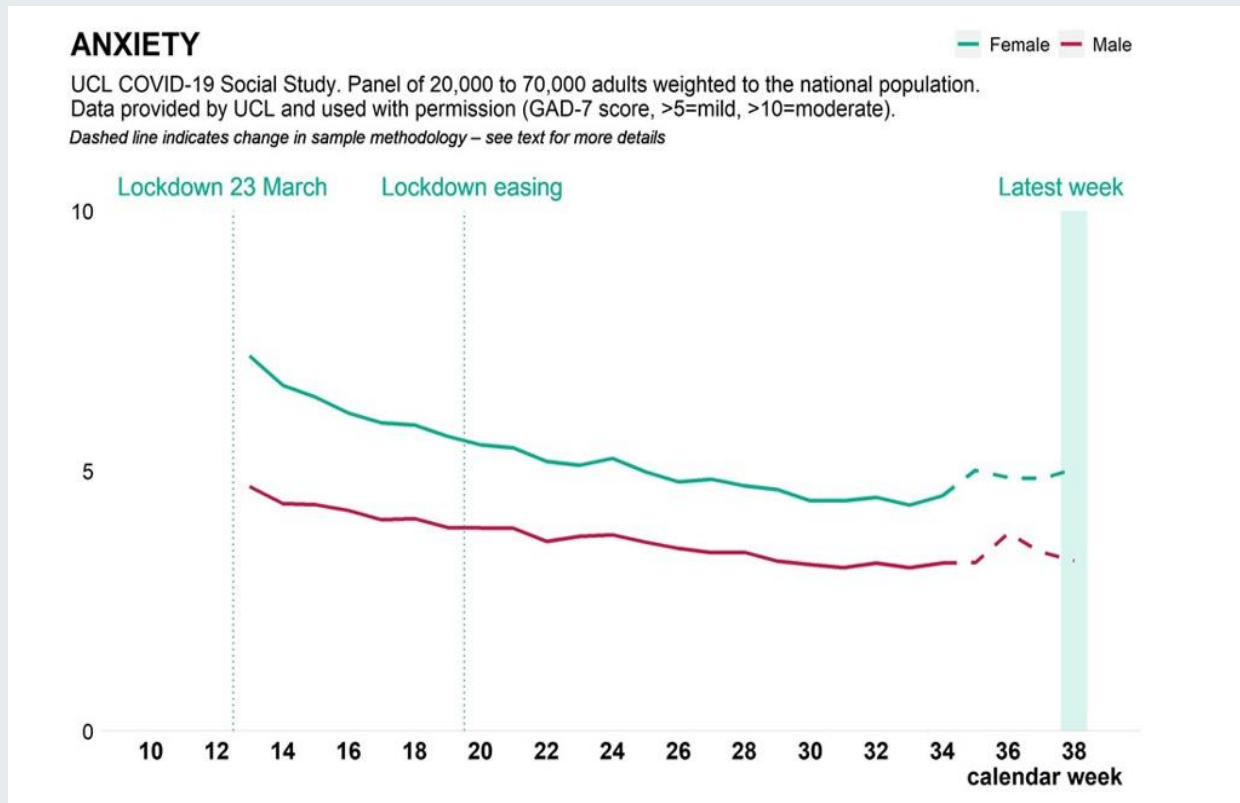
ONS "Coronavirus and the social impacts on Great Britain" survey. c1,500 adults weighted to population (Overall, how anxious did you feel yesterday? 0="not at all" and 10="completely"). Data matched to closest calendar week. Baseline is average 2019 score.



Two sources of data on anxiety from PHE's mental health and wellbeing surveillance reporting

Week 38 starts 14 Sept

Anxiety by gender

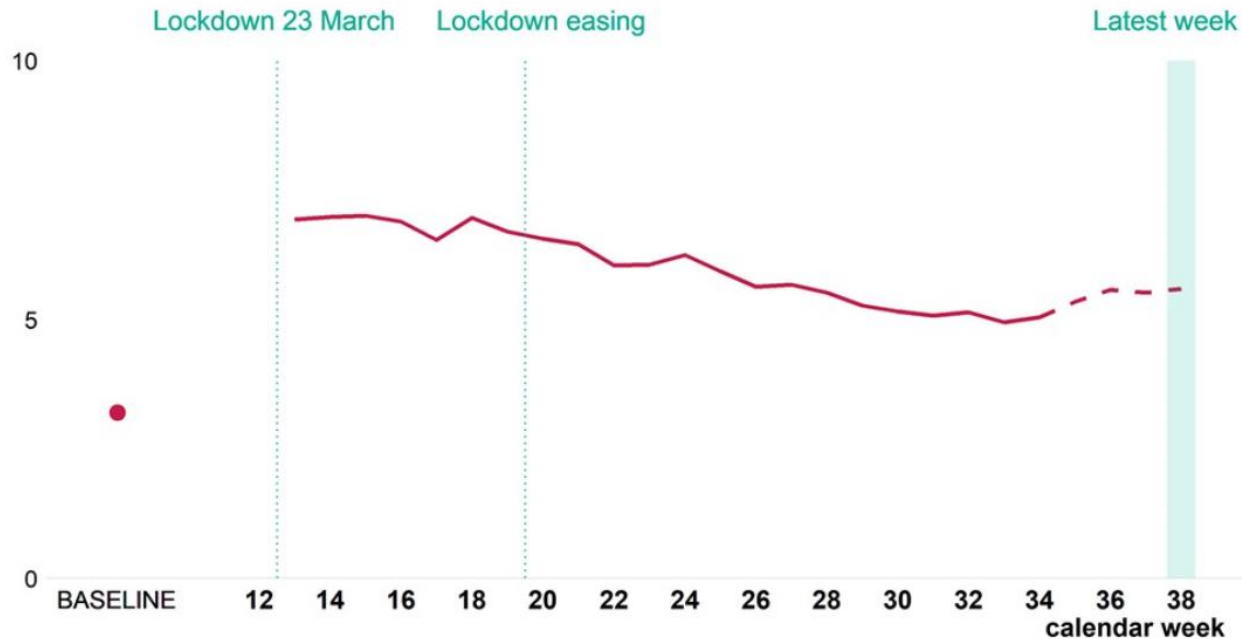


Levels of depression in the general population

PHQ-9 score - Depression

UCL COVID-19 Social Study. Panel of 20,000 to 70,000 adults weighted to the national population. Data provided by UCL and used with permission (>5=mild, >10=moderate). Baseline from US study (Tomitaka et al. 2018).

Dashed line indicates change in sample methodology – see text for more details



PHE mental health and wellbeing surveillance

- **April 2020 saw a sharp decline in mental health**
- **Improvement over the summer but has not returned to baseline (2017/19)**
- **Too early say if we are seeing increases in recent weeks**
- **Data hides variation**

Disproportionately affected

- young adults and women reporting worse mental health and wellbeing
- adults with pre-existing mental health conditions have reported higher levels of anxiety, depression and loneliness
- adults who were not in employment before or since the lockdown were more likely to report worse and increasing loneliness, higher levels of anxiety and mental distress

Also affected

- low household income or socioeconomic position
- long term physical health problems
- living in urban areas
- living with children
- who have had coronavirus related symptoms

How to help support mental health at work



Prepare

Self check before taking up the role

But not

Occupational Medicine 2020;70:162–168
Advance Access publication on 10 February 2020 doi:10.1093/occmed/kqaa008

A prospective study of pre-employment psychological testing amongst police recruits

R. E. Marshall¹, J. S. Milligan-Saville^{1,2}, Z. Steel^{1,2,3}, R. A. Bryant^{2,4,*}, P. B. Mitchell^{1,2} and S. B. Harvey²

¹School of Psychiatry, University of New South Wales, Sydney, New South Wales 2031, Australia, ²Black Dog Institute, Sydney, New South Wales 2031, Australia, ³St John of God Hospital, Richmond, New South Wales 2753, Australia, ⁴School of Psychology, University of New South Wales, Sydney, New South Wales 2031, Australia.

Frank preparatory briefings

‘Psychological PPE’

Role specific training

Greenberg et al. BMJ, March 2020

Managing mental health challenges faced by healthcare workers during covid-19 pandemic

Neil Greenberg,¹ Mary Docherty,² Sam Gnanapragasam,² Simon Wessely¹

Neil Greenberg and colleagues set out measures that healthcare managers need to put in place to protect the mental health of healthcare staff having to make morally challenging decisions

Buddy up

Supervisors able to:

- have psychologically savvy chats
- post shift reviews

Peer support

Forward mental health supervision and support (PIES)

Proximity


Immediacy

Expectancy

Simplicity

Editorial

What healthcare leaders need to do to protect the psychological well-being of frontline staff in the COVID-19 pandemic

Neil Greenberg ,¹ Derek Tracy^{1,2}

Delivery of high-quality care is dependent on the health of the workforce. Preventive medicine provides a useful tool to support traumatised staff, reduce sick-

leave.²⁻⁸ Yet equally, many feel more comfortable sharing concerns with their peers; indeed, such concerns may relate to their managers. Peer-supporters, properly trained and supervised, can help maintain staff resilience; one example, is the 'TRiM' (Trauma Risk Management) programme developed by the UK military and now used within the NHS.¹⁰ While not 'penicillin for trauma', it is evidenced to support traumatised staff, reduce sick-

Greenberg & Tracy BMJ Leader, May 2020

Recover

Thank you and provision of information

Graded return to work

Supervisor discussions esp. for higher risk/secondary stressors

Time for reflection/meaning making

Ongoing active monitoring

Timely access to evidence based care

How might the NHS protect the mental health of health-care workers after the COVID-19 crisis?



Throughout the COVID-19 crisis, many health-care workers have worked long hours in high-pressured novel circumstances characterised by trauma and moral dilemmas.¹ Health-care workers have contended with the risk of infection, and by extension infecting their families, with outcomes seemingly worse for some, including black, Asian, and minority ethnic staff. Additionally, remote working is likely to have had its own challenges. Some staff will undoubtedly thrive in such circumstances,

develop a meaningful narrative that reduces risks of harm. Schwartz rounds, a structured forum for clinical and non-clinical staff to discuss emotional and social aspects of work, are one such evidence-based model.

Successful recovery planning²⁰ should minimise the onset of mental illness while maximising the opportunity for psychological growth.¹ Proactive managers should follow the evidence, which is both legally required and what staff deserve.



Lancet Psychiatry 2020
Published Online
May 28, 2020
[https://doi.org/10.1016/S2215-0366\(20\)30224-8](https://doi.org/10.1016/S2215-0366(20)30224-8)

Greenberg, Brooks, Wessely & Tracy
Lancet Psychiatry, May 2020



Conclusion of what to do for people at work

Do not over medicalise

Nip it in the bud approach

Build team support as a priority

Psychologically savvy supervisors

Common sense PIES approaches for distressed staff

Thank you, phased return to work and time for reflection

Active monitoring and evidence based care

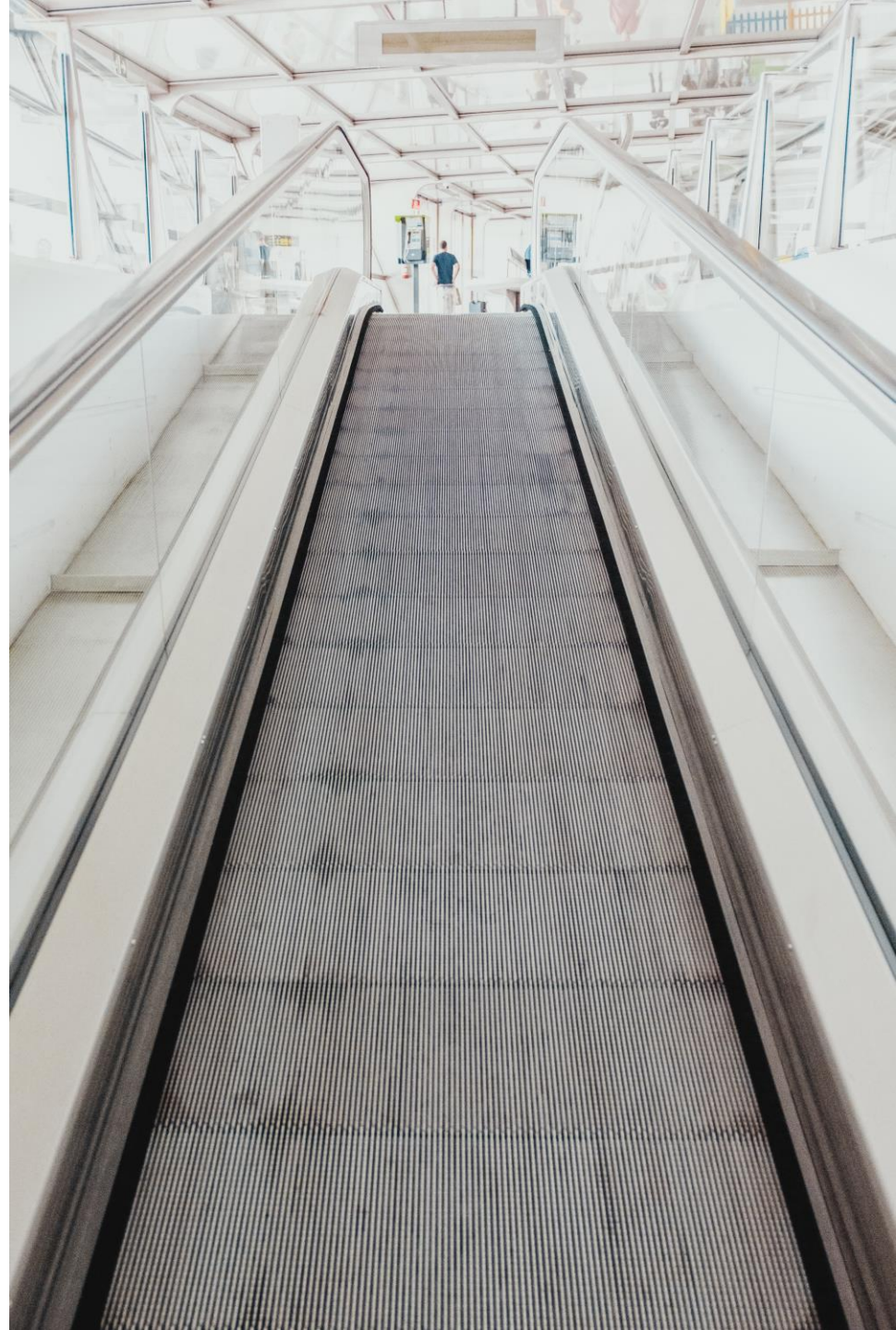
In it for the long haul

Supporting physical and psychological health through good absence management and return to work practices

Dr Jo Yarker

Affinity Health at Work and
Birkbeck, University of London

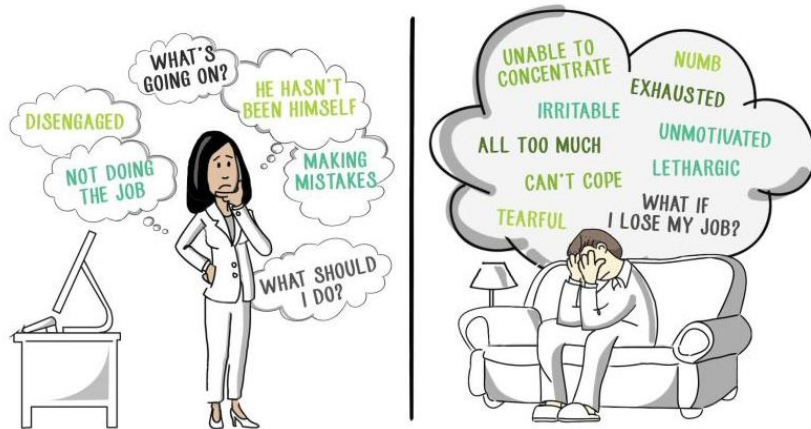
Drawing on research conducted in collaboration with Dr Fehmidah Munir, Professor Karina Neilsen, Dr Rachel Lewis, Dr Emma Donaldson-Feilder, Rebecca Peters and Alice Sinclair



Overview

- Context setting for supporting return to work
- How can we best support people returning to work?
 - Get the key principles right
 - Equip line managers to support returners
 - Support work adjustments to empower returners
 - Help employees build an IGLOo to return to work
- Future priorities for research and practice
- Further reading and resources

Returning to work pre-COVID



Returning to work post-COVID

- Some have continued working however in the months ahead many will be returning in different ways:
 - Returning following COVID-19 or mental health related sickness absence
 - Following redeployment and altered jobs
 - Returning to the workplace having worked from home
 - Returning from furlough
 - Returning to a new job having been made redundant

Long COVID and the complex challenge for returning employees

- The experiences of long COVID are varied:
 - the post viral symptoms and impact may bring concerns e.g. psychological, musculoskeletal, respiratory and fatigue
- Many people have also experienced mental ill-health
- Typically when people are unwell, they return to a stable and supported environment....
- Those with long COVID (and other conditions) are returning to environments that are depleted and in struggle
- Challenge for managers overseeing the complex patterns and needs of returners

1. Get the key principles right

- Talk and connect – early, i.e. now!
- Plan and prepare – employees and managers
- Have a return to work conversation
- Take one step at a time – not one can jump back in at 100%
- Monitor and review
- Everyone's journey is different – we need to be kind and patient

2. Equip line managers to support returners and manage blended working

- Line managers need the knowledge, skills and resources to support others return in a sustainable way
- Develop the Management competencies for preventing and reducing stress at work; for supporting return to work
- Provide managers with systems, tools and time to manage blended work
- Use compassionate systems that accommodate fluctuating conditions

Brief Description	
Respectful and responsible	Managing with integrity and consistency, managing emotions/personal issues and taking a positive considerate approach in interpersonal interactions
Managing difficult situations	Dealing with employee conflicts (including bullying and abuse) and using appropriate organisational resources
Managing and communicating existing and future work	Proactive work management with clear communication, advice and guidance; empowers others and creates a participative team
Manages the individual within the team	Personal interaction with employees involving empathy and consideration



- <https://www.cipd.co.uk/knowledge/fundamentals/people/line-manager>

3. Support work adjustments to enable returners to manage work and health

Type of adjustment	Recommended in the guidance? (No recommending)	Evidence in Research Reports	Evidence in Academic Journals
Work schedule	Breaks (4), Leave for appointments (8), Flexible hours (9)	*	**
Role and responsibilities	Review workload (3), Temp change in duties (5),	*	*
Work environment	Home working (7), relocation of desk (6), light box (2)	*	*
Policy changes	E.g. additional leave (2)		
Additional support and assistance	Buddy or mentor (5) Modified supervision (3), additional training on skills and duties (7)	**	**
Redeployment	(3)	*	

Factors influencing work adjustments:

- **Multicomponent** more effective
- Encourage **disclosure**
- **Supervisor support** is important
- **Co-worker support** is important – interestingly, co-workers see flexible hours and time off for counselling as more acceptable than more frequent breaks
- **Focus on work AND relationships** - HR/ Employers focus on work aspects (e.g. job modifications) while employees focus on the relational aspects (support, good relationships)

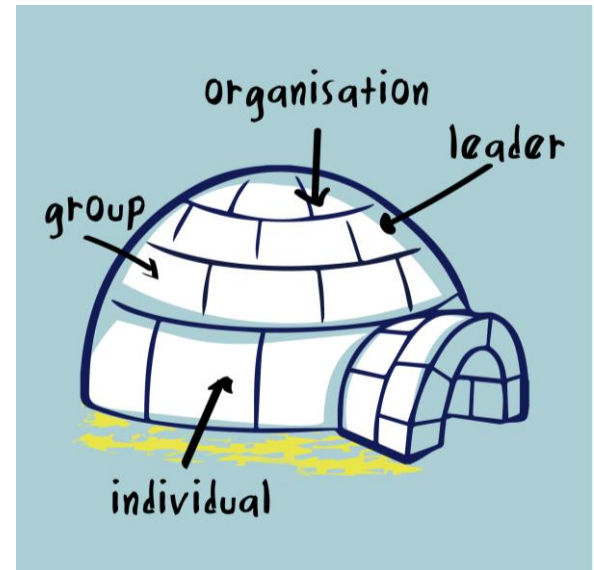
acas

4. Help employees build an IGLOO for sustainable return to work

What are the resources needed to return to, and stay at, work following sickness absence due to mental ill-health?

The IGLOO for returning to work following mental ill-health includes:

At home the following actions help returning employees	Resources	At work, the following help returning employees
<ul style="list-style-type: none"> ● Prioritising self-care ● Establishing clear boundaries between work and leisure 	Individual	<ul style="list-style-type: none"> ● Creating structure in the working day
<ul style="list-style-type: none"> ● Understanding from others ● Receiving non-judgmental support 	Group	<ul style="list-style-type: none"> ● Receiving feedback on tasks from colleagues ● Getting help when doing challenging tasks ● Being treated as you did before not as someone with mental ill-health
<ul style="list-style-type: none"> ● Having a consistent point of contact ● Facilitating of links to external services and treatment 	Leader	<ul style="list-style-type: none"> ● Agreeing what information about the absence and return is communicated to colleagues ● Continuing to provide support and work adjustments ● Being available but not intrusive
<ul style="list-style-type: none"> ● Accessing work-focused counselling 	Organisation	<ul style="list-style-type: none"> ● Providing flexible working practices and leave policies ● Providing work-focused counselling ● Demonstrating care through support ● Establishing a culture where mental health is not stigmatised



How can you help your colleagues throughout their illness?

Use the checklist here to see what you can do to help your colleague build their IGLOO.

Look at the checklist. Read the statements in the first column. Answer 'Yes', 'No' or 'Sometimes'. Tick your answer in the column.

Use the checklist here to test the strength of your contribution to your colleagues' IGLOO. If you agree you do things well a strong IGLOO is very positive. 'Sometimes' or 'No' means there are things they might struggle with.

What else could you do to help if you answer 'Sometimes' or 'No' other than you do to make the part of their IGLOO stronger? Write in the space below. Do you need additional time to help them or you need to ask for it? Write down what you need to help them. What you can do to make the IGLOO stronger. Read the statements in the first column. Answer 'Yes', 'No' or 'Sometimes'. Tick your answer in the column.

Remember... returning to work is not always easy, but having support can make a huge difference. If you are not sure what your colleague needs, talk to them. Talk through the checklist with them and identify some concrete actions that you can take to help them build their IGLOO.

Statement	Location	Yes / No / Sometimes	What you can do to help them	What you need to help them	How you can help them
Individual	Work				
Group	Work				
Group	Home				
Leader	Work				
Leader	Home				
Organisation	Work				
Organisation	Home				

affinity health at work

Implications for research and practice

- Significant proportion of our workforce are depleted, some are returning with long COVID and many are fearful of returning to work.
- We all have unique return to work needs.
- **Individuals** need to be equipped with the knowledge and support to sustain their mental health on their return.
- **Groups, line managers, organisations** and overarching government and social structures have a significant role to play. None of us can do it on our own.
- Urgent need to share good practice and for research to help us understand what works, for whom, under what circumstances.

Thank you!

To find out more about our research:

- To see interactive line manager resources see:
<https://www.cipd.co.uk/knowledge/fundamentals/people/line-manager>
- To read the acas *Work adjustments for mental ill-health* report visit: <https://www.acas.org.uk/work-adjustments-for-mental-health-a-review-of-the-evidence-and-guidance-html>
- To read the full *Thriving at work* (IGLOo) report visit: <https://productivityinsightsnetwork.co.uk> and
- To access the free IGLOo guides see: www.affinityhealthatwork.co.uk/our_research

- For research and guidance from affinity health at work: www.affinityhealthatwork.co.uk/our_research
- Topic based evidence summaries see our evidence hub sponsored by our Work, Health and Wellbeing Research Consortium: www.affinityhealthhub.co.uk

- If you would like to know more about our work or get involved in our research please contact us!

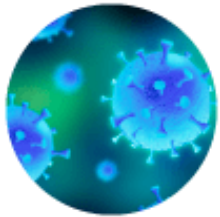
Questions

Please submit your questions for:

- Rachel Suff, Senior Policy Advisor, Employment Relations, CIPD
- Professor Neil Greenberg, Professor of Defence Mental Health, King's College London
- Dr Jo Yarker, Director, Affinity Health at Work and Senior Lecturer in Organisational Psychology, Birkbeck, University of London

Please use the Q&A function to submit your questions

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**Covid-19
resources**



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**Professional
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**Financial
support**

[cipd.co.uk/memberbenefits](https://www.cipd.co.uk/memberbenefits)

New wellbeing resources



- We've partnered with **Health Assured** to support members mental health and wellbeing
- Unlimited free 24/7 confidential telephone helpline, online portal & My Healthy advantage health and wellbeing mobile app
- The resource provides:
 - Legal information
 - Debt and financial information
 - Manager consultancy and support
 - Information on work and home issues
 - Factsheets, advice, information and self-help tools
 - A resources area with; programmes, videos, webinars, medical information and mini health checks.



Further information

[NEW wellbeing helpline for CIPD members](#)

[CIPD coronavirus hub](#)

[CIPD line manager support](#)

[Coronavirus \(COVID-19\): Mental health support for employees](#)

[CIPD community](#)

[Gov.uk/coronavirus](#)

