

Ezra Hewing describes how he helped a large insurance company change perceptions about stress and improve the mental health and wellbeing of its employees.

Work and the mental health continuum

AROUND the beginning of last year, Suffolk Mind, the mental health charity for which I work, received a sudden flood of enquiries from a diverse range of organisations (the statutory and voluntary sector, religious groups, schools and businesses) asking for training on mental health and wellbeing. This article is an account of the work we did with a corporate business, whose request for help was the first of this type that we received. It describes some of the challenges, and how these challenges prompted me to ask deeper questions about knowledge of the human givens approach: how do we know when we have truly absorbed an organising idea and what does the world look like when we begin to perceive it through that pattern?



I shall refer to the company as MICKEY (standing for Multinational Insurance for Corporations, Kings, Empires and Yachts), which, as well as protecting its identity, gives a sense of the size and nature of its business. MICKEY's human resources (HR) manager and learning development coordinator – I'll call them Peter and Paul – approached us because they were concerned about employees who were presenting with mental health issues. Most employees at MICKEY had been there for between four and six years and there wasn't a particularly high turnover of staff. Taken at face value, this suggested that employees were, on the whole, satisfied with their employer – or at least not sufficiently motivated to search for employment elsewhere. However, staff absences attributed to poor mental health were fairly close to the national average, whereby one in four people experiences symptoms of mental ill health in a year.^{1,2}

For MICKEY's 230 full-time employees, the figures looked like this:

- 2013 days absence a year (on average 8.75 days per person)
- 532 days absences deemed to be the result of poor mental health
- 410 of these days recorded as resulting from stress
- 122 of these days recorded as resulting from depression or from a combination of anxiety and depression.

MICKEY already had a huge corporate wellbeing wing, so why, I wondered, was there a

need to approach Suffolk Mind. It is my surmise that it was probably because people often don't see emotional wellbeing and mental health as a continuum; instead they view mental health as a medical problem, which exists in isolation.

Internet searches on wellbeing in the workplace tend to bring up HR business websites or articles with a focus on physical health, stress reduction or positive psychology. Some published research and guidelines³ advise that organisations and businesses should have a mental health policy and may suggest guidance for managers, but clear organising ideas on how to implement policy are conspicuously absent. Wellbeing practitioners also seem to consider stress something separate from mental health and focus instead on the psychology of 'success' or turning people into 'business athletes' – a metaphor which implicitly suggests a single-minded focus on work, striving to win at all costs, and competition rather than collaboration.

In sharp contrast, Joe Griffin, co-founder of the human givens approach, has emphasised the need to abandon unhelpful language (such as 'well-oiled machine' metaphors, which encourage employees to be treated as 'cogs') and to breathe new life into organisations by viewing them as living organisms⁴ – and he is not alone in doing so. Other commentators have shown that, by rejecting mechanistic mindsets, businesses can thrive when they recognise "that nature's system is capable of sustaining our needs indefinitely".⁵ By providing a clear understanding of essential emotional and psychological needs and how they can optimally be met, the human givens approach has an enormous amount to offer businesses that choose to adopt a 'living organism' philosophy. Essentially, workplaces involve people, and so the degree to which we work in tune with the givens of human nature determines how well they are able to function.

It was for this reason that, while not in the corporate sphere, I had had the confidence to apply human givens ideas in a working environment (my own) and design a way for work to meet needs. At the time that MICKEY approached Suffolk Mind, I was involved in integrating two historically separate and very different services after a merger between two local Mind associations. It was a time of upheaval and change of working culture for everybody involved, with

lots of uncertainty and understandable anxiety amongst staff members. However, once the transition had taken place, the project was deemed a great success, which could be attributed to the employment of a human givens ethos: enabling all parties concerned to meet their needs for control; attention; status; connection to the aims of the organisation; opportunities to be stretched in ways which were meaningful and had a purpose; harnessing the resources, skills and talents of staff members; and, most importantly, making sure that the needs of the people using the service dictated its design.

It was this experience I built on when I first started working with MICKEY. Peter and Paul were two highly intelligent, empathic men, who had a clear understanding of the challenges they faced in addressing mental health issues in their organisation, even if they weren't clear about solutions. As a first step, they wanted to run workshops to raise mental health awareness across their organisation but felt that there would be resistance in some quarters, particularly from some senior managers who had been reluctant to discuss the subject in the recent past.

During our first conversation, they identified some of the organisational factors which they felt had a potentially detrimental effect on securing good mental health and wellbeing at MICKEY. These were a report-driven culture and monthly targets for some departments; a tension between opening hours in UK branches and continental branches (this meant that, for some of the year, employees in the UK were starting an hour later than employees on the continent in France and Germany, and arrived at work to a fresh set of demands every day); cultural differences – a perception that colleagues on the continent believed employees in the UK didn't work as hard as mainland Europeans and, therefore, had less cause to complain about work-related stress; and a lack of agreement amongst senior management about the importance of addressing mental health issues. In effect, MICKEY was a culture of multi-minds or many selves, with different agendas.

“Small fires”

Paul referred to staff absences resulting from poor mental health as small fires and said they wanted to intervene before these spread to become an uncontrollable forest fire. I asked Paul why he had used this metaphor and, while he wasn't sure at the time, it provided an opportunity to talk about how metaphors shape the way we see and react to problems; as described earlier, the metaphors we use to describe 'well run' organisations are powerful. (To encourage Paul and his team to think about this further, I referred him to a study by Lara Boroditsky of Stanford University, reported in this journal⁶, which showed that, if crime was described as a beast preying on the city, people tended to propose solutions such as catching and jailing more criminals, whereas, if crime was described as a

virus infecting the city, they were more keen to identify and eradicate causes.)

Peter and Paul expected that some senior members of staff would ask whether addressing mental health was really necessary and object that the time could be better spent on meeting deadlines. They wanted the first workshop to make the case to managers, team leaders and directors that addressing mental health issues was something to be taken seriously.

The first workshops

The initial workshop was delivered to two groups: the first at a regional branch and the second in central London. Employees who attended came from across the organisation and included team leaders, area managers, underwriters, senior managers, human resources practitioners, IT staff and two managing directors from France, as well as Peter and Paul.

In anticipation of the expected resistance, Paul introduced the workshops with a 10-minute presentation on mental health, along with the figures showing that a quarter of staff absences at MICKEY could be attributed to stress and mental ill health. I then introduced the idea of emotional wellbeing and mental health as a continuum, to address the possible perception that mental ill health exists in isolation. This served to establish a working definition of mental health and provided relevance for people less concerned with mental health than with staff performance. I hoped managers who were resistant to the idea of addressing mental health would see that optimising wellbeing for all staff would lead to a thriving, motivated workforce.

Grasping the idea of a mental health continuum can work as a double bind: even if the downside of toxic work practices – poor performance and conduct, absenteeism and a lack of capacity to learn skills and competencies – are not immediately obvious, nobody in their right mind would oppose the benefits of wellbeing: employees who are learning, thriving, performing, more resilient to life's knocks and better able to meet deadlines. I used a simple metaphor to anchor this idea: that wellbeing and mental health problems were two sides of the same coin and that both depended on how well emotional needs were met.

The mental health continuum also shows clearly that stress is the crossing point between positive wellbeing and more serious conditions such as anxiety disorders and depression. Understanding this enables us to see that, even when a workforce is highly stressed, it is possible to intervene before people succumb to the more serious conditions that can develop in response to prolonged exposure to stress. The fact that most of the mental-health-related absences at MICKEY were attributed to stress showed just how many employees had reached the crossing point.

As Peter and Paul had predicted, not everybody was keen to engage with the topic, and

there was some resistance early on in the first workshop from an area manager who was vocal in stating his belief that “GPs only diagnose people with depression because they’re too lazy to work out what the real problem is”. My response was to explain that depression was accompanied by measurable changes in brain chemistry and structure, and a drop in quality of sleep – which I said we would return to later on when we talked about dreaming as the means of discharging unexpressed emotional arousal from the day.⁷ (I explained that people who are depressed have far too much dream sleep because they spend so much of their day raising their arousal levels by introspecting – quite possibly about what’s going wrong at work. As dreaming uses a lot of energy, they wake up exhausted and certainly not up to a day at the office.) I also embedded the suggestion that I would be curious to see how their views had changed by the end of the morning.

Later on, the same area manager posed a question, which he made sound like a statement: “If you feel stressed or think you are being bullied, that’s just a perception, isn’t it?” To avoid allowing myself to become emotionally aroused by this individual’s not too well intentioned interventions, I decided to ignore my initial judgement that this was someone with sociopathic traits and instead, because he had just said he believed everything was merely a perception, I chose to remain open to the less threatening possibility that he might be a Buddhist. Seeking to find agreement between us, I said that he was quite right: stress is affected by our perceptions, and perceptions can be triggered by the environment, so it was important to pay attention to perceptions which may have consequences for physical and mental health. When, later in the morning, we discussed the human givens APET model (A for activating agent, leading to P for pattern matching, giving rise to an E, emotion, and then, often but not always, to T, a thought) I reminded everybody of the “valuable points” the area manager had made about stress being just a perception. The APET model makes a very clear distinction between perceptions and thoughts and shows how emotionally charged perceptions can distort our thinking.

That led me neatly on to the idea of black-and-white, all-or-nothing thinking and how this can indicate when someone is under stress and not thinking entirely rationally. Some people, of course, habitually think this way (unintentional misuse of resources) and so are particularly susceptible to stress, anxiety and depression. By learning to identify examples of black-and-white thinking, I explained, employees would be better able to recognise when they or their colleagues were stressed. Also, recognising these types of thoughts enables us to stand back and observe them at a remove, giving us greater freedom to challenge and change unhelpful thinking.

The presence at the workshop of underwriters, whose job it is to imagine worst-case scenarios when evaluating risk for insurance policies, provided a wonderful opportunity to explain catastrophising and pessimism as forms of black-and-white thinking in a way which matched with the insurance world’s model of reality. I was able to show that our built-in survival mechanism for assessing and responding to risk has value when employed objectively (in this case, in a professional role); however, the mechanism is also vulnerable to hijack and our decision-making processes can go awry when we are exposed to stress. Interestingly, outside work, all three underwriters shared riding and maintaining risky, powerful motorbikes as a hobby!

Needs and resources

The core of the workshops focused on examining our essential emotional needs and resources and designing work in a way that meets needs. There are always at least a couple of people in any audience who clearly understand that our needs go beyond the physical, and that we all have needs for social connection, good relationships and attention – even if they tend to think of attention in terms of quantity rather than quality. Parents often respond enthusiastically to the idea that what their children give attention to shapes their development and, if they have teenage children, are always interested to learn about how the needs for attention, status and connection to the wider community influence decision making about peer groups.

On the other hand, people seem far better at distracting themselves than they are at stimulating the relaxation response. In fact, unless they happen to practice yogic breathing exercises or harbour a penchant for long soaks in the bath, I find it rare for people to distinguish between lowering emotional arousal and distracting themselves from unaddressed concerns.

Talking about misuse of the imagination and its counterbalance, linear-logical thinking, and how reliance on one without the balance provided by the other manifests as caetextic (context blind) behaviour also had great resonance with those at the workshop (admittedly more so with those further down the tree). Almost everybody has experienced how organisations which rely on processes and plans, at the expense of individual autonomy and responsibility, become inflexible and increase stress levels among employees and customers.

To help participants begin applying their new knowledge of needs and resources, I asked them to identify tasks, relevant to their working role, which provided them with an opportunity to give and receive attention; allowed them to exercise personal autonomy; conferred a degree of status acknowledged by others; had a direct connection to the aims of the organisation; and gave them a sense of meaning and purpose. At the same time they were asked to think about tasks, jobs and processes which *prevented* people meeting their



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needs. For example, were there regular tasks which were non-negotiable in terms of time and method of delivery? One department, responsible for pursuing paperwork for payment of claims, had little room for manoeuvre; securing paperwork was required before another department could authorise payments. Everyone could soon see that adopting a collaborative approach to agreeing priorities where each department's role was valued would help to strengthen rapport, better connect employees to the organisation's aims, alleviate pressure and build a sense of shared purpose. It was also acknowledged that working in an open plan office at a regional branch didn't give employees much opportunity for privacy, and one solution might be for them to take their laptops occasionally to quieter meeting rooms, when these were unoccupied.

One team leader felt that his approach towards supporting a staff member who was obsessive about germs had been validated by the understanding of needs. The staff member's need for privacy and security was met when it was agreed that no one would use his work space or touch his personal effects when he was absent. He became much calmer and, although his symptoms did not recede entirely, the compulsion to wash his hands arose less frequently.

Participants were also asked to imagine alternative ways of doing things. If there was a regular team meeting, how could everybody get the chance to contribute if usually the senior person present was the only one who spoke, firing off orders or delivering a monologue? If members of the IT department tended to communicate only by email, remaining physically separate from the rest of the organisation, how could they get the chance to meet up with members of other teams to build relationships and discuss together the challenges that need IT solutions? Employees suggested multidisciplinary meetings with representatives from different departments which were working on shared issues; and that members of the IT department could take turns to attend team meetings, giving them the opportunity to form working relationships outside of cyberspace and to feed back concerns that needed addressing.

Follow up

The response to these first workshops was highly positive; one team leader asked if there was any reason why everybody at MICKEY couldn't have the same training, a question I left for Peter and Paul to discuss with their finance department. (I never heard anything more about it, so I assume Finance said no.) However, when we met again, Peter and Paul said that the first workshops had exceeded their expectations, and that, while MICKEY wasn't able to roll out the same training for everybody, they did want a follow-up workshop for their HR team. They wanted more in-depth knowledge of mental health issues, to enable them to manage workplace-based mental

health and wellbeing within MICKEY without having to rely on consultants or external trainers, but also without the need to become 'counsellors' themselves. They wanted a stepped process for HR staff to follow when managing mental health issues.

These desired outcomes seemed admirable, and I could quite understand that Peter and Paul didn't want their HR department to become a counselling service. I wondered, however, if the aims were realistic. Developing the capacity to manage mental health matters internally requires the knowledge and skills to assess individual needs and to design work to meet those needs, as well as knowing when to refer to external services. I also had misgivings about turning human givens ideas into a process or a system. I knew that, to be effective, the requested stepped process would have to have intrinsic human givens knowledge built into it that could be absorbed over time. It would also need to focus attention on getting answers to key questions. For example, were the absences attributed to poor mental health the result of a toxic work environment – poor practices, processes and relationships – or factors unrelated to the workplace? Was there a psychological component to physical health issues such as back pain or migraines, which have a stress component? Did MICKEY have a means of finding out whether the work environment prevented or enabled people to get their innate needs met? Did they record instances of staff attending despite poor mental health? Getting answers to these questions was going to be necessary if the human resources team were to be able to address mental health and emotional wellbeing in a meaningful way.

To fulfil my brief and meet the need for a stepped process that didn't drag HR personnel into 'counselling' territory, I devised a flowchart process based on the premise that a key stage in managing mental health and wellbeing issues in the workplace is to find out what is stopping needs from being met. As MICKEY's sickness absence statistics didn't identify the causes of absences, it needed to be established whether an individual's needs were unfulfilled because of the workplace environment, circumstances outside work, misuse of resources, damaged resources or a combination of these.

If the working environment were in some way preventing an employee from getting needs met, HR would need to agree a workplace strategy to address this. If circumstances outside work, misuse of resources or damaged resources were preventing needs from being met, the individual might need a referral to an appropriate service (such as GP, mental health services, counselling or internal resources, such as employee help-lines) in addition to a workplace strategy. To use this process effectively, I stressed, HR personnel would always need to return to two questions. Are the employee's needs being met? And, if not,

what is preventing them from being met?

I also stressed, however, that there is an inherent risk in becoming dependent on systems to make decisions for us; this is a misuse of resources in itself. If our attention is focused on a system, a fixed process, a set of targets or other arbitrary measure, then it is less focused on the individuals that make up a workforce and on enabling those we are working with to meet their needs. On the other hand, if we are developing our knowledge of what constitutes mental health and wellbeing, and by doing so stretching ourselves, we will become more effective at ensuring that good mental health and wellbeing is secured in the workplace.

At the workshop, we spent a fair amount of time practising skills that would be key for using the stepped process. This included effective information gathering, modified for a working environment; active and reflective listening skills; the ability to unpack nominalisations (abstract nouns like depression or anxiety), which everybody was very interested to learn about; solution-focused techniques, such as the magic wand question – encouraging people to focus on change; and using SUDS (subjective units of distress) to help employees scale and track changes in their level of emotional distress.

Case studies

We also returned to the theme of planning workplace strategies and designing work to meet needs by examining five detailed case studies that I had put together. These were largely based on my experience, either as a colleague or a counsellor, of people with mental health issues. They included a bipolar sufferer whose phases of heightened mood and productivity were the prelude to bouts of depression and employees suffering with anxiety in the wake of an investigation into misconduct, despite no further action being taken. Those present all agreed that four of the five examples closely mirrored cases they had been managing at MICKEY. Indeed, Peter said that the resemblance was “spooky” and, for a moment, I think he suspected that I had spies amongst the staff. I put the similarity down to the fact that people are people wherever you go, and so are likely to present with similar issues.

An interesting piece of feedback from the HR staff, sometime after the training, was that they felt more able to manage not only emotional wellbeing and mental health but also sensitive or emotional issues in the workplace.

How do we know when we have absorbed an organising idea?

I remain concerned, however, about the dangers of reducing an organising idea to a system and how this might affect the future of workplace wellbeing. The pattern of the human givens organising idea about human functioning allows us actively to perceive what is missing in a person's story or in their lives; as a result, when seeing

through that pattern, questions and interventions naturally arise in response to the gaps we perceive. I think such perceptions arise most frequently when we are in flow and that the richness of the pattern bears a relationship to how well refined our own emotional templates are.

In contrast, there have been times when, while working with somebody, I have become stuck; when I had the feeling that I had tried everything in my toolkit; when I revisited questions to try and get better information because I was sure I must have missed something. Those are the times when we know that we should tolerate the ambiguity of not knowing the answer but, finally, in exasperation, we may fall back on counting through the list of needs and resources in a rote fashion. Thus, the person we are working with becomes a set of fragmented parts, a collection of needs and resources. When we do this, we turn the human givens approach into a system or a checklist to be scored, and it ceases to be for us a pattern of perception, a way of seeing with greater clarity.

Clearly, it is necessary, particularly when we are learning about needs and resources for the first time, or when we ask a client to use an Emotional Needs Audit as a tool to get them thinking about their needs, to consider needs and resources individually. However, after a time, to become a truly holistic way of seeing, rather than a checklist of disconnected parts or, worse still, a vague nominalisation, our attention must shift to perceive the relationships between needs and resources. When this happens, our minds begin to form a template, or lens, through which we perceive – a new organ of perception.

The holistic perception of needs is authentic in the sense that the individual or organisation is perceived as they really are; coming into being from moment to moment. While completing an Emotional Needs Audit captures a valuable snapshot at a specific time, our emotional needs are constantly in flux, and so they should be; our shared need to be stretched drives us to refine our emotional templates, seeking completion, and when we stop doing so we stagnate. The same is true for a business or an organisation; if it is to be “dynamic” and in tune with the evolving needs of its workers and customers, it must be “unfinished” and never “fixed, ie dead”.⁸ A living organisation, as opposed to a machine, must conform to the law of living things, which the human givens approach articulates; a life form must take nutrition from the environment and absorb it correctly into its organs in order to sustain and repair itself.

When a culture exists where enough people can actively engage with this quality of attention and it becomes a shared perception, that's when, I think, a human givens culture emerges. If this can be achieved in organisations, big and small, wellbeing in the workplace will become the norm instead of the exception. ■

REFERENCES

- 1 Goldberg, D and Huxley, P (1991). *Common Mental Disorders – a bio-social model*. Routledge, London
- 2 Meltzer, H et al (1995). *Surveys of Psychiatric Morbidity in Great Britain: psychiatric morbidity among adults living in private households (Report 1)*. HMSO, London.
- 3 For example: *Health and Safety Executive guidance* at <http://www.hse.gov.uk/stress/mymental.htm>, and published research from the DWP <http://research.dwp.gov.uk/asd/asd5/frp0rts2007-2008/rep513.pdf>
- 4 Griffin, J (2010). *Breathing life into organisations*. Human Givens, 17, 3, 11–16.
- 5 Johnson, H T and Anders, B (2000). *Profit Beyond Measure*. The Free Press.
- 6 How We Are (2011). *When crime is a beast or a virus*. Human Givens, 18, 4, 9.
- 7 Griffin, J and Tyrrell, I (2004). *Dreaming Reality: how dreaming keeps us sane or can drive us mad*. HG Publishing, East Sussex.
- 8 Bortoft, H (1996). *The Wholeness of Nature: Goethe's scientific consciousness*. Floris Books, Edinburgh.