Welcome

We are pleased to share our first CMHA data set, providing new information and insights from several of our members and some of their employees.

From its inception, the CMHA was committed to using the best available evidence and capitalising on our members’ experience and expertise to learn more about what works to promote wellbeing and provide support when it’s needed. We are committed to using data and intelligence to support our ambitions to change conversations about mental health in the City, tackle stigma, and demonstrate leadership in taking effective action in our own organisations.

This report is a significant step towards these aims, and is intended to support ongoing work to:

- Establish a unique data set collated from individual City firms’ existing sources;
- Enable members to participate without compromising confidentiality or commercial sensitivities;
- Support members to benchmark and improve their workplace mental health initiatives;
- Build real-world evidence and contribute to demonstrating the business case for investment;
- Share learning more widely, both on process of collecting data and on the content it generates.

In the pages that follow we share high level findings from the data and insights CMHA organisations and individuals shared with us in 2016/17.

There is some good news - particularly around leadership, awareness, and efforts to change workplace culture so mental health can be considered more openly and positively. There are findings highlighting the challenges employees continue to face, including the views of people who probably don’t reply to in-house surveys.

We haven’t shied away from asking about difficult issues, and the insights gained by doing so will support our continuing collaborative efforts to keep people well in the face of workplace and broader challenges. We recognise and applaud the willingness of CMHA organisations and individuals to place their trust in us but sharing information about their own experience. All they have told us - both about great practice and about areas needing more attention - will continue to inform our shared commitment to achieving profound and lasting change in London.

We look forward to your continued involvement in this endeavour.

Poppy Jaman
Chief Executive of Mental Health First Aid England and City Mental Health Alliance
The information we sought reflects the best available evidence about workplace mental health and insight from members about what they currently measure and issues on which they would value further intelligence. Each CMHA member was invited to submit 2016/17 organisational data and to offer colleagues the opportunity to share their experience and views through a staff survey between October 2016 and September 2017.

Members were asked to submit anonymised company data and share information on topics surrounding mental health, including:

- Opportunities and support offered to promote employee mental health, wellbeing and resilience
- Approaches to monitoring work-related risks to mental health or wellbeing
- Provision of support to individual employees experiencing mental health problems
- Sickness absence monitoring procedures and rates
- Estimated costs of mental health related absence and presenteeism/loss of productivity.

At the request of members, we also developed an employee survey which was offered on an external platform, inviting individuals to share their experience and views. Two members also used some of our survey questions in-house and shared collated data for inclusion in our analysis.

Who did we hear from?

17
CMHA members provided organisational returns, between them employing over 113,000 people

Across organisations providing diversity data:

- 46% are women
- 23% are from BAME communities

Of 10 members who invited employees to participate in a survey, **1,071 individuals responded**

- 63% are women
- 47% have experience of mental health problems whilst in current employment

- 40% work in the legal sector
- 28% work in insurance or provider services
- 25% work in financial or banking sectors

Age of respondents ranges between 19-65 years with 84% being aged 20-49 years
1. Leadership matters... as does peer support

CMHA membership requires senior sponsorship of the organisation’s commitment to mental health, an important aspect of demonstrating leadership from the top. Each member also has a nominated Operational Lead for their involvement in the CMHA, bringing the expertise and commitment of HR, inclusion, and health colleagues.

Across different levels and roles, many of our members actively support colleagues to speak out on mental health, sharing their experience of challenges and their stories of hope and recovery. They commit to providing one awareness-raising event a year, but many do much more than this, view case studies at citymha.org.uk

**Highlights**

All 17 participating organisations have mental health champions and/or networks, significantly ahead of other private sector employers (compared to CIPD³)

50% have identified mental health advocates or mentors among their workforce

Including:

One organisation which has trained 8 partners as mental health advocates,

another which has partners as mental health champions,

and a third which supports 75 mental health mentors.

Twelve have staff networks for mental health, in several cases as part of a broader wellbeing programme or disability network

These commitments to challenging stigma and encouraging positive conversations about mental health are not going unnoticed by people working in City organisations.

Survey respondents identified the following as the top two initiatives they find useful in relation to wellbeing and resilience:

**Talks and presentations**
related to mental health, resilience, recovery or wellbeing

**Personal stories**
shared by colleagues about their experience of mental health issues.

Further along the spectrum, respondents also emphasised the importance of an open culture where problems can be raised and support sought. They told us how important it was to be able to seek and accept help from team members, networks and senior staff when they faced work pressures or mental health challenges. In these situations, many went to colleagues rather than line managers, highlighting the importance of peer support as well as senior leadership.
2. Our members are investing more in mental health than most employers

As well as seeking to raise awareness, most CMHA members also provide specific workplace interventions recommended by key professional, business or mental health or government bodies. For example, all 17 participant organisations provide resilience, mindfulness, and/or stress management training and resources - compared to fewer than 1 in 5 private sector employers responding to the CIPD absence survey. In addition, 14 of our participating members provide training on workload or time management, and survey respondents report this range of support is valuable in keeping well and responding to work pressures.

In addition, members offer a range of other initiatives to promote work-life balance and employee wellbeing. They cover the full spectrum of provision recommended by external experts (although not all are offered by all CMHA members) and include:

- Health and wellbeing programmes
  - seminars, intranet resources and awareness campaigns
- Mental health awareness initiatives
  - This is Me, video stories and events
- Flexible and agile working approaches
  - including provision for career breaks and sabbaticals
- Paid time off to engage
  - in voluntary, charity or citizenship initiatives by providing paid time off ranging from 3 hours per fortnight to 10 days per year
- Family friendly policies
  - provision, and support including seminars and buddying for parents, support with caring arrangements, bereavement leave
- Opportunities for physical activity
  - including gyms, health walks, yoga
- Access to individual advice
  - and support on a range of health issues.
3. People notice and value this commitment to mental health where they work

This investment in leadership, awareness raising, and support to staff seems to be paying off.

Significantly higher proportions of CMHA survey respondents have more positive views than those responding to other employee surveys. For example:

**Over 2/3 said their employer supports staff wellbeing and resilience well**

compared to 39% of CIPD survey respondents

**More than half said their organisation has an inclusive environment where people can talk about mental health**

compared to 33% of CIPD survey and 40% of Time to Change respondents

**More than half say their organisation supports individuals with mental health problems well**

compared to 40% of respondents to the BITC survey

Our people told us through free text responses that they found the following ‘wellbeing or resilience initiatives’ helpful (in addition to talks, presentations and personal stories already referenced):

- Stress management/ resilience/mindfulness seminars or resources
- Awareness-raising initiatives (emails, intranet, mental health week)
- Health services - company GP, occupational health, psychologist, health centre
- Mental health mentors or champions
- Mental health training or seminars
- Supportive, open organisational culture where mental health is talked about
- Employee networks - mental health, wellbeing, women, family, disability, carer
- Access to gym, yoga, pilates etc
- General health and wellbeing seminars (including broader topics related to finance, family)
- Employee Assistance Programme
4. However, too many people continue to face work-related challenges to their wellbeing

We asked both organisations and individuals about workplace challenges which could pose risks to wellbeing and their responses have highlighted issues we need to continue to tackle together. Our members are committed to improving the ways they identify and tackle workplace risks.

Encouragingly, 100% of participating CMHA members are using their own colleague surveys to gather feedback on some of the known risks to workplace wellbeing - higher than the 61% reporting in the 2016 CIPD Absence Management survey that they use staff surveys as a method to identify and reduce workplace stressors. All 17 CMHA participants use surveys to obtain information on work-life balance and most include questions on work relationships. Fewer ask about specific risks such as bullying, harassment or work related stress, or experience of mental health problems but they encouraged us to include these in our survey so they could learn more about colleagues’ views on these.

Compared to employees responding to other surveys, fewer CMHA survey respondents report that they:

- are able to achieve good work-life balance
- have choice in deciding how to do their work
- feel able to rely on colleagues when things are difficult at work
- are treated fairly at work or valued for the work they do

2 out of 3 feel the demands of their jobs and the timescales for delivery are sometimes, often or always unmanageable.

Almost 1 in 7 reported personal experience of bullying or harassment during the past year, an area of concern to members who are committed to using survey to support further learning about how to tackle this.

We’re aware that both work and external factors impact on subjective wellbeing. However, we are concerned to see higher rates of poor mental health in our survey than in comparators.13 3 in 10 CMHA respondents with poor mental health attribute this to work and a further 5 in 10 to a combination of work and external factors, again higher rates than in other surveys.

Levels of subjective wellbeing (related to ‘happiness’ and ‘feeling worthwhile’) are lower in our survey than external results.

Our survey respondents are a self-selecting sample and the reported rate of mental health problems is higher than in the general population, so some caution is needed in making these comparisons. But we aim to increase levels of wellbeing at work, so the results matter to our members whether or not the sample is representative.
5. Recognising and responding to risks

Recognising these challenges, **all members provide access to individual advice and support**, many of which are open-access, but information on uptake is patchy.

100% of members offer Employee Assistance Programmes and most also provide other health related services including:

- Counselling and/or psychological support
- Private GP, primary care and specialist treatment
- Financial support and income protection

Individuals with experience of mental health problems at work reported in our survey that the first two of these as the sources of support most found useful, followed by practical workplace adjustments including flexible working.

Around 1/3 of participating members have Mental Health First Aid provision in the workplace and 70% provide mental health awareness training to managers to support earlier recognition and better responses to colleagues in distress. Both levels of provision are significantly higher than reported by private sector employers in other research. For colleagues with an identified mental health condition, provision is reported as comprehensive and includes Occupational Health, primary care provision, counselling and psychological support, onward referral to mental health treatment, and phased return to work if required.

6. Working with mental illness

We’re learning more than before about the impact and experience of mental health in the workplace – much of which is not visible.

Almost half (47%) of survey respondents have experienced mental health difficulties while working for their current employer and **only half disclosed this to someone at work**, many choosing to talk to colleagues other than their manager. Just over half of respondents have experienced mental health problems at some point in their working lives and **88% have ‘always’ or ‘sometimes’ gone into work when experiencing poor mental health.** Interestingly, this is a lower rate of ‘presenteeism’ than reported by people responding to the CIPD mental health survey.

This chimes with the views of CMHA members that the levels of absence attributed to stress or mental ill-health are likely to be a significant under estimate. In particular, their confidence in the accuracy of short-term illness data is low due to perceptions or experience that reasons other than stress or mental ill-health are likely to be reported, or that absence is not reported by some employees who manage their own work hours and locations.
Sickness and absence

All 17 participating organisations report they have a formal sickness, absence or attendance management policy and they told us how absence is reported.

Despite their concerns about reporting, eleven CMHA members (between them employing almost 97,000 people) shared their aggregate data on sickness absence data for stress and/or mental ill-health.

The average per employee ranged from 0.2 to 3.2 days across the members sharing their data.

Because of different reporting structures, we are not reporting averages here but will further consider these data and their implications within the CMHA, as well as seeking to gather more comparable information over time.

What’s the impact on individuals?

In addition to attempting to quantify the cost to organisations, we are learning more about the impact on individuals.

About ¾ of survey respondents who have worked through period of poor mental health told us why they had done so, proving new insights about the challenges faced by colleagues working through periods of mental ill-health. Many expressed their own views that mental health problems were not a ‘good enough’ reason to be absent, and that they should be able to cope and ‘soldier on’. Many attend work because they are concerned about the impact of absence, both on themselves and others.

The cost of stress and mental illness

Members were invited to estimate the costs of mental health related absence and ‘presenteeism’ or loss of productivity, making use of a bespoke tool developed by Frontier Economics.

Many are using this within their own organisations, and nine participant members (employing a total of 66,427 people) shared their estimated costs of mental-health related absence.

The average cost per employee was estimated as £146 with a range from £45 to £282

Six respondents (employing a total of 58,532 people) shared their estimated costs of mental health related presenteeism / loss of productivity. They used the mid-point estimates from the Frontier Economics toolkit for this purpose.

The average cost per employee was estimated as £1,504 with a range from £1,267 to £1,791

The most frequency cited reasons relate to:

• Concerns about letting colleagues or clients down
• Stigma and fear of unfavourable treatment if they disclose mental health problems
• Fear of being seen as weak, talking about their own views that short-term mental health problems were not a ‘good enough reason’ to be absent and they felt they should not give in to them
• Financial concerns
• Worries about the future and potential impact on progression
• Pressure to deliver on deadlines

Some colleagues told us they are living with long-term mental health challenges and have found ways to balance this with the demands of work. Several also reported positive reasons for working through periods of poor mental health, notably their experience that:

• Work is an important aspect of their lives or identity
• The workplace is somewhere they can take a break from external problems
• Continuing to contribute and be valued matters
• Work can contribute to recovery and ‘getting back to normal life’
Different views, new insights

New insights generated by survey respondents demonstrate how experience and perceptions of the workplace vary for different groups of staff. This will support future learning and action within and beyond the CMHA about what work for whom to tackle workplace challenges.

From individual employees’ perspectives the survey responses are providing valuable new insights:

Reaching those we’ve not heard from before

We are probably hearing from many of those who don’t respond to in-house surveys.

Around 4 in 10 did not name their employer of the 814 people responding via the external CMHA survey platform. We have compared all results for those who do and don’t name their employer to identify different experiences and perspective.

47% have experienced mental health difficulties in their current employment, but only about half disclosed this to anyone in the workplace.

Direct, meaningful feedback

Hundreds of free-text responses were provided, allowing us to hear direct from employees about what works to keep them well or to recover if they’ve had mental health problems.

Similarly, we have hundreds of responses to the questions about ‘what more could employers do…..’ on workload, bullying or harassment, and support for people with mental ill-health.

Further analysis and discussion on qualitative responses will feed into further work with our members to share learning about what works best to support their employees. This will include further consideration within the CMHA about different perspectives between diverse groups of employees.

Our analysis shows differences between the views of these groups, for example:

People with experience of mental health difficulties in their current employment report less positive experience of some aspects of work, such as achieving work-life balance, or feeling able to rely on colleagues.

People who chose not to name their employer in survey responses had markedly different views in some areas than those who did – reporting less positive views of the organisation as a whole, and less positive experience on workload, choice, feeling valued.

More demographic data

Most respondents (around 70%) told us about their individual characteristics, we are analysing results by gender, ethnicity, and age to learn more about what works for whom.

Similarly, most respondents (over 90%) told us about their employment, which sector and/or roles they work in, how long they’ve worked for their current employer, and whether part- or full-time, temporary, fixed term or permanent - again, helping us understand different experiences within our organisations.
Process learning and next steps

The 2016/17 CMHA data set provides a unique aggregate source of intelligence, tailored to our members’ needs and telling us more than we’ve ever known about mental health in our city workplaces.

At organisational level, the project is providing:

• **Comparators** within the city for members’ own benchmarking;
• **Information** about how their peers support employee wellbeing, monitor and respond to mental health issues;
• **A bespoke in-house costing tool** for their own use, and the first attempt at sharing estimates of costs due to mental health related absence and presenteeism.

Across the CMHA it also provides a first aggregate benchmark, providing a baseline against to measure progress over time.

Next steps

While recognising that data sets alone cannot provide all the answers, we will ensure we learn from this rich source of collated findings and reality-based insights. We will continue with more detailed analysis of qualitative information to support continued sharing of learning and experience about key challenges facing organisations and employees. We will also involve members in contributing to the CMHA data project over time, and finding ways to continue to seek views direct from their employees.

Reflections

Reflections on our experience so far include an acknowledgement of the potential obstacles organisations need to navigate to enable them to share existing information or seek new information through in-house surveys or data collection.

Factors which members tell us have facilitated their involvement are:

• Making sure the call for data reflected key issues which matter to them and areas where they hope to share and learn from their peers within the CMHA;
• Using the data collection to explore factors which current evidence and expert advice highlight as important;
• Asking for data in ways organisations currently collect them, rather than requiring they are submitted in a standard way (despite the challenge this poses for collation and comparison);
• Offering an external survey for those organisations unable to amend existing in-house approaches, often determined globally;
• Agreeing ways of protecting organisational and individual confidentiality including a commitment to only sharing aggregate data;
• Offering more detailed analysis and comparisons to those members who shared data and/or invited their staff to participate in the survey.
6 in 10 of the people who had shared their views, and the majority of free text replies were about bullying more than harassment. Of these, just 28% said support or services provided by their employer had been helpful in the situation, but, suggested employers could do more...

We asked:

Which of your organisation’s policies, procedures, support or services helped when you were experiencing bullying or harassment?

- Bullying/harassment assistance
- Colleague
- None
- Partner
- 360
- Support
- Manager
- Continue
- Confidential
- Advice
- Another circuit

Participants use their own surveys to ask about:

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<th>Top 5 related questions</th>
<th>Percentage</th>
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<td>Workloads</td>
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<td>Time pressures at work</td>
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<td>Work-life balance</td>
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<td>Relationship with managers</td>
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<td>Relationship with colleagues or team</td>
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What is the biggest workplace challenge?

4 in 10 survey respondents reporting unmanageable workplace pressures told us about their experience in the past year. More than half said support or services provided by their employer had been helpful. Top of the list was support from colleagues which helped 1 in 3 people - with seniors (managers, partners or team leaders) and peers (workplace friends, team members or networks) being equally important.

Next came flexible working arrangements, most notably working from home) which helped 13%, followed by practical changes such as renegotiating deadlines, renegotiating allocation of tasks, or securing additional resources. People also made use of individual support provided by HR, EAP, of GPs, and some boosted their ability to cope by attending relevant seminars, using the gym, or recharging with family or friends.

However, around 4 in 10 said nothing helped in the situation or explained they didn’t feel able to seek help or support.

They said:
- Work delivery is all that matters
- The attitude tends to be ‘just make it happen’ even when queries arise from the achievability of the task, not the ability of the people being asked to deliver
- Putting in longer hours and doing less of the things that help (e.g. going to the gym) is the only option
- There’s intense pressure to stay busy and work long hours to justify the headcount

"Make sure people know what to do and who to talk to"
"Raise awareness of what bullying and harassment can look like in the workplace and what to do about it"
"Offer clear ‘no-blame’ reporting pathways"
"Don’t blame the people making complaints"
Sources and comparators referenced in this report

2. Britain’s Heathiest Workplace (2016) survey of business information for 82 UK companies plus health assessment of individual workers. Sample of 21,822 employees. (Vitality / RAND Europe)
3. CIPD (2016) Absence Management Survey – survey by the Chartered Institute of Personnel and Development, completed in July 2016 by 1,061 organisations of which 46% (n=503) were private sector employers.
4. CIPD Mental Health in the Workplace Employee Outlook survey (2016) – survey by the Chartered Institute of Personnel and Development which gathered responses from 2,056 employees of whom 1,626 worked for private sector employers.
6. Frontier Economics (2015) CMHA Workplace Mental Health Measurement Tool (unpublished - developed for and disseminated to CMHA members) - with further background in their What is good mental health in the city workplace and how do we measure it? literature and metrics review (published online, 2016)
7. Time to Change (2016) - based on results of Organisational Healthchecks conducted between 2013 and 2015 in 49 organisations (of which 8 were in the private sector) and including a staff survey element which generated a total of ‘approximately 15,000’ responses.

Further information

Further detail on the comparisons we summarise in this report are provided as technical notes in a full online version available on the CMHA website.

If you have comments or queries about this report, or want to discuss future involvement in related work, please email us at data@citymha.org.uk

Further information about the work of the City Mental Health Alliance is available at citymha.org.uk

Acknowledgements

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