

Sustaining Good Mental Health in the Face of Health and Political Crisis

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ABSTRACT

Good mental health should be free to all. However, the many factors that contribute to our daily and longer-term psychological well-being are rarely constant and where we need support finances are often a consideration, whether our own or those of the health services on offer. Furthermore, access to positive experiences of mental health is governed by a host of everyday and dispositional variables, over which we have limited control. This is certainly true of the workplace as elsewhere and the last decade has seen unprecedented progress in developing national strategies around the world to support mental health at work. However, in times of change and uncertainty, risks to psychological well-being increase and so this has proved during the waves of fear and loss during the COVID-19 pandemic, further fuelled by anxieties accompanying economic and political tensions and highlighted through inequalities, poverty and protest. This commentary considers the role of appropriate guidance for workplaces in relation to the mental health of employees, taking the UK as a case study example in times of economic and political challenge (e.g. Brexit) as well as the health emergency shared by all.

Keywords: Mental health; Workplace; Psychological well-being; Brexit; COVID-19

INTRODUCTION

In the fast-moving pace of global emergencies and change, how easy it is to take the steps which we know make sense? The tussle between economic and health-led priorities has promoted different responses globally to COVID-19, with some governments restricting behaviours in all walks of life and others either through design, negligence or vain hope-prioritising business-led considerations and taking milder forms of action until these became unworkable. In the UK, state aid for a proportion of businesses and employees has run alongside initial delays in testing and inconsistent application of restrictions to stop the spread of COVID-19.

So where has this left the mental health of the workforce? It is clear that psychological well-being is under the spotlight as never before and it salutary that it has taken a viral pandemic to promote such attention to it. However before this, in case we are inclined to overlook it, a body of literature over fifty years had already documented panoply of relationships between the positive factors work can give us and what its difficulties can take away, in terms of our psychological health. Indeed many nations had put in place safeguards, guidance as well as legislation,

designed to protect it. For example, mindful of historical disparities in prioritizing mental with physical health, New Zealand was the first nation to announce a 'Well-being budget' in 2019 and partly in response to a range of World Health Organisation (WHO) initiatives, countries around the world are recognising the unmet needs of citizens in this regard. In 2013, Canada was the first country to launch a National Standard for Psychological Health and Safety in the Workplace and in 2018 (Mental Health Commission of Canada, 2018) [1]. Japan agreed to introduce limits to working hours in light of historical work-related suicides and overwork [2]. In late 2020, the Danish Working Environment Agency became the first in the world to issue an executive order to ensure 'a working environment that is good for mental health...crucial to keeping workers productive and healthy' (European Agency for Safety and Health at Work, 2020) [3].

However, the scope to reach into workplaces varies hugely and is subject to a range of wider societal expectations and practices. Nevertheless, WHO has the workplace in its sights for designing and recommending sustainable intervention, estimating that the most common mental health disorders cost the world economy

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US\$ 1 trillion annually in lost productivity (WHO, nd) [4]. A review of the wider toll for society of poor psychological health has estimated that reduced productivity may account for between 70%-90% of the financial fallout and that a further 10%-30% emanates from resulting health and medical costs. Naturally there are limits to such estimates, but in monetary terms alone the figures are substantial, even when taken at their lower value. However these figures tend to disregard the human toll paid by employees, families and communities.

WHO recognizes, 'Workplaces that promote mental health and support people with mental disorders are more likely to reduce absenteeism, increase productivity and benefit from associated economic gains'. This suggests that there is a clear place and logic for guidance promoting and supporting positive mental health in workplaces. Whilst stigma around disclosure and discussion of mental health conditions remains variable, with greater progress in some areas than others, the choice of 'Mental Health in the Workplace' as the theme for the 25th World Mental Health Day in 2017, provided a stimulus for renewed efforts globally to raise awareness, recognise the impact of illnesses like depression and anxiety and consider appropriate interventions and support for those affected and their workplace organisations. The turbulence witnessed since then has been experienced on every front, health-wise, politically, economically and environmentally. In this brief commentary, it is only possible to touch on certain aspects, but the aim is to ask what more should be done to support mental health at work and how can top level intervention support such change?

PROMOTING MENTAL HEALTH AT WORK IN THE UK

Annual financial costs of mental ill health at work in the UK are estimated between £ 33bn-42bn (Deloitte, DATE) [5]. Since 2008, the UK has seen a number of initiatives and reports emphasising the importance of losses due to poor mental health caused by poor quality work. These have appeared in tandem with government initiatives seeking to move jobseekers from unemployment into the workplace. However under successive government policies, the positive value of working has been conflated with more punitive approaches obliging jobseekers to take work, whether suitable for them or not. Naturally this gave rise to national concerns about their mental well-being, as well as the quality of work on offer (British Psychological Society, 2017) [6].

The Foresight Commission and Black Report had previously emphasised the potential for 'good' work which is characterised by reasonable rates of pay, manageable workloads and levels of control over job tasks and situations, security of employment, appropriate training and fair treatment in employees' mental health [7]. Building on Management Standards issued by the government's Health and Safety Executive back in 2004 to tackle workplace stress, the National Institute for Health and Care Excellence signalled the importance of the issue by issuing its own guidance for improving mental health at work, alongside its more established recommendations of treatments for physical health conditions. NICE guidance (2009) [8] highlighted the value of strategic organisational approaches to employee mental health, creating opportunities to promote positive well-being

and manage associated risks, as well as encouraging offers of flexible working. The importance of managerial behaviour in determining mental health at work was also recognised and led to specific guidance seeking to champion measures including better job design, effective training on psychological health, appropriate leadership style and the building of trust [9].

These developments were welcomed, but how did they impact on behaviour change in organisations? A review of the implementation of wider NICE guidance on physical and mental health at work in the UK National Health Service had suggested promising results in this large public sector organisation [10]. This was particularly where there management board level support for using the guidance as well as needs assessments and employee involvement characterised the organisation's approach to psychological health. Our subsequent research with a sample of 163 public, private and third sector UK organisations employing almost one third of a million workers, found that awareness of the HSE Management Standards and NICE guidance on mental health at work was high (among 92% and 77% respectively of responding workplaces), yet implementation was far lower (39% and 12% respectively) [11]. Despite this disparity between awareness and practice, 84% of the organisations in our study of all sectors had engaged in some attempts to raise awareness of mental health, which was more likely in large and state-funded workplaces and where employees' psychological well-being was a regular agenda item for the board of management. Policies supporting flexible working, anti-bullying and absence management were reported in over 91% of responding organisations. However only 60% had a strategic approach to mental health, half made training available to staff on workplace mental well-being, and less than half had systems in place for monitoring psychological health or addressing such issues at induction of new employees [11].

The take home message from these findings seems clear: government-sponsored guidance and top level management can set the tone; compliance with policies which overlap with wider human resource considerations seems likely; more than half of organisations seem willing to carry out actions to raise awareness of mental health; however a strategic approach is less evident and there are specific concerns about adequate training on psychological well-being for managers and employees more generally.

BREXIT AND THE MENTAL HEALTH OF THE UK

However, in addition to an increased recognition of the importance of psychological well-being at work, the pace of change has not abated. For example, shifting types and patterns of work in the UK workplace and elsewhere were recognised in a 'gig' economy and zero-hours contracts [7].

As well as such economic considerations that have set the context for legal battles over workers' rights, the political scene has played a major role too. Anxieties for many businesses and organisations were heightened by the 2016 referendum in which the UK voted to leave the European Union. Naturally campaigners favoring and opposing such a move publicized their own predictions of what this would mean and how leaving the EU would be good or bad for the UK, although the majority of

economic forecasts were negative [12]. The endpoint of negotiations has not clarified the situation, naturally overshadowed by the pandemic, with ongoing concerns for aspects of the UK economy [13]. A future outside the EU throws into stark relief the need for the UK to run its organizations as well as possible and with due diligence to maintaining positive mental health while reducing the concomitant costs of poorer psychological well-being.

The reality for the mental health of EU workers based in the UK, who endured almost four years of uncertainty about their futures, has been highlighted in a range of research findings. These have shown a general negative effect on well-being of those voting for a 'Remain' outcome in the Referendum [14], particularly on citizens who had moved to the UK from other EU countries [15].

Examination of the votes which triggered the UK's decisive step away from close economic cooperation with the EU and also the subsequent election of 'Leave' politicians to government in the UK, showed a majority of older rather than younger voters supporting these actions [16,17]. Put simply, the results illustrated that those who were less likely to be of working age and therefore less likely to be contending with the workplace consequences of Brexit had supported it [18]. A government review rather than guarantee of worker rights was initiated and uncertainty about workplace realities was given an advance preview as COVID-19 arrived. Despite the emphasis of the 'Brexit' Government on reducing migration of EU workers to the UK, the pandemic brought with it a reality check. When the UK Prime Minister was taken ill with COVID-19, nurses from around the world including Europe nursed him back to health. The essential role of the international workforce active in the UK National Health Service, saving the lives of the citizens of the UK was clear for all to see. Furthermore labor shortages precipitated by Brexit meant fruit crops could not be harvested and planes were chartered to fly in EU workers to help. For the sake of safeguarding mental health, it is clear that workers from both the EU and UK deserve security about their rights as well as the nation's gratitude.

WORKING-OR NOT-IN A PANDEMIC

As elsewhere, the death toll from Covid-19 has been tragic and traumatising. The impact of the pandemic on the UK working population has been differential under three periods of 'lockdown' and continuing social restrictions as part of efforts to stem the spread of COVID-19. The UK economy shrank by 9.9% in 2020 [19], which included a rise in unemployment to 5% of the population and the uptake of government-backed furlough schemes by 8.9 million workers, which offered to pay a proportion of their wages during lockdown. Therefore, for large numbers of employed people, this scenario meant not only reduced income and financial precarity, but also the removal of the security, structure and social aspects of working that support positive mental health.

'Key' workers have continued bravely in their jobs, including employees in health and social care and logistics, and experienced directly the impact on their mental health of the physical and emotional demands of the pandemic. Their

workloads spiked quantitatively, amid an unremitting influx of Covid patients, and qualitatively as they have endured the devastating psychological impact of so many patient deaths and loss of colleagues too [20,21]. The longer-term impact on those in key worker roles during the pandemic, given the cumulative trauma to which they have been exposed, deserves not only recognition, but also extra preparedness on the part of the Government and employers to care for their psychological needs. This could range from easy and cost-free access to appropriate counselling or other mental health provision through to enhanced human resource packages, e.g. extended leave options, follow-up support, occupational checks, etc. The concept of a 'return to normal' is not an immediately realistic expectation for individuals serving in traumatic situations, which means that governments and organisations should be mindful of this human toll, or face further negative costs of sickness absence, presenteeism, turnover and potential litigation.

For those able to continue working from home, for example in knowledge-based industries, there have been challenges from the technical as well as social aspects of remote-working. Organizations accustomed to supporting employees offsite have been quick to adapt, however the need for many employees to home-school their children where educational facilities have been closed during the pandemic and/or to care for the needs of vulnerable and older relatives, has provided additional challenges. For many, finding both physical as well as mental 'space' and time to work has resulted in tackling home-work conflict on an unprecedented scale. Whilst the impact on mental health of each of such scenarios is hard to calculate as yet, increased difficulties have been noted where technostress is higher and supervisors less compassionate [22].

It is possible the pandemic will lead to increased working from home as a more permanent feature of working lives, particularly where organizations identify lower running costs that avoid renting or building new premises. So will this necessitate the need also for suitable employment guidance for working from home to safeguard the mental well-being of employees? This is a potentially pressing consideration as home-working during the pandemic has led to extended working hours [23] and a greater difficulty drawing boundaries between times for working or rest. Furthermore, exposure to longer spells in front of computer screens, with fewer and shorter breaks [24] and concomitant risks for eye, neck and upper body musculoskeletal strain underline that this is not a sustainable approach without clearer guidance and appropriate expectations about working times [6,25].

CONCLUSION ON 'THE WAY FROM HERE'

As the UK Government considers worker rights and those it wishes to retain from its time spent in the European Union, it is important to recognise that employee mental health need not be sacrificed in order to create jobs lost during the recent political and health crises. Indeed the costs associated with investment in employee mental health are outstripped by the returns over time.

As globally we hope for physical recovery from the pandemic, the lasting negative psychological impact deserves action as well

as recognition. The researched benefits of supportive management approaches and sensible work rewards and job design are already known. Organizations and workplace legislation issued by governments can play their part in supporting a sustainable health recovery for their employees. The tragedy of the COVID-19 pandemic has shown us many things, not least that there is no work without health.

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