



What is good mental health in the city workplace and how do we measure it?

Report for the City Mental Health Alliance

March 2015

1. Introduction

Context and objectives

The City Mental Health Alliance (CMHA) is interested in helping its members assess the mental health and wellbeing of their employees, and to understand the potential impact of mental health problems on workplace performance. To do this CMHA has commissioned Frontier Economics (Frontier) to explore “What is good mental health in the city workplace and how do we measure it?” To consider this question, this project includes three elements:

- Stage 1: A review of existing literature (including measurement metrics) relating to mental ill-health and workplace productivity.
- Stage 2: Interviews with CMHA members and stakeholders for real-world insight into the data they collect that could be used to monitor mental health and its impacts on productivity.
- Stage 3: Consideration of new metrics that can reasonably capture the impact of mental illness and good mental health on work place productivity. Suggested metrics will be presented in a user-friendly toolkit for CMHA members.

This report presents each of the three stages.

This study marks an early step for the CMHA towards building a solid evidence base that can be used to help members understand the impacts of mental ill-health. Plus, importantly, it will help to understand the benefits of promoting good mental health in the workplace. We therefore fully expect this work to be built upon over time.

Evidence used

Three main forms of evidence have been drawn upon to undertake this study:

- i. **Published evidence:** The study draws on a very broad range of UK and international evidence, including academic studies and grey literature.

- ii. **Expert input:** We are very grateful for the valuable guidance and advice from our peer reviewer, Helen Davies from Public Health England.
- iii. **Stakeholders:** we have interviewed 8 CMHA members so we are very grateful for their time and input to this study. We also held a workshop in December 2014 to reflect back our findings from the study and to seek feedback.

Challenges

This study aims to add to the evidence base for understanding the impacts of mental health problems on workplace productivity. It is also intended to deliver direct benefits to CMHA members as they try to monitor and measure the mental health of their employees and to put in place appropriate measures to promote good mental health.

In developing a toolkit as part of this study, there are various challenges to bear in mind:

- Many of the evidence sources refer to mental health conditions as a whole and do not distinguish between, for example, stress, anxiety, depression, post-traumatic stress disorder or others;
- The evidence currently available focuses predominantly on the identification and treatment of mental health problems rather than on prevention or on the promotion of mental wellbeing. Furthermore, impact assessments of mental health promoting interventions in the workplace are rare and often not very robust.
- Current literature is lacking in quantification and metrics relating to mental health problems and their impact on productivity; and,
- CMHA members are from a diverse set of sectors, including the legal profession; banking and financial services; postal services and construction and infrastructure. Each firm has a different set of HR information available and each firm is at a different stage along the journey of understanding mental health issues. The toolkit must therefore cater for a wide audience.

1. Introduction

Structure of this report

This short report summarises the findings and evidence relating to each of the three stages of work. A separate toolkit accompanies this report.

The report is structured as follows:

- Section 2: presents a summary of the main findings from the literature review (a separate report);
- Section 3: provides a summary of the main findings from the eight interviews with CMHA members.
- Section 4: offers CMHA members suggestions for:
 - Staff survey questions that could be included in order to better understand mental health issues within the business; and
 - Suggestions about how data collected by CMHA members could be used to monitor and measure aspects relating to the mental health and wellbeing of employees.
- Section 5: offers an example of the type of dashboard that could be produced to communicate information to senior managers about the impacts of mental illness on the business.

2. Evidence review – main findings

The literature review

The literature review explored the published evidence relating to:

- **Workplace triggers:** The main workplace triggers of mental health problems and the ways in which they can interact with each other.
- **How mental health problems present in the workplace:** The most common mental, emotional, behavioural, and physical manifestations of mental health problems in a workplace.
- **Links between mental health problems and workplace productivity:** The key strands through which employee mental health problems can impact on productivity, including presenteeism, absenteeism, staff turnover, and reputation.

The full literature review is in Annex 1. A brief summary of the main findings is set out below.

- There is generally an increasing level of recognition of the importance of promoting good mental health in the workplace.
- Employees are complex individuals and will face a myriad of personal-life and workplace triggers for mental illness. Work is just one of many factors that can impact on mental health and wellbeing.
- Although an employer is not responsible for all the factors that impact on employees' mental health and wellbeing, they have a duty of care and can be sensitive to **changes** in behaviour that could indicate potential mental health problems. They are able to put appropriate policies in place, create a supportive environment, and in some cases provide access to relevant professional services, such as medical cover etc.
- Our review identified six main categories of workplace triggers of mental health problems. They are: repeated or continuous change; individual employee control over decision making; role and status; support and assistance; demands placed on the employee; and relationships. The extent to which these triggers

impact on the individual will depend on a range of factors, including their own levels of resilience. Individual characteristics are therefore very important.

- Mental illness can present in the workplace in a range of ways – employers play an important role in observing changes in behaviour along with other signs to identify help and support may be needed. Employers can also take steps to promote good mental health.
- Five main channels through which mental illness impacts on productivity identified in the literature are:
 - Absenteeism – days off work as a result of a mental health problem;
 - Presenteeism – this relates to the “loss in productivity that occurs when employees come to work but function at less than full capacity because of ill health” (Sainsbury Centre for Mental Health, 2007). This is particularly difficult to measure as it relies on self-reported information about the incidence and duration of lower productivity, but these are not straightforward for individuals to identify.
 - Staff turnover – costs of recruiting new staff when employees leave as a result of a mental health-related issue.
 - Compensation claims – litigation arising from claims by employees that the workplace is the source of the mental health problem.
 - Brand and reputation – market reputation may be affected by the firm's position in relation to mental health problems. This can affect clients and future recruitment.

3. Findings from interviews

Interviews

To increase our understanding of the information and data that CMHA members already collect and to understand how they might use it to monitor the mental health of their employees, we carried out a series of 8 interviews with CMHA members. They included the Bank of England; Clifford Chance; KPMG; Lendlease; Linklaters; the Royal Mail; and, Slaughter and May, and one other anonymous

member. The topics covered were: organisational characteristics; staff surveys undertaken; HR data collected; client feedback and satisfaction collected; and, HR policies in relation to the promotion of good mental health and the treatment of mental ill-health.

The main findings are summarised below. Our observations are presented on the next page.

		All 8 organisations	Some	None	
HR data	Sickness absence data <i>Obligated to record reason</i> <i>Mental illness listed as an option</i>	✓	✓		
	Timesheet data <i>Total hours worked</i> <i>Time in/ out</i> <i>Utilisation/billable hours</i>	✓ ✓	✓ ✓		
	Employee turnover data <i>Exit interview held</i>	✓ ✓			
	Training attended		✓		
	EAP usage	✓			
	Medical insurance usage		✓		
	Presenteeism measures			✗	
	Self-reported data	Staff survey carried out	✓		
		Every 2 years	✓		
		Every 1 year		✓	
Ask about mental health triggers Externally run		✓	✓		
Measures to treat mental illness	Medical insurance		✓		
	EAP	✓			
	Occupational Health nurse/doctor		✓		
	In-house counselling/CBT		✓		
Measures to promote good mental health	Training / awareness raising programmes for mental health/illness or wellbeing	✓			
	Management training in mental health/illness awareness		✓		
	On-site physical health facilities		✓		

3. Findings from interviews

Observations from the interviews

Looking across the interviews as a package, a number of common themes emerge. These are explained below.

1

There is significant investment in the support of good mental health and well-being with many organisations holding (at least) annual campaigns. The range of support mechanisms for employees is broad, ranging from resilience training, awareness raising through newsletters and annual campaigns, training up Mental Health First Aiders etc.

2

Management awareness and emotional intelligence play a critical role in identifying changes in behaviour, attitude and performance of an employee – all aspects that could indicate a potential mental health problem. However, not all organisations provide management training in this. Some organisations offer training programmes but they are not mandatory for managers.

3

No organisations assess presenteeism, but most think it is an issue: this was noted by several members and many considered the only way to track it would be via the employee's manager.

4

Staff surveys are undertaken at all organisations – questions obviously differ across those surveys but with some common elements. Many organisations already ask about factors that we have highlighted as 'workplace triggers' of mental health problems. For example, issues commonly asked about include work-life balance; supportiveness of management; supportiveness of the organisation; staff satisfaction and issues relating to retention.

5

Data collected varies across organisations: the nature of business activity differs across members so it follows that the nature of HR data available also differs.

6

Sickness absence data is not likely to be accurate. Collecting this data is important to many organisations. However, the data is considered unlikely to be accurate because in high pressure environments, many employees will work from home rather than take the time off. How this is logged is not always clear.

4. Monitoring and measuring mental health of employees

Making best use of data collected by CMHA members

This section provides CMHA members with a range of options to help monitor the mental health of employees by using data they already collect and surveys that they already commission.

Although a suite of suggestions is presented, it is for CMHA members to select those that they feel will add most value for them.

On page 8 we present a list of options for questions that could be included within staff surveys. Options proposed would allow CMHA members to understand more about the mental health of their employees either by asking more direct questions about mental health, or indirectly by asking about the factors that could be having an adverse impact on their mental health.

On page 9 we present a series of options for metrics that CMHA members could develop using the data that they collect (or could collect in the future). These metrics could be used to measure particular aspects of employee behaviour and performance. They are intended to help CMHA members understand more about the mental health of their employees; to identify where attention may need to be directed to address particular issues; or to help monitor the impacts of particular interventions.

Staff survey interview questions

The questions have been developed based on a review of available surveys developed to understand mental health issues and on current practice within CMHA members. The examples provided are intended to cover a range of aspects relating to mental health and mental illness, and CMHA members can select those that they feel comfortable using.

The questions are intended as a multiple choice with respondents providing their answer as totally agree, slightly agree, neutral, slightly disagree and totally disagree.

It is fully recognised however that there are challenges relating to the following:

- Many organisations are not directly able to influence the questions in staff surveys, such as when surveys are developed centrally;
- Some of the questions may already be covered within the staff survey but perhaps worded slightly differently so duplication should be avoided.
- Some members will wish to retain consistency in questions over time so mental health related questions may be additional. There may be limits on how many new questions can simply be added without taking some away.

The questions may be useful where CMHA members wish to develop a bespoke survey, perhaps as part of a 'pulse' survey exercise.

Colour coding

Those shown in **gold** are intended to ask directly about mental health issues; those in **grey** are intended for those CMHA members that would prefer not to refer to mental health directly; and those in **deep red** are wider questions some member may wish to ask to understand broader issues about well being at work.

Metrics

The options for metrics could each be collated using data that CMHA members collect. Given different organisations collect different data, CMHA members should select those that they feel would add value and would help to maximise the benefit of data they already collect.

The list has been developed drawing on:

- Interviews with CMHA members in which we discussed the data they collect and its accuracy – all metrics shown are possible for at least some CMHA members;
- Metrics used within published evidence; and,
- New metrics that could be helpful.

We recognise that data will take time to collect and HR may be geared up to deliver particular information so although a metric may not be possible to derive now, it could be aspired to for the future.

Options for staff survey questions

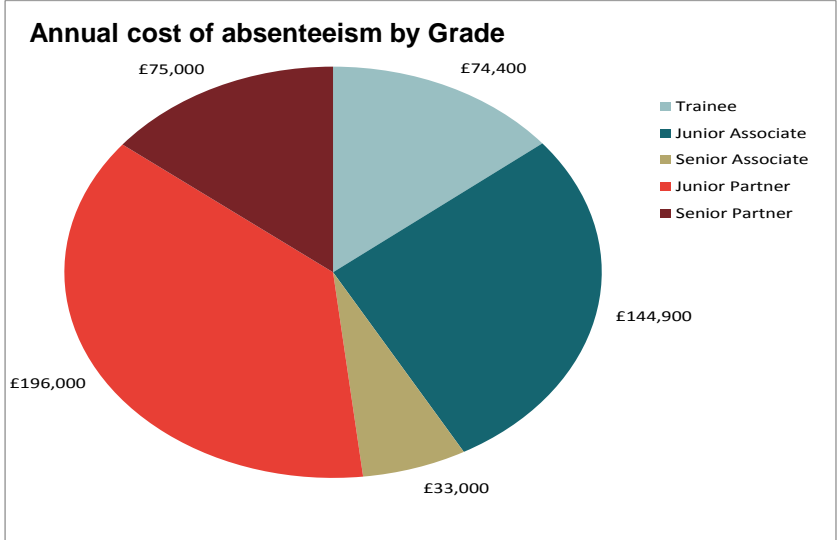
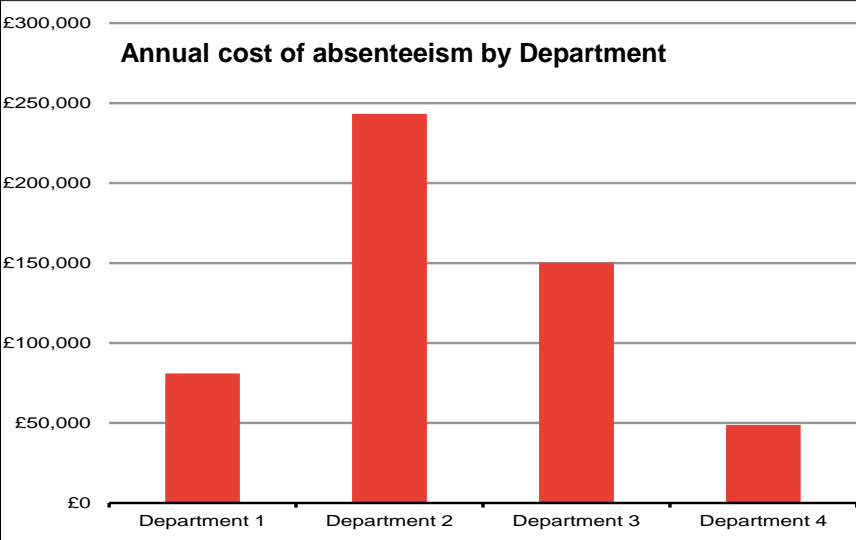
Topic area	Proposed question	Reference
Mental health and wellbeing	<p>1. I feel my organisation helps to look after my mental health</p> <p>2. I regularly check-in on how I am feeling</p> <p>3. I am aware of the measures offered to me by my company to support my mental health and wellbeing (EAP etc)</p> <p>4. I make good use of the measures open to me that support my mental health and wellbeing (flexible working, gym, on-site nurse etc.)</p> <p>5. I regularly feel stressed at work</p>	CMHA members, new questions
Work-life balance	<p>6. I am able to achieve a good balance between my work life and my private life</p> <p>7. I make use of the flexible working options open to me</p>	Civil Service People Survey
Presenteeism	<p>8. In the past week, I have found it more difficult to deliver my usual quality of work on several occasions</p> <p>9. In the past week I have found it difficult to concentrate on several occasions</p> <p>10. On a scale from 0 to 10 where 0 is the worst job performance anyone could have at your job and 11 is the performance of a top worker, how would you rate the usual performance of most workers in a job similar to yours?</p> <p>12. Using the same 0-to-10 scale, how would you rate your usual job performance over the past year or two?</p> <p>13. Using the same 0-to-10 scale, how would you rate your overall job performance on the days you worked during the past 4 weeks (28 days)?</p>	<p>HPQ (Health and Productivity Questionnaire)</p> <p>The World Health Organization's Health and Work Performance Questionnaire</p>
Management support	<p>14. I find my manager is supportive</p> <p>15. I feel able to approach my manager if I need to discuss an issue</p> <p>16. I would recommend my line manager to work for</p> <p>17. My manager encourages me to attend training relevant for my wellbeing</p>	Civil Service People Survey
Sickness absence	<p>18. Over the last 3 months, I have taken sick leave when I needed to</p>	WPAI
Engagement	<p>19. I am interested in my work</p> <p>20. I feel motivated while at work</p>	Civil Service People Survey
Anxiety	<p>21. Over the last week I have felt anxious at work on several occasions</p>	ONS Wellbeing Survey
Happiness	<p>22. Over the last week I have felt happy at work on several occasions</p>	ONS Wellbeing Survey
Physical health	<p>23. Over the last week, I have generally been sleeping well</p> <p>24. I am generally in good physical health</p>	HPQ (Health and Productivity Questionnaire)
Workload and rewards	<p>25. I have a manageable amount of work and deadlines</p> <p>26. I am happy with the rewards (monetary or otherwise) I receive for my efforts</p> <p>27. I make time to attend training to help me manage my work</p>	Civil Service People Survey

Options for measurement metrics

Topic area	Proposed metric	Data source
Sickness absence due to mental health problems (stress, anxiety, depression, other)	Number of sick days / month Number of occurrences of sickness absence / month Average duration of sickness absence (month) % of working time lost (month) £ cost of sickness absence/year (for firm, team, by gender etc)	HR data HR data HR data HR data HR data - toolkit
Presenteeism	Indicative £ cost estimate for the business Number of people reporting productivity loss Average percentage reduction in productivity self-reported over a specified period	Toolkit Survey/ toolkit Survey/ toolkit
Staff turnover	£ cost of replacing staff (advertising, interviewing etc.)	HR data
Hours worked or workload	Billable hours / target hours Total hours worked as % of contracted hours (monthly) Utilisation rate (billable hours/ total available) (month) CPD training hours gained per year CPD training booked but postponed due to workload Red flag: more than [for example, 120%] contracted hours over 3 month period Annual leave taken as % of allocation	Timesheet HR data Timesheet HR data HR data HR data HR data
Usage of workplace measures to support good mental health and wellbeing	Number of employees contacting EAP for stress & anxiety or depression / month Number of employees being referred to OH for mental problems / month Number of workplace insurance outpatient psychiatric consultations / month Number of workplace insurance psychiatric admissions / month Uptake of flexible working practices Gym usage (> 2 visits a week)	EAP provider OH provider Insurance provider Insurance provider HR Gym provider
Management awareness of mental health issues and supportive practices	Number of hours training attended by managers for mental health awareness per year Number of hours training related to good people management per year % of performance reports returned to HR on time each year % of staff rating the manager 'good to very good' in 360° feedback	HR data HR data HR data HR data
Employee self-management of mental health and wellbeing	Number of hours training attended for mental health-related awareness per year Number of hours training related to stress management or resilience / year Number of hours training attended for wellbeing /year Number of staff (or teams) with mental health action plan following training	HR data HR data HR data Team manager
Employee turnover	Number of people leaving because of work-life balance Number of people leaving because of unsupportive management	Exit interviews Exit interviews
Value for money of measures to promote good mental health	Cost per attendee % of attendees reporting positive impacts after one month of training % of attendees reporting positive impacts after 6 months of training Break even analysis: number of hours of absence that would need to be avoided to break even with the cost of running resilience training	HR data HR data HR data HR data

Proposed dashboard – dummy data only for illustration

The toolkit has been developed to allow CMHA members to estimate the order of magnitude of costs of sickness absence and absenteeism. Below is a suggestion for a dashboard that could be used to present the information to management.

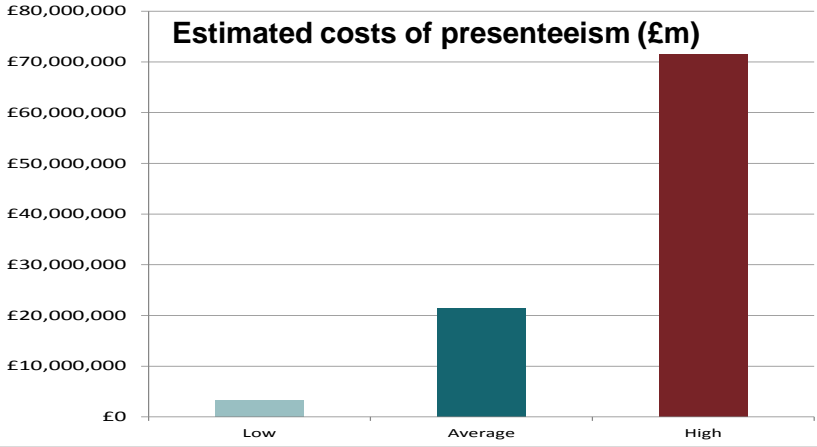


Commentary: sickness absence due to mental health problems

This appears to be more prevalent among trainees and Junior Associates. This is reflected in the highest prevalence of those grades in departments 2 and 3. This could imply that we need to pay particular attention to the support of more junior staff. We also need to monitor whether more senior grades are logging sickness absence accurately.

Commentary: Presenteeism costs in the estimated range £3m - £71m

Our estimated costs for **presenteeism** show that even under cautious assumptions that only 3% of employees have some form of mental illness and they lose less than 1 hour per day by being less productive, **this could cost the business around £3 million per year**. The cost could be as high as £71 million per year if prevalence rates are higher and employees are even less productive.



Action required

- Investigate sickness absence among junior employees
- Check absence recording for senior staff
- Train managers to observe potential presenteeism

ANNEX

Questions used in the stakeholder interviews

1. Organisational Characteristics

To build an understanding of the company and how they currently consider mental health issues

- How would you describe the nature of the services you provide?
- How many employees are there in your organisation?
- Where are your offices located?
 - Do staff work in your offices, with clients or on-site?
 - Do staff regularly travel for work?
- How would you describe the culture or values in your company and how well are they promoted?

2. Staff surveys

To understand if the company carries out staff surveys and if so, what information is collected.

- Do you carry out staff surveys? If so, how often?
- What sort of information do they cover?
For example:
 - Is work-life balance assessed?
 - Is management practice assessed?
 - Is staff satisfaction assessed?
 - Is level of peer support assessed?
- Is the information collected
 - For individual staff members;
 - Across the staff body as a whole?

3. HR data

To understand what data is collected about employees for HR or administrative purposes

- What information on employee absences is recorded?
- How are employee absences recorded?
- What information on timeliness is recorded?
- How is employee timeliness recorded?
- What information is logged on employee work-life balance?
- How is employee input into work recorded?
- Does your organisation attempt to identify “presenteeism” (employees spending longer at work than the required hours)? If so, how?
- Do you monitor working patterns of your employees? If so how?
- Do you record employee outputs or deliverables? If so how?.
- Does your organisation record employee turnover?

4. Client data and satisfaction

To understand what information the company hold’s on company performance.

- How do you measure the success of your company?
- Does your organisation monitor client satisfaction?
 - Over time;
 - Over different clients;
 - Other?
- Does your organisation monitor brand reputation? If so, how?

5. HR Policies

To understand HR policies relevant for mental health.

Performance Management

- How are staff targets or objectives set?
- How is staff performance measured (for example, revenue targets, outputs delivered, cases closed etc)?
- What information is collected on employee performance?

Employee welfare

- Do you currently consider mental health in the workplace? If so, how?
- Does your organisation have a health insurance scheme?
 - If so what data is collected?
- Does your organisation have an Employee Assistance programme?
 - If so what data is collected?
- Does your organisation have training programmes in place?

6. The CMHA Toolkit

We aim to deliver a tool which outlines a suite of potential metrics for member organisations to monitor employee mental health and productivity in the workplace. This information can then be assessed over time and ultimately compared across organisations.

- What would you most like to monitor about the mental health of your employees?
- Would you be willing to gather new or additional data if it helped monitor the mental health of your employees?
- How would you use indicators of mental health in your company? For example, within HR, reporting to the Board etc.
- What data do you collect that you think is most relevant for considering mental health of your employees?
- How do you think you would benefit from being able to use a toolkit to monitor the mental health of your employees?



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