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# Building a caring work culture – what good looks like

Division of
Clinical Psychology

## AUTHORS

**Dr Amra Saleem Rao,**
**Lead Author**
Consultant Clinical Psychologist, Organisational Consultant, Co-Chair, DCP & New Savoy Conference Re-setting the Balance – Workplace Wellbeing Project, Co-Chair DCP Faculties Sub-Committee, Director Psychological Horizons Consultancy.

**Dr Natalie Kemp,**
Chartered Clinical Psychologist, Founder CEO in2gr8mentalhealth.

**Dr Gita Bhutani,**
Director for Psychological Professions, Lancashire & South Cumbria NHS FT & National Development Lead Psychological Professions Network (PPN).

**Professor Reg Morris,**
Clinical Director, Plymouth University DClinPsy Programme.

**Dr Elisabeth Summers,**
Clinical Psychologist, North Bristol NHS Trust, DCP & New Savoy Conference Re-setting the Balance – Workplace Wellbeing Project.

**Katie Brown,**
Assistant Psychologist, DCP & New Savoy Conference Resetting the Balance - Workplace Wellbeing Project.

**Jeremy Clarke CBE FBACP,**
Psychoanalytic Psychotherapist, Co-Chair, DCP & New Savoy Conference Re-setting the Balance – Workplace Wellbeing Project. Expert Member, NICE Depression Guideline 2009 & forthcoming, and former National Adviser to IAPT.

**Dr Adrian Neal,**
Consultant Clinical Psychologist, Co-Chair DCP Leadership and Management Faculty, DCP Wales Committee. Head of Employee Wellbeing ABUHB.

## CONTRIBUTORS

**Professor (Emeritus) Tony Lavender,**
Salomons Institute for Applied Psychology, Canterbury Christ Church University.

**Dr Esther Cohen-Tovee,**
Vice Chair of the BPS Division of Clinical Psychology, Director of AHPs & Psychological Services, CNTW NHS FT

**Julia Falconbridge,**
DCP Communication Lead.

**London School Of Economics & Social Sciences – Project Host**

**DCP Executive Committee**

**DCP Training and Development Sub-committee**

**DCP Leadership & Management Faculty**

**DCP Faculty Chairs Network & Committees**

**Wellbeing Survey & Stakeholder Events Participants**

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CHAPTER 1

# Introduction

## FOREWORD

Wellbeing is fundamental to everything we are and everything we do at work, as well as outside of work. Wellbeing is key at the level of the individual (and their family), the team, the workplace, the organisation, and the system. Building a caring work culture is a proactive approach that will reap enormous rewards.

It has been a matter of increasing concern that our annual surveys have highlighted impaired wellbeing of psychological practitioners year-on-year. We have been working in partnership to try to understand the key factors at play, and to develop supportive guidance and strategies to engender change.

Although written prior to the pandemic, this is a resource which is more valuable than ever as we continue to navigate a world that has changed so quickly and so radically, impacting on wellbeing in both obvious and more subtle ways.

This important document is the fruit of many years' labour by the authors and their colleagues. I am delighted that we are now able to share this resource for wider benefit. In my role as Chair of the British Psychological Society's Division of Clinical Psychology, I am delighted to recommend this document to all psychological professionals, and to anyone involved in managing, leading, planning or commissioning psychological services.

**Dr Esther Cohen-Tovée**
DCP Chair
February, 2021

## STAFF WELLBEING DURING A PANDEMIC

The Covid-19 pandemic has presented an unprecedented challenge to all of us as individuals in our personal, social and work roles. Personal and professional worlds have been impacted in ways that we have never seen before. The health and social care workforce have been under unparalleled pressure, although they had been struggling to cope even before the pandemic took hold. Psychological professionals have made a significant contribution to the response to the pandemic. Their vital role has been evident in a number of ways such as supporting front line workers, delivering therapies, engaging with community groups, informing government policy with evidence from behavioural insights, and shaping public mental health messages. However, they are not immune to the impact of the pandemic as a workforce themselves.

Prior to the pandemic our annual staff wellbeing surveys had shown us that for psychological services staff the primary problem was a culture of unrealistic top-down targets. These problems were acknowledged (including by the then Minister for Mental Health, Alistair Burt) but, as we went into the pandemic, they were not yet resolved.

The British Psychological Society's and Division of Clinical Psychology's work on looking at the impact of the pandemic on the psychological workforce has highlighted both positive and negative experiences to add to this pre-pandemic picture. Work has offered opportunities to many, such as increased influence, job satisfaction, agility, growth, learning prospects and social connections. However, the pandemic has also posed a number of challenges including anxieties around health risks, uncertainty, moral distress, adjustment to digital working and new roles, pressures around work-life balance, home schooling, loss of extended support, and exposed racial and social inequalities. These findings are not dissimilar to what we are learning about the impact on other health professionals.

So, one obvious question raised by the findings in this paper is this: if staff wellbeing in psychological services was NOT a priority before the pandemic, and the focus during the pandemic has been getting through it by adapting as best we can, what likelihood will there be that staff wellbeing in OUR specific sector will achieve any real priority after the pandemic? We have not, after all, at least for the most part, been a workforce that is exposed to the greatest direct health risks from coming into contact with the virus itself. Cultivating a compassionate and psychologically safe work culture in psychological services is needed after the pandemic, probably more so than before. But what are the prospects, realistically, that this will happen?

The starting point if it is to happen, we argue in this paper, is the need to strike a balance between offering care to those we serve and self-care. Getting this balance right is a particular challenge for all caring professions. Without attention and support to maintain staff wellbeing, caring services which rely on human compassion and empathy at the heart of what they do, are not sustainable, effective or, ultimately, safe. Our support should be empowering and self-sustaining to enable the workforce to be the best they can be to deliver the best care they can and to deliver the framework *Building a caring working culture – what good looks like*.

We recognise that the pandemic is not yet over and that we are publishing this discussion paper when it is not yet known what the longer-term impact of the pandemic will be on mental health; on workforce wellbeing; and on the strategic and policy direction for the future expansion of psychological services that will be needed.

It is hoped that this paper will open up discussion on the workforce needs for sustainable wellbeing within new emerging contexts to deliver on effective and safe psychological services. The paper calls for

action built upon what we know from our survey findings, our discussions with staff teams and leaders of psychological services, and the research on staff wellbeing in healthcare more generally. We intend this paper to facilitate conversations amongst stakeholders including the wider community of psychological professionals. This will require more work but individuals, leaders and institutions need to take responsibility for their own wellbeing as well as the welfare of their staff teams in psychological services – so that we come through the crisis more resilient and better aware that wellbeing matters for all.

**Dr Amra Saleem Rao & Jeremy Clarke CBE**
Co-Chairs, DCP & New Savoy Conference
Re-setting the Balance – Workplace
Wellbeing Project

# EXECUTIVE SUMMARY

Global thinking about how we can maximise wellbeing and mental health in the workplace has developed over the last decade and remains a rapidly expanding area in policy and research. Protecting and supporting staff health is key to support improvements in high quality care, patient satisfaction and improved efficiency (Boorman, 2009). However, despite recommendations made by wide-ranging reports, there are growing concerns in this area, more so within the backdrop of Covid-19.

Psychological professionals make an excellent contribution to a range of fields such as health and social care, education, research, and occupational health. They have a great deal to offer through the breadth of their knowledge base and skill set in multiple domains of service delivery and planning, staff support and organisational development. Importance of their contribution has been evident during the pandemic.

Whilst they have a key role in supporting others, there are emerging concerns about their wellbeing. The results of the BPS/DCP Leadership and Management Faculty and New Savoy Conference Annual Wellbeing Survey between 2014 and 2018 have shown clear concerns about the wellbeing of psychological professions. Others have also highlighted similar issues about workforce wellbeing, mental health and stigma. For instance, the BPS 2019 membership survey indicated a stark picture of a profession under pressure, with psychologists fearing that financial constraints, widespread vacancies and excessive workloads are putting patient care at risk. The NHS staff surveys and the NHS Staff & Mental Wellbeing Commission Report echo these findings across range professional groups.

The discussion paper is put forward to address the key issues around the wellbeing of psychological professionals. It is written primarily for psychological professionals and those involved in managing, leading, planning and commissioning psychological services. In acknowledgment of the vast amount of emerging literature in this area, it brings together what we know about workplace wellbeing and mental health, the benefits of psychological wellbeing, the relationship between wellbeing policies and the mental health of staff, and how these policies apply to those working within the psychological professions specifically. It is intended to be a resource paper to share ideas about good practice with the key focus on what we have learned about the wellbeing of psychological professionals over the years and how we built a culture of care, which is good enough. It is intended to act as a springboard for a stepped campaign to raise awareness and further engage with stakeholders in order to maximise impact.

Improved staff wellbeing on the ground will not come about from top-down, command-and-control-style policies. Nor should we wait for NHS England ( NHSE), Health Education England (HEE), and Care Quality Commision (CQC) to first put these in place. It is all our responsibility to take on board the messages of this report, and we are looking to our regional and local NHS leadership, primarily, to come together to initiate a real change. The pandemic showed us one thing: when it matters we can adapt both swiftly and radically to new circumstances. We need to seize this opportunity to do what is needed to improve and sustain staff wellbeing. Following on from our report, we will be putting forward a series of short papers addressing different aspects of its recommendations incorporating feedback from others. We will also be inviting those who are willing to engage with us to take the work further to build a caring work culture.

The paper is organised into four chapters, as follows:

**Chapter 1** examines the question 'what is wellbeing'. It looks into the relationship between wellbeing and mental health problems with specific reference to tackling mental health stigma at the workplace.

**Chapter 2** looks into why mental health matters and why we need to be concerned about healthy workplaces. This is our key chapter with a focus drawn to the workforce wellbeing in the NHS and how psychological professionals are faring. The results of the BPS/DCP Leadership and Management Faculty and New Savoy Conference Annual Wellbeing Survey between 2014 and 2018 are discussed.

We look at similar findings from other sources such as NHS staff surveys and the NHS Staff & Mental Wellbeing Commission Report. A summary of the BPS 2019 membership survey is outlined, which has indicated a stark picture of a profession under pressure, with psychologists fearing that financial constraints, widespread vacancies and excessive workloads are putting patient care at risk.

**Chapter 3** examines the areas of concern, why they matter and how we unlock the barriers to wellbeing and mental health of psychological professionals. It sets out recommendations, building upon the Charter for Wellbeing & Resilience. Our key recommendations are summarised below:

**Leadership**
- Compassionate and inclusive approach to leadership addressing the diversity gap.
- Professional bodies and services to appoint workplace wellbeing leaders.
- Commitment to wellbeing surveys and impact tools to evaluate impact.
- Accreditation/registration standards at policy level for wellbeing strategy and action.
- Psychological professions leadership to be in place at all levels.
- System wide leadership and accountability for staff health & wellbeing from the Board level to all across the organisation.

**Organisational culture**
- Foster a culture of support, compassion, psychological safety and anti-racist practice.
- Promote recognition, transparency, candour, diversity, inclusivity, and valuing of lived experiences.
- Organisational strategic and business plans to include a co-produced wellbeing strategy.

**Stigma and Discrimination**
- Training for all staff-leaders, managers and supervisors to include skill development in reducing stigma, discrimination, structural racism and management of workplace distress.
- Enhance co-production across the system at all levels.
- Support lived experience in active leadership.
- Thinking spaces and forums for open conversations.
- Address diversity gap across the ladder of leadership.

**Workplace Mental Wellbeing**

- Wellbeing 'check in' incorporated in supervision
- Timely provision of effective support during crises, post-incident, and investigations
- Wellbeing Surveys and a 'Wellbeing Impact Frameork' with meaningful support options
- Effective support options such as reflective practice spaces and fit for purpose Occupational Health Service and Employee Assistance Programmes
- A choice of self-referral to a dedicated Psychological Treatment Service.

**Working Conditions**

- Sustainable performance targets supported by adequate staffing and CPD
- Job plans informed by professional governance standards
- Support work-life balance and flexible working options
- Career progression supported through line management and professional development plans
- Appropriate level of clinical complexity with effective development opportunities
- Investment in a welcoming, accessible, psychologically safe work environment.

**Supervision and Continued Professional Development (CPD)**

- Effective organisational policies on professionally informed clinical, professional, and managerial supervision
- Supervisors and staff to be supported to keep abreast of theoretical, research and professional developments
- Supervision and CPD to attend to issues around power, discrimination, inequalities, moral distress, and wider organisational contexts, which impact wellbeing
- Offer wide ranging opportunities for CPD and supervision such as mentoring, coaching, shadowing, secondment, training, and reflective spaces.

**Supportive Professional Bodies**

- Campaign for supporting wellbeing and why it is important
- Set out guidance on wellbeing and governance standards
- Support rolling out of wellbeing surveys across all psychological professions and respond to the call for action
- Work with stakeholders and CQC to accredit psychological services against wellbeing standards
- Engage with Expert by Experience groups, clinical professionals, and regulators of the professions to build upon the Charter for Wellbeing and Resilience
- Consider a National Charter to examine the ways organisations manage the recommendations from complaints, whistleblowing, and staff surveys.

Chapter 4 presents the model and framework of Building a Caring Work Culture – What Good Looks Like. The key factors for supporting staff wellbeing are summarised below:

**Support & Learning:** Sustainable job designs; effective supervision arrangement; continued professional development and career progression opportunities; appreciative appraisals; learning and reflective spaces; supportive OH and HR processes.

**Organisational Interventions:** Base line wellbeing survey, supported by a range of need-led organisational interventions independent evaluation and impact measures.

**Leadership and Governance:** Mindful and accountable leadership to model and deliver the above through workforce planning, strategic guidance, policy influence and system wide interventions across organisational, professional and governmental levels.

**Organisational culture:** Tackle stigma and discriminations; value lived experiences, coproduction, and inclusivity and antiracist practices; set out psychological safety, compassion and support.

In addition to the this resource paper, a Virtual Workforce Wellbeing Resource Hub has been developed to offer guidance in each of the above areas.

In the backdrop of the pandemic, it is hoped that the framework for the best practice will help to engage with what we know and consider how best to engage with the new context to further develop our work in supporting a resilient workforce. At the time, when resources are much stretched at individual and organisational level, it is important to step up, take stock but also to move forward to break barriers to what we thought we can't and do all we can. If we fail to take this seriously, don't build upon the learning during the pandemic, and if the workforce capacity, working conditions, wellbeing needs are not adequately supported, sustainability and transformation plans to enhance mental health are likely to be at risk.

It is some years ago now that Sir Simon Stevens, NHS Chief Executive, stated that staff wellbeing is no longer a 'nice to have' it is a 'must do'. In the wake of a pandemic, whose long-term impact on mental wellbeing for the wider public and the wider health and social care workforce will generate even greater need for psychological services, that 'must do' applies to the wellbeing of psychological professional workforce now, as never before. If we ignore or continue to overlook the challenge set out in this paper, we put at serious risk the whole enterprise of national recovery from the pandemic.

CHAPTER 2

# What is wellbeing?

Mind describes wellbeing as an individual's ability to feel relatively confident in themselves and have positive self-esteem, feel and express a range of emotions, build and maintain good relationships with others, feel engaged with the world in general, live and work productively, cope with the stresses of daily life including work-related stress, and adapt and manage in times of change and uncertainty. The World Health Organization describes wellbeing as integral to our mental health in general;

'A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and be able to make a contribution to her or his community.'

Wellbeing policies focus on what a healthy workplace culture would look like, clarifying personal and organisational factors and recommendations, and where risks to wellbeing can undermine the mental health of staff.
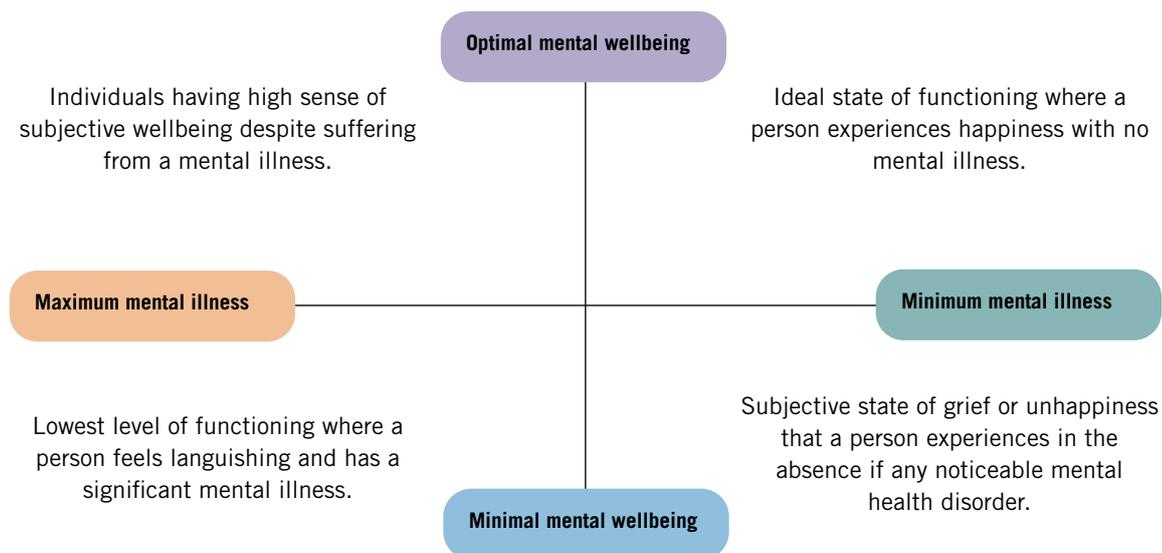
## THE RELATIONSHIP BETWEEN WELLBEING AND MENTAL HEALTH PROBLEMS IN POLICY[1]

The Department of Health fact sheet on wellbeing and health (2014) describes the relationship between wellbeing and 'mental disorder':

*'It is possible for someone to have a mental disorder and high levels of wellbeing. It is also possible for someone to have low levels of wellbeing without having a mental disorder. Most associations are only moderately altered by adjusting for severity of mental disorder.[2] '*

The mental health continuum model[3] looks at mental health and mental illness across a continuum of positive healthy functioning and severe mental illness causing distress. A person can move across the continuum as their situation improves or deteriorates.

**Figure 1: Illustrates (Keyes 2005) model of understanding the relationship between wellbeing and 'mental illness'.**



Individuals having high sense of subjective wellbeing despite suffering from a mental illness.

**Optimal mental wellbeing**

Ideal state of functioning where a person experiences happiness with no mental illness.

**Maximum mental illness**

**Minimum mental illness**

Lowest level of functioning where a person feels languishing and has a significant mental illness.

Subjective state of grief or unhappiness that a person experiences in the absence if any noticeable mental health disorder.

**Minimal mental wellbeing**

Building a caring work culture – what good looks like

# MENTAL HEALTH STIGMA

Having a positive culture of protecting and promoting staff wellbeing at work can mean that the workplace may be more attuned to supporting staff when they experience mental health problems. We know that anyone can experience mental health problems in response to life challenges and traumas. These problems may be due to factors outside of work, for example, experiencing post-traumatic stress disorder after a car accident; depression emerging after earlier attachment trauma impacting current relationships; inside work issues such as bullying and harassment; excessive workloads; or a combination of factors from personal and workplace settings. In any case a compassionate understanding of mental health problems at work is essential for an enabling a caring work culture. This helps those who need to ask for help to do so, and those with lived experience of mental health problems not to be seen in stigmatised terms such as weak or incompetent or unable to flourish. In addition, staff who have navigated managing mental health problems in the workplace, are well placed to advise organisations on how to design and improve internal employee support systems and processes.

CHAPTER 3

# Wellbeing and mental health matters

## WORKPLACE WELLBEING ACROSS ALL SECTORS

Global thinking about how we can maximise wellbeing in the workplace has developed over the last decade and remains a rapidly expanding area in policy and research. The Department of Health has issued a compendium of useful factsheets on wellbeing and health across the lifespan, including a report summarising 'staff wellbeing, service delivery and health outcomes'. The BPS Health and Wellbeing in the Workplace White Paper on Psychological Wellbeing at Work includes information on the benefits and costs of wellbeing and guidance on how to improve it.

There is a strong body of evidence that demonstrates that employee wellbeing and engagement is vital to high quality care, patient satisfaction and clinical outcomes in the NHS (West & Dawson, 2012, Lundstrom et al., 2002). Organisations that work with their staff to provide healthy, safe and caring environments perform better by promoting the health of their workers (RCP, 2012). The Dame Carol Block report (2008) 'Working for a healthier tomorrow' argued that the benefits of staff wellbeing extend much further than an employee's quality of life, but also added value to organisations, by 'increasing productivity and profitability'. It recommended that workplace wellbeing addressed 'social, physical and psychological wellbeing at work' involving 'the enhancement of positive psychological wellbeing as well as the reduction of negative pressures on staff such as heavy workloads'.

The National Institute for Health and Care Excellence (NICE) guidance on 'Mental wellbeing at work' (2009) states that working-environments can pose risks to mental wellbeing in cases where staff experience high demands without having sufficient control and support to manage those demands. Perceived imbalances between the effort required to complete tasks and job rewards can lead

to stress. In addition, a sense of injustice or unfairness arising from management processes or personal relationships can also increase stress and contribute to mental health problems. The guidance was clear to explain that stress itself is not a mental health problem or 'medical condition', but noted that research has shown that stress experienced over time is linked to psychological conditions such as anxiety and depression as well as physical conditions such as heart disease, back pain and headaches.

In April 2010, the World Health Organization (WHO) launched the Global Framework for Healthy Workplaces (Fig. 2) which mandated the introduction of work practices promoting and protecting healthy work culture and workplace sustainability. Both the individual's physical and psychosocial work environment were recommended to be taken into consideration, including personal workplace health resources and ways that workplaces can participate in the community to improve the health of workers, their families and other members of the community.

The Thriving at Work report (2017) was commissioned by the Government to review mental health and employers. The report set out what employers can do to better support all employees, including those with mental health difficulties, to remain in and thrive through work. It looks at mental health as something that we all have, and it fluctuates between thriving, having difficulties and possibly being off work. It speaks to those experiencing a range of mental health problems, from the more common to the more complex and severe. The principle upheld is that an individual can have a serious mental health problem but can thrive at work with good support. The stigma surrounding mental health is acknowledged and posited as a barrier which has prevented the open discussion necessary to address support

**Figure 2: WHO Healthy Workplace Model[4,5]**

- Health and safety concerns in physical work environment;
- Health, safety and wellbeing concerns in the psychosocial work environment including organisation of work and workplace culture;
- Personal health resources in the workplace (support and encouragement of healthy lifestyles by the employer);
- Ways of participating in the community to improve the health of workers, their families and members of the community.
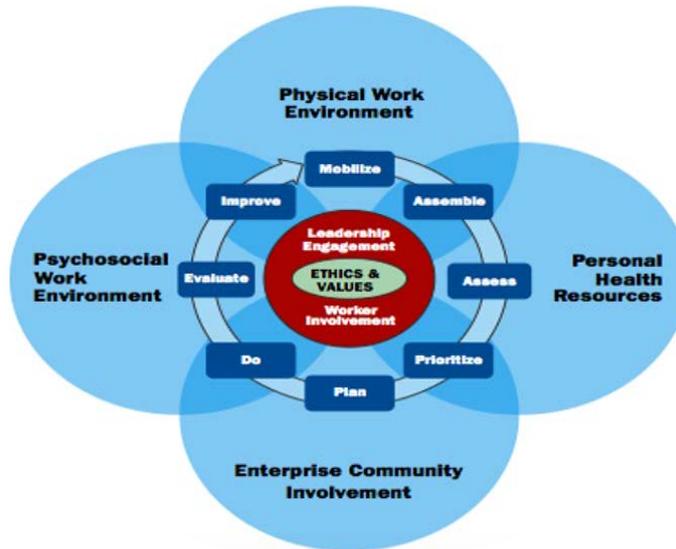


and mental wellbeing at work in the UK. It makes a number of recommendations with the aim of achieving a ten-year vision.

The Deloitte research which contributed to the Thriving at Work report was recently updated in 2020 in their report 'Mental health and employers: Refreshing the case for investment'. It presents compelling evidence to organisations on the importance of developing supportive and compassionate workplaces for wellbeing and mental health. The report showed that since 2017 the cost of poor mental health to UK employers had increased by 16 percent to £45 billion, comprising £7bn in absence costs, £27bn to £29bn in presenteeism cost (over three times the cost of absence) and £9bn in costs of staff turnover. On average, public sector costs of mental health per employee are slightly higher than private sector costs (£1716 compared to £1652) and disproportionately high among young employees. A total of 85 percent of private-sector workers, 81 percent of public-sector workers and 75 percent of those working in the third sector said that they always or most often go into work when they should take time off for their mental health.

The report showed that where investment has been made in improving responses to

mental health problems by organisations, a consistently positive return on investment is shown, an average of £5 for every £1 spent, up from the £4 to £1 return identified in 2017. A case is put forward for a positive contribution which employers can make to create a supportive workplace culture free from stigma. A positive change since 2017 is noted, including a shift towards talking more openly about mental health at work and greater support to staff. However, an increase in 'presenteeism' – attending work whilst unwell with mental health problems, and a newer trend of 'leaveism'– where employees used annual leave for time off when unwell with mental health problems is noted. Only 11 percent of people were reported as giving a mental health problem as the official reason for absence from work (between 2009- 2018), compared to musculoskeletal problems (23 percent) or minor illnesses (24 percent). The authors believe that the total days lost to due to mental health are underestimated, due to the stigma of disclosing a mental health issue, using 'leaveism' and presenteeism as coping strategies, or a lack of understanding around how the symptoms of mental health can present.

**WELLBEING AND MENTAL HEALTH MATTERS**

The NHS employs over 1.4 million people. The NHS Long Term Plan (2019) sets out a new deal for staff, where they should feel supported and respected for the valuable work they do. The deal aspires to build an NHS where 'the values we seek to achieve for our patients – kindness, compassion, professionalism – are the same values we demonstrate towards one another'. The ambition is for 'a consistently great place to work' where 'there is more flexible working, enhanced wellbeing and career development, and greater efforts to reduce discrimination, violence, bullying and harassment'.

There have been a number of initiatives taken over the years in response to 'Working for a healthier tomorrow' (2008) to explore conditions for the delivery of efficient and effective healthcare. Boorman's 'NHS Health and Wellbeing' report (2009) showed a number of studies demonstrating a connection between the healthcare sector staff wellbeing and how patients rated the care they received and their health outcomes. NHS organisations with more positive indicators of staff wellbeing, for example, in relation to bullying, harassment and stress, reported better staff attendance, lower turnover, less agency spend and higher patient satisfaction. Boorman called upon the NHS to 'practice what it preaches' in championing lifestyle improvements for its own staff.

The NHS Staff and Learners' Mental Wellbeing Commission report (2019) mandates promoting and supporting the wellbeing of NHS staff and those learning in NHS settings. It is written to support the NHS Long Term Plan (2019), which sets the challenge of establishing a new deal for staff, which would see a modern supportive working culture: 'A consistently great place to work, where there is more flexible working, enhanced wellbeing and career development, and greater efforts to stamp out the scourge of discrimination, violence, bullying and harassment'. Findings from the Commission's online engagement showed that only 40 percent of clinical staff (48 percent for learners) reported that their wellbeing at work was good and 76 percent reported having experienced mental distress or ill health.

Of particular concern, 40 percent of postgraduate learners and a third of clinical and non-clinical staff did not feel able to share mental ill health or distress with line managers or peers. Staff retention figures show that 350,000 people left the NHS for reasons other than age retirement over the past five years. Work-life balance is reported as a factor in 13 percent of NHS leavers (45,000 people over five years). The report noted that one in three of the NHS workforce have felt unwell due to work-related stress and one in two staff members have attended work despite feeling unwell because they felt pressure from their manager, colleagues or themselves. The report makes a total of 33 recommendations on how the wellbeing of NHS staff could be improved (Figure 3).

NHS staff survey 2020 results continue to report increase in levels of stress among NHS staff. Stress levels have increased, with nearly half of staff reporting feeling unwell as a result of work-related stress in the past 12 months. Nearly 40 per cent of health service workers reported that they do not feel there are enough staff at there organisation for them to do there job properly. In the year that the Black Lives Matter movement swept the globe and Covid had shown further light to racial and social inequalities, it is worrying to see that 17 per cent of black and minority ethnic staff have reported experiencing discrimination at the hands of their colleagues. The BPS has set out a call for an action and for the lessons of the pandemic to be learned to reduce stress levels.

**Figure 3: Key themes from the NHS Staff and Learners' Mental Wellbeing Commission report.**

**Preparing for transitions:** From higher education into the workplace

**Diverse needs:** Paying attention to the impact of socio-economic background, cultural diversity or disability on making life transitions

**Need for self-care:** Support a learning and workplace culture which encourages self-compassion and where self-care is 'normalised'

**Caring for the carers:** Need to improve the way in which we look after our colleagues, so we are better placed to look after the needs of service users

**Being human beings:** Working to deconstruct a 'superhero complex' which can arise when trying to manage the pressures of healthcare roles

**Moral distress:** The NHS attracts people of a caring nature. Where institutional constraints compromise perceptions of the level of care offered, staff can develop a sense of personal guilt

**Bereavement by exposure:** Acknowledging that every clinician carries with them work experience of upset, trauma, death and dying and that therefore healthcare professionals have different emotional and psychological needs to those working in other sectors

**Bereavement by suicide:** Applied to clinical and educational colleagues due to the devastating effects of colleagues' suicide.

**'Looking after loved ones':** The need to consider how wellbeing at work is affected by, and affects family and friends/colleagues.

**Take a break:** Often under pressure from colleagues or the accepted workplace culture, staff can feel pressurised to work long shifts without breaks, come to work when ill (presenteeism) and even skip annual leave particularly where staffing is under resourced

**The simple things:** Wellbeing at work needs to be addressed strategically across the NHS. Attention to simple things matters: Staff lockers, showers, a quiet room, the availability of nutritious food, a good coffee, a psychologically safe space to get together with others to talk and debrief, or just a colleague taking the time to say 'thank you'

**Role of technology:** This can be both the likely cause and possible solution to some wellbeing issues requiring consideration for the role of gadgets and social media.

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## HOW PSYCHOLOGICAL PROFESSIONALS ARE FARING

As a key focus of psychological services is enhancement of subjective wellbeing, health of its workforce is equally vital in delivering high quality care and improved patient experience. Although, there is emerging attention to the wellbeing and mental health of psychological professionals (Dattilio, 2015), The self-care of psychologists and mental health professionals: A review and practitioner guide, there is no systematic research in this area. There are a number of studies of burnout in psychological practitioners (summarised in Summers et al., 2020)[7]. The majority indicated higher than average burnout levels in psychological practitioners. However, the established thresholds for burnout to identify 'average' levels are not used by all of the studies[4].

Concerning results for the United Kingdom were reported by Hacker-Hughes et al. (2016), highlighting increasingly poor wellbeing among psychological practitioners across successive annual surveys carried out by the 'Resetting the Balance' joint initiative between the British Psychological Society (BPS) Leadership and Management Faculty and the New Savoy Conference. The Accreditation Programme for Psychological Therapies Services raised concerns for staff wellbeing and the need to improve support structures in their 2016 review. There is emerging attention to the needs of professionals with lived experience of mental health difficulties and stigma around disclosure (Grice et al., 2018; Rao et al., 2016; Tay et al., 2018) . Another area of concern is the lack of priority given to self-care in psychologists and mental health professionals despite the potential increased personal challenges associated with being a mental health professional (Dattilio, 2015). What the wellbeing of psychological professionals looks like in relation to the wider mental health workforce requires attention as there is little research to draw comparison.

The Psychological Professionals Wellbeing and Resilience Charter was launched by the DCP and New Savoy Conference 'Resetting the Balance'

Wellbeing project, which aims to promote a greater focus on staff psychological wellbeing, models of ensuring good psychological wellbeing at work, the co-creation of compassionate workplaces and sustainable services. It seeks to encourage organisations to commit to monitor and improv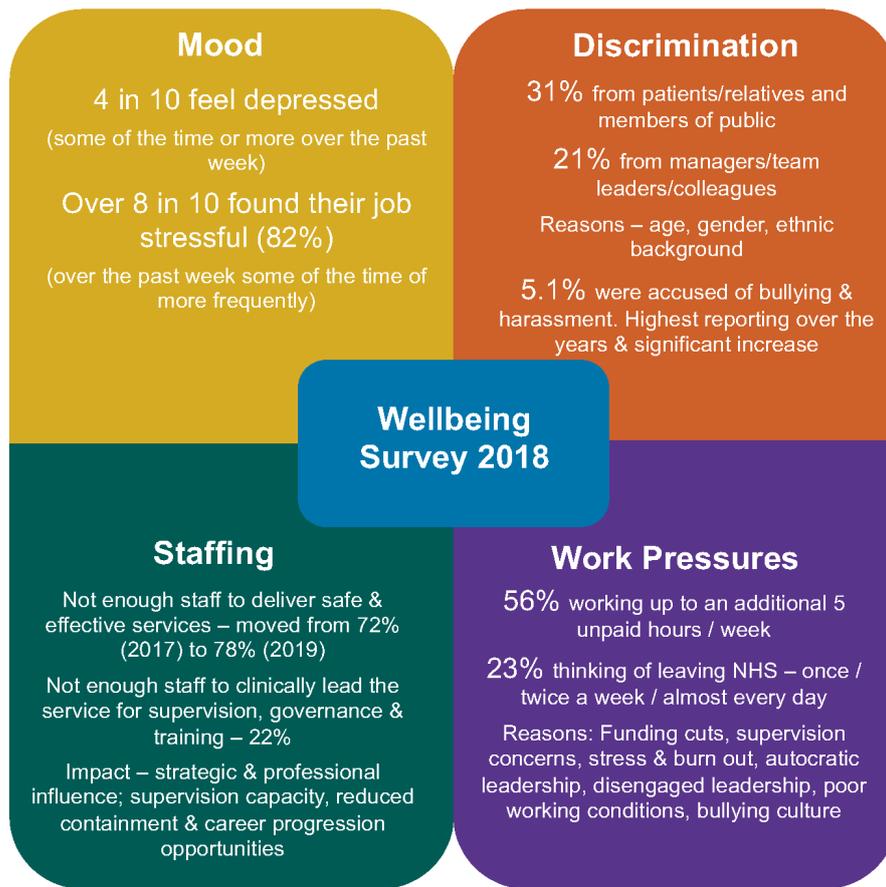e the psychological wellbeing of their staff. A Collaborative Learning Network (CLaN) was set up in 2016 to implement the Charter. The CLaN adopted a number of pathfinder sites and projects aimed at improving wellbeing in the workplace such as the 'Honest, open, proud, for mental health professionals (HOP-MHP) project.

'Resetting the Balance' project has further addressed the issue of the lack of a validated measure of workplace wellbeing for psychological practitioners and the need to consider both the positive and negative facets of wellbeing[8].

Although, there is an increased recognition amongst psychological professionals about the importance of self care, the wellbeing of the psychological workforce continues to be an area of concern. The results of the annual wellbeing survey between 2014 and 2018 have shown clear concerns about the wellbeing of the psychological professions. The most recent survey highlighted a range of organisational issues affecting members' wellbeing[3]. General wellbeing for psychological professionals was below the national average, and the wellbeing of practitioners working outside of the NHS was lower than that of those working in the NHS. Having a disability was very strongly associated with lower wellbeing. Many reported harassment, feeling depressed or a failure and wanting to leave the NHS and those that experienced these things had impaired wellbeing (Figure 4).

The BPS 2019 membership survey indicated a stark picture of a profession under pressure, with psychologists fearing that financial constraints, widespread vacancies

**Figure 4: Wellbeing Survey 2018.**



**Mood**

4 in 10 feel depressed

(some of the time or more over the past week)

Over 8 in 10 found their job stressful (82%)

(over the past week some of the time of more frequently)

**Discrimination**

31% from patients/relatives and members of public

21% from managers/team leaders/colleagues

Reasons – age, gender, ethnic background

5.1% were accused of bullying & harassment. Highest reporting over the years & significant increase

**Wellbeing Survey 2018**

**Staffing**

Not enough staff to deliver safe & effective services – moved from 72% (2017) to 78% (2019)

Not enough staff to clinically lead the service for supervision, governance & training – 22%

Impact – strategic & professional influence; supervision capacity, reduced containment & career progression opportunities

**Work Pressures**

56% working up to an additional 5 unpaid hours / week

23% thinking of leaving NHS – once / twice a week / almost every day

Reasons: Funding cuts, supervision concerns, stress & burn out, autocratic leadership, disengaged leadership, poor working conditions, bullying culture

and excessive workloads are putting patient care at risk. Overwork came out to be a major issue, with three in 10 psychologists saying they almost always work more hours than contracted. As many as one in three respondents reported their work as emotionally exhausting, with rates higher in the NHS compared to the private sector. More than 40 percent of respondents often or almost always felt worn out by the end of the day, rising to nearly 90 percent in the NHS. Overall, more than 14 percent of members regularly felt they were so stressed that they wanted to quit their job. A total of 10 percent of the members who responded had left the profession because of overwork, stress or feeling undervalued. Twenty five percent did not feel that they have the resources to do the job properly.

Such a state of affairs in surveys of psychological professionals echoes the findings from surveys of NHS staff. They also resonate with the results and recommendations of the NHS Staff & Mental Wellbeing Commission

Report. Psychological professionals make an excellent contribution to health and social care and other settings such as education, research and occupational health. Their role in supporting the wider workforce has been evident during the pandemic as they have played a vital part through the breadth of their knowledge base and skill set.

Strategic investment in supporting those who support others is much needed as they have a key role to play in delivering the NHS Long Term Plan in multiple domains of service delivery and planning, leadership and organisational development. Professional bodies must rise to this challenge to ensure their effective involvement and influence on policy, commissioning, professional standards, governance and accreditation processes. If we fail to take this seriously and if the workforce capacity, working conditions and mental health support needs are not adequately met in order to cultivate a culture of psychological safety and compassion; sustainability and

transformation plans in mental health will be at risk.

Wellbeing strategies need to respond to varied needs across the spectrum of mental ill health and wellbeing whilst understanding the relationship between the two. Strategic investment in multi-dimensional workplace wellbeing and mental health is needed with attention to its varied dimensions. This is essential to facilitate individually tailored, value based sources of support and setting out of effective HR, occupational services and employee assistant programmes. Such an investment is paramount to demonstrate duty of care and for cultivating conditions for support and thriving.

Recommendations for the key areas of concern are elaborated along side why they matter and what impact they could have in the forthcoming section.

# What good could look like

## KEY ISSUES AND RECOMMENDATIONS

The section below outlines each area of concern raised by the findings of the wellbeing surveys and consultation over the years. Key findings from the literature are highlighted to outline what matters and why. Recommendations are made as areas of best practice on the bases of what we have been hearing from people and what we know from professional and policy guidance. A brief outline of what impact these recommendations can have is provided.

Areas of concerns listed are interconnected. So is the case with the recommendations, which are overlapping. There are likely to be gaps in what is being proposed, indicating the need for on-going learning to further develop our understanding, given the rapidly changing contexts and the backdrop of a pandemic. We suggest that these recomendations are taken forward with the introduction of an Impact tool to help with developing an understanding of the health and wellbeing needs of staff in order to develop effective plans for addressing specific issues. This will help to maximise the impact of wellbeing stretegies.

Areas to consider are organised as below with emphasis on leaders and organisations to take responsibility to establish co-produced baselines in each of the areas and consider what they are doing well on and what can be improved.

Leadership

Organisational culture

Stigma and discrimination

Workplace mental wellbeing

Working conditions

Supervision, reflective practice and continued professional development ( CPD)

Supportive professional bodies.

# Leadership

| | |
|---|---|
| **Concern** | • 'Fragmented, target driven leadership'.<br>• Autocratic, narcissistic, bad management practices' . |
| **Why It Matters** | • Leadership is central to ensure that an organisation is a healthy workplace in which staff can work and thrive.<br>• Engaging, inclusive, responsible and accountable leadership which fosters psychological safety, is instrumental for service quality and users' experience. |
| **Recommend** | • Compassionate and inclusive approach to leadership.<br>• Investment in values of co-production, equality, diversity, inclusivity and anti-racist practice and valuing lived experiences.<br>• Leadership and line management training and succession planning which focuses on the development of compassionate and inclusive leadership skills.<br>• Psychological professions leadership is to be in place at all levels.<br>• Professional bodies to have Workplace Wellbeing Leaders.<br>• Psychological services to appoint a Workplace Well- being Leader to work with the Workforce Wellbeing Guardian recommended by the HEE commission.<br>• Regular meaningful audits using Wellbeing Surveys and an Impact Tool.<br>• Professional bodies to invest in leadership training.<br>• Robust strategy to mind the diversity gap in leadership.<br>• System wide leadership and accountability for staff health and wellbeing from the Board level to all across the organisation. |
| **Impact** | • Improved service quality, better outcomes.<br>• Enhanced users' experience.<br>• Improved staff satisfaction.<br>• Role modeling and investment in future leaders. |

# Organisational culture

| | |
|---|---|
| **Concern** | • Constant change, bullying and harassment, micro- management, bureaucracy, top-down management, discrimination, lack of containment, poor staff engagement, structural racism.<br>• These conditions contribute to a toxic work culture and make the workplace less psychologically safe. This impacts the quality of services, users' experience and work satisfaction, increase in complaints and poor team working. |
| **Why It Matters** | • Staff need to have environment that is both safe and supportive of wellbeing.<br>• Prevention,a supportive work environment and adequate resources are crucial to maximising performance, work satisfaction and improving the  quality of care.<br>• Organisations with more positive indicators of staff wellbeing, in relation to bullying, harassment and stress report better staff attendance, lower turnover, less agency spend and higher patient satisfaction.<br>• There is an increased expectation to develop compassionate and inclusive work culture. |
| **Recommend** | • A culture of compassion, psychological safety and anti-racism.<br>• Promote recognition, respect, job security, transparency, candour, diversity and fairness, valuing of lived experiences.<br>• Reflective and open conversations.<br>• Psychological services to develop a work plan based on standards recommended by Thriving at Work, HEE Commission, HSE standards and NICE guidelines.<br>• Multidimensional approach to well-resourced work environment with attention to the organisational design, workforce development and wellbeing audits.<br>• Organisational strategic and business plans to include a co-produced wellbeing strategy. |
| **Impact** | • Increased transparency and honesty.<br>• Management process seen to be learning and advocating from what works well.<br>• Regular audits, use of impact tool and accreditation visits.<br>• Improved service quality.<br>• Better staff attendance, lower turnover, less agency spend and higher user satisfaction |

# Stigma and discrimination

**Concern**
- Psychological Professionals are not immune to mental health difficulties.
- Mental health stigma and discrimination exist in all contexts affecting disclosure and help seeking behaviour.
- Lived experiences are stigmatised and not valued.

**Why It Matters**
- Lived experiences are common and diverse.
- One-in-four people will experience a mental health problem at some point in their life. One-in-six adults has a mental health problem at any one time.
- Barriers to help seeking include: Stressful processes, fear of being judged, mental ill health seen as a weakness, detrimental impact of sharing on future career prospects, lack of clarity on the boundaries of sharing, confidentiality and transparency about fitness to practice procedures.

**Recommend**
- Leaders, managers and supervisors induction and training to include skill development in reducing stigma, discrimination and structural racism alongside effective management of workplace psychological distress.
- Enhance co-production across the system at all levels.
- Support lived experience in active leadership.
- Thinking spaces and forums for open conversations.
- Address diversity gap across the ladder of leadership.

**Impact**
- Reduction of discrimination and stigma.
- Better staff experience, collegial relationships and team work.
- Enhanced service delivery through meaningful co-production.
- Representative staff of the communities served.

# Workplace mental wellbeing

**Concern**
- Mental health impacts all professional groups.
- Worrying levels of depression, anxiety and stress amongst psychological professionals.
- Fragmented and inadequate psychological and occupational health support structure.

**Why It Matters**
- Mental health and wellbeing at workplace exist on a wide spectrum including lived experience, stress, rust out and burn out.
- They are highly correlated with productivity, efficiency and users' experience.
- Health care staff are at the front line of absorbing distress, managing crises and dealing with trauma.
- Findings from HEE commission report (2019) call for action. Occupational services are described as a 'service you are sent to', 'not the one that you would turn to'.
- Rapid access, appropriate and flexible referral pathways for all employees are needed to offer choice and a more confidential service.
- Not all staff, including psychological professionals, feel comfortable in approaching their local services.

**Recommend**
- Wellbeing 'check-in' to be incorporated in supervision. Line managers and supervisors to provide clear guidance on support options.
- Access to a person at a similar level of seniority to provide personal wellbeing support which is not linked to performance management and assessment of career progression.
- Timely provision of effective supports at critical points such as post-incident, during crises and investigations.
- Wellbeing Surveys and a 'Wellbeing Framework' with meaningful support options such as reflective practice spaces, Occupational Health Service & fit for purpose Employee Assistance Programmes.
- A choice of self-referral to a dedicated Psychological Treatment Service.

**Impact**
- Better outcomes and client satisfaction.
- Improved workforce mental wellbeing and staff satisfaction.
- Reduction in sick leave, presentism and staff turnover.
- Increase in productivity

# Working conditions

| | |
|---|---|
| **Concern** | • High demands and expectations without sufficient control and support.<br>• Poor work conditions such as unsustainable targets, unrealistic job plans, fragmented career progression opportunities, down-banding, inadequate supervision/CPD, poor admin/IT support, poor work life balance. These conditions adds up to stress in the workforce. |
| **Why It Matters** | • All staff and trainees need to have environment that is both safe and supportive of their wellbeing.<br>• The NHS is expected to make the necessary adjustments for the nine groups protected under the Equality Act, 2010 (HEE Commission, 2019).<br>• Supportive work environment and adequate resources are crucial to maximise performance, work satisfaction and improved quality of care. |
| **Recommend** | • Sustainable targets and adequate staffing.<br>• Job plans informed by professional standards.<br>• Continuing Professional Development incorporated into the job plans.<br>• Career progression opportunities supported through line management and professional development plans.<br>• Adequate measures for work-life balance.<br>• Flexible working options.<br>• Managers/supervisors to ensure appropriate level of clinical complexity with effective supervision arrangements and CPD.<br>• Flexible working options with adequate admin/IT resources.<br>• Investment in a welcoming, accessible, psychologically safe work environment.<br>• Regular wellbeing survey, in-house audits and service accreditation. |
| **Impact** | • Better job satisfaction and reduced stress.<br>• Clarity of roles and tasks, job security and/or career progression opportunities.<br>• Increased quality of life adding value to organisations.<br>• Increased productivity and profitability. |

# Supervision, Continuing Professional Development & Reflective Practice

**Concern**

- Reduced supervision and CPD opportunities arising from the service restructuring and financial pressures.
- Deletion of senior posts.
- Imbalance between demand and resources.
- Non-adherence to professional standards.

**Why It Matters**

- Supervision across a range of domains such as personal, clinical, managerial and professional is important for safe and effective practice as well as wellbeing. Continuing professional development (CPD) offers lifelong learning and enhance professionalism and competence.
- CPD is a professional expectation and an individual responsibility. This needs to be supported by organisations through opportunities for training, clinical, professional and managerial supervision.
- Supervision and reflective spaces are important to offer intellectual challenge and reflective decision making to address biases and responsibility for appropriate self-care.
- Frequency and type of supervision need to be in- formed by the assessment of need across the career span, the competencies required for the practice, the context of the work and professional and organisational requirements.

**Recommend**

- Policies for coordinated clinical, professional and managerial supervision informed by professional standards.
- Supervisors supported to keep abreast of theoretical, research and professional developments.
- Adequate time provided for clinically relevant reading.
- Supervisors to pay attention to issues around power, discrimination, moral distress and wider organisational contexts, which may impact work and wellbeing.
- Services to set out wide ranging opportunities for CPD and supervision such as individual, group and peer supervision, mentoring, shadowing, secondment, training and reflective spaces.

**Impact**

- Better service outcomes.
- Enhanced user satisfaction.
- Improved work satisfaction

# Supportive professional bodies

| **Concern** | • Fragmented support from professional bodies.<br>• Lack of coordination across professional bodies representing psychological professions.<br>• Absence of a unified wellbeing strategy.<br>• Member benefits not fully prioritised.<br>• Poor fragmented member's engagement.<br>• Questionable impact and outward influence. |
|---|---|
| **Why It Matters** | • Professional leadership is central to ensure governance and setting out professional standards. |
| **Recommend** | **Professionals bodies to...**<br>• Develop a coordinated wellbeing strategy with clear standards for wellbeing and governance.<br>• Campaign for supporting wellbeing and why it is important.<br>• Support rolling out wellbeing survey across all psychological professions.<br>• Promote importance of sustainable work plans and work-life balance.<br>• Set out accreditation standards and processes to implement wellbeing standards.<br>• Work with relevant stakeholder organisations including CQC to accredit psychological services against wellbeing standards.<br>• Engage with users groups, clinical professionals and their representative bodies, and regulators of the professions to build upon the Charter for Wellbeing and Resilience.<br>• Develop A National Charter to examine the way recommendations from complaints, staff survey and user's feedback are handled.<br>• Set out open working conferences to share learning and evaluate impact. |
| **Impact** | • Representative Wellbeing Survey to inform strategy.<br>• Better members' engagement.<br>• Supported membership.<br>• Increased influence on setting out high standards for governance to improve service quality and user experience. |

# Building a caring work culture – what good looks like

## A WHOLE SYSTEM APPROACH

A whole system approach to mental health and wellbeing at work is proposed to address the multitude of concerns and recommendations highlighted in the earlier section. The framework[6] below sets out the key dimensions of support organised across four clusters – Support and Learning, Organisational Interventions, Leadership and Governance, and Organisational Culture. It places the right workforce, right competencies and right support at the centre to see workplace wellbeing positioned within the wider context of workforce planning, training and development. The framework is backed by a <u>virtual resource hub</u>, offering guidance in each of the area. The hub is intended to be dynamic and evolving as we gather more feedback and engagement.

**Support and Learning:** Sustainable job designs; effective supervision arrangement; continued professional development and career progression opportunities; appreciative appraisals; learning and reflective spaces; supportive OH and HR processes.

**Organisational Interventions:** Base line wellbeing survey, supported by a range of need led organisational interventions, independent evaluation, and impact measures.

**Leadership and Governance:** Mindful and accountable leadership to model and deliver through workforce planning, strategic guidance, policy influence and system wide interventions across organisational, professional and governmental levels.

**Organisational Culture:** Tackle stigma and discriminations; value lived experiences, coproduction, and inclusivity and antiracist practices; set out psychological safety, compassion and support.

**Figure 5: Building a caring work culture Resource Dial.**



### Support & Learning
Effective line management, supervision, CPD
Sustainable job plans
Career advice
Appreciative appraisals
Proactive HR and OH
Access to help - Mentoring
Psychological Therapies

### Organisational Interventions
Healthy Working Environment
Reflective Practice Spaces
Schwartz Rounds
Take Care Give Care Rounds
Compassion Circles
Learning Cycles
Wellbeing Survey & Work Plans
Quality Initiatives

### Organisational Culture
Tackle stigma, discrimination and bullying
Cultivate psychological safety
Support Mental Health at Work
Promote refection & learning
Foster equalities, anti-racism & inclusion
Demonstrate accountability

### Leadership & Governance
Compassionate & Inclusive Leadership
Wellbeing Strategy
Effective Communication
Wellbeing Guardians and Leaders
Wellbeing accreditationWorkforce Planning
Quality Assurance & Standards (NICE, HSE & professional guidance)

**Right Workforce Right Competencies Right Support**

**SUPPORTING A CARING CULTURE WELLBEING RESOURCES DIAL**

# CONCLUDING NOTE

The paper is aimed at all psychological professionals, and to anyone involved in managing, leading, planning or commissioning psychological services. We hope that the recommendations made in the paper will open up further discussion on the importance of workplace wellbeing and what can be done at the individual, team and organisational level. The paper put forward a framework on 'What Good Looks Like'. It calls for action so we can each play our part in building a caring work culture. This requires psychological professionals and those involved in managing, leading, planning or commissioning psychological services to ask 'what can I do now?' and consider actions they can take in each of the areas identified by the paper. Questions listed below can help us in starting the process.

### Leadership:
- Does my organisation/I have a compassionate and inclusive approach to leadership?
- How is my organisation's leadership addressing the diversity gap?

### Organisational culture:
- Does my organisation have a culture of support, compassion and psychological safety?
- Is my organisation committed to anti-racist practice?
- Does my organisation value lived experience?
- Does my organisation have a co-produced wellbeing strategy?

### Stigma and Discrimination:
- Does the training of my staff and leaders include skill development to reduce stigma, discrimination, structural racism and manage workplace distress?
- Do I have access to thinking spaces and forums for open conversation? If not what could enable me to set it up?

### Workplace Mental Wellbeing:
- Is a wellbeing 'check in' incorporated into my supervision?
- Is there timely provision of effective support during crises?
- Are my occupational health service and employee assistance programmes fit for practice?
- Do I/my staff have the option of self-referral to a dedicated Psychological Treatment Service?

### Working Conditions:
- Does my organisation support work-life balance and flexible working options?
- Is my career progression supported through line management and professional development plans?
- Has there been investment into welcoming, accessible and psychologically safe conditions at my workplace?

### Supervision and Continued Professional Development (CPD):
- Does my organisation have effective policies for professionally informed clinical, professional and managerial supervision?
- Do I/my staff have access to a wide range of opportunities for continued professional development such as mentoring, coaching, shadowing, secondment, training, and reflective spaces?
- Does my supervision and continued professional development attend to issues around power, discrimination, inequalities, moral distress and wider organisational contexts which impact wellbeing?

### Supportive Professional Bodies:
- Do I know of professional bodies which support wellbeing and highlight why it is important?
- Do I know of professional bodies setting out guidance on wellbeing and governance standards?

# RESOURCES

# Resources

- A virtual resource hub has been created, providing resources and offering guidance for each of the key dimensions of support: Support and Learning, Organisational Interventions, Leadership and Governance, and Organisational Culture. These resources have been sourced and collected by 'Re-setting the balance: Supporting the Collaborative Learning Network & Staff Wellbeing' project and are targeted at and intended for use by psychological professionals working in health and social care settings. The resources should be of wider use to any individuals or organisations concerned with workforce wellbeing and will be continually updated.

- Mindful Employer® is an NHS initiative designed to help employers and employees access information and local support for difficulties with stress, depression, anxiety and other mental health problems. Their website includes helpful information about how to look after yourself as an employee and a number of useful publications.

- Mind provides helpful information about dealing with mental health in the workplace.

- Access To Work can provide advice and an assessment of workplace needs if you have a disability or a long-term health condition, and are already in work or about to start. Grants may be available to help cover the cost of workplace adaptations to enable you to carry out your job without being at a disadvantage.

- Remploy offers a free and confidential workplace mental health support service if you are absent from work or finding work difficult because of a mental health condition. It aims to help people remain in (or return to) their role.

- Conceal or Reveal: A guide to telling employers about a mental health condition (CORAL), is a short, practical guide to help employees reach a decision about telling an employer about their mental health difficulties. The guide provides helpful exercises to guide someone through the process of considering all aspects of sharing their lived experience in a work context.

- Heads Up: Are you thinking about talking to someone in your workplace about your mental health? Have a look at this website which gives some advice about how, when and what to tell of your story.

- ACAS gives employees and employers free, impartial advice on workplace rights, rules and best practice. ACAS also offers training and help to resolve disputes

- Mental health at work

- The NHS Health and Wellbeing Framework sets out the standards for what NHS organisations need to do to support staff feeling well, healthy and happy at work.

- The government's definition of workplace bullying can be found here

- Comprehensive pages on workplace bullying can be found on most union sites, here is the BMA site

- A good FAQ developed by the RCOG can be found here

- THE BPS Covid-19 Resources

- Mind has produced free Guides to Wellness Action Plans which are an easy, practical way of helping you to support your own mental health at work.

- Business in the Community (BITC) and Public Health England have produced a Mental Health for Employers Toolkit to help organisations support the mental health and wellbeing of its employees.

- in2gr8mentalhealth is a centre for valuing, supporting and destigmatising lived experience of mental health difficulties, and offers a range of services from individual support to training and consulting for organisations.

- Business in the Community (BITC) and Public Health England have produced a Mental Health for Employers Toolkit to help organisations support the mental health and wellbeing of its employees.

ENDNOTES

## ENDNOTES

[1] A note on language: Throughout this document, terminology for mental health problems is often quoted directly from policies dominated by the medical model in their conceptualisation of mental health problems, i.e. using the terms 'mental illness' and 'mental disorder'. We acknowledge that there are various models of understanding psychological distress and in the hope of appealing to the widest audience we will use the term 'mental health problem' unless using a direct quote.

[2] Scott Weich et al. 'Mental well-being and mental illness: findings from the Adult Psychiatric Morbidity Survey for England 2007', British Journal of Psychiatry 92011) 199, 23-28. https://mental-health-matters.org/about-mental-health/attitudes-to-mh-issues/the-mental-health-continuum/

[3] A compendium of useful factsheets on wellbeing and health across the lifespan, including a report summarising 'staff wellbeing, service delivery and health outcomes' https://www.gov.uk/government/publications/wellbeing-and-health-policy. The BPS Health and Wellbeing in the Workplace White Paper on Psychological Wellbeing at Work includes information on the benefits and costs of wellbeing and guidance on how to improve it.

[4] https://apps.who.int/iris/rest/bitstreams/517787/retrieve

[5] www.who.int/occupational_health/healthy_workplace_framework.

[6] The whole system based framework is based on the evidence, the DCP Wellbeing Project presented to the Commission on the mental wellbeing of NHS staff and learners led by Sir Keith Pearson and Professor Simon Gregory in 2018. The Wellbeing Resource Dial shared with the commission is further adapted to align it with the Virtual Resource Hub.

REFERENCES

## REFERENCES

Accreditation Programme for Psychological Therapies Services. (2016). *First cohort aggregated report.* www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/psychological-therapy-appts/appts-first-cohort-aggregated-report-2016.pdf?sfvrsn=966da7a9_2

Black, C. (2008). *Working for a healthier tomorrow.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf

Boorman, S. (2009). *NHS Health and Wellbeing Final Report.* www.healthyregions.eu/uk/Boorman%20NHS%20HWB%20Final%20Report%20Nov%2009.pdf

Burton, J. (2010). *WHO Healthy Workplace Framework and Model: Background and supporting literature and practices.* https://www.who.int/occupational_health/healthy_workplace_framework.pdf

Dattilio, F.M. (2015). The Self-Care of Psychologists and Mental Health Professionals, Australian Psychologist, 50(6), 393–399. https://doi.org/10.1111/ap.12157

Deloitte (2020). Mental health and employers: Refreshing the case for investment. https://www2.deloitte.com/uk/en/pages/consulting/articles/mental-health-and-employers-refreshing-the-case-for-investment.html

Farmer, P. & Stevenson, D. (2017). *Thriving at Work: The Independent Review of Mental Health and Employers.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf

Grice, T., Alcock, K. & Scior, K. (2018). Mental health disclosure amongst clinical psychologists in training: Perfectionism and pragmatism, *Journal of Clinical Psychology 25*(5). https://doi.org/10.1002/cpp.219

Hacker-Hughes, J.H., Rao, A.S., Dosanjh, N. et al. (2016). Physician heal thyself (Luke 4: 23). *The British Journal of Psychiatry, 209*(6), 447–448. https://doi.org/10.1192/bjp. bp.116.185355.

Health Education England. (2019). *NHS Staff and Learners' Mental Wellbeing Commission Executive Summary.* www.hee.nhs.uk/sites/default/files/documents/NHS%20%28HEE%29%20-%20Mental%20Wellbeing%20Commission%20Report%20%28Summary%29.pdf

Keyes, C L.M. (2005). Mental illness/and or mental health? Investigating axioms of the complete state model of health. *Journal of Counselling and Clinical Psychology, 73*(3), 539–548.  https://doi.org/10.1037/0022-006X.73.3.539

Leiter, M.P., Jackson, S.E & Maslach, C. (2017). Burnout and engagement: Contributions to a new vision, *Burnout Research, 5,* 55–57.

Lundstrom, T., Pugliese, G., Bartley, J., Cox, J. & Guither, C. (2002). Organizational and environmental factors that affect worker health and safety and patient outcomes. *American Journal of Infection Control, 30*(2), 93–106. https://doi.org/10.1067/mic.2002.119820

NHS (2019). *The NHS Long Term Plan.* www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

NHS (2020). *We are the NHS: People Plan 2020/21 – action for us all.* www.england.nhs.uk/wp-content/uploads/2020/07/We_Are_The_NHS_Action_For_All_Of_Us_FINAL_24_08_20.pdf

Rao, A. & Clarke, J. in discussion with Hacker Hughes, J. & Kinderman, P. (2016). Wellbeing issues facing psychological professionals. *The Psychologist.* Leicester: Author. https://thepsychologist.bps.org.uk/wellbeing-issues-facing-psychological-professionals

Summers, E.M.A., Morris, R.C,, Bhutani, G.E. et al. (2020). A survey of psychological practitioner workplace wellbeing, *Clinical Psychology & Psychotherapy 27*(6). London: Wiley.

Summers, E.M.A., Morris, R.C. & Bhutani, G.E. (2020). A measure to assess the workplace wellbeing of psychological practitioners. *Clinical Psychology & Psychotherapy, 27*(1), 11–23. https://doi.org/10.1002/ cpp.2401).

Summers, E., Morris, R. & Bhutani, G. (2018). The development of a new self-report: Psychometric measure to assess psychological practitioner workplace wellbeing [PowerPoint slides].www.bps.org.uk/sites/www.bps.org.uk/files/Member%20Networks/Faculties/Leadership/2017%20Wellbeing%20Survey%20Results.pdf

Tay, S. Alcock, K. & Scior, K. (2018). Mental health problems among clinical psychologists: Stigma and its impact on disclosure and help-seeking, *Journal of Clinical Psychology 74*(9). doi:10.1002/jclp.22614)

The British Psychological Society. (2019). *BPS Membership Survey.* www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Briefing%20-%202019%20Member%20Survey.pdf

The British Psychological Society (n.d.). Working group on health and well-being in the workplace, *White paper – Psychological wellbeing at work* (White paper). www.bps.org.uk/sites/www.bps.org.uk/files/Member%20Networks/Divisions/DOP/White%20Paper%20%E2%80%93%20Psychological%20well-being%20at%20work%20.pdf

The Department of Health (2014). *Healthcare sector staff wellbeing, service delivery and health outcomes.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/277591/Staff_wellbeing__service_delivery_and_health_outcomes.pdf

The Department of Health (2014). *The relationship between wellbeing and health.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/295474/The_relationship_between_wellbeing_and_health.pdf

The National Institute for Health and Care (2009). *Mental wellbeing at work: Public health guideline.* www.nice.org.uk/guidance/ph22/resources/mental-wellbeing-at-work-pdf-1996233648325

The Psychological Professionals Wellbeing and Resilience Charter (2016). www.bps.org.uk/sites/www.bps.org.uk/files/Wellbeing%20Resources/Charter%20for%20Psychological%20Staff%20Wellbeing%20and%20Resilience.pdf

The Royal College of Physicians (2012). National early warning score (NEWS), *Standardising the assessment of acute-illness severity in the NHS.* www.rcplondon.ac.uk/file/32/download

West, M. & Dawson, J. (2012). *Employee engagement and NHS performance.* London: King's Fund.

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