

See Me in Work Webinar transcript (video length: 00:34:15)

Mental health inclusion at work: What does it really mean?

Speaker: Rachel Bottomley, Improvement Officer

Fantastic. So I will first just start by giving us a little reminder of what we're going to cover in this morning's session.

By the end of this morning's session, we hope that you will all have an increased understanding of what we mean when we talk about mental health inclusion; an increased understanding of what an intersectional approach means; increased knowledge of what it means to have an intersectional approach to tackling mental health stigma in the workplace, and increased your awareness of what tools and resources are available to support employers and line managers.

So the timings for today, it will be... the first part of the session will be presentations. So it'll be myself giving an introduction to mental health inclusion at work. My colleagues Sahaj will then talk about defining an intersectional approach and some of the work that we've been doing at See Me.

We'll then hear from Heather Richmond, who is one of our live experience volunteers.

We'll then have five minutes for a Q&A, so the Q&A function has been enabled. If you do come up with any sort of questions or anything that you would like to ask us, please feel free to add those to the Q&A during the presentations, and then when we get to that section, I'll have a quick look at any questions that have been added and put those to the relevant person. We'll take a quick comfort break then around about 25 past 10 for five minutes and then when we come back, we will look at putting you all into breakout groups so that we can discuss putting all of the theory that we've just listened to into practice, and we'll have some sort of questions to discuss in those groups about what that might mean for your workplace, and then we'll round up and finish just in time for 11:00 AM.

So, to start, what we mean by mental health inclusion, to introduce that: what we mean when we talk about mental health inclusion in See Me in particular, I'm going to start by doing a bit of scene setting.

Slide: Settings the scene...

So if you're not familiar with See Me, we are Scotland's national programme to tackle mental health stigma and discrimination. We have been around in Scotland since 2002 and we have evolved over time since then into a multi-layered programme.

We're fully funded by the Scottish Government, which is how we're able to put on sessions like this for you at no charge, which is fantastic.

So over the years at See Me we know that workplaces are one of the settings where people experiencing mental health problems are also experiencing high levels of stigma

and discrimination. We also know that experiencing mental health stigma and discrimination at work is having a greater impact on people's lives.

Outside of work and we'll explore this in a bit more detail later on.

But first, I'd just like to share a bit of how we actually know this.

So during the pandemic we saw that data was suggesting that some aspects of mental health stigma were reducing. All of a sudden, mental health was being openly talked about more than ever before. Public awareness of mental health increased and many people developed a more sympathetic view towards those who were speaking up and seeking support.

We saw more people reaching out for their mental health for the first time, but we also saw evidence that the inequality already been experienced by some people and groups prior to lockdown had actually increased. People with experience of long term and enduring mental health problems were facing greater levels of stigma and additional economic and social challenges, and they described to us facing additional challenges in education, in securing and sustaining work, and in accessing personalised health and social care.

People who experience intersectional stigma due to the marginalisation of aspects of their identities relating to other protected characteristics like race, ethnic diversity, disability, sexuality and gender identity, etcetera. We also found were disproportionately affected. And it's worth noting here that intersectional stigma, dual stigma and multiple stigma are terms that are sometimes used interchangeably, but they are in fact three different things.

And I will later be handing over to my colleague Sahaj for... to explore this in more detail.

So See Me, we recognised the need for a clearer picture on how this is impacting people living and working in Scotland, so we commissioned a first of its kind piece of research for Scotland in partnership with the Mental Health Foundation and Glasgow Caledonian University.

Slide: The Scottish Mental Illness Stigma Study (00:05:21)

So the "Scottish mental illness stigma study" or SMISS to give it its nickname, and I'll refer to it and SMISS because it's just easier to say, it was the first of its kind piece of research for Scotland, exploring how people with experience of long term and/or complex mental illnesses were facing stigma and discrimination in various different life areas, including in relationships, in healthcare services and mental healthcare services, and, of course, in employment.

And the results of the study showed us that years of stigma and discrimination towards people with mental illness has left people feeling ashamed and assuming that the public and people in positions of power think the worst of them, including that be a

dangerous, to blame for their conditions, and the impact of discrimination is that more than half of people with mental illness respect themselves less because they think they will never get better.

Slide: Intersectionality quote (00:06:35)

And although the profile of the respondents that responded to that study didn't fully represent the population of Scotland in terms of ethnic diversity, we did manage to collect some intersectional data. So here's a quote here from somebody who was experiencing stigma and discrimination in the family setting.

Slide: Frequency and impact of stigma and discrimination... (00:06:45)

The survey respondents were asked two questions about the different life areas that they experienced stigma and discrimination as a result of their mental health conditions.

Firstly, which life areas do they experience stigma and discrimination most often, and secondly, of those areas where they do experience stigma and discrimination, which has the biggest impact on them.

And you can see that while stigma and discrimination is experienced more frequently in some areas like mass media, it's nowhere near as high for impact, and areas like employment, which aren't as frequent have much more impact; and you might not find this surprising as our ability to find and stay in employment can impact on every other area of our lives from having the funds to go to the gym, visit family and friends, take holidays, being able to access childcare, etcetera.

It's also maybe not surprising to see that the frequency that stigma and discrimination occurs in the workplace, is not even ranked on that first column because we know that many people still don't even want to open up about their mental health at work.

Next slide: The impact for employees... (00:08:00)

So the impact of this, in terms of employees, in terms of our colleagues, I'll just read out the first quote in the left column there because it really does describe what it is we're trying to tackle here at See Me.

"My manager has been very judgmental of one of our sales assistants, mental health struggles, and as a result, I haven't told anyone about my specific diagnosis or symptoms."

When people experience stigma and discrimination at work, either directly or through witnessing how a colleague has been treated, they will remember how that felt, and the study revealed really high levels of anticipation of being treated the same way again.

85% of respondents said that they'd stopped themselves from applying for jobs; 75% hadn't been open about their mental illness needs and experiences at work; 45% had

resigned or left employment before they wanted to; 63% stopped themselves for asking for flexible work arrangements or other reasonable adjustments.

People experiencing and witnessing stigma and discrimination at work are less likely to apply for promotion opportunities; less likely to speak up and ask for help when they need it; more likely to leave work before they are ready, and more likely to hold themselves back from future employment opportunities as a result of that anticipation that they will be treated the same way again.

Slide: The impact for employers... (00:09:39)

The impact for employers. The fear of stigma and discrimination that we've mentioned there can result in increased long term sickness absence; it can get in the way of retaining staff. It can impact on quality of services, and recent research has estimated that the total cost to employers in the UK of poor mental health has actually increased and is now estimated to be around £56 billion every year. And we know that the numbers in Scotland are somewhere just around £1,500 per employee per day on average.

So just to unpick that in a little bit more detail, the higher rates of long term sickness absence in employees can occur because when people are reluctant to speak up and ask for support at the very first signs that they're struggling, it's more likely to go for longer before that person accesses help that results in you becoming more unwell and then taking longer to recover. In terms of retaining staff when talented and loyal employees feel it would be better or easier option for them just to leave, rather than having to disclose a mental health condition.

The impact on quality of services to clients when people push themselves to continue to work when they really need to be taking time off to rest and recover, this can lead to reduced productivity, not to mention high staff turnover related to the previous point.

And when we look at the estimated cost, about £56 billion a year that I mentioned, presenteeism from mental ill-health alone is costing around £15 billion a year. So actually, the cost of presenteeism is now higher than the cost of sickness absence.

Slide: The benefits of getting it right... (00:11:49)

So the benefits of getting it right, when an organisation does get it right in supporting mental health needs of the workforce, it creates a more positive team environment. Employees who see their organisation taking action to prioritise workplace well-being will be more engaged, more likely to take part in well-being initiatives. More employees seeking help early can reduce long term absence rates, relieve workload pressures on other colleagues as a result. It's well documented that employees with good mental well-being are more likely to be creative, loyal and productive, and recent data from Deloitte's Global Survey of Millennials and Gen Z highlights that there's a global trend when it comes to recruitment, with more than 80% of respondents saying that they consider an employer's mental health support or policies before accepting a job.

Slide: Quote (00:12:44)

So while some of the stigma that people experience in the workplace is a result of self-stigma, primarily we can say that it is a direct result of structural stigma and discrimination, and it's a consequence of organisational norms, rules, policies and practices that can arbitrarily restrict the rights of and opportunities for people experiencing mental health problems. And that's why we talk about it being essential for employers to take whole organisational approach to mental health in the workplace.

Taking into account the mental health needs of employees of employees across all aspects of the employment life cycle from recruitment, to being in work, to being off ill; but also recognising that employees experiences in previous employment and in their wider life can also create barriers that impact them in their current employment. [Clears throat] Excuse me. And here's just one example from SMISS that does highlight good practice.

[Slide reads: My team was very good about working my shift patters around my weekly group therapy. I was nervous to approach them and they made it feel like no big deal at all.]

Slide: Our key message (00:13:50)

When employers come to See Me struggling to understand why their colleagues aren't engaging with supports that are being offered, the answer is often found in See Me key message: tackling stigma and discrimination and addressing the barriers that they create is foundational to any action to improve mental health, and that's especially true in workplaces. So you can have all the help lines and mental health first aiders in place, but if stigma is present, those efforts are likely to be less effective. But when mental health stigma and discrimination are removed, people feel listened to, valued, included and respected; they have better access to and experience is of services and support; they're more likely to achieve the outcomes that are important to them, including accessing and staying in employment and developing fulfilling careers. And so this is what we mean at See Me when we talk about mental health inclusion. It's about removing those barriers.

So hopefully we've made here quite a strong case for making sure that organisations have got access to the knowledge and support that they need to both understand and take action to remove those barriers that we've just looked at. But See Me isn't a lone voice in this; there is legislation in Scotland and the UK that requires employers to take action as well. And unfortunately, a surprising amount of organisations are still lacking the knowledge that, for example, health and safety in the workplace is no longer just about slips, trips and physical harm, but it also extends to the psychological harm that can result from extended exposure to work related pressure and stress, and that failure to make reasonable adjustments for employees with mental health conditions is a specific form of unlawful discrimination outlined in the Equality Act.

Slide: What the law says... (00:15:48)

It will take a little look at what the law says in relation to mental health inclusion.

As many organisations do now have a mandatory induction training available for new starters that introduce these topics, but it's important to remember that in legal terms, the term employer does also extend to employees that hold line management responsibility, and people are often promoted to managerial roles internally because of their technical or business skills. It may have been sometimes since that initial induction training; it might not have been knowledge that the employee was previously required to call on a regular basis, and when the recruitment and induction process, the managerial positions as well as learning and development available once managers are in post, does not explicitly outline the expectations and legal duties of the role in relation to employee mental health, and important knowledge can be missing, potentially leading to the unlawful discrimination of employees.

So the Equality Act 2010 requires all employers and providers of goods, services and facilities not to discriminate against people who have disabilities, including mental health conditions that fall within the description of disability.

Discrimination is not just about bullying and harassment, and the Act defines 6 different types of discrimination; it's actually 7 now. There was another one added recently. It's essential that all employers and line managers have the correct understanding of their obligations under each of those different types of discrimination, and The Act also places a specific duty on public sector organisations, the Public Sector Equality Duty, which requires organisations to meet three specific needs that also align with See Me's strategy.

Slide: The Equality Act 2010... (00:17:44)

So I've laid these out here. In the left column we've got the duty required under the Equality Act, and then next to that, on the right, we've got See Me's "With fairness in mind" is the name of our strategy, and how we've aligned that.

So number one, to eliminate unlawful discrimination, harassment and victimisation, and other conducts that is prohibited by the Equality Act 2010. And that aligns with theme's message that in order to tackle discrimination you have to consider the presence of stigma because wherever stigma exists, there is potential for discrimination to occur.

Number two, advance equality of opportunity between people who share a relevant protected characteristic and those who do not. So at See Me we promote what we call 'mental health inclusion', which is working to create environments and cultures where people are able to speak out about experiencing a mental health problem, without fear of recrimination; and when they do, they are treated equitably, with dignity and respect.

And number 3, foster good relations between people who share a protected characteristic and those who do not. This is what we refer to at See Me as 'social

contact', people who have lived with or are living with mental health problems are central to our success and action to end stigma and discrimination. So we encourage social contact to be embedded in not just everything that we do, but organisations that are wanting to make efforts to improve mental health inclusion.

Slide: (00:19:31)

So I've summarised here a couple of examples of some of the common mistakes that can be made in workplaces that result in unlawful discrimination, and usually it's as a result of that lack of knowledge and understanding that I mentioned earlier.

So refusing a request for a reasonable adjustment, this could occur because somebody doesn't think it's fair on the rest of the team or because that they don't think that workplace adjustments apply in the case of mental health conditions. They maybe think that it's only for employees with physical disabilities.

Withholding work related opportunities. This could be for example promotions or preventing somebody from taking on new work or projects because an assumption's been made that that person won't be able to cope.

Avoiding or ignoring the employee, usually because somebody doesn't feel comfortable having a conversation about mental health, or because they're worried about saying the wrong thing.

Moving somebody into another role without discussing it with them.

Breaching confidentiality. Can take place when somebody is sharing details of an employee's situation with colleagues without their consent. Sometimes that can be done with good intentions, but other times it can just be down to workplace gossip.

And not allowing time off to attend counselling or therapy sessions. This can sometimes be down to a misunderstanding that therapy also counts as a medical appointment.

So we've touched on earlier the business cost, which is higher absence rates, higher staff turnover or less engaged and productive workforce, and in some cases, some of these actions which as I've mentioned are not always intentional, can result in an expensive and damaging employment tribunal.

Slide: Thinking about intersectionality (00:21:30)

Now I mentioned earlier that we touched on intersectionality, and I'm going to now hand over to my colleague Sahaj to talk us through that in a little bit more detail.

Taking an intersectional approach and intersectionality is a relatively new term for lots of people, and it's something that can actually be quite complex and nuanced. It's possible that organisations, as I said, are using the term interchangeably to mean other things.

But it does actually have very specific meanings and at See Me, we've been doing some of our own internal work to make sure that we're very clear on our own understanding of what it means to take an intersectional approach, and make sure that we are using the term correctly. So I'm now delighted to hand over to my colleagues Sahaj to introduce 'defining and intersectional approach'.

Speaker: Sahaj Kamra- Project Officer - Communities & Priority Groups

Slide: Defining an intersectional approach (00:22:32)

Thank you, Rachel, and good morning, everyone. As Rachel said, I'm Sahaj Kamra and I'm one of the project officers in Communities and Priority Groups at See Me. I'm sorry I sound a bit funny today. So yeah, defining an intersectional approach. So this quote by Audre Lorde explains the whole concept very clearly. There's no such thing as a single issue struggle because we do not live single issue lives.

So as Rachel talked about mental health stigma and different life areas and contexts like relationships and work, and healthcare, and, mental health stigma is felt in these life areas, and just like these people have different identities for sets such as ethnicity, gender, sexual orientation, disability and so on. And they create like a whole different experience for an individual and it is different for everyone. It's a distinct experience. And Kimberly Crenshaw, who's an American Civil rights advocate, gave language to these overlapping identities, and it's very important to emphasise that it's not the identities that is a problem, but by default there is some intersecting identities which are prioritised in the system that we live in, such as white, heterosexual, male and able-bodied. And these systems of power create moulds that are expected from everyone to be fitted in, but they're missing out on a large number of people whose needs remain unfulfilled.

And as the court says that we do not live in silos, we have like multiple aspects to our life and to our identities, and just to point out, this is the identities and it can change in different... The power and privilege can change in different time and space; for example, this code by a lady who said this in a training that I attended: "when you come from a majority black African country, you never really think about whiteness and the proximity to it. Only when I started travelling did I become a black woman." So it can change, when you in... with different space and time and context.

Can you change the slide, Rachel?

Slide: Defining an intersectional approach (00:24:48)

Thank you.

And at See Me, as Rachel said, that we are continually discussing and beginning to understand how these intersections of power and marginalisation, all wider societal adversity, can create distinct disadvantages for some and advantages for some. So these systems of power and marginalisation include racism, homophobia and sexism.

And adversities include substance use, trauma and poverty. And these interconnected and overlapping systems create inequalities in mental health support and outcomes, so an example of this can be black people are more likely than white people to be detained in hospital due to being perceived at risk to themselves and to others; that's by Mental Welfare Commission; and the stigmatisation of these multiple facets of identities create a unique experience, which is... which is very important to understand and it has come up time and again that mainstream institutions, which are mainstream institution services, which we are a part of, can marginalised by default and reproduce inequalities when there's not a deliberate effort to challenge that status quo, and in mental health context specifically, the available support or community engagement methods may not be maybe suitable for some and may not be like, completely not accommodating the needs of many and some... for example, some racialized groups experience greater exposure to stressful events, such as microaggressions and like discrimination and financial burdens, and so on, which directly effects their mental health.

And mental health stigma is produced and upheld at various levels in the society; it's not just one layer to it, and it is from individual attitudes to behaviours to institutional policies, which can be then internalised by some individuals and then it can automatically produce a feeling of inferiority, and some identities and experiences can be valued more than others, such as I mentioned earlier white, male, able-bodied, heterosexual, and which can systematically discredit the groups that are not part of these intersecting identities and they can like produce harmful stereotypes such as 'oh the hysterical woman', and this also like compounds the stigma that is related to mental health for them.

And there's a historic tendency in service design to go for the low hanging branches. I like this analogy, to explain the whole approach can, as Rachel said it said it, it can be nuanced and complex, so low hanging branches. So like it's the historic tendency and service to design to go for the low hanging branches, adopting approaches which cater to only some population, generally those valued most by the system and is called 'the mainstream'. So these leave out the voices and experiences of many marginalised groups and these groups are then labelled as 'hard to reach'.

So this process basically is exclusionary and deliberate efforts are needed to address that, and to actively include these groups.

[Clears her throat] Excuse me. To counter this approach, it is important to reach the furthest away branch, and it is said the assumption is that, if you catch that branch you'll catch all the branches on the way, and it is from a training that I attended by The Collective. So it demonstrates that an intersectional approach is much needed to dismantle and distribute power in a way that is, that improves the lives of most marginalised in the system. And as Rachel said, that we as a national programme, see See Me is on a deliberate journey to with the strategy, With fairness in mind, to better understand these distinct experiences as they very importantly, relate to mental health stigma and discrimination. So how we are doing it is by working in partnership with

community organisations who are experiencing multiple marginalisation and using community development approaches, and to co-produce solutions which are based on the strength, skills, knowledge and expertise that exists within the community.

And it is very important to ask these questions continuously in the organisation, that: who's not being represented and who's given priority, which identities are prioritised and who's the most marginalised, basically.

I'm sorry. Can I move to the slide "acknowledging the cultural context", Rachel, please?

Skips slide

And it's next slide, please.

Slide: Acknowledging the cultural context... (00:29:49)

Thank you. Thank you. And so the cultural backgrounds also influence the experiences of mental health stigma at individual and at group levels. For example, the words that we use to express mental health and stigmatisation can vary differently within different groups. So it's surprising but like, in many settings, well-being is the word which is, which resonates with most communities, rather than using the word mental health.

We have been told by a range of partners that the words 'mental health' can hold associations which can cause more harm than good, and they can also feel alienated by the terminology that is used. So the learning is from here, that being flexible to incorporate a range of knowledge and understandings, and, as I said, that mental health support is not always culturally appropriate, and therefore the groups may not get the support that they need at that time because of lack of control and the understandings in the systems, and mental health support can be... a mental health can be seen as a perceived western concept rather than, you know, getting the support that they need at that point of time.

Can I, next slide, please?

Slide: Strategic planning for an intersectional approach... (00:31:11)

Thank you, Rachel. So I'm not going to go into a lot of detail, but just a key point, just some key points to highlight from this slide.

So intersectionality might be a little complex and nuanced, but it's not a separate lens. It weaves through everything and across everyone's experience, not just marginalised populations and recognising, I always say this, but like it's a mindset and recognition is the key of your own identity and privilege and power. So for example, yeah, so it's basically creating the right conditions where people feel safer to express their emotions and express what they're going through, and critical reflection is very important to understand these experiences constantly having that space to reflect what is being right and what's being, you know, what can be done better, and having that reflexivity of your own identities and so on.

And then, yes, I think I've covered a lot of it in in the last slides and just acknowledging that we do not live in silos and equipping leaders and dismantling the barriers too that perpetuate inequality and working towards it.

Then can I have the next slide please?

Slide: What needs to be done... (00:32:33)

So yeah, so what needs to be done is more in depth understandings of these contextual factors in which mental health stigma and discrimination exist, and a broader frame which incorporates differences in in definitions because some people might, as I said, that some people do not resonate with the word 'mental health' and like 'well-being' is the word that they use the most. So like incorporating all of this in definitions and understanding what these distinct experiences are is very important to help them gain the support that they need in the future.

And also like understanding the role of our institutions in holding systems of power and marginalisation in our society, and working to transform cultures and systems which actively embed anti-discriminatory systems, policies, cultures and practices, because I say this a lot but like, it's an active... it's an active journey... you... it... it's anti discriminatory so. Yeah, like being actively engaged to address marginalisation and understanding distinct experiences is very important.

So that's me. Thank you very much. That might have been a bit of a rumble, but over to you, Rachel.

Speaker: Rachel Bottomley, Improvement Officer

Thank you, Sahaj, and thank you for doing that absolutely stuffed full of a cold. I thought I thought you managed very well there. So I'm just going to stop recording.

Recording stopped