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MENTAL HEALTH AT WORK

PART 2: AFTER WE'VE OPENED THE BOX

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In the first part of this blog, I drew an analogy between the myth of Pandora's box and the issue of mental health in the workplace and made a case for our having the curiosity to open the mental health box. I looked at the situation of Mary, a senior lawyer whose emotional distress impacted her performance and relationships and left her co-workers unsure about how to support her. In part 2 I look at the courage we need to deal with mental health issues once the box has been opened and explain why we should be full of hope about our ability to deal with mental health on both personal and organisational levels.

Courage

As I described in part 1, Mary's co-workers were hesitant and unprepared to support her on a personal level and the firm had no organisational policy or procedures to guide effective interventions. Unlike Pandora, they were reluctant to open the mental health box.

When Pandora opened the box, she created an irreversible situation: she couldn't get the evils she had released back inside and she was left terrified, despairing and frustrated until she realised hope had been left behind. Similarly, the momentum to promote mental wellbeing and caring for poor mental health at work is also becoming irreversible and the issues can seem overwhelming in many ways, not least emotionally and financially. According to the Lancet Commission, by 2030 the annual cost of all mental health problems to the global economy could be as high as US$16 trillion.[i] We are going to need courageous people and organisations to confront these issues.

Due to stigma, mental health is less well understood and tolerated than neurological and physical conditions (e.g. cerebral palsy, Down Syndrome, blindness) with which we are more familiar. Organisations have come a long way in creating the right conditions for workers with such impairments. In recent years there has been a movement led by mental health campaigners, policy makers and leaders acting as game changers, to make sure that those impacted by mental health conditions can fulfill their potential and enjoy the same rights as those with physical impairments. In order to make such progress, we have to address the fact that poor mental health distorts an individual's perception of both context and self, influencing emotional reactions (impatience, disengagement, self-disregard). Considering that such emotional reactions will have a negative impact on those who interact with these individuals, the conclusion is that poor mental health has a higher impact on relationships than physical impairment.

The top three causes of work-related stress are workload (62%), leadership style (43%) and relationships at work (30%).[ii] There is no reliable data to identify the extent to which stress is associated with incompetent management or with managers who are in poor mental health. Either way, exposure to dysfunctional management for a considerable length of time impacts team members' mental health. If we are serious about approaching poor mental

health in the way we approach physical impairments, then we have to bring the medical perspective into leadership assessment (i.e. remuneration, development). This raises some ethical questions. What if poor mental health conditions become an alibi for inappropriate behaviour, putting co-workers' mental health at risk? Should organisations treat managers who look for treatment differently from those who don't? How will we manage the boundary between personal and professional issues? The challenge is to learn how to address a colleague whose behaviour is contributing to a toxic environment and then, with the help of HR, medical professionals and psychologists, assess whether the issue is one of mental health or managerial incompetence.

In his book, *Dying for a Paycheck (2018)*, Jeffrey Pfeffer defends the idea that organisations should be held legally and financially accountable for their human resources footprint, just as they are held accountable for their environmental footprint. Pfeiffer defines the HR footprint as the impact of organisational culture on employees' mental health. The deterioration of working conditions impacts the HR footprint and as result we observe an increase in stress, burnout and absenteeism.[iii] Solely blaming organisational culture or specific individuals as the cause of others' poor mental health is both naïve and dangerous. There are many other contributory risk factors, including genetic predisposition, personal background, resistance to proper treatment and the lack of a support network.

Geoff McDonald (2018), points out that organisational accountability has to walk hand-in-hand with individual accountability. Individuals have to embrace the fact that they need to care for their mental health just as they care for their physical health.[iv] In practice this is about increasing our level of self-awareness and developing socio-emotional competencies. We might hope that over the next few years there will be a similar synergy between organisational and individual accountability when it comes to mental health support.

Organisations have had to realise that if they neglect their environmental footprint, sooner or later their raw materials will become scarce, their share price will fall dramatically and their customers will look for more politically correct suppliers. What can we learn from this process when it comes to their HR footprint?

According to Manfred Kets de Vries (2018), the best places to work allow individuals to remain true to their values and align their behaviours and practices with the company's stated vision.[v] He calls these organisations "authentizotic" – vital to life – because they promote individual wellbeing and fulfillment but without a sound business case, very few organisations will invest in creating authentizotic places to work.

Ironically, while organisations are still trying to make up for lost time when it comes to addressing the negative impacts of current working conditions, future challenges are already bearing down on them. It is as if we are living in a Flintstones era when it comes to addressing mental health at work and a Jetsons era when it comes to absorbing the impact of technology. Living "in between eras" like this generates an environment that is definitely not conducive to mental wellbeing, as individuals are unsure about the future of their jobs and professions, and subject to a constant process of reinvention and retraining.

So many challenges to confront and so much courage to be summoned up on so many fronts – individual, organisational, national, social, economic, cultural. But let's not forget the last small voice in Pandora's box: hope. There's a lot to be optimistic about and a lot we can do.

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Hope

Returning to Mary, why didn't she feel able to approach a colleague or her CEO about her difficulties? There are several possible reasons: lack of self-awareness about her emotional condition and the impact it was having; fear of being stigmatised; feeling unsure whether the organisation would support her. But looking at it another way, what prevented her boss and colleagues from approaching Mary? Were they afraid of overreacting? Did they feel they weren't competent to start the conversation?

According to the *Mental Health Report from Business in the Community: Seizing the Momentum* (2018), the building blocks of mental health are not yet established, so there is a lack of measurable evidence that organisational interventions are effective.[vi] However, this doesn't mean that leaders should wait for the perfect way to deal with the issue of mental wellbeing at work. Pandora went back to the box and released hope. The point of the story is that hope can mitigate life's miseries and evils. Hope is also a call for action.

A study published in the *British Medical Journal* (2018) looked at depression in the workplace in 15 different countries, questioning about 1000 managers and employees. It found that managerial responses were at least as important as a country's financial resources when it came to improving productivity and absenteeism.[vii]

Manfred Kets de Vries (2019) asks, "When hard-driving corporations with Darwinian cultures institute wellness programmes, is their real goal to change employees' lives or do they most often serve as a way to prevent overworked individuals from completely burning out?[viii] Sadly, the answer is the latter." Without a change of culture, leaders will continue to believe in quick fixes and fail to build authentizotic organisations.

There are a number of interventions leaders can make to promote mental health and support poor mental health.

- Make mental health a strategic priority and create a sound business case.
- Increase the level of job control by creating roles with more fluidity and autonomy (job crafting).
- Review how success and targets are defined and measured.
- Assess which processes and ways of working might be a source of unnecessary stress.
- Build a working culture based on supportive relationships in which helping others is encouraged and valued.
- Provide information and train staff on how to address colleagues who might be displaying unusual behaviour.
- Ensure that mental health problems are addressed in the same way as physical problems.
- Encourage stress management activities and help to protect the boundaries between personal and professional life.
- Implement onboarding or reboarding programmes to support employees who have to take leave of absence.
- Use non-stigmatic language to share information and personal success stories.

Let's consider how the law firm's failure to institute and implement these interventions affected Mary. She felt betrayed by the CEO because she didn't receive clear feedback about her deteriorating performance or warning that her annual bonus was at stake. She resented her colleagues, because they didn't give her the support she had expected, and the HR director for failing to address a complex situation. However, these were not the most difficult things that Mary had to work through: she blamed herself for not taking enough care of herself.

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What we see here is a chain of events that, if not properly addressed, leads to finger-pointing and a systemic negative impact:

— At organisational and leadership level: impact on the bottom line, deterioration of individual and team performance and frustrated colleagues unsure about how to proceed, despite their good intentions.
— At individual level: Mary's delay in looking for treatment made her feel incompetent, impacted her self-esteem and ultimately made her consider abandoning a promising career.

The challenge is how to avoid this kind of negative chain of events. In Mary's case, she didn't have to leave her job in order to be treated appropriately. Another senior partner, who had also experienced an episode of poor mental health a few years earlier but had never shared this with his colleagues, decided to speak out about his condition. His openness helped the firm approach Mary's mental health crisis proactively and enabled her to take advantage of the support offered. Her case shows that episodes of poor mental health are part of the human condition and, if properly treated, need not derail an individual's career and personal life. Like Pandora, we need to remain curious about ourselves and others, face our internal demons and hope that by joining forces we will create truly authentizotic organisations.

"May your choices reflect your hopes, not your fears." — Nelson Mandela

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