Let's talk about mental health and safety

"Everyone (staff or contractor) deserves to go home from work mentally undamaged"

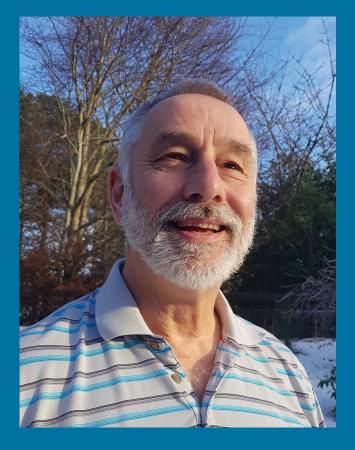
Milton Keynes IChemE Members Group

Nigel Bowker 17th March 2021

Nigel Bowker

- Graduated in 1976
- Process engineer with two engineering contractors in London.
- Shell Expro.
- BP.
- Independent consultant.
- Chaired IChemE Aberdeen member group for three years.

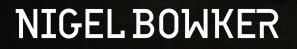
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Just published!

let's talk about MENTAL HEALTH and SAFETY



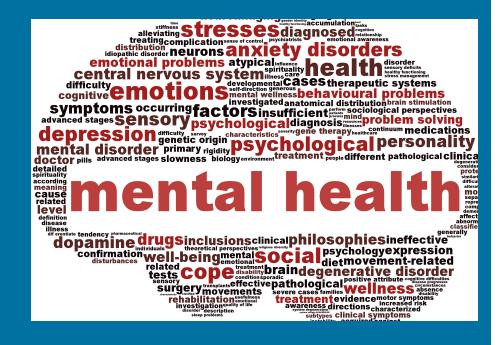


There's a disastrous epidemic out there

Not COVID-19. No matter how you have been affected by it, COVID will soon be consigned to the history books.

We have an **epidemic of mental issues and suicides**.

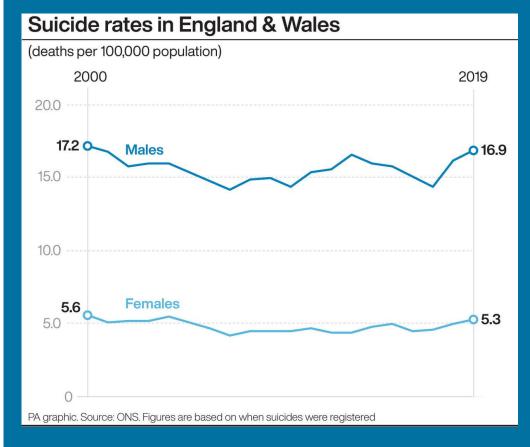
Worldwide, about 800,000 die by suicide pa (cf 2 million C-19 deaths).

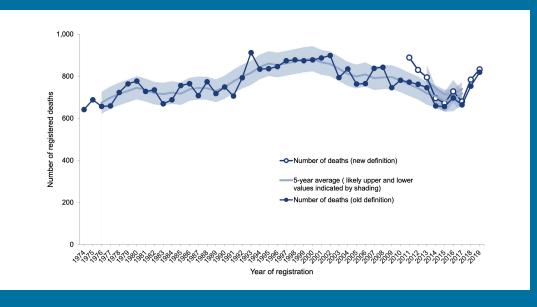


The problem

In the UK there is no data for work-related suicides.

Total suicide rates show a troubling pattern for both sexes.





Scottish data

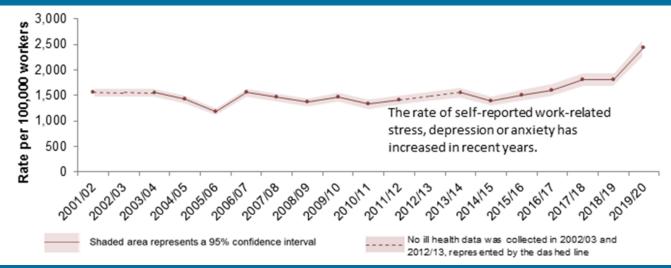
Let me start with two questions



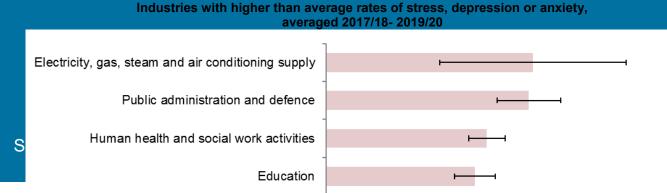
- Have you or anyone you know suffered a physical injury at work?
 - If so, what was done to prevent it?
 - What was done by the company in response?
- 2. Have you or anyone you know suffered a mental injury at work?
 - If so, what was done to prevent it?
 - What was done by the company in response?

Work-related Stress, depression or anxiety in Great Britain 828,000 17.9 million

Workers suffering from work-related stress, depression or anxiety (new or longstanding) in 2019/20 Labour Force Survey (LFS) Working days lost due to work-related stress, depression or anxiety in 2019/20 Labour Force Survey (LFS)

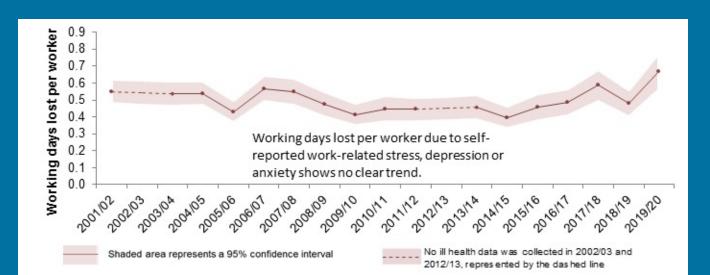


Source: LFS annual estimate, from 2001/02 to 2019/20



UK work-related stress, depression or anxiety.

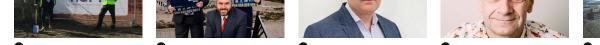
Defined as as a harmful reaction people have to undue pressures and demands placed on them at work.



Estimated days lost (millions)

Impact on economy circa £35 billion p.a. not including wider costs such as impact on NHS.

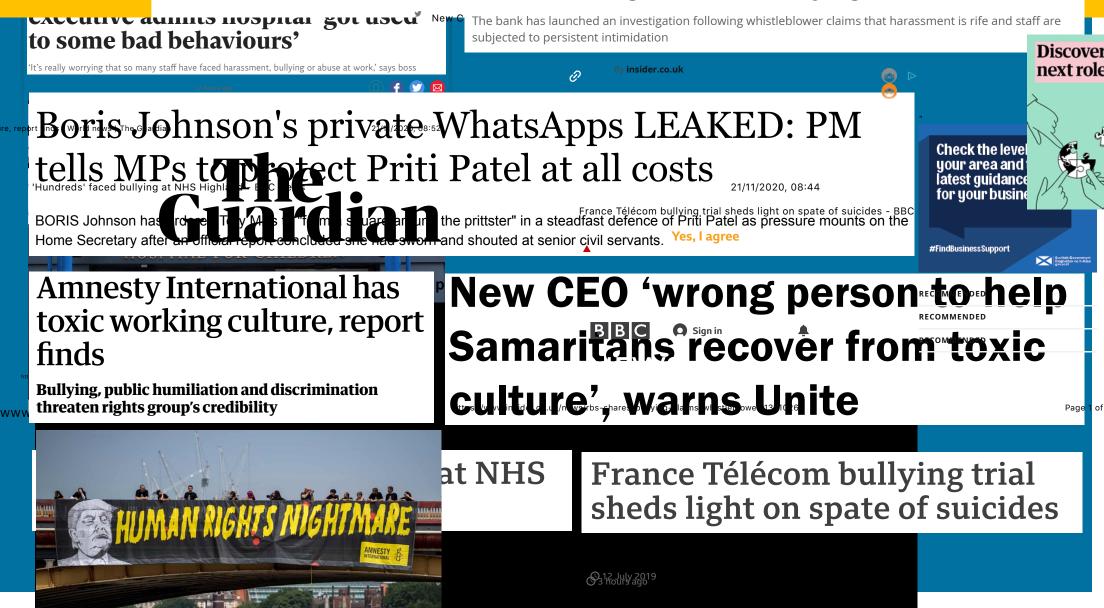
The problem



Imperial College London leaders admit they bullied colleagues | Imperial College London | The Guardian

Imperial College London leaders admit they bullied colleagues

Jeremy C: RBS 'fostering culture of bullying'



Causes of mental injury

- Discrimination.
- Bullying.
- Belittlement.
- Not being heard.
- Being out of control.
- Overwork.
- Poor definition of responsibilities.



etc

It's not about Snowflakes!

- As engineers we are used to thinking about how equipment can be damaged.
- In safety, we focus on the way in which people can be damaged.
- Stress and other events causes real damage in the brain.
 - How many people know that?
 - How often is this talked about in a meaningful way?
- It's not all a matter of being strong or "manning up" or "seeking help".
- It certainly isn't about snowflakes!



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What about the mental health agenda?



- Organisations proclaim their mental health credentials.
- However, sustainability reports provide an interesting insight.
- Mental health programmes are absolutely necessary but generally insufficiently broad or deep. Often reactive rather than proactive.
- In many (most?) cases, nonemployees are exempt.
- When the chips are down, do organisations always stand up for what is right?

A real case study – A, B and C

Person A worked for Company B via Company C. An employee at Company B made an allegation (which was false) about A. Company B passed it on to Company C without validation. C thought only about their contract with B and supported the allegation out of hand. Even when evidence was produced that the allegation was false, both Company B and Company C refused to recognise their shortcomings.

Was this right? If your only concern is for your own agenda, the answer is "yes", especially if you regard a contractor's H&S rights to be only the same as their employment rights.

If you believe that everyone – staff or contractor – has the right to go home mentally undamaged the answer is different.

Learning from the case study

Even organisations with a strong commitment to physical safety may not seek the avoidance of mental damage in the same way.

Some organisations can regard nonemployees as having fewer health and safety rights than employees. Person A had previously worked for Company B!

Mental safety is a matter which can be the matter of a contractual trade-off.



Another model



Wouldn't it be great if we could replicate this with mental issues and work-related suicides?

- Focus on equipment.
- Focus on procedures.
- Focus on behaviours.

Relentlessness.

A tale of three bridges



Forth Bridge (late 19th century): 73 fatalities



Forth Road Bridge (mid 20th century): 7 fatalities.



Queensferry Crossing (early 21st Century): 1 fatality.

So let's talk about mental health AND safety

Use the language of mental safety and address it the same way we have acted to improve personal and process safety.

Underlying this should be the realisation that **real damage can be done to the brain** by inappropriate behaviours.

We should <u>apply the huge arsenal of</u> <u>techniques</u> we have developed for physical safety to mental safety.



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Two questions for you



Q1: Does your organisation have a commitment to physical safety?– what evidence can you provide?

Q2: Does your organisation have a commitment to mental safety (in terms of avoiding mental damage)? – what evidence can you provide?

Lenses



Mental Health

Shamrock model



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What can we do?

Remember we have a duty of care – not to mention a moral obligation – regarding mental safety towards EVERYONE.



Develop commitments that address mental health AND mental safety.

Build mental health and safety into the fibre of our corporate being as (hopefully) other forms of safety are.

Apply safety techniques to mental safety.

Specimen commitments

No.	Commitment
1	Mental health & safety equal in importance with personal safety & process safety.
2	We'll develop and enforce standards of conduct for protecting mental health & safety.
3	We'll train our management and workforce in mental health & safety.
4	We'll include mental health & safety targets in company and personal objectives.
5	We'll assess employees in their delivery of mental health & safety.
6	We won't differentiate between staff members, contractors and visitors regarding mental health & safety. Everyone deserves to go home undamaged mentally.

Specimen commitments

No.	Commitment
7	We'll have a system of reporting mental injuries.
8	We'll investigate mental injuries with the same rigour as physical injuries.
9	We will never engage in arbitrary "trade offs" against mental health and safety.
10	We'll ensure that the victims of mental injury receive the same degree of medical care as the victims of physical injuries.
11	There will be no retribution against those who report mental injuries.
12	We'll impose similar requirements on our contractors.

The safety journey derived armoury

- Training focusing on damage-avoidance.
- Cause-consequence awareness.
- Barrier model.
- Bowties.
- Investigation.
- Leading/ lagging indicators.
- Risk assessment.
- Management of change.

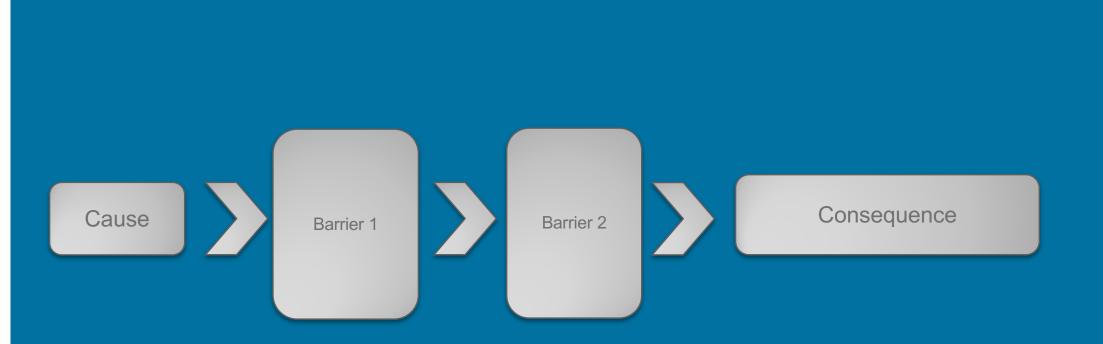
Etc.



How many of these are regularly **and fully** applied to mental health and safety?

The "No Barrier" model





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Barrier model

Allegation Investigation by B

Each investigation is a barrier with a PFD. Achieving TMEL is difficult.

What is needed for this? A concern for the mental safety of EVERYONE.

Barrier model applied to bullying



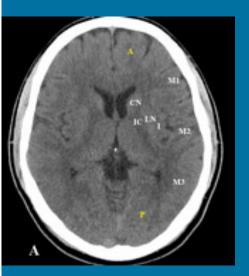
Reduce initiating cause likelihood

Barriers are one thing but reducing the cause likelihood is key:

- Recruitment.
- Standards.
- Training.
- Monitoring.



Other aspects



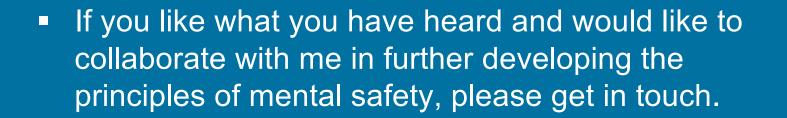
So often discrimination, bullying and other forms of abuse are treated as employment or HR issues and not safety matters.

A physical injury can lead to greater mental damage. All the more reason to get those risk assessments right!

Mental damage can also affect performance and lead to an accident.

A call for action

- I long to see a world in which organisations have the same desire to prevent mental damage as they do physical damage.
- I'd love engineers to be at the vanguard of this!
- I'm available to talk with passion about this at company and other events.





Two final thoughts



Every decision you make today and every interaction you have today has the potential to affect people mentally, either positively or negatively. Make it all positive.

As if this wasn't sufficient, a happy workplace is 13% more productive (Said Business School/ BT).

Just in! The Chemical Engineer

MENTAL SAFETY

Having been the victim of mental damage caused by two organisations failing to stand up for what was right, I have concluded that as well as "mental health" we need to start talking about "mental safety", since so many stress-related workplace events and absences are caused by the action or inaction of others. Much of this is untouched by the conventional focus on mental health.

By embracing mental safety, we can use the vast armoury of techniques that has enabled us to make so much progress in personal and process safety. We need to focus on the cause/ consequence/safeguard model and apply that to the possibility of mental damage. For too long matters such as bullying, belittlement and the like have been seen to be employment matters, and hence the province of human resources.

Now is the time for them to be seen for what they are: events that can, and do, lead to physical changes in the brain and therefore damage on a par with "visible" injuries – and for everyone (including HR) to work together to eradicate them.

Chemical engineers can play a particular role in this and I would love to see my profession at the forefront of this drive to make the workplace even safer. *Nigel Bowker, FIChemE*

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Any questions?

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