Mental Health in the Workplace

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Professor of Defence Mental Health at King's College London
President-Elect of Society of Occupational Medicine
Managing Director of March on Stress Limited

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Who am I? - @profngreenberg

» Professor of Defence Mental Health based at King's College London

» President Elect of SOM

» Led the WPA position statement on MH at work (2023)

» Managing Director of March on Stress Ltd

» Military background in the Royal Navy for >23 years

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So what's the deal with mental health and work

?

3

The 'pessimistic view'!

4

So is work good for you?

- Probably yes for most of us (physically and psychologically)
    - Work pressures can be both sustaining and damaging ('it's all about the dose')
    - Galen (129-200) "Employment is nature's physician and is essential to human happiness."
    - Self-esteem and social contact at work probably key [+ and -] elements

- However, for some (est 10%) maybe not
    - Work can be a significant stressor (e.g: HSE six domains – work stress)

- And toxic workplaces do exist (e.g. very HSE non-compliant) most often because of toxic management

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Mental Health Problems are Common

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DEPRESSION

Globally, depression accounts for 41% of all the years spent living with mental or behavioral disorders.

41% depression 15% anxiety 11% drug-use disorders 10% alcohol-use disorders 7% schizophrenia

350 million people globally suffer from depression.

Twice as many women typically develop depression than men, although in richer countries, three times as many men die by suicide than women.

SOURCES: Global Burden of Diseases, Injuries, and Risk Factors Study 2013; World Health Organization

MAJOR DEPRESSION IS THE **LEADING CAUSE** OF DISABILITY WORLDWIDE

And just over HALF of all adults with a serious mental illness receive treatment

THE MENTAL HEALTH CRISIS IN INDONESIA

250 million people in Indonesia.

48 mental hospitals nationwide.

1 trained psychiatrist per 300,000 to 400,000 people.

In the WHO European Region,

3 out of 4 people suffering from major depression

do not receive adequate treatment.

04/2017

World Health Organization Europe

Mental disorders span the globe
According to surveys of 14 countries, the United States has the highest rate of mental illness.

Prevalence of mental disorders
(Anxiety, mood disorders, impulse-control, and substance abuse/dependence)
4.7-9.9%
10.0-19.9%
20.0-26.4%

Netherlands – 14.9% Germany – 9.1%
Belgium – 12.0% Ukraine – 20.5%
France 18.4% Japan 8.8%
United States 26.4% Spain 9.2% Beijing, China 9.1%
Mexico – 12.2% Lebanon 16.9%
Colombia – 17.8% Nigeria 4.7% Italy – 8.2%

AN INSIGHT INTO **DEPRESSION** IN THE CARIBBEAN

KNOW THE **SYMPTOMS**

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Mental health at work is becoming increasingly important

Rate of work-related stress, depression or anxiety per 100,000 workers: new and long-standing

2001/02   2022/23

The data for 2019/20 to 2021/22 includes the effects of the coronavirus pandemic, shown inside the grey shaded column
Shaded area and ● error bars represent a 95% confidence interval
No ill health data collected in 2002/03 or 2012/13
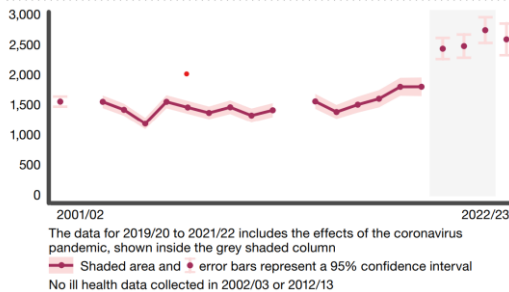
Severe CMD symptoms in past week (CIS-R score 18+), 1993 to 2014
Base: adults aged 16–64

% 10
1993 2000 2007 2014
Year
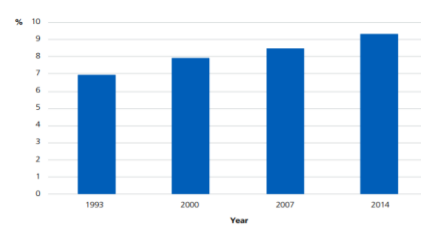
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Bigger organisations appear more stressful

Prevalence rates of self-reported work-related stress, depression or anxiety in Great Britain, by workplace size per 100,000 workers, averaged over the period 2015/16-2017/18
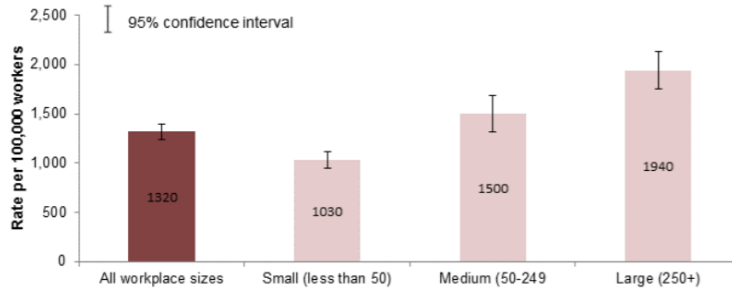
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Professional workers report most stress

Prevalence rate of work-related stress, depression or anxiety in Great Britain, by broad occupational category, per 100,000 people employed in the last twelve months, averaged over the period 2015/16-2017/18
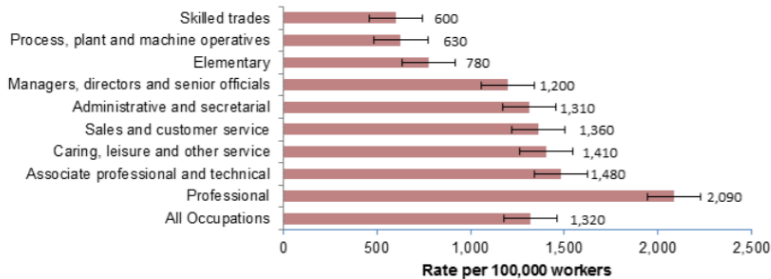
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Not all industries are the same

Work-related illness by industry

Note: Based on number of cases. Does not cover Scotland and Wales.

Source: Health and Occupation Reporting Network (THOR), a research programme of the Occupational and Environmental Health Research Group of the University of Manchester
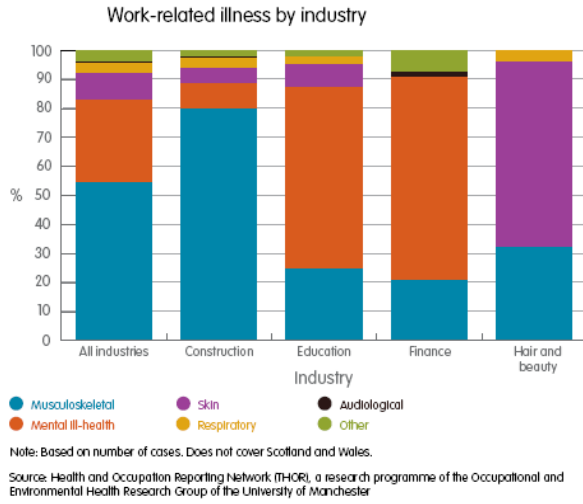
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Sources of Stress

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Sources of 'Stress'

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What are 'Common' Mental Health Disorders

- Anxiety (Disorders)
- Depression
- Adjustment Disorders
- Post Traumatic Stress Disorder
- Alcohol misuse

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Anxiety Disorders

- A disorder when
  - more than 'normal anxiety'
  - interferes with everyday function
  - Last for weeks rather than days
- Types include: Phobias, Obsessive Compulsive Disorder, **Agoraphobia** or Generalised Anxiety Disorder (GAD)
- Severe feelings of tension, fear, agitation
- Panic attacks often manifest as physical ill health
  Note: anxiety disorders can be 'infectious' or cause colleagues considerable irritation

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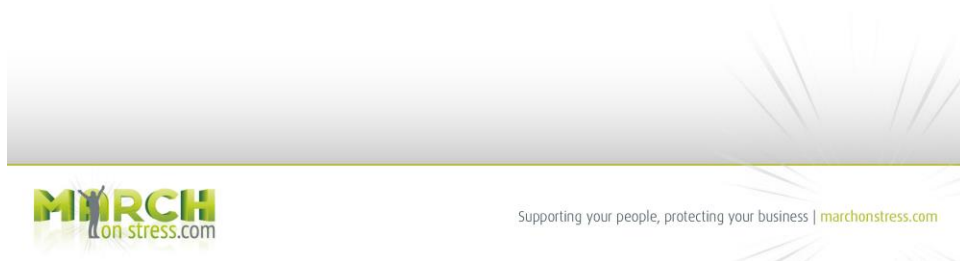
15

Depression

- A disorder when
  - Last for more than 2 weeks
  - Affects day to day function
- Two key symptoms:
  - Low mood
  - Lack of enjoyment
  - and poor sleep, tiredness, concentration, appetite & sex-drive; negative views of the future; worthlessness
- Depression is importantly a risk factor for self-harm and suicide especially when associated with hopelessness

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Adjustment Disorders (AD)

- Relatively common; usually short-lived.

- Disturbance of
  - Thoughts
  - Emotions
  - Behaviours
  - Impairs day to day function

- Represent the 'extreme ends of the normal spectrum

- <u>Once stressor removed</u> ADs tend to improve (up to 6 months)

- LT problems may result from 'unhelpful' behaviour whilst distressed

- People who have a AD may well act "out of character"

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Traumatic Stress Disorders

TRAUMA

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Is this traumatic stress?
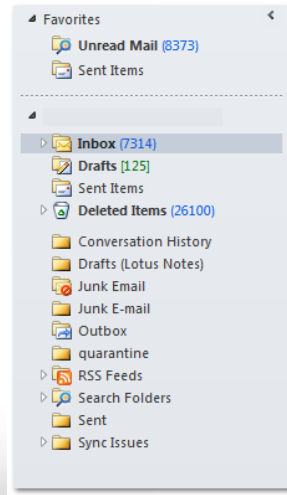
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What is a Potentially Traumatic Event (PTE)?

- Being exposed to:
    - Death
    - Threatened death
    - Actual or threatened serious injury
    - Actual or threatened sexual violence

- By
    - Direct exposure
    - Witnessing in person
    - Indirectly learning of a close relative/friend's trauma
    - Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties

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Normal Recovery after 'trauma'

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Type 1 and 2 trauma

23
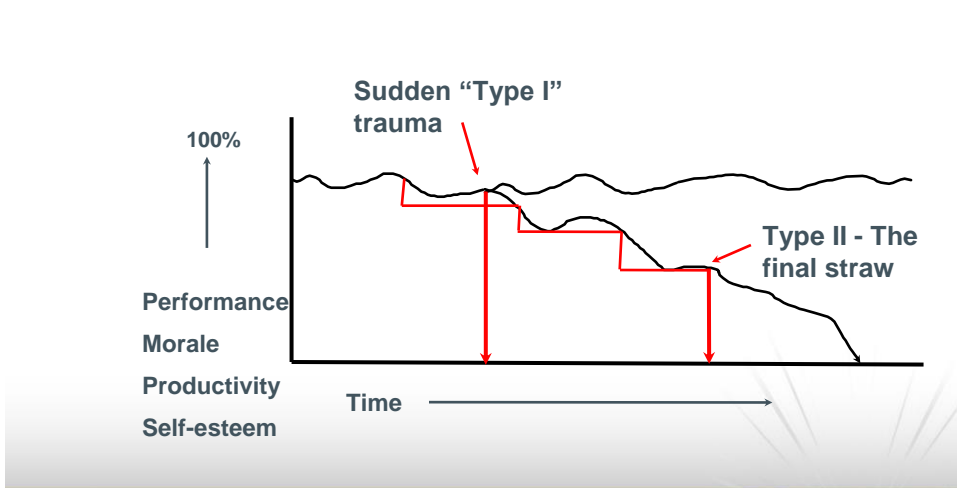
Alcohol (and Drug) Misuse

- Hazardous use (too much)
- Harmful use: psychological and/or physical
- Dependency: cravings, inability to control drinking, high tolerance, withdrawal effects
- C – Have you felt that you should cut down
- A – Got angry when reduction suggested
- G – Had guilt about drinking
- E - Taken eye openers

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More Serious Mental Illness

- Include:
  - Psychosis – Loss of contact with reality
    - Schizophrenia, Bipolar Disorder (Manic Depression)
  - Neurodevelopmental conditions (up to 20%)
    - Autism Spectrum Disorders (ASD)
    - Attention Deficit Hyperactivity Disorder (ADHD)
  - Eating disorders

- Treatment often involves secondary services at some point

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Presenteeism

The practice of coming to work despite illness, often resulting in reduced productivity

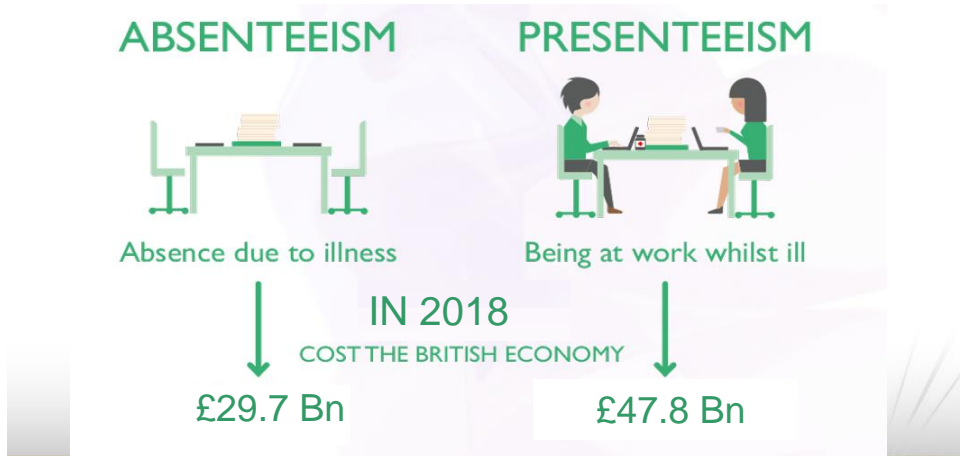Supporting your people, protecting your business | marchonstress.com

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Impact of poor mental health at work

ABSENTEEISM

Absence due to illness

PRESENTEEISM

Being at work whilst ill

IN 2018
COST THE BRITISH ECONOMY

£29.7 Bn

£47.8 Bn

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Very bad outcomes

Calls to review murder sentence of Sergeant Alexander Blackman

WORK AND SUICIDE

JetBlue Airways Flight 191

Germanwings plane crash: Andreas Lubitz 'rehearsed **2015** descent' on previous flight, says French report

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

Briton Danny Fitzsimons jailed in Iraq for contractors' murders

Danny Fitzsimons avoids death sentence but family say his PTSD meant he should never have been employed

2012

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So….

- Common Mental Health conditions are…common

- They affect health and productivity

- They are pretty well understood

- So….just get on and treat them eh?

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Physical Health Treatment?
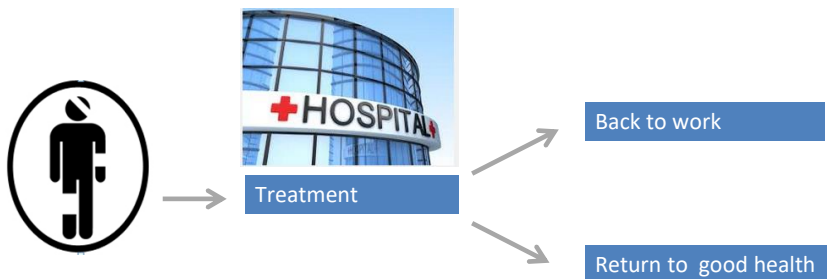
Back to work

Treatment

Return to good health

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Mental Health Treatment?

Recognition

Availability

Loss of esteem

Self stigma

Geography

Loss of confidence

Barriers to care

Trust

Back to work

Treatment

Return to good health

Career fears

Training

Fear of relapse

Time off work

Therapeutic Alliance

Concerns of colleagues
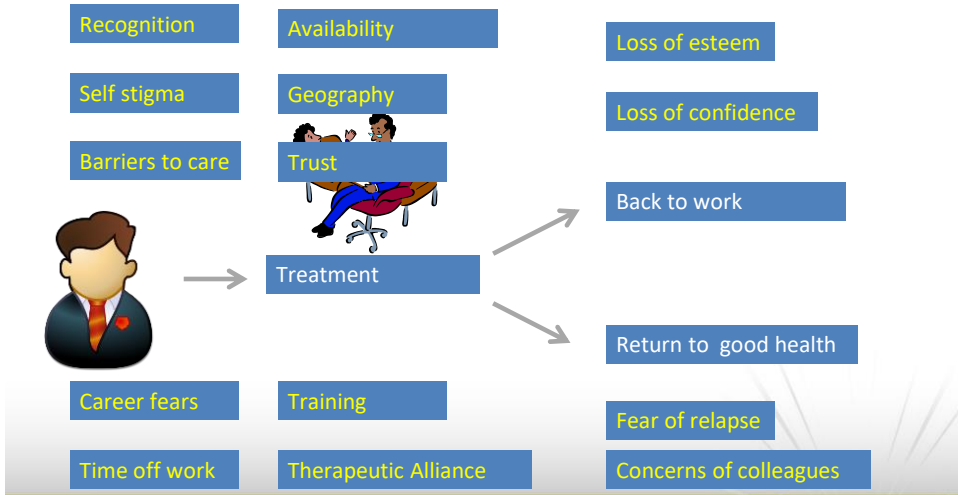
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Stigma

People suffering with depression think it's their fault.
Who in their right mind would think that?

STOP THE STIGMA.
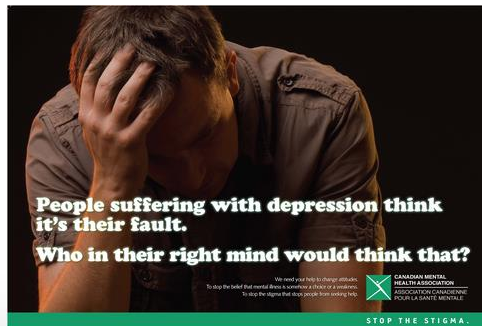
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What is stigma?

Knowledge
Ignorance

Attitudes
Prejudice

Behaviour
Discrimination
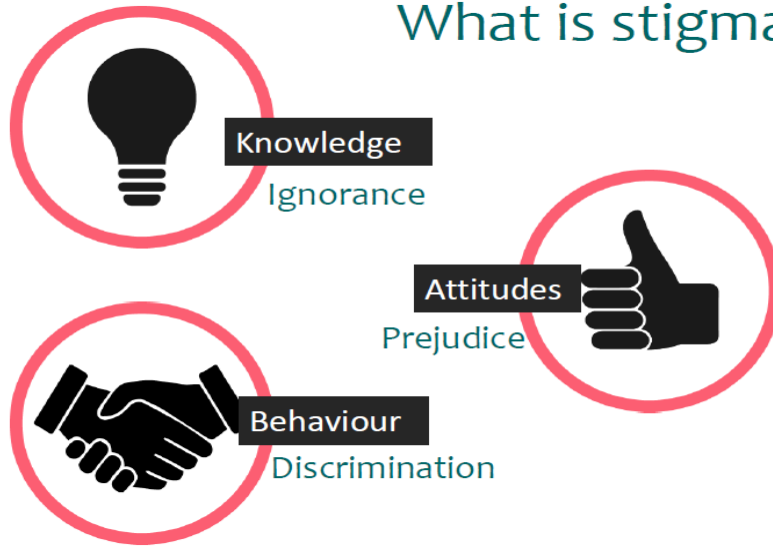
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Why don't journalists seek help for MH issues?
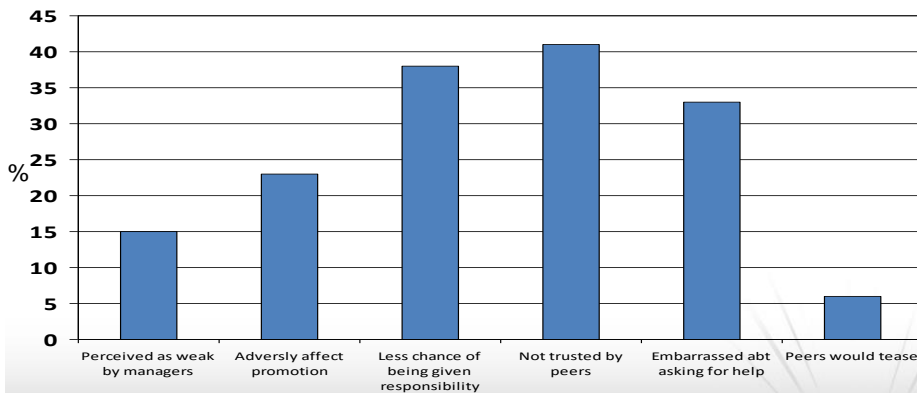
Greenberg et al, JMH, 2009

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And it's not just an issue for "stiff upper lip" professions

Help seeking for PTSD
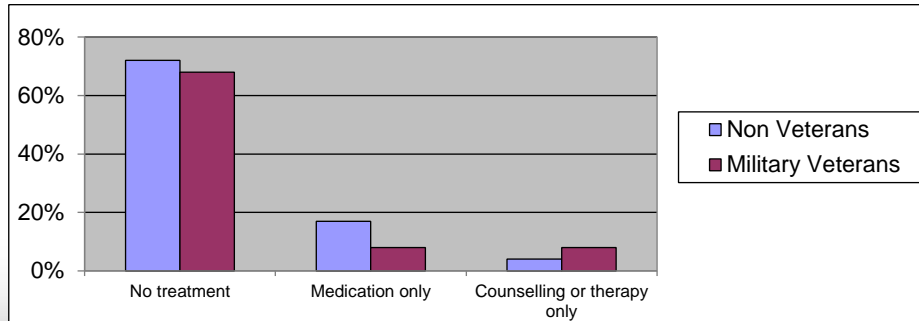
Woodhead et al, 2010, Soc Sci Med

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Learning points….

- Work certainly can be good for mental health, but it can also be 'bad'

- Common mental health disorders are common and…

- Productivity can be affected even if someone is not ill

- Problematically most 'distressed' people don't seek help

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So if stigma prevents help seeking….when do people seek mental health care?

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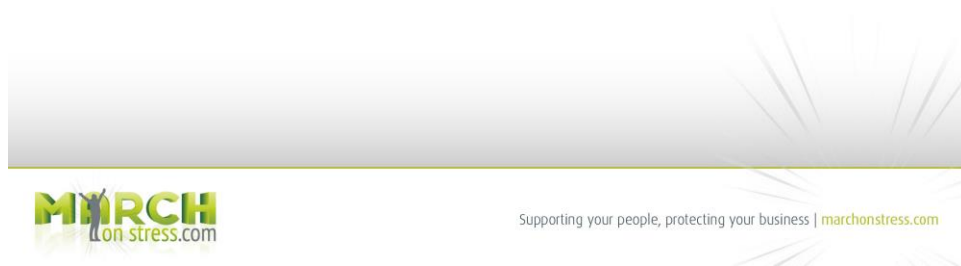
37

What leads people to seek help?

EUROPEAN JOURNAL OF
PSYCHO-TRAUMATOLOGY
THE OFFICIAL JOURNAL OF THE EUROPEAN SOCIETY FOR TRAUMATIC STRESS STUDIES

BROWSE   FOR AUTHORS   ABOUT THE J

Home > Vol 5 (2014) > Murphy

Exploring positive pathways to care for members of the UK Armed Forces receiving treatment for PTSD: a qualitative study

Dominic Murphy[1*], Elizabeth Hunt[1], Olga Luzon[2] and Neil Greenberg[1]

- A 'significant other' gives an ultimatum

- Something 'dramatic' happens

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Where do people get 'help' from?
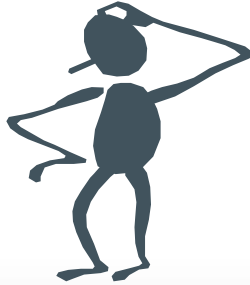
39

Who do people get support from after work?
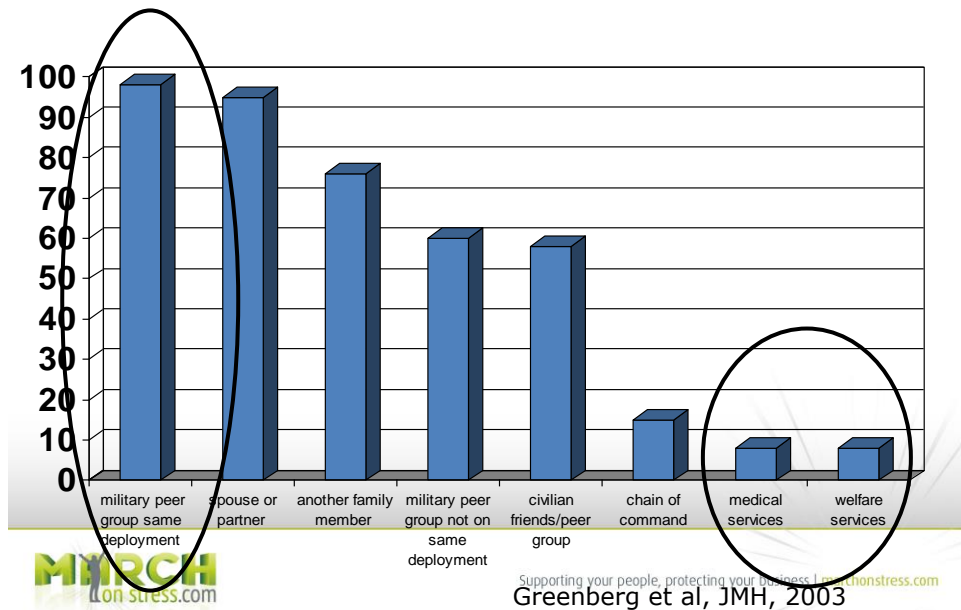
Greenberg et al, JMH, 2003

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Learning points….

- Most people do not seek help for MH problems

- They tend to wait until the last moment before asking for assistance (? too late)

- When they do seek help, they prefer informal sources over professionals

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Primary Prevention

- Policy
  - Sets culture ("this organisation believes that….")
  - Clarifies responsibilities (organisation and individual)
  - Details support options (EAP, OH, counsellors etc)

- Camaraderie – buddy support

- Leadership training (esp junior leadership/supervisors)

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Leadership and PTSD – Afghanistan 2010

My immediate leaders do not:

Embarrass people in front of others
Accept extra duties/tasks to impress bosses

And do:

Treat all members of the team fairly
Show concern about the safety of team

Prevalence of probable PTSD*

Legend: Overall, Good Leadership, Poor Leadership

Jones et al, Psychiatry, 2011

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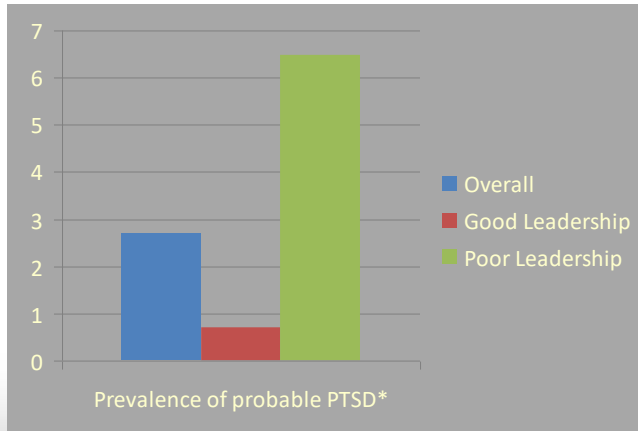
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Managerial training – active listening

Workplace mental health training for managers and its effect on sick leave in employees: a cluster randomised controlled trial

- RCT of training up FRNSW supervisors

- ½ day training in active listening skills

- Benefits from training managers measured in terms of sickness absence

- Each £1 invested lead to £10 saving over next six months

- Confidence to discuss MH with staff found to be key

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REACT$_{MH}$ training to supervisor confidence

Recognise
Engage
Actively listen
Check for risk
Talk about a specific plan
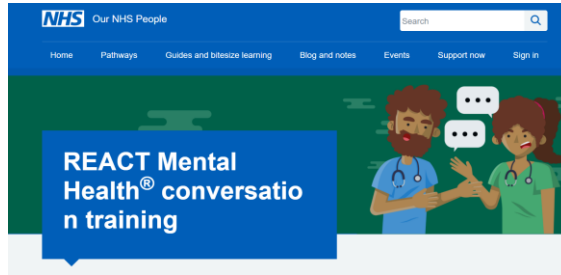
One hour's remote active listening skills training

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REACT$_{MH}$ evaluation
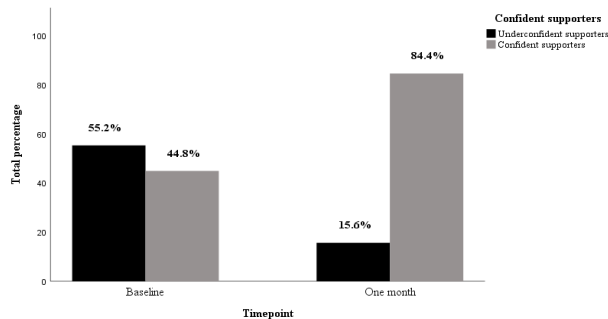
An evaluation of REACTMH mental health training
for UK healthcare supervisors

R. Akhanemhe[a,], S. Wallbank[b] and N. Greenberg[a,c]

[a]King's Centre for Military Health Research, Department of Psychological Medicine, Institute for Psychiatry, Psychology & Neuroscience, King's College London, London, UK, [b]Department of Health and Social Care, Skipton House, London, UK, [c]Health Protection Research Unit, Weston Education Centre, King's College London, London SE5 9RJ, UK.

Correspondence to: N. Greenberg, Health Protection Research Unit, Weston Education Centre, King's College London, London SE5 9RJ, UK. Tel: +44 (0)20 7848 5351; fax: +0207 848 5428; e-mail: neil.greenberg@kcl.ac.uk

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PIES principles for supervisors

- This refers to a nip it in the bud approach
- Can be put in place by managers and/or health professionals who adopt a 'return to duty' approach
- Four principles (PIES)

Proximity
Immediacy
Expectancy
Simplicity

Article

Frontline Treatment of Combat Stress Reaction: A 20-Year Longitudinal Evaluation Study

Zahava Solomon, Ph.D.

Rami Shklar, Ph.D.

Mario Mikulincer, Ph.D.

Objective: The purpose of the study was to evaluate the long-term (20-year) effectiveness of frontline treatment provided to combat stress reaction casualties.

Method: A longitudinal quasi-experimen-

matic and psychiatric symptoms and of social functioning.

Results: Twenty years after the war, traumatized soldiers who received frontline treatment had lower rates of posttraumatic

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Personal Resilience training

DOI: 10.1111/irj.12418

ORIGINAL ARTICLE

Employee well-being outcomes from individual-level mental health interventions: Cross-sectional evidence from the United Kingdom

William J. Fleming

Wellbeing Research Centre, University of Oxford, Oxford, UK

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Email: william.fleming@hmc.ox.ac.uk

Funding information
ESRC and RAND Europe,
Grant/Award Number: ES/J500033/1;
NIHR Oxford Health Biomedical
Research Centre, Grant/Award Number:
NIHR203316

Abstract
Initiatives that promote mental well-being are formally recommended for all British workers, with many practices targeting change in individual workers' resources. While the existing evidence is generally positive about these interventions, disagreement is increasing because of concerns that individual-level interventions do not engage with working conditions. Contributing to the debate, this article uses survey data ($N = 46,336$ workers in 233 organisations) to compare participants and nonparticipants in a range of common individual-level well-being interventions, including resilience training, mindfulness and well-being apps. Across multiple subjective well-being indicators, participants appear no better off. Results are interpreted through the job demands–resources theory and selection bias in cross-sectional results is interrogated. Overall, results suggest interventions are not providing additional or appropriate resources in response to job demands.

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Mental Health Screening

- Selection (pre-joining, pre-role)

- Health screening (post exposure, periodic)

- Surveillance (research, unit climate surveys)

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The seduction of pre-screening

- Screening beforehand for "vulnerability to PTSR" is seductive

- The grandmother test is good…however other tests are very poor

- Historically - US Army and WW2

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Pre-role screening in police

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

R. E. Marshall[1], J. S. Milligan-Saville[1,2], Z. Steel[1,2,3], R. A. Bryant[1,4,5], P. B. Mitchell[1,2] and S. B. Harvey[1]
[1]School of Psychiatry, University of New South Wales, Sydney, New South Wales 2031, Australia, [2]Black Dog Institute, Sydney, New South Wales 2031, Australia, [3]St John of God Hospital, Richmond, New South Wales 2753, Australia, [4]School of Psychology, University of New South Wales, Sydney, New South Wales 2031, Australia.

MMPI – seven year follow up

Results

Contrary to expectations, we were unable to demonstrate any association between validated pre-employment measures of personality and psychopathology with mental health outcomes amongst newly recruited police officers over a 7-year follow-up.

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Post incident screening

- Survey and/or face to face to identify MH problems

- Problems – advisory or mandatory MH referral

- Used by many military forces

- BUT worrying 2007 JAMA paper (US focused)

- So – POST study (n=9000, $3M USD, 3 years...)

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POST Screening outcomes - MH

Post-deployment screening for mental disorders and tailored advice about help-seeking in the UK military: a cluster randomised controlled trial

Roberto J Rona*, Howard Burdett*, Mizanur Khondoker, Melanie Chesnokov, Kevin Green, David Pernet, Norman Jones, Neil Greenberg, Simon Wessely, Nicola T Fear

Outcome comparisons of those screened and controls
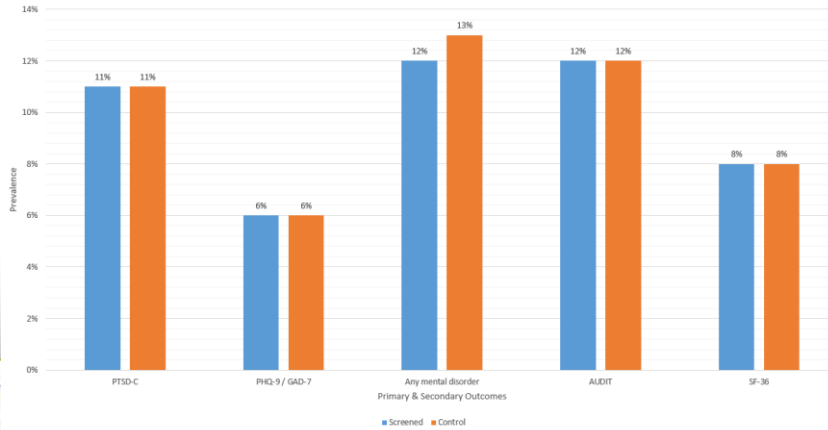
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However, done by independent health provider – then maybe..!

WILEY
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DISCOVER SOMETHING GREAT

Promoting Mental Health Following the London Bombings: A Screen and Treat Approach

Chris R. Brewin, Peter Scragg, Mary Robertson, and Monica Thompson
Traumatic Stress Clinic, London, UK

Patricia d'Ardenne
Institute of Psychotrauma, London, UK

Anke Ehlers
Centre for Anxiety Disorders and Trauma, London, UK

on behalf of the Psychosocial Steering Group, London Bombings Trauma Response Programme

Following the 2005 London bombings, a novel public health program was instituted to address the mental health needs of survivors. In this article, the authors describe the rationale for the program, characteristics of individuals assessed within

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Detect

- Peer led 'trauma awareness' training
  - A form of 'active monitoring' and 'psychological first aid'
  - Available wherever incidents happen (peers, colleagues, family (?))
  - Non-medical therefore less stigmatising

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Trauma Risk Management (TRiM)- What is it?

- Peer group support and risk assessment strategy

- Set up within the Royal Marines in late '90s – now – all Services (since 2007). FCDO, BBC, Em Serv, PSC etc.

- 'Human resource' initiative

- TRiM is not a cure - assesses psychological risk & suggests management and signposts

- Trained practitioners at all levels/grades

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19/02/2024

What Peer Practitioners are not!

- Counsellors
- Therapists
- Pseudo-psychologists
- Group Huggers
- Scented Candle users

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Occupational Medicine Advance Access published April 16, 2015

Occupational Medicine
doi:10.1093/occmed/kqv024

Promoting organizational well-being: a comprehensive review of Trauma Risk Management

D. Whybrow[1], N. Jones[1] and N. Greenberg[2]

[1]Academic Department of Military Mental Health, King's College London, Weston Education Centre, London SE5 9RJ, UK,
[2]Department of Psychological Medicine, King's College London, Weston Education Centre, London SE5 9RJ, UK.

Correspondence to: D. Whybrow, Academic Department of Military Mental Health, King's College London, Weston Education Centre, Cutcombe Road, London SE5 9RJ, UK. Tel: +44 (0)20 7848 5351; fax: +44 (0)20 7848 5408; e-mail: deanwhybrow@hotmail.com

- www.kcl.ac.uk/kcmhr under publications

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Occupational mental health care

- MH care focused on RTW is more likely to lead to…..RTW
  (Mattias et al, 2018)

Results: Number of individuals with full work participation increased, and there were improvements in symptoms, work ability and generalized self-efficacy. In the final model for predicting RTW, baseline work ability and expectancy of future work ability, a history of psychiatric treatment and focus on RTW in the treatment predicted RTW. Improvement in expectations of future work ability at post-treatment did also predict RTW.

Journal of Occupational Health Psychology
2012, Vol. 17, No. 2, 220–234

© 2012 American Psychological Association
1076-8998/12/$12.00 DOI: 10.1037/a0027049

Work-Focused Treatment of Common Mental Disorders and Return to Work: A Comparative Outcome Study

Suzanne E. Lagerveld
TNO Quality of Life/Work & Employment Hoofddorp, The Netherlands

Roland W. B. Blonk
TNO Quality of Life/Work & Employment Hoofddorp, The Netherlands and Utrecht University

Veerle Brenninkmeijer, Leoniek Wijngaards-de Meij, and Wilmar B. Schaufeli
Utrecht University

The aim of this study was to compare the effectiveness of two individual-level psychotherapy interventions: (a) treatment as usual consisting of cognitive–behavioral therapy (CBT) and (b) work-focused CBT (W-CBT) that integrated work aspects early into the treatment. Both interventions were carried out by psychotherapists with employees on sick leave because of common mental disorders (depression, anxiety, or adjustment disorder). In a quasi-experimental design, 12-month follow-up data of 168 employees were collected. The CBT group consisted of 79 clients, the W-CBT group of 89. Outcome measures were duration until return to work (RTW), mental health problems, and costs to the employer. We found significant effects on duration until RTW in favor of the W-CBT group: full RTW occurred 65 days earlier. Partial RTW occurred 12 days earlier. A significant decrease in mental health problems was equally present in both conditions. The average financial advantage for the employer of an employee in the W-CBT group was estimated at $5,275 U.S. dollars compared with the CBT group. These results show that through focusing more and earlier on work-related aspects and RTW, functional recovery in work can be substantially speeded up within a regular psychotherapeutic setting. This result was achieved without negative side effects on psychological complaints over the course of 1 year. Integrating work-related aspects into CBT is, therefore, a fruitful approach with benefits for employees and employers alike.

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Practice Points

- Focus on rapport building, before asking about conflicting information (but don't shy away)

- Don't 'treat' before adjusting the workplace environment

- If you can advise/intervene/be consulted with earlier – you will have a bigger impact

- Try not to be seen as the 'last resort'

- Don't rely on all MH clinicians to have a RTW focus

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Summary

- Lots of good reasons to proactively support staff work

- Treatment for a few; prevention and early (usually non-medical) interventions for most

- Reasonable adjustments should not perpetuate MH problems

- Follow the evidence and help organisations to do the same

- Remember that within organisational settings resilience does not lie within individuals, but within the bonds between them

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Any Questions?- Fire Away!

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