



How SMEs can take a proactive approach to
staff mental health



Magdala Psychology

How can SMEs proactively ensure positive staff mental health even in times of uncertainty and change?

Dr Mark Cheesman

Occupational & Health Psychologist

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What we are we going to cover?

- *What is Mental health?*
- *How to start conversations about mental health in the workplace*
- *Providing mental health training for employees*
- *Undertaking workplace mental health assessments*
- *Mental Health First Aid courses for SMEs*

Positive Mental health: WHO Definition

“A state of well-being 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.”

A continuum from Poor to Positive Mental Health



The challenge?

(Adult Psychiatric Morbidity Survey, 2007, 2014)

- 1 in 4 people experience a mental health problem annually
- Every week, 1 in 6 people report poor MH
- Mixed anxiety and depression: 8 in 100 people
- Generalised Anxiety Disorder (GAD): 6 in 100 people
- Post-traumatic stress disorder (PTSD): 4 in 100 people
- Depression: 3 in 100 people
- Phobias: 2 in 100 people
- Obsessive-compulsive disorder (OCD): 1 in 100 people
- Panic disorder: fewer than 1 in 100 people
- COVID: ALL the figures likely higher



Impact on work

- 15.3m sick days annually due to stress, anxiety and depression (ONS)
- Absenteeism / presenteeism costs £1,050 per employee 
- Total UK Mental health costs >£70bn/year 
- Disengaged, unproductive and failing to maximise potential
- At best, only 2 of 5 employees working at peak performance (BUPA)
- Disengagement 
- 45% workaholics – risk of burnout (Gallup)
- Presenteeism: Errors and poor judgement & decision making



Where do we intervene ?

Primary
(prevention)

Secondary
(identify,
reduce)

Tertiary
(treat /
recovery)

Primary / prevention dealing with the stressors

- Mental Health / Wellbeing Policy & procedures
- Selection policies & induction: identify difficulties on joining
- Neurodiversity and inclusion and diversity
- Reasonable adjustments where appropriate
- Meaning and purpose
- Culture – open, top down (senior management), supportive
- Maximise control
- Positive / supportive relationships
- Management training
- Strengths – positive organisation

Secondary – helping people to cope

- Resilience – strengths
- Coping strategies -
 - Gratitude
 - Strengths
 - Mindfulness
- Mental Health Awareness training
- Training – ‘First Aiders’, Training to help identify people early
- Management Training line managers
- Assessing individual to establish psychological and cognitive functioning



Secondary: What can be explicit and observable?

- Dramatic changes to sleep/appetite
- Mood changes
- Social withdrawal
- Long term absence (>2 weeks)
- Repeat short absences (1 or 2 days)
- Performance deteriorates
- Self-report
- Late / early to work
- Longer hours – burnout
- Poor resilience –easily upset - tears
- Anger / frustration – out of character
- Illogical thinking



Secondary: What is hidden / harder to spot?

Self-monitor

- Feeling worthless & helpless
- Lonely & isolated
- Memory /concentration - distracted
- Fatigue
- Working evenings & weekends
- No motivation or enjoyment
- Gastrointestinal complaints
- Headaches
- Aches & pains
- Disconnected / disengaged
- Gastrointestinal complaints
- Headaches
- Disconnected / disengaged
- Feel overwhelmed & unable to cope





Starting the conversation

- Non-judgemental
- Open-ended questions
- Reflect and summarise back – shows you are listening
- Active listening – nod, open & interested posture
- No solutions or problem solving
- Don't challenge – accept
- Find somewhere quiet, private – confidential
- May take several conversations

Training to support: Awareness and 'First Aid'

- Various e.g. Mental Health First Aid England 
- Also bespoke / tailored
- Covers:
 - Definition / concepts / causes etc
 - Depression, anxiety, stress plus psychosis etc
 - Self-harm / Suicide
 - Other difficulties such as psychosis, eating disorders.
- How to address stigma
- Training to start the conversation (e.g. role-playing)

BUT Barriers & resistance

- Stigma – general, cultural, generational
- Personality factors
- Lack of emotional / mental health literacy

“I thought that everyone felt this way”

- Feelings of failure / weakness
- I have always been resilient and the support for everyone else
- Not wanting to burden anyone
- Presenteeism (fear of absence)
- Prior experiences
- Impact on career and progression (very real fear)

More on Training

- A course is only the first step.
- A 2 day course does not make someone an expert
- Ongoing support: Telephone helplines
- Discuss what to do.
- Continuous Professional Development
- Develop skills



Screening & Assessment: extent and impact

- Identify the extent of symptoms – what is going on?
- Functional assessment: memory, mental speed & concentration
- Safety concerns and business critical roles
- Other issues: Neurodiversity: Dyslexia; ASD, ADHD, Dyspraxia, & impact of head injury, stroke, neurological disorders (MS) on work
- Co-morbidity – more than one difficulty – very common
- Addresses denial, avoidance or lack of insight
- Presenteeism
- Use of reliable / valid psychometrics
- Remote / online assessment with Zoom / Teams



Tertiary – Treatment / recovery

- Counselling, therapy.
- Referral to Occupational Health if available
- Referral to an Employee Assistance / Counselling Programme
- Return To Work
 - A phased return over a number of weeks
 - Regular reviews to assess progress and adjust accordingly
 - Start, for example, at 50% of normal hours and build up perhaps one hour every 1-2 weeks
- Adjustments at work
 - Often very low cost
 - Need to be tailored to assessment results
 - Temporary or permanent
 - Coaching / mentoring
 - Change to job role, tasks



An example of possible adjustments

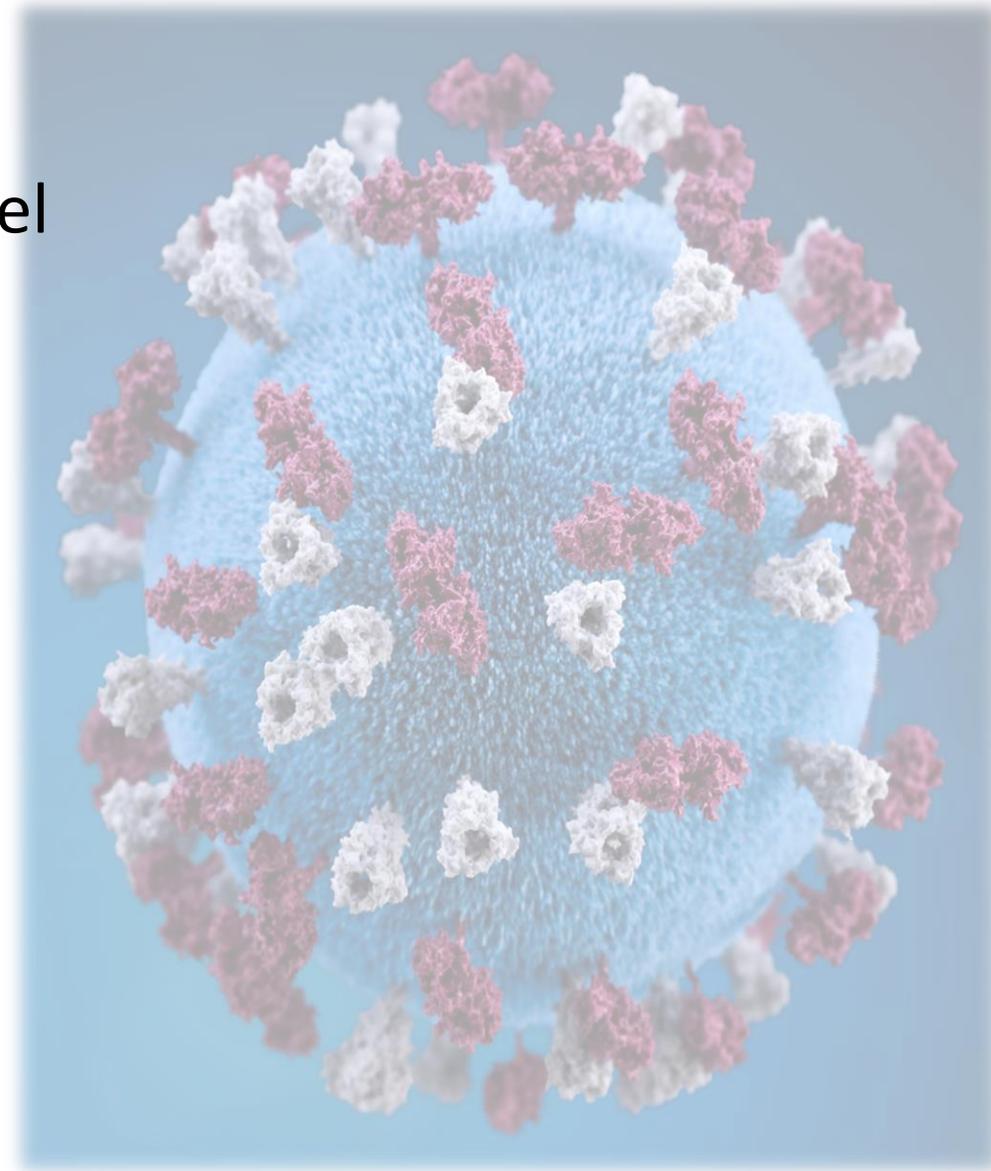
- Reduction in workload / tasks by 20%
- More time for reading / writing tasks
- Flexibility for start / end times - working from home (post-COVID)
- Support to attend therapy / counselling / treatments
- Safe storage for medication if required
- Technology
- Minimise distractions: – location, headphones
- Frequent (weekly) check-ins and feedback
- Regular breaks – ensure full lunch-time



COVID: The problems

Unsurprisingly MH problems are increasing

- Poor self-care: Cannot perform at the same level
- Blurred home / life boundaries
- Working longer hours
- Unrealistic expectations
- COVID fatigue
- Isolation / loneliness
- Family life – children
- Shared accommodation
- Harder to identify those who are struggling
- Denial / avoidance



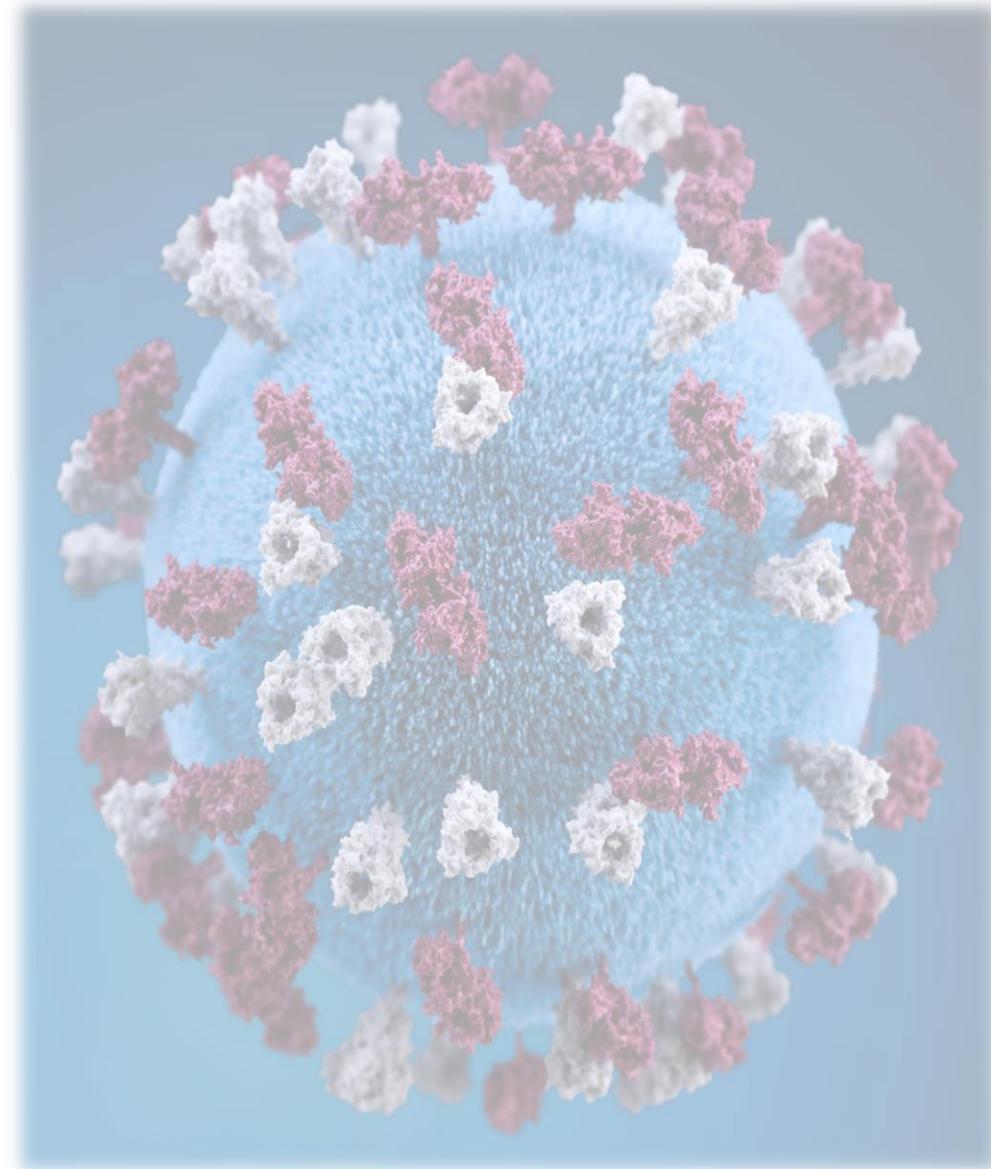
COVID: The problems

Organisation

- Assessment perhaps even more important
- Weekly / daily check-ins with your team
 - Informal / social

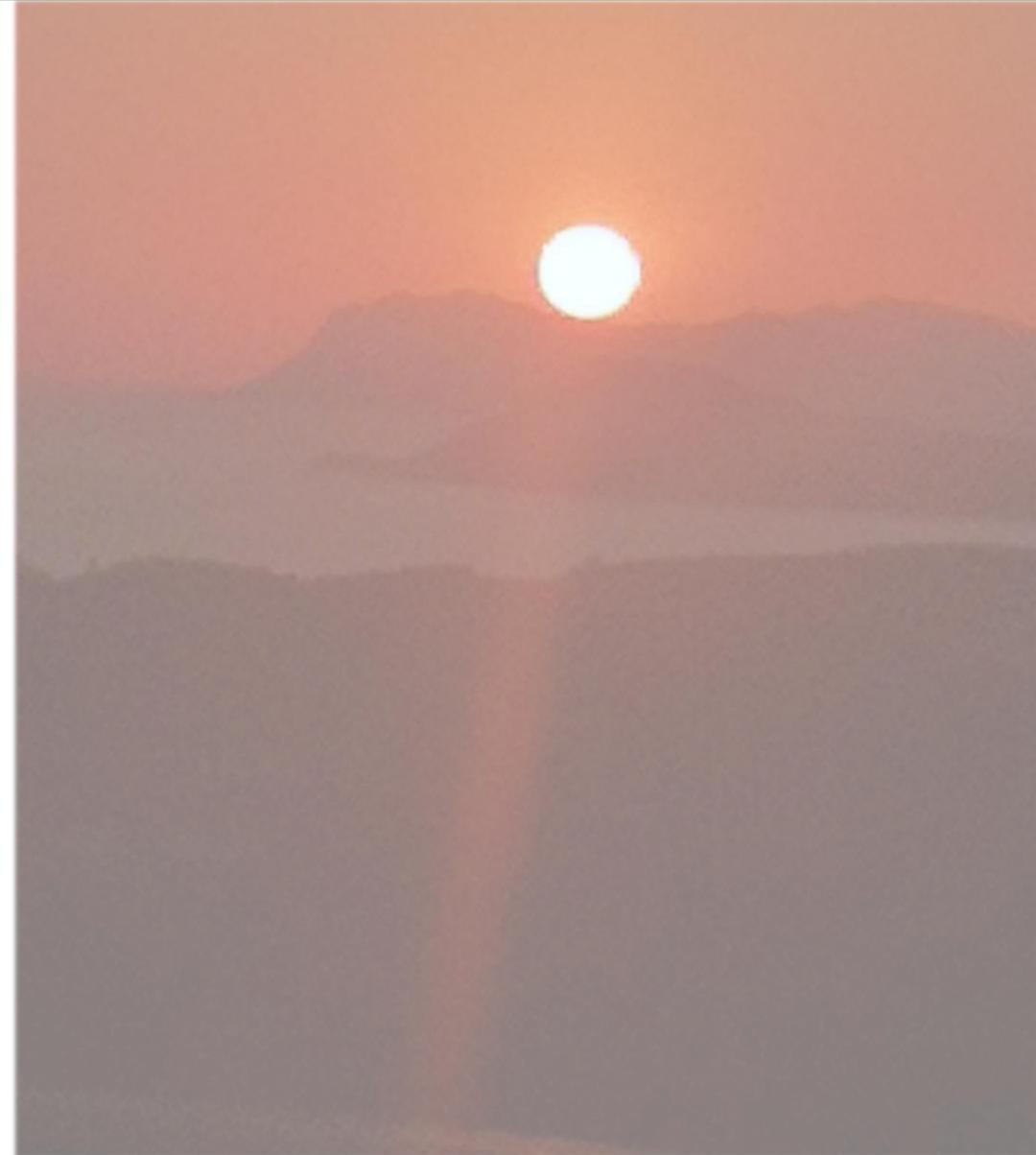
Personal

- Don't compare yourself against other people
- Online branding
- Avoid social media
- Be kind to others – prosocial behaviour



MH is complicated & costly!

- Top-down commitment and policies are key
- Culture – organisation and team
- Focus on prevention – positive mental health
- Training MHFA / awareness
- Ongoing support
- Assessment and screening
- ALL training supported by CPD / support
- Adjustments and treatment – work cycle
- Return to work
- Problems growing with COVID



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HR Software for SMEs

Next webinar:

The Job Support Scheme explained

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