HR INSIGHTS

Mental Health & Trauma Responses in the Workplace

Researched and compiled by:

yolk

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About Dr Jen Daffin & Platfform

Dr Jen Daffin is a community clinical psychologist working at Platfform. Before she joined Platfform, she worked in the Aneurin Bevan Health Board in child and family psychology. Platfform is for mental health and social change or social justice with two key objectives: to change the dominant narrative around mental health and to support current mental health systems.

Platfform is the mental health and social change charity. As part of a growing social movement, they believe a shift towards being trauma and relationally informed is fundamental in addressing the global mental health crisis. By infusing these ways of working into policies, practice and approach we can create psychosocially healthy circumstance both for staff and the people we support, so that we can all have a chance to thrive.

Platfform advocates acknowledging the role that trauma, life experiences and social economic circumstances have in our mental health and our ability to heal.

platfform.org | jendaffin@platfform.org
@jendaffin @fair.play.pyschology @weareplatfform

Mental Health & Trauma Responses

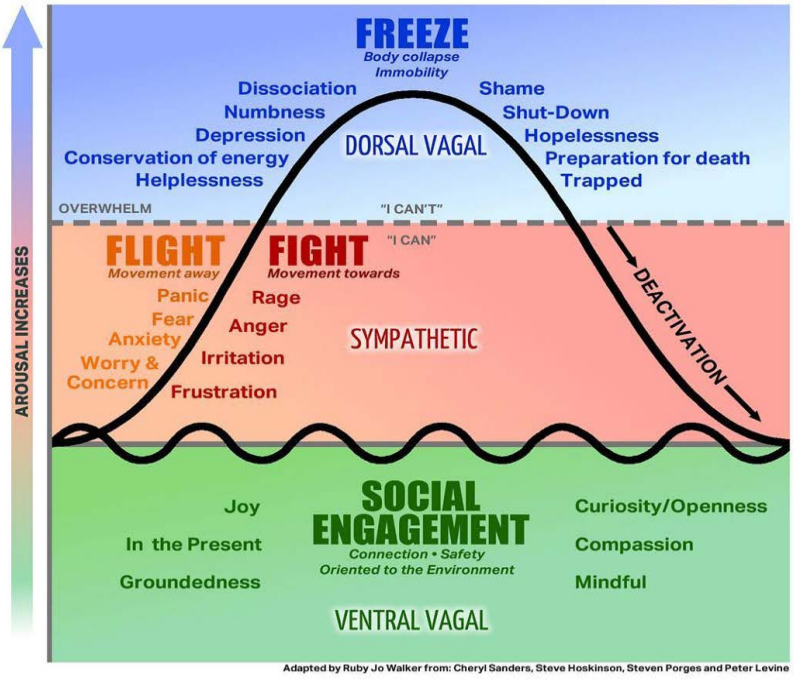
The Current Understanding and Debunking Myths

The current medical model suggests that mental health is determined by chemical imbalances or genes. That is not true, and nor is that the fullest picture.

Dr Daffin advocates for a holistic approach that takes all the different things that impact our mental health into account.

At its simplest form when we talk about mental health, the evidence base says that it is about nervous system overwhelm and loss of connection to the self, others and the world.

The figure on the right is a model of our nervous system. At our best, we'll be down in the green and we'll be in a connected, safe space in both body and mind. We'll be able to be curious, open and compassionate, feel grounded, be present and experience joy.



It's normal for us all to move through this system and move through it quite rapidly, daily, weekly and through our lifetimes. The nervous system's function is to protect us. When it originally evolved, it was to protect us from physical threats, such as natural predators in the environment. Over time, there has been an adaptation of this system to consider social threats as we live very differently in the world from how we used to. When we're thinking about this system today, it's most helpful to think about it in the context of social threats. As we are so social, there are many threats that may come our way across the day.

Four Threat Responses

When a threat arrives, our body will move into a state of **fight** or to **flight**.

Fight is to move towards that, where people experience rage, anger, and irritation. **Flight** is to move away from that, which may provoke anger, panic, fear or concern. This is a "doing stage", which we have some agency in and take action.

When things get too much, or a threat is either too big or sustained for too long and a person becomes exhausted, the body becomes overwhelmed and tips into this state called **freeze**.

This is where we'll feel helplessness, numb, depressed, disassociated (a state of switching out, or clocking out), full of shame, shut down, hopelessness and feeling trapped and prepared to die. At the top of this is total despair, which is where somebody may take their life. That's total nervous system dysregulation in a nutshell, and it's quite normal to move through this.

A fourth threat response is **fawning**, which is where we'll also tend and befriend. We may take a threat and bring it in close and keep it near us in order to try and control that threat. This is commonly seen in individuals in domestically abusive situations that find it hard to leave their partners.

If we have lots of adversity and threats in our lives, we can stay stuck in these states for longer periods of time. Whilst we're moving through it across the day, it's also across a graded spectrum as well. Anxiety is not the end product in itself. We often talk about diagnosing anxiety or diagnosing depression as if they are the things, and we look for the symptoms for those. Anxiety and depression are symptoms of nervous system dysregulation. It's a symptom of too much threat to a threat within our environment.

Some of us are born with more sensitive stress systems, and so we may be born higher up and prepared for an environment of stress. That's what you may have heard of as transgenerational trauma or an epigenetic transfer into trauma. ACEs, adverse childhood experiences, is toxic stress in our early years that impacts our later life outcomes. Toxic stress has such an impact on us that it's correlated to cancer, diabetes, heart disease, addiction and mental health problems in later life.

Toxic stress just doesn't occur across our lifetime. If we have toxic stress in our lifetime, we can change the edges of our genes to prepare the next generation for stress as well. And that's what we mean by transgenerational or intergenerational stress, so some are born with that kind of preloading and may need more support around them for nervous system regulation. And the point here is that we're not born with the ability to do nervous system regulation.

Emotional Regulation

We're not born with emotional regulation. We learn this through our early primary attachment relationships, usually our parents. It's through those early interactions of that key person attending to our needs that we learn to do emotional regulation. If we don't get that, then we don't learn. If we aren't taught it well, we won't be able to regulate our emotions well.

What we need is a secure base in childhood created by an adult that sends us out into the world to be watched over, delighted in, to help us and to enjoy with us.

It's important that they will catch us and welcome us back in. This can be when things get overwhelming, and when we're really excited and wanting to share it because we want to connect with others. We'll come back in and we'll seek out whoever that person is to protect us, comfort us, delight with us, and to organise our feelings.

This is seen in early parenting, where a caregiver is rocking the baby, and talking to the infant and they're naming the things that they might be experiencing. These are things like "are you tired? Are you hungry?" There's a dialogue that's occurring between the parent and the

child. While the infant doesn't have language yet and won't respond with words, the parent is at the beginning of organizing the baby's feelings. The emotional part of our brain isn't born connected to the thinking part of our brain, so we have to teach them how to connect.

We have to give ourselves language and give our emotions words in order to make sense of them. By creating a secure base, we're starting to do that, giving meaning and sense making to our emotions and how we feel. Parents should create a secure base by being bigger, wiser, stronger, kinder in their responses and wherever possible, following their child's needs and taking charge wherever necessary. It's through this process that we learn our patterns of what we should be scared of, what we should not be scared of, how we respond to things and what the socially acceptable ways of responding to things are.

Important to note:

You can learn. This stays with us and and gets invoked continually throughout our lives, so we all have secure base and relationship patterns that get invoked as we move into romantic relationships, and in our relationships with friends and peers. These things will be invoked in those relationships and we're not immune then from other people's responses. We can only be as regulated as the people we interact with on a daily basis.

How This Affects the Workplace

All this starts to have a real importance when we're talking about the workplace. How do we become trauma informed and relationally healthy? How do we tune into these fundamental needs that we have that we don't stop having, and how do we make sure our organisations and our work culture and spaces honour them and meet them?

- The secure base in this context is managers' policy, practice, and their systems. We can have attachment to individuals, but we can also have attachments to place and to organisations, to objects as well.

- What we're looking to do is to send people out into the world of work by encouraging, being inclusive, trusting, fair, transparent and curious, but then welcoming them back in and doing the sense making when things start to go wrong or when things aren't going well by being open, connective, reflective, supportive and protective.

- In doing this, what we're seeking to do is to create psychosocially healthy organisations and work practices that foster psychosocial health or good mental health by creating the conditions for agency, security, connection, meaning and trust. Not only so the individual can thrive, but so the whole system can thrive and the whole system can function better as well.

- When we're talking about mental health, it can be difficult to distinguish mental health in the world and mental health in the workplace, because we're the same people when we arrive, but the context is different and the expectations are different. We don't leave our relational patterns and ways of responding and doing nervous system regulation at home.

- The important thing to note here is that our mental health is determined by the conditions in which we are born, grow, live as well as the wider set of forces that shape our lives. Consider the children who have been through COVID, which will have a particular impact on them in terms of their circumstances.

When we're talking about mental health, it's about what happened to you, and not what's wrong with you.

We must start to recognise that mental health is then ultimately about your postcode being more important to your mental health than your genetic code.

- If we want to understand and address mental health, we need to dig deeper. We need to go beyond the medical model, which is just the diagnosis labelling.

- We need to go beyond pharmacology and medical/medication intervention.

- We need to go beyond individualization and putting those problems onto the individual and saying there's something wrong with you.

- We need to go beyond the DSM, which is the diagnostic statistics manual that gives the medical model diagnosis, and we need to go beyond pathologisation because these are not things that people are born with or that's a defect in somebody's chemical makeup or DNA.

What's going on is all of these different things underneath poverty, inequality, oppression, racism, injustice, trauma, and all of the different things that you can imagine may negatively impact on someone's circumstances that will cause situations where there's chronic exposure to humiliation, shame, isolation, loneliness, fear, feeling trapped and powerlessness.

And that's the antithesis of psychosocial health.

What can we do?

What we want to be creating in our environment is agency, security, connection, meaning and trust. We need these things across all the layers: at the individual level with ourselves, and within our family dynamics and our relationships, and the immediate environment around us, like our workplaces. We need them around the indirect influences as well, like in the way we do policy and practice and our health systems, and the broader systems around us as well as

the wider ideological and cultural context.

We've got transgenerational, intergenerational trauma and whatever's happening in our current context gets passed on to future generations as well.

What do we mean by trauma? The leading definition given by practitioners will go to is this by SAMHSA (Substance Misuse, Alcohol and Mental Health Association in America):

"An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has a lasting effect on their functioning across the mental, physical, social, emotional or spiritual well-being."

This is about the big key events that happen in our lives, and our circumstances as well. It's also about the small things, the little things that you don't get constantly or the little things that happen to you. It's also about what you did not get. Going back to psychosocial health, did you get a secure base? Did you get those things? Did you get the opportunity for agency, for authenticity, for security, for connection, for meaning and trust as well? It's as much as the active things as the inactive things. This also occurs at a population or community level, not just the individual. This is a collection of people that have traumatic experiences or stressful lives with lots of adversity put together and lived together or the sum of those coming together. It's the lack of getting your needs met in the environment. An environment that's full of humiliation, shame, isolation, feeling, loneliness and those things that's contributing here. So that can be Grenfell as an example, or Aberfan. It can be entire communities or it can be the workplace.

The important thing to note about trauma is that it's not event outcome. There may be an event or something that happens, but it's our experience of the event from all of our learnt relationships and behaviours from all of the resilience we have around. It's the sense that we make of it which leads to the effect that it has on us. An event that one person experiences may have a different impact on them and a different effect to the next person. This is true of everybody. We can't categorically say one particular event will cause a certain behaviour in someone or another event will be a trauma for someone.

Another helpful way of thinking about it is that we all have different power operating in our lives and that manifests through bodily, economic, legal, coercive social capital, relational or ideological power. We all have different experiences, exposures, and that reflects what we view as a threat. Depending on how much resilience we have around us and what our strengths are, it will also interplay in this. When we're talking about trauma, we're looking at someone's story and the bigger and broader picture that's going on.

What does it mean for work when we think specifically and bring it back down to a work context?

Some people felt they were under excessive pressure, exhausted or regularly miserable at work. The dominant understanding of mental health or responses have been employee

well-being programs that distract from that context and what's really driving and causing our poor mental health and causing us distress, such as problems of workplace culture, structures and policy, or problems of broader societal issues. A number of mental health programs teach you to identify symptoms of the diagnosis, but they don't allow you to understand the broader context and leave you with no rationale or agency as an organisation to do anything differently about that shift.

What does it mean to be a trauma informed organisation?

What we're starting to understand is that being trauma informed is about **relationships** and it's about how we **create psychosocially healthy relationships.**

Trauma Informed is becoming a buzzword and there are lots of articles out there how you should be trauma informed and how you can do that. What we're actually talking about with being trauma informed is a relational health continuum and we talk about trauma.

We're talking about nervous system dysregulation or overwhelm and loss of connection to self and others in the world. We're talking about being traumatised and surviving and circumstances that are full of humiliation, shame, fear, isolation, loneliness and what that doesn't give us is a language or a road map to move towards. What is the good stuff? How do we get away from that and how do we resolve this?

We started talking about the relational health continuum, and that's about creating those circumstances and cultures that are based on agency, security, connection, meaning and trust; that is what helps us regulate. It creates the opportunities for us to have connection. It's not a tick box exercise, nor is it about fixing people. It's a massive cultural shift and about learning to sit with emotion and distress, and understand what's causing it through the different things and learning to make sense of that together.

If you're on a journey to become a trauma informed or mental health aware organisation, there is an expectation that we'll take an action and then get a guaranteed result. In reality, because we're talking about relationships and everybody has different needs within relationships, and people having different stories and histories, this is not the case and takes work.

Bigger organisations have multiple different relationships occurring in different ways and at different times which will have different needs. The reality is to become a trauma informed organisation, businesses will need to develop a healthy culture and it will take investment.

To become trauma informed requires change and requires us to be doing something different. There are often things we may be doing already and it's about acknowledging them, but sometimes it's also about change and change is inherently relational.

The change is about people. It's about relationships and it's dependent on our ability to work together. So if we haven't got good relationships, we haven't got a good regulated system.

How Platfform Handled the Situation

Becoming a trauma informed business is about tuning into where we are. Platfform work with people in distress and people – not always, but often – in the high end of distress. Platfform's workforce is up against this every day and they're up against other systems that are traumatised and in surviving mode as well.

Around a year ago, they acknowledged that their staff were feeling burnt out and fed up of change due to COVID-19. They were not in a regulated state in order to engage with anything and overwhelmed. Starting from that point, Platfform recognised that there was work to be done.

In the journey to becoming more aware of these things, they have fully recognised that this starts with trust. It's about sitting and being with pain and trauma. It's not about fixing it and trying to take it away.

It's first about understanding and trying to understand how we move from these traumatizing circumstances and get to psychosocial health. They connected all the different layers across the organisation and largely because of the context of COVID-19, found they had a disconnection. While there was a lot of good connection, it was in silos and they needed to re-establish the culture of connection they needed to have good, healthy relationships.

You need to focus on the mental health space, and thinking about creating these environments and it's about learning and doing what's called repair. When you're looking for change and you're looking to move people in a direction, there will be disagreements and misunderstandings. It's about tuning into those disagreements, sitting with them but not ignoring them, addressing them and then repairing.

There's been a rupture and a relationship. Something's gone wrong. It's about coming together and exploring. How do we reconnect? The rupture causes disconnection. How do we create connection? Sometimes that's about saying sorry. Sometimes, sorry is not the thing that's needed. It's unique to the circumstances. We absolutely need to watch out for when we're slipping into blame culture.

When we're doing this change work and we're looking at our emotions and our relationships, people will get frustrated and get nervous about change because these are not things that we ordinarily do or think about in our workspaces. Tune into when you're slipping into blame, or it's slipping into a dysregulated, fight and flight response.

In contexts where we're working with the stress all the time, it can be easy to forget and to rule out making space for fun and joy. You can only experience fun and joy when you're in a regulated state. Make sure you're paying attention to that and that your're doing things that bring happiness.

About Refreshing Law Ltd

REFRESHING LAW

Anna Denton Jones

Anna Denton-Jones is an Oxford University graduate in law who qualified in 2000. She has dealt with thousands of cases including the most complex complaints. She spends approximately 30% of her time on tribunal work and the rest is trying to avoid people needing to get there. Her focus is on resolving cases as swiftly and sensibly as practicable to the benefit of her clients.

refreshinglawltd.co.uk | 02920 599 993 | adenton@refreshinglawltd.co.uk

Connecting Unhappiness and the Workplace

Job design is something we should be looking at when people become increasingly unhappy over time.

- Recent data from global surveys about people's job satisfaction suggested that **46%** of people globally would not want a child that they cared about to go into their field.
- Likewise, **38%** of people were saying they wouldn't wish their job on their worst enemy.
- Yet when people are surveyed, they still say that if they won the lottery, they would still want to work.

It is clear there is something very positive around the workplace and we obviously get a lot from it, but we're collectively not in a place at the moment where job design is the best that it could be to fulfil our needs and all the things that bring us comfort and a secure base.

Everything that we've been focused on for the last 50 or so years has been about getting more out of people. People are expected, in effect, to be working or contactable every second of the day. Many people took on additional workloads throughout the pandemic and cannot continue with the level of demanded productivity and stress that goes with it.

Job design needs to be worked on and we need to be looking at it as it's not always given enough attention.

Management and Cultural Changes

It can be a common scenario that people with a long tenure at a business who are very good

at their job and enjoy it become disengaged when new management is brought in.

How many times have we heard that story, that when the new manager comes along, everything changes? The current employees go from loving the organisation and their job, to now questioning whether they can stay in that organisation.

It's an old adage that people leave poor management, rather than their jobs. Let's consider management competency, and all the things that we measure people against in the workplace. When we sit down and do appraisals, do we ever talk to our managers about their soft skills, and the ability to create spaces that are secure, meaningful and build trust?

When we're looking at data, are we always looking at the right data? Are we looking at productivity in the sense of outputs from our organisation, or do we measure what is going on in a team and whether the culture there is appropriate or not? Appropriate behaviour training has been on the rise recently, which suggests that there may have been an incident and organisations want to improve things thereafter.

Are Businesses Caring Enough About Wellbeing?

There has been a lot of talk of the mental health equivalent of 'greenwashing.' Many businesses will have spoken about well-being in the last couple of years. Has it been creating spaces of trust, agency and security, or has it been bowls of fruit and other things that may be seen as a publicity stunt rather than actual access to resources?

Organisations need to be making sure that people have got funded counselling services in place and access to support. In Rhondda Cynon Taff, the Council makes services available to you for free. Dr Jen talked about managing the issue from the bottom up and that sometimes that's the way change is going to happen. Sometimes, we don't do enough listening from the bottom. With things like the cost of living crisis, and a child-care crisis in this country, there are many things that are causing people stress outside of work, and certainly things employers might be able to help with.

CIPD statistics suggests that the average manager has not checked in with their team. People who work in HR are now put in a position where they need to do something differently and cannot carry on as they have been. This is the moment for HR to teach people what they are really all about and to work with people like Dr. Jen.

A recent article in People Management was about bullying and that how bullies are acting inappropriately because they're allowed to be. What are the dynamics at play that encourages that behaviour? We often exit bullies from the business if we can prove that somebody's been misbehaving and deal with the aftermath. It might be better to look at it that we often create the bullies by putting pressure on people to behave in a particular way. Let's think about it more holistically than that and say, what is it about our culture that is growing that behaviour? These things are all drivers for change. If it doesn't come from the people then regulators are certainly stepping into this arena as our insurers. Insurers

are much more interested these days in risk and where your people risks are, such as stress at work and what you were doing around that area. If typical stats around turnover aren't enough to make a business change, then they might be forced to by wider powers. Pre-pandemic, Deloitte did some research and they found that for every one pound that gets invested in this space, you get a £5 return. Recently, there has been higher statistics around employee assistance programs. For every pound that's invested, the employer sees an £8 return, so there's a financial driver there. This is HR's domain. If we can't get this right, what is our purpose in HR?

Questions from the audience

Q. If you had a magic wand and could change one thing about workplaces, what would it be?

Jen: If there was one thing, I think it's awareness and having this narrative, and this understanding, because if you have that, then you take it wherever you need to take it. People will know what their needs are and how they'll meet them, but they can't do that unless they have the narrative. If there's one change, it would be that all workplaces have access to this kind of thinking.

Q. How difficult is it when leaders don't accept this type of thinking, and do you have any tips for first steps to get senior management to change their minds?

Jen: There is a school of thought that change must start from the top, or that it won't work if you haven't got leaders that understand it and that are investing and buying into it. When we're talking about large scale organisations like the NHS, policing and education, senior leadership is there but there's so many people in between that people don't remember everyone's stories and the flow of information gets lost. There's an argument for a top down approach, but you also need bottom up as well, but there's no real right answer for where it starts.

Go where the energy is. If you're interested in becoming trauma informed or want to gain traction in this, start doing it in the small places where you have the agency to do that and let it ripple across. I wouldn't get caught up on wanting all senior leadership to have buy in before you can start. The more people that you can get the buy-in from, the more you'll get the change. Don't be hindered by where that needs to start. It's easier in smaller organisations with smaller resistances, but not in instances where you've got a leader or leaders that are resistant.

Sometimes we tend to recruit people that are maybe not psychosocially healthy. When you're looking to those leaders, they may not have the skills in order to do the things that we want them to do. It's about coming at that with compassion and not trying to fight that head on, but thinking about how you work with what you have.

Q. Do you have any advice for organisations where the work itself is likely the cause of trauma, such as in the medical profession and fire service?

Jen: I can relate to that personally. As a psychologist we're exposed to that on a daily basis. We may also get exposed to loss of life as well. That's not just in those experiences, it happens in a number of organisations out of the blue, and you're even less prepared because it's not anticipated due to the nature of the business.

What is really important is that we have the support networks around us and that you've got a culture of being open to talk about those things. Create space for those things and that you're not putting the problem onto the person. There was a lot of this work done in health services in the run of COVID-19.

It's about tuning into what our physical needs are, and what our emotional needs are. There are lots of models for that, so reflective practice is needed.

Ensure they're getting regular breaks, they've got time off and you're tuning into compassion fatigue as well, or what we call secondary or vicarious trauma. Make sure you've got practices or policies and pathways to be identifying that and providing people support.

Q. I often work with employers trying to manage the survivors of a bullying culture after a bully has been exited. Where do I start in trying to help the team heal?

Jen: In terms of healing, healing is about recreating safety. It's about agency, security, connection, meaning and trust, and creating that environment. We should tune into wondering where did that go wrong?

But ultimately the first thing is about safety, and from safety you can start to rebuild trust. In terms of trauma recovery, we first need to be regulated or need a stable environment before we can relate and make reasoning. It's first about stabilizing the environment, tuning into the needs of the people and they'll be unique to whatever that space was.

Then it's about making sense of what happened and making sure people have a coherent narrative. We need a comprehendible, meaningful, manageable world. We should be exploring and spending some time examining how this happened. How did we get that culture and how do we not go there again?

Be investigative, but not restorative because you don't want to put it back to the way it was. Be transformative. Build on the model that first, we need to be regulated before we can start relating back and have that trust to do that.

Anna: I often find that people aren't terribly aware of themselves. Some of the things that Dr. Jen was talking about at the beginning, you know the fight and flight response, what's going on? Sometimes I will talk people through those basics. And it is amazing hearing pennies drop and people realizing that that's why they have such a physical reaction and that by talking it through it becomes okay.

It's something that is normal, that any other person would be experiencing this. This isn't "me" being a problem and that is helpful to people to understand some of the things that Dr. Jen has been talking about today. It helps people to start on a process.

Q. Where do we start when trying to remove the stigma of mental health as a topic?

Jen: : In a nutshell, this is about all of us. It's understanding that it's about good nervous system regulation and how we make connections, and that poor mental health isn't something that happens to isolated groups. The well-meaning statement that *"around one in four people have a mental health problem"* is really unhelpful because it suggests that it's random and that it's to do with biology or lack of personal resilience, which is not true. It can happen to any of us that are put into psychosocially unhealthy circumstances. If we want to get rid of stigma, then we need to understand that this is not about others. This is about us, and all of us together. It's not about us as individuals, as a personal failing. It's about what's going on. It's about externalizing it, so knowing that it's not a problem for you, or that there's something wrong with you, it's about understanding it in the broadest sense that it's about our circumstances that we're being exposed to. And then becomes a social issue, not an individual one.

Anna: I wanted to point out that the World Health Organisation, for the first time, has published new guidance for mental health in the workplace. Fitting in with a lot of Dr. Jen's diagrams from earlier, essentially making it clear that it's the employer's responsibility to be doing these things, and it's aimed at a global audience.

Going back to everything that Dr. Jen said about taking it away from personal responsibility, making it something that we're all responsible for - I think if we talk about line managers not making it about being something wrong with that individual or their problem, but actually something that's going on in their team that they need to address.

That's just one small step in the right direction. I'm actually of the view that the pandemic has a silver lining in it, which is that people were forced to understand their own mental health a bit better, including our leaders.

Q. How direct should employers be when initiating discussions about mental health?

Anna: Often when I do training, I get people to do an exercise where we talk about them going for a coffee with one of their friends. I ask them to imagine that their friend has confided in them that they've just been diagnosed by their GP with anxiety or depression, and what conversation they would have with that person.

People often talk about all the support that they'd give that person and the questions that they'd ask them. They say they would be checking in with them on a regular basis. Then we talk about shifting this to the workspace and it's one of your team who maybe comes forward with the GP's note. I ask them to reflect on why that conversation can't be the same, because it's just a conversation with a human being at the end of the day. That's quite an eye opener for people.

When we do that exercise, it makes them realise that perhaps they're putting barriers in their way that they didn't need to have. The Chartered Institute of Management did a survey a couple of years ago. Generally, British people are not brilliant at talking about sex. The survey came back saying people would rather have a conversation about sex than have what they perceived to be a difficult conversation in the workplace.

Dr Jen: I think it goes back to the stigma question and thinking about poor mental health as something that happens to other people and therefore a failure of ourselves, which is the message that society gives us.

The recent paper that debunked that depression was caused by chemical imbalance sent shock waves across the globe. It was one of the most well-read papers because it also showed that 80 to 90% of the population believed that. When you've got a population that think that it is about something that's wrong with you, having the conversation in a workplace environment where it is a largely about performance is difficult. It's not about what's wrong with the person, it's about what's happening to them and the human thing to do is to connect and to think about what are the circumstances that are causing this.

It's about bucking that trend and creating that mini culture within the space that moves it away from the idea that it's a problem with the person. You have to work at creating that space and acknowledge it's a sustained culture that you have to keep.

It's a conversation you have to keep having. You have to role model it and we have to think about how we talk about it as well. As Brits, we're not really prepared to discuss our emotions. There needs to be a huge cultural shift. At UK level, we still need to move away from a stiff upper lip.

Q. Do you think fostering that kind of culture would help people deviate away from saying "I'm fine" as a way out of talking about their mental health?

Anna: Some employers are using tools like apps that people have to react to a prompt and choose what best suits how they're feeling, like red, amber, green. At that point in time and then obviously it might ask them some more questions. I think something like that might start to tease out answers and candid conversations rather than just the "I'm fine".

Dr Jen: "I'm fine" can also be looked at as a coping mechanism. Some people will say "I'm fine", because they don't want to share their story with you. Some people may be saying it as a defence because if they go there with emotions, they'll probably cry. Often as a society, we don't welcome crying very well.

We see it as a weakness, particularly in men. What people are actually experiencing by crying is the body's release from overwhelm. It's normal and it's healthy and it's a good thing. It's going to make you feel better, but we don't think about that. There's a number of different things getting in the way of us being able to be more expressive and feel safe to do that expression.

Q. What are your views on communication via technology rather than face-to-face?

Jen: It's a disaster. There was a really good study that showed how social we really are and how it impacts us. They took babies aged 6 months that were cared for by English speakers and equivalent-fluent in English and attempted to teach them Mandarin. They put one group in front of a live speaker, and the other in front of a screen-version of the same speaker. After the trial period, it was discovered the babies in front of the live speaker were equivalent-fluent in terms of language acquisition, but the babies in front of the screen learnt nothing.

What this starts to show is how we acquire information and knowledge through interaction and social connection. Being in front of people invokes learning and we don't get the benefits of this when we communicate digitally. I see it in our work. It causes loneliness and disconnection because we're not getting that feedback. If you were feeling lonely and disconnected, digital interaction pushes that further.

There are huge consequences for moving everything digitally and phasing out connection. It's so valuable in terms of the repair and our health. If we take it back to child development, not having connection means infants die. We're not able to survive without connection with others, and that doesn't stop in adulthood.

Q. Are there any other things that you think we can do as employers where people are clearly in crisis or need in support?

Anna: Start by looking at what you're doing. You mentioned before about supporting people by signposting them to help or paid consultancies. But outside of that, is it enough? Is there more that should be done and that employees can do? I think one of the big issues in organisations is that if somebody is spending a lot of their time supporting somebody else through something, acknowledgement by the organisation that their time is being diverted to that and not what they should be doing is important. This is so they don't suffer the double whammy effect of trying to do the day job as well as their duties as a manager and not having enough time for both. There needs to be discussion with their line manager around time, priorities and all the usual discussions around their work so that they're not put into a position of overwhelm.

Dr Jen: We often try to move away from mental health first aid as it relies on diagnosis and won't give you context around why people are feeling the way they are feeling. We try to help people hold on rather than refer on because relationships are hard to build. When someone is referred to me, they don't know me, or what I do. They don't know the context that I'm in. We've never met before, and they'll have six sessions to tell me all of their problems and it won't fully help. People often arrive in NHS services frustrated as it's not what they thought they were going to get. It doesn't immediately work because there's no magic wand to make it better. I always tell support workers that in therapy, the only evidence is the relationship. It's not the therapy, it's the relationship. We need to be chasing and moving to where the relationships are because that's what's going to help people.

There's a book What Happened to You? by Doctor Bruce Perry and Oprah Winfrey that starts to speak about how healing happens in community, through connection with others, and through understanding of how we regulate and what people can do to support others on that.

Where it's appropriate I would be encouraging you to keep connection and to draw on the relationships that somebody has and/or letting them know that so that they can seek that out in their trusted relationships. It'll go much further than a one-off consultation with a stranger. There's also lots of evidence to say that it's not in the 50-minute therapy session that the work happens. The work happens on a daily basis and it happens through feeling safe and being able to have conversations with people around you.
Largely we need to go back to what I said at the beginning about normalizing this and making the information accessible so that it doesn't feel scary. By tuning into the secure base model, you're using that tool to organise their feelings and help. You're seeing them. You're protecting them. You're meeting those core needs that we have, not stepping out of the boundaries of your role, being completely appropriate about that and doing that in a workplace context. You're tuning into what we need from a relational health perspective.

Q. How can an employer spot the warning signs that somebody is struggling and what should they be doing afterwards?

Anna: The biggest thing is a change in behaviour. What's different? What are we noticing that is out of character for this person that hasn't been there before? Is their performance dipping, are they short and curt with people?

When we're speaking to them, are they not answering their emails or their phone or switching their camera off? How are they different from the person that they used to be? The big thing for me is spotting change.

You'll only know what's the usual thing for that person by knowing that person and just tuning into how they've changed. Behaviour is communication. If you start to see a change, then that's there. It's difficult to spot because you need to know the person. Going back to the CIPD, 48% of managers haven't checked in with their staff.

If you don't know your team, how can you spot the change? We almost need to get to the level of competency with managers that they are expected to know their team and to be able to spot these changes. Their job is people management. Too often, we focus on production and efficiency, rather than that as their role.

Further information & useful links:

Platfform.org

Mental Health First Aid Wales

Help For Heroes - Suicide Training Awareness

World Health Organisation - Mental Health in the Workplace

Dr Julie Highfield Twitter Profile

Rhondda Cynon Taf - Staying Well at Work

What is the social brain? YouTube Video

- To join our HR Insights mailing list which covers upcoming events, new HR podcast episodes and new guides, sign up here.
- Listen to Yolk's HR podcast, which includes an episode on this guidance, on The Yolk Podcast
- You can join our Linkedin community here.