Signing the Time to Change Pledge

Resource for BITC Workwell Members

What is the Time to Change Pledge?
The Time to Change Pledge is an aspirational statement with meaning, indicating to employees, service users and the public that an organisation wants to take action to tackle the stigma and discrimination around mental health, focusing on the workplace in particular.

Why BITC are calling all Workwell members to sign the Pledge?
BITC wants to build on the momentum gained from such initiatives as Time to Change by asking all Workwell members to deliver focussed actions around promoting better mental health at work and addressing the culture of silence around mental health at work.

The partnership between BITC, Mind and Time to Change will aim to show that ignoring mental health in the workplace undermines the competitiveness and effectiveness of a business. It aims to further increase the number of employers actively seeking to improve employee engagement and wellbeing around mental health, as well as raising awareness amongst employees of how to safeguard their own mental wellbeing.

What does the Pledge involve?
In order to make the Pledge signing meaningful, we ask you to develop a Pledge action plan. This will detail the tangible anti-stigma activities you will undertake or celebrate at the time you sign the Pledge.

Your plan can be expanded over time but must provide some immediate goals to make the pledge a reality and signal your commitment.

Creating an action plan
Action plans should be realistic and manageable but also capable of engaging a diverse range of staff and groups. The list below shows a lot of ideas for activities from which you could select a number that you think would be most effective for your organisation.

Considerations such as the technology in your business, how many sites there are and where they are located will have an influence on the best approach. Whether there is finance available and whether or not you have a budget allocated to pay for any staff to spend time organising activities could also be determining factors, especially if the programme is going to be conducted by staff volunteers only.
List of possible activities for the Action Plan

Getting Started – Initial actions:

- Encourage leaders in the organisation to get involved and show support
- Send out internal communications to encourage discussion/raise awareness and to gauge who would be interested in assisting with the pledge
- Link the Pledge activities into existing staff health activities – specifically into initiatives around physical/emotional health
- Link to the disability or diversity network, if there is one
- Set up a group to plan all activities – e.g. a Mental Health Champions Network (this can comprise both people with/without a mental health problem)
- Plan a pledge signing event

Going forward – Raising awareness through the organisation

- Distribute flyers and top tip cards – on desks, in the canteen etc. [see Resources section]
- Mail-out to all staff with details about the pledge and what it means
- Put up Time to Change posters – these can be tailored with an organisation’s information e.g. the number for the Employee Assistance Line [see Resources section]
- Publish quotations on the intranet from people with lived experience in the organisation
- Develop a staff blog on the intranet – these could be anonymous if staff are unwilling to disclose a mental health condition publicly [see Annex 3]
- Tailor the Time to Change ‘scary conversations’ cartoon and publish on intranet/print posters [see Resources section]
- Include mental health, emotional wellbeing or team resilience on the agenda at team meetings/one-to-ones
- Post a Time to Change banner on the intranet and on the email signatures of people involved in the programme [see Resources section]
Publish mental health news stories on the intranet/in the organisation’s newsletter

Going Forward – Internal Events

- Hold a health and wellbeing fair with stands for physical/emotional/mental health activities and information for employees
- Organise a staff event to raise money for a mental health charity – e.g. a concert, bake sale, quiz or sponsored run/walk
- Hold awareness sessions/training for staff around the organisation’s Mental Health Policy
- Hold a Time to Change road show with hand-outs etc.
- Plan relaxation/meditation classes for employees
- Organise a stress risk assessment for the organisation

Further possible long-term actions

- Encourage staff to pledge individually online on the Time to Change website: www.time-to-change.org.uk/pledgewall
- Create opportunities for ‘social contact’ – this where people with a lived experience of mental health problems can talk about mental health with those who don’t
- Sign up for the Time to Change Healthcheck: www.time-to-change.org.uk/healthcheck
- Hold talks about mental illness, these can be delivered by people from external organisations/charities etc.
- Create a film, this could include staff discussing how best to deal with mental health issues in the workplace
- Include questions around mental health in future staff surveys
- Run training sessions in Mental Health First Aid: www.mhfaengland.org
- Train some staff to deliver Mental Health First Aid training onsite
- Encourage Mental Health awareness training for all managers/staff
- Develop external communications activities to promote the organisation’s work in this area
What resources are available?

1. Chantal Mendes leads Organisational Engagement work for Time to Change with corporates and can provide advice and guidance about the Pledge to key contacts at each organisation.
   c.mendes@time-to-change.org.uk

2. Posters, leaflets etc. are available through the Time to Change website. You can order an Event Box with a selection of materials by registering your event online.
   http://www.time-to-change.org.uk/resources/posters-leaflets

3. If you are interested in tailored promotional materials with specific information about your department, please email Chris Kilvington who will be able to advise on the possibilities:
   Chris.Kilvington@rethink.org

4. Logos for intranet banners, leaflets and documents etc. can also be obtained from Chris Kilvington as above.

5. Research, reports and publications are available on the Time to Change website:
   http://www.time-to-change.org.uk/research-reports-publications

6. Time to Change has a youtube channel with interviews of people talking openly about mental health issues:
   http://www.youtube.com/user/ttcnow2008
Annex 1 - Case Studies

British Gas
So far British Gas have held 13 anti-stigma events across their business sites. These events have supported over 1,000 colleagues and have yielded positive feedback.

These events have taken the form of Time to Change roadshows, aimed at BG staff, so they could learn more from people with experience of mental health problems and talk about the issues themselves. They have worked closely with their Wellbeing Teams on each business site and invited their Occupational Health Manager to attend events and promote their internal support mechanisms such as Employee Assistance Provider (EAP) and Occupational health.

Event sites were selected in busy thoroughfares and BG made good use of TTC resources such as leaflets and the TTC myth and fact quiz to engage staff and monitor the number of conversations had for their evaluation purposes. Collateral was distributed via TTC stalls and they put together their own 'sofa set' – a safe space recreating a living room environment where staff can have conversations about mental health with volunteers.

Staff who mentioned problems that they had had or asked for further support were directed to both the internal and external services available to them.

E.ON
E.ON, one of the UK’s leading energy companies, developed an engaging way of promoting mental health in the workplace.

Working from four clear objectives: reducing the stigma of mental health within the workplace; reducing the risk of work-related mental health issues; providing mental health awareness training to line managers and staff and; providing support to those experiencing mental health problems, E.ON developed their ‘Head Way’ programme to engage all staff.

The programme involved running roadshows across different office locations to reach staff across all sites. They also transformed a garden shed into a ‘Head Shed’, which was positioned in communal areas of E.ONs’ offices. The Shed provided an area of focus to the campaign where individuals could meet socially, learn, and discuss all issues relating to mental health. The Shed contained a graffiti wall, where staff could leave anonymous tips and comments relating to mental health issues. They also offered meditation and stress-busting activities as part of the roadshows to encourage staff to look after their mental wellbeing.

E.ON also developed their own tailored resource, the Head Way Handbook – a useful guide to managing stress at work and at home. This accompanied the development of an intranet site for staff and contractors, which promoted good mental health and stress management. This online resource also contained tools for managers and colleagues to assist them in assessing risk, facilitating conversation, and managing mental health issues at work.
The Head Way initiative has proven to be a great success – both in terms of staff wellbeing and the productivity of the organisation as a whole. Most strikingly, the number of new cases of mental health absence within E.ON has reduced by over one quarter since launch of the programme. E.ON also reported that productivity had increased following access to the Head Way programme.

**Department of Health**
The comprehensive plan for DH started with a variety of communications initiatives – the following gives a flavour of their various activities:

1. Workshops on mental health awareness including MHFA (Mental Health First Aid) and Resilience
2. Health fairs across four sites which included TTC material and dissemination of campaign key messages
3. ‘Leading from the top’ – senior staff talking about their experience of mental health problems and/or supporting family members with lived experience
4. Staff blogs focusing on the importance of mental wellbeing and openness about lived experience
5. Video campaign in production including staff with lived experience or supporters speaking out in line with current TTC campaign
6. Running an internal poster campaign across all four sites
7. Free MOT health-check with awareness raising workshops for male staff members
8. Set up Health & Wellbeing Network across the organisation with six members with lived experience of mental health problems to advise and feed into strategy
9. Mindfulness training pilot to help build awareness of alternative therapies and support within the workplace
10. Completed the TTC Organisational Healthcheck
Annex 2 - Useful facts and figures

- **1 in 4** adults will experience a mental health problem each year
- **1 in 6** British workers are experiencing depression, anxiety or stress
- **9 out of 10** people with a mental health problem experience stigma and discrimination
- **1 in 5** people have to call in sick due to unmanageable stress
- **93%** of those who call in sick due to a mental health lie about the reason

**Successes since phase one of the Time to Change programme:**

- **11.5%** drop in the average discrimination experienced
- **A 14% reduction** is discrimination from friends, **9%** from family and **11%** reduction in discrimination in individual’s social life.
Annex 3 - Example Blog

My depression battle: 'I am not weak or unworthy – nor is anybody else'

Mark Bilsborough woke up one morning and felt unable to go to work. He shares his experiences of depression and encourages others to be more open about mental health.

It's difficult to begin writing about mental health issues without immediately disengaging one or more sections of potential readership. I may have done it already just by saying "mental health issues". The terminology itself can be unrelatable or frightening, or both. Like any term that is absorbed into everyday language, words like "depression" become subjective. For now, let's ignore definitions entirely.

About two years ago I woke one morning and felt unable to go to work. Seized by a sudden overwhelming exhaustion and feeling of hopelessness, I wasn't even able to get out of bed. My internal narrative prior to that moment would have been that I was a robust, intellectually-capable professional. I'd done stressful jobs and proved my capacity for enduring long hours, managing difficult relationships and meeting tight deadlines, perhaps even thriving on them. Like a lot of people, I derived status and satisfaction from being "good" at my job. I was even scornful of those I thought couldn't hack it.

Suddenly I felt vulnerable, that my career could be over and my professional reputation ruined. I knew then that I wasn't going to be able to tough this out and that I needed to ask for help.

At first it was daunting to have to expose mental health frailties to other people. In the end I reasoned that if I had suffered physical trauma I wouldn't attempt to sew a leg back on myself, so it was sensible to take the same approach and talk to somebody who knew more about mental health than me. Both the occupational health team at work and my GP provided advice and guidance about the support available, taking the first steps towards a diagnosis of depression. And by talking about it I began to understand its causes and to develop techniques to deal with it.

Looking back now I can recognise a gradual deterioration over a period of about 12 months prior to that morning. I can best describe it as small, incremental reductions in self, particularly the ability to deal with everyday stresses and commonplace life and work situations. At the time I wasn't really aware of subtle changes in emotional and physiological responses – greater levels of irritability, tiredness, lower motivation – these being not uncommon from time to time in working life.

In truth, over the course of my working life, I'd had my fair share of Monday blues and duvet-days as a way of coping with stress and anxiety; I know now that I've battled with depression for many years. When I look back on that period I'm amazed that nobody (especially me) spotted the gradual disintegration. Maybe I cancelled a few more of my social engagements and retreated to the comfort zone of my flat – a bunker mentality. I would later learn that these "safety behaviours" were a way of subconsciously protecting myself, but they came at the cost of foregoing the advice and support of other people.

In the general population, Mondays are disproportionately the most common sick day, accounting for more than a third of all days taken as sick leave. Any working week looks pretty hectic if you let it all into your head at once, so the temptation is to put your head back under the duvet. While this provided some temporary relief, it's not much respite when you spend the rest of the day self-
criticising for not “pulling yourself together”. This cycle reinforces the negative mindset and doesn't help in getting any work done.

One technique for dealing with the thought that the day as a whole looks too daunting is to focus on immediately manageable chunks and allow the bigger tasks for the week to slip into the background (at least for the time being):

• Instead of going back to bed and hiding, challenge yourself to get up and sit on the end of the bed for five minutes.

• With that accomplished you might still not be ready to commit to going to work, writing a report or giving a presentation, but getting up and making a cup of tea is achievable.

• After that, again realising that staying at home is an option, try opening the curtains and making the bed, perhaps being mindful of how your mood lifts slightly as the room becomes lighter and the bed looks tidier.

• If you were to go to work, you could begin thinking about what you would carry in your bag, perhaps getting a few of those things ready.

• Maybe consider taking a shower now, as you can always just sit back down afterwards.

By chunking the morning in this way, it helps challenge the perception that the week ahead is an amorphous blob of conjoined and impenetrable tasks. By realising that, while a week may be busy, there’s no way of having that tricky Thursday afternoon meeting right now, it allows any anxiety around it to be parked for later. If it helps, you can mentally schedule some “worry time” – I’ll think about that at 4pm today.

I don’t claim dominion over this approach: “acting opposite” in this way is a standard part of a lot of cognitive behavioral therapy manuals, but it has helped me. As has challenging myself when I don’t want to meet social engagements, eating and sleeping better and not giving in to self-destructive impulses such as staying up too late.

I am not weak or useless or unworthy for struggling with the challenges I face – nor is anybody else. The cumulative effect of these challenges can be too much at times, so give yourself a break and reach out to somebody – loneliness is truly the enemy of mental wellbeing.

The purpose of this blog isn’t to help anybody with diagnosing depression: that’s for professionals. I want to be open about my experiences because I believe it’s the best way to reduce the stigma of mental health problems at work. And if my experiences sound familiar or resonate with you, it’s never too soon to talk to somebody about it. Look into what information and support is out there and decide what’s right for you, be it a close friend, your GP, or somebody who doesn't know you at all from a confidential advice service. You don't have to blog about it publicly, but being open about it really can help.

For more information on mental health issues, visit Mind, Rethink Mental Illness and Time to Change.

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