



Public Health
England

PHE's work to improve workforce wellbeing

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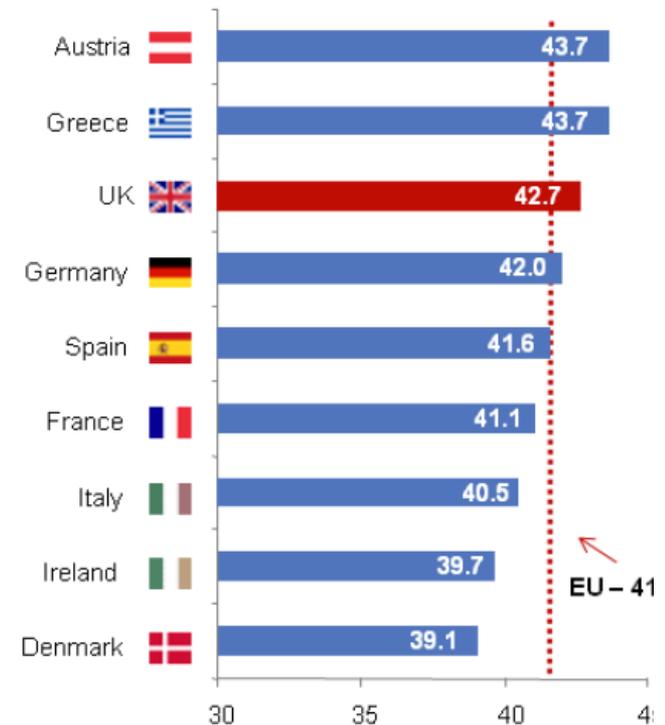
Work – A UK way of life

Over 74% of people are in employment

UK has amongst the highest working hours in EU

On average, we spend 60% of waking hours in work

Average full-time weekly hours (2011)



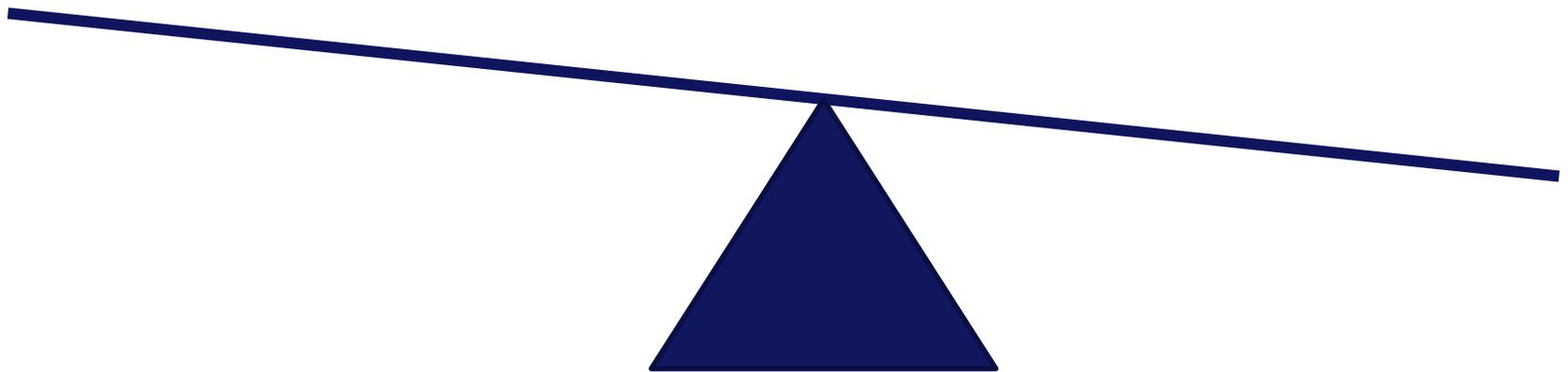


Good work is good for health

“Being in **good employment** is protective of health.

Conversely, unemployment contributes to poor health.

Getting people into work is therefore of critical importance for reducing health inequalities”





Effectiveness of employer actions

Workplace health interventions can return 1:2-34 (i.e. £2 to £34 for every £1 spent) to employers

Effective workplace health interventions are:

- supported by organisational policy
- focus on specific health issues
- engage employees

Benefits for employers on healthy ageing actions include:

workplace skills retention

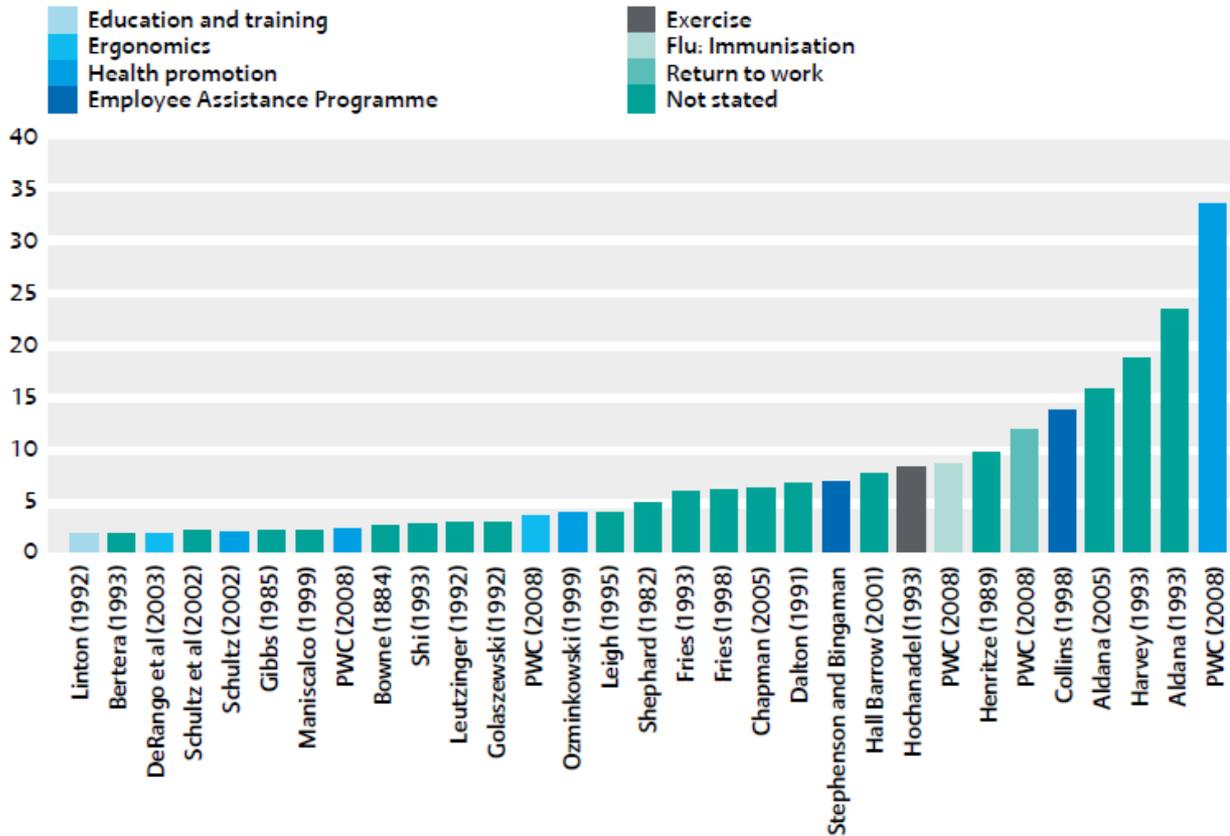
lower levels of sickness absence

reduced staff turnover and associated costs

wider recruitment pool



Return on investment in workplace health



Benefits for employer include:

- increased productivity
- reduced absenteeism, presenteeism and staff turnover



Key workplace wellbeing guidance

NICE guidelines:

- Promoting Mental wellbeing at Work (PH22)
- Workplace policy and management practices (NG13)
- Managing Long-Term Sickness and Incapacity for Work (PH19)

Health and Safety Executive guidance

- 7 publications, including Management Standards for Stress

Local workplace wellbeing accreditation schemes

- E.g. Better Health at Work Award, workplace wellbeing charters

Federation of Small Businesses

Wellbeing at work: A guide for small employers

ACAS guidance

- 9 publications

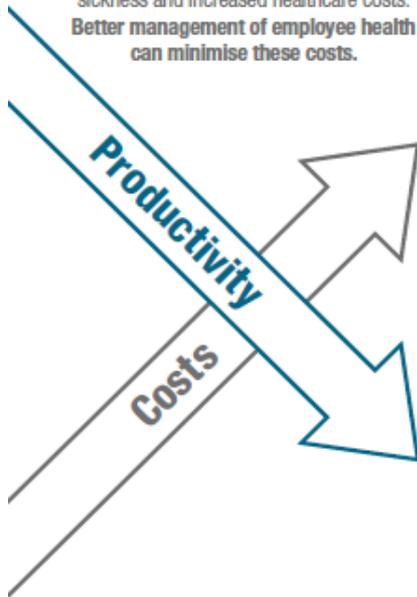


Costs of ill-health and work

An unhealthy workforce hurts the UK's economy

and society due to lost productivity, reducing in income tax receipts, increases in long-term sickness and increased healthcare costs.

Better management of employee health can minimise these costs.



The costs to the taxpayer

– benefit costs, additional health costs and forgone taxes – are estimated to be

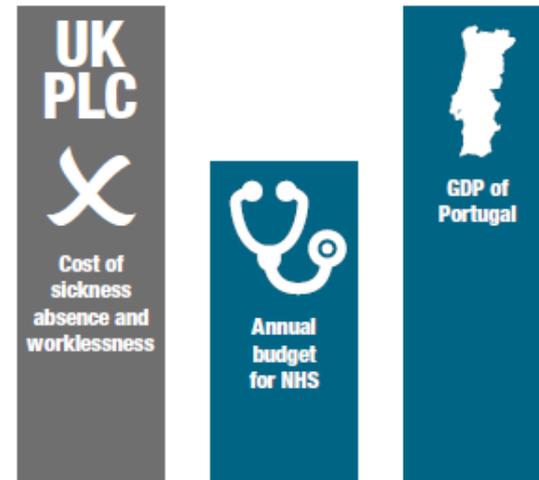


The combined costs

of sickness absence, lost productivity through worklessness, and health-related productivity losses, are estimated to be over

£100bn annually

This is greater than the current annual budget for the NHS and equivalent to the entire GDP of Portugal



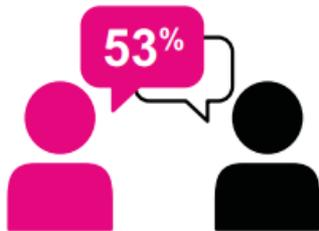
Sources: Black, 2008



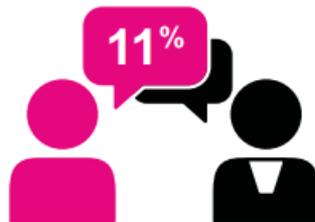
The challenge



Three out of every five (60%) employees have experienced mental health issues due to work or where work was a related factor



53% of employees feel comfortable talking about mental health issues like depression and anxiety at work



...but just **11%** disclosed it specifically to a line manager

Mental health conditions are a leading cause of sickness absence in the UK



were lost to **stress, depression and anxiety** in **2014** – an increase of 24% since 2009

Each year mental ill-health costs the economy an estimated

£70bn

through lost productivity, social benefits and health care.





Health and Work Spotlight on Mental Health



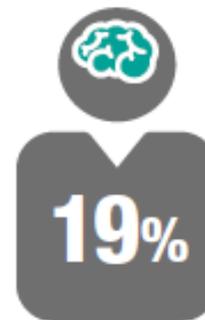
Almost
1 in 6

people of working age
have a diagnosable
mental health
condition

Mental health conditions are a leading cause
of sickness absence in the UK



were lost to
**stress, depression
and anxiety' in
2014 –**
an increase of 24% since 2009



**long-term
sickness
absence**
in England attributed
to mental ill health

In 2015, some **48%** of
**Employment and Support
Allowance recipients**
had a 'Mental or Behavioural disorder'
as their primary condition



Of people with
physical long
term conditions,
1 in 3
also have
mental illness,
most often depression
or anxiety

Work can be a
cause of stress
and common mental
health problems:
in 2014/15
9.9m days
were lost to
**work-related
stress,
depression
or anxiety**



In 2016,
42.7%
employment rate
for those who report mental illness
as their main health problem (Mental
illness, phobia, panics, nervous
disorders (including depression, bad
nerves or anxiety). **Compared to
74% of all population**

Each year
mental ill-health
costs the economy
an estimated

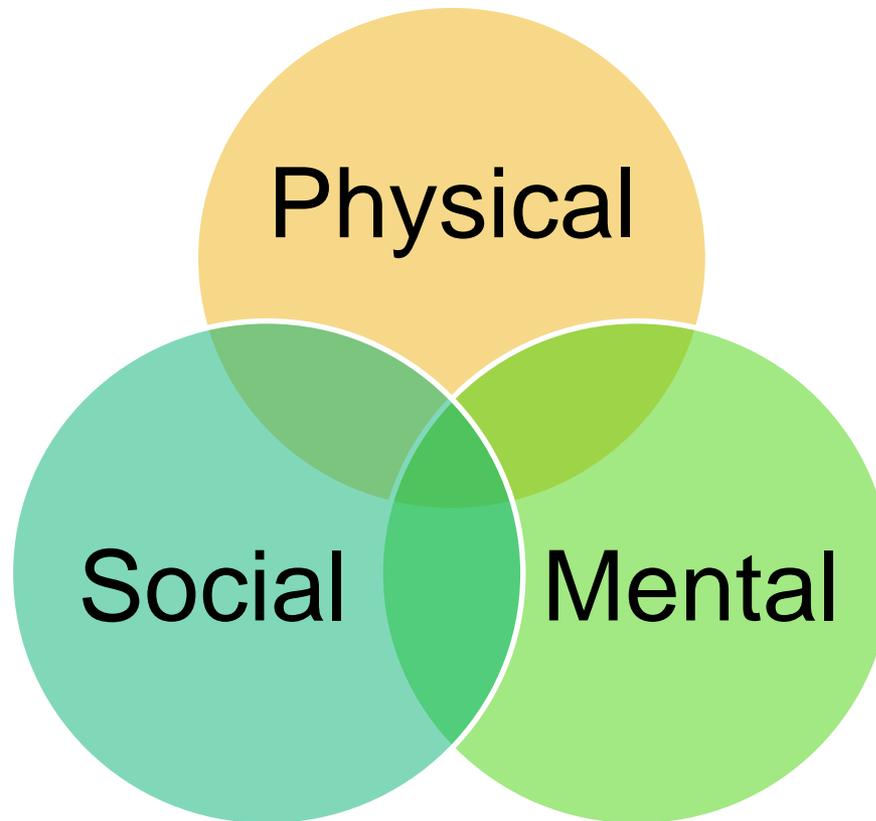


£70bn

through lost productivity, social benefits
and health care.



Taking a whole system approach





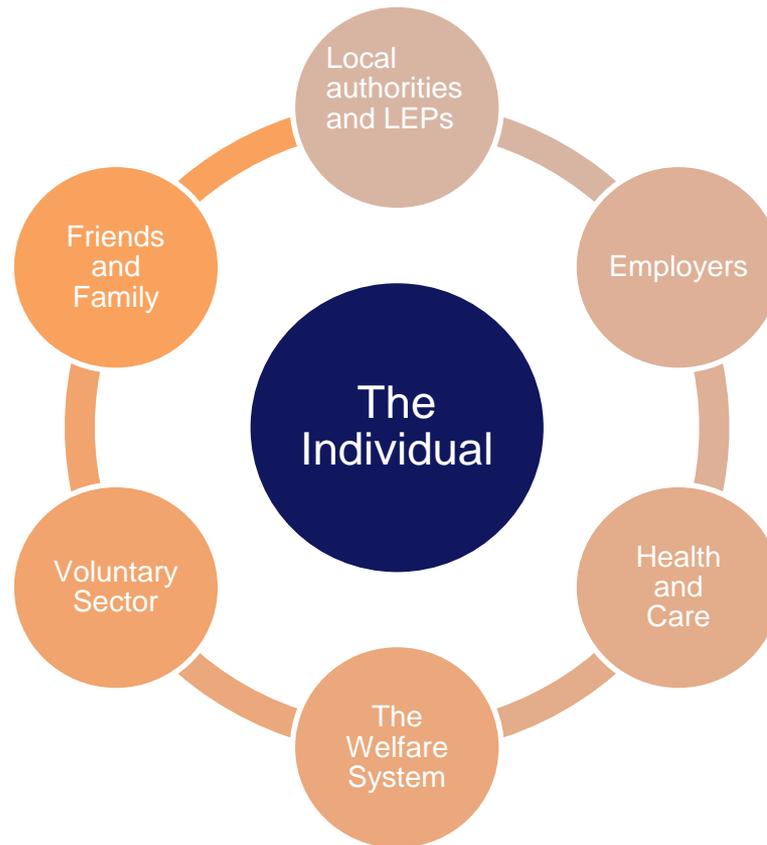
PHE approach: three core themes

1. Improving health and wellbeing in the **workplace**
2. Supporting people with health issues to **access and/or remain in employment**
3. Develop national and local understanding of connection between population health, **economic growth** and regeneration



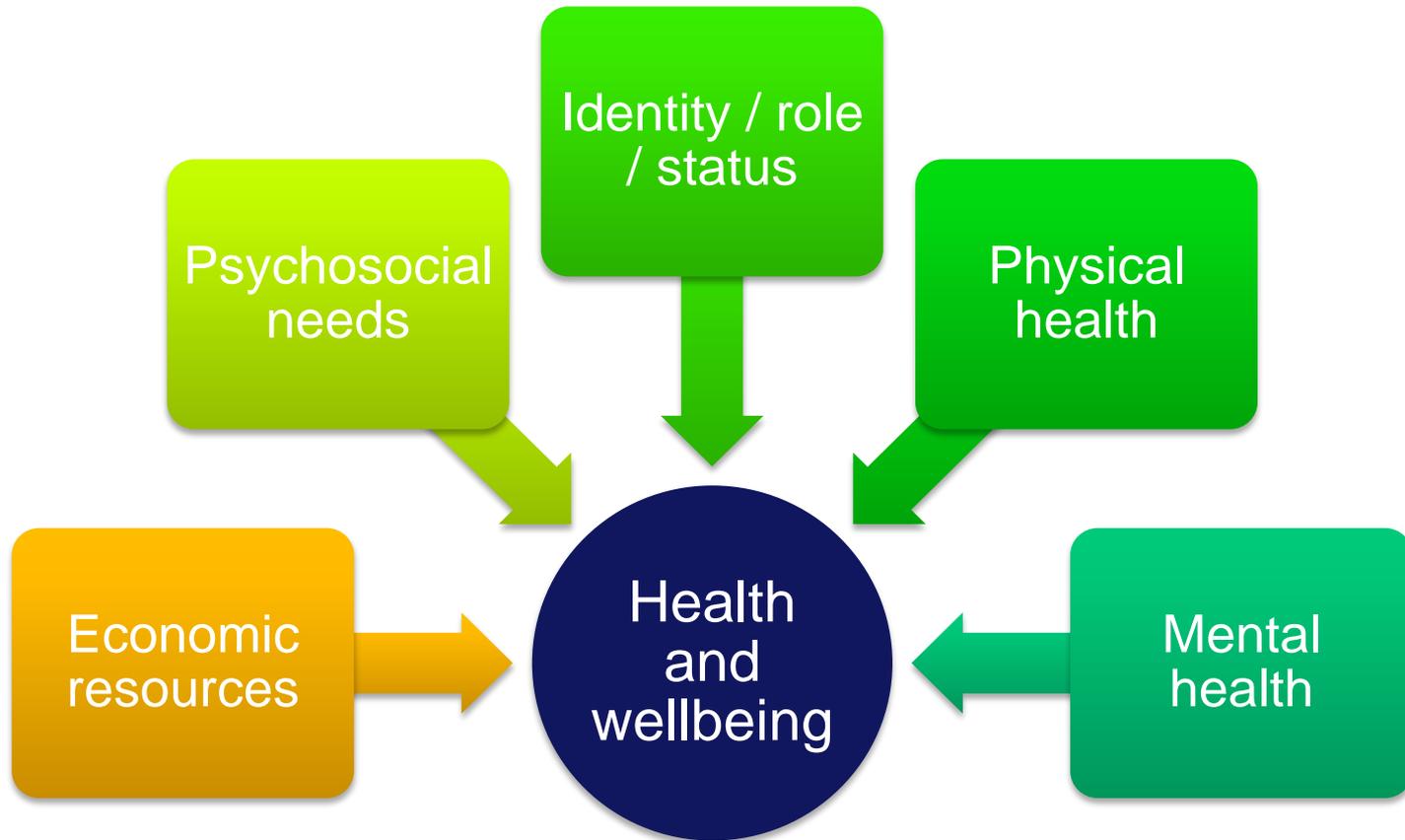


PHE system-wide approach around the person





Health & work (individual level)





Our Local Approach

PHE Centre teams are actively working to support local action by employers to improve health, some examples of this type of work includes:

- PHE London Centre working with the Greater London Authority and London Directors of Public Health to accelerate the London Workplace Health Charter
- PHE West Midlands Centre working with the WM Mental Health Commission to develop the employer led action on mental health in the workplace.
- PHE South West Centre working with BITC to develop an annex to the toolkit with regional resources and supporting work to further explore and engage with SME business in the development of the regional growth hub.



Employer toolkits

Produced 'with business for business' and developed with leading experts on key workforce / employer challenges.

Existing toolkits downloaded over 12,000 times:

- Mental health
- Musculoskeletal health
- Suicide prevention
- Suicide post-vention

New toolkits in 2018 covering:

- Sleep and recovery
- Drugs, alcohol and tobacco
- Nutrition, weight management and physical activity





Specific actions on Mental Health

- Publication of national and local data on the employment gap for people in contact with secondary care mental health services as part of the wider determinants fingertips tool
- Publication of BITC/PHE Mental Health and Suicide toolkits for employers
- Through PHE Centres providing technical advice and support to areas embedding Individual Placement Support and participating in the Joint Unit IPS Health Trials
- Working within PHE to become an exemplar employer for mental health

Within our work on Suicide Prevention and the Mental Health Concordat we explicitly highlight the role of employers as part of the whole system approach to improving the nations mental health.



One You Programme

Integrated social marketing campaign.

Integrated campaign across public, private and voluntary sector, including employers

Launch campaign achieved 16.3m engagements, supporting by 229 employer partners

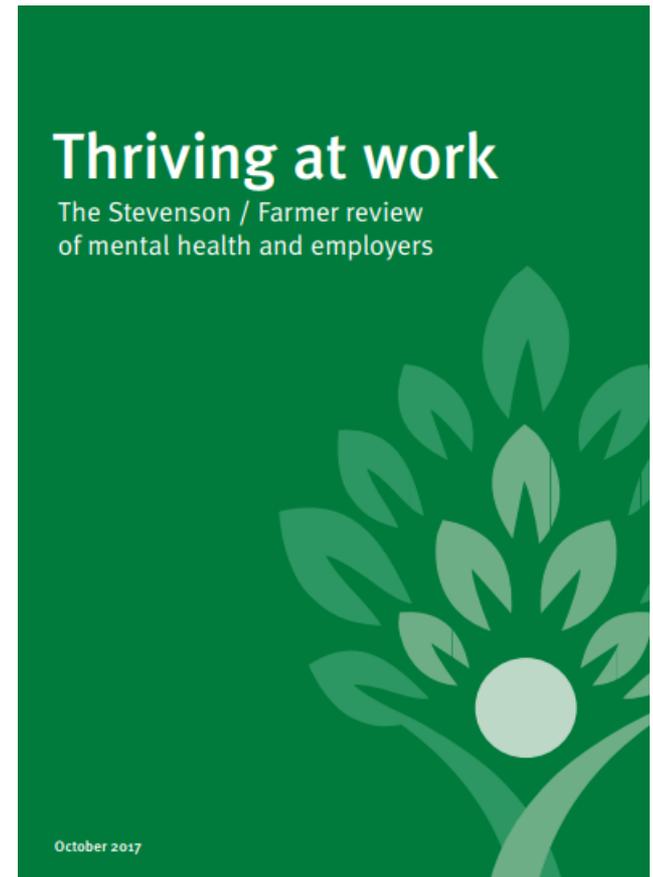
Active 10 physical activity involved pan-media campaign and employer resources





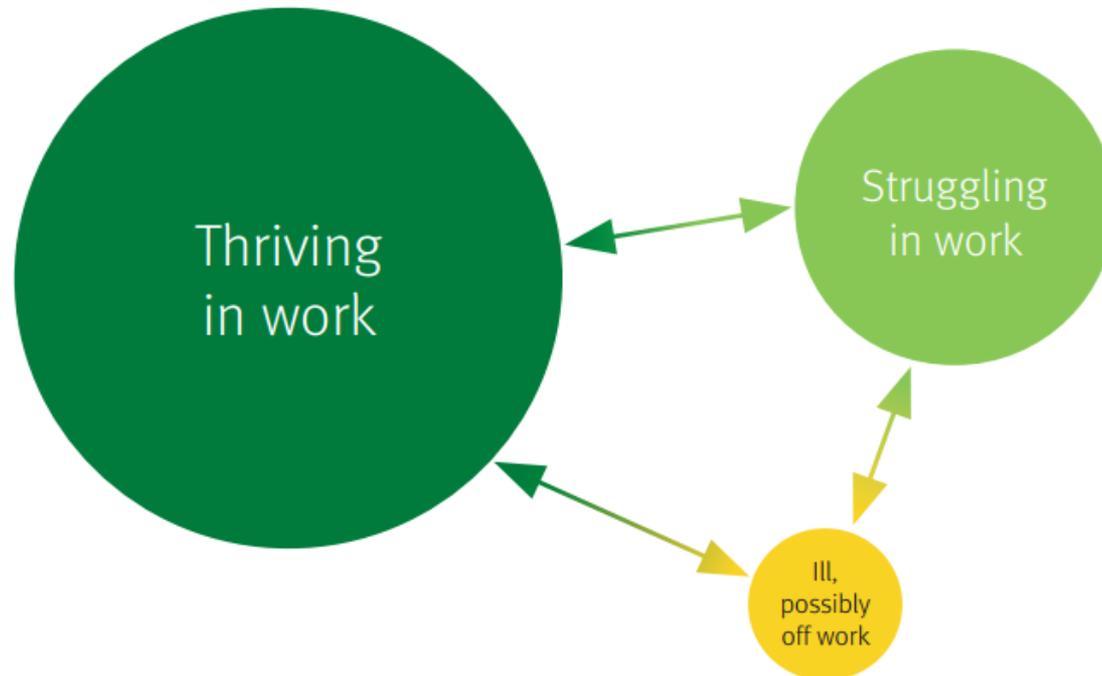
Stevenson/Farmer review

- Sets out what employers can do to better support all employees mental health
- Commissioned by Prime Minister, supported by PHE
- Released on October 2017
- Poor mental health costs employers between £33 billion and £42 billion a year, with an annual cost to the UK economy of between £74 billion and £99 billion.
- Introduction of the ‘mental health core standards’
- 40 recommendations





Three phases people experience in work



At any one time many employees will be thriving, but with frequent movement between thriving, struggling and those who are ill, and possibly off work.

Thriving at work The Stevenson / Farmer review of mental health and employers , **London; 2017**”



PHE current offer on Mental Health

- Staff & Wellbeing strategy
- Mental health and wellbeing policies and guidance
- Line manager toolkit to address organisational changes
- Employment Assistance Programme
- Civil service learning (mental health awareness, MH conditions and dementia, mental health at work)
- Yoga, gym and mindfulness classes
- Headspace (digital mindfulness)
- Mental health awareness week
- Mental Health First Aid
- Health and Wellbeing Champions

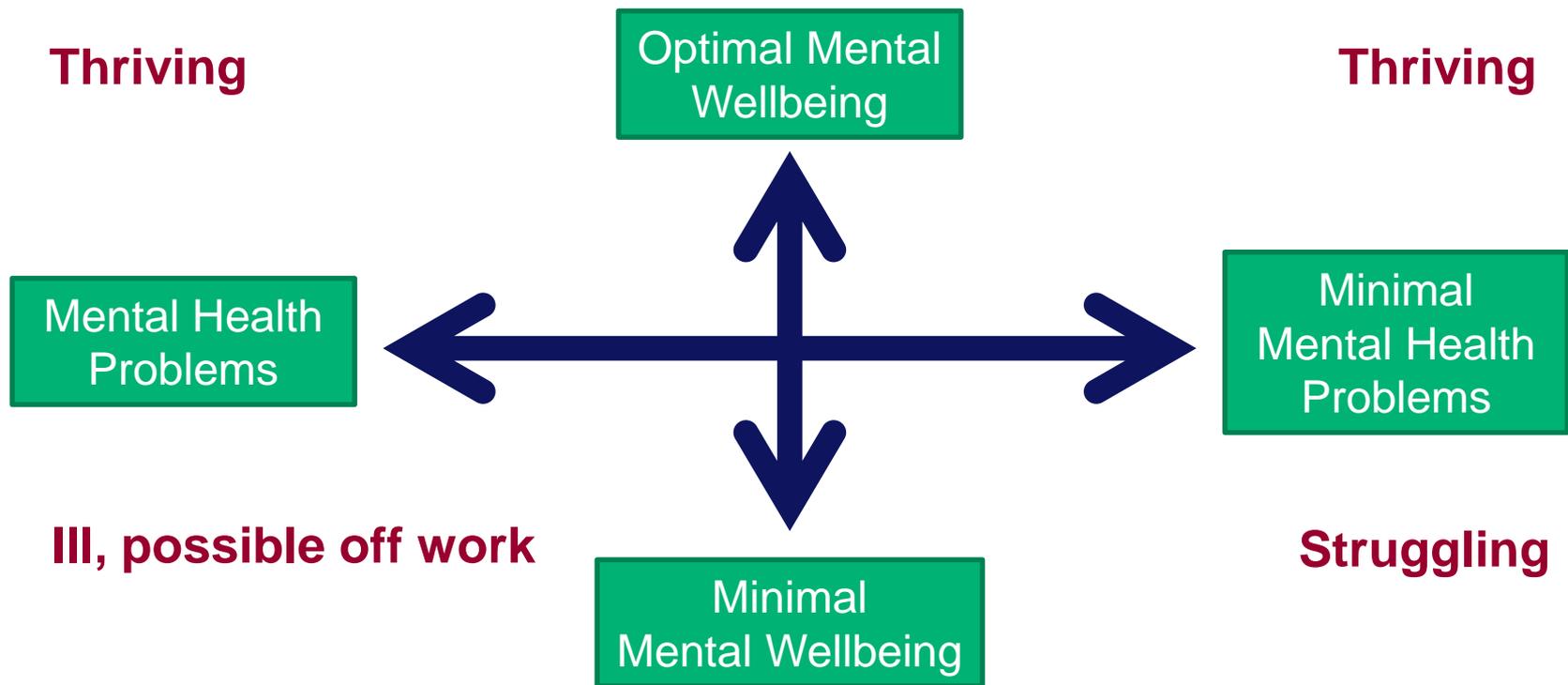


Project: PHE Workforce Mental Health

- What is PHE's current offer to support and improve our workforce mental health?
- How can we refresh, improve and/or implement new things for the future?
- How can we build the foundation of a sustainable internal workplace mental health programme?
- How can we implement it and who will be responsible for implementation?



Mental Health Continuum



Adapted from "The Mental Health Continuum: From Languishing to Flourishing in Life Corey L. M. Keyes *Journal of Health and Social Behavior* Vol. 43, No. 2, Selecting Outcomes for the Sociology of Mental Health: Issues of Measurement and Dimensionality (Jun., 2002), pp. 207-222"



Who is involved?

Internal support

- All PHE directorates, including centres

External support

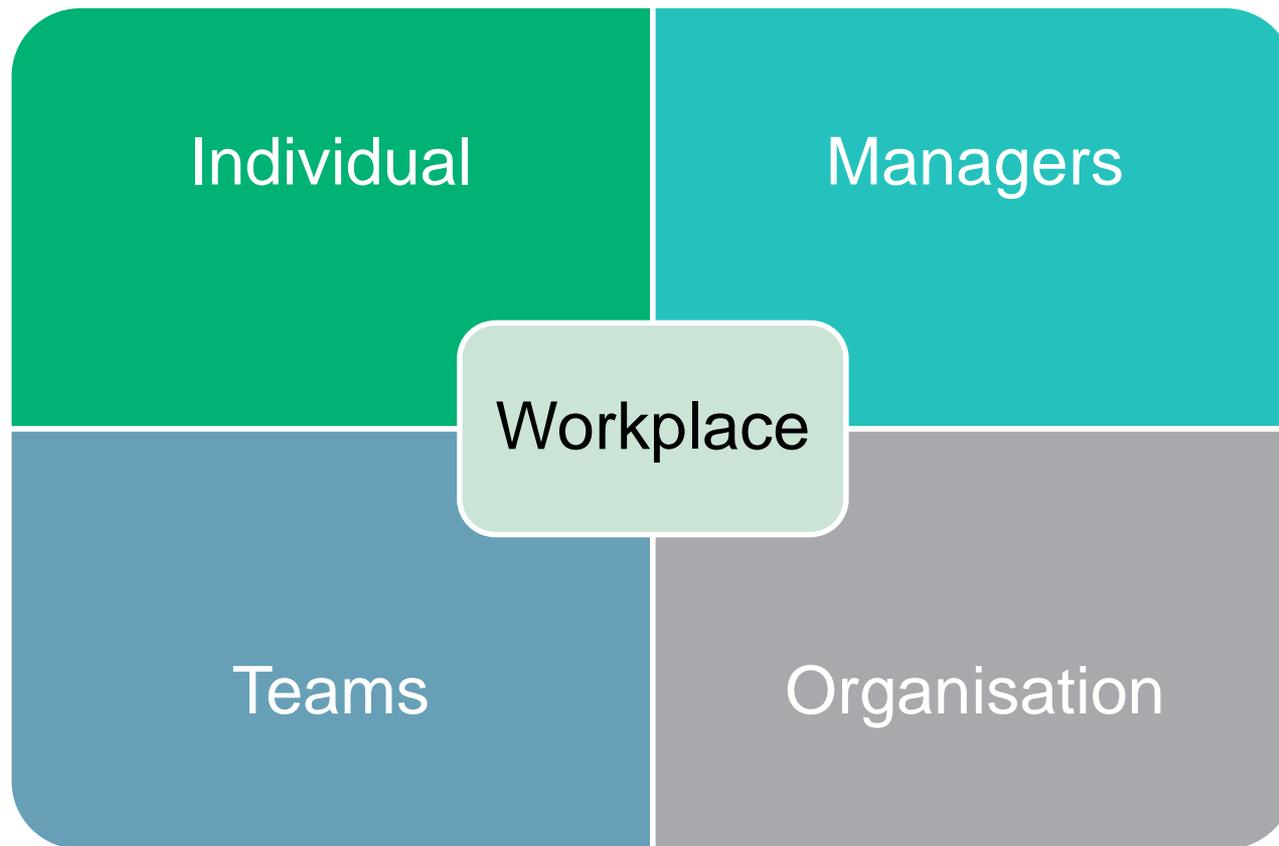
- Other government organisations
- Voluntary sector
- Private sector

Workforce

- Individuals
- Managers
- Organised groups (MHFA, H&W champions, engagement agents, etc)
- PHE Staff survey



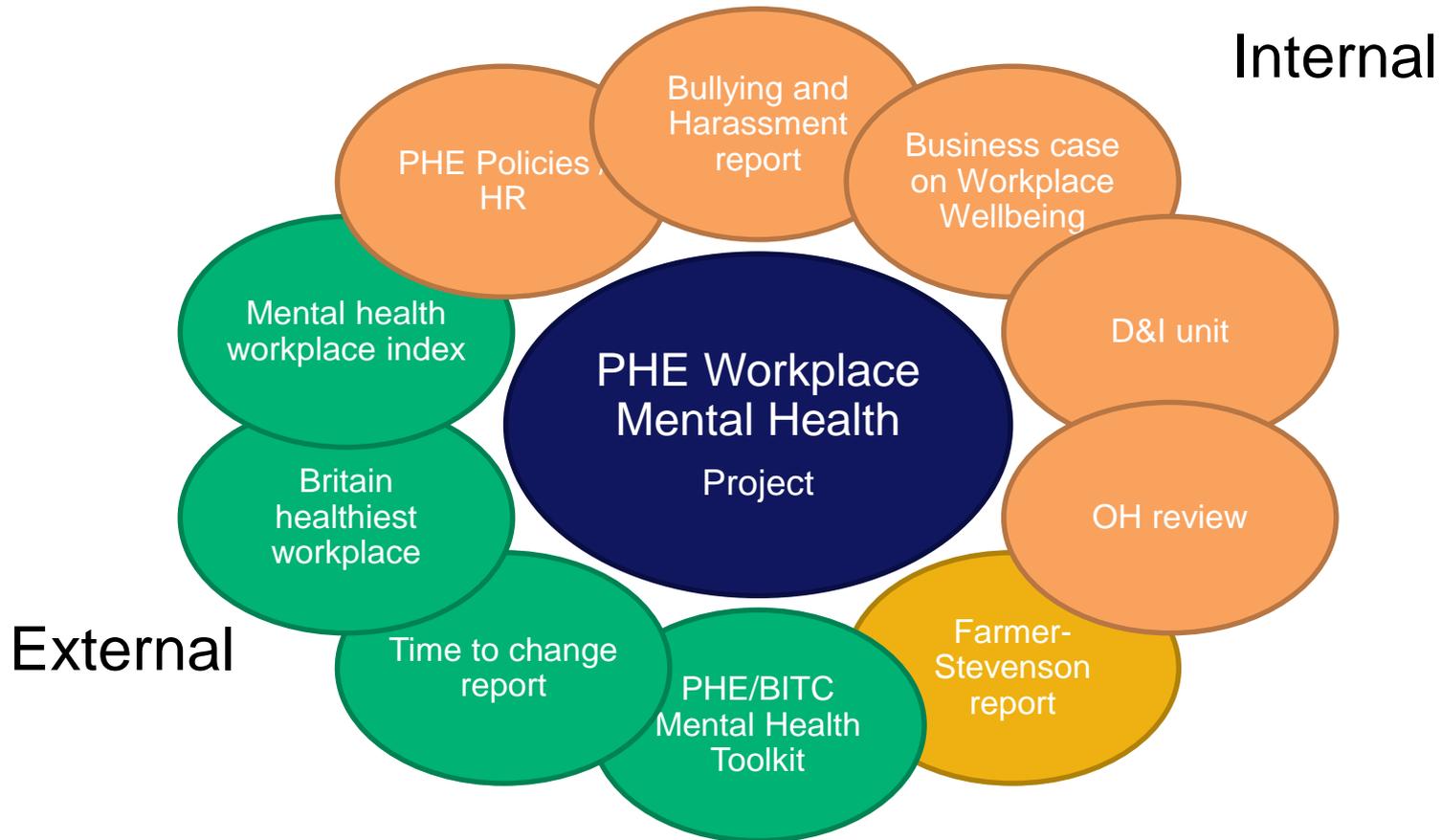
Project approach



Adapted from "Types of Workplace Health Promotion Interventions"



Context: Dependencies and interactions





Challenges and Opportunities for delivery

- Reputational risk
- Inconsistencies with other projects
- Duplication of work
- Loss of momentum
- Funding
- What next?
- Sustainability
- National engagement



Summary

- Mental health conditions are a leading cause of sickness absence in the UK
- Workplaces are an efficacious and cost-effective location for mental health improvement
- Workplace health interventions benefit employers, individuals, statutory services and wider society
- Employment and workplaces have critical impacts and opportunities for health.
- The nature of work and employment is changing, creating new challenges and opportunities for health.



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