

The City Awakens to the Challenge of Mental Health



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The October 18, 2013, edition of the *London Evening Standard* reported under the headline, “Stress and the City: Has the banking world gone soft?” the following: “when it emerged on Tuesday night that top Barclay’s executive and former FSA boss Sir Hector Sants was taking three months off as a result of “exhaustion and stress” the financial world’s reaction—some surprise and plenty of sympathy—showed how things have changed. Two years ago, the announcement that Lloyd’s chief executive António Horta-Osório was taking a similar leave deeply shocked the City, with some observers unsure whether the stated reason—‘fatigue’—masked something more prosaic.

In fact, some of the City’s biggest beasts, once the preserve of macho, all-hours working culture, are now taking stress so seriously you’d be forgiven for thinking they’ve gone soft.

A senior banker told the *Standard* this week that stress is now firmly on the City’s agenda. He said his bank even forces some workers to stay out of the office between Friday night and Sunday morning—what the rest of us call a weekend—and encourages holidays so tired minds can be rested. (Hermann, 2013)

The Square Mile, as the City of London is also known, is Europe’s financial hub, second only to Wall Street as the world financial, banking, and insurance center (and the first on international transactions and reinsurance). Employing some 400,000 people in more than 2,500 institutions, the sector contributes about 4 percent of the country’s gross national product. Its highly visible profile among business elites, fast pace, high risk, legendary salaries, and out-of-this-world bonuses, attract the most ambitious, if not the best high-fliers, from all over the world. With a proportion of two men to every woman—as compared to the general workforce average of five men to four women (ONS, 2013), the Square Mile is also renowned for its “macho” culture.

The Mental Health “Iceberg”

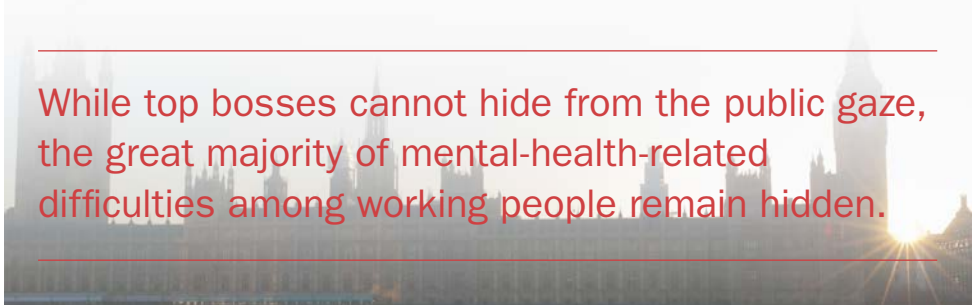
The extent of mental health problems in the City—the general population lifetime prevalence of experiencing a serious, though not lasting, mental illness episode—is one in three globally, and nearly one in two in the United States (Kessler, et al. 2009)] are both

evident and troubling. While top bosses cannot hide from the public gaze, the great majority of mental-health-related difficulties among working people remain hidden.

A September 2014 survey by OnePoll found that 48 percent of employed Londoners (there are no separate figures for the City) have experienced a common mental health problem like stress, anxiety, or depression in the last year, and 43 percent did not tell their employer. More than a third of respondents disclosed that they have taken a sick day claiming it was for a physical problem when it was in fact for a mental health issue (OnePoll, 2014). Though the major implications of mental illness for the individual (potentially long-lasting, poor quality of life, shortened life expectancy) and his or her family—and the severe costs to one’s career and financial situation—may be

no exception (Fevre et al., 2011): incivility, disrespect (40 percent of the sample), bullying (nearly half of the sample) and even violence (6 percent) were prevalent. In a case study of a large financial services company, the authors note, “even minor exposure to only one ill-treatment behaviour left 60 percent of company staff feeling stressed...25 percent felt the quality of their work suffered and 20 percent considered looking for a job elsewhere.” A survey of the U.K. financial sector (Robertson Cooper, 2014) states, “for most people, work pressures are a more important driver of health and productivity than non-work hassles.”

Altogether, the evidence suggests the City is facing a major problem, and what we hear of anecdotally, what we read about in the press, what we learn from surveys and more in-depth studies may be but the tip of the iceberg.



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visible, but much less so are the enormous costs to a national economy. The Sainsbury Centre for Mental Health calculated in a 2007 report that cost to be £1,035 (about \$1,654) for every employee in the U.K. workforce (SCMH, 2007).

In their groundbreaking book *Mental Illness in the Workplace*, Harder, Wagner and Rash (2014) posit alongside the common ailment of stress, clinical depression, and anxiety disorders, that the toxic work environment is as detrimental to mental health. Attention is called to external-to-work factors that induce a mental health problem, whether personality related, genetically conditioned, or in response to a critical life event (serious accident, major loss, marriage breakdown, and so forth); and work-induced triggers, in which bullying and harassment play a central role, alongside a culture of long working hours and little job security, not to mention toxic leadership. The highest incidence of corporate psychopaths (those who exhibit “dark leadership”) are to be found in the financial sector and the legal profession (Boddy, 2010). An authoritative U.K. national representative study found that toxic elements permeate work environments in all sectors of the economy, and the financial sector

Getting Help

Executives in the financial sector enjoy private health insurance, which normally includes a provision for mental illness, for non-executive City workers who cannot afford costly private care, the situation is difficult. While the National Health Service is free for all, mental health services in the U.K. are severely underfunded (over £1 billion spent on preventing physical health problems as compared to £40 million on mental health preventative measures, Mind, 2014). The process to get primary mental health treatment from community mental health teams requires referral from one’s general practitioner, and it takes about three months to be seen. More severe cases requiring referral to hospital may necessitate a lengthy wait, longer than a year, in the case of the City (City & Hackney, 2014).

Armed with these background data, we set out to explore the state of mental health among City workers and what some of the U.K.’s best known blue chip companies are doing about it. We talked to company executives, trade union representatives, occupa-

tional health and mental health practitioners, recruiters, and outsourcing agencies. We also examined mental health issues and what is being done about them in some depth with Pete Philp, head of people proposition, and Jacinta Negri, wellbeing partner at the Royal Bank of Scotland (RBS).

RBS, a City giant, and until the 2008 financial crash, one of the world's biggest banks, had to be rescued by the U.K. government at taxpayers' expense, and consequently dealt with a public image portrayed in the media as the "least trusted bank" in the "least trusted sector of the economy." Staffs at all levels in the organization have faced ongoing uncertainty about their personal and professional futures, as branches closed, divisions merged, and headcount was reduced.

With the banking crisis lingering on and the national economy at its lowest ebb in 2010, RBS observed a shift in the way employees engaged with its employee assistance program, Lifematters, reflecting increasing levels of employee stress. Employee Assistance Programs (EAP) are the first line of defense when resourced competently and managed discretely. In most organizations, EAPs are associated with HR departments or medical departments. Encouraging employees to access these programs freely and confidentially at an early stage of an emerging personal or work-related problem may often provide the key to a solution.

Prior to 2010, the majority of employees calls to Lifematters (67 percent) were to source support for practical, day-to-day life issues. By 2013, 59 percent of callers to the service sought counselling for emotional issues, and of those, 57 percent presented with anxiety and depression at the time of their first contact with the service.

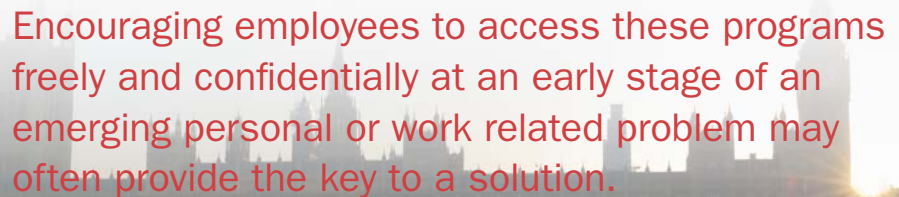
"There is a clear understanding of the connection between employee satisfaction and customer satisfaction, hence executives are very interested in mental health issues, as personal well-being is seen as an essential link in effective delivery of the bank's strategic goals," explained Philip. RBS's approach to positive mental health is led from the top, with CEO Ross McEwan in the know and supportive of the bank's plans to sign up to the "Time to Change" pledge, which will reflect its commitment to removing the stigma associated with mental health issues in the workplace. "Once the condition becomes known, the member of staff is referred to suitable help, whether counsel-

ling, CBT [cognitive behavioral therapy], or to temporary disability arrangements. The prognosis and treatment is targeted at supporting the individual's return to health first and then their return to work."

Staff's personal stories on mental health challenges, (what it felt like being at work with a mental health problem, how they dealt with it, and what support they received) are published in the in-house online magazine and are open for other employees to comment on. This already goes some way to opening the internal dialogue on mental health. On the preventative side, the RBS Choice program places an emphasis on flexible working times and locations. This people program is seen as key to ameliorating pressures employees experience both at home and at work. Others City institutions are developing similar initiatives to RBS. The City Mental Health Alliance, supported

ience," and a swift return to work, rather than promoting *a priori* and axiomatically a healthy workplace for people.

This attitude is not confined to the City. As part of the U.K.'s overhaul of welfare provisions, a new National Health and Work Service will come into place in 2015 to assess people's "fitness for work." Intended to help employees and employers manage absence with a particular focus on mental health, employees on sick leave will receive an occupational health assessment when they reach, or are expected to reach, more than four weeks of sickness-related absence. A resulting return-to-work plan, administered by a private contractor, will be shared with their employer and personal physician. In practice, the new policy, with its focus on a return to work, is likely to amount to a new target-driven sickness absence system. The fact that it is outsourced to a private contrac-



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by top management at several major City organizations, aims to increase literacy and openness about mental health, provide practical advice to employers, and combat the stigma of mental health problems.

Mental Health and the Good Employer

In the epilogue to their book, Harder, Wagner and Rash (2014) note their frustration with the lack of resources available to address mental health issues in the workplace and their experience "being unable to even get workplaces to discuss mental health and what it would take to create mentally healthy workplaces." The good news is that mental health issues are now discussed in the City. That's a promising beginning. However, the terms of discussion are clearly confined to: a) it's an individual's problem, not an organization-culture-induced malaise, and b) the language posits the policy of intervention programs, whether preventative or post-crisis, as aiming to achieve "fitness," "resil-

tor will do little to reassure people. The experience of similar reforms with the recent Work Capabilities Assessment administered by Atos, a private contractor, is not encouraging. A large number of people being assessed reportedly have considered suicide or died prematurely. (Gentleman, 2013)

The inbuilt tension between productivity and well-being is expressed in the following interview excerpt: "They made a big song and dance about work-life balance. I've already said that I don't particularly want to do any more [overtime] during the year, because it gives me a lot of wear and tear. I am committing about 105 percent of my effort already. [My manager] just talked to me about work-life balance and then told me that I need to spend 12 hours a week developing myself and others, in order to be measured against other people, and to do it in my own time." Robertson Cooper (2013)

Which brings us to the role of line management. We know that a person's immediate line manager is crucial to enabling a satisfactory



work environment, as well as in detecting and enacting a response to a mental health episode (Seymour & Grove, 2005; Seymour, 2010). Yet, that remains a pot of luck. In RBS, as is the case with other large organizations, “where managers are sensitive the staff are supported, others will often observe mental health problems but feel unable to intervene for a number of reasons, including not feeling equipped to do so, and then the crisis point can be reached when it becomes too difficult.”

Ultimately, if we were to address the enormous challenge that mental health poses in the workplace, there is no recourse but to engender a fundamental culture change, where employee well-being holds not only center stage, but takes precedence over profit. A message the City may not take too lightly.

The silver lining, from a monetary standpoint, could well be that money speaks loud. And the return on investment when it comes to mental health is staggering. Harder, Wagner and Rash (2014) calculated the benefits to an employer for managing depression, the most common mental illness. For a business employing 100 people full-time (seven of whom, on average, will have experienced a major depressive episode in the past year, SAMHSA, 2007) and paying an average salary of not more than \$20 per hour, the saving would amount to \$109,530 per year. The experts’ view is unanimous: Managing a mentally healthy work place and facilitating a swift return to work after recovering from a mental health problem (including substance abuse and

addiction) are beneficial to the profits of business. (CIPD, 2014) Surely that’s manna for a banker’s balance sheet. **P&S**

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