An open letter to business leaders.

Britain’s Healthiest Workplace has now been running for six years, generating significant data from over 180,000 employees and 500 organisations across the UK.

The study’s findings have led us to the definitive conclusion that employers have a critical role to play in promoting better health and wellbeing within their workforces.

When employers embark on promoting better health among their employees, there are no losers. Employees are healthier, happier, and more engaged with their work; employers benefit from a more productive and motivated workforce, with lower levels of sickness absence; while society benefits from reduced healthcare costs and enhanced economic performance. It is this emergence of Shared Value that makes the case for employers to invest in the health of their staff so compelling.

Yours sincerely,

Neville Koopowitz
CEO Vitality UK

vitality.co.uk

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Efforts to improve health in the workplace over the past few decades have had mixed results. There has been substantial improvement on safety and a more limited one in making workplaces suitable for disabled staff. But there has been slow progress on using the workplace to improve health. The most direct causes of ill health at work are industrial accidents and occupational diseases. These are on a rapid downward trend: figures from the UK Health and Safety Executive show deaths from accidents have fallen by about 75 per cent since the 1980s and 85 per cent since the 1970s. The UK rate of fatal injuries is less than half the EU average.

The 147 workers and 92 members of the public killed in industrial accidents in the UK in the past year are 239 deaths too many, but thousands used to die every year within living memory. Self-reported and employer-reported non-fatal accidents and injuries have gone down by around half since 2000.

This improvement has been led by changing types of employment; a gradual tightening of the law backed up by inspection; work by the third sector, including the Royal Society for the Prevention of Accidents in the UK; and better science-led industrial design.

There has also been a dramatic fall in occupational illnesses. These used to be common in agricultural and industrial processes, ranging from anthrax in wool workers to pneumoconiosis (coalminer’s lung) and other lung diseases caused by dust. The last major occupational disease in the UK is mesothelioma, from exposure to asbestos. The UK was too slow to address the problem, but the epidemic has peaked and will decline over the next few decades.

Occupational diseases will never be eradicated from the workplace, but they are a shadow of their former significance. Again, the combination of science-led industrial practices and legislation has led to a transformation.

The picture is more mixed when it comes to making it possible for people to work or return to work with a disability or following illness. Work is one of the best things for physical and mental health. Legal obligations, backed up by better design, from desks to hearing aids, have made it possible for many more people with disabilities to work effectively or return to work after illness following reasonable adjustments to their duties.

Two groups remain a concern, however: those who have been unable to work for a prolonged period because of ill-health, and those with variable illness where patients veer between being in remission and relapsing. The data on prolonged absence from work because of illness is stark: once people have been off work for more than two weeks, the chance of returning falls sharply. People with relapsing-remitting conditions — including physical diseases such as multiple sclerosis, or mental health conditions such as bipolar disorders — are treated as more complex to plan work around. They may be exceptional workers most of the time but have unpredictable periods when they have to operate below their normal capacity, or take time off work altogether.

Organisations, including ones in the public sector, that cope reasonably well with people with fixed disabilities, part-time or flexible working and job-shares, often find it difficult to accommodate people with variable conditions.

The area with the greatest opportunity for substantial improvement is using the workplace to maintain and enhance health. Many people spend 40 or more years in work. Modest improvements over that length of time can have a substantial impact on the probability of remaining healthy (and productive) during later working life and well into retirement.

Employers often have high aspirations or at least a strong rhetorical commitment to enhancing the health of their workers. Many schemes, however, have a limited evidence base showing that they work. Some work as planned, others have a more modest impact than intended, and some are probably pointless.

Most organisations and companies that are very systematic and evidence-led about efficiency, productivity and return on investment are unsystematic in their approach to health improvement. This is a shame, because the opportunities are considerable. It should be relatively straightforward to test different approaches. Health gains are largely measurable, and methods such as randomised controlled trials allow us to test rigorously which interventions work.

If we can take the same scientific approach to testing interventions to promote health at work as we have to reducing injury, occupational diseases and exclusion of people with disability, this could be a key area for advances over the next decade.

Prevention beats cure

As industrial accidents and diseases become less common, employers should step up their focus on health promotion
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BRITAIN’S HEALTHIEST WORKPLACE IS OVERSEEN BY AN ADVISORY BOARD COMPRISING:

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The need for support

Enlightened employers are investing in services to help staff through the increasingly complex array of health challenges in today’s workplaces, writes Andrew Jack

When UK employees of Arcadis, a design consultancy, adopted Mind, the mental health organisation, as their staff charity two years ago, they soon found they became recipients as much as donors of support.

“Health and wellbeing are absolutely critical for us,” says Mark Cowlard, chief executive for the company’s UK and Ireland division. He says Mind was a catalyst for initiatives such as support for remote working, a health portal, yoga classes and mental health first aid training. “We are a people-based organisation, so we have to look after them,” he adds.

Arcadis, which has some 3,700 staff in the UK, is the top new entrant among large companies in this year’s Britain’s Healthiest Workplace awards. Its approach reflects the growing importance senior executives place on wellbeing and mental health support in their efforts to recruit, retain and motivate employees. The expanding number of interventions helps morale, individual health and collective productivity alike, while easing the longer-term burden on health and social care.

“Getting the balance of work and home life is really important,” says Cowlard, speaking by phone from home, where he works one day a week to reduce his commuting, spend more time with his family and set an example that his staff can follow. “What I look for in our people is the outcomes they deliver, not the inputs in spending long hours tied to a desk.”

Aggregated data collected for this year’s awards from more than 23,000 employees in 120 private, public and non-profit sector employers of all sizes across a wide range of industries highlight the need for interventions; ill-health at work is high and rising.

**DAYS OF PRODUCTIVITY LOST PER EMPLOYEE PER YEAR**

<table>
<thead>
<tr>
<th>Year</th>
<th>Absence</th>
<th>Presenteeism Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>2.7</td>
<td>20.3</td>
</tr>
<tr>
<td>2015</td>
<td>2.7</td>
<td>21.5</td>
</tr>
<tr>
<td>2016</td>
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<td>25.6</td>
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<tr>
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<td>2.2</td>
<td>28.2</td>
</tr>
<tr>
<td>2018</td>
<td>3</td>
<td>32.5</td>
</tr>
<tr>
<td>2019</td>
<td>3</td>
<td>35</td>
</tr>
</tbody>
</table>

Source: VitalityHealth/Rand Europe; Britain’s Healthiest Workplace Survey 2014-2019
The number of respondents in 2019 who said they smoked, undertook insufficient physical activity or exceeded alcohol guidelines was flat or declining compared with five years ago. But those not eating a healthy diet rose to nearly 65 per cent of respondents (from 52.2 per cent in 2014), and the share who were obese was also up, from 15.4 per cent to 19.6 per cent.

The figures on mental health were particularly troubling: respondents reporting moderate or severe symptoms of depression more than doubled, from less than 4 per cent in 2014 to 8.5 per cent this year.

These conditions translate into a growing burden of squeezed productivity: since 2014 the number of days per year that employees were absent from work has risen from 2.7 to three on average. The levels of presenteeism — when employees turn up but feel unengaged and work below normal levels for physical or mental reasons — has jumped from 20.3 to 35 days.

The data also show how the impact of ill-health and its consequences vary among staff. The most striking trend is the disproportionate burden on the young. Employees aged 18-20, followed by those aged 21-25, eat less healthily, walk less, binge drink more, sleep less well and suffer more from depression than their older colleagues. They are also less engaged at work, share the values of their employer least, have greater concerns over their finances and work-related stress, and report higher absences and presenteeism than their older counterparts.

The figures support a growing focus on the importance of sleep. Employees who slept for less than seven hours a night in the survey had poorer eating habits, were more likely to smoke and had higher rates of obesity and depression. They were also less engaged with work and reported absenteeism or presenteeism of more than 40 days a year, compared with 30 for those who slept longer.

Just as significant as the quantity of sleep was the quality. Those who described “poor” or “very poor” sleep patterns reported a total productivity loss of 67 days, compared with 25 for those with “good” or “very good” sleep quality.

Shaun Subel, director of corporate wellness strategy at Vitality, the health insurer that developed and funds Britain’s Healthiest Workplace, points to a range of stress factors that may explain the trends. “The real issue is the encroachment of the workday,” he says. “People are starting earlier and ending later, with collaboration of teams across different geographies.”

He also highlights the challenge of “onboarding” junior employees, often without the confidence, referral networks or knowledge to identify and respond to stresses and pressures that can lead to mental health concerns.

Christian van Stolk, executive vice-president at Rand Europe, the consultancy that analyses the data, cautions over how we interpret the findings. “Is there greater incidence of mental health or are we driving up the levels of reporting?” he asks. “It may be about greater awareness of the issues.”

Economic self-interest is one motivation that is pushing private-sector employers to invest more in staff wellbeing. Non-profit and public-sector organisations — including National Health Service units — are also responding actively. The consumer advocacy organisation Which? — one of the top-performing new entrants to Britain’s Healthiest Workplace — has launched a network of volunteer Feel Good Champions, provides free healthy breakfasts and lunches once a week, and offers free fruit in its office to improve diets.
PERCENTAGE OF EMPLOYEES REPORTING VARIOUS HEALTH PROBLEMS

SOURCE: VITALITYHEALTH/RAND EUROPE; BRITAIN’S HEALTHIEST WORKPLACE SURVEY 2019

MENTAL HEALTH

56.5%
One or more work-related stress factors

8.5%
Moderate or severe symptoms of depression

10%
"A lot" of financial concerns

CLINICAL HEALTH

19.6%
Obese

53.8%
Two or more musculoskeletal issues
Given the focus on financial worries, Which? has launched an internal legal and financial advice team for employees, provides support around pensions and is offering monthly “personal challenges” to help staff set goals for saving and tracking spending.

Helen Ward, chief people and services officer at The Co-operative Group, says she is preparing to launch a programme offering payroll deductions and advances to help staff cope with financial shortfalls — a leading cause of anxiety. The retail and consumer services group has launched a 24-hour helpline for staff and their families, and other services targeted at its different businesses. It offers hydration, movement and nutrition support for sedentary staff in its call centres, for example: assistance in spotting mental health problems in its retail staff; and “night clubs” with sleep champions to share advice on eating, time management and peaceful rest for night workers.

The group is also keen to form partnerships and brief others on its approach. “This is what the Co-op should be doing,” says Ward. “We are a membership organisation, not a public limited company, so it is a space we should play in. We are very happy to share our knowledge. In strengthening wellbeing of our communities, we will help everyone.”

There are still many unknowns — in areas including untangling the causes of ill-health at work, getting employers to act, identifying the most effective workplace interventions, motivating employees to use them and making a direct connection to productivity.

Sir Cary Cooper, professor of organisational psychology at the University of Manchester, highlights many of the problems still to be solved. “We are seeing damaged organisations with a bullying culture, long hours, inflexibility and a glass ceiling,” he says. “It is not sustainable.”

Cooper points to intensifying work pressures, including far more demands from global employers and the burden of email. He highlights growing job insecurity and, in some sectors led by financial services, the uncertainties of Brexit. “I think that is partly responsible for high mental health issues,” he says. “The finance sector is worried to death.”

Cooper sees many companies investing more in employee wellness programmes. “The wellbeing culture has moved from being a nice-to-have to a big strategic issue,” he says. “How to retain millennials is becoming a bottom-line issue. You can go out of business if you lose people.”

More broadly, Cooper stresses the need to shift from a focus on eye-catching physical interventions to more structural ones centred on mental wellbeing. “It is not about beanbags, ping-pong tables and sushi at your desk,” he says. “It is about how you create a good environment so people are motivated to come to work.”

He argues that changing the culture of the workplace rests on identifying managers with “people skills” or “emotional intelligence”. “In recruiting future managers, EQ should be at least equal to technical skills,” he says. That may prove difficult to implement, but Cooper is confident that companies’ focus on this area will only grow. “Within five years lots of companies will see this as a chief executive issue,” he adds.

‘The wellbeing culture has moved from being a nice-to-have to a big strategic issue’
Johnson & Johnson, one of this year’s winners for Vitality’s Britain’s Healthiest Workplace awards, has come out on top all but one of the times it has entered.

Some of the more innovative initiatives recently introduced by the world’s largest healthcare company to support its employees’ mental and physical health at work tackle particularly sensitive topics such as fertility and gender dysphoria.

“We’re building a culture that allows employees to bring their true selves to work,” says Clare Sicklen, J&J’s HR lead for health and wellness in the UK. “However, we recognise that any employee struggling with their sense of identity, particularly when it comes to gender, might find this challenging.”

Gender dysphoria is a condition where a person feels uncomfortable or distressed due to a misalignment between their biological sex and their gender identity. It can cause severe stress, anxiety or depression — mental health problems that raise the likelihood of being less productive, less engaged and absent from work.

J&J provides consultations with psychiatrists and psychologists who can diagnose the condition, as well as an initial consultation with an endocrinologist who can provide recommendations for hormone treatment, if needed. By adding fertility assistance to the list of benefits for its employees, J&J not only makes a once-taboo topic open for discussion, but goes one step further by making pregnancy a more likely reality for those that want to have their own children — via diagnostic tests, treatments and specialist consultations.

“Starting a family is a huge milestone,” says Sicklen. “But we know it’s not always easy. Things don’t always go to plan and what should be the happiest of times can quickly become the most difficult.”

J&J, like many companies, receives aggregated and anonymised data on its employees’ health through several channels. “Data are really important in terms of informing how and where we want to focus our efforts,” she emphasises. The company’s private healthcare scheme is one important source of this data. What quickly became apparent from this information is that employees use the scheme mainly for joint and muscle conditions — problems which tend to require consistent and ongoing treatment.

Musculoskeletal conditions affect around eight in 10 people over the age of 40, according to the results of Vitality’s survey. And the majority of those suffer from
more than one condition. But with an annual limit on the value of J&J’s outpatient care, some staff were previously unable to get the full level of care they needed. This year the company decided to remove the limit entirely. J&J has also extended its healthcare commitment with a “cancer promise”. Almost 1,000 people are diagnosed with cancer every day in the UK. J&J vows that if one of its employees were to receive this diagnosis, there would be no limit to the length of treatment provided.

“We have a moral and legal duty to look after our employees, but it also makes good, sound business sense to invest in our employees’ health and wellbeing,” says Margaret Mercer, J&J’s global health services operations lead in the UK. “This way they are engaged, they are present, and they are productive.”

Companies which take part in Vitality’s survey for the first time are eligible for the “new entrant” awards. Taylor Wessing, a law firm, is the highest scoring among medium-sized businesses in this category. “We’re a client-facing firm, so if our people aren’t happy and engaged they’re not going to be able to do their jobs properly,” says Dan Harris, Taylor Wessing’s senior responsible business manager.

The firm plans to introduce a new menopause policy this year to raise awareness of the symptoms and make it a subject more open for discussion at work. “We know that traditional benefits don’t necessarily cover everyone’s needs,” says Harris. “So we are continually trying to adapt and make sure our benefits are relevant.”

The group is increasing its efforts to promote agile working. “People are becoming more vocal about agile working earlier on in the recruitment process,” says Debs Hollands, Taylor Wessing’s talent operations manager. “So we need to be able to clearly demonstrate this is part of the culture here, in order to be an attractive place to work.”

One of Taylor Wessing’s largest and most successful occupational health initiatives has been the opening of its in-house doctor’s clinic. Operating three days a week, it allows employees quicker access to healthcare than through the National Health Service while saving time and energy travelling to and from their local surgery.

“The feedback has been really positive,” Harris says proudly. “People are happy with the speed at which they can be seen and, in one case, are now even seeing a GP when they otherwise wouldn’t have bothered.”

Aggregated and anonymised data fed back to occupational health staff show the type of conditions employees are taking to the GP. This has generated ideas for additional healthcare support for the firm’s workers, such as a pop-up skin clinic organised by Hollands after she discovered staff were frequently visiting the GP for dermatological problems.

Mental health has been a priority. Free subscriptions to the Headspace meditation app have been offered to employees — a suggestion from the firm’s wellbeing network, an internal group that acts as a representative committee for health-related concerns.

“In the past 12 to 18 months we have been focusing on employee wellbeing and mental health, because we can see that it’s a very good way to prevent so many issues that come up,” says Harris. “And prevention is better than a cure.”
The winners of the 2019 Britain’s Healthiest Workplace awards are a broad range of companies and other organisations. Johnson & Johnson, the healthcare company, outperformed Nomura, the bank, to become the healthiest large workplace in the UK. Adidas UK, the sportswear manufacturer, and Wellness International, which provides occupational health and wellbeing services, retained their top positions among medium-sized and small employers respectively.

The winners ranked highly for healthy employee scores, compiled by gathering data on risk factors such as smoking habits, nutrition and physical activity. These were combined with scores from the healthiest employer category, reflecting leadership and culture, and the provision and use of workplace wellness interventions, facilities and services.

The best in class

The UK’s healthiest workplaces as revealed by the annual survey of companies and staff.

By Andrew Jack
Top-ranked sectors include financial services, health, construction, law, music, retail and engineering. The public sector was also well represented, including several units of the National Health Service.

The awards also recognise the Healthiest New Entrants, which for 2019 were Arcadis, a design consultancy, law firm Taylor Wessing and BCS Consulting, an employee-owned management consultancy, 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 Wrightington, Wigan and Leigh NHS Foundation Trust, Argos Financial Services and MPI.

The annual survey was developed by insurer Vitality and is produced in association with Rand Europe, the Financial Times, the University of Cambridge and consultancy Mercer. Britain's Healthiest Workplace 2019, which incorporated data from 120 organisations and 23,632 employees, is the seventh year of these awards. Rand Europe, with the backing of AIA Vitality, has now also completed three years of research in countries across Asia. There are plans to expand the research next year and involve more employers and their workforces to help identify important underlying global trends in health at work.
Asia feels the heat

The ‘pressure cooker’ nature of work in much of the region is not improving despite warnings on the economic fallout, writes Emma Boyde

Asia, we are often told, is ageing so rapidly that it may not have much time to enjoy its economic miracle before it is saddled with the costs of caring for its elderly. However, emerging data suggest the region also risks being derailed by another looming problem – the ill-health of its workforce.

“Poor dietary choices and sedentary lifestyles are leading the countries of Asia and the Pacific into a future of lower productivity and ballooning public healthcare costs,” the UN’s Food and Agriculture Organization warned in October.

Now in its third year, the AIA Vitality Healthiest Workplace survey has expanded to cover the health and wellbeing of more than 26,000 employees in the Asia-Pacific region. It reveals alarmingly high levels of mental and physical ill-health.

The research shows employees work significantly longer hours than their counterparts in the UK and Australia but are far less productive, take considerably more time off work because of sickness and score higher on presenteeism — when someone turns up to work, but is too ill or mentally distracted to perform effectively.

In Hong Kong, which had the worst outcomes across the six countries and territories surveyed, almost 46 per cent of employees worked more than 50 hours per week, but the average amount of productive time lost per year amounted to 77.4 days. In the UK by contrast, only 12.5 per cent of employees worked more than 50 hours a week and employees lost only 58 days of productive time per year.

“I was surprised when I first got the data back three years ago and remain so about how bad Hong Kong’s metrics were,” says Christian van Stolk, executive vice-president of Rand Europe, which conducted the research.

Samson Tse, who runs a masters programme in counselling at the University of Hong Kong and has co-authored a paper on the health of Hong Kong employees, says the AIA Vitality findings do not surprise him. “Employees in Hong Kong suffer from a lack of physical and mental space. There is little job security, and sick workplace cultures, transmitted from stressed bosses, are commonplace.”

Hong Kong is not the only area of Asia-Pacific that is a cause for concern. Van Stolk says he is worried about what the data reveals about the “pressure cooker” in which workers in Asia operate. He says the research reveals daily lives characterised by poor sleep, lack of control at work, lack of opportunity to take breaks, general stress and a high degree of bullying.
Workers across the region reported feeling unwell as a result of work-related stress — led by Hong Kong at 61.1 per cent, followed by Malaysia at 56.7 per cent, Thailand at 53 per cent and Sri Lanka at 42.7 per cent. Sri Lanka also reported the highest levels of workplace bullying. The figures compare with a much lower 35.1 per cent reporting ill-health as a result of stress at work in the UK.

Employees across Asia reported poor lifestyle choices in relation to diet and exercise, though countries in the region have relatively low proportions of people who smoked or drank too much.

Nearly 85 per cent of employees in Hong Kong and Malaysia ate fewer than five portions of fruit and vegetables each day. These countries also had the highest proportion of employees who were physically inactive. Australian workers had the best diet, though still with just under half reporting they ate fewer than five portions of fruit and vegetables each day; they were also the most physically active of the countries surveyed.

Employers can make a difference, van Stolk believes. “Typically, we always say that a poorly performing organisation can reduce productivity loss by about 40 per cent. This is mostly through taking a holistic approach and changing the culture as well as interventions in the workplace.”

*The survey, based on the Britain’s Healthiest Workplace survey, is conducted by Rand Europe, funded by wellness programme AIA Vitality and backed by the Financial Times*
Tumult adds to Hong Kong strain

With protests having made the financial hub an even more demanding place to live, employers are trying to work out how to adapt, writes Emma Boyde

Even before Hong Kong’s long summer of discontent began, the territory’s hard-working population was feeling the strain of living in one of the most expensive and crowded cities in the world.

Compared with the west, working hours are long and at the end of the day most employees return to homes that are much smaller and often shared with several generations of the same family.

The frequently violent anti-government protests that began in June have only added to the anxiety felt by many employees. “You’d be naive to think that the level of stress is not rising across Hong Kong,” says Anthony Davies, chief executive of Barclays bank’s Hong Kong branch.

Sally Wan, chief executive of insurers Axa Hong Kong, agrees. Staff traditionally might have lost sleep at night because of financial worries but “now it could be: ‘My child is marching on the street at night.’ How do you manage that?”

How companies respond to staff members’ poor mental health is a question that is taxing many of Hong Kong’s larger employers as they, like many of their counterparts globally, increasingly recognise that unhappiness in the ranks affects profitability.

Wan and Davies were among a handful of senior executives from multinational companies who decided, even before the protests began, that they needed better outcomes for their employees as well as their customers and society at large.

In 2017, they helped found Shared Value Project Hong Kong — part of a global network of partnerships sharing the belief that businesses can create competitive advantage for themselves by aligning profit and purpose.

The Hong Kong-based founding companies of SVPHK — which also include Nestlé, the world’s largest food manufacturer, Asia-focused insurer AIA, as well as Accenture, EY and Tricor, which offer financial services and consultancy — did not take long to decide what their first priority should be: mental health.

“Hong Kong is known for an intensive work culture,” says Gaëlle Loiseau, chief executive of SVPHK. “Chinese culture and social norms see heavy stigma [associated with] mental health,” she adds.

Employers bear the hidden cost of stress, anxiety and depression in the form of lost productivity due to absenteeism, or from presenteeism, when employees turn up for work, but get little done due to physical or mental health difficulties.

Loiseau points out that unaddressed problems can lead to spikes in health insurance costs borne by companies, but it can be particularly hard to find solutions in Hong Kong, where there is a dire shortage of mental health practitioners.

An academic study published two years ago found that nearly one-third of Hong Kong workers suffered from anxiety and about a quarter reported symptoms of depression. However, the academics noted that there were fewer than five psychiatrists for every 100,000 people, well below the 18 per 100,000 in England and the 10 per 100,000 in Japan. “Hong Kong has a lot of problems,” says Yi Mien Koh, managing director of health and employee benefits at Axa, who also heads the insurer’s innovation unit. “The average waiting time for government mental health intervention is three to four years, plus there are few private practitioners.”

SVPHK members have pledged to improve mental wellbeing in their workplaces and to reduce the stigma of ill-health. They also promised to report back on the effectiveness of their interventions.

AIA is running a wellbeing programme with global insurer Vitality that offers reductions on health insurance for those who sign up to lead healthy active lives.

“Healthier policyholders help lower claim costs for the insurer, which in turn eases pressure on insurance premium increases,” says Bonnie Tse, general manager for
corporate, strategy and wealth management at AIA Hong Kong and Macau. The approach also benefits society at large by helping relieve pressure on the medical system, she adds.

At Axa, the shortage of mental health professionals in Hong Kong helps explain why Wan and Koh decided to make use of digital products for their staff as well as recommending them to their customers. "We curate and recommend evidence-based digital tools like Moodgym, which was developed by the Australian National University almost 20 years ago," says Koh, adding that Axa also uses Smiling Mind, a mindfulness app.

In addition, Koh is helping to co-ordinate a research collaboration between Oxford VR, a University of Oxford spin-off, and The Chinese University of Hong Kong on a virtual-reality therapy headset being used to treat anxiety disorders.

The initiative, called Yes I Can, is being used to help treat social withdrawal, which Koh says is a common symptom of anxiety and depression. "Studies have shown that a lot of people would rather talk to a robot because they feel it is not judgmental," says Koh.

Since June, when Axa helped launch Oxford VR in Hong Kong, there has been a lot of interest from companies that take Axa’s health insurance, Koh says. "Employees can choose between on-site or off-site VR sessions. We just need to let staff know about the service, so that they can access it if needed."

Wan, who leads the SVPHK mental health initiative, is convinced that getting people to talk is the key to get well. "What we find the most powerful is people who can come out and tell their story," says Davies. "In Asia, it's seen as a sign of weakness. I think it's changing, but I think it needs to change faster."

‘Studies have shown that a lot of people would rather talk to a robot because they feel it is not judgmental’
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Mental ill-health costs UK employers almost £35bn a year through lost productivity, sickness absence and staff turnover, according to the Centre for Mental Health, a research and policy charity. Another study has found that more than two-thirds of people who have struggled with their mental wellbeing have never told their employer. The survey by Opinium of 2,000 workers revealed a quarter had failed to take time off because they feared their bosses would not understand and a third said their organisation did not offer any help.

Such is the scale of the challenge for organisations such as Mental Health First Aid that provide tools to address the problem in the environment where we spend a third of our lives: the workplace. The MHFA concept was developed in Australia in 2000 before becoming a global movement. Its training courses aim to equip workers with the skills to recognise when colleagues are suffering from mental health problems and to signpost professional help.

MHFA England, one of the 26 organisations licensed by its international parent to provide training and consultancy services, recently published its first Impact Report, drawing on its 12 years of operation. Its current Where's Your Head At? campaign urges organisations to sign up to a manifesto calling for mental and physical health to be treated equally in the workplace.

Simon Blake, MHFA England chief executive, says his organisation has worked with 20,000 businesses and trained half a million people. Its ultimate goal, through training one in 10 of the population, is nothing less than “normalising attitudes towards mental health and creating the widespread cultural belief that things have to change, that the way we are going is not good for individuals, the economy or society as a whole”.

Blake’s background in campaigning organisations including Stonewall, the LGBT+ rights group, and the National Union of Students, has given him insights into some of the groups disproportionately affected by mental ill-health. “We know that lots of LGBT people go back into the closet at work,” he says. “If you are not able to be open and yourself, it doesn’t matter whether you have the best programmes around wellbeing in the world. You will still have people that are ‘suboptimal’ because they are not feeling able to be open.”

Blake says if wellbeing is taken as the “organising framework”, other factors, such as zero hours, job security, gender equality and diversity in the workplace, have to be included. “You can give me the best programme in the world, [but] if I knew that I was earning 50 per cent less because of my gender I would feel really hacked off,” he says.

The young are also particularly vulnerable, says Blake. “This issue is inter-generational. We know that young people have a much greater awareness and understanding of mental health issues and are not necessarily getting the support from services.”

One of MHFA England’s aims is to set an example as an organisation. “We are going to reinvest our profits as a social enterprise in training those who work with young people, specifically looking at the sport and recreation sector,” says Blake. “We know that sports coaches, the wildlife guy, the scout leader, will often have really good relationships outside the school context, but may not have any training, may have a zero-hours contract, may...
be a volunteer. That is where we believe we can create the biggest impact.”

Louisa Chastney, a mentoring co-ordinator in the Careers and Enterprise department at Queen Mary University of London is one example of someone who has benefited from the MHFA programme. She had been struggling with social anxiety and panic attacks for a number of years and, this time last year, was close to quitting her job. “I was terrified that if I told my employer about my mental health issues, they would think I was weak, incapable, or might even want to get rid of me,” she says. “Eventually, I found the courage to speak to my line manager, who had completed the MHFA England two-day course, and she was incredibly supportive.” Her employer allowed her to attend cognitive behavioural therapy sessions each Friday for three months. She then went on to complete the MHFA England course herself earlier this year. “I’m enjoying my job more than ever and I feel very well supported by my workplace, a complete turnaround from where I was this time last year.”

Some critics, such as Stephen Bevan and Sally Wilson of the Institute for Employment Studies warn however that “too many eggs may be being put in the MHFA basket, to the exclusion of other approaches”. There are no simple solutions, they argue. “Interventions at work to support
“I had everything I ever wanted, but I was the unhappiest I’d ever been.”

Jonny Wilkinson
Vitality Ambassador

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people living with mental illness must be personalised and flexible, and no single intervention can ever work for everyone,” they say.

Blake acknowledges that MHFA is not a “universal panacea”. “It’s one part of a story, and that story has to be a whole approach to wellbeing that starts at the top [of an organisation] and goes right the way through it. There needs to be a really clear support network for the organisation, for the mental health first-aiders, and that has to involve them being able to connect with a senior manager or a sponsor for the programme.”

Workplace health schemes often lack robust evidence of their effectiveness says Bevan. Organisations can measure how many people take part in a programme “but they can’t really tell you much about whether it has made a tangible difference to important things such as productivity and presenteeism with any certainty, because there are all sorts of factors that influence that.”

The Health and Safety Executive, the UK’s workplace health regulator, has said there is clear evidence MHFA training has increased awareness, but limited evidence it has led to “sustained improvement in the ability of those trained to help colleagues experiencing mental ill-health”. Nor is there evidence it has improved organisational management of mental health.

“The conversation about evidence is a really important one,” Blake readily admits. MHFA England is investing nearly £500,000 over the next three years in an independent randomised control trial to understand the impact on those with mental health problems, with a secondary focus on the impact on organisations as a whole.

Louise Aston, wellbeing director at Business in the Community, the UK charity that promotes responsible business, says MHFA training taken in isolation can be “a bit of a box-ticking exercise”. “In terms of lasting benefits, you go on your course, but are you going to remember it next month?” she says.

“Great mental health policies, employee assistance programmes and training all have a tactical part to play, but they not going to bring about organisational cultural change on their own,” she says. “The mental health debate needs to move on and look at the systemic causes.”

There is a growing understanding of the impact of work itself on mental health, says Laurie Heselden, health and safety policy officer at the Trades Union Congress, the UK’s umbrella group for trade unions. “Effective MHFA must be integrated with the work of workplace health and safety representatives, a safety committee and, if present, trades unions,” he says.

“It is critical to recognise that some of the sources of mental health problems, either for an individual or a group of people, can be work-related.”

A report by Business in the Community found two in five UK workers had experienced mental health problems caused by work, notably from the pressures of hitting targets. More than six out of 10 managers said they had been forced to put their organisation’s interests above staff wellbeing, and only 13 per cent had attended specific training about mental health. Other common causes of mental ill-health include heavy workloads, lack of control over job design, poor line management, lack of status, lack of a voice, unclear organisational goals and the insecure nature of many of today’s jobs.

“Given the level of ill-health recorded in the UK, including instances of work-related stress, employers in general clearly are not doing enough,” says Heselden.

“There are obviously employers that are leading-edge and investing in this issue, but a long-tail of employers that are not, and for small and medium-sized businesses it will be challenging.” He singles out the entrepreneurial “You’re fired!” version of business presented on television as “very corrosive and regressive”.

For his part, Blake maintains MHFA England can play a key role in driving change. “If we can get one in 10 of the population trained,” he says, “we will create that cultural shift needed which will start permeating into all workplaces and communities.”

‘As a mental health first-aider, you’re not there to be a qualified counsellor but to signpost appropriate support’
Staying vigilant on safety at work

The new head of Britain’s Health and Safety Executive is turning her attention to the ‘gig economy’, writes Andy Bounds

Britain’s new health and safety chief knows all about managing risk: she used to be a skydiving instructor in her spare time. It is a reminder that in developed economies, people are as likely to be injured by their hobbies as by their work.

Sarah Albon, who in September became chief executive of the UK’s Health and Safety Executive, which probes incidents at work, is keen to ensure the agency adapts to the workplaces of today — while not forgetting its main task is to protect people in heavy industrial jobs who risk their lives. “We have a really good track record of safety in this country,” she says in her first interview since getting the job, but she warned against complacency.

The UK has got the EU’s second lowest deadly accident rate after Finland with 0.51 data injuries per 100,000 people. The number of deaths annually has been flat for several years at about 140, even as the workforce has grown.

Albon said there were still plenty of industrial workplaces left, such as quarries, open cast mines and chemical plants. “I think the thing for me is about not being complacent,” she said.

“When we start to talk about the different threats that are coming along and the new issues that we might face, such as different ways of working in the gig economy, we need to really think about what the world of work looks like in the future.”

A career civil servant rather than a safety expert, her last job was running the Insolvency Service. The government’s owner of last resort had to wind down and investigate the collapse of Carillion, a big outsourcer that collapsed in 2018, and keep British Steel trading until a buyer could be found.

Speaking at the HSE’s office complex in Bootle, a suburb of Liverpool, she said she would retain the three priorities set by the organisation: lung disease, musculoskeletal disorders and work-related stress.

Concern is growing about the harm done by working long hours at a desk in an office. In October researchers unveiled The Work Colleague of the Future report and created a striking dummy to illustrate the damage: she had a hunched back, varicose veins, a flabby stomach and dry, red eyes from hours staring at a screen. The report was written by William Higham, a behavioural futurist, and published by office-equipment maker Fellowes.

Albon said the HSE was trying to educate employers that staff needed to have breaks and changes of posture. “I think it probably is increasingly about those small movements and micromovements and the way people sit.”

But workers themselves also needed to take responsibility. “How many of us actually also play our own part? Part of what the HSE is also about is trying to spread the word and educate people about the longer-term impacts of doing the right thing and wrong thing.”

Stress is a growing problem, and not just that caused by overwork but also lack of control. “It is people feeling that they have no control over what they do, badly managed change, the relationships that they have at work, the office environment itself,” she says.

That is particularly true in the “gig economy”. While

‘We need to really think about what the world of work looks like in the future’
Regulator takes on killjoy claims with ‘mythbuster’ website

Fed up by newspaper headlines and pub conversations bemoaning “health and safety gone mad” for ruining people’s fun, the Health and Safety Executive has hit back with a “mythbusters” website.

There are almost 400 ‘myths’ now, all prompted by people calling in. They include the common report that candyfloss can no longer be served on a stick because people could hurt themselves. In fact, it seems sellers simply find it easier to store and serve it in plastic bags so it keeps longer.

The HSE myth panel is sometimes stumped by some submissions. A custard pie fight was cancelled because the event organisers could not get insurance on the basis that it was too dangerous. “It’s hard to imagine what risks would render such harmless fun uninsurable,” the HSE says.

Many cases seem to be companies making excuses for poor customer service. For example, a supermarket delivery driver said he was no longer allowed to carry shopping upstairs for health and safety reasons. In fact, the company simply wanted to speed up deliveries.

And the HSE made clear it will soon be putting up its Christmas decorations — despite past reports that some workplaces have banned them on safety grounds.

internet platforms might treat workers as self-employed, Albon has a warning. “How do we make sure that the law and the enforcement keeps up? It’s quite interesting watching what the courts have started to do, which is, if anything, edge a little bit towards saying: ‘No, that still looks like employment to us.’”

Another growing problem is mental ill-health, which is harder for the HSE to prevent than physical harm. “I think there’s more research to do to really understand how we can support both employers and employees to reduce stress and mental ill health as much as possible.”

Meanwhile, some 12,000 people die from lung disease each year, generally from past exposure at work. Those who worked in coal mines and with asbestos in buildings are particularly affected.

The number of days lost to injury and illness in the UK had been declining steadily until 2008/09, and has been stable since then. In 2017/18, the most recent figures available, there were 30.7m days lost, compared with 37.8m in 2005/4. That represents an average of 1.17 days per worker, down from 1.62. More than half were because of stress, mental illness and anxiety and more than a fifth were due to musculoskeletal disorders.

Albon said the HSE itself was trying to become a better employer. It has encouraged flexible, home and part-time working, as well as holding mindfulness sessions and offering a quiet space where staff can get away from the open-plan office.

She denied that government-imposed cuts since 2010 had reduced the HSE’s effectiveness. Staff numbers have fallen from 3,700 to 2,500 and its government grant from £239m to £135m a year.

In 2017/18 it also raised £18m in commercial income and recovered £79m from its work, including fines. “I think the government of the day has to cut its cloth and we have to work out what to do in proportion to that,” she said. “Honestly I think we have got a decent deal and I think we are getting the resources that we need to do the job we need to do.”

However a Department for Work and Pensions review of the HSE in 2018 concluded that any further savings “may risk compromising outcomes.

And what of the standards underpinned by the EU after the UK leaves the bloc? Albon is confident they will be maintained for now. “The exact rules will always be up to the government of the day, but this government has committed to keeping the rules at least as good as the European rules,” she says.

The HSE is able to inspect premises unannounced and prosecute companies for breaches. But it also tries to bolster prevention.

It worked with the offshore wind industry to find a safer way of erecting giant turbines at sea. “That’s been made freely available on a non-patented basis across the industry,” she says.

Its next project is working out how to safely decarbonise energy supply. One possibility is to see if hydrogen, which can be extracted from water using renewable electricity, could be safely mixed with natural gas to power existing appliances such as boilers and cookers.

“The way that HSE regulates I think is really seen as a real world-leading way of doing it. Because it’s not all about rules and regulations, it’s about helping employers to make a proportionate risk assessment.”
A collision in 2017 involving the John S McCain, a US navy destroyer, resulted in the death of 10 sailors, injuries to 48 crew and more than $100m in damage to the vessel. An investigation concluded that the acute tiredness of the crew, caused by shift-work, was partly to blame.

The incident, says James Wilson, a specialist in sleep behaviour and environment, is an extreme example of the impact of poor sleep, a problem that costs the UK £30bn a year with the loss of 200,000 working days, according to research by Rand Europe, a consultancy. Wilson is part of a new “exhaustion economy”, encompassing sleep consultants, sellers of nap pods, and research from bed companies detailing the effect of poor sleep on productivity.

Peer Hames, founder and chief executive of Big Health, the company behind Sleepio, an insomnia treatment plan, describes sleep as the “Trojan horse” in the mental health debate. People dislike talking about mental health, but poor sleep — both a cause and an indicator of mental ill-health — is not subject to the same stigma, he says. Sleep is a “social currency”, says Hames. “How you slept last night is a water-cooler conversation.”

Longer commutes, working unpaid hours and the rise of 24-hour services have added to the problem for British workers, who already put in the longest hours in the EU, according to the TUC, the umbrella body for unions. At the same time, the increased use of health trackers such as Fitbit has made many more people aware they are not getting enough sleep.

More than 35 per cent of respondents to a survey of 24,000 workers from health insurer Vitality said they were not getting enough sleep and almost 42 per cent had problems with quality of sleep. Some 61 per cent said they suffered from fatigue at least one day a week. A significant contributor is the growing amount of long-distance commuting, either because employers do not offer flexible working or employees cannot afford to live near their work. In the UK, Londoners have the longest commute, travelling for 81 minutes each day on average, according to the TUC.

The idea that “sleep is for wimps” has been all too prevalent in recent decades, says Wilson, and is often driven from the top of an organisation. Rare are examples such as the one of António Horta-Osório, chief executive of Lloyds Banking Group, who publicly admitted to suffering from insomnia during a turbulent period at the bank.

“Companies who have chief executives who are poor sleepers have a culture of sending emails late at night or early in the morning. Those leaders are saying it’s OK to do this,” says Wilson.

Matthew Walker, in his bestselling book Why We Sleep, sets out ideas for workplace reforms such as incentive schemes to encourage better sleep. “Developing a new business culture that takes care of the entire life cycle of an employee, night and day, is as economically prudent as it is compassionate,” he says.

“The return on the sleep investment in terms of productivity, creativity, work enthusiasm, energy, efficiency — not to mention happiness, leading people to want to work at your institution, and stay — is undeniable”. Grinding down workers and burning them out as if disposable leads to low morale, high turnover and declining productivity, he adds.

The UK’s 3.2m night workers and those who do regular night shifts are particularly badly affected. The growth of “portfolio employment” — often in sectors without a strong union presence — has compounded the problem: workers have the right to 11 hours’ rest between working days, but regulation can be difficult when “gig-economy” workers move from one job to another.

The World Health Organization has deemed night work “probably carcinogenic”. It is also associated with weight gain, type-2 diabetes and cardiovascular disease. The largest study of its kind to date, published in medical

‘Sleep is as fundamental as food. It is just not talked about in the way that we think it should’
journal The Lancet last year, showed that disrupting people’s body clocks was behind problems such as depression and bipolar disorder.

“Shift-work disorder,” says Dimitri Gavriloff, a clinical psychologist and sleep specialist, “consists of insomnia and/or excessive sleepiness associated with a shift schedule that overlaps with the usual sleep period. The sleepiness occurs when your body is primed for sleep and unwanted alertness when your body is primed for wake. It is not unlike jet lag, without having actually travelled anywhere.” The UK’s Royal Society for Public Health says the condition is underdiagnosed and wants public safety guidance to be reviewed.

Big Health’s Sleepio, an automated way of delivering cognitive behavioural therapy for insomnia, is one of the new tools being offered by employers to help with problems of poor sleep. In the US, Sleepio recently became the first “digital therapeutic” that could be billed like a drug, while in the UK it is being used in a mass trial across the Thames Valley area. Chief executive Hames says it is the “biggest rollout that the National Health Service has ever done of digital medicine”.

Current treatments barely go beyond advising people to drink less caffeine or take sleeping pills, and lack a good evidence base for their long-term effectiveness, says Gavriloff, who is also a clinical lead for Sleepio.

“They’re not really dealing with the problem at source, because what they do is mask symptoms. Doctors (GPs) are really up against it, as are secondary and tertiary care providers because there aren’t the resources to provide the evidence-based treatment that we know works best, which is CBT for insomnia, at scale.”

One of the companies using Sleepio is Unipart, the UK logistics and manufacturing group, which began offering the programme as part of its wellbeing strategy this year. Deborah Astles, human resources director for policy and corporate responsibility, says Sleepio complements the work Unipart was already doing on mental ill health. Sleepio has a “fantastic engagement level”, she says. “More than one in 10 of our [8,000] employees have gone online and done the sleep test, and a significant proportion have undertaken the online CBT.”

Politicians were once deemed heroic for surviving on minimal sleep, but for the business world this is a completely irresponsible approach, says BITC’s Aston. A better role model, she argues, is media entrepreneur Arianna Huffington — an evangelist for the power of sleep — and her advice to “literally sleep your way to the top”.

One consequence of the John S McCain disaster was a new set of shift patterns for US sailors to better reflect their circadian rhythms. The consequences of poor sleep in other organisations may be less dramatic, but in the long term could be just as deadly.
While attending the funeral of a fellow doctor, Pamela Wible realised she had lost an unusual number of colleagues through suicide. “While I was sitting there, I realised that I know a lot of people lost to suicide and all of them were medical doctors,” she recalls. Long shifts, sleep and food deprivation are just a few factors to blame for what she describes as a violation of human rights.

“I was suicidal in 2004 and I felt that I was the only starchy white coat who was experiencing this,” she says. “Once I recovered completely, I decided to be a real doctor and not a factory worker.”

Studies suggest that at least 50 per cent of US doctors are experiencing professional burnout, a syndrome characterised by exhaustion, cynicism, and reduced effectiveness. It was recognised by the World Health Organization in May as an occupational phenomenon “resulting from chronic workplace stress that has not been successfully managed”.

Tait Shanafelt is chief wellness officer at Stanford Medicine. His primary responsibility is to tackle burnout among doctors — a problem that affects care and patient safety at hospitals across the country.” He says the problem was traditionally considered to be a matter for human resources departments, “focused on trying to improve healthy behaviours in employees... to reduce insurance costs and expenditures”.

But such interventions only add to the problem, he says. “When you offer these solutions, it sends a message that the problem is with the individual and not with the system.”

According to a study published in Annals of Internal Medicine, a medical journal, the US healthcare industry loses an estimated $4.6bn every year as a result of doctor burnout. “It’s only the tip of the iceberg,” says Christine Sinsky, one of the authors of the study.

She and her colleagues decided to attach a cost to burnout to attract the attention of decision makers. “Burnout has primarily been studied through the lens of wellness,” says Joel Goh, an assistant professor at the National University of Singapore. But this study, he

**Doctors on the brink**

Studies suggest that most US physicians are burnt out because of rising productivity expectations and onerous paperwork, writes Priyanka Vora

Efforts to reduce burnout have tended to ‘blame’ the doctor and not the environment they work in
...says,puts the issues of burnout in terms that healthcare managers can understand.

The report estimated that the annual economic cost associated with the problem was approximately $7,600 per employed doctor each year. But as it only takes into account the loss in clinical hours and doctor turnover, the estimate is conservative. It does not account for the risks of malpractice and the higher likelihood of medical errors.

Another study conducted by Sinsky found that 2 per cent of US doctors were likely to leave medicine altogether for another career.

Over the past few years, efforts have been made to increase the number of medical schools in the US to ensure that there is no shortage of doctors. "When you think about how much we've invested to create, roughly, 10 to 12 new medical schools in the last decade, at hundreds of millions of dollars per school, just to increase the pipeline of physicians being trained, we also need to think at the far end of the physicians who are leaving medicine because of burnout," says Sinsky.

Though doctor burnout is well-recognised, most of the efforts to reduce it have tended to "blame" the individual and not the environment they work in. In 2017, a group of healthcare chief executives said burnout was a public health crisis, urging their fellow CEOs to unite against the problem.

According to Tait, 80 per cent of the challenge faced by doctors is down to the organisation where they work, and only 20 per cent could be attributed to personal resilience.

Wellbeing experts say that until healthcare companies recognise that the condition is a reflection of a dysfunctional workplace, rather than a reflection of weakness on the part of the individual, the rates of burnout are not likely to reduce.

One of the major factors for doctors is the electronic record system. It takes a physician 15 clicks to order a flu shot for a patient, says Tait. And instead of addressing this problem, healthcare companies end up offering physicians mindfulness sessions and healthy food options in the cafeteria, which only frustrates them further.

Productivity expectations have increased, says Tait, while doctors have less time with patients, and the presence of computers in the examination room distract from human interaction. The fact that doctors work in “organisations which have a motivation of financial revenue generation, rather than always providing the best care, has led to some disillusionment”.

Take the case of a final-year resident doctor in New York, who spends a considerable part of his shift negotiating with insurance companies to justify why his patient needs the medicines he prescribed. “When I signed up to be a doctor, the goal was to treat patients, not negotiate with insurance providers,” he says.

US doctors, says Sinsky, have to compose patient notes which are four times as long as their counterparts anywhere in the world.

As a part of her ongoing research, Pamela Wible has been notified of 1,298 cases of medical doctors who died by suicide since 2012, but she believes the real number is higher. She works as a family physician in Oregon and runs a clinic to help young medical trainees who are experiencing suicidal tendencies.

She points out that the focus on burnout has helped the industry avoid discussions around mental health, despite the fact that the two are related.

Some experts argue that burnout is far less stigmatised, making it easier for the industry to address the problem, but the fear remains that it may lead to misdiagnosis of mental health ailments, which could be life-threatening.

“A person who has burnout could also be depressed and the two conditions may coexist,” says Tait.

Apart from the stigma associated with mental illness, US states’ medical boards, which are responsible for periodically renewing doctors’ licences to practice, could also be part of the problem.

Most ask doctors to reveal if they have been treated for mental illnesses such as depression. This, says Wible, is the biggest barrier for medical professionals looking for help.
Time for a change

The negative impact of the menopause on women’s working lives is often compounded by a lack of support from employers. By Marianna Giusti
Illustration by Nanette Hoogslag

...
Cognitive behavioural therapy (CBT) is an effective non-medical alternative to cope with hot flushes at work, according to a study by King’s College London. Myra Hunter, professor of clinical health psychology and author of the report, says there is evidence that stigma and negative beliefs negatively affect women’s experience of menopausal symptoms. “If you are anxious or embarrassed, your physiological arousal increases, and that exacerbates the symptoms,” she says.

When a woman has a hot flush during a meeting, Hunter says, the reaction can be “they’ll think I’m stupid”, and they might leave the room. She adds that CBT encourages a more balanced view and more positive behaviour in patients.

While CBT is costly, labour-intensive and mostly targets hot flushes, Hunter says it teaches “new skills that are yours thereafter” to apply to other areas, such as stress and sleep. “HRT is a sort of quicker, immediate fix, but CBT has a long-lasting effect,” she concludes.

In the UK, at West Midlands Police, staff with long-term conditions have a “reasonable adjustment passport”, which outlines individual workplace requirements, from chairs to working hours. The passport stays with staff when they move department and is reviewed regularly.

Other organisations in the UK, such as Tesco, the supermarket chain, run support groups, where peers can share practical tips and advice. According to Hunter, “normalising” their experience is what women find therapeutic about such groups, whether at work or in online forums such as the Menopause Support network. “I feel like I’ve got my life back because of it,” says Davies.

Forms of support and treatment may vary, but academics and politicians find common ground in the need for education and training to break the stigma.

“We need to get to the stage where we talk about the menopause as openly as we talk about periods and breast cancer, and any other part of the female anatomy that seems to send men off running like hares,” says Carolyn Harris, a politician with the UK Labour party.

To mark World Menopause Day (October 18) Britain’s Chartered Institute of Personnel and Development presented a menopause manifesto calling on the UK government to appoint a menopause ambassador, while trade unions such as Unison (which represents 1.4m public-sector workers) published menopause workplace guidelines.

This year, Make Menopause Matter, a cross-party campaign, won its battle for menopause to be included in the sex education curriculum for UK secondary schools.

Some organisations, such as Shropshire Fire and Rescue Service in England, have implemented mandatory training for managers, while the UK Border Force, the Scottish government and Scottish and Southern Energy have set up menopause cafés – pop-up events where colleagues exchange ideas on how workplaces can be more supportive. They are organised with support from the Menopause Cafe umbrella group, which describes them as opportunities to “gather to eat cake, drink tea and discuss menopause”.

For many women, however, there is little support and they often find the menopause is treated as a joke. “In basic evolutionary terms, that is the end of your useful life as a woman. Basically you are expected to sort of crawl away and die somewhere,” says Rachel Maclean, a politician with the UK Conservative party. “These negative associations still persist even if they are under the radar.”
A helpful nudge on your wrist

Insurers are experimenting with technology that gently encourages members to lead healthier lives.

By Hannah Kuchler

Tanned and with a wide grin, Wayne Gono, aged 64, may be one of the oldest people at his family business Relay Plastics — but he and his wife regularly top the employers’ leaderboard for taking the most steps.

The Texan business was one of the first to embrace a programme offered by their health insurer United which uses devices such as the Apple Watch to push members into more physical activity.

“My wife and I, since we are the elders in the company, try to stay in the top five. I can say to the others, I’m one of the oldest guys here and I’m kicking your butt!” he says laughing.

As well as the satisfaction of a win over colleagues, members get cash if they meet three targets: frequency of movement — getting up and walking for short periods often; intensity — at least one burst of 3,000 steps in 30 minutes; and tenacity, completing 10,000 steps in a day. Meeting each goal helps members earn between $1 and $3.

Gono says he has earned about half his deductible back by keeping active, saving money on the amount he pays out of pocket for medical care each year. He puts the extra cash straight into a “vacation fund” for taking his kids and grandchildren on holiday.

Health insurers are turning to wearable devices including the Apple Watch and Fitbit wristbands to encourage employees to engage with their own health — long before they fall ill. They hope that by harnessing technology companies’ expertise in how to change behaviour, they will deliver daily nudges that make people healthier and — down the line — save costs.

There are challenges: from ensuring the programmes reach the least fit, not just those who were already exercising, to assuaging fears on privacy and data security, particularly when an employer is paying for the insurance.

But if overcome, such measures could solve some of the biggest problems in chronic care. Obesity — one of the many damaging results of a sedentary lifestyle — is the second-leading cause of preventable death, behind smoking, in the US. It cost the US healthcare system about $147bn in 2008, according to the Centers for Disease Control. Estimates of the cost to the entire US economy because of lost productivity range from $3.4bn to $6.4bn.

Doctors have long known that their patients need to exercise more — but it has been far easier to prescribe pills than physical activity, JoAnn Manson, chief of the preventive medicine division at Brigham and Women’s Hospital in Boston, says exercise is “as close to a magic bullet as we’ve come in modern medicine”.

She has recommended that exercise be considered an “additional vital sign” — alongside the classic four of blood pressure, pulse, breathing rate and temperature. Doctors should ask about exercise every visit, she believes.

“I do appreciate clinicians are extremely busy in the office with a lot of demands. It is very rushed. However, this is an intervention that could ultimately reduce the risk of many of the chronic diseases that have such extreme costs, a major human burden and toll on the population,” she says.

Manson says insurers’ incentive programmes could be used to encourage more physical activity — but also that there needs to be more research on how effective they are.

United Healthcare launched its programme in January 2018. Paul Sterling, vice-president of emerging products for the company, said it was already saving about $220 per member in medical costs each year, comparing people who participate in the programme with people who don’t.

“The underlying thesis is simple. It’s not new: movement or motion as medicine,” he says. “The beauty of the programme is that it does provide a day-after-day opportunity for reinforcement and support.”

United is now looking at how to include activities such as swimming, cycling and even gardening, so that people are rewarded for all types of exercise.

Discovery, a South African health insurer and owner of Vitality, pioneered this type of effort. Francois Millard, senior vice-president and chief actuarial officer at Vitality Group, said the project was initially modelled on airline frequent-flyer programmes. The insurer realised it was “uniquely situated to benefit if our members get healthier” — so it should share the upsides with participants.

A study by research institute Rand Europe of more than 422,000 Vitality members in the UK, US and South Africa, from 2015 to 2018, found that members of the rewards programme with the Apple Watch were active for an extra five days a month. Perhaps predictably, the study

Members receive a discounted Apple Watch — but must pay the full cost if they do not meet their goals
found that unhealthy people were much less likely to take up a programme like this. But, importantly, it found that when they did, they did so with gusto, showing a “more pronounced behaviour change”.

Vitality used behavioural economics to design its programme. Members receive a discounted Apple Watch, but must pay the full cost if they do not meet their goals — albeit interest-free. People are more averse to losing money than to potential gains, so it is a strong nudge to change their behaviour.

The programme also borrows tricks from the tech industry that have been shown to engage users more, such as uncertain rewards. Just like a Facebook user refreshes their news feed frequently because he or she is not sure what could appear next (or a gambler gets excited for their next game), if a member meets their goals, they can spin a wheel where they might win gift cards worth anything from $5 to $25.

The obvious goal of these programmes is making members more active — and therefore healthier. But many insurers are also interested in programmes because they build a closer relationship with members, who usually just interact with them when they want a bill to be paid. This added engagement can make members feel more loyal and can give the insurer opportunities to nudge them into other healthy practices.

Oscar Health, an insurance start-up backed by venture capitalists including Google Ventures, put a step tracking function in its app to ensure members come back daily. Oscar gives its members a concierge team to answer questions and direct them to providers that offer the best value for money. It also encourages people to use telemedicine where possible.

Sara Wajnberg, chief product officer for the New York-based company, said the original intention was to offer “fun, gamified goals”, where members can earn rewards of up to $100 in Amazon gift cards a year. But it also helps them correct perceptions that insurers are just a “billing interface” into seeing them as an “entry point into the entire healthcare system”.

Oscar found that 87 per cent of members who tracked their steps engaged with the concierge team and telemedicine, compared with 57 per cent of the total membership. The company also believes it encourages members, who buy the insurance on an open marketplace rather than being offered it by an employer, to stick with them.

Aetna, the health insurance arm of US pharmacy chain CVS, is going even further, putting more healthcare services in its Attain wellness app. Using an Apple Watch, Aetna members are given personal activity goals and fed notifications including reminders to get vaccinations, refill prescriptions and visit their primary-care doctor if they have not recently. If needed, they are also nudged towards cheaper options for tests and scans.

Ben Wanamaker, head of consumer technology and services at Aetna, said the idea was to “reduce the friction” for users. He said employers recognised Aetna had these “unique capabilities” to engage members.

“They are key customers and in many cases they have shared concerns about what to do about the medical costs and the effectiveness of their employees,” he said. “You don’t have to be acutely ill to be less than your best healthwise so Attain helps people get better and be more effective at work and home.”

Aetna is now working with Apple to use machine learning to improve how it personalises the product. Members can choose to send their programme data and health history to Apple, which will use it to create new features.

Andrew Matzkin, a partner at the consultancy HealthAdvances, said Apple could benefit from these programmes in the short term through bulk sales of the Apple Watch — but in the longer term they could inform Apple’s own ambitions in healthcare.

He says one of the biggest questions is whether Apple wants to use its stores to create high-tech clinics — a sort of Genius Bar for the body. The company already owns AC Wellness, a small chain of clinics that serves its employees.

“You could imagine Apple saying eventually, ‘We know how to create a great consumer experience in person, in retail, and we could combine it to offer more digitally-enabled primary care,’” he says.
All of us get the feeling sometimes that 24 hours are not enough to accommodate a day’s work, family life, personal interests and social commitments. This is not a new phenomenon, of course. One piece of research by two business school professors in the 1980s, for example, warned that a successful career in business usually led to an individual feeling miserable in their personal life.

Now, though, there seems to be a consensus that the problem is more acute than ever. Technology has blurred the boundaries between work and non-work, while globalisation has led to 24/7 demands on many employees. Meanwhile, in families where parents go out to work, childcare at home is often difficult to arrange, likewise care for elderly relatives.

Rapid changes in business, social and legal structures require companies and individuals to be agile and adaptable. This has created new work and business opportunities, as well as new career structures, but it has also placed more stress on employees, managers, organisations and society.

The lack of a proper work-life balance is costly for everyone. Our research at the International Center for Work and Family at IESE Business School, covers companies of all sizes around the world. It has shown the benefits of helping employees achieve a balance: when companies support employees and provide them with the resources for their work and family lives, these workers strive for excellence and perform better.

People who work in family-friendly environments perform up to 19 per cent better than those in workplaces without this advantage, according to our findings. Their sleep quality is twice as good and they are also four times more committed to their jobs and companies.

This suggests one helpful response to today’s ever-demanding and all-consuming business environment is to give employers the means to engage with their families while still being committed at work. Here, then, are some measures that employers could introduce.

Provide emotional support. Listen to and help employees to solve conflicts between their work and non-work. This translates into greater commitment, engagement and motivation, better overall health, better sleep and higher satisfaction with work-family balance.

This kind of support is relevant to different cultures and countries. Our research shows the same effects in places as varied as Chile, Nigeria, the Netherlands and the Philippines, for men and women, and employees with and without children. When employees work in healthy organisations, they enjoy better health in their private and family lives.

Offer customised terms of employment. Such deals help workers improve their performance at home as well as in the workplace, reduce work-family conflict and provide a helpful point of reference for colleagues.

Examples include allowing employees to work remotely. This helps cut absenteeism, and a reduction in commuting is better for the environment. Letting employees work to compressed or alternative schedules gives them more time for other areas of their life, such as being with their children or playing sport.

Employees who negotiate this kind of deal with their manager will experience the benefits, and in turn are more likely to grant such conditions to staff they manage themselves. If managers have had to care for an elderly relative at home, for example, they tend to be more sympathetic towards the needs of their staff.

When leaders or managers show staff they are spending time on non-work activities such as family life, employees will perceive it as positive and legitimate, and follow suit. As role models, managers are sending a signal that it is fine to disconnect from work. This in turn improves workers’ ability to recover and replenish their energy. All of these are positive outcomes, benefitting both employers and employees.

Achieving a perfect work-life balance is practically impossible, but leaders can help their staff move closer to that goal. Helping employees means helping society at large to reap the benefits of better health, wellbeing, performance and engagement.
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The "creative nomad" class has created demand for a new kind of workspace. Something cool, something surprising, something a million miles from the corporate office with its cubicles and ranks of generic desks and ergonomic chairs, something where like-minded people gather and communicate, and something that feels like a gallery cum hip hotel, café and vintage design store.

The essence of that place, you might argue, is embodied in Second Home. We all know about the explosive global growth of WeWork — and the huge questions around its business model — but Second Home is a little different. It eschews the term "co-working space", instead attempting to provide something more intimate, more clubby, massively more architecturally adventurous and a place that harbours ambitions as a cultural powerhouse.

Its first building opened in an old carpet factory off London’s Brick Lane in 2014 and presented a kind of built manifesto for how different things could be. Designed by Spanish architects SelgasCano, it looked like a set from a 1970s sci-fi film, a retro-vision of a future that never quite arrived. Except, of course, that it just had.

The sight of an orange Perspex bubble swelling out into the street and an interior characterised by amoeboïd transparent pods, blobby cutouts and hanging pot plants made entering the building from the graffiti- and curry house-strewn Spitalfields streets a mind-blowing moment. This might have been a design for a space station or an avant garde gallery, but it did not look like an office.

It was an instant smash. But it presented something more than just a wacky design. Integrated among the hanging gardens and the space pods was a programme that embraced mindfulness, yoga, lectures, film screenings and community events that aimed to embed the office in the particular place — in this case, the hotbed of tech, creative and financial innovation at this conjunction of the design and business ends of the city.

Second Home was founded by Rohan Silva, a one-time newspaper columnist and policy adviser to former UK prime minister David Cameron, and Sam Aldenton, an entrepreneur whose previous businesses included entertainment venue Dalston Roof Park and restaurants the Rooftop Café and Feast, all in London.

Unlike some other co-working spaces where existing office blocks are quickly tarted up with wallpaper and vintage chairs, architecture is at the heart of Second Home. "A lot of our architecture is about the natural world," Silva tells me over the phone from Los
Angeles, where he is opening a new branch. “How can you embrace that intelligence?” he asks, rhetorically.

“How can we get the best natural light? At London Fields [another of the company’s sites in east London] we took the whole front of the building off to open it up and get light in as deep as possible.”

Some offices might have a few pot plants. At Second Home, they become almost jungles. “There are spaces which are all about this biophilia,” Silva says. “Built around the greenery. And then there are the curves. SelgasCano always says there are no straight lines in nature, so there aren’t many here either.”

One of Second Home’s most successful tenants has been Bulb, now the UK’s biggest green power supplier. Co-founder Hayden Wood also mentions the plants. “One of the great things about the space at Second Home is that it’s filled with so much greenery,” he says. “Sitting under the big, leafy plants always used to make me feel like David Attenborough in the Amazon rainforest.

“Having all this plant life meant the whole Bulb team could breathe better, cleaner air, and kept us focused on our mission to help people lower their bills and cut their carbon emissions.”

Silva adds: “The other benefit of this architecture, apart from it making everyone feel a bit better, a bit healthier and a bit happier, is that it makes it easier to attract people. People want to come and work here.”

The name of the business acknowledges the blurring of the boundary between work and home, the inevitable leeching of one into the other. If we finally accept that, then why shouldn’t the office be a place we might want to stay? The architecture is undoubtedly seductive, bright, light and curvaceous — albeit determinedly garish — but what goes on in those spaces is as important as how they work and how they look.

“If you’re a bit happier and a bit healthier,” says Silva, “you’re probably going to be a bit more creative. So we have a wellness programme with yoga, meditation and running.”

The London Fields building also has something surprising on the roof: young children playing. The
crèche seems like something other companies might latch on to. “We’d wanted to take someone on,” Silva says, “but we lost her because she went somewhere with childcare, which set us thinking.” It was difficult to set up, he admits, with reams of extra building regulations, but it provides an invaluable resource and a boost in quality of life for parents who don’t have to rush home for nursery pick-ups.

Silva’s original vision of babies in meetings and children running round the office might have proved more difficult to realise than he had anticipated, but it seems to work. Daniel Ropert, general manager, says: “We also have a live music showcase here, open to local bands, and language labs where Second Home members volunteer time to teach migrants English — which brings the most fascinating mix of people in.”

The education angle is adopted overseas too. The company funded and built a remarkable-looking school in the informal settlements of Kibera in the Kenyan capital Nairobi. Its faith in architecture to change lives clearly runs deep.

The Los Angeles Second Home is its most extreme architectural adventure yet. A constellation of yellow-roofed pods looking like lily pads in a sea of lush, tropical vegetation, its appearance belies its site between car parks and the Hollywood freeway. Billed as “LA’s densest urban forest”, 6,500 trees and plants soak up the carbon and give shade to the gardens.

There were cost overruns and it proved a complex project. ‘Life’s easier if you’re just building grey boxes’ Silva said ‘but what we’re trying to do is democratise the environment that Facebook and Google can supply, using architects to experiment and level the playing field.’

There was a time in the early 20th century and perhaps another in mid-century when offices were among the most radical experiments in architecture, total environments for new ways of working, new systems of thinking. Those moments of inspiration and innovation seem a long way away — until you see the LA pictures. It is something entirely new and strikingly architecturally, and spatially original. Perhaps because these are offices, they haven’t created the waves they might have if they were galleries or theatres. A Lisbon branch opened in a 19th-century market hall on the city’s waterfront. It has so many plants that, from certain angles, it looks like some kind of great agricultural shed lost in the centre of the city.

The Holland Park building in west London is more modest but has a place in popular culture. It was a location for Michelangelo Antonioni’s Blow-Up, the 1966 film that cemented London’s swinging reputation while introducing a hint of darkness and conspiracy. Later it became the office where architect Richard Rogers launched his practice.

More intimate but just as striking as the other sites, this former workshop mews building now has trees growing through its interior, yellow stairs (a nod to Rogers) and a café with an inflatable roof that fills with bubbly foam throughout the day to create a low-level artificial cloud system, which is weirdly hypnotic. It can also seem a little self-parodic, a sense of absurdity that is, perhaps, either the epitome of self-conscioushipster chic or gently self-mocking.

When I try to provoke Silva with questions about how such eccentric architecture might not always be a good thing, I don’t get much of a response. He admits with a sheepish grin that there were some issues with the carefully curated vintage chairs. The architects sourced each one from markets and dealers, and they weren’t always the most ergonomic examples (some tenants complained of bad backs after a few weeks, I am told later). Yet even that drawback is countered by a suggestion that perhaps it is good to get up and walk around if you have been sitting down too long. It can, I have heard, be a bit chilly sitting next to some of the expanses of glass, and those transparent pods don’t always make for easy private conversations.

Bulb’s founder Wood, whose company outgrew Second Home and has now moved to bigger premises, says Second Home was the “perfect place to begin building Bulb, quirks and all”. He adds: “At its heart, Second Home is a community of innovators. We benefited from the shared knowledge, advice and connections of that community.”

Silva suggests Second Home’s expansion is slowing, although he is just about to open another space in

‘This is something so different. Who else takes the front off a building and does a Frei Otto-inspired bubble front?’
Clerkenwell, east central London. “It was a bit scarring,” he says of trying to build the London properties. “It’s so difficult to build in a city where we’re constantly being asked to show precedents. How can we? This is something so different. Who else takes the front off a building and does a [German engineer and architect] Frei Otto-inspired bubble front?”

The cultural offerings continue, however. “The talks and events cover everything from quantum physics to cooking,” Silva explains, “and they are all open to the public. Diversity makes culture stronger.”

Across the street from the Spitalfields Second Home is Libreria, a small but well-stocked bookshop, its walls mirrored and endlessly reflecting. This, too, is part of the Second Home empire, its books arranged by theme rather than author, always fascinating and always active with talks, signings and conversations. The offices have little library corners, stocked with titles intended to inspire, provoke and stimulate. “We ban mobile phones in the bookshops,” Silva says. “You can get anything on the internet, but it’s rubbish for serendipity. We hope you might find something you were never looking for.”

That serendipity, intellectual and interpersonal, sums up the whole Second Home idea. Things are placed carefully around and, occasionally people bump into each other. It is the bumps, the unexpected and occasionally fortuitous collisions that make this such a place of surprises and potential. The mistake would be to think that any of this really is unintentional.
Until last October, 28-year-old Carl Nielsen was struggling to stay employed as a coffee shop barista. His autism, a lifelong condition that makes social communication hard, meant that while he had taught himself “an encyclopedia of correct expressions and responses for most social situations”, having to deal with colleagues, customers and a noisy environment was “really draining me, because masking features of my autism and having to behave in ways that are not natural to me requires constant effort.” His attendance and productivity suffered, he said.

Nielsen is now working at the Newcastle office of EY after a manager keen on hiring autistic staff became aware of him as part of a recruitment programme the accounting firm has launched to increase what it calls “neurodiversity” in its workforce.

His job is to clean up and input huge amounts of financial data from EY’s clients before it is analysed by the firm’s auditors. He is thriving, he says, on the repetitive nature of the work and because it uses his ability to spot inconsistencies in data.

“When there is an error in a huge sheet of data, it just jumps out at me,” he says, comparing this to how a neurotypical person may spot a familiar face in a crowd. “I’ve become the go-to person in the team for checking data before it goes out to the auditors, as when there are errors, it’s like they have been highlighted just for me to find.”

EY is one of a growing number of global businesses that actively encourage autistic people to join their workforces. Hiring autistic workers was first popularised by German IT and software group SAP in 2013, with its rival Microsoft shortly following suit. Other major employers that run such programmes include the bank JPMorgan and Ford Motor in the US and Auto Trader and telecoms group BT in Britain.

The schemes partly reflect companies’ desire to increase neurodiversity and tackle the low employment rate of autistic adults. Just 16 per cent of autistic UK adults are employed full-time, according to Britain’s National Autistic Society. In the US, almost half of 25-year-olds with autism have never held a paying job. Yet some companies who run autism-hiring schemes believe such people have special abilities to focus on repetitive tasks, solve problems, and work with data or software.

Tracey McGuire, Nielsen’s manager at EY who has hired two other autistic people so far, says it is...
The autism-friendly workplace

Auto Trader, the Manchester and London-based online car marketplace, not only adapts its hiring processes for autistic staff, but has also revamped its offices to make them easier to work in.

Working with the National Autistic Society, the group has adapted its open-plan office space and hot-desking policies to make life easier for autistic staff who may be sensitive to noise and other sensory stimuli and who can struggle to interact with colleagues or to deal with changes in their routines.

Auto Trader makes its interviews easier for candidates who identify as autistic, for example by training managers about common features of the condition such as difficulties with direct eye contact or reading non-verbal cues, says Christos Tsaprounis, the group’s head of people and culture.

As some autistic people can be overwhelmed by too many visual or aural stimuli, visual distractions such as Post-it notes are removed from interview rooms and lighting levels are adjusted, he adds. Auto Trader also tries to remove potential anxiety about an interview by giving candidates “detailed information ahead of time about who they are meeting, the format of the assessment and the location.”

Last May, the group installed small offices in its open-plan working areas, which it calls “pods” and which allow anyone overwhelmed by noise or lighting to work individually in a quiet space.

Its canteen has a closed-off area where food smells and the noise of people socialising over lunch are heavily reduced, and where individual high-backed chairs are used to increase the sitter’s sense of privacy. Electronic tablets on walls next to meeting-room doors allow people to book the rooms without any social interaction and display the bookings to prevent any awkwardness stemming from confusion over whether the room is or is not available.

Tsaprounis says the adaptations, which were completed last May, “cost about £20,000” in total and are appreciated by many Auto Trader staff who are not autistic.

“It has created a nicer place to work for everyone,” he says.

“unbelievable how accurate and productive they are. They are really focused with fantastic attention to detail, very precise, and they work really hard.”

Autism is a spectrum condition that affects people with all levels of intellectual ability. A diagnosis will usually be made after a person is assessed as having had persistent difficulties with social communication and interaction, and restricted and repetitive patterns of behaviours, activities or interests.

This can make features of working life such as job interviews challenging and overwhelming. This has prompted companies that run autism-hiring programmes to adapt their recruitment processes, and in some cases their offices, to cater for autistic staff.

Microsoft says it has hired more than 100 autistic staff since launching such a recruitment programme in 2015.

Four times a year, candidates are given assessments tailored to break down any communication difficulties or challenges processing information they may have.

The hiring process takes five days, in contrast with the usual Microsoft one-day assessment, says Neil Barnett, who oversees the scheme. Interviews can be conducted more slowly, and with more breaks, than non-autistic candidates are allowed.

About half of the autistic candidates who have got a job following the assessment had applied to Microsoft before and “not gotten through the initial phone screening,” Barnett says.

At SAP, which has recruited 160 autistic staff since 2015, interviewers who receive candidates through its own autism hiring programme are trained to ask direct, closed questions, says Judith Williams, head of diversity and inclusion. They also need to understand that an autistic person may not necessarily make eye contact.

“If you ask a vague question like ‘how are you?’ the person with autism may respond ‘I feel terrible,’” Williams says. That would be a red flag in a standard interview, she explains, “so we get the interviewers to instead frame questions in a way that will help the autistic person showcase their skills”.

There has been some backlash against autism hiring programmes for being overly focused on recruiting coders and artificial intelligence experts. “Employers should not be looking for autistic staff because they believe they have superpowers,” says Richmal Maybank of the National Autistic Society. The society has found that autistic people can be perfectionists with a particular ability for quality control, but cautions that the condition presents itself in a myriad of ways.

“Employers should be matching skills with jobs, and breaking down barriers to match individual autistic people with the right jobs for them,” Maybank says.

Last May, US autism activist Shaun Bryan wrote on the Medium website that a job fair he had attended for autistic workers featured recruiters “falling over themselves to recruit men (yes, only men) with technical and coding experience”. He also reported that an autistic woman who expressed interest in a customer service role was ignored.

SAP’s Williams admits her organisation started recruiting autistic workers in 2013 in the belief that they would have above-average facilities for “numbers and patterns,” which are skills important for software coding and machine-learning roles.

Yet the 160 autistic staff SAP has hired so far work in
a range of functions, from human resources to customer support. She says one element of how autistic employees work can be to spot problems others have missed and dedicate themselves to solving them with an intense focus.

She cites a case of how a 21-year-old autistic man in SAP’s finance department took it upon himself to clean up a situation where paying large invoices from suppliers could involve upwards of 20 departments and therefore take days to process manually. “He automated the process so it now takes 20 minutes,” Williams says. “Sometimes [autistic] people get really focused on a single problem and I imagine he saw it and used his spare time to code it out,” as the task had not been given to him by a line manager.

Steph, an autistic worker in the finance department of Auto Trader who asked not to be identified by her surname, reports a similar recent success.

About a year ago, she says, she decided to try and understand whether the department was replying to customers’ emails quickly enough, and after ploughing through data, realised the emails came in peaks at the beginning and end of each month. Steph says she showed the data to her manager in a spreadsheet, who reorganised staff duties accordingly.

“The average email response time went down from 72 hours to 24,” she says. “Looking out for these patterns is just how my brain works. I can sit happily with a spreadsheet all day, going through data in a way that some non-autistic people would probably find quite boring.”

Nielsen, EY’s data processor, says not all autistic employees will thrive in the same roles, but believes the condition is an “alternative ability. It’s a differing way of looking at things, our brains are wired slightly differently that’s not just wrong or right, but does mean we have different ways of looking at things and different interests that companies can benefit from.”

“When we are using our own particular skills, whether that’s in data analysis or processing or something that uses our focus, productivity or enjoyment of structured and repetitive work, it’s massively beneficial for us and our employers. We are not a pity hire.”
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not discussed it with their employer. The costs to the UK economy and the government are an estimated £100bn and £50bn, respectively. In the US, the Global Wellness Institute has put the annual loss to the economy of illness at work at $2.2tn. This has spawned a $6bn US health coaching industry with an estimated 100,000 health coaches and educators and, with it, lessons on the most effective ways to provide services.

Soeren Mattke is director of the Center for Improving Chronic Illness Care at the University of Southern California. He was formerly at Rand, the US think-tank, where he was the lead author of a 2013 study on the effectiveness of corporate wellness programmes for the US departments of Labor and Health and Human Services. One of the report’s findings was that lifestyle management interventions as part of workplace wellness programmes can reduce risk factors, such as smoking, and increase healthy behaviours, such as exercise.

“We find these effects are sustainable over time and clinically meaningful,” says Mattke. He says workplace wellness programmes can help contain lifestyle-related diseases, the main cause of sickness and early death as well as US healthcare costs.”

Mattke says however he has become a little cynical about the health coaching industry because of the way wellness programmes are being delivered.

“Some clever companies found a niche that has become a [corporate] benefit. Companies have tried to mechanise a public health problem through cookie-cutter, call centre-based health coaching that targets the whole workforce, which is a giant waste of money. A public health problem needs a public health answer.”

He is also critical of human resources departments that buy “off-the-rack programmes” from companies that are reluctant to let results be scrutinised and publish very little evidence that what they do makes a difference.

The Rand report found about half of US employers with 50 or more employees — which account for three-quarters of the entire workforce — offered wellness programmes. Mattke thinks companies would get better results by spending less and being more creative. “You can change food in the cafeteria, change vending machines, provide opportunities for exercise, and try and instil a culture of health.”

Chris Tomkins, head of wellbeing at health insurer Axa PPP in the UK, says his company’s programmes are the opposite of one-size-fits-all. “We do not offer health coaching to everyone,” he says. “We identify the higher risk individuals — raised blood pressure, weight, cholesterol — and engage those people. The accusation directed at the wellness industry has been that it makes fit people fitter, but this way companies only spend money on those who want health coaching and need it.”

Axa has abandoned the phone as the main tool of delivery of its three-month health coaching in favour of digital platforms. Three months is considered the time it takes to change behaviours. “Success is if an individual no longer needs us,” says Tomkins.

Rozelle Kane, a neuroscientist, psychologist and clinician involved in a coaching start-up, defends the new profession. “What motivates me are the outcomes,” she says. “Health coaching is on the cusp of being a significant new trend in workplaces due to the changing nature of health needs and the opportunities afforded by digital health technologies, big data and artificial intelligence.”
A recipe for wellbeing

By providing support and flexible terms, employers can fulfill the desire of older people to work longer and plug their own skills gaps, writes Robert Wright

When Malcolm Emery’s wife died in 2015, his initial instinct was to quit work entirely. After 30 years as a principal chef in catering businesses, he planned to take up new activities, buy a dog and relax. “I was prepared to call it a day,” says Emery, now 62.

But Sodexo, the French services contractor for which he was working, felt Emery still had more to offer. Instead of quitting entirely, it suggested, he should shift to a flexible contract, working 80 days a year. They would be focused on some of the key corporate hospitality events of the British summer — the Royal Ascot race meeting, Henley Royal Regatta and the Open golf championship.

The suggestion, which Emery accepted, is typical of those big businesses increasingly make to older staff as they seek to retain skills amid tight labour markets and declining labour forces in most industrialised countries. In the UK in particular, record high employment levels and declining levels of immigration from the EU mean the battle to secure valuable talent is more intense than at any time on record.

The pull of tight labour markets and the push of worsening pension provision have combined to drive participation in the UK labour market up to a record 72.5 per cent of people aged 50 to 64, only a little under the 75.9 per cent average for 16 to 64-year-olds, according to the Office for National Statistics.

Megan Horsburgh, head of diversity for Sodexo in the UK and Ireland, insists, however, that the change is rooted in employees’ health. Improved lifestyles and better treatments have pushed up life expectancy and meant workers reaching traditional retirement ages still feel fit to work and eager to participate in the labour force, she says. It enhances their wellbeing to continue to have the social contact of work, she adds.

“They’re not wanting to move to doing nothing,” Horsburgh says. “We’ve recognised that if we can help people to phase down, that is really good for us as a business because we are able to keep their experience for longer. But it is also good for them.”

The sentiment is widespread among employers. Lindsey Rix, managing director of savings and retirement for Aviva, the UK financial services company, says her company has a responsibility to support both employees and investors through their different life stages. “We increasingly think of ages from 45 to 60 becoming

Fresh approach
Chef Malcolm Emery has moved to a flexible contract, working 80 days a year
more of a transition period than a wind-down phase into retirement,” Rix says.

Yet there remains a great deal to be done to ensure older workers are well supported in coping with the challenges that disproportionately affect their age group. These include chronic conditions such as arthritis and responsibility for older relatives.

Christopher Brooks, senior policy manager for consumer and community at Age UK, the charity for older people, says older workers are more likely to be made redundant and find it harder to return to work if that happens. “The labour market is perhaps more flexible,” he says, comparing it with a few decades ago. “I think the flexibility should be a two-way street. Quite often we find the employer holds all the cards, but the flexibility should be reciprocated for the workforce.”

The experience of Andrea Woodhouse, a senior legal counsel at Aviva, illustrates the opportunities and the challenges. Aged 57, she insists she is as eager for stimulating, demanding legal work as when she joined the company in 1996, and that she has a significant contribution to make. “There are assumptions made that when you hit 50 you are not ambitious any more, you are looking to retirement, you are looking to slow down, which is not necessarily the case,” Woodhouse says, speaking at Aviva’s headquarters in the City of London. “I’m still the same person in my head.”

She accepts she and many other older workers need understanding from employers about their physical limitations. She struggles to stand because of back pain and so takes advantage of Aviva’s flexible working policies to take a later train — with more free seats — to work. “The flexible working is brilliant for that,” she says.

Woodhouse’s most severe problem, however — and something she has in common with millions of other women in work — has been symptoms of the menopause. Night sweats, for example, regularly keep her awake in the early hours, providing another reason for a later start at work. The psychological symptoms can be worse, she says, and have included fears at some points that she was developing dementia or had cancer. “[The menopause]
is still a taboo subject,” she says. “Even women are still embarrassed to talk about it.”

Patrick Thomson, senior programme manager on fulfilling work at the Centre for Ageing Better, a London-based charity, says employers are getting better at helping staff deal with the menopause but more needs to be done. “It is something that is not talked about at all, even though with some understanding and awareness relatively small changes can pay huge dividends for individuals experiencing it,” he says.

According to Brooks, the key to dealing with all such matters around age in the workplace is to encourage a “good, open culture”. That can ensure employees do not, for example, feel the need to hide a chronic health condition such as diabetes until a crisis occurs and potentially makes their job untenable.

He accepts, however, that employers often struggle to create such collaborative atmospheres. “The vast majority of employers are small with no human resources functions,” he says. “Most employers don’t know how to approach any kind of difficult conversation.”

Nevertheless, for employers able to help older workers through the occasional crises of working later in life, there can be substantial rewards.

Since January 2015, Bob Pemberton, 68, has been working in a specialist fraud-prevention team at Aviva’s Sheffield office in northern England. He has brought the company nearly 50 years’ experience of working in a range of relevant jobs, including administering benefits on behalf of the government. He is even undertaking training to develop new skills.

The company has been able to help him continue working 35 hours a week, even though he has to care for his 96-year-old mother-in-law. He normally works four long days a week to leave one day free for his caring responsibilities. “Having an attitude to wanting to learn and to move on and to develop — as long as that’s still there, I really do feel age need not be a particular barrier,” he says.

Emery, meanwhile, says “obviously” he has less energy than when he was younger. But Sodexo encouraged him to recruit the replacement for his former full-time role and the two now collaborate on big events. “His energy has made my life easier,” he says. “I’m using my experience to work alongside.”

It is part of an arrangement that Emery accepts, despite his initial instinct, has worked “brilliantly”. “I’m pleased, if I’m really honest, that they persuaded me to stay on,” he says. “To have gone to no hours straight from 70 or 80 hours a week would have been terrible for me. I think I have work balanced with life.”
Scott Turner distributes newspapers at a busy road junction in Hammersmith, London, right underneath the flight path for Heathrow airport.

Turner, who works on a zero-hours contract, is concerned about diesel emissions and other pollutants but says the agency he works for has not given him any warnings about the dangers.

But he is not confident about finding another job. “If you are stuck in an urban environment, you have no choice, especially if that is what’s going to pay your bills. I’m in a situation where if I don’t work, I’m homeless.”

Air pollution — contamination by substances such as particulate matter, carbon monoxide, nitrogen dioxide, ozone and sulphur dioxide — causes about 7 million premature deaths a year according to the World Health Organization. It is linked to heart disease, stroke, chronic obstructive pulmonary disease and lung cancer. Some 800,000 people die every year due to poor air quality in their workplace, according to a study in medical journal The Lancet.

Maria Neira, director for environmental and social determinants of public health at the WHO, described the number of deaths from poor air quality as unacceptable. “Air pollution is now one of the biggest public health priorities and challenges we are facing. It is a global issue.” She said the organisation was concerned about outdoor as well as indoor workers, particularly in developing countries where there is often limited means of protection, as well as those in the informal sector.

“Air pollution is not yet recognised as a separate risk factor in the working environment,” Neira added. “We would like employers to contribute to reducing it.”

Proposals include tackling causes of pollution by getting industry to move to renewable energy and to stop using fossil fuels. In workplaces, she called for measures such as the installation of air filters and air quality monitoring. She said the cost would be recouped by a fall in staff illness.

A UK road maintenance worker, who asked not to be named, said he did not receive a response from his employer when he requested tests on the air quality inside the vehicles he drives for 12-hour shifts along motorways in the north of England. “You do feel dirty when you get home from work. We don’t know what we’re exposed to,” he said. “We’re sitting ducks. I have a feeling it [air pollution] is going to be the next asbestos.”

Professional drivers are particularly vulnerable, according to Airlabs, a clean-air technology developer. Matthew Johnson, its co-founder and chief science officer, said: “Drivers and passengers are protected by seat belts and air bags, but not from in-vehicle air pollution. It’s particularly damaging to the health of professional drivers, who are a high-risk group.

“Not only do pollutants stay behind in your lungs, it’s also easy for them to enter the bloodstream through the lung walls. They are then dispersed throughout the body, getting into all vital organs. The particle material is small, but the toxicity is high.”

International labour conventions require employers to ensure the safety of workplaces and to provide protective clothing and equipment, but there is little legislation on exposure to air pollution. The key regulations for the UK are the 2008 EU ambient air quality directive, which sets binding limits for pollutants in the open air, and 2002 rules to prevent exposure to harmful substances.

The Department for Environment, Food and Rural Affairs and the Health and Safety Executive in the UK have been criticised for not issuing specific warnings to employees during episodes of high air pollution.

Matthew Holder, head of campaigns at the British Safety Council, says outdoor workers are particularly vulnerable: “This is a group that has historically been ignored in the air pollution debate. Employers and the government really need to start taking this seriously.”

The charity’s mobile app, developed with King’s College London, alerts employers if pollution levels rise above WHO thresholds, mapping data from the university’s air quality database to a worker’s location via GPS. The app is being trialled by about 300 organisations including infrastructure and construction companies, and Holder hopes it will be used by employers to inform scheduling or rotations and limit exposure to pollution.

Initial analysis drawn from the app in September showed levels of exposure to particulate matter substantially above WHO guidelines. Almost half were exposed to nitrogen dioxide levels above WHO thresholds.

Paul Cullinan, professor in occupational and environmental respiratory disease at the National Heart and Lung Institute in London, argues the health hazards encountered by indoor workers are greater than those outside, as they are exposed to toxic substances in high

‘I have a feeling air pollution is going to be the next asbestos’
concentrations. Indoor pollution levels can be two to five times higher, according to the US Environmental Protection Agency.

The costs of combating air pollution, particularly in sectors with low skilled or manual workers, can act as a deterrent for some businesses. Bakers and people who work with animals in labs, for example, are both at risk of developing asthma but are treated differently. The occupational hazards of bread production have been known for decades, but little has been done to protect workers, in contrast with staff conducting animal research.

“Employers tend to take much more care of laboratory scientists than they do of bakers. The margins on bread are very low as well so employers are unwilling to invest in safety measures,” said Cullinan.

Some multinationals have put measures in place to mitigate the health risks for employees working in highly polluted areas. PwC China has installed air filters in offices and encourages staff to work from home when the government says air quality is poor. ECA International, a global mobility adviser, says other companies provide expats in cities such as Beijing, New Delhi and Tehran with masks to wear outside, additional relocation allowances and extra rest and recuperation trips.

In contrast, informal sector workers like Turner have little protection. He refers to air pollution as a “silent killer”: “You don’t realise until it is possibly too late.”
Academic anxieties

Mental health services for students are improving fast, but support remains patchy for university staff, who often have to deal with traumatic events. By Andrew Jack

When a student at the University of Worcester in central England disappeared from campus last year and was later found drowned, Ross Renton was up late into the night dealing with distressed relatives and the police. His only comfort came from “little messages and calls from colleagues in the sector”.

The incident brought back memories for the pro-vice-chancellor for students. Even before he took on that role, he was becoming sensitised to the importance of faculty mental health. “I realised that the more senior you became in an institution, the less support was available to you,” he says.

A rise in suicides and stress for students in higher education have attracted attention in recent years. Far less has been paid, though, to the health of the academics and other employees on campus who deal with students every day and are pivotal in their wellbeing.

“There is little point in being exceptional in your response to students if there is little or no support for staff,” says Renton. “If you are happy and content in the workplace, it comes across. There is not a lot of work done on who looks after the staff.”

He has put in place a staff mental health network, provided information and support, and launched “Fancy a cuppa?” events to encourage informal conversations. “We do a lot of signalling to show it is OK to talk about mental health, to seek support and to not be OK,” he says. He even invited a consultant to lead a mindfulness session at the start of a governors’ meeting.

Dominique Thompson is a former student health doctor with a special interest in mental health who now runs Buzz Consulting, an advisory service on the subject. “More than ever before, I am being asked about staff wellbeing,” she says. “There is a lot of concern from academics.”

One important challenge is how staff cope with the surge in student problems while being inadequately trained or supported themselves. “They are being asked to help the mental health of students when they are not being supported themselves,” says Thompson. “If you are feeling stressed, it is very hard to care for others. You are not able to pour from an empty jug.”

She says the current generation of students “has low self-esteem and expects counselling”, placing additional pressure on staff. She advises that academics “are not the fourth emergency service” and need to be able to turn off their email in evenings and weekends while leaving clear indications of where those seeking out-of-hours support can go. In more severe cases, staff have to handle prevention and “postvention” in the aftermath of student suicides. “The ripple effects on those who discover the incident and have to support the cohort of their friends is enormous,” says Renton. He stresses the importance of support not just for faculty but other staff such as security guards and cleaners who may be the first to come across cases of self-harm.

Aside from interactions with students, there are far wider tensions for those in academia, reflecting the shifting pressures of their work in recent years. “There is disproportionately high stress in the education sector,” says Sinéad McBrearty, chief executive of the Education Support Partnership, an advisory service for teachers.

She points to the “marketisation” of universities and colleges, as “the social purpose of education clashes with economic reality”. Alongside any personal and professional problems in their lives, staff now face increasing concerns over “poor leadership, loss of collegiality, isolation, workload, bullying and harassment”, she says.

One reason is the emergence of students as vocal
“consumers” — sometimes backed up by their parents — who expect good teaching and high grades. Educational institutions must now face the threat of negative reviews that can reduce demand for places and invite regulatory scrutiny. Similar pressure to increase funding and research impact is also on the rise.

“It is quite a lonely job being an academic. You are competing for research funding and recognition, and you can be very vulnerable if your work is publicly criticised,” says Sir Anthony Seldon, vice-chancellor of the University of Buckingham in southern England. “A bad review can be terrible, and teaching is often quite lonely too.”

Seldon’s own experiences, and those of teachers and students he came across in his work in schools and universities, motivated him to found Action for Happiness, and he is now president of the International Positive Education Network, both of which help support mindfulness and resilience.

“It is not just about being open,” he says. “That is necessary but not sufficient. All universities need to do a lot more to help academics and give them the information to help them manage their own lives better. By being engaged, they will also help their students more. If they are stressed, they are not going to be present for them and will not be modelling good psychosocial behaviours.”

Sue Rigby, vice-chancellor of Bath Spa University in the south of England, says many universities “are struggling to compete against a moving target, so giving staff certainty and security is hard to do”. Diminished resources and a fall in pay have resulted in “a feeling that the unwritten contact between an academic and an employer has been altered and it is no wonder people are stressed”.

Rigby is finalising a new strategy to be launched in January, but says she sees the importance of regular discussions with staff. “I know things are not going to get easier any time soon, so we need to refocus expectations and negotiate change,” she says.
Alarm bells for Japan

Deaths from overwork are a sign the country’s culture of long hours has caught up with it, but employers have been slow to address root causes, writes Leo Lewis

By noon on October 12, Japan was preparing for the arrival of Hagibis, the most powerful typhoon to hit the country in decades. Public transport had been halted and commercial flights grounded, while evacuation orders blared from mobile phones as the risk of floods, landslides and deadly winds mounted.

As the danger grew, social media catalogued the complaints of workers who had been forced by their employers to brave nature’s fury and turn up for work. Many of the businesses identified – coffee shops, estate agents, sushi restaurants – were not essential services.

But the testimonies rang true. Two weeks earlier, the government had published a white paper on Japan’s overwork crisis that suggested progress on eliminating one of the country’s most notorious workplace problems was slow.

The typhoon-driven sense of outrage, say labour groups, attests to a deeper misery afflicting Japanese workplaces – a web of spoken and unspoken expectations that support a culture of long hours and poor sleep. Japanese workers, according to the OECD, sleep less than any of their counterparts among advanced economies, at an average of 442 minutes per 24 hours, compared with 528 minutes in the US.

The ethos and expectations behind emails telling staff to “bring sleeping bags and extra snacks” in case they were stranded at work by the typhoon are among a host of problems surrounding overwork, from companies banning long naps in office restrooms to the fact that 19 workers in their twenties fell victim last year to karoshi, or death by overwork (that is, stress-related ill-health or suicide).

A 2017 health ministry survey found about half of Japanese in their forties slept for less than six hours a night; a Rand Corporation analysis a year earlier concluded that Japan’s economy lost $138bn a year because of lower productivity arising from lack of sleep.

The problem, says Jun Kohyama, a neurologist at the Japanese Society of Sleep Research (JSSR), is that despite growing awareness of the dangers of lack of sleep, the problem is becoming worse. Last year’s OECD survey showed Japanese had an average of 21 minutes less sleep in 2018 than they did in 2014, despite what Kohyama calls a higher general level of concern about the problem.

“Japanese people may have more awareness of sleep than before, but people tend to admire those who are devoted to work and press on without enough sleep. I am concerned that the situation hasn’t changed at all,” he says.

His comments come a year after prime minister Shinzo Abe passed his flagship “workstyle reform” legislation to address persistent overwork and other problems in Japan’s workplaces.

The legal changes have provided the backdrop for several eye-catching initiatives by companies, such as Osaka-based technology company YRGLM, which allows staff to refuse work calls and emails on their days off. The reforms have also added momentum to the #KuToo campaign of Yumi Ishikawa against company policies that require female employees to wear high heels.

These are exceptions, however, and overwork remains the norm. Implementation of key aspects of Abe’s law has yet to begin, while labour groups and employment lawyers have serious doubts that a fundamental change in Japanese work culture is close at hand.

Those doubts were echoed on October 1 when the government published a white paper on overwork and karoshi that demanded industries as diverse as media and construction adopt more effective measures to reduce deaths. The report found labour offices around Japan recognised 158 deaths in 2018 as being from overwork — the lowest total in a decade but with the government warning that the level was still unacceptably high.

Many of the deaths arose from long working hours and excessive workloads. Some 6.9 per cent of the
Japanese workforce worked for more than 60 hours in the final week of each month, traditionally companies’ busiest period, while job-related issues continue to rise as a proportion of Japan’s overall suicide rate, according to the white paper.

So severe is the problem that the health ministry has introduced the concept of a “karoshi line” — a level of overwork past which a person is at serious risk of a potentially fatal illness such as a heart attack or cerebral haemorrhage. The threshold is defined as working overtime of more than 80 hours a month over a two- to six-month period.

In July last year, when torrential rains hit Hiroshima, Okayama and Ehime prefectures, some 2,768 local government workers were deemed to have been at risk of death by overwork because of their post-disaster efforts. The Building and Wood Workers’ International federation of trade unions has asked organisers of the Tokyo 2020 Olympics to allow inspections to ensure construction work in preparation for the games does not push hundreds over the karoshi line.

One of the main effects of the government’s high-profile focus on karoshi and workplace reform has been to trigger a national obsession with sleep deprivation and the conventions, habits and ill-effects that surround it. Online retailer Amazon.co.jp, for example, lists more than 4,000 Japanese-language publications on the subject of sleep, of which 82 are about sleep deficit and 121 about quality of sleep.

There are thousands of more immediately practical solutions to a shortage of sleep on sale in Japan, especially ones designed to help the country’s overworked masses catch a few quality minutes of hirune, or afternoon nap. Products range from high-tech desk pillows to miniature blackout tents that can be erected under a desk for those who need to stretch out.

Seiji Nishino, director of the Sleep and Circadian Neurobiology Laboratory at Stanford University in the US and author of a bestselling Japanese book on sleep, suggests quality of sleep is an important area to focus on. “It is very difficult to have enough sleep, so the option I am interested in is how to improve the quality of sleep,” he says, stressing that no amount of quality improvement can completely replace the need for volume.

“Education is very important. The information out there is very inaccurate, but people still believe in certain ideas about sleep. One example is that there is a huge difference between individual sleep needs, so we need to separate the mass from the individual when we talk about sleep requirements,” he adds.

The real scientific progress on sleep quality, says Nishino, is only now arising from a recognition of the importance of data. Big data, harvested from smartwatches and other devices tracking the way millions of people sleep, has significantly changed the view that sleep quality can be

‘It doesn’t make sense if you take a nap in the daytime but then stay at work until very late at night’
ignored. There is no shortage of suggested techniques or programmes to help people sleep, but these generally have not been developed by sleep scientists.

Elsewhere across corporate Japan, companies are using their policies on daytime napping as a proxy for the broader message that they are serious about improving workplace conditions. Reina Hyakuya, a spokeswoman for IT services company NextBeat, describes a newly introduced company rule that entitles every employee to a 30-minute nap at any time during the working day. The company has introduced two “strategic” sleeping rooms and five “tactical” napping chairs.

She explains that the company has installed a device that can block out external sounds from the rooms, whose facilities include sofas and aroma fragrances. Employees are forbidden from using computers or smartphones in the rooms, she adds. “The strategic sleeping rooms are used by the engineering department most,” says Hyakuya.

Other companies and organisations have started similar schemes. Japanese media focused on the purportedly improved examination results at Meizen high school in Fukuoka prefecture where the headteacher, after listening to lectures by sleep specialists, recommended students take a 15-minute nap after lunch.

But, says the JSSR’s Kohyama, the provision of napping facilities or the tolerance of mass siesta-taking may not be addressing the core problem. “If you crave a daytime nap, it means you don’t get enough sleep at night. It is not a bad idea for companies to promote daytime napping, but at the same time [employees] should be allowed to leave work early. It doesn’t make sense if you take a nap but stay at work until very late at night,” he says.

●
It is an uncomfortable truth that those who work in financial services must pay a stress premium. An analysis by employment law firm Fox & Partners of Health and Safety Executive figures has shown that the number of working days lost per worker, per year, in financial services because of stress is 31 per cent higher than the average between 2007 and 2010.

A Banking Standards Board study this year of wellbeing revealed that a quarter of employees in the City of London felt their job was having a negative impact on their health and wellbeing. Worryingly, that number has remained constant for the past three years.

Stress is something everyone experiences and in itself is not an illness. However, there are links between stress and mental health conditions such as depression, anxiety and psychosis. As an industry, financial services has a responsibility to address this complex problem. The following three steps, while by no means guaranteed to be a solution, could help reduce the stress premium.

Number one: talk about it. Those who treat being open about mental health as a sign of weakness are behind the times. It is a view that only strengthens the taboo that surrounds the topic.

Number two: after recognising the problem, address it by investing in employees.

It is easy to talk about striking a healthy work-life balance, but these messages have to be underpinned by tangible support services and a robust infrastructure if we are to address mental health issues meaningfully.

At BNP Paribas, our approach has been to develop a care network that includes a publicly accessible website detailing the support services on offer. We have coached mental health first-aiders and, working with Mental Health First Aid England, have introduced line-manager training.

We provide access to private doctors for our 9,000-plus UK workforce, in person or by audio or video link, as well as an app-based diagnostic tool for staff and their families. We have also expanded our medical scheme to cover chronic mental health conditions, and have integrated mental health in our screening programmes. Employees in our London offices can refer themselves to psychological services. There is more to do, no doubt, but a core structure is now in place to help staff achieve a better work-life balance.

Number three: make positive engagement with mental health a point of competitive advantage with other industries — sectors that financial services is competing for talent with, such as technology.

All this is against a backdrop of the serious mental health concerns of the next generation. A 2018 City Mental Health Alliance study of job-seeking graduates and students in the UK found 69 per cent had suffered some form of mental health problem; almost one in five said they had self-harmed. The number of undergraduates reporting mental ill-health has increased fivefold since 2010 from 0.6 per cent to 3.1 per cent, according to the Office for Students, England’s higher-education regulator.

When BNP Paribas welcomed its new intake of graduates in September, it included for the first time as part of its induction programme an “Adapt and Thrive” workshop to teach coping skills and stress-reduction methods. We ran a similar “Mental Health and Wellness” session for our interns in August. Some 75 per cent considered corporate culture around productivity and mental health to be an important factor when choosing a job.

The message from the next generation is clear: mental health matters.

Many people question the purpose of the City of London. While we do many good things, such as contributing to economic growth or helping secure the futures of millions who have invested in pensions, this is not enough if society is to recognise financial services as being truly responsible.

As an industry we can break from the past by championing good mental health, breaking taboos and working collectively to establish meaningful support networks. In so doing, we will be addressing what threatens to become one of the defining problems of our industry and our time, and that of the next generation.
New Credit Card to incentivise people to get more physically active.

Vitality seeks to fuse health and wellbeing together with financial incentives, through new partnership with American Express.

According to Public Health England, as a society we are around 20% less active than we were 50 years ago and, worryingly, this is predicted to rise to a staggering 35% by 2030*.

This is a big issue for society and one which Vitality CEO, Neville Koopowitz, believes is a remarkable opportunity for the insurance industry to play a leading role in addressing.

In fact, last year, together with seven other global partner insurers, Vitality pledged to get 100 million people more active by 2025. This commitment is supported by how Vitality are using behavioural economics within their products, in particular how the use of incentives can influence and positively change people’s behaviour.

Earlier this month the insurer introduced a new incentive to encourage more people to get physically active, by rewarding them with additional cashback through a Credit Card. Launched together with global financial services firm, American Express, the Card fuses together health and wellbeing, directly linking a person’s level of exercise across a month, to the level of cashback reward available to them.

Only last year the insurer showcased how similar schemes were working in a global study together with tech giant Apple and leading independent research institute RAND Europe. It looked at how incentives are influencing and changing behaviour of Vitality members in the UK, US and South Africa.

“...it is a fantastic opportunity for people in the UK to be financially rewarded through a cashback Credit Card for living an active and healthy lifestyle.”

It found that where members were offered an Apple Watch on loan, repaid via a monthly direct debit that could be reduced to £0 depending on how many ‘activity points’ they earned, people dramatically increased their exercise levels. The cashback Credit Card is therefore a natural next step for Vitality. Eligible Vitality members with the new Credit Card will earn up to 1% cashback from American Express on purchases made with the Card, as standard. Members holding an eligible life or health policy will then also earn up to 1% additional cashback*, with the amount earned dependent on how physically active they are. What is more, those who have both an eligible health and life plan with the insurer, and meet their activity target each month, will be able to get up to a total of 3% cashback**.

As Stacey Sterbenz, Vice President at American Express points out: “Not only is this the latest innovation in the cashback credit card market, it is a fantastic opportunity for people in the UK to be financially rewarded through a cashback Credit Card for living an active and healthy lifestyle.”

With companies like Vitality continuing to make use of behavioural economics in insurance, as well as the growing body of evidence around the positive affect incentives have in driving better health outcomes, it will be interesting to see how this new iteration directly impacts people’s behaviour and how this model could be applied to wider society.

* Physical activity: applying All Our Health (Oct 2019).  ** Subject to terms and conditions.

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Our health insurance can make your employees healthier and your business more profitable.

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vitality.co.uk/business