Health: our business

Volume 3  Case studies from the corporate world — putting mental health and wellbeing into action
With thanks to Geoff McDonald (Guest Editor), the Global Chief Medical Officer Network contributors and the Bupa contributors: Aaron Bains; Michelle Ball; Emilie Devienne; Jane Fischer; Natalie Laws; Gareth Lyon; Sarah Perkins; Mar Soro and Caroline Stanger
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On a frosty morning in February 2012, my running career came to a grinding halt. My long standing, seemingly innocuous back pain chose that moment to reveal itself as despicable spinal stenosis — ironically brought on by too much running.

Challenging as it was at the time, I wore that diagnosis as a badge of honour. It was OK to have worn my back out, and people could see it was a result of hard work.

Contrast that to the depths of a bleak English winter about 10 years before. When working as a GP in a local practice, I realised that the gathering clouds of lethargy and lack of enjoyment might mean that I was feeling low. Yes, me feeling low — and in my darker, more private moments, possibly even depressed. The very words could not leave my lips. It was not something that I was going to discuss with anyone — not my friends or family, and most certainly not with fellow doctors.

Mental health is a strongly emotive phrase that has been confined to whispers in the shadows of acceptability and shunned by us all. Although we have made progress in diagnosis and in treatment, the silence of a mental health diagnosis still reverberates through families, shaking their very foundations, leaving them isolated and afraid.

Why have we struggled so much to accept what is, after all, the most fundamental part of our being? For it is those very attributes and characteristics that we fear that bring the rich colour to an otherwise monochrome life. Indeed, many of the historic ‘greats’ in art, science, politics and beyond have suffered from what we now call mental illness.

Society has found this challenge hard to accept and so we still stumble in the foothills of progress. Public systems are immensely pressurised and mental health services are often the last in the queue for funds.

Through our work in the Chief Medical Officers’ (CMO) Network, it has become increasingly clear that the corporate world is an important part of this complex jigsaw to change our current deeply entrenched views.

It’s easy to talk about physical illness; it’s ‘legitimate’, it’s acceptable, because we can see it. But how rarely will we open up, even to our loved ones, about our feelings?
More than 50% of the world’s population is in work and if we include their families, we probably reach most of the people on our planet. So by supporting people through the workplace we can reach out not only to them, but to their families and into their communities.

Our network covers 50 of the most recognised names in business around the world, which is a great place to start. But this is not an easy journey. It’s a journey of many small steps, and one that many of our members have embarked upon. And to start is perhaps the most important step of all.

Our report sets out the different approaches that we have each taken to make discussions about mental health in the workplace commonplace and without stigma attached. It’s a rich source of learning and understanding for all business.

Please take some time to read our report then take its lessons into your organisation. Start the conversation — it’s time to talk.

I started this introduction with my own story and you too will have a story. We have spent too long denying our vulnerability. Inhabit it, own it and together let’s make a difference.

Dr Paul Zollinger-Read
Chief Medical Officer
Bupa
We live in uncertain, complex and ambiguous times. The workplace expects more from their people: being always on through technology; driving efficiencies through cost cutting; and responding to the ever-changing demands of customers. These times are having a profound effect upon the wellbeing of employees across all sectors. I equate wellbeing to the ‘energy’ of people, which I believe is the most limiting resource in the working world today — not money, people or products and services — people are tired and worn out. This assertion is being played out in the rising incidence of depression and anxiety in the workplace.

Depression is expected to be the leading disease burden by 2030 (Source: WHO, 2012) — hampering the success of the UN’s Sustainable Development Goals. Poor mental health costs 2.5 trillion USD a year and is expected to increase to 6 trillion USD by 2030 (Source: “Mental illness stands today where HIV and AIDS were a couple of decades ago.” The Lancet, 2016).

We need to view wellbeing as a key driver of individual and business performance. Organisations with high levels of employee wellbeing have outperformed the market by 2-3% over a 25-year period (Source: Prof Alex Edmans, London Business School, 2015). Energy should be seen as important as skills, knowledge, behaviours and experience in driving the performance of people, and organisations need to find ways to include this as a key component of their performance and development programmes. Learning to have a conversation about an employee’s level of energy as part of their performance or development plan should become a critical capability of line managers and coaches who all support organisations in the development of their people.
This seems so obvious, so why is it not being done? People struggle to talk about ‘the personal’ at work, yet organisations are increasingly creating a perceived expectation of 24/7 — ‘always on’ and so encroach on the personal time of employees. The line between personal and work is very blurred, and so beginning to engage in conversations about the whole person, i.e. their physical, emotional, mental and purpose or meaning, I would suggest is the beginnings of creating a culture of openness within organisations during demanding times.

We can now measure and assess the life age of employees as an indicator of their energy and capacity to get things done. Organisations should be able to assess the energy and life age of their people and in doing so, could have development conversations regarding their life age, wellbeing, energy and capacity. This allows organisations to overtly recognise wellbeing as a driver of individual performance and include in the performance management equation. In other words performance now equals skills, knowledge, behaviours, experience and wellbeing. (Source: https://www.youngerlives.com/).

As we build wellbeing into development programmes, line managers are required to focus more on supporting the wellbeing of their people, the organisation becomes more accountable for providing the necessary resources, and individuals are also now held accountable for their own personal wellbeing.

Holding organisations and individuals accountable for their wellbeing, moves wellbeing from a ‘nice to have’, and often stand alone initiative, to an integral part of performance and development within a company. Therefore it will move behaviours and attitudes forwards on the subject.

Critical to the success of this recommendation will be to address the stigma of mental health. Individuals won’t trust their line manager to discuss all aspects of their wellbeing if mental ill health is still seen to be a limiting factor to their career progression, as well as all the other stigmatic associations to mental ill health.
Resilience in aviation:

novel psychological training for pilots

Mirjana Rsumovic, Dr Richard Jenkins and Dr Matthew Gould

Commercial airline pilots are under pressure to meet strict physical, cognitive and psychological standards to be classified as medically fit for flight duties. In addition, in a very competitive and highly demanding industry, there is pressure to maintain peak operational performance as pilot performance errors can have a high financial cost and could lead to an incident or accident.

It is well known that the ‘human factor’ is the main cause of aviation incidents and accidents.

Background
It is well known that the ‘human factor’ is the main cause of aviation incidents and accidents. Therefore interventions that can prevent the development of ill-health/sub-optimal performance and promote wellbeing/optimal performance are likely to be of significant interest to pilots, airlines and aviation regulators, as well as medical and psychological specialists.

Following a review of our existing safety systems and the latest evidence from clinical psychology, medicine and neuroscience, we identified the need for and developed a brief aviation-specific psychological skills training programme for commercial pilots. Mindfulness Based Training for Pilots (MBTP) was a medical initiative supported by the Fleet and Flight Training.

MBTP training goals

1. Improve operational performance and flight safety
2. Increase situational awareness
3. Optimise problem solving and decision making skills
4. Improve cognitive and psychological self-awareness

Especially in high demand situations or under prolonged stress
The programme

Meditation is an ancient practice but has seen major growth in recent years and is now often referred to as mindfulness. Mindfulness can be misunderstood as ‘zoning out’ or being relaxed and inattentive, but it is about skill acquisition to improve mind-body awareness, attentional focus and emotional regulation.

MBTP was developed as an individual face-to-face training programme of one session per week (2.5hrs each) over four weeks, followed by four weeks of self-study and a final face-to-face evaluation/review. Our intervention was modelled on traditional mindfulness stress reduction principles but was unique through its use of aviation language, intensive delivery of training sessions and focus on aviation-specific cognitive functioning and safety standards. Enrolment in training was voluntary but after enrolment completion of training was mandatory.

The training goals were to:

1. Improve operational performance and flight safety, especially in high demand situations or under prolonged stress.
2. Increase situational awareness.
3. Optimise problem solving and decision making skills.
4. Improve cognitive and psychological self-awareness.

MBTP programme

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Emirates
Measuring success
In aviation there is a very conservative attitude towards risk which includes a highly cautious approach to introducing ‘novel’ psychological interventions. Therefore, this study began as ‘proof of concept’ by examining in detail the outcomes of six pilots referred for brief mindfulness-based training. We set a high standard in terms of return on investment by using an occupationally valid and objective aviation-specific neurocognitive test to detect changes pre and post training (CogScreen-Aeromedical Examination). All participants were employed by a major international airline which has a comprehensive in-house medical service. This includes an accredited Aeromedical Centre (AeMC) with specialist physicians trained as Aeromedical Examiners (AME) and a clinical psychology department specialising in aeromedical psychology and led by an accredited AME in psychology.

Results
Participants were identified at medical and flight training checks as potentially in need of psychological skills training and referred for screening interview. Aviators were excluded from training if evidence was found on their medical records or at interview for physical or psychological pathology that required treatment and/or could interfere with study outcomes.

Participants were male and average age was 46 (range = 33-55). Four were operating the Boeing Fleet (B777) and two the Airbus Fleet (A380). Four were Captain and two were First Officer. Average hours of flights logged was 13,250 (range = 8,500-18,500). Three pilots were medically grounded and on psychotropic medication but considered to be emotionally stable.

Results (Graph 1) showed improvements across all cognitive domains measured; problem solving, psychomotor, memory and tracking. In line with our prediction and the evidence base, the largest effect was in problem solving and working memory. Further analysis (not reported here) showed this outcome remained for both active duty pilots and the grounded pilots.

Conclusions
To our knowledge there is no published data on the neurocognitive outcomes following brief mindfulness resiliency training in a population of commercial airline pilots. Although there are several limitations to this study, our preliminary data supports the use of this programme to strengthen pilots’ mind fitness, aviation safety, training efficiency and productivity. In our view, our safety management system and healthcare provision has been strengthened by providing aviators with an in-depth and tailored opportunity to understand their unique psychological and cognitive profile and fitness level. We continue to refine the training and explore other applications especially for personnel in safety sensitive roles.

Graph 1: Neurocognitive results pre and post training (all pilots)

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Pre training | Post training

Graph 1: Neurocognitive results pre and post training (all pilots)
Dr Richard Jenkins

Richard is Vice President Medical Services (CMO) at Emirates Airline where he leads and manages a portfolio of clinical services including Primary Healthcare, Family Medicine, Aviation Medicine, Occupational Medicine, Industrial Injury Rehabilitation, and Clinical Psychology. He also leads the Health and Wellbeing strategy, working with multiple stakeholders to maximise the staff and organisational benefits from a healthy workforce.

He represents Emirates Airline in the Global Chief Medical Officers’ Network.

A previous Group Medical Director and GP Partner, he has experience and expertise in board and operational governance, clinical systems improvement, patient safety and clinical leadership. Previous roles include member of the UK Improvement Faculty, a founder member of the Faculty of Medical Leadership and Management and Deputy Chair of the BMA Medical Managers Committee.

He has several years’ experience of presenting to healthcare audiences nationally and internationally plus written discussion documents for The King’s Fund and RCGP.

Richard lives in Dubai, UAE with his family.

Mirjana Rsumovic is a Senior Counsellor working in the Clinical Psychology Department, Medical Services, Emirates Airline. She is lead for psychological therapies and training. Mirjana has 15+ years’ experience in the aviation industry working with employees in safety sensitive roles. Her main responsibilities are psychological treatment, development and implementation of novel psychological trainings for the airline pilots. Mirjana lives in Dubai, UAE.

Dr Matthew Gould is a clinical psychologist with expertise in providing high-stakes assessments to determine vulnerability, resilience and risk. He has worked with personnel and organisations involved in safety-critical and high-pressure work including defence, security, aviation, energy and finance. In his current role as an accredited aviation medical examiner in psychology he leads the aeromedical and clinical psychology service for Emirates Airline.
Mindfulness: helping employees learn this progressive technique

At GSK, our purpose to help people do more, feel better, live longer, starts with our own people. Our employees’ health and wellbeing matters just as much as the health of the patients and consumers we serve.

That’s why we have in place our health and wellbeing framework and dedicated Employee Health and Wellbeing team. Our framework brings together all the services and programmes available to employees to help them understand their health status, access essentials to prevent illness and manage their health, and make healthy choices to feel healthier, happier and more energised at work and at home. Our offerings range from everyday workplace and business travel health support, to free and confidential expert advice 24/7 and cutting-edge energy and resilience programmes.

GSK takes a progressive approach to employee health that encourages a culture of managing energy and resilience.

One area of focus is the practice of mindfulness. Far from being a fad, there is scientifically-driven evidence that suggests regular mindfulness practice, through meditation, is an effective treatment for stress, worry and more. Literature shows that mindfulness — as a technique — can help people focus better, be more productive and make better decisions. It’s for these reasons that the GSK Health and Wellbeing team has put in place options for employees to learn and develop mindfulness techniques for themselves.

Two approaches to learning the technique of mindfulness

Two programmes are available to all employees, and have been designed to be flexible so people can fit in mindfulness around their work and life commitments, either on their own or as part of a group.

Time for a Moment® course

The first one is ‘Time for a Moment®’ which has been developed with the renowned psychotherapist and author Martin Boroson. Employees have access to 16 short audio lessons that Martin has personally written and recorded. They are delivered once a week and can also be downloaded so people can listen to them whenever and wherever is convenient.

www.timeforamomentgsk.com

Each lesson focuses on one core principle of One-Moment Meditation and includes a minute’s exercise to do for the following week. With this bite-sized approach to meditation, participants learn to meditate gently and gradually, over time, until moments of meditation are simply a part of everyday routines.
“This course was a true journey into the power we have over our own state of being. I expected to learn some helpful techniques for meditation, but did not realise that I would get a glimpse into such a profound view of time and the power and depth of a single moment. In any ‘seemingly crazy’ moment, I can stop, rest my hands together gently and breathe, and know that this will have a powerful effect on my mental focus, sense of calm and feeling of peace, which will then affect my work, my relationships, my life, my happiness.”
Mindfulness classes
Secondly, GSK offers mindfulness classes, run by Razeea Lemaignen, an energy and resilience specialist who joined GSK eight years ago. Razeea runs a series of eight weekly mindfulness classes that last half an hour each. Classes are offered in several locations and time zones, enabling employees from around the world to join virtually or in person. The format is a one minute starter meditation and a reading or video, followed by a 15-minute guided meditation.

Razeea is currently hosting her eighth round of the programme.

Mindfulness for everyone
GSK is not stopping there. Teams and sites can request a taster session if they would like to find out more about the technique. The company has also collated a number of the academic papers on the subject so employees can explore the studies that demonstrate the benefits.

GSK is committed to offering these modern practices as part of their overall, comprehensive health and wellbeing programmes for employees.

“I feel better for having another technique to maintain my composure and remain positive in the face of life’s difficulties. I can change my mind”

“I enrolled with the intent of increasing my awareness and openness... A minute a day is not much time to carve out and the benefits are enormous.”
Arne Hugo

Arne is a physician who as a general practitioner dedicated 12 years of his professional life to his patients. After that he joined the pharmaceutical industry where he has been a medical director for — yes again — 12 years, helping other health care professionals to take care of their many patients in Belgium and Luxembourg. Recently he decided to focus his care on GSK employees worldwide, leading the Global Employee Health & Wellbeing organisation.
Emotional support: the missing link
Dr Rodrigo Rodriguez-Fernandez

Life as a mobile worker can bring unforeseen stress and strain. Dealing with the complexity of business travel or life abroad can impact an individual’s health and wellbeing. To showcase this complexity, below is a case study on how International SOS supports employee mental health and wellbeing.

Background
A group of individuals from the United Kingdom were in Geneva for a work conference. Prior to the conference, they decided to take a road trip to explore the countryside. Their vehicle collided with an oncoming truck 100km outside of Geneva. Tragically, three people were killed and one woman was in critical condition. Two of the travellers were uninjured.

The critically injured woman was airlifted from the scene of the accident by emergency services to a local hospital. She needed immediate surgery to resolve her life threatening injuries. Her children and family travelled to Geneva and remained by her side throughout her hospital stay.

The challenge
This very tragic accident left all survivors and their families in a very sensitive state. Their employer now faced a challenge which needed to be delicately handled. The immediate concern, following the physical trauma, was guaranteeing the emotional wellbeing of the individuals involved. After such a traumatic incident, shock, denial and disbelief were highly likely. The employer was unsure of when it was most appropriate to guarantee emotional wellbeing and offer psychological support to the uninjured survivors. Their assumption, like most, was that the survivors would request support if they felt it was necessary.

The other challenge was that the incident occurred in a foreign country. Although Geneva has high quality emergency services and medical care, the differences from UK local medical treatments, language and procedures were prominent.

After initiating these solutions, the employer knew they had taken the right approach to protect the emotional wellbeing of their employees.
The solution
Neither of the survivors ever requested emotional support. However, International SOS’s medical team knew that the organisation needed to proactively engage and provide support for their psychological wellbeing. Once we were notified of the incident, we made contact with our partner Workplace Options (WPO). WPO was able to deploy a local counsellor to support the survivors and their families. With this in mind, the employer agreed to utilise the local support from WPO, as it would both mitigate any prolonged psychological health issues as well as save costs.

A day session was arranged with the counsellor, the survivors and their families. The counsellor validated that there were no critical immediate psychological issues, and that the survivors were able to travel back to the United Kingdom. They were, however, going through a phase of denial and were susceptible to Post-Traumatic Stress Disorder (PTSD). WPO was able to advise the employer and their colleagues on the physical and psychological signs they needed to look out for and what to do in the case of any future incidents.

Because of the language barrier, we deployed a local nurse to help advise the woman who was recovering from the accident, and her family, while in hospital. They were able to provide medical and non-medical translation services and reassure the family that their mother was receiving the appropriate level of care.

We also deployed a local coordinator to assist with any on-the-ground support including liaising with the funeral home, local authorities, and the UK embassy. Both local representatives were able to communicate back to the employer so they remained up-to-date on the incident.

After initiating these solutions, the employer knew they had taken the right approach to protect the emotional wellbeing of their employees. The survivors continued to receive treatment and support to ensure a smooth recovery and were able to return to work.
International SOS’s own approach to mental health and wellbeing

When on a business trip or deployed in a foreign country, individuals may be exposed to unexpected situations, whether it be minor or severe. Distance from loved ones, new environments, or a serious accident can all trigger stress and anxiety.

In line with our approach to safeguarding the travelling workforce, employees at home also need to be looked after. Along these lines International SOS, believing in “taking a sip of our own medicine”, had its top leaders within the business be the first to participate in its initial Mental Health and Wellbeing Health Risk Appraisal Survey.

Our Mental Health and Wellbeing programme is currently being run in all continents around the globe both for our own staff and customers and continuously looks to improve the health and wellbeing of employees both travelling and at home.
Dr Rodrigo Rodriguez-Fernandez
Global Medical Director for Non-communicable Diseases

Originally trained as a medical physician, Dr Rodriguez-Fernandez serves as the Global Medical Director for Non-communicable Diseases, for International SOS in the Americas, Europe, the Middle East, Africa and Asia regions. He also currently serves as the Executive Director and Founder of the NCD Asia Pacific Alliance.

Prior to joining International SOS he served as an advisor to WHO, USAID, the World Bank, the European Commission, as well as Ministries of Health in Latin America, Africa, Europe, Central Asia and South-East Asia. Dr Rodriguez-Fernandez trained as a medical physician and public health practitioner at the Autonomous University of Guadalajara, Harvard Medical School, Charite University Institute of Tropical Medicine Berlin and the London School of Hygiene and Tropical Medicine.
As a global business with employees around the world, Bupa is committed to creating the right culture to help our people to be happier and healthier at work. We take a holistic approach to health and wellbeing under the brand Smile. Our people understand the wide range of services available to them, from wellbeing benefits, products and services to leadership behaviours and training programmes.

**The challenge**
Wellbeing is a complex and multi-faceted topic. There is no universal, silver bullet. An individual’s sense of wellbeing and state of mental and physical health can be influenced by various factors, which also go beyond the direct actions of their employer. One of the key challenges as a global company is to deliver employee health and wellbeing programmes that are relevant to people in different countries and that have different cultural nuances.

**The programme**
The Smile programme varies within each country but at local level, businesses across Bupa use employee insights to deliver tailored products and services centered on four quadrants — healthier bodies, healthier minds, healthier cultures and healthier places.
Across Bupa, our leaders take responsibility to help create a culture of health and caring, empowering individuals to take ownership of their health and wellbeing and support others to do the same.

The healthier minds element of Smile provides a range of activity to support our people’s mental wellbeing, including a programme of storytelling where people from all levels of Bupa share their personal struggles.

We encourage people to talk more openly about mental health and point them to our Employee Assistance Programme for practical advice and support. Earlier in 2017, we hosted #grateful; providing people with tools to pause and reflect on what they were grateful for; a simple but powerful way to build a positive mindset.

We also understand the important role managers play in supporting people’s wellbeing and have created a spotlight on this by introducing a new question “my manager cares about me” into our employee survey.
Performance Energy
At the heart of Smile is Performance Energy. Designed in partnership with Dr Bill Mitchell, a clinical psychologist, this leader-led programme gives insights, tips and ideas on ways in which our people can better manage their energy to help them be at their best both mentally and physically.

The experience focuses on three core building blocks: physiology, choices and mindset. A Performance Energy session covers topics such as exercise, sleep, relationships and diet, but most importantly it is about fostering a change of mindset to help our people to prioritise what is most important to them and stay at their best both at work and at home.

Performance Energy enables our people to focus on all areas of their life, creating a personal and practical approach to better maintain their energy and psychological wellbeing. We have been offering the Performance Energy programme to our people since 2014 and have so far reached over 7,000 employees across Australia, the UK, Spain, Poland, Hong Kong and China. Early feedback data shows us that those people who have attended a session feel healthier and happier for working at Bupa.

“Performance Energy has helped me recognise the signs when I am feeling stressed and given me practical tools to feel back in control of my life. I wish I had learned it years ago.”

Given the diverse nature of our employee population we have developed multiple delivery channels to suit different needs, ranging from three-hour face-to-face sessions, run by a network of specially trained Performance Energy Coaches in partnership with leaders, through to a self-paced digital version for our call centre and retail employees.

We also understand how important the role of managers are in creating the right environment for Performance Energy to thrive and as such have developed a Performance Energy Manager Toolkit to support managers in understanding where their team is at and what support they can offer.

Our future plans for Performance Energy at Bupa include trialing a telephone-based coaching service to support people along their health journey, as well as embedding principles from the programme into our ways of working and leadership capabilities and behaviours.
Julia Biles
Head of Employee Health and Wellbeing

Julia is Head of Employee Health and Wellbeing at Bupa where she leads the internal employee health and wellbeing agenda. Having introduced Performance Energy at Bupa in 2014 she continues to passionately drive the global roll-out of the programme across the diverse employee base, from senior leaders through to front-line employees in health clinics and care homes.
Gathering insights
Our 2016 employee mental health network survey aimed to find out what support our colleagues found useful, how aware they were about the mental health support KPMG already provides, and their priorities for increased tools or skills to improve their mental wellbeing. From the survey results we focused on encouraging employees to recognise that everyone has mental health, educating colleagues in self-care and stress awareness and increasing the mental health literacy of colleagues.

At KPMG we found increasing numbers of colleagues sharing experience of a past or current mental health problem. We see this as a positive indicator that colleagues feel more comfortable being open about mental health at work, but also that there is an increased need for us to support our colleagues to be mentally healthy.

At KPMG we want all of our colleagues to feel supported to be mentally healthy.

The programme
In collaboration with relevant teams internally including Wellbeing and Internal Communications as well as our People Leader community, we developed a programme to address these objectives. We launched a series of initiatives to increase awareness among employees and particularly focused on building up the presence of senior leaders in this agenda. We also focused on training for people managers to build confidence and proficiency, encouraging better support between managers, individuals, and teams. The training educated participants in common causes of stress in and outside of the workplace. Participants then explored their own relationships with stress, and how to identify and try to treat and prevent stress within a high performing working environment. Our senior leaders released role model videos; discussing their own mental health and the importance of support. Senior leaders led discussions with guest speakers and colleagues to share stories, making mental health a stigma-free conversation topic. During Mental Health Awareness Week, we delivered over 45 activities across the UK, covering diverse topics and inclusive of people with different needs in different locations.

We drew upon internal and external experts to support these activities through presentations and training in various formats. We are now launching our FY17 survey to a wider sample group to gauge 2017’s impact and plan for 2018.

Mental health programme objectives
educate employees:

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<th>In self-care and stress awareness</th>
<th>In mental health literacy</th>
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At KPMG we want all of our colleagues to feel supported to be mentally healthy.

The programme
In collaboration with relevant teams internally including Wellbeing and Internal Communications as well as our People Leader community, we developed a programme to address these objectives. We launched a series of initiatives to increase awareness among employees and particularly focused on building up the presence of senior leaders in this agenda. We also focused on training for people managers to build confidence and proficiency, encouraging better support between managers, individuals, and teams. The training educated participants in common causes of stress in and outside of the workplace. Participants then explored their own relationships with stress, and how to identify and try to treat and prevent stress within a high performing working environment. Our senior leaders released role model videos; discussing their own mental health and the importance of support. Senior leaders led discussions with guest speakers and colleagues to share stories, making mental health a stigma-free conversation topic. During Mental Health Awareness Week, we delivered over 45 activities across the UK, covering diverse topics and inclusive of people with different needs in different locations.

We drew upon internal and external experts to support these activities through presentations and training in various formats. We are now launching our FY17 survey to a wider sample group to gauge 2017’s impact and plan for 2018.
Summary
At KPMG we want all of our colleagues to feel supported to be mentally healthy. Anyone experiencing a mental health problem deserves respect, kindness and consideration from others without fear of stigma, and I’m proud that our senior leaders are advocating this throughout our organisation.

Hilary Thomas
Hilary is KPMG’s Chief Medical Adviser and a member of the Global Centre of Excellence in Healthcare and Life Sciences. She is passionate about helping health systems and life sciences companies to navigate the trends from doctor as God to guide and information as personal to digital to create more patient centric, cost effective care models. Prior to KPMG Hilary spent 23 years in the NHS including as Professor of Oncology at the University of Surrey, Medical Director of the Royal Surrey County Hospital and was Group Medical Director of Care UK plc.
MSD is a global biopharmaceutical company inspired by a shared vision and mission to save and improve lives. This commitment extends to our employees. **LIVE IT** serves as a call to action to our employees for enhancing physical, emotional and financial health. While the framework of **LIVE IT** is consistent, the components are flexible to allow for cultural differences and employee needs.

**Background**
Mental health is critical to **LIVE IT**’s BALANCE IT component. Results from our annual Personal Health Assessment in the U.S. and bi-annual Global Employee Voice Survey demonstrate that stress is a common issue among our employees. Over 40% of U.S.-based employees surveyed identified stress as a top health issue. These results are close to benchmark, but that, in itself, is not comforting.

We developed a global strategy to ensure that the majority of our employees had access to resources to address mental health regardless of which country they worked in. We recognised the opportunity to introduce a Global Employee Assistance Programme to support employees experiencing stress and the stigma associated with mental health issues.

>40% of US-based employees identified stress as a top health issue
The programme

In April 2016, we launched Resources for Living, a Global Employee Assistance Programme (EAP) and Work-Life Programme to employees in 83 countries and in 23 languages. Significant resources were dedicated to ensure effective programme promotion and awareness. The Global EAP consists of four key services:

- In-the-moment telephone support for daily relationship challenges, work issues and everyday stress.
- Professional counselling sessions for personal, family or emotional issues (telephone, face-to-face, or video sessions).
- Work-life services for everyday help and everyday needs, such as finding assisted living for ageing parent or support with child care services.
- Crisis support for unanticipated events.

To ensure a seamless user experience, EAP counsellors were trained on the portfolio of our employee benefits so members could be referred to relevant services when needed, such as personalised health coaching, health advocacy and provider referrals.

To reduce stigma associated with mental health services, web access to a variety of services is offered. Digital mindfulness exercises, stress reduction strategies, cognitive behavioural therapy, behavioural activation and motivational interviewing are examples. The EAP website offers a diverse range of tools and resources on behavioural health and work-life balance topics. Endorsement of employee emotional wellbeing from leadership helped to reduce the stigma associated with using these services. Local management ensured that cultural awareness was incorporated into the programme promotion.

The launch of our Global EAP increased access and consistent implementation. Coverage of employees expanded from 15 to 83 countries, with greater consistency in programme governance and administration. In the first year post-launch, the global utilisation rate exceeded benchmarks. Assessment of the Global EAP services showed that the U.S., Canada, France, Germany, Australia, the UK and Turkey had the highest utilisation rates. The most common mental health services requested were in response to personal stress, anxiety/depression, workplace stress and workplace performance issues.

The Global EAP consists of four key services

- **1. In-the-moment telephonic support**
  For daily relationship challenges, work issues and everyday stress

- **2. Professional counselling sessions**
  For personal, family or emotional issues (telephone, face-to-face, or video sessions)

- **3. Work-life services**
  For everyday help and everyday needs, such as finding assisted living for ageing parent or support with child care services

- **4. Crisis support**
  For unanticipated events

Resources for Living was launched in 83 countries and in 23 languages
Lessons learned
Implementing a global EAP is a complex undertaking. Lessons learned from the launch and programme management experiences include:

• Stigma associated with EAP is not universal. It is correlated with employee education level, local cultural norms and social acceptance. In some emerging markets, EAP is perceived as a novelty programme and employees were curious to explore the tools and services provided.

• Programme language and symbols have different meanings. The imagery or the branding in one country and culture may be interpreted differently in another country or culture. For example, a pile of rocks may represent tranquility in some cultures but is considered a burial symbol in another. Language and symbols should be assessed for local interpretation.

• Compliance and tax implications may exist. It is important to understand whether EAP is considered a benefit in kind and taxable for employees. We needed to address this with EAP providers and local tax advisors.

• Leadership support is a critical success factor. Senior corporate leaders and local country management were instrumental in preparing for the launch, engaging employees early and building awareness and enthusiasm.

Next steps
Our Global EAP is off to a strong start, but there is still work to be done. Increasing employee awareness and engagement, and continued efforts to mitigate stigma associated with emotional and mental health issues remain priorities. MSD’s Employee Population Health and Human Resource teams are initiating a Wellness Champions Network to encourage use of EAP resources and educate on other aspects of employee health and wellbeing. With leadership support, programme promotion across functional areas and regions, and a dedicated effort to create work environments that support Total Worker Health, we will achieve our goal of becoming one of the healthiest workforces in the world.
Cathryn E. Gunther
Vice President, Global Population Health

Cathryn Gunther has a diverse background in healthcare as a strategist, innovator, entrepreneur and collaborator. She respectfully challenges status quo and champions collaborative approaches that address societal health needs in a way that results in sustainable shared value and improved business performance.

Leading MSD’s Global Population Health, Cathryn is focused on saving and improving lives through antimicrobial stewardship, prevention through immunization, women’s health, non-communicable and infectious diseases. She is building a culture of wellbeing across the MSD enterprise and aspires to serve as a role model for how the global private sector can contribute to health creation.

She serves on the NBGH Board’s Institute on Health, Productivity and Human Capital and on the Board at the Grand View Health Foundation. She is a member of the Global Chief Medical Officer’s Network. Cathryn is married, a mother of 3 and is a practicing equestrian.
Network Rail owns and operates the railway infrastructure in England, Wales and Scotland. That’s 20,000 miles of track, 40,000 bridges and viaducts and thousands of tunnels, signals and level crossings — as well as managing the rail timetables and 18 of the largest stations. To provide a safe, reliable experience for millions of individuals using Europe’s fastest-growing railway every day, it employs over 38,000 people.

Network Rail is proud to have the safest railway in Europe, with a safety vision of ‘everyone home safe everyday’. By ensuring optimal health and wellbeing of its employees, this helps to achieve the belief that ‘safety and business performance go hand in hand’.

The challenge
Mental health continues to be the second highest reason for sickness absence within Network Rail, behind musculoskeletal conditions. In 2016/17, there were 17,575 related absence cases and 41,304 absence days (on average). Network Rail acknowledges the support required to achieve a healthy and resilient workforce.

The variety of mental wellbeing materials on Safety Central is part of Network Rail’s mental health and resilience programme
The programme
A mental health and resilience programme has commenced with the aim of reducing mental health related absences and to ensure the optimal wellbeing of employees.

Network Rail currently has a multitude of support available for its workers, which includes an Employee Assistance Programme offering telephone and face-to-face counselling support on a confidential basis; an occupational health service supporting those that are off sick or struggling at work with specialist medical advice; private medical insurance for eligible employees; and flexible working and reasonable adjustment policies.

Safety Central is the organisation’s one-stop-shop for all safety information, advice and resources and is also accessible to the public. This site hosts an employee area with an abundance of health and wellbeing materials including ‘My Stories’ series of employee experiences of mental health issues, and information to support stress management such as our stress risk assessment which enables managers to better manage the six essentials of workplace pressure.

To promote diversity and encourage inclusive behaviours, Network Rail has employee diversity and inclusion champions across the business and a number of employee networks. With the high number of suicides on the railway that front line employees witness, a business team dedicated to suicide prevention have developed support training, which is accessible to rail and British Transport Police employees. This is also underpinned by a Trauma Incident Management policy so that correct processes are followed in such an unfortunate event.
The programme (cont)
In 2017, as part of the mental health programme, the initiatives include but are not limited to:

• Implementing training provision to target identified audience such as line managers, human resourcing business partners and front line employees. This will enable a better understanding thus removing the stigma and allow for effective sign posting.

• A crisis management process to provide a considerate approach to managing mental health emergencies.

• The introduction of mental health first aiders and training across sites.

• A number of company-wide mental health campaigns to support the proactive management of mental health within our organisation. This will pull together all aspects of health and wellbeing promoting the pillars required to achieve positive mental health and wellbeing.

Lessons learned and successes
The main challenge with health initiatives at Network Rail is that a ‘one size fits all’ approach proves difficult, due to the diverse demographic of employees, the large geographical reach and current devolution of business areas. Employees also work in different environments that include nights, and both manual and office-based work.

An additional challenge is the ability to identify and utilise data in an effective way to help baseline metrics, drive incentives and to show the cost benefits of introducing such programmes.

However, with the support of our Chief Medical Officer, Dr Richard Peters, who sets the agenda for these health initiatives with his team of Wellbeing and Occupational Specialists, senior stakeholder and leadership support and engagement is ensured. This also assists the company in achieving its compliance to the requirements set by the Office of Rail and Road.
Dr Richard Peters  
Chief Medical Officer

Dr Richard Peters is Chief Medical Officer at Network Rail, an organisation that owns and operates the railway infrastructure in England, Wales and Scotland on behalf of the nation. He provides assurance to the Board, the company as a whole, regulators and the wider rail industry on the occupational health and wellbeing management of its 38,000 permanent employees. He holds an honorary position at University College London Medical School as Clinical Senior Lecturer and works with the Faculty of Occupational Medicine to ensure a benchmark of standards for the teaching of the Occupational Medicine at medical schools throughout the UK.
The programme
The re-design of Sibanye-Stillwater’s health system began in 2014 and the road map covers the journey from 2014 to 2018 and beyond. The distinct vision of beyond 2018 is ‘Excellence in Disease Prevention’. The current Sibanye-Stillwater health model is based on the proactive management of employees’ health and wellbeing; moving from a curative biased focus to preventative healthcare and promoting a healthy workforce. Linked to Sibanye-Stillwater’s CARES (commitment, accountability, respect, enabling and safety) values, with an adopted inclusive health benefit, it aims to reduce employee exposure to risk and to establish an enabling health support system.

Mental illness is a significant issue within Sibanye-Stillwater. However, in recent years the accessibility and availability of support services for families affected by mental illness has grown significantly. In addition, there has been an increase in awareness of the impact mental illness can have on individuals, families and communities.

Provision of health services in the mining industry was focused on cure with limited mental disease prevention. The most prevalent issues which lead to mental health conditions include:

- **Psychosocial**: 27%
- **Couple and family issues**: 24%
- **Work related**: 21%
- **Substance dependence**: 8%
- **Financial**: 8%
- **Legal**: 4%

**The programme**
The re-design of Sibanye-Stillwater’s health system began in 2014 and the road map covers the journey from 2014 to 2018 and beyond. The distinct vision of beyond 2018 is ‘Excellence in Disease Prevention’. The current Sibanye-Stillwater health model is based on the proactive management of employees’ health and wellbeing; moving from a curative biased focus to preventative healthcare and promoting a healthy workforce. Linked to Sibanye-Stillwater’s CARES (commitment, accountability, respect, enabling and safety) values, with an adopted inclusive health benefit, it aims to reduce employee exposure to risk and to establish an enabling health support system.
Health and wellness process model

- Safety Dept. Referral
- Human Capital Referral
- Employee Self Referral

1. Work Related:
   - Yes: Occupational Medical Practitioner
   - No: Case Managers Sibanye Health

2. National Call Centre Numbers

3. Emergency Department Local Hospital or General Practitioner

4. Healthcare Provider as per Medical Scheme/Sibanye Designated Service Provider (DPS)

5. Medical Scheme Specific Benefit

6. Uninsured, directly company funded benefit
For mental health specifically, a multidisciplinary approach has been adopted and ensures that mental health services are accessible to the entire Sibanye-Stillwater workforce, including both insured and uninsured employees. The health model was co-produced with employees, public and private sector service providers, and academic partners. It includes:

- Health Care Funding Model: The company offers all employees access to healthcare services by way of a combination of in-house and external mental health care professionals. The company provides funding to all employees to purchase medical insurance. The policy is not compulsory for all employees to belong to a medical insurance. The financing of mental health services is included in health benefit packages based on either work related under the provision of occupational diseases and injury legislation or primary health care benefits.

- Health Interventions: Acute and chronic case debriefing is provided internally and through the in-hospital service agreement with other medical institutions. They include, but are not limited to, trauma debriefing, major personal afflictions arising from social, acute illness and psychosocial symptoms that impact on overall wellbeing of our employees. In addition, the counsellors provide the following preventive services: (a) Primary prevention, which is aiming at reducing the mental disorders by minimising the impacts of stressful environments and by strengthening the affected employee to cope with stress. (b) Secondary prevention include interventions such as assessment, risk management, individual, couple and family counselling as the basis of all intervention is on healthy relationships; and (c) Tertiary prevention aimed at reducing the after effects of mental disorders through psychosocial support, referral to relevant rehabilitation service providers, especially those with substance abuse problems.

- In–hospital Service: This service, we have collaborated with industry leading service providers in private and the public sector. For example, they may include mental health teams specialising in counselling, clinical psychology, social workers and psychiatrist who ensure that our employees receive care at individual, group and family levels and integrate our employees in their communities through multilevel partnerships comprising public and private referral systems.

- Ambulatory Services: Ambulance services are dedicated to providing out-of-hospital acute medical care, transport to definitive care, and other medical transport to patients with illnesses and injuries, which prevent patients from transporting themselves.

- In-house services: The model talks about moving from hospital-based care, to clinic-based care and ultimately wellness. It speaks to the guiding principles from regulators, our employees, and industry leading benchmark targets. Sibanye-Stillwater’s in-house case management department carries accountability of linkages of all identified employees with mental health professionals and ensures that all cases are closed.

**Learnings and successes**

One of the major implementation challenges is the difficulty in understanding how the specific determinants of mental health problems interact, given its complexity. Therefore conducting an ethnographic study among the miners, ex-miners and their family members would provide insights of the root causes of mental health problems and subsequent interventions required.

Leadership support is particularly important as is fostering a resilient and supportive workplace culture to enable benefits for individuals and also for their families and broader communities.
Dr Jameson Malemela
Senior Vice President, Health and Wellness Operation

Raised in South Africa, Jameson graduated in medicine and occupational health from the Universities of MEDUNSA and Pretoria.

He joined Sibanye-Stillwater in 2012, holds the Senior Vice President Health and Wellness position, responsible for the overall Health and Wellness. He leads the team that develops and implements the Health and Wellness (HS) strategy that refocuses efficient and equitable utilisation of company resources to attain best Health and Wellness of its stakeholders with bias towards preventative Health.

With over 24 years’ experience in health, clinical research, pharmaceutical management and health systems re-design and optimisation.
Unilever has a long and established history of supporting employee health and wellbeing as part of our Unilever Sustainable Living Plan (USLP). We adopt a holistic global approach to wellbeing which revolves around twin pillars of health promotion and health protection.

The programme

The Mental Wellbeing Programme operates within the overall framework of the Lamplighter programme, Unilever’s flagship programme which provides a standardised toolkit for countries to guide them to implement a holistic wellbeing programme. It has four components addressing:

1. Leadership and Management.
2. Communication and Culture.
3. Building Resilience and Managing Pressure and Providing support which is no more than one click away.

Under these components we drive:

• Line manager training to recognise early signs of mental illness
• Review absence and incident data
• Deploy appropriate communication plans with a link to the global mental health hub
• Assess stress at the workplace
• Support in providing cognitive behavioural therapy, practice of mindfulness as also counselling and EAP services.

We run “Thrive Workshops” for our employees. This helps employees to identify wellbeing elements that are of concern and the workshop guides them with practical everyday tips used to improve areas of risk. The onsite activities ensure highest standards of confidentiality — typically one of these programmes will coincide with the World Mental Health day.

The components in the Mental Wellbeing Programme are monitored at the cluster and country levels to ensure delivery. Countries use stress management questionnaires to assess stress and resilience capability. Building resilience is one of the key activities under mental and occupational health strategies for 2016-20. In various parts of the world we have a range of programmes like raising awareness, communications, on-site yoga, meditation, sports activities, gym, nutrition and counselling services in units to build resilience.
Measuring success
We monitor the following KPIs with respect to the mental wellbeing programme.

1. Percentage of employees participating in a wellbeing programme.
2. Work related mental ill health (number of cases/million manhours worked).
3. Percentage target completion of THRIVE workshops.
4. Percentage of line managers undertaking the line managers module on mental wellbeing.
5. EAP utilisation data including data on counselling.

We have already seen a number of improvements since implementing the programme. For example in the UK and Ireland there has been a 58% reduction in spend on mental health through our private medical insurance. The number of cases remains the same but the level of treatment required is much shorter in duration and less intensive.

Going global and holistic

Mental
Managing our mental choices and reactions to distractions and competing pressures

Physical
Looking after our health, fitness, diet, sleep and energy levels so that we approach challenges with zeal

Emotional
Finding ways to feel positive and confidently face the challenges life throws at us

Purposeful
Identifying what really matters to us and connecting to that as much as possible in all we do
Lessons learned
The main challenges have been in overcoming cultural and social stigma. Being ashamed and embarrassed to reach out for help, concern that colleagues would perceive affected employees as weak, worried that any dialogue on mental health would lead to poor career prospects are some of the common trepidations that employees have shared. In addition, some of these countries where Unilever operates are developing countries and there is difficulty in identifying competent resources who have the necessary expertise to support us in our wellbeing journey.

The role of senior leadership and their willingness to share their personal issues with mental wellbeing and how they addressed them have been pivotal to the success of the programme. Managers should manage mental health and wellbeing as a core element of their people management, and leaders should consider mental wellbeing as well as physical wellbeing as part of business decision-making and capability building. We need to create a performance culture that is both healthy and resilient where mental health is actively discussed, managed and understood.

The other drivers to support mental wellbeing at the workplace would be to:

- Extend the EAP access to all employees and family groups across all clusters.
- Increase the communication about mental diseases and how Unilever is interested to help their employees.
- Regular mandatory line manager’s training to all managers that have teams — focusing on stress and how to recognise problems in the team.
- Establishing a minimum investment in different tools to support the cases internally.
Dr T. Rajgopal  
VP, Global Medical and Occupational Health

Dr Rajgopal is responsible for providing strategy and leadership in comprehensive medical and occupational health services covering more than 165,000 employees worldwide.

He represents Unilever in the Global Business Coalition, the Global Diabetes Forum, has been a Leadership Board member of the Workplace Wellness Alliance of the World Economic Forum and is on the steering committee of the Institute of Health and Productivity Management.

He holds postgraduate qualifications in Preventive Medicine, Public Health, Occupational Medicine and in Health and Hospital Administration and is a Fellow of the Faculty of Occupational Medicine, Royal College of Physicians, London, and the Faculty of Occupational Medicine, Royal College of Physicians, Ireland.

He has served as Chairman of Medichem, Board member of the ICOH and is an Editorial Board member of the IJOMEH.

He has been honoured by the AIHA with their Distinguished Service Award.
With over 300,000 births in Australia each year, it may come as a surprise that as many as one in every ten women experiences depression during pregnancy and one in seven experiences it following the birth of their baby. Supporting women whilst pregnant and their return to work after having a baby is extremely important.

**Background**

Research supported by the Bupa Health Foundation found that over 50% of cases of perinatal (during and post-pregnancy) depression are missed in primary healthcare settings if there is no routine screening in place. Further to this, only one in thirteen women diagnosed with perinatal depression or anxiety report seeking or receiving treatment.

The Bupa Australia and New Zealand (ANZ) Health Experience team set out to help both expecting and new mothers make sense of what they were feeling and encourage help-seeking behaviour. And so Mummatters was developed.

![Illustration](image_url)

- **1:10**
  - One in ten women experiences depression during pregnancy

- **1:7**
  - One in seven women experiences postnatal depression
The tool

Mummatters is a free, online health tool for all women who are pregnant or have recently had a baby, whether they are our employees, our customers or the general public. It is designed specifically for smartphones, although it also works on desktops and other devices.

Mummatters aims to reduce the impact of perinatal depression on mothers, their children and family by increasing help-seeking behaviour.

The objectives of Mummatters are to:
1. Increase access to screening for perinatal depression.
2. Increase mental health literacy.
3. Facilitate communication between women and health professionals.
4. Increase help-seeking behaviour.

When a woman signs up to Mummatters, she completes a baseline survey (Whooley & Perinatal Risk Questionnaire) which screens her for perinatal depression. She is then classified into one of three categories based on whether she is experiencing symptoms of depression and their level of psychosocial risk to depression.

Recommendations for action are provided based on a woman’s level of risk, e.g. Category 1 users are prompted to make an appointment with their GP or trusted health provider. Each month, women are prompted to check-in with Mummatters to see how they are tracking by completing a short survey. Once again, they receive immediate results based on their responses with corresponding suggestions for action.

Mummatters also promotes mental fitness by providing resources and tools to support emotional wellbeing. These include a Wellness Plan, links to useful websites and hotlines, and the option to receive inspirational messages via SMS. Women can also download a letter addressed to their GP that automatically populates with their results to assist them start a conversation with their doctor.

Mummatters was developed using human centred design, underpinned by clinical research and behavioural science principles. Bupa partnered with St John of God Hospital and the University of New South Wales (NSW) to create the algorithm to categorise the women into three options as outlined above.
Results
In the 11 months since Mummatters launched, we’ve already seen some great results:

- 2,380 women have signed up.
- Over half of the users have been found to have symptoms or risk factors of depression. This indicates Mummatters is reaching the right audience and meeting a real need.
- Some evidence that the tool is helping change behaviour, with 36% of Category 1 users (the highest risk category, who report current active symptoms of depression) reporting they visited a health professional due to prompting by Mummatters.
- More than two thirds of respondents say they would recommend Mummatters to a pregnant friend.

We’re also hearing from satisfied users on how the tool is helping them look after their emotional health:

“The privacy of it lets you answer honestly — and knowing someone is checking in helps a lot.”

“It got me thinking about my current emotional wellbeing. I was so fixed on my physical wellbeing, I didn’t think of my emotional or mental wellbeing.”

“It’s very quick to do. Simple questions. Easy to work through and navigate.”

“It was easy to use, the site is beautiful, a great experience. I like the list of resources, there’s a lot of information on there, which I did not previously have.”

Looking forward, the collaboration with University of NSW continues as part of an evaluation to examine the impact of Mummatters on women’s mental health.
Key contacts at ANZ

**Judith Ngai**
Judith Ngai, Health Content Solutions Manager, leads a team at Bupa Australia and New Zealand (ANZ) that designs and delivers engaging, credible and valuable solutions to help people better understand and make informed choices about health and care.

**Ornella Care**
Ornella Care has 18 years’ experience as a health professional working in government, not-for-profit, and the private sector, with a focus on translational research, public health promotion and strategy, customer led experience and design, and digital health solutions. In her current role at Bupa Australia she has led the development of health programmes in diabetes management and perinatal mental health. With a background in psychology and behavioural science, she has a keen interest in understanding people’s behaviours and motivations in particular when it comes to their health and wellbeing.

**Emma Green**
Emma Green has over 15 years’ experience designing and delivering change programmes. Emma’s background is in health promotion and workplace health solutions. As a Health Solutions Specialist at Bupa ANZ, Emma works on mummatters and other solutions that empower people to improve their health and wellbeing.
There is no single approach to addressing mental wellbeing. Most of the approaches tend to be of a reactive nature where support services are in place to attend to employees who may become unwell due to a mental illness — these range from Employee Assistance Programme (EAP), confidential counselling services and private medical insurance. Some of the proactive approaches and support include mindfulness programmes being offered to employees in the workplace. In some cases there is recognition of the role of the line manager in creating an environment conducive to positive mental health, but most of the training and education tends to still focus on literacy and skills linked to mental health and how to identify symptoms and support employees reintegrate into the workplace. Most organisations tend to take a holistic approach to the wellness of their people and mental health is one part of this overall approach. The other wellness aspects include the physical and emotional health of their employees.

The most significant barrier to addressing mental health within the organisations reviewed is stigma.

As such, critical success factors to addressing stigma include:

i. Leadership engagement
ii. Education — enhancing mental health literacy and skills (and in some cases skills to enhance ones’ own mental health or energy)
iii. Communication, campaigning and role modelling
iv. Culture

As most organisations have always tended to provide resources to enhance the physical health of their employees there is a trend to providing the same, to enhance the mental health of employees, and therefore in most of the cases reviewed practices such as mindfulness, yoga classes and meditation are being offered to employees, either in form of classes or Apps now available in the market.

Mental ill health is recognised as a significant cause of absence from the workplace.

Implementing a global approach to mental health is a complex undertaking — the degree of stigma associated with mental health and EAP services is not universal; language and symbols have different meanings and therefore different interpretations; compliance and tax implications may exist e.g. EAP may be viewed as a ‘benefit in kind’; and limited resources and expertise amongst providers in less developed countries.
The more established programmes are linked to the overall mission or strategy of the company and this has helped to achieve leadership engagement to addressing the mental health or wellness of employees.

In most cases reviewed, measuring success is critical and these measures tend to include absenteeism, turnover and retention, engagement data, training workshop surveys, percentage of employees participating in wellbeing programs, work related mental ill health (number of cases/million man-hours worked), EAP and counselling utilisation; percentage of line managers undertaking wellbeing and mental health workshops; and spend on mental health through private medical insurance, where applicable.

‘Energy’ and ‘wellness’ is in some cases being overtly recognised as a driver of employee performance and should therefore be an integral part of performance management and development conversations.

Scaling of initiatives is a significant challenge and although technology can be of value in helping employees with practices to enhance their mental health (e.g. mindfulness), scaling education and skills development remains a challenge.

In all of the case studies reviewed, employee wellbeing remains somewhat programmatic and not yet engrained into the culture of organisations, like it has been achieved with regards to safety in most organisations. How we institutionalise and hardwire wellbeing as a key driver of the performance of a business remains a challenge for all case studies reviewed.

It is evident from the case studies reviewed that organisations are taking more accountability to ensure support services and resources are in place to either react to mental ill health or enhance the wellbeing and mental wellbeing of employees; but still no evidence of employees being held accountable for their wellness/wellbeing.

In summary, the key observations from the case studies include:

1. Recognition that mental health must be part of an overall wellbeing framework linked to the "mission/strategic intent" of the business.
2. The range of support services available including practices to enhance one's own mental health.
3. Challenges to addressing mental health at a global level.
4. The key barriers to addressing stigma and best practice to address stigma.
5. Example of an approach, see Bupa (Performance Energy), where a more proactive approach is being attempted to ensure that line managers and the environment created is conducive to good mental health;
6. Measures that can be used to monitor the success of the intervention.
7. Data required to make the business case for addressing mental health.
8. Thought leadership on how to ‘hardwire wellbeing’ into an organisation and drive more individual accountability with respect to wellbeing.
Conclusion and recommendations

Geoff McDonald, guest editor and global campaigner, advocate and consultant on mental health in the workplace

Recommendations to successfully plan and implement a mental health programme.

Leaders within organisations need to give the same level of attention and priority to mental health as they have to safety over the years. The World Health Organization predicts that if we do not proactively address this issue, depression will be the leading cause of disability and absence in the workplace by 2030. We have invested millions over the years in ensuring the safety of our employees; the time has come to do the same regarding the health — particularly the mental health — of our people.

This therefore requires a strategic intervention and the full engagement and advocacy from the senior management team. Either the business case or moral case, or both, needs to be made so that senior leaders can see the importance of investing in this matter, and therefore prevent or reduce some significant hidden costs to the employer, as well as ability to attract, retain and engage great talent within organisations.

Once we have a clear business and moral case (i.e. this is just the right thing to do), one needs to develop a framework for implementation and execution led by senior managers, with the support of key talent at all levels within the organisation.

Pivotal to the success of workplace mental health programme planning and implementation is to overcome the stigma of mental health. Below lists key barriers that need to be considered during all stages of the journey:

- A lack of literacy, skills and education regarding mental health and mental ill health.
- Lack of individual and organisational accountability to enhance the wellbeing of employees.
- The very negative narrative that pertains to mental health.
- Lack of courageous, vulnerable leaders at all levels of the workplace to share their stories.
- Lack of data to make the business case for addressing the mental health of employees.
- Fear of litigation, loss of reputation and fear of employees exploiting mental ill health as a reason not to be at work.
- Lack of professional services and expertise to help organisations on what should be done to address mental health.
Below is a step by step guide to plan and implement a workplace mental health programme to help businesses support their employees on their own journey. Naturally, depending on the size of the organisation and resources available, some elements will be more applicable than others.

**Build the business case:**
Data will be needed to build the business case. In addressing the business case some of the data that would be required to support this includes:

- **Absenteeism** — try using data for numbers off on long term sick in excess of two months and you can be sure 50% will be mental health related — you can then work out the cost of that absenteeism to the business — try and get data by level of seniority.

- **Presenteeism** — you can assume 1 in 4 of the population is ill, but too scared to say anything. When present and ill, employees give less than their peak performance. From this you can make a calculation based on average salary and cost i.e. 70% of salary, as not giving 100%. These calculations can also be used as a measure of lost productivity.

- **Also calculate total ‘person’ days lost** i.e. number that are absent multiplied by an average of two months (assuming 21 working days per month).

- **One could also add the reputation cost if there is suicide and risk mitigation rationale.**

**Obtain stakeholder engagement**
Success requires support from the most senior leaders or an executive sponsor. This is best achieved by getting an external expert to work with the leadership team and get their engagement to addressing the stigma. Asking the expert to outline ‘why’ addressing mental health is important to the business and what could be done to address this. In other words answer the question “how would we go about addressing mental health?”

**Design and implement a mental health programme**
A typical mental health programme should include the following (and where possible, should be lead by HR, in conjunction with communications and the occupational health function/service), and implemented in the sequence below.

- **Training.**
- **Awareness campaigns.**
- **Senior and influential role models sharing stories.**
- **Provision of mental health support practices, e.g. mindfulness, meditation, yoga, etc.**
- **In parallel to those above, develop an internal resource where people can get access to information and support on offer regarding mental ill health conditions.**
- **Define measures to track and monitor the success of the programme, some of these, where applicable, should include:**
  - absenteeism;
  - turnover and retention;
  - engagement data;
  - training workshop surveys;
  - percentage of employees participating in wellbeing programmes;
  - work related mental ill health (number of cases/million man-hours worked);
  - EAP and counselling utilisation;
  - percentage of line managers undertaking wellbeing and mental health workshops;
  - spend on mental health through private medical insurance.
A. Training
Training for all managers and employees (just as we train all employees on Codes of Business Practice and Safety, both of which are obligatory in many organisations, we should also make the training of enhancing the wellbeing/health and mental health of our employees obligatory). This training should:

1. Help dispel the myth that mental illnesses like depression and anxiety are weaknesses and instead illustrate the scientific evidence that these are illnesses.
2. Help employees recognise symptoms in themselves and others.
3. Provide guidance and knowledge on how best to manage someone in a team that might become ill.
4. Learn how to reintegrate someone back into work, after returning from illness — often a key component of his or her recovery.
5. In addition to the above, line managers should also be taught the practices, behaviours required to create an environment within their teams/departments that are conducive to promoting positive mental health.

B. Awareness campaigns
Awareness campaigns should highlight the importance of good mental health to the business and build a narrative that helps to promote good mental health, which helps to normalise mental health, that reduces the stigma and that inspires employees to maintain and enhance their mental health (the language we use and how we communicate is critical to the successful implementation of wellbeing strategies, particularly a mental wellbeing strategy/framework). The narrative around mental health is so negative, and a toolkit should help organisations frame and promote mental health in a far more positive and inspiring manner.

C. Senior and influential employees sharing stories
At the outset it may be necessary to offer advice and guidance to help senior people, influential people and key talent share their stories of their associations of illnesses such a depression, and anxiety. Telling stories helps to normalise these illnesses and is a very powerful means of breaking the stigma and generating the much-needed conversations. (Note: the stories do not have to be a personal account of having suffered from mental ill health, but could be of a loved one, friend etc, who has not been well and the role of the senior or influential person in supporting that person). Influential and senior people should be those who will have credibility and where the audience of employees can relate to them, e.g. a shift manager on a factory line or CEO to senior and middle managers or a shop steward to Union members.

D. Provision of mental health support practices
These can include classes on mindfulness, yoga or mediation. There are also a number of apps that can now be made available to employees, e.g. Headspace for Mindfulness; Sleepio to encourage sleep, etc.

E. Develop an internal resource
Develop an internal resource that employees can use to find out more about mental ill health and support services that may be available. This could include self service on an intranet site where they can access help to either diagnose some of how they are feeling, but also learn what to do and where to get help. The idea being that all employees are just ‘one click away’ from the help and support they need.

In conclusion, one should remember ‘when the flower does not bloom, there is nothing wrong with the flower but instead the environment it lives in’. Organisations today cannot address the wellbeing of their employees, without also considering their culture and purpose/meaning. Meaning goes a long way to enhance the wellbeing of employees and so creating an environment where individuals feel their work is meaningful, purposeful and humane. Offering an approach to defining and embedding purpose is an essential element of the ‘toolkit’ thus creating a sense of purpose beyond profit and growth. Creating more humane places to work will go a long way in helping to prevent the increased incidence of mental illness in organisations, and this must be our first prize i.e. prevention vs. cure, together with driving individual accountability for wellbeing.