100M PEOPLE
20% MORE ACTIVE BY 2025

On 28 November 2018, I, Neville Koopowitz, along with seven other Chief Executives from the Vitality Network of Insurers signed a pledge to improve the health and wellbeing of millions of individuals around the globe.

NEVILLE KOOPOWITZ | CEO, VITALITYHEALTH

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Walk the talk

The increasingly sedentary nature of work demands we place greater emphasis on health promotion, as Singapore is doing.

Traditional ideas about workplace wellbeing focused on occupational health and safety, which was appropriate because they arose in an era when most jobs were blue-collar and many workplaces were full of hazards.

Workplace hazards have evolved, however, from toxic environments and the risk of physical injury to the situation today in developed countries, with risks arising from sedentary jobs and stress. The greatest hazards for many are no longer hearing loss or accidents caused by machines, for example, but the onset of chronic diseases such as diabetes or burnout-linked depression. People spend between a quarter and a third of their waking life at work, making the workplace one of the most important environments for promoting and maintaining health.

In 2014, Singapore launched a national programme on total workplace safety and health (TWSH), integrating existing accident prevention initiatives with health promotion and disease prevention. The initiative involves the government, employers and workers. TWSH goes beyond traditional occupational health and safety initiatives to include a significant component on health promotion, focusing on interventions such as workplace ergonomics, weight management, smoking cessation and vaccination.

Before the national launch of TWSH, a pilot study was conducted in 2012, involving 50 state-run companies. This showed the more comprehensive approach of TWSH produced benefits, including wellbeing as well as health and safety. Compared with before the intervention, employees were 7.4 times more likely to be satisfied with their jobs, 4.4 times more likely to be proud to work for their company and 1.7 times more likely to report work-life balance.

Opponents of implementing TWSH initiatives frequently cite staff turnover as a reason not to invest in workplace health promotion. They point out that employers risk financial outlay with no benefit. Such a narrow-minded perspective overlooks collective benefits that can be enjoyed by all employers and employees if sufficient numbers participate.

As a leading proponent of TWSH, the School of Public Health at the National University of Singapore advocates and educates on balanced dietary intake, and provides influenza vaccinations for all staff. It also gives employees an incentive to exercise during working hours in the form of credits that can be exchanged for time off work. Members of the school’s senior management “walk the talk” by participating in these health promotion activities.

Staff have been motivated by the scheme, especially because time used for physical activity is taken from the working day. There has been no loss in productivity because staff end up working more efficiently.

To ensure the success of the scheme, senior management must get involved. Not only do they have to be seen to participate in the initiatives, but they also have to establish the framework for workplace health and answer the following sorts of questions. Are there any repercussions if an employee chooses not to take up an influenza vaccination? Should the office cafeteria subsidise healthy options and increase the prices of unhealthy offerings? What is the expectation on workplace health screening to provide early and regular indicators of health to the employees?

In Singapore, the government’s Health Promotion Board has a division that advises and guides the establishment of workplace programmes and “healthy workplace ecosystems”. The latter are facilities developed in collaboration with landlords of industrial estates or office blocks, for example, that provide centralised resources so the services are available for smaller companies. The initiatives aim to increase health literacy, provide health screenings, offer free exercise sessions, and ensure healthier food is provided at canteens.

More than 40 ecosystems, hosting in excess of 300,000 employees, have been established. The ecosystems, which are jointly funded by government and employers, are assessed by process indicators, such as the proportion of healthier meals sold and numbers of sign-ups for workplace screening (it is too soon to assess health outcomes). The scheme has been so successful that it is being expanded.

Chronic diseases can impair work performance and productivity, either through absenteeism or by affecting one’s ability to focus while working (termed presenteeism). An academic study published in 2016 estimated that diabetes cost Singapore $81bn ($725m) in medical bills and lost productivity in 2010 and forecast that the economic burden of the disease would rise. The government launched a “War on Diabetes” in 2016 to try to combat the condition.

More needs to be done to demonstrate to governments and employers both the punitive costs of inaction on curbing the rise of chronic diseases in the workplace and the cost-effectiveness and long-term benefits of workplace health promotion programmes.

Otherwise, what awaits future governments and employers will be soaring healthcare costs that will be compounded by our rapidly ageing societies.
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Terms of engagement

Wellbeing programmes can improve health and productivity but measurement and funding models remain complex, writes Andrew Jack

At its site in Bermondsey, east London, Tideway, the contractor that is building and will operate the £4.2bn Thames Tideway sewer tunnel, offers some unusual services for its workers. Long hours and transient lifestyles away from their families can lead to stress and ill health, so Tideway has negotiated block bookings with local doctors and dentists, and sends a financial adviser to help employees with their budgeting.

Across the business, it offers sports activities and gym membership, neck massages, yoga classes and time off for volunteering in charities and schools. It involved staff in extensive consultations to help design its new headquarters, opened a year ago near London Bridge. There are quiet spaces, faith rooms, inclusive toilets and ways to help create a friendly environment for meetings.

Steve Crofts, head of health, safety and wellbeing, has long experience of managing the considerable isolation, stress and suicide among workforces in the construction sector. “I didn’t think I’d see the day when a company would offer regular yoga, pilates and mindfulness,” he says. “But we absolutely believe this is a moral obligation. We want to see a happy workforce. We also see a spin-off in reduced absences and increased productivity.”

Tideway is one of a growing number of global employers — in the public, private and non-profit sectors — that are investing significantly in programmes to support the physical, mental and social wellbeing of their employees. The trend reflects a growing realisation of the importance of wellbeing to staff recruitment, retention and productivity, even among policymakers. Matt Hancock, who became UK health secretary last year, highlighted preventive healthcare as one of his key priorities in the job.

“Prevention [or working to keep people out of hospital] cannot be solved purely by the health and care system alone. Everyone has a part to play. To make serious progress on prevention we need to understand that. From the education we receive, to the home we live in, to the job we do and so much more — all of this shapes our physical and mental health,” he said in a speech last year.

Yet the Institute of Health Promotion and Education, a UK professional body, cautioned in response that while the principles of prevention Hancock outlined were welcome, there remained questions about a focus on what it described as “downstream” activities, which are attempts to influence individual behaviour, instead of “upstream” approaches, which would target social or environmental factors.

In the UK, the prospect of Brexit is not only creating political distraction but increasing the pressure on public finances, highlighting how acute such competing demands will prove in the months ahead and serving as a reminder that they risk undermining a focus on public health.

Data from the latest annual Britain’s Healthiest Workplace survey — compiled by Rand Europe, the research organisation, funded by insurer Vitality and produced in association with the FT — show just how heavy the burden of ill health can be on UK workforces. The findings also indicate the potential for constructive interventions by employers, which some have reported make good economic as well as good moral sense.

The patterns are echoed by the findings of related surveys in five Asian countries also featured in this magazine. Among the biggest drivers of absenteeism and presenteeism (when employees go to work but report themselves to be unproductive) is lack of sleep. That pattern is rising: 37 per cent of the more than 26,000 people from 129 organisations who responded to the 2018 survey said they were sleeping less than seven hours a night, against 28 per cent in 2015. More than 44 per cent reported problems with the quality of their sleep.

There was also a rise in those reporting depression and work-related stress. One factor was financial worry. If such pressures have a negative impact on mental health, they are also closely linked to limited physical activity and poor diet.

One striking aspect of the data is the differences in ill health by age. The survey shows that young people aged 18-20 are particularly affected. That raises questions about the need for more “onboarding” programmes by employers. These offer targeted support for new recruits and aim to reduce the stresses they experience, including adjustment to the world of work, financial pressures made worse by the cost of housing, and help with handling the distractions of the internet.

The other group that stands out is older employees. A disproportionate number report musculoskeletal conditions, which academics say are often proxies for wider stress and ill health. Older workers typically also reported the lowest levels of physical activity and the highest rates of obesity.

‘I didn’t think I’d see a company offer regular yoga and mindfulness. But we believe this is a moral obligation’
Those on lower earnings report higher rates of depression and greater stress than higher earners, citing concerns such as lack of choice over the tasks they carry out, lack of respect, a failure to be consulted and absence of support from their line managers. Such pressures will not be easy to address.

The good news is that wellbeing programmes seem to make a difference. Longitudinal analysis of workplace health interventions by Rand Europe for Vitality from 2014 to 2018 showed that those employees who consistently participated in programmes designed to support physical and mental wellbeing tended to be healthier and more productive. Those who began to turn their lives around during the four-year study period and started participating in a workplace health intervention reduced their lost productivity the most.

One difficulty for employers seeking to engage more actively is an evidence gap — the data “proving” that the effectiveness of any particular intervention can sometimes be less than robust.

“There seems to be increasing focus on how to calculate a return on investment on wellness,” says Shaun Subel, director of corporate wellness strategy at Vitality Health Insurance. “That opens up potential for bad decisions — the data ‘proving’ that the effectiveness of any particular intervention can sometimes be less than robust.

Nor is there much detailed and comparable evidence on the economic costs of interventions. Data are usually based on employee perceptions and subjective judgments, rather than on any objective analysis of productivity or health outcomes.

Experts say the most effective programmes are those that address mental health, which accounts for the lion’s share of days lost to absenteeism and presenteeism.

Unfortunately, effective mental health interventions can require wholesale restructuring of managerial cultures in organisations, which means they are potentially far more difficult to achieve than the rather simpler measures around physical health, such as improved canteen offerings, gyms or sports activities.

Implementation presents another problem. The latest Britain’s Healthiest Workplace survey shows a large gap between the number of programmes offered by employers, and the far smaller numbers that their staff use and are aware of or believe are useful.

Greater promotion of what is available may be a powerful initial step, with varied approaches required for different age groups and employment categories. Research by Vitality shows that younger male workers tend to say they value gym discounts and fresh fruit in the workplace, while younger women say they like workshops and team activities, for instance. Older men report using screening services but neglect physical activity and nutritional support, while older women track physical activity, use nutritional support services and engage with apps that target wellbeing.

For many employers, a more fundamental issue is funding any provision at all. Many services are easier for profitable white-collar businesses in large cities to provide but much more difficult for smaller businesses, those in isolated locations or those whose staff are dispersed across different, sites such as retailers.

Nevertheless, as Crofts at Tideway argues, much can be achieved even in construction companies, which often have very diverse and fragmented workforces. Employers like his, he says, have the power to influence their subcontractors to encourage the adoption of better conditions in a wider range of businesses.

“I’m a firm believer that the client has to set expectations,” he says. “For us, from the chief executive downwards, we see the obligation to support the workforce. Sadly it’s not the case across the industry. There is still a lot of work to be done to engage, to get people to understand the benefits. But these activities pay for themselves tenfold.” ●

‘An increasing focus on returns on investment for wellness opens up potential for making bad decisions’
PERCENTAGE OF EMPLOYEES GETTING LESS THAN SEVEN HOURS SLEEP A NIGHT

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SOURCE: VITALITYHEALTH/RAND EUROPE; BRITAIN’S HEALTHIEST WORKPLACE SURVEY 2014-2018

Tailored approaches
Which wellness interventions employees most value tends to vary with age and gender.

44.7
Mild to moderate depression
The winners of the 2018 Britain’s Healthiest Workplace awards come from a broad range of companies and other organisations. Nomura, the bank, Adidas UK, the sportswear manufacturer, and Wellness International, which provides occupational health and wellbeing services, were the healthiest places to work in the UK last year among large, medium-sized and small employers, respectively.

The winners ranked highly in the healthiest employee scores, compiled by gathering data on a range of risk factors, including smoking habits, nutrition and physical activity. These were combined with scores from the healthiest employer category, which takes into account leadership and culture, and the provision and use of workplace wellness interventions, facilities and services.

Winning formulas

The UK’s healthiest places of work as revealed by our annual survey of companies and staff.

By Andrew Jack
Top-ranked participants in the research include financial services, health, construction and engineering companies. The public sector was also well represented, including several units of the National Health Service.

Britain’s Healthiest Workplace awards once again recognise the Healthiest New Entrants, which for 2018 were Atkins, the engineering company, Gerald Eve, a property consultancy, and Wellness International in the large, medium-sized and small categories, respectively.

The Most Improved Workplace awards, which look at data for repeat participants in the survey, went to Siemens Rail Automation, construction company Tideway and Blue Motor Finance, a fintech company.

The annual survey was developed by VitalityHealth and is produced in association with Rand Europe, the Financial Times, the University of Cambridge and Healthy Workplace, a joint venture between Vitality and Nuffield Health. Britain’s Healthiest Workplace 2018, which incorporated data from 129 organisations and 26,432 employees, is the sixth year of these awards. Rand Europe, with the backing of AIA Vitality, has now also completed two years of research in countries across Asia. There are plans to expand the research this year and involve more employers and their workforces to help identify important underlying global trends in health at work.

Healthiest employee scores were based on factors such as smoking, nutrition and physical activity.
Less strain, more gain

German manufacturers are prolonging the working lives of employees by investing in ergonomics and tapping into their expertise, writes Patrick McGee

Two Porsche workers sit in swivel chairs on wheels, rolling around the factory floor in Leipzig as they inspect the underbody of a sleek black Panamera executive car hovering just above their heads. Using tools built in to their arm rests, they apply final touches to a car that will soon roll off the production line and sell for more than €90,000.

Their task, seemingly mundane, goes to the heart of one of Germany’s biggest challenges in the coming decades: defusing the “demographic time bomb” that threatens to knock Europe’s economic powerhouse off its perch. In their ergonomically designed swivel chairs, these workers are playing a small part in a wider, far-reaching drama as Germany plans to prove to worried politicians and shareholders alike that the country’s economy will not be at risk when millions of baby boomers retire in the coming decade.

Nearby is a turquoise Macan, a two-tonne sports utility vehicle suspended from an overhead conveyor. It is lowered down to the assembly line, then rotated 90 degrees on to its side so workers in their grey overalls can tighten bolts in the chassis without the need to look up. Down the line, colleagues who must lift their arms repeatedly are aided by €5,000 exoskeletons — lightweight, metallic structures worn like backpacks that attach to the arms and provide support for repetitive tasks known to cause injuries.

Porsche has mapped out the entire Leipzig factory with a traffic-light system indicating ergonomic comfort, so managers can schedule shifts in such a way that the same body parts are not overburdened. Workers here typically operate in hour-long shifts, rotating from station to station throughout the day.

“Green is good, yellow is the normal strain you might experience at home, red means we need to do something,” says Anne Heinrich, an ergonomics specialist at Porsche who helps to minimise discomfort in production. “The aim of ergonomics is not to react but to be preventive.”

Andreas Haffner, Porsche’s head of human resources, says the output from such investments is clear. “We are quite convinced this will bring an advantage to the employees and, of course, to us as an employer, because the employees don’t get sick or ill and stay at home for a while or go to the doctor,” he says.

Porsche is reacting to a series of projections that look alarming. Before 1.5m migrants entered the country and changed the equation a bit, 2019 was expected to be the first year on record in which German workers aged over
would outnumber those younger than 30, according to the Federal Statistical Office. The average age of Germany’s population is already 46 years, a dramatic rise from just 40 in 2000 and 34 in 1970, according to Statista, the business intelligence portal. A recent study by the Bertelsmann Foundation calculated that in 2020, three workers will support every person aged over 65, but by 2035 the ratio will be one to one.

If Germany ever loses its triple-A credit rating, the likely reason will be “the impact of demographic change on the German economy and social security systems”, rating agency Moody’s has warned. The shrinking labour force is already making it difficult for some companies to find the right talent. By 2030 Germany is expected to face a skilled worker shortage of 5m people, according to the research institute Prognos.

The challenge for Germany plc is to take the risk of an ageing society and transform it into an opportunity to reap what consultancy Deloitte calls “the longevity dividend” — being able to benefit from the productivity of older employees.

“If Germany can’t deal successfully with an ageing workforce, then its productivity and innovation are at stake,” says Hannes Zacher, professor of work and organisational psychology at the University of Leipzig. “We need older workers to work successfully, to grow the economy, and to keep innovating.”

Zacher says a few pioneering companies are setting an example, but too many do not understand the value of redesigning factory floors or introducing flexible working hours to accommodate an older workforce so they can thrive for longer. “The ageing workforce is not just a problem, it’s a challenge and even an opportunity for companies,” he says. “Older workers can learn new knowledge and skills, they can develop in new directions and they can take on new roles.”

Investing in ergonomics is not just about diminishing the effects of a silver-haired workforce but capitalising on them. Older workers tend to be a company’s most experienced and innovative workers. According to one US study with nearly two decades of data, workers aged over 55 are more entrepreneurial than millennials. The problem, Zacher says, is that companies fail to adapt to their specific needs, often resulting in demotivation that leads to early retirement.

What gives optimists hope is that “doomsday” scenarios for the German economy are typically based on the fact that German manufacturing workers retire, on average, at 62. But that age is downright sprightly in light of health and life expectancy advances over the past century. A German aged 65 today is expected to live about another 20 years, according to OECD data. Those currently in their 20s are likely to be working into their late 70s and even into their 80s, say Lynda Gratton and Andrew Scott, authors of The 100-Year Life.

To fight boredom and ergonomic problems, the most efficient companies train their workers to be competent at multiple stations, says Ron Harbour, a partner at consultancy Oliver Wyman, and co-author of the Harbour Report, which has been evaluating manufacturing productivity since the 1980s. “The differentiator between the best plants and the rest are the people, because anyone can buy the technology,” he says. “It’s about how you use people. The best plants are organised into small productive teams — five to seven people at the most — and within that team you generally rotate every couple of hours.”

Harbour tracks absenteeism across factories around the world, including scheduled holidays and unexplained no-shows. He is not able to share the particular data, but says “the range would blow you away”, with absenteeism reaching as high as 25 per cent in the least efficient factories. “Can you imagine being a supervisor and one out of every four people on your staff doesn’t show up?”

Ergonomically designed workplaces, he says, are a relatively inexpensive way to keep workers engaged. “When you look at what a company pays for worker compensation, particularly back injuries and chronic injuries, it’s a no-brainer,” he says.

Keeping employees happy and healthy also means being creative to promote better habits. The pharmaceutical company Merck, for instance, has partnered with a “man-in-a-van” start-up that brings gym equipment and a personal trainer directly to employees. Instead of the typical coffee break, workers are incentivised to schedule 12-minute workout sessions multiple times over the course of three months.

In Dingolfing, Bavaria, at carmaker BMW’s largest factory in Europe, operators who used to lift and install
heavy objects for the front-axle transmissions now work alongside table-top robots made by Kuka. The German robotics leader is known for its giant, steel-bending robots that work securely in cages, but its table-top, collaborative robots — known as “cobots” — are among its fastest-growing products to aid workers who have monotonous and physically demanding tasks.

Without such investments, German and European companies risk losing their competitive advantage, experience and skills, because 50 per cent of blue-collar workers across the continent are expected to begin retiring in the next five years, says Franz Braun, chief digital officer at Bilfinger, a German engineering group.

Among other approaches, Bilfinger has created an internal service called IndustrialTube. It allows older workers with experience in niche areas to create educational videos, following easy-to-use templates, so their wisdom is not lost when they retire. “We would like to capture the knowledge from our blue-collars,” Braun says. “This is a new way to transmit knowledge.” The software behind the service uses artificial intelligence so that “when words are spoken, subtitles are created”, Braun adds.

Some companies are even finding new ways to retrieve lost expertise by incentivising workers to come back and perform consulting work. Daimler, the parent of carmaker Mercedes-Benz, cleverly calls them the “Space Cowboys” — after the 2000 Clint Eastwood film in which a group of retired astronauts are called back to rescue a satellite.

Technology group Bosch founded a similar programme with 50 senior experts in 1999. It now has 1,700 retirees working again as consultants, usually for two days a week. “When we have a short-term problem, these people can immediately help and be productive. They know the language. There’s a big benefit to keeping them,” says Robby Drave, co-leader of the initiative, called Bosch Management Support.

Drave understands the needs of his staff well. He joined Bosch in 1979, then retired in 2017 after working his way up to being a board member at both its car multimedia division and its thermotechnology unit. His four-decade career spanned six divisions and three countries. Today, he uses his expertise two days a week to match senior talent with the right projects. On the other five days, “I ride my Harley-Davidson, I do watersports, I sail, I ride my motorboat,” he says. “I spend more time with my wife and family. We take short trips within Germany.”

Carolin Eitner, a senior executive in strategy and demography management at ThyssenKrupp’s European steel division, says promoting “age diversity” on the factory floor is not just good for the older employees but also helps to build loyalty and employee retention throughout the workforce. “We have a very low rate of people [leaving],” she says. “Workers want to grow old with us, because they know we have the social responsibility to bring them healthily into retirement.”

Porsche has been luckier than most manufacturers. The sports car maker has nearly doubled its workforce the past six years, causing the average age of its employees to drop from 44 to 39, among the youngest in the automotive industry.

“More than 50 per cent of our workforce are millennials born after 1980,” says Hafner. “Of course, we won’t be able to double our workforce over the next five years. Therefore, we have to look at the long run.”
The price of flexibility

They might suit employers but for some workers, zero-hours contracts can take a huge toll on their physical and mental health, writes Sarah O’Connor

Lauren Smith is the person everyone phones when they need to cry. She works for a domiciliary care company, which means she and her colleagues — most of them younger and less experienced than her — are on the road every day, often on their own, visiting elderly clients at home. “Girls are just phoning me, crying their eyes out all the time,” she says. “There’s girls doing over a hundred hours a week. They’re going home exhausted, their children are bringing themselves up basically because their mum’s on the road the whole time, or they’re having to bring the kids with them in the car.”

It sounds like a classic case of overwork, but Smith (not her real name) explains that they do not have employment contracts that specify long hours; in fact, the opposite. They are all on so-called zero-hours contracts, which do not guarantee any hours of work at all.

There are almost 800,000 people on these contracts in the UK, disproportionately young and female, and they have ignited a fierce debate over the benefits and perils of the country’s flexible labour market. But the UK is not alone in seeing a shift towards flexible work: temporary or fixed-term contracts have become more common in many parts of continental Europe, especially among the young.

Now, academic evidence is emerging about the impact of these jobs on mental health. Researchers from University College London analysed data on more than 7,700 people in England born in 1989 and 1990. They found that at age 25, young people on zero-hours contracts and those who were unemployed were less likely to report feeling healthy. People on zero-hours contracts were also at greater risk of reporting symptoms of psychological distress.

That comes as no surprise to Smith. She says the reason many of her colleagues agree to such punishing shifts is the fear that if they refuse, their hours will be drastically reduced and they will be unable to cover their bills. “One girl went off sick for a day because she was just physically utterly exhausted, then she phoned work and said ‘I’ll come back tomorrow’, and they said ‘We’ve no work for you’, so she’s having to wait a few days for them to put some work back on her. It’s a punishment for being off for a day.”

Smith has become a union representative, and so far has recruited 60 per cent of her company’s workforce to push for better conditions. Unison, the UK public-services union, which has many members in the care sector, has campaigned for “decent funding, better training and fair pay for care workers”, including tackling zero-hours contracts.

Alex Wood, a sociologist of work and employment at Oxford university, took a job in a supermarket on a “short-
hours” contract, which guaranteed just 4.5 hours of work a week as part of a study he was doing into insecure work. The supermarket said this contract provided “two-way flexibility” for employer and employee. He points out, however, that employers want flexibility to reduce their labour costs, so that they can match their staffing levels closely to peaks and troughs in demand. “Which is not the same reason why a worker wants flexibility to match their work with their home life, so it’s unlikely those two things will marry up,” he says. “And if they don’t, it’s going to come down to who’s got more power in the labour market.”

Wood says the unpredictability of his shifts made it impossible to plan activities outside work that were good for mental health, such as sports or socialising. But it was worse for people with caring responsibilities: some of his colleagues were grandparents who found it “very stressful” because they could not offer reliable childcare to their working children.

It is clear some people are happy with zero-hours contracts, especially if they have the power to choose their hours, or a good enough safety net not to worry about it. But the 2017 Skills and Employment Survey, a government-funded study of about 3,300 people conducted every five years, suggests insecure jobs often have other unhealthy features too. It found people who were very anxious about fluctuating hours of work were much more likely to be in jobs that demanded very hard work, high speeds and to meet tight deadlines. Academics say relentlessly high-strain jobs like these are toxic for mental and physical health.

Last year, the independent Taylor Report, which was commissioned by the government, recommended that employers should be forced to pay a premium wage to employees on zero-hours contracts to reflect the fact they are not ideal for many staff, and to deter their overuse.

In the care sector, where zero-hours contracts are common, workers talk about an extra psychological strain: the painful feeling of being too stretched to care for people properly, when their compassion was the reason they went into the job in the first place.

“If you look at our advertising you will see images of carers sitting with residents, reminiscing and having fun, but there just wasn’t the time,” says Nicole Stanfield Caile, who used to work in a care home. “Most days we were short-staffed; that’s four people for 50 [residents]. My time would be spent making sure people were dry and fed and hydrated, and that was it.” She says many of the carers stayed late without pay because of their concern for the residents, but would end up “getting stressed out and burning out”.

Carole Easton, chief executive of the Young Women’s Trust charity, says putting too much strain on staff has knock-on costs to employers through absence and high turnover, and to taxpayers through the extra burden on health services. Official data released in October show people with “stress, depression or anxiety” now account for 44 per cent of the 1.4m people who suffer from work-related ill-health in the UK, and 57 per cent of the 26.8m days lost to work-related bad health. “Sacrificing the wellbeing of our young people is not in their best interest, and certainly not in the best interest of our economy,” she says.

Smith says that message does not seem to have reached her employer, which pressures staff to do “cram calls” — fitting six visits into an hour. “So there’s bins overflowing, there’s flies, personal hygiene is not being maintained, sores are appearing,” she says. “The girls want to do the job; they want to care for people. They’re so torn; they’re being torn in two.”
THE PIONEERS OF SHARED

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A #productive presence on social media

Social networking has taken over both our personal as well as professional lives and managing both can be tricky, writes Darren Dodd
Illustrations by Sarah Hanson

 Barely a week passes without another study raising concerns about our compulsive use of smartphones and social media. Ofcom, the UK communications regulator, found that two-fifths of adults looked at their phones within five minutes of waking up — rising to almost two-thirds for those under 35. More than half said their devices interrupted face-to-face conversations with friends and family. The Pew Research Center, a US think-tank, reported that a quarter of American adults were “almost constantly” online. About half of respondents to the latest edition of a long-running UK survey from the consultancy Deloitte admitted they had a constant need to check their phone. So how is this affecting business life? There is now widespread acceptance that the burden of emails, which continue to flood into inboxes even after individuals have finished work, could have negative effects on mental health. Indeed, it was the mass adoption of email on mobiles that began the modern era of “technostress,” says Cary Cooper, professor of organisational psychology and health at Manchester Business School. Cooper co-chairs the National Forum for Health and
Wellbeing at Work, which brings together large employers such as BT, BP and Shell with government, health and social media representatives to “reduce the stress levels and increase productivity of UK plc”.

Constantly checking our devices is “causing people to be overloaded,” he says. “It diverts them away from their job, and engages them when they should be resting at night, at weekends, and they’re not interacting with their families as much.”

Paul McLaren, a psychiatrist at the Priory Hospital in Kent, concurs. “The ability to access email from anywhere, from the toilet to the top of a mountain, makes it hard for people who struggle with boundaries. Weekend ‘down time’ and holidays get invaded by the incoming flow. The flashing light on the phone or incoming alert can become so integral to our sensory experience that we can feel discomfort without them.”

Richard MacKinnon, an occupational psychologist and managing director of WorkLifePsych, which provides occupational psychology support, takes a similar view. “Executives I work with list email as one of their big stress points at work. They’re there to create and implement strategy and yet here they are, at eight, nine, 10 o’clock at night emptying their inbox, only for it to refill the next day.”

France has recognised the problem, introducing a law guaranteeing employees the right to “disconnect” after they leave the workplace. And at corporate level, some big German companies have made attempts to tackle the overload. Daimler automatically deletes employees’...
emails while they are on vacation and Volkswagen blocks them out of hours — although they are in workers’ inbox when they return to work.

Legislation is however not the answer, argues MacKinnon. “As soon as you create a law, the first thing people do is look for a loophole. It’s like whack-a-mole,” he says. Strict rules also prevent the flexibility that some workers prefer, says Cooper.

Cooper’s forum has instead produced guidelines to help companies instil a balance between wellbeing and the benefits of being connected. These include respecting colleagues’ rest-time, clear leadership from management in setting behavioural norms, discouraging “reply-all” emails, and regular reminders of the power of switching off through, for example, “no-email Fridays”.

Change must come from the top, says David D’Souza, membership director for the Chartered Institute of Personnel and Development. He says: “Leaders need to be aware of the fact that responding to an email at 10 o’clock on a Saturday night sends out a clear message to the organisation: the most senior people here, the people who are most successful, are the ones that just don’t stop. That can have severe health ramifications.”

McLaren adds: “Most employers will have policies which discourage the use of personal or company devices for personal use during work hours, but if the addiction is strong enough, then people will still do it. Most people will glance at text messages or Facebook during the working day, and the line between personal communication time and work time becomes blurred.”

These blurred lines may be one reason that compulsive use of social media has yet to show up as a big issue for employers. Business worries have until now focused on the risks to a company’s reputation from a misjudged tweet or status update rather than an employee’s mental health.

Although not yet considered to be as harmful as addictions to online gambling, gaming or pornography, concern is nevertheless growing about social media’s effect on our working lives.

Susan Hepburn, a London-based therapist and addiction expert, says there has been a “significant rise in individuals coming to me regarding addictions to social media — especially over the past eight to 10 years. Some have even lost their job as a result.”

The problem is almost certainly under-reported. “Social media is so ingrained now in most people’s lives that they would probably not consider mentioning it,” says McLaren.

But while tools such as Apple’s Screen Time feature — which allows users to set limits on how much time they spend on apps — acknowledge the problem of excessive use, MacKinnon and D’Souza think social media is unlikely to be responsible for falling productivity. “People using Facebook at their workstation is obviously a time-drainer but, historically, we all found ways to waste time at work,” says D’Souza.

Hepburn, however, thinks that because social media usage is still below most companies’ radars, it could become a problem. “Many employers do not implement strict or clear rules regarding the use of social media at work and so with the absence of a threat or a severe consequence, many [employees] believe it is OK to have a quick glance at their social media channels. Unfortunately, this can then spiral into a more severe addiction.”

Social media usage at work would be very difficult to control. Companies increasingly use the same tools for business, such as Twitter and Facebook, as their workers do for social reasons, and those in sectors such as marketing are actively encouraged to develop their profiles.

But employers need to be alert to potential problems among their workers, says McLaren. “Look at productivity. Is their performance falling off? Are they doing what they need to? Are they realising their potential? Managers can see phone use and texting in open plan offices. Is someone distracted because they are getting ‘buzzed’ or ‘bleeped’ throughout the working day? Are they paying more attention to their phone than the work in front of them?”

Companies should be explicit, he says. “Tell employees when to and when not to access email. Tell employees to protect their downtime. Make sure senior managers set an example. As with other mental health issues, it’s about promoting awareness and making sure that if employees get into difficulties then they can ask for help.”

Hepburn suggests simple solutions including making sure employees have “offline periods throughout the day, whether through organised team meetings, group lunches or providing lunchtime activities such as yoga — to get

‘Historically, we all found ways to waste time at work’
employees to switch off completely and take a step back from the continual stream of online media.

However, the bigger issue is that work practices have yet to adjust to a new age, says Lesley Giles, director of the Work Foundation employment think-tank.

“Technologies are such a disruptive force in workplaces. They’re flipping on the head the way we do certain things,” she says. “The challenge for businesses is that they really have to embrace that change and go with it because the boundaries are blurring between what is work and what isn’t work.”

Both MacKinnon and Cooper think that if employers notice staff are using social media excessively, then work practices need to be examined.

“It could be boredom, it could be anxiety, it could be uncertainty of what to do next, and it could simply be a feeling of being overwhelmed by workload,” says MacKinnon.

“What’s making employees want to use social media during work time?” asks Cooper. “There is a reason for it. Maybe they’re not stretched, not properly managed, not given adequate objectives. So don’t blame the social media; try to unwrap why they’re doing it.”

The Endless Quest for Social Validation

Working in public relations, Jennifer Morris [not her real name] says she knows she spends too much time on her phone and social media. Not only does she manage Facebook and Twitter pages at work; she is a micro-influencer on Instagram with her own personal brand.

“I try to be mindful but it’s so hard,” Morris says. “With all the notifications of new content and messages, it can be difficult to resist.”

“You get sucked into the scroll, and before you know it, you can be sitting on your bed for 45 minutes doing absolutely nothing,” she says. “It’s like a drug in a sense.”

In fact, the average adult worldwide last year spent 5.9 hours a day with digital media, of which 3.3 hours were on mobile devices, according to a Kleiner Perkins Internet Trends report.

Globally, social media uses up an average of 2.3 hours per day, up from 1.5 hours five years ago, according to the Kleiner Perkins report.

For some internet users, however, social media results in much higher than average usage. Despite being conscious of news stories about social media’s negative effects, Morris says she feels the urge to grab her phone every few minutes, even when she is supposed to be busy at work.

Some of the inventors of social media platforms have spoken about their addictive nature. As Sean Parker, the founding president of Facebook, described it last year: “It’s a social-validation feedback loop... you’re exploiting a vulnerability in human psychology.”

Even knowing this, when Morris opens up the settings on her iPhone to actually see how much time she is spending on it, she is shocked.

“No, no, no, no! That’s not happening,” she says. “The weekly total — that’s crazy — the weekly total is 32 hours and 26 minutes and counting. How is that?... That’s totally absurd.”

She is not alone. Sam Bleiberg, another millennial who works in public relations, says he thinks he has a problem.

“I wouldn’t say that I’m necessarily addicted to the point where I would have an extreme issue of willpower,” he says.

“To me, what’s indicative is just that reflexive urge... checking a few times an hour when you really don’t need to be.”

He says he became aware it was a problem about two years ago when he noticed he could not help but check his phone while watching a film with his family. Similarly, he feels he can no longer read a book without checking for notifications in between chapters.

“That made me wonder, well, I used to just be able to read for an hour or two without doing anything else, why do I now need to break my concentration?” he says.

“I write a decent amount for work and I think, especially if I’m writing longer form things, it makes it harder to stay focused and be as efficient, if I’m constantly picking up my phone, even just if I look at it for 10 seconds.”

At work, Morris also says she has found herself in trouble once in a meeting.

“That was a wake-up call for me,” she says. “I like to dedicate my attention to whomever is speaking, but then here I am on a phone in a meeting and I can’t even tell you how long I was on my phone for because I was completely distracted.

“I do think social media at work is fine when you need a break,” she adds.

“The problem lies in that addiction: we have trouble limiting that time.”

Jennifer Bissell-Linsk
Weight of opinion

Few would dispute Malaysia is facing an obesity epidemic but there is a fierce debate about who is responsible. By Stefania Palma and Emma Boyde

Mahathir Mohamad, who swept to power at the age of 92 in Malaysia in a surprise election victory last May, is determined to do things differently from his predecessor. One thing he has set his sights on is the nation’s waistline.

Malaysia has become one of Asia’s most obese countries, according to a study published in medical journal The Lancet in 2014, with almost half the population either obese or overweight, according to the ministry of health.

Last November, following the example of other countries in the region, Kuala Lumpur announced it would impose a tax on sweetened beverages with effect from the beginning of April. But while the move has been welcomed by health officials, some say it might not go far enough to counter the problems the country is facing.

“Malaysia is one of the fattest countries in the world. What is more alarming is that overweight [cases] in children and adolescents are on the rise,” says Ying-Ru Jacqueline Lo, the World Health Organization (WHO) representative to Malaysia, Brunei Darussalam and Singapore.

Malaysia is targeting obesity as part of a national plan to tackle the sharp rise in non-communicable diseases, and wants more employers to promote healthier lifestyles as well as encouraging local communities to provide more opportunities for physical activity.

The health implications of Malaysia’s rapid rise in obesity — a condition that is strongly associated with diabetes — has prompted a search for culprits. The Medical Journal of Malaysia published a review of adult obesity research in Malaysia in 2016. The paper, which surveys 15 years of research, refers to national health and morbidity surveys that found 16.6 per cent of Malaysians were classified as overweight (defined as having a body mass index equal to or greater than 25) and 4.4 per cent were classified as obese (a BMI equal to or over 30) in 1996, but that these rates had jumped to 30 per cent and 17.6 per cent respectively by 2015.

The paper discusses risk factors, including increased urbanisation, falling poverty rates and a decline in physical activity, but reserves most of its firepower for an examination of changing dietary habits, particularly an increased consumption of sugar.

“For a long time, while the price of sugar rose in the world market, its price to the consumer in Malaysia was kept low by a hefty subsidy from the government which was only removed in 2014,” the paper says.

But the paper also surmised that Malaysians’ overall intake of calories had increased. Malaysians, the scientists seemed to agree, had simply been eating too much.

Some commentators, however, have rejected the idea that greed is the only important factor influencing weight gain and instead see global populations as victims of more sinister efforts by multinational food and drink companies to encourage overindulgence and thereby maximise their profits. In 2016, Margaret Chan, then WHO director-general, warned of the “terrifying speed” of the rise in global obesity rates. She pointed to the “international food system” and alluded to “heavy advertising, also to children, politically powerful lobbies, and money invested to distort the scientific evidence”.

Reprising this theme, an article published in the New York Times in December 2017 about the role of food giants in Malaysia sparked much debate both in and outside the country.

The journalists accused food and beverage multinationals, including Nestlé, PepsiCo and Danone,
of funding work by a prominent Malaysian nutritionist, Tee E Siong, who has advised the Malaysian government on health policy. Some were quick to defend Tee: the author of one letter to The Star Online, an English-language news site, condemned the article as defamation and argued there was no evidence that corporate influence had tainted Tee’s research.

More than a year later, the multinationals are still keen to emphasise that they do not try to influence policy or scientific research. PepsiCo and Danone confirm that they remain corporate members of the Malaysia-based Southeast Asia Public Health Nutrition Network (SEA-PHN), a research and lobbying group mentioned in the New York times article. Tee is chairman of the group, which also includes representatives from nutrition societies based in Indonesia, the Philippines, Thailand and Vietnam.

A spokesperson for Danone explains that the company has been a member since it was invited to join at SEA-PHN’s formation in 2014. “There is no direct (commercially exploitable) return for our company, and there is no product promotion at all in the programme,” the spokesperson says.

A PepsiCo spokesperson says its membership is focused on its Quaker Oats brand. “Our engagement with SEA-PHN enables us to learn best practices and have dialogues with experts on issues surrounding health and nutrition,” the spokesperson says. “You can connect to five countries at once, as opposed to going to different countries, and learn best practices and dietary guidelines governments are putting forward.”

Nestlé, whose long-term involvement with Malaysia, particularly through the success of its prominent Milo chocolate-malt powdered drink brand, took up a good

‘What is... alarming is that overweight [cases] in children and adolescents are on the rise’
deal of the New York Times piece, issued a long statement on its position. It said it ended its membership of SEA-PHN in 2018 “because the budget for the membership was diverted for other purposes”.

“In Malaysia we are involved in collaborations with the ministries of sports and education on our programmes to support sports, exercise and good nutrition,” the Nestlé Malaysia statement adds. “We are proud of the efforts of the Milo brand to promote physical activity to support active lifestyles,” the statement continues. It explained that each 30g/200ml serving contains less than 20 per cent of the recommended daily added sugar intake of a child.

“Where we work with researchers, we meet all requirements for neutrality, openness, effectiveness and transparency,” Nestlé Malaysia says.

Keen to emphasise its points, Nestlé’s global head office in Switzerland also got in touch once it heard that its Malaysia office had been asked for comment. It sent a link to a rebuttal that Nestlé has published on its website, arguing that the New York Times article had left “a misleading impression of how Nestlé is serving people worldwide”. The online statement explained that the company had provided funding for a Nutrition Society of Malaysia study called MyBreakfast. This involved 2,065 primary school children and found that consuming malted drinks was associated with “higher micronutrient intake and higher levels of physical activity, but not with body weight status”.

“As the world’s largest food company, good nutrition has always been at the core of Nestlé,” the global head office wrote in an email.

Tee, who in addition to his stewardship of SEA-PHN is head of the Nutrition Society of Malaysia, was unwilling to give a long interview. But he pointed to online statements in which he said he applied “strict ethical standards” to remain independent of corporate partners.

Amar Singh, a senior consultant paediatrician and researcher in Malaysia, says the causes of Malaysia’s obesity crisis are more complicated than they might seem. “The crisis is far bigger and multi-factorial. I wouldn’t blame corporations per se,” he says. “Malaysians don’t move much any more — they’re addicted to transport. Levels of physical movement have crashed in children.”

Singh finds it odd, however, that malted drinks such as Milo could be described as healthy. “[Milo] is not a healthy option because it is high in carbohydrates, and sugar content is very high. It is something you would drink very minimally or cautiously. But it is a favoured drink of Malaysians.”

If the recollections of one 30-year-old Malaysian, who asked not to be identified, is typical, then Milo’s popularity might be easy to explain. “Milo is very close to a lot of Malaysian people. When we were in school we had Milo trucks come to our school, especially on sports day, to give out free Milo to everyone. It’s a very authentic childhood memory, a very nostalgic memory.”

The WHO’s Lo says she has no knowledge of whether Malaysian health policy has been influenced by corporations, but she says any agency which advises on national policy should be careful with corporate partnerships. “It is a fundamental conflict of interest. Industry would like to make profits,” she says.

Derek Kok, nutrition research associate at the Malaysia-based think-tank Jeffrey Cheah Institute on Southeast Asia, points out that corporate money might be hard to resist in funding-starved Malaysian academia. “When a private company offers to fund your research, it’s definitely an opportunity that you don’t want to miss,” he says of the dilemma facing many Malaysian academics.

Whoever is to blame for the obesity crisis facing Malaysia, there is broad support for the sweet drinks tax, even if there is some scepticism on how effective it might be. “Whether it will have impact, we won’t really know,” says Singh. “Malaysians have a sweet tooth and it’s not going to go away any time soon. Tax is not enough. The battle will only be won when we move our addiction away from motorised transport.”

‘Malaysians don’t move much any more. Levels of physical movement have crashed in children’
With the programme
A health initiative for workers at Singapore’s Orchard Road precinct

Reaching out

Singapore is rewarding employers for ingenuity in promoting healthy lifestyles but many still need convincing of the benefits, writes Stefania Palma

Singapore takes health seriously and decided two decades ago employers should too. In 1999, it introduced the Singapore HEALTH (Helping Employees Achieve Life-Time Health) awards to recognise organisations that showed a strong commitment to promoting workplace health. Despite these efforts, Singapore’s ministry of health knew it would have to step up its drive to improve the country’s health, so in 2016 it declared war on diabetes. In outlining his plan at the time, health minister Gan Kim Yong said the disease was costing the country S$1bn ($730m) a year. Worse still, of the 400,000 residents of the city state estimated to have the disease, one in three were unaware they did.

It was against this backdrop that the Health Promotion Board revamped the biennial health awards in 2017. Its renewed focus on workplace participation came as it presented findings from its own research that showed young adults in Singapore between the ages of 21 and 39 gained weight faster than any other age group as they transitioned into working life. Their jobs were typically quite sedentary and they were adopting potentially unhealthy diets.

“With obesity being a contributing factor to a range of health problems, including diabetes, it is increasingly important to bring health into workplaces,” says Simon Lim, director of the workplace health and outreach division at the Health Promotion Board, which also works with Singapore’s landlords and developers to build structures conducive to healthy lifestyles.

What companies do to promote healthier workforces is down to them, but the HEALTH awards judges reward ingenuity. ComfortDelGro Taxi, one of the city state’s taxi companies and a 2017 award winner, encouraged staff to compete against one another on a Pokémon GO “Hunt Walk” to encourage them to get out of the office and walk. The company also provided free access to gymnasiums and swimming pools once a week to taxi drivers and health screenings carried out at checkpoints conveniently located in or near taxi-servicing workshops.

Pharmaceuticals group GlaxoSmithKline, another one of the 2017 winners, adopted a more medical approach. It broadened medical benefit schemes to cover healthcare for employees’ families and introduced a programme aimed at managing workers’ chronic diseases. Offering medical care on site helps staff manage these conditions, which in turn reduces the risk of heart attacks or strokes, says Ashish Vijay Jain, head of employee health and wellbeing for Asia at GSK.

But for all of Singapore’s efforts to promote health at work, employers still have to fight laziness. “It is hard to encourage a person who is used to a sedentary lifestyle to become active and take up healthy activities, or change his or her dietary habits,” says Lim.

Convincing business owners of the benefits of investing in healthy workplaces can be just as tricky given returns are only visible in the longer term in the form of more productive staff. “Most business owners are held to [short-term] profit objectives and may not have the latitude to explore health and wellness as a strategy for enhancing shareholder value,” says Lim.

But GSK has estimated that every dollar spent on its chronic disease management programme produces a positive return on investment, says Lim, taking into account the savings derived from reduced absenteeism, improved productivity and reduced hospitalisation and medical interventions. “This shows that it literally pays to invest in the health of our employees,” he says.
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How to win over hearts and minds

Implementing a wellbeing programme at work is a daunting prospect. You might be trying to change entrenched unhealthy work cultures with staff in multiple locations and with many different needs. Budgets can be tight and you might meet considerable resistance at first. The payoffs, however, can be vast, as the stories from the perspective of managers and employees on the following four pages demonstrate. Illustrations by Scott Chambers
Case study 1  The manager Overcoming scepticism among a 5,000-plus workforce was the catalyst for some striking results from a water company’s wellbeing programme

At United Utilities, a water company in north-west England that serves 3m homes and 200,000 businesses, safety has always been paramount. But four years ago, the company decided to raise its game and try to improve the wellbeing of its 5,300-strong workforce. Rebecca Eaton was hired as lead health and wellbeing business partner to manage the improvement.

The company’s board had backed the move, but there was some scepticism at first among the predominantly male workforce. Some thought of wellbeing as “pink and fluffy”, Eaton admits.

Today, “health and safety” at the company—which provides water as well as managing building projects and maintaining sewers and reservoirs—has become “health, wellbeing and safety”.

It helps that Eaton can point to two striking statistics. In 2015, when United Utilities started participating in Britain’s Healthiest Workplace, the national study and ranking conducted by Rand Europe on behalf of Vitality, 14 per cent of its workers smoked; now it is 5.8 per cent.

As for physical activity, the percentage not taking the recommended minimum of 150 minutes of exercise a week has dropped from 39 per cent to 27 per cent.

Smoking required the most drastic intervention. United Utilities offered employees a place on courses run by Allen Carr’s Easyway, a company founded by the eponymous author of many books on quitting smoking. They paid £50 towards it, and “if they did not smoke for six months they got the £50 back”, Eaton says.

She adds that the scheme achieved a 65 per cent success rate — far higher than the UK-wide average for the National Health Service’s stop smoking services, which reported in a 2017 study that of those who had used the services 49 per cent said they had successfully quit at a four-week follow-up.

With such good results, it might be tempting to think they were easy to achieve, but Eaton says she quickly realised the scale of her challenge. As well as a large head office operation, United Utilities has dozens of small sites across the region. These include depots where maintenance workers are based, water treatment works, and individuals working from home. Eaton, therefore, enlisted the help of more than 200 members of staff as champions. However, she insists the culture is set from the top. “Getting the senior buy-in is really important,” she says.

There is an emphasis on exercise. The head office in Warrington, between Liverpool and Manchester, has a subsidised gym, and the company has struck deals on gym membership for staff who work elsewhere. Staff can ask for standing desks and are encouraged to take lunch breaks.

Managers are told to model good behaviour. “If you take your lunch at your desk, your staff will do the same,” says Eaton. The default option for one-to-one meetings is now for them to form part of a walk outside.

One particularly effective intervention has been to set up United Utilities sponsorship for employees who participate in events that benefit the company’s chosen charity, Macmillan Cancer Support. In the canteen, meanwhile, chips are now available only on Fridays.

Eaton believes the company’s interventions will pay off in the long run. “The way I have sold it is that obviously we have huge assets. We’d never install a big waste waterworks and not maintain it or look after it. Why wouldn’t we do the same with our people when they are our biggest asset?”

Andy Bounds
Luke Hamilton-Smith looks cool-headed and collected, but the 22-year-old, who has become a mental health campaigner at Zurich Insurance, says some days he feels just the opposite. Now an assistant underwriter, he joined the claims team in Birmingham, in the UK’s West Midlands, four years ago fresh out of school and was quickly promoted. After the initial rush of “give me loads of work, let me prove myself”, he says he suddenly began to feel very flat. “I felt I had absolutely no idea what I was doing. I think I had the ability and the skills, but no self-confidence or self-belief.”

Soon after that, Hamilton-Smith was sitting at his desk when he suddenly felt an overwhelming wave of panic sweep over him. He tried to calm down, but could not, and ended up leaving work early and eventually seeing his doctor, who diagnosed depression and mild anxiety.

He did not seek any treatment for the condition, however, and returned to work where he continued to perform well. Nevertheless, he found he was falling into a pattern of frequent heavy drinking after work, accompanied by periods when he would feel very depressed. By October 2017, despite having been promoted and moving to London, Hamilton-Smith had got to the point of thinking: “That’s it. This time, I really can’t go on.”

By chance, his low point coincided with World Mental Health Day (October 10). Hayley Golden, Zurich’s UK head of wellbeing, sent an all-organisation email about a new mental health initiative she was helping to launch. “We offered employees the chance to train as a mental health first aider and I had already begun shoulder-tapping people because I thought no one would sign up,” she says. “But then we had 100 people sign up in two hours. This alerted me to the fact that people were way more open than expected.”

Hamilton-Smith completed the two-day course in January in what he sees as a turning point both personally and professionally. “Training to notice signs of poor mental health in others also taught me a lot about the depths of my own illness.”

Afterwards, Golden says he quickly became a mental health ambassador, helping point colleagues who seek his advice in the direction of the right resources.

One such resource-in-the-making is Hamilton-Smith’s own venture, MHxYP Mental Health in Young Professionals, which launched last September. He hopes the website and associated social media platforms will turn into a one-stop resource of personal stories, contacts and even music playlists to help those who visit feel better and find out more about mental health.

Meanwhile, Zurich has launched a flexible work programme, an initiative that has been shown to help mental wellbeing, and Golden is looking to install so-called SAD lamps round the office to help with seasonal affective disorder, a form of depression that is linked to the shorter daylight during the winter months.

This year, Golden will focus on Zurich’s incoming graduates with programmes that she hopes will help them make the adjustment to corporate life. “Every policy we sell, every good story that encourages another person to come and work for Zurich, all start and end here,” she says. “Our people are our only competitive advantage – I don’t care what anyone else has to say on that, because everything else can be replicated.”

Rebecca Speare-Cole

Case study 2  The employee
Personal experience of mental illness prompted a staff member at an insurance company to become a campaigner and resource for colleagues
Sophie Millett, health, safety and wellbeing manager of Cancer Research UK, enjoys a luxury that is unusual in workplaces: staff are already highly engaged with their employer’s health and wellbeing agenda. But this places other pressures on her role, which is to promote this agenda. The 4,000-strong non-profit group has an important public image to uphold: it cannot be seen to be squandering funds on staff.

“Obviously it’s a charity,” says Millett. “We have to be very careful how we spend money, because we have to make sure we give as much money as possible to the cause.” There is extra pressure on the organisation’s staff to set a positive example to the public — smoking, for example, while wearing anything with a Cancer Research UK logo. “That would be a brand problem,” says Millett.

The charity’s stated aim is that by 2034 three in four people in the UK will survive cancer for 10 years or more. Today, that number is closer to one in two.

In its 2017-18 financial year, the charity posted £634m in revenue, largely through legacies and donations, and sales at its 600 or so shops, which are managed by paid staff and volunteers. The bulk of its income is then typically spent on research at laboratories and partnerships across the UK, as well as on running its shops.

Based in London, Millett has spent the past year pulling together a formal wellbeing strategy to present to the charity’s board and trustees. In the meantime, she has started some initiatives in the hope of achieving “quick wins”, although she has had to manage this with little to no extra funding.

“It’s been a lot about being efficient and creative with what we have,” she says. This has included making use of free resources provided by the government or charities such as the Samaritans. But it has also meant promoting initiatives such as Cancer Research UK’s staff choirs and the small garden at its headquarters where employees can tend to allotments — both perks that can be run cheaply but help to bring a sense of community.

In future, Millett hopes her team can continue to tap the wealth of in-house expertise in the charity around healthy eating, exercise and smoking: Cancer Research UK has several nurses and other health advocates who have been trained to spread cancer awareness messages to the public. “We could maximise on that resource,” she says.

Top of Millett’s priorities has been establishing what support the charity already offers and ensuring that staff are aware that it exists. “There’s a surprising amount of things that are available, but it’s all piecemeal,” she says.

This has involved building a “one-stop shop” website on the charity’s intranet to promote events or resources related to physical, mental and financial health. The portal also flags existing benefits and incentive schemes, such as gym membership discounts and the cycle to work scheme (a government initiative in which staff are loaned cycles by employers as a tax-free benefit).

But the scale of the charity — with eight regional offices, laboratories, warehouses, 600 shops and a big London headquarters — has thrown up challenges.

“The biggest friction is trying to include everyone,” says Millett. “It’s easier to do initiatives in the London office, where there are 1,000-plus staff. But trying to include shop-based staff, staff based at home, staff based where there are small teams is [hard].”

Hannah Murphy
Paul Scullion freely admits he used to live a sedentary life with little exercise, lots of alcohol and plenty of late-night takeaway food. The head of business intelligence at Dixons Carphone, an electronics and phone retailer, had tried to turn things round in the past, especially after his mother was diagnosed with bowel cancer in 2008.

But after a couple of half marathons, which he describes as “a huge distance for me at the time”, he says he soon became discouraged. By 2015 his lifestyle had exacted a toll on his health, he says. He was not only overweight, he was unfit.

Then his employer decided to sponsor a 100km race called Race to the Stones that would finish at the ancient stone circle at Avebury in southern England. The company announced it was seeking volunteers from its staff who would receive coaching and encouragement to finish the race.

“I had no plan, but I thought maybe a bit of training would get me out of the doldrums,” says Scullion, and he put his name forward. He was selected to join a core group of 12 employees who would train together for the ultra-marathon and become ambassadors for the company’s wellbeing programme.

“We were a mix of age, gender and size,” says Scullion, now 41, adding that the only thing they had in common was the drive “to do something amazing”.

The company had hired Rory Coleman, a Guinness world record holder in endurance running who has completed more than 1,000 marathons, to coach and mentor them. “I was doing about 35,000 steps a day,” says Scullion, pointing out that the total he was clocking up in running and walking was more than triple the widely accepted figure of 10,000 steps per day to improve fitness.

“I chose to do it non-stop,” said Scullion, who had never run a marathon before, let alone an ultra-marathon. “And that set me down a particular training path.”

He went on a weight-loss, protein-rich diet, attempting to ensure it also included no carbohydrates, sugar or alcohol. “The less heavy you are, the less weight you have to carry round,” he points out.

Scullion also made simple changes to his routine, eschewing public transport to walk the hour each way to and from work. The work gym became a daily lunchtime ritual, while evenings were dedicated to outdoor runs. “A lot of what I learnt in those 12 weeks has changed who I am,” Scullion says.

The Average-to-Awesome group, as the 12 became known at the company, were issued with Fitbit fitness trackers and would gather for themed sessions, devised by Coleman, that included advice on lifestyle and diet.

On the day of the race, Scullion says he felt energised: “Getting to the start line felt like a massive journey in itself. We had really achieved something.” But having completed the race in just under 14 hours, he says he felt “elated” to cross the finish line.

Scullion has become a mentor for other employees who want to improve their fitness and wellbeing.

“My social network has changed: from drinkers to runners,” he says, adding that he is training for the London marathon next year. “It has been a complete lifestyle change. I see it as who I am.”

Sarah Provan

Case study 4  The employee Training for a 100km run reversed years of unfitness and poor diet and has been the inspiration to mentor others to improve their wellbeing

24.3% of male UK employees are physically inactive

36.1% of female UK employees are physically inactive

SOURCE: VITALITY HEALTH/RAND EUROPE
I have some unpleasant news: your employer is not your buddy. Not that your managers actively dislike you, but their interest in your health is mostly motivated by the bottom line. As Adam Smith, the 18th-century Scottish economist and philosopher, noted pragmatically: “It is not from the benevolence of the butcher, the brewer, or the baker, that we expect our dinner, but from their regard to their own interest.”

This business truth — and the revelation that employee illness cost the UK economy an estimated £81.3bn last year — partly explains the creeping medicalisation of the workplace. Matt Hancock, the UK’s health secretary, was not the first to say, as he did last November, that employers had an obligation to help the National Health Service change its culture from cure (expensive) to the prevention of sickness (much cheaper). Then he also suggested, among other things, doling out free fruit.

However, while health initiatives are welcomed by some workers and can benefit them, they also pose an unconsidered threat to personal autonomy, itself a factor in wellbeing.

Employers already have a legal obligation to protect the health and safety of people under their watch, but a new climate of workplace nudging is being encouraged.

This is not necessarily a good thing. We should be cautious: just as society failed to understand how much personal data we were collectively handing over to technology companies, we are failing to grasp how much control of our personal sphere we are conceding to those who pay our wages. This gradual surrender of privacy and autonomy is documented in such books as Elizabeth Anderson's *Private Government: How Employers Rule Our Lives (and Why We Don’t Talk About It).*


The work is obviously well-intentioned and contains useful advice, such as to offer nutritious options in work canteens and encourage staff to take regular screen breaks. But it strays into nanny territory. By all means, give me tax-friendly bike schemes, lockers and showers, so that I can cycle or run to work if I choose. But “staff-led lunchtime walks”? Can you imagine anything more dispiriting than feeling press-ganged to spend your daily quota of me-time marching in step, Pied Piper-style, behind your line manager?

The suggestion of staff-led running clubs also induces terror: if encountering your colleagues every day is challenging enough, imagine them parading in Lycra. Some forms of collaborative workplace exercise are best orchestrated on an informal basis (or, at least, merit workplace consultation); the trick is to provide a convivial work atmosphere conducive to a range of lunchtime activities, including slacking as well as jogging.

Businesses are also urged to promote such events as National Fitness Day or Healthy Eating Week. But the suggestion that they should “engage the whole workforce” has some obvious pitfalls when it comes to spreading this philosophy among part-time workers, contractors and home workers.

Seriously? Suggesting to employees or contractors what they should eat at home is crass. Public health messaging is already persistent and pervasive; does it really need to be echoed by bosses?

You do not have to be paranoid to detect the potential for soft surveillance. Your choice whether to join your boss on a stroll may be noted. Your willingness, or otherwise, to buy into the corporate culture of health and wellbeing — and, by implied extension, economic success — may be noted. More facets of your life risk being subsumed into the company fold, leaving fewer to shape your identity as an individual.

Gimmicks such as free bananas also distract from deeper-rooted problems in workplace wellbeing. Take the gig economy, associated with low-paid, insecure work. Gig workers, like any others, deserve a living wage, as well as sick pay, proper sleep and time with their families. This allows them to organise their lives in a way known to be good for health, such as eating home-cooked meals.

The culture of long hours and presenteeism — when someone turns up for work but is unwell — is toxic. Employees are spending an average of more than a fortnight at work while sick, according to academics at Nottingham Trent University. Working while indisposed has itself become a malady: it is unproductive, spreads ill-health, and employers should actively discourage it.

Managers may feel responsible for employee health because they demand so much of their underlings. Free fruit and on-site classes perhaps ease managerial consciences in the face of cost-cutting, pay freezes, and crushing workloads.

My hunch is that people would rather have decent pay and sensible, well-defined hours, so that they, not managers, can make the health and wellbeing decisions that suit them best. It might be going swimming with the kids or cooking for friends — more meaningful, surely, than free bananas.
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When the job takes your breath away

The long-term risks of making abrupt changes in altitude remain unclear but certain precautions should not be ignored, writes Gideon Long

Bundled up in heavy clothing, his face and eyes protected from the fierce Andean sun, Otilio Huancas moves slowly across the bone-dry earth of the Arasi gold mine in Peru, breathing deeply and directing bulldozers as they claw great chunks of rock out of the barren mountain side.

At 5,000 metres above sea level — higher than any mountain in western Europe — this is one of the most inhospitable places on earth to work. The light is blinding, the temperatures plummet at night, the mine is sometimes whipped by snowstorms and the air is thin on oxygen. “It’s a challenge,” acknowledges Huancas, pulling aside the face mask that protects him from the dust. “It can be hot one minute and cold the next, and above all it’s difficult to breathe.”

Huancas is one of around 150m people worldwide who live and work at high altitude, generally defined by medics as at 2,500m and above. From the Tibetan plateau to the Ethiopian highlands, miners, farmers, shepherds and factory workers are toiling in conditions that can sometimes be detrimental to their health.

Nowhere is this truer than the Andes, home to three of the highest capital cities on earth — Colombia’s Bogotá,
After about 10 days the body produces extra red blood cells that help carry oxygen round the body. That helps with breathing but also means the blood is thicker and clots more easily, increasing the chances of a pulmonary or cerebral oedema.

"If your body responds properly, you don’t need to worry, but if it doesn’t you really have to go down, otherwise you could die," Recoba says.

While plenty of research has been done on the impact of living and working constantly at high altitude, less is known about the effect of hanging altitude quickly, an increasing trend in places such as northern Chile, where miners sometimes work intensive shifts at altitude but spend down time at sea level.

"This is a relatively new phenomenon," says Julio Brito, director of the Institute of Health Studies at Arturo Prat University in Iquique, Chile, and one of the authors of a recent study on the subject. "It’s a new way of working."

Brito and his colleagues examined 120 Chilean miners who worked seven-day shifts at over 4,000m and then descended to sea level for seven days. They found that even though the men were used to working at altitude, many of them suffered soroche each time they went back up the mountain. The study also found that the

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Ecuador’s Quito and Bolivia’s de facto capital La Paz which, at over 3,600m, is the highest of them all.

Some Andeans spend their lives at altitude. Others, such as miners in parts of Peru and Chile, make dizzying journeys from lowland camps to high mountains in a matter of hours to work strenuous shifts in oxygen-thin air.

Whereas in the past people tended to live and work close to where they were born, immigration in a globalised world means more people than before are exposed to the impact of working in environments to which their bodies are not accustomed.

Keeping these people healthy is a challenge for companies, public policymakers and physiologists, who are still trying to understand the long-term implications of working in the mountains or of changing altitude abruptly.

José Luis Recoba, a doctor at the Arasi mine, says that when new workers arrive on site, the first 10 days are critical. Their breathing rate and heart rate increase as the body tries to compensate for the lack of oxygen in the air. They often suffer headaches, nausea and a loss of appetite, classic symptoms of what the Andeans call soroche, or mountain sickness.

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miners were more prone to mild pulmonary hypertension — high blood pressure in the blood vessels that supply the lungs, a serious condition that can damage the right side of the heart — than low-altitude workers and the that walls of their hearts were thicker. “The heart has to work harder at altitude and, like any muscle that works hard, it grows,” Brito says. “What we don’t know yet is what the long-term health implications are of this kind of intensive shift work.”

Companies are having to take these new findings on board. At Chile’s gigantic Escondida copper mine, majority-owned by Anglo-Australian multinational BHP, doctor Jaime Piña and 100 other health professionals are responsible for the wellbeing of nearly 11,000 direct and indirect employees, most of whom work at over 3,000 metres.

The company has eight clinics on site to deal with medical problems and three gymnasia to encourage the miners to stay fit. Dormitories are equipped with humidifiers and blackout curtains to help workers sleep well — often a challenge at altitude. The food in the canteen encourages healthy eating and, above all, workers are subjected to regular medical exams. “No one — and I mean no one, not even the chief executive — is allowed on site without a medical check-up which confirms they are fit to work at over 3,000m,” says Piña.

As a result of all these preventative measures, Piña says that even though they are labouring in the Andes, workers at Escondida are far less likely to suffer cardiovascular problems than people living and working at sea level. However, like Brito, he says there is still much research to be done on the long-term impact of working at altitude.

A study, conducted in Tibet and China and published in Nature magazine in 2015, reported that “sustained exposure to high altitude leads to cognitive decrements, such as impairment in attention, memory, judgment, and emotion”.

The indigenous people of the Andes say they have had at least a partial solution to highland labour for thousands of years: coca leaves. Chewing them releases an alkaloid that numbs the senses and allows workers to endure hard graft.

When the Spanish arrived in the Andes in the 16th century, they outlawed the chewing of coca, regarding it as a diabolical pagan habit. They soon changed

‘No one, not even the chief executive, is allowed on site without a check-up to confirm they are fit to work at over 3,000m’
their minds when they saw the impact the ban had on indigenous miners, whose productivity slumped. Within a few years the Spaniards overturned their ban and came up with an altogether more profitable coca policy: they taxed it.

Scientific research has made the case for coca. “Chewing coca leaves induces biochemical changes that enhance physical performance at high altitude,” concluded one study published in 2010 in the Indian Journal of Biochemistry. “These changes appeared sustained,” the authors of the study noted, adding that mine workers were the largest consumers, chewing 13 oz (370g) a week.

Jorge Hurtado, a Bolivian psychologist and author of books on coca use in the Andes, says chewing the leaves or drinking coca tea can help prevent blood clots. He compares coca use in the Andes to coffee consumption elsewhere. “Coffee sharpens the mind, while coca helps with endurance,” he says.

“It’s impossible to imagine this part of the world without coca, it’s used by so many ordinary people, just to get them through the working day, particularly if they do strenuous work or work at altitude.”

While coca cultivation is almost entirely outlawed in Colombia, where it is used primarily to produce cocaine, the Bolivian government allows some farmers to grow it and has no plans to ban its use.

“It would be like banning coffee on Wall Street,” Hurtado says. “Can you imagine the impact of that?”
The cost of neglecting mental wellbeing

Silence is never golden when it comes to companies supporting good mental health both on paper and in practice, writes Naomi Rovnick

When Chloe Parker returned from maternity leave to her job as a senior associate at a London corporate law firm, she had just been diagnosed with postnatal depression. At first she told no one, not even her mother. Then she told the human resources team at her firm, as well as the partner who was supervising her.

The HR staff were “brilliant”, she says, because the firm, externally at least, was “all about diversity and trying to keep women”. But “at the coalface”, she adds, her supervising partner reacted terribly. She was given accommodations such as being allowed to attend counselling sessions mid-afternoon before going home early. Yet within “the culture of perfectionism that is a law firm,” says Parker, her supervising partner made it “very clear to me that he was not happy” with the situation.

Eventually, she says, this partner became sharply critical of her and “it just spiralled downwards” to the point that she had a breakdown at work, was signed off sick by her doctor and never went back. The once high-flying lawyer says she could now never rejoin the profession she trained for.

She recently attended an event at a City of London law firm she had never worked in, she says, but just being reminded of the capital’s corporate law environment “in all that glass and steel, and seeing the conference tables and the branded pens... it was fight or flight”. Her heart, she says, “was pumping out of my chest”.

The experience of Parker, whose name has been changed because she signed a non-disclosure agreement with her employer as part of a financial settlement, illustrates how employees with mental health concerns can lose their careers and cost their organisations large amounts of time and money in litigation if they do not receive adequate support from their managers.

Even before any legal bills, mental ill health costs UK employers up to £42bn a year in absenteeism, presenteeism (when employees turn up for work but cannot do much because they are unwell) and lost revenues, according to a report from Deloitte published in 2017. Awareness of mental health issues is growing, and many British employers marked October’s World Mental Health Day by handing out pamphlets and green ribbons. But the journey from a company saying it supports good mental health to doing so in practice can be a long one and, too often, one that remains incomplete.

Four in 10 managers have been approached by employees with mental health problems, the Institute of
Directors says. Yet the IoD, in its survey of 700 company directors conducted in May, also found that two-thirds of organisations did not offer mental health-related training to managers. Directors questioned in the study said that if a staff member disclosed a mental health problem to them, they most commonly told the employee to see their family doctor.

“There is a lack of understanding of mental health, a lack of training and the lack of the right culture in workplaces,” says Emma Satyamurti, a partner at law firm Leigh Day who advises claimants in disability discrimination cases.

What this often means, Satyamurti says, is that managers who do not know how to deal with an employee’s depression, anxiety or stress resort to methods they have been trained in, which may not be appropriate.

“A manager who isn’t skilled at dealing with these issues may resort to tools such as performance management to deal with the problem, because they are not looking in the right place, which is around disability and support.”

In Britain, the law requires employers to make a reasonable adjustment to working conditions for anyone with a disability. Satyamurti says that because mental health conditions are less visible than physical disabilities, managers can struggle to offer accommodations their HR department may have specified, such as working from home or giving time off for counselling or a change of medication.

She says that if someone with depression, anxiety or stress feels trusted by their manager, they are often happy and productive in their jobs. “Where that trust is not there, things can spiral very quickly,” she observes. Even if an employee is allowed to work remotely, employers should guard against trying to get them to account for their time in minute detail, as this can exacerbate a mental health condition, she explains. “As soon as the person feels they are not being understood, not trusted, or treated differently, then the impact [on their health] can be very quick and very difficult to reverse.”

Alison Pay, the managing director of Mental Health at Work, a training consultancy, works with companies and other organisations to build a supportive culture around mental wellbeing at work. She advises companies, she says, to first make it clear that mental illness is not a taboo, and then to train line managers to notice when a staff member may be at risk, or already suffering from illness. Then, she says, managers need to be trained to respond sensitively, and in a way that does not open the company up to a future discrimination claim.

“Obviously there’s the duty of care the company has to the employee, and then there are the practicalities of getting business done,” she says. “The goal is to navigate a path between the two.”

But, she adds, even a start-up company on a shoestring budget can build a supportive culture around mental health that saves enormous amounts of money and time in the long run.

“It’s amazing what can be achieved with a change of attitude,” Pay says. “A lot of bosses wouldn’t think twice about allowing someone to work from home if they have a broken leg. Making the same accommodation for someone struggling with anxiety goes a really long way towards helping them manage their symptoms.”

Parker agrees, saying that if the partner in charge of her work had been trained in the “soft skills” of management and had displayed more empathy, she would have been in a better position to deal with her illness. The majority of women make a full recovery from postnatal depression, according to the Royal College of Psychiatrists.

What Parker found most stunning about her situation was that the top management of her law firm had clear, stated commitments to supporting mental wellbeing, encouraging diversity and advancing women’s careers.

“But organisations are finding it is not just about wearing green ribbons or holding a few mindfulness sessions,” Pay says. “The biggest issue we work with is on line manager skills.”

13.3% of employees below the age of 25 have depression
3.8% of employees aged over 55 have depression
Within two years of qualifying as a teacher in the late 90s, Katharine Merchant had both hips replaced due to a rare condition known as Perthes disease. Determined not to let this harm her career, she continued to work at an Essex-based secondary school. But in 2014, further conditions including osteoarthritis meant she was suffering from increasingly unbearable pain.

“I reached a bit of a crisis point with work. I couldn’t see a way of moving forward,” the 44-year-old geography teacher says. “I was beginning to feel: ‘Can I carry on teaching?’ I looked at retirement.”

Instead, Merchant approached her employer and, with help from a UK government “access to work” scheme, the school soon introduced a plan to better support her in the workplace. For example, physical adaptations were integrated into her classroom, including an orthopaedic chair, footrests, handrests and shelves at a lower height. Mirrors were placed at the back of the classroom which meant she could see better around the room without having to move.

On top of this, “support from a logistical point of view was put in place and that was profound”, she says, adding that the headteacher arranged for staff meetings to be held near her classroom, for example.

The success of the strategy of Merchant, who still works at the same school in Basildon today, is testimony to the fact that even small, inexpensive changes can go a long way for staff with musculoskeletal conditions, the leading cause of disability in the UK.

An estimated 17.8m people in the UK live with a musculoskeletal condition — nearly a third of the total population, according to research by Versus Arthritis, the British charity. Within the working age population, one in eight have reported having musculoskeletal problems. In 2016 alone, this accounted for 30.8m lost working days.

Such conditions can strike anywhere. In addition to wear-and-tear damage to joints, and back and neck pain, sufferers can be affected by inflammatory conditions such as rheumatoid arthritis. The prevalence of musculoskeletal conditions in the workforce is only set to rise, as people work for longer. By 2030, some 40 per cent of the working age population will have a long-term condition, Versus Arthritis predicts.

For employers, listening to employees with difficulties and taking action not only improves employees’ quality of life, but can also reduce sickness absence and boost workplace productivity.

Today, many employers are drawing up programmes — proactively — to help manage the musculoskeletal health of their workforce regardless of whether they have a condition or not.

“What works is when employers actively engage in preventing [musculoskeletal conditions] from happening or helping those with existing issues get better rather than taking a reactive response,” says John Newton, director of health improvement at Public Health England, a UK government health agency.

According to Karen Walker-Bone, associate professor in occupational rheumatology at Southampton University, any employer strategy needs to be carefully tailored to the nature of the work employees are doing.

Risks to sedentary employees who work at their desks will differ from those engaged in manual labour, for example. For staff in the latter category, “task rotation” — allowing several people to share repetitive tasks — is vital, she says.

More generally, employers should “encourage employees to maintain their own musculoskeletal health” by educating them on beneficial stretches and movements.

At Versus Arthritis, a recent office move gave the charity an opportunity to create a workplace that encouraged desk-bound workers to walk around — for example, by having photocopiers in the centre of the space. It also installed a “wellness room”, similar to a yoga studio, where staff can go to stretch at any point.

But Laura Boothman, Versus Arthritis’ senior policy manager, also urged employers to look at wielding human resources policies to support staff — and in particular, to embrace flexible working.

“It’s about trust and empowerment,” she said. “It really matters for people who struggle to travel and those who have fluctuating conditions who don’t know what they will feel like tomorrow.”

When new conditions do develop, some employers such as John Lewis Partnership have in-house physiotherapy services. Early intervention is vital, according to Nick Davison, head of health services at John Lewis Partnership. More than a third of referrals to the

By 2030, some 40 per cent of the working age population will have a long-term arthritic condition
partnership’s occupational health service are related to musculoskeletal conditions, he says. The partnership estimates that the equivalent of 58,000 working days were saved in 2017 using its fast track service rather than waiting for public services. However, experts also warn that musculoskeletal conditions should not be viewed in isolation. There is often a mental health component to consider. “Painful conditions are depressing and being depressed makes you more likely to get painful conditions,” says Walker-Bone. “I’m concerned that we are beginning to develop siloed approaches. But actually we should be doing these things together — the overlap is enormous.” This is not always straightforward. Davison of John Lewis Partnership acknowledges that having formulated separate approaches for helping staff with musculoskeletal and mental health conditions “can make integration challenging”. He adds: “Taking a holistic person-centric view definitely makes sense — focusing on the whole person rather than just a specific condition has a real benefit for the staff member. This is an area we’re looking to build upon.”
You wouldn’t tell someone with a broken ankle to just deal with it.

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Justine Campbell, managing partner for talent at EY UK and Ireland, one of PwC’s rivals, says: “We have just launched a new student recruitment process that aims to make ‘onboarding’ a smoother process. Our research showed that employers can make a difference in bridging the transition from education to employment for the next generation of employees.”

This year’s data from Britain’s Healthiest Workplace underline the extent of pressures being suffered by some of the youngest members of the workforce. The research shows 18-20 year-olds are the most vulnerable of all age groups, with disproportionately higher mental health concerns, and lower performance and engagement.

The study reveals that 17.2 per cent suffer from depression — more than double the average for other age groups in the workforce. They are more than twice as likely to say they have been the victims of bullying and are more likely to say they have serious financial concerns.

The study found the 18-20 age group shows the greatest proportion of other risk factors for health and wellbeing. A quarter smoke, more than half report sleep problems and three-quarters confess they do not eat the recommended minimum of five portions a day of fruit and vegetables.

It is not surprising, given the other data, that this age group loses more productive time than any other because of absenteeism and presenteeism (when employees come to work but are ineffective due to ill health or distraction), at nearly 46 days a year; the average for all other age groups is just over 35.

Maywood at PwC believes today’s young adults have begun to show certain traits that are different from those in previous generations, including a greater sense of entitlement and increased dependence on others because their parents have been more involved in directing their lives than their predecessors’ parents were.

He also singles out the negative consequences of “permanent connectivity” of mobile phones and the internet, along with growing financial pressures.

Like many businesses of its type, PwC has an employee assistance programme and career coaches. Yet Maywood says recruits can feel hesitant talking to managers and others who also oversee their performance and professional development. He therefore provides an additional “unofficial, confidential service”.

He points to the importance of integrating young employees into support networks, including ones at PwC for people from different backgrounds, such as Chinese and Russians. “They need to build their own networks that connect outwards to their peers in other departments so they link to others at their own level, as well as upwards and downwards,” he says.

Campbell says EY is responding in a similar way. “Increased stress is often synonymous with starting a new job, so we also provide our student recruits with a buddy and a counsellor to help them navigate the organisation in their early days,” she says. “They can help them to access the support mechanisms we have in place.”

She also stresses the importance of preparing recruits from the start with job simulations and a chance to meet their peers and other employees. “This helps to set their expectations before they even walk through the door on their first day,” she says. Doing so might also mean fewer turn round and walk back out too soon in their new careers.
Gina Wang, a brand manager at Chinese internet company Tencent, starts work most days at 10am and generally finishes at 10pm, but sometimes is still working at midnight. Like many others in China’s tech industry, she reports working long hours of overtime for years. The 29-year-old thinks the burden of work might be contributing to her stomach problems and periods of depression.

She is not alone. Jing Li, 25, an accountant at China’s largest telecoms equipment maker, Huawei, also complains that all she does is work. She feels that she too has succumbed to depression.

“I’ll stay if I can change my position or location next year. If I can’t, I will leave,” Li says, but she faces hard choices if she does. She earned the equivalent of around $40,000 last year, about four times the average annual urban wage in China. At the moment Li feels it is not worth it. She says that although she earns more than many other Chinese workers, “you have to work as if you are four people”.

China’s manufacturing employees have for decades worked long hours in often risky environments, but staff and analysts say the long-hours culture has spread to China’s office workers, thanks in part to the country’s rising internet and technology sector.

Staff at tech companies often cite the phrase “996” to describe their working life — starting work at 9am, leaving at 9pm and working six days a week. Besides generous pay there are perks -- some of China’s largest tech companies, such as Baidu and Tencent, routinely provide free transport or meal subsidies for employees who leave after 9pm, according to employees. What the companies do not do, however, is provide the option to work fewer hours.

The problem of long and stressful working hours can be a hidden one. The average Chinese employee spends 44.7 hours a week at work, according to the 2017 China Labour Dynamics Survey, published by Sun Yat Sen University in Guangzhou, covering 21,086 people nationwide. China’s labour law states that workers should not work more than eight hours a day, or 44 hours a week, and that anything more than this should be classed as overtime, which can only be imposed after consultation with worker representatives. At first glance, therefore, the Sun Yat Sen study appears to show that most workers surveyed have a good work-life balance. But the limits are loosely enforced, and more than 40 per cent of respondents to the survey reported working longer than 50 hours a week.

The question of overwork among Chinese white-collar workers, in the tech industry in particular, became a talking point in 2016 when Zhang Rui, the 44-year-old founder of a mobile health app start-up, died suddenly of a heart attack. Chinese media reports linked his death to his punishing routine of working late into the night — often still sending emails at 3am.

“Manufacturing sector working hours are declining: you are not seeing the same level of excessive overtime that you used to,” says Geoffrey Crothall, a spokesman for Hong Kong-based charity China Labour Watch. He cites falling demand for manufacturing labour in the country as it transitions to a more service-based economy. But, he adds, “in white-collar jobs, working hours continue to escalate”.

Tech companies are leading the trend. In 2016, Didi Chuxing, China’s biggest ride-hailing platform, investigated urban white-collar overwork, based on taxi bookings from business buildings to residential areas between 9pm and midnight on working days. Its data showed that employees of internet, finance and
media companies were most likely to be working late into the night.

There is strong evidence linking long hours to poor health. People who work for more than 55 hours a week face an increased risk of stroke and coronary heart disease compared with those who work between 35 and 40 hours a week, according to a study based on data from more than 600,000 individuals, published in 2015 in The Lancet medical journal.

A survey in Shanghai last year of patients with cardiovascular disease found a significant incidence of arrhythmia — an irregular heartbeat that can be a prelude to more serious disease — in patients aged 21 to 30. Sun Baogui, executive vice-chairman of the Chinese Heart Failure Society, says this finding was consistent with their reported lifestyle of long working hours and getting little sleep. Some 85 per cent of white-collar workers in China have to work overtime, with more than 45 per cent reporting overtime of more than 10 hours a week, according to a survey last year by job recruitment website Zhaopin.

China is not the only country in the region where long working hours have become a cause for concern. Karoshi, as death from overwork is called in Japan, has become a recognisable phenomenon across east Asia, according to an academic paper published in 2014 — although China appears to have lagged behind neighbouring countries such as Japan, South Korea and Taiwan in providing proper recognition and compensation for bereaved families.

Mental health is another risk. Working long hours is associated with depression and anxiety, which can lead to disturbed sleep and worse. A national health and wellness survey in 2017 by Kantar Health, a consulting firm, found that nearly 20 per cent of adults in China who worked more than 51 hours a week reported feelings of anxiety.
Employees of technology companies who spoke to the FT said they expected a long-hours culture when they entered the industry. However, although Chinese law requires overtime work to be compensated at 1.5 times ordinary pay, they said they did not generally receive such payment, because the work was classified as “voluntary”, meaning it falls outside the official definition of overtime.

A Chinese lawyer, who wishes to remain anonymous, says there is no mechanism to protect employees’ rights if they have agreed to “voluntary overwork”.

The lines between voluntary and enforced overtime are often unclear. “[When supervisors] tell you to attend a meeting, or prepare materials, can you say no?” says Huawei’s Li. She says that in her experience much of the overtime work she feels she has to do is a result of inefficient management. Working in a support role, she often has to wait for signatures from different levels of the company bureaucracy. “Extreme cases were 10-20 signatures,” she says. Huawei and Tencent declined to comment for this article.

Some companies, however, are trying to change the overwork culture. Feng Dahui, founder and chief executive of Nocode Technology, a medical research engine start-up, says mental work requires creativity and “overwork does not achieve better results”. His employees usually start work at 10am and finish by 7pm, he says.

Employees’ names have been changed at their request.
On high alert
Line managers can be trained to identify and support staff who may need help.

The psychological effects on emergency services staff of witnessing trauma are poorly understood but recent initiatives aim to change that, writes Sarah Neville.

“PTSD is difficult to diagnose, and it needs specialist interventions. That’s the bit employers are not quite so good at’

 Vivid flashbacks, intrusive thoughts and physical sensations such as pain, sweating and nausea are some of the common symptoms of post-traumatic stress disorder (PTSD). Doctors coined the term “shell shock” for these types of symptoms suffered by soldiers returning from fighting in the first world war.

A century later, although PTSD is well recognised as a risk for those who have been in active military service, the condition is still poorly understood among civilian workers in emergency services, who are also frequently exposed to traumatic events through their work.

That is something Matthew Walton, a doctor, and Alan Lofthouse, who represents ambulance workers in the UK health workers’ union Unison, intend to change. Walton has joined forces with another doctor, Mike Christian, to spearhead an initiative designed “to just give a simple but mass education on acute traumas and the responses that you might have to them”, Walton says.

They released a film and package of materials at the World Extreme Medicine Conference in Edinburgh in November. The information, which they intend to build on, will eventually be available free to all ambulance, police, fire and emergency organisations around the world. It aims to educate first responders and encourage medical staff to share their experiences and seek help if needed.

Lofthouse, a former paramedic, suggests prominent discussion of the impact of PTSD on those who have served in the armed forces has raised its profile more generally.

“It only affects a small minority of staff, but it can be fairly catastrophic,” he adds.

Lofthouse describes the case of a paramedic who had attended a woman who had just given birth, having tried to hide the pregnancy. “When the solo paramedic arrived, he had a baby to resuscitate, and a mother who was bleeding heavily as well, so also [had to be] resuscitated.

“They both survived, but he had a series of issues over the next three to four months that he didn’t recognise, and nobody else recognised.” Lofthouse adds that with hindsight, people “spotted some signs in him that something wasn’t right, but nobody knew how to mention it”. Fortunately, he says, the man’s GP diagnosed possible PTSD and was able to get him specialist help.

“It’s difficult to diagnose, and it needs specialist interventions. That’s the bit for employers that maybe they’re not quite so good at, because generally they offer a standard employee assistance programme, counselling services 24 hours a day, and four or five sessions with a counsellor, but it’s much more complicated than that.”

Walton says he first became interested in PTSD two years ago, working for the ambulance service when he was still a medical student. “We went to one job, a child fatality — basically a cardiac arrest from a trauma.” This intensely negative psychological experience, however, was mitigated by Christian with whom he was working.

“He was the first person to explain to me: ‘Following this, you’re likely to experience intrusive thoughts, remembering the event. It might last for quite a long time, and it could come out at unexpected moments, but that’s totally normal and you don’t need to worry about it’.”

Walton says this was something he had not been told about as a medical student, but that it was “helpful to have that really simple education”.

Mind, the UK mental health charity, says anyone can get PTSD, but people working for the emergency services are at greater risk. Its research found 92 per cent said they had suffered stress, low mood and poor mental health at some point and 62 per cent had experienced a mental health problem, such as depression or PTSD. In response, Mind launched its Blue Light programme in 2015. This provides support services, including a confidential information line and training for managers to help them identify and support staff who might be struggling.

Emma Mamo, head of workplace wellbeing at Mind, says employers have a duty to help. Adjustments, she says, “needn’t be large or expensive — things like changes to hours, roles or responsibilities, providing quiet rooms and ensuring staff take regular breaks can all help”.

“There’s no one-size-fits-all approach to supporting co-workers affected by PTSD. It’s really important to ask people how they’re doing. Staff may not want to open up straight away, but at least they know they can talk when the time is right.”
A

sia may be sitting on a public health time bomb, as the effects of long working hours, poor nutrition and sedentary lifestyles threaten to create poorer health outcomes for workers than their western counterparts.

Alongside the burdens on employees of stress and lack of social support, employers face the prospect of coping with ageing workforces and the spectre of rapidly rising rates of obesity — with the attendant risks of diabetes and cardiovascular disease.

The AIA Healthiest Workplace survey, the second annual such exercise by research consultancy Rand Europe, funded by wellness programme AIA Vitality and backed by the FT, reveals high levels of mental and physical ill health. It also shows that the proportion of productive days lost per employee to absenteeism and presenteeism (when workers turn up but are ineffective because they are ill, distracted or unwell) is much higher than in the UK (see graphic, right).

“Productivity loss is worsening in Asia. There is not necessarily a deterioration in mental health, because the indicators are broadly the same. But something is deteriorating in the working environment. People are reporting very little control in work, and are not sure of their responsibilities,” says Christian van Stolk, research group director at Rand Europe.

The data suggest that factors such as non-communicable diseases prevalent in the west (diabetes, for one), poor nutrition and more sedentary lifestyles are spreading rapidly in Asia. “We’re really building up huge public health issues very rapidly,” says van Stolk. “I don’t think we expected that and it has taken ministries of health by surprise too. The cost is huge, and employers are not set up to deal with that, whether public or private.”

Across more than 25,000 employees working for over 300 organisations in the five Asia-Pacific countries polled, the results for Hong Kong are particularly striking: employees there lost more than 30 per cent of their working time to absenteeism and presenteeism; in the UK, by comparison, the figure was less than half that. More than 12 per cent of respondents said they suffered from depression and nearly 40 per cent felt they had little choice in deciding what they did each day. Meanwhile, more than 21 per cent of employees in Hong Kong were obese (a body mass index of 30 or more). Overall, an average of 79 productive days per employee year were lost in the territory last year.

One important trend is the shift in the demographics of the workplace. Some of the Asian countries surveyed have rapidly ageing populations, creating pressure for more

Pressure points

As the pace of working life in Asia takes its toll on productivity, employers are expanding their health programmes, writes Andrew Jack

ASIA’S WASTED WORKING TIME, 2018

Percentage of time lost to absenteeism and presenteeism

28.1%

Malaysia

28%

Thailand

13.6%

UK

20%

Australia

18%

Sri Lanka

30.7%

Hong Kong

Sources: Vitality Health/Rand Europe
flexible working arrangements for staff who will need to take time off to care for elderly relatives.

The survey showed lower levels of engagement among younger staff, who suffer disproportionate fatigue and mental health concerns, such as depression. “Workplaces are not really set up for younger people,” says van Stolk. “Companies will have to wake up and adapt more quickly than western ones.”

Overall, Hong Kong ranked lowest for access to employer-provided wellbeing initiatives; more than a fifth of employers offered no interventions at all.

Hong Kong did not score worst for all aspects of employee health, however. Nearly 16 per cent of Australians in the survey reported drinking more than 14 units of alcohol a week, compared with fewer than 1 per cent of Malaysians and Sri Lankans — the lowest rates. However, Sri Lanka had the highest proportion of smokers, at 11 per cent. It also had the highest proportion of employees who reported at least one of the measured criteria for work-related stress (59.2 per cent). Sri Lankans, too, appeared most at risk of bullying in the workplace (31.4 per cent).

Workers in Malaysia reported the highest level of work absences annually and had the highest proportion who slept less than seven hours a night. They were the least physically active, had the lowest consumption of fruit and vegetables and the highest levels of blood pressure and cholesterol, and racked up the highest overall risk from lifestyle, clinical and mental health factors.

The figures need some scrutiny. The Hong Kong sample included a high number of employees who worked in the construction sector. In some countries, the ethnic origin of employees could affect risk factors that might have a genetic component, such as blood pressure and cholesterol. Whatever the risks, however, employers are responding, with examples of intensifying support across Asia, including in the health sector itself.

Rand Europe reports that it found an increase in employer interventions from last year and said about half of employers in the sample were now offering health screening services.

Kantima Lerleryutthitham, chief human resources officer at Advanced Info Service, a consultancy in Thailand, says that since introducing wellness programmes, she has observed a 15 per cent reduction in sick leave and a rise in productivity. She also sees the need to respond to the changing expectations of her employees: “With the increasing number of health-conscious people, our organisation is facing a transition to new-generation employees who demand health benefits other than the fringe benefit of medical welfare.”

‘Something is deteriorating in [Asia’s] working environment. People are reporting very little control in work’
Hospitals are machines. They are great medical mechanisms geared to treatment, efficiency and cleanliness — and getting patients out as soon as possible before they contract something worse. They are designed for processes as much as patients — who, usually, will not be staying more than a few days or perhaps weeks.

Among the medical equipment, surrounded by layers of air-conditioning ducts and cabling, or in tiny offices dotted along endless corridors are the staff, whose private work spaces are usually confined to leftover spaces in the midst of the machine. When they are not in the wards, operating theatres or waiting rooms, the staff are in tiny offices, often with no windows, or manning reception desks, or trying to complete paperwork in corners of wards or store rooms. The modern hospital might be a healing machine, but what do these spaces do to the people who work in them?

It is a problem that an innovative type of building attempts to address by adopting a radically different architecture. It has created a new kind of space that is not quite medical nor exactly domestic, a hybrid architecture that looks quite unlike the regular kind of hospital.

In the UK, Maggie’s Centres are designed for people with cancer and their families. They are buildings set beside hospitals that can accommodate a mix of uses, from consultations with cancer nurses to yoga and communal activities. They provide a space in which it is possible to talk about problems with other people or a space in which it is possible to sit and be alone.

These, though, are not the kind of neutral spaces you might imagine. Instead they have been built into a programme of challenging, radical, surprising and often quite difficult structures designed by the world’s most intriguing, best-known and often most challenging architects. There are designs by Frank Gehry, who built the Guggenheim Bilbao, the late Zaha Hadid, who built the Aquatics Centre for the London 2012 Olympics, Norman Foster, whose buildings include New York’s Hearst Tower, Richard Rogers, who built London’s Millennium Dome and Rem Koolhaas who is responsible for media group CCTV’s Beijing headquarters. Many other innovative architects have also helped create the centres, which now number around 20, with several more in development.

The centres are named after Maggie Jencks, whose treatment in inhospitable and depressing medicalised surroundings inspired the idea of a new idea of architecture. Maggie’s husband, Charles Jencks, the
prominent architecture writer and landscape designer, worked with her on this idea and carried on after Maggie's death in 1995, developing it into a remarkable architectural programme.

“I never believed in architectural determinism,” Jencks says, referring to the theory that environment can influence human behaviour. “Until I had my mind changed. I was doing a radio interview with a doctor, and I’d said buildings can’t change outcomes, and then the doctor butted in and said: ‘You’re wrong! If it’s a bad building, we don’t turn up for work’.

Jencks was forced to reassess his view. “If you look after the carers,” he says, “the carers can really look after the patients — you create a virtuous circle.”

The Maggie’s Centres are all found on NHS hospital sites but they are run by an independent charity. They are what Jencks calls hybrid spaces, or “non-institutional institutions”. “They’re a cross between a hospital and a country club, a house that is not a home, a church that is not religious, an art gallery that is not a museum,” he says.

If that all sounds rather grand, the centres themselves are a hybrid of the highbrow and the domestic, the theatrical and the familiar. Their architecture may be surprising and radical, but at the heart of each centre is the most familiar setting of all, an image that brings them right back to earth: a kitchen table.

“The thing about a kitchen is not only that it is familiar but that we know what to do in it — how to behave, whether it’s making a cup of tea or sitting down for a chat,” says Lesley Howells, head of the Maggie’s Centre in Dundee, Scotland.

The Maggie’s Centres entirely avoid that usual marker of the institution or the office — a reception desk. People are free to walk in, but they might then be unsure what to do; the domestic setting gives them the cues and the implicit permission to move deeper into the space and use it, adopt it as their own. The Dundee centre was designed by Gehry and it was his first building in the UK. It is a dramatic form with a characteristically crumpled metal roof, a complex and warm timber interior and a solid-looking tower with wonderful views across the silvery river Tay below. The contrast between architectural ambition and domestic embrace is deliberate — it is, arguably, the essence of the Maggie’s programme.

But does the architecture not get in the way of the use, which can happen with experimental or radical design? “The architecture,” Howells responds, “immediately engages all the senses. It engenders a sense of awe and a spiritual element, which gives a bigger picture, allowing it to transcend the everyday.

“The building, as well as the Eduardo Paolozzi tapestries inside, is absorbing — they enrich but they also suggest that you [the visitor or the staff member] are worth it — worth all this investment.”

Howells, who is also a clinical psychologist, says the architecture of the centres “trains the staff in terms of how to ‘be’. It enables people to come into the moment and settle. To gain clarity. The sound, the light, the materials engage all your senses. People say it doesn’t smell like the National Health Service and it doesn’t trigger those same responses of being a hospital, which helps us when people are trying to absorb information and negotiate difficult situations. The architecture works with us.”

Stephen Wallwork, a vocational rehabilitation case manager at the Manchester Maggie’s Centre, which was designed by Foster, agrees that the building has had a profoundly positive effect on staff. “The building has definitely made it easier for me to do my job” he says. “Weirdly, there was more footfall in the hospital where I used to work than in Maggie’s, yet I’m able to reach out to more people here. Someone might be popping in for a yoga session and you can speak to them about work issues or something else without having to have a referral, and people are surprisingly open to speaking about serious things just around a kitchen table.”

Foster and his firm Foster + Partners designed the centre as a kind of huge greenhouse. If some centres have a garden for contemplation or just fresh air — extensions of the indoor space — the Manchester centre’s interior appears like an extension of the garden. The relationship between inside and out is critical to nearly all of the buildings.

Visitors are treated to a glimpse of green, a little sky or a panorama of the city outside, as on the roof terrace of the

‘The architecture works with us. It helps us when people are trying to absorb information and negotiate difficult situations’
Maggie’s Centre at St Bartholomew’s Hospital in central London designed by Steven Holl.

Rem Koolhaas, founding partner of OMA, enveloped a garden in an ethereal glass doughnut so that even under Glasgow’s grey skies the users and staff are always aware of nature. The ability to choose to be inside or out is another pivotal part of the centres’ success. What makes them work so well is partly the sense that users and staff have agency over the architecture — huge hospitals can often feel oppressive and can magnify the sense of powerlessness that afflicts patients and their families.

The inability to open a window to get some fresh air, to change things around or adjust the lighting can be depressing. “In the Maggie’s Centres we very seldom have designated rooms,” Howells says.

The sense of ownership over the space is intriguing as it seem so counter to contemporary starchitecture, with its focus on spectacular, image-driven space. Instead, in the Maggie’s Centres there are small spaces where people can choose to be alone — as opposed to being made to feel alone — nooks, mezzanines, library corners or landings and window seats that create refuge.

On the other hand, those spaces where everything is visible also mean the staff are on display all the time — which must, I ask, surely be exhausting? “I think the staff learn to use that openness,” responds Howell. “We become hosts, constantly [but possibly unconsciously] scanning. It can be tiring, but it is also hugely energising because the architecture works with us.”

1 A creative writing session at Norman Foster’s Maggie’s Centre in Manchester
2 The Aberdeen centre, Scotland, designed by Norwegian practice Snøhetta
3 The West London centre, by Richard Rogers
4 Zaha Hadid’s centre in Fife, Scotland
If they are to influence mental health outcomes in the general population, public health officials know they need help. This is why there is so much interest in a trial that has started in the West Midlands region of the UK.

The West Midlands Combined Authority (WMCA), which covers a population of more than 4m and is centred around the city of Birmingham, is running Thrive West Midlands, a programme aimed at giving employers incentives to introduce wellbeing initiatives and at improving employment prospects for those with mental health difficulties.

Thrive at Work, the part of the programme that is aimed at employers, has enrolled 152 small and medium-sized businesses on a randomised controlled trial, funded by central government, to see whether a financial incentive — in this case grants of up to £10,000 to spend on health and wellbeing — can persuade companies to make good their commitments to mental health. The intervention period will run until this October and final reports on the success of the programme are due in March 2020.

In an era of severely squeezed budgets for local authorities, economics underpins the approach. “We lose 4.1m working days in the West Midlands for mental health per year,” says Sean Russell, director of implementation for the Thrive programme.

He describes the scheme as “future-proofing”. “Ultimately, what we want to do is make our region resilient, responsive and restorative.” Benefits include reduced absenteeism, improved staff retention and savings on agency costs, he says.

The scheme offers a toolkit for employers to fill what Russell says is a gap in guidance. The programme also aims to train half a million people over the next 10 years in mental health first aid as well as enabling small businesses to access occupational health services for a minimal fee. Companies will assess evidence through the trial and be awarded bronze, silver or gold status based on their level of commitment.

Separately, central government has pledged £8.4m to fund Thrive into Work, the job-finding arm of the scheme that is running concurrently, to test the effectiveness of Individual Placement and Support (IPS), a method of providing ongoing support for people with mental health problems to secure and keep a job. Anita Hallbrook, the combined authority’s lead on IPS, says the intensive, individualised service is far more likely to sustain employment than other models. “This is the largest trial of its kind,” she says.

Job candidates are normally referred from local medical practices, so success demands a real “culture change” from the National Health Service, says Hallbrook. “We really need to push doctors to recognise employment as a health outcome. We need them to refer into this service in exactly the same way that they refer into an outpatient appointment or to see a consultant. “If we put the person at the centre and focus on the health outcome, then inevitably the economic impact will follow, and we think that’s going to have a bigger impact than the kind of adversarial ‘you must work’ approach.”

Tracy Elsdon, an employment adviser at Prospects, one of the groups that finds jobs for candidates, says “a lot of organisations are concerned or scared about taking on someone with a health condition”. She says the groups sit down with an employer and a new employee and go through the best support options, giving advice and guidance. “We can signpost other organisations to support the employer as well,” The result? “Local business is tapping into a workforce that they didn’t think was possible for them.”

These workers are also highly motivated, says George Farmer, Thrive area manager at Dudley and Walsall Mental Health Partnership NHS Trust. “If you employ

‘If we put the person at the centre and focus on the health outcome, the economic impact will follow’
somebody and give them an opportunity that they never thought they were going to have, because they’ve had a disability; then they’re going to be the most loyal, dedicated member of staff that you’ve got.”

Tender Years Day Nursery in Solihull, on the south-eastern outskirts of Birmingham, is one of the participants in the trial. Lisa Whitehouse, the nursery’s owner, stresses the importance of tackling mental health problems early – crucial when you consider that her staff are influencing the early development of children. “In the environment we work in, if people are struggling with their own mental health, they can typically become quite vacant and withdrawn.”

Thrive West Midlands is loosely modelled on Thrive NYC, a programme launched in New York three years ago on the basic premise that mental health is a public health issue and that local authorities are best placed to deal with it.

“This is not something that can be driven from the national level or even US state level, the traditional power over care delivery in public health,” says Gary Belkin, a deputy commissioner in New York’s department of health.

Some 185 US administrations are now part of the Cities Thrive Coalition. Thrive acts local but thinks global, says Belkin, citing innovative approaches from countries such as Haiti and Zimbabwe. “As the former head of mental health at the World Health Organization once said, when it comes to mental health, every country is a developing country. Except that the real developing countries are actually changing things, and the rest of us have to take notice,” Belkin says. ●
Good to share

Given 21st-century injuries are as likely to be mental as physical, good employers are doing more to provide support services

At 8.30 on a Tuesday morning in 2016, my phone rings. A colleague is calling from a Travelodge hotel. He couldn’t face going home the previous night, couldn’t face going to work, and now can’t face leaving his room. I want to help, but I don’t want to make matters worse. I have the classic manager’s dilemma when faced with a mental health problem.

One in four people suffers mental ill-health at any point. Indirectly, through family, colleagues and friends, almost everyone encounters it. As a significant employer and insurer, we know how serious the problem can be. Thriving at Work, the 2017 UK government-sponsored review of employer support for mental health, estimated the annual cost to UK employers of poor mental health was between £33bn and £42bn. More than half of the cost was due to “presenteeism”, when people come in to work but are unfit to do so.

Mental health problems — typically stress, anxiety and depression — account for 40 per cent of Legal & General’s income protection claims, just behind musculoskeletal problems. De-stigmatisation drives truthful reporting. I hugely admire those corporate leaders who are open and honest about personal mental health issues, likewise the sports personalities leading by example through our Not A Red Card campaign to encourage people to talk about mental health in the workplace. But we are still far from achieving parity of esteem between physical and mental health.

With all this in mind, I think about how best to help my colleague. At 9.30am that day, we meet off-site for coffee. Meanwhile, I have consulted one of the cognitive behavioural therapy professionals from our insurance business. By 11am my colleague is safe, receiving professional help. Many others are less fortunate.

Diagnosis and treatment are slow without private health cover. The longer you wait for treatment, the greater the risk of never returning to work, school or university.

Today, one of our 150 trained mental health first-aiders would be helping. They have basic skills, know when to involve professionals, and can distinguish the mental equivalent of a minor sprain from a potentially broken leg.

Our understanding of the malfunctioning mind lags far behind that of physical illnesses. In the genomic age, neuroscience remains almost medieval, and mental health research is underfunded. Crucially, MQ a UK-based charity that funds research into mental health, was set up a few years ago with a £20m endowment from the Wellcome Trust. We all know we need much more research, including on how digital technology can help in diagnosis and management of conditions. We have been looking to invest in this digital area, but it is hard to select investments that are effective and capable of early adoption.

Science shows a correlation between mental and physical health. Exercise, diet and nutrition, plus sleeping well, all matter, as do working practices and environment. Mostly we no longer work in the “dark satanic mills” immortalised in William Blake’s “Jerusalem”. But even the most modern office, with sleep pods and head massages, may not offset the pressure of an “always on”, data-fuelled culture.

Employers are helping — we at L&G provide free healthy breakfasts for early starters to help them avoid an energy drink and fried food diet, and we try to do small nudges towards encouraging staff to take more exercise, such as reminding them to use the stairs rather than the lift. But we are conscious that more needs to be done — 21st-century industrial injuries are as likely to be mental as physical.

We are seeing more life insurance claims resulting from suicides, everywhere in the world. Mental illness does not respect status, wealth or age. Many conditions first emerge when people are in their teens, and there is a mental ill-health epidemic in schools. Equally, the ageing workforces of developed countries are likely to experience decline in their cognitive skills, as well as anxiety and depression.

Most people spend more of their waking hours at work than at home, so good working conditions and an employee wellbeing programme help — often that means dealing with non-work-related problems. The largest number of calls to L&G’s employee assistance programme relate to problem debt, which is unsurprising when you consider that research published in 2017 by the UK’s Money and Mental Health Policy Institute found that 67 per cent of UK employees in financial difficulty reported signs of poor mental health. Getting problem debt under control can really help, and this can be done via the workplace.

It is not an employer’s job to solve all personal problems, nor should we medicalise normal, everyday unhappiness, but good employers are doing more. It is in our interest to do so, and organisations like the excellent City Mental Health Alliance, of which L&G is a member, are helping spread best practice — for example, by recommending effective interventions.

Six months later, my colleague is back at work, and productive. A new, better work pattern has been agreed. It is a story with a happy ending, but sadly, unless we do more, that won’t always be the case.
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