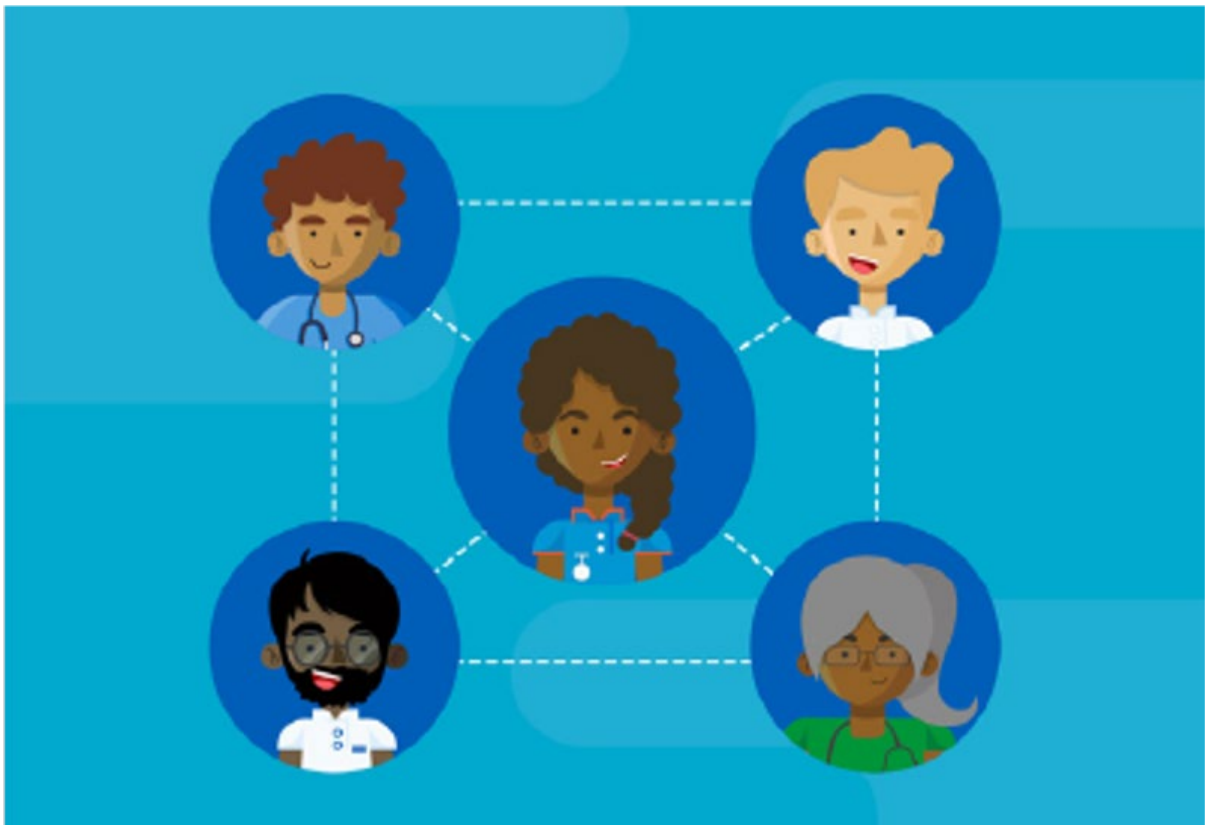


Wellbeing Conversations



Resource pack

August 2021

NHS England and NHS Improvement





Wellbeing Conversations

Resource Pack

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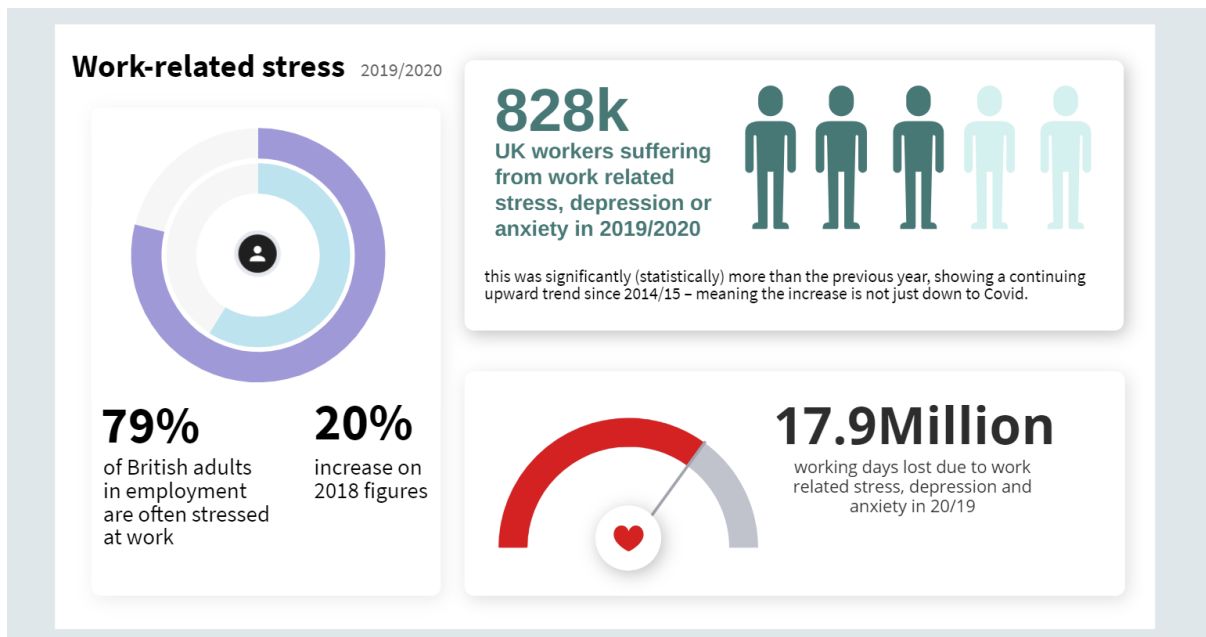
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Wellbeing: What the research tells us

If we had asked ourselves a few years back what we would be doing in 2020, not many would have got it right, and these last eighteen months have certainly taken a toll on people.

But even before the pandemic, the signs were there that we need to take wellbeing more seriously.

The research findings summarised below show us that poor wellbeing is rising and impacting organisations and individuals in significant ways.

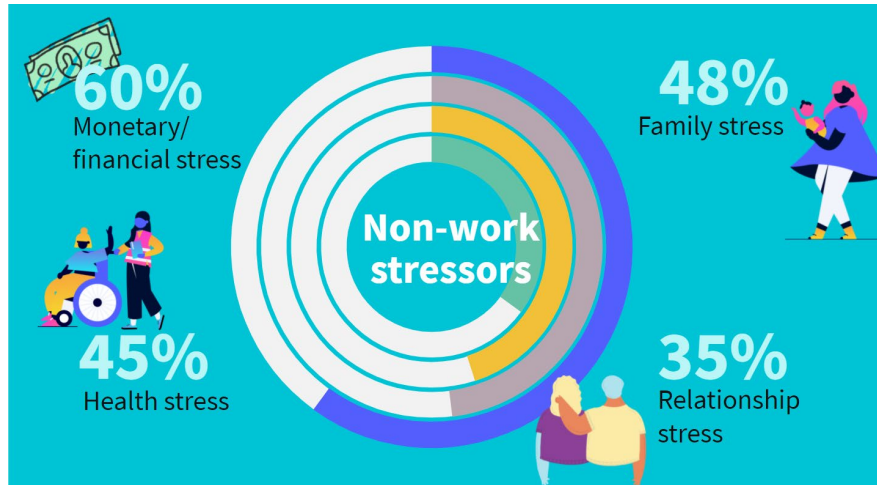


The most common causes of stress at work are understood to be:

- Work-related office politics
- Lack of interdepartmental communication
- The work performance of others
- Workload pressure – including tight deadlines
- Too much responsibility
- Lack of managerial support.

The impact can be seen in that fact that 55% of the workforce experiences anxiety as a result of work-related stress, with nearly half of those (43%) losing sleep as a result; while a third admit to comfort eating.

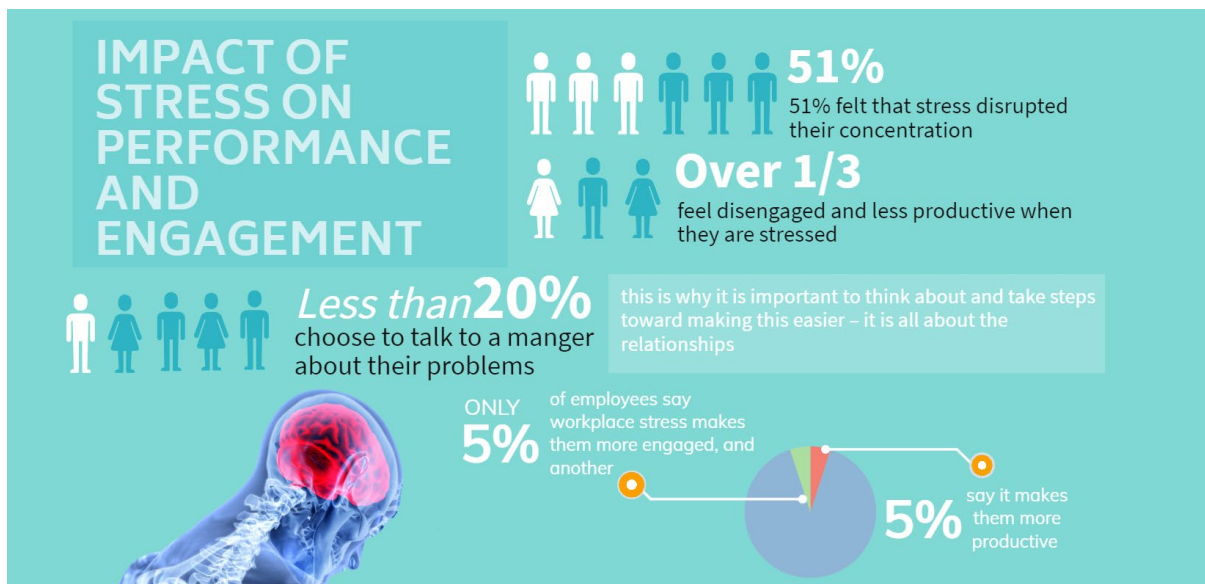
In addition, as working from home has become prevalent, employers are increasingly aware of the cross-over of non-work stressors...



Impact on work

Recent research has revealed a lot about the specific effect of stress and anxiety on employee engagement and performance.

This pictogram sums up many of the most significant findings...



Signs of change for the better

It isn't all doom and gloom though. Rising awareness of the importance of wellbeing is translating into a noticeable improvement in practices that can be helpful...



There is plentiful evidence that taking steps to enhance employee wellbeing can have the following outcomes for organisations:

- Reduced staff turnover
- Improved decision making
- Better quality in working relationships
- Reduction in sickness absence
- Better customer service
- Higher employee engagement
- Happier, healthier teams.
- Improved talent attraction.

And if these reasons are not enough to persuade you that taking the time for wellbeing conversations with your colleagues is a good use of time, ask yourself:

- What would it be like to work in a place where everyone feels a little bit better?
- What difference would that make for me and what I do?

Sources

HSE Work Related Stress, Anxiety or Depression Statistics On Great Britain, 2020
The 2020 UK Workplace Stress Survey – Perkbox
The Culture Economy Report 2021 - BreathHR

Your support network

Who or what can you rely on for support with day to day pressures? Are there people you can call on for encouragement, straight talking or a sense of perspective?

There can be a tendency towards stoicism and self-sacrificing behaviour among many in the NHS, and if you recognize this in yourself, there's never a bad time to fight it!

Not only will a strong support network provide much needed emotional reinforcement, but – if carefully assembled – it could also be a source of practical help, useful advice and honest feedback. And of course, other people may not be your only source of support or succour. Pets, past-times, religious faith, a private place – the support you value most could come in almost any form.

Use this table to think about the sources of support you can draw upon; and about what steps you could take to strengthen your own support network.

| Type of support | Who/what can you rely on | Action needed |
|--|--------------------------|---------------|
| <p><i>Encouragement to act positively and with energy</i></p> | | |
| <p><i>Honest, reliable advice and feedback</i></p> | | |

| | | |
|--|--|--|
| <i>Consolation after a set-back, re-charging your batteries</i> | | |
| <i>Practical help enabling you to devote time to your goals</i> | | |
| <i>Other forms of support of value to you</i> | | |

Finally, if thinking in this systematic way about your own network has been helpful to you, why not share this approach with others?

Spotting the signs

Line managers or peers who know someone well and interact with them regularly are well placed to spot any signs of stress or adverse effects on wellbeing. Often the key is a change in typical behaviour.

Signs will vary, as each person's experience of poor wellbeing is different, but there are some potential indicators to look out for. The summary below is not exhaustive, but it offers some useful pointers. **However, if you do observe one or more of these signs, this does not automatically mean the employee has a wellbeing-related problem – it could be a sign of another health issue or something else entirely. Always take care not to make assumptions or listen to third party gossip; it's always best to talk to the person directly.**

| Physical | Psychological | Behavioural |
|------------------------------|---|---|
| Fatigue | Anxiety or distress | Increased smoking/ drinking |
| Indigestion/ upset stomach | Tearfulness | Using recreational drugs |
| Headaches | Feeling low | Withdrawal |
| Appetite/ weight changes | Mood changes | Resigned attitude |
| Joint and back pain | Indecision | Irritability, anger or aggression |
| Changes in sleep patterns | Loss of motivation | Over-excitement or euphoria |
| Visible tension or trembling | Loss of humour | Restlessness |
| Nervous trembling speech | Increased sensitivity | Working far longer hours |
| Chest or throat pain | Distraction or confusion | Intense or obsessive activity |
| Sweating | Difficulty relaxing | Repetitive speech or activity |
| Constantly feeling cold | Lapses in memory | Uncharacteristic errors |
| | Illogical or irrational thought processes | Increased sickness absence |
| | Difficulty taking information in | Uncharacteristic problems with colleagues |
| | Responding to experiences, sensations | Apparent over-reaction to problems |
| | Suicidal thoughts | Increased risk-taking |
| | | Disruptive or anti-social behaviour |

It is equally important to be aware that with some people, the warning signs may not be obvious. Some are good at disguising how they really feel, or they may be reluctant to open for personal reasons. Equally they may not be fully aware themselves of the stresses building up, and of the impact on their wellbeing – it is sadly not uncommon in the NHS for people to reach burnout without seeing the signs.

This is one reason why regular and frequent conversations about wellbeing are so important – don't take it for granted that someone who appears to be bearing up well under pressure, is genuinely OK. It is essential to be proactive in engaging with those people who don't appear to show the signs of strain.

Everyday coaching

For some, coaching can appear a distant, slightly mysterious art – perhaps not aligned with their view of themselves.

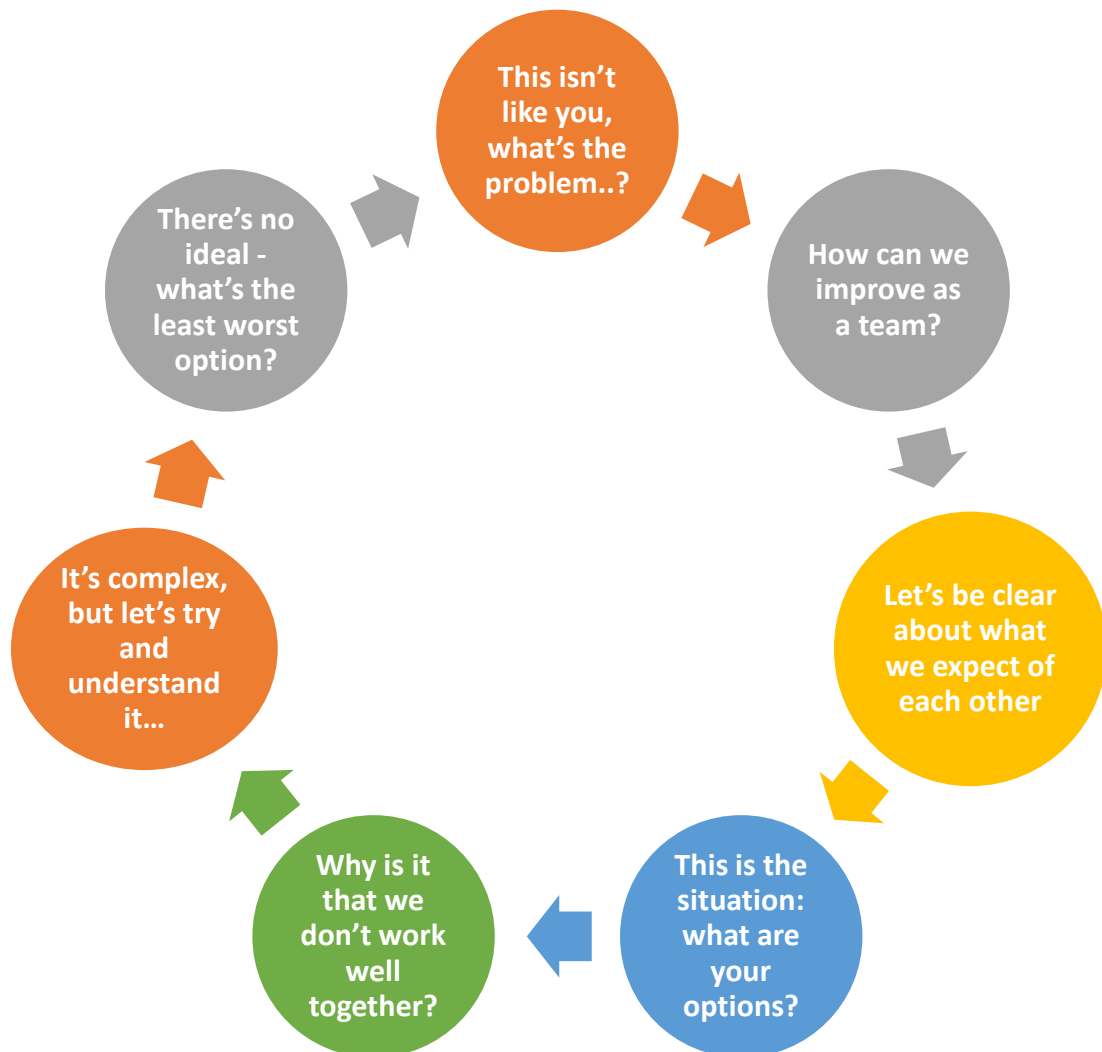
But the truth is most people can coach and coach well. With positive intent, and some essential skills, it is possible to be of great help to others purely in the way you interact.

Specific examples of value we can offer with simple, everyday coaching practices include:

- Helping others make sense of what may feel to them like overwhelming or highly complex situations
- Increasing personal commitment to take difficult steps or make changes
- Improving self-confidence and self-esteem
- Boosting morale and wellbeing.

One element that can be especially helpful is to be confident about finding natural ways to start the conversation. This is about spotting the opportunity and coaching in the moment, and it can often be far more effective than sitting down for a formal and lengthy coaching conversation.

General everyday coaching conversation openings might include some of those shown below.



Note that these often involve a matter fact acknowledgement of some difficulty or challenge, but they don't overplay it and they immediately offer the other person an opportunity to express their perspective and be heard.

A similar approach can be used to broach what may feel like potentially awkward conversations about wellbeing....

Here are some examples of openings specifically intended to start a conversation about wellbeing which can be informal, but still meaningful.



Holding emotions

There are times when emotions can feel powerful and even overwhelming.

When we are having wellbeing conversations, these can be with people who are in a good place, whilst others may be finding life rather difficult.

There may be times when people voice their distress and become visibly emotional – after all we are all human and emotions are a big part of the human condition.

Sitting with someone experiencing a high level of emotion can be uncomfortable for some.

We may ask ourselves, what do I do here? So here are a few pointers which may ease you both through the situation:

- Keep listening
- Ask – how are you feeling right now? Or use a reflection - I can see this is difficult/upsetting/distressing for you – what is the feeling you are experiencing right now? *Naming a feeling can reduce its intensity*
- You may gently ask if any others are aware of their experience/distress – and what support they have
- Ask what would be helpful to them right now, and what they find most helpful to soothe themselves
- What would have to change for the distress to reduce – what would good look like?
- Towards the end of the conversation, ask what their plans are for later in the day
- It can be helpful to have a pack of tissues to hand
- Remember to check in with the person in the day or two following the conversation
- Above all give the person time and approach the conversation with compassion, maintaining the focus on the person and their experience.

Challenging situations

Those reluctant to engage

We can't force people to open up to us, and it is important to recognise that some may have their own very good reasons for avoiding conversations about their own wellbeing. Perhaps they find it intrusive, or that you (or others) wouldn't truly understand their experience.

Of course, it will help a lot if you have a pre-existing and trusting relationship – if this is not the case, you may want to consider whether someone else is better placed to help than you are.

It also helps if the situation and approach are relatively informal. Diary appointments, formal records, and closed doors can put some people on their guard. So wherever possible, you should aim for a spontaneous chat, perhaps connected to something that has just happened – like a tough shift, or a team meeting.

If there is still some reluctance, rather than just dropping the matter there are a few things we can try which may help a “reticent” person to get support they may really need:

1. Acknowledge that it can be awkward talking about personal matters like health and wellbeing, and reaffirm that you are available and happy to talk any time they are ready
2. Gently persevere – assuring them of the total confidentiality of the conversation, and your desire to offer positive and practical support
3. Ask if there is someone else who they feel they can talk to about their wellbeing, and...
4. ...check that they do feel able to access the support they need
5. It may also be helpful subtly to ask someone you know is trusted by this person if they could have a quiet, informal word when the time is right
6. And lastly, it may also be important (especially if you have a management or caring responsibility for this person) to ask yourself whether the level of trust

between you is all that it should be. What could you do to build a relationship where they do feel safe to open up with you?.

As mentioned previously, it is important also to acknowledge that colleagues whose wellbeing suffering may not recognise that they have a potential problem themselves. There is some evidence that the more troubled someone is, the more concerned they will be about accessing support. This is why it is important to show a little tenacity in this situation to ensure that you do what you can to help this kind of person get the support they need.

Those who have experienced trauma

The first point to make here is that all NHS organisations have a post-incident policy, and it is essential that employees are aware of these, ideally of the core principles, and about where they can go to for detailed information. HR or Safeguarding Teams would be good first ports of call.

More generally, it is helpful to understand some basic principles that can be drawn from guidance on trauma-informed care which can be equally relevant for managers and others looking to support NHS colleagues who have experienced trauma in the course of their work.

Feeling supported by a non-defensive supervisor or senior person can go part of the way to helping people recover.

Most important: don't force anyone to do anything. Help them feel they have a choice, and try to avoid doing anything that could lead the person to feel controlled or trapped in a situation.

Don't prompt them to detail distressing events.

Realise that people process things differently and may need different forms of support in order to do so (and different trauma therapies, in some cases).

Provide support – access to a trained professional who can help people process trauma.

Help them feel understood and that their feelings are understandable.

Don't do anything that could be seen as shaming them (e.g. don't compare them with colleagues who are coping better or who you think are going through something worse, and don't compare them with how they used to be).

Express that the decisions they made at the time were understandable and were part of the terribly difficult and unbelievably stressful situation they were in.

Don't go on too much about how terribly difficult and unbelievably stressful it was (unless they are expressing shame and you are reassuring them that they have done nothing shameful)

Don't deny their feelings (e.g. don't tell them they shouldn't be ashamed – tell them you understand their shame, and that they don't need to feel ashamed).

Don't expect them to open up to you and don't take it personally if they won't open up to you or avoid you.

Writing can be less distressing, as it activates different parts of the brain to speaking, and may be more likely to allow people to process things without feeling overwhelmed (and thus getting stuck in their memory, looping on repeat in the form of rumination or flashbacks where traumatic events seem to be happening in the present).

Understand that they may be in a state of hyperarousal and fear – don't expect them to calm down – rather provide support and education, and the option to link up with dedicated, perhaps clinical support

Realise that the state of your own nervous system can influence theirs and vice versa

Realise that your ability to stay calm and caring will influence whether they will trust you

Realise that you may get overwhelmed and may need to seek help yourself

Realise that you may not be able to handle some conversations and may need to delegate them

Those at risk of self-harm or suicide

Thoughts like “*I’d be better off dead*” are not uncommon after highly challenging events, and can also occur after a build-up of pressure over time.

It is also possible that an already stressed individual may find that ‘yet another’ challenging event pushes them past their ‘breaking point’.

Where you are talking to someone and it becomes obvious that their mood is very low or they mention, even in passing, about harming themselves, do not be afraid to sensitively, but directly ask about how they are thinking about the future.

If someone says they are feeling suicidal or “*can’t go on*”, or if you suspect they are thinking of taking their own life, it is vital to get them to a place of safety and some professional help.

The individual needs to be seen by a doctor or mental health professional for at least an evaluation

If the situation is acute and life threatening advise them to call 999 for urgent medical support and stay with them to ensure they do so

If you are not sure they will access urgent medical support, you (or someone you trust) should call 999 on their behalf and you should advise the individual what you are doing and stay with them

You may also need to call their emergency contact person to alert them of your concerns

In the longer term, follow up treatment can be arranged through your local Occupational Health services, the person’s own GP, your local wellbeing hub, another NHS/private health provider or another appropriate source.

Your job at the time you identify this high risk is not to be too concerned about the long-term outcome of their difficulties, but to ensure that they get in front of someone who can professionally help them. You can also consider directing them to the suicide prevention app 'Stay Alive' if that's appropriate.

As with the other challenges explored, it is important to be aware of local pathways and policies devised for precisely this kind of situation. Safeguarding, Emergency Department, Crisis or IAPT Teams will all have readily available support and guidance.

For more information and free training on suicide prevention

<https://www.zerosuicidealliance.com/>

People experiencing financial concerns

With rising inflation and record rates of household debt in the UK, many people are understandably consumed by money worries. Employers are increasingly recognising the significant risks of financial insecurity to their employees, and putting in place financial wellbeing strategies. And this is not a matter of pure altruism - according to the Chartered Institute of Personnel Development, one in four employees claim financial difficulties are impacting their ability to do their job, with one in ten saying they find it hard to concentrate and make decisions at work because of money concerns.

This article summarises some ways in which line managers can be proactive and supportive of the financial wellbeing of those they manage. It's important to recognise right away that this is not always likely to be straightforward – many people would prefer to avoid talking about money at all, and may feel nervous about discussing financial concerns with their manager or supervisor. But with a sensitive approach, it's possible that you may be able to help even the most reticent colleague take important steps towards getting on top of money problems.

What does good financial wellbeing look like?

The characteristics of someone experiencing positive financial wellbeing are:

- Being able to budget properly
- Feeling on top of debts
- Having enough money coming in to save for the future...
- ...and contribute to a pension
- Being able to absorb unexpected costs
- Having the knowledge to make informed financial decisions
- Understanding when and how to seek advice.

Ultimately all of this points to being free from financial stress and worry.

On the debit side, it is increasingly recognised that issues with financial wellbeing can cause a deterioration in mental health, leading to increases in anxiety, illness and absenteeism.

For the employer, and line manager, it's important to recognise too that the nature of people's financial concerns will change throughout life:

- **People aged 18–25**, starting their first job or apprenticeship, will face particular challenges including learning to budget, choosing and managing credit, navigating accommodation options and paying household bills
- **People aged from late 20s to mid-40s**, possibly with a young family to support, balancing demands and costs of childcare, rent or mortgage payments and costs of family life – their challenges could include ensuring adequate income protection to protect against adverse and costly life events, saving for a rainy day or future goals and making retirement provisions
- **Workers in their late 40s onwards** preparing for later life who need to maximise their retirement provision, secure an income for later life and handle unexpected life events, such as the early onset of ill health/ disability, redundancy, or the death of a partner.

How can you help?

Line managers can play an important role in spotting financial distress and sign-posting support. Generally speaking they shouldn't provide financial advice themselves, but they can make a positive difference to colleagues' confidence and willingness to face up to financial problems. Here are some practical tips about how best to manage this kind of conversation.

1. **Be well-briefed** about your organisation's policy and any specific support measures in place for staff experiencing financial distress or hardship. *There are some examples at the end of this article about policies already in place within three NHS organisations.*

2. At regular 1:1s, when you check in with a colleague about their wellbeing – ***make a point of clarifying that there are different dimensions to our personal wellbeing*** and that these include mental and physical health, and may also include specific areas such as social or financial wellbeing...stress that it's usually helpful to talk through issues coming up in any of these areas.
3. ***Don't force the issue*** - allow your team members to mention financial concerns themselves; and check out whether they would be more comfortable talking to an impartial person – such as a counsellor. Be prepared to offer accurate signposting information if this is in fact what your team member would prefer.
4. If your team member indicates that they are happy to talk to you about the specifics of their financial concerns, remember that ***your role is to help them achieve clarity about their situation and the confidence to take positive steps*** – you shouldn't be telling them what to do. But in this instance you can be of significant value if you:
 - a. Listen, supportively and without judgement
 - b. Ask curious questions to understand their situation, the impact on them, and what steps they have considered or taken already
 - c. Help them to think in a systematic way about their circumstances
 - d. Provide ideas for the specialist resources and support options they may find valuable (see *Signposting* later in this article)
 - e. Follow-up later to check on progress, and if your colleague seems reluctant to take action, ask what you can do to help them get started
5. ***If you do happen to be a good money manager yourself, you may have some helpful guidance to offer.*** For instance you might be able to provide structured support to help them come up with a budget; or you may have some relevant experience around getting on top of debt, or approaching creditors. Help like this could be of great benefit to your team member, but it will be important that you avoid:
 - a. Getting into recommendations around different financial products
 - b. Making assumptions which could cut across different cultural attitudes to money and wealth. There is some useful guidance about taking an

inclusive approach to financial wellbeing at the following link: [NHS England » Taking a diverse approach](#)

6. Finally, although you can't make promises or decisions about employee salary and benefits, as a line manager you will be able to **help your team member think about how to increase their marketability and earning power**. This won't be a quick fix conversation, but structured conversations about progression and personal development options, have the potential to make a positive difference for the long term.

Signposting

Two websites with a significant range of helpful resources on financial wellbeing are:

<https://www.england.nhs.uk/supporting-our-nhs-people/how-to-guides/financial-wellbeing/>

<https://www.moneyhelper.org.uk/en>

The latter includes a selection of tools, such as the simple budget planner available at the link below:

[Budget Planner | Free online budget planning tool | MoneyHelper](#)

General sources of information it would be helpful for you to have on hand during a conversation about financial wellbeing include:

- Payroll information – to share key information about when staff are paid and who to contact if they have a question
- Employee assistance programme (EAP) – signpost staff to your EAP service for confidential support, where your team members may be able to access counselling and debt advice
- Trade union contacts – these are an important source of support for staff, who may not want to speak to a manager or colleague about financial issues.

- Employee benefits – ensure your staff are aware of the internal benefits your organisation offers. Make sure you include the range of benefits you provide, including discounts and salary sacrifice.

Finally, a very helpful resources is available at Keeping Well – South East London (<https://www.keepingwellseel.nhs.uk/>) where most of the content is generally relevant.

Their website includes a number of recorded webinars on topics like:

- Maximising your money – hints, tips and tools
- Hidden figures - talking about money in difficult circumstances
- Mastering your money & creating healthy habits
- Saving for goals, financial independence and your wellbeing.

Good practice examples from NHS organisations

South Yorkshire, and Bassetlaw Integrated Care System

South Yorkshire, and Bassetlaw Integrated Care System has created a [financial wellbeing web page](#) with supporting resources on its workforce wellbeing website.

They also held a very successful financial wellbeing programme, a series of webinars on different topics and they are planning to host another financial wellbeing programme in the summer. The ICS has got in touch with an organisation called Infinity Connect, to run more practical and engaging webinars within their programme. The topics include:

- Budgeting and getting a savings habit
- Breaking down borrowing and credit
- Struggling with debt and the help available
- How to talk about money and financial education.

The Newcastle Upon Tyne NHS Foundation Trust

Newcastle Upon Tyne NHS Foundation Trust provides free and easy access to impartial information and confidential advice, information and guidance across a

range of matters. Including access to welfare benefits, housing issues and money management via its 'Helping Hands' service. This is delivered by Citizens Advice and coordinated by the trust chaplaincy team. The trust is also currently delivering webinars on, help with energy worries.

Mersey Care NHS Foundation Trust

Mersey Care NHS Foundation Trust is currently putting a lot of initiatives in place, in response to the rising cost of living and to support their staff who are in-work poverty, which include:

- Working with Salad Money Loans to offer staff salary reduction loans for a max of £1,000
- Promoting a benefits calculator to help staff find out what government benefits they are entitled to and how to claim them (170 members of staff accessed this over a three-day period)
- Analysing data to find out which groups of staff and which bands are accessing loans so that they can provide further support
- Providing gambling awareness sessions to all members of staff
- Signposting to local food banks
- Working with Citizens Advice Liverpool, which is offering free financial support to all members of staff including information on benefits, debt and money advice, housing and employment (staff can ring the helpline or access online to book appointments that accommodate their working patterns)
- Working with businesses to offer financial education sessions covering topics such as debt, budgeting and spending.

The impact of racism on personal wellbeing

If you are wondering about the relevance of racism to supporting wellbeing, two points are important to make at the start:

1. **Experiences of racism can be traumatic.** It should go without saying that dealing with racism can be physically and emotionally draining, especially when it occurs in the place where we earn our living.
2. **The disproportionate impact of Covid-19 on BAME employees** has shone a harsh light on the greater vulnerability of under-represented groups to a range of stressors affecting well-being, self-esteem and self-efficacy.

At that same time, it is essential to acknowledge the discomfort likely to be felt in conversations about race and racism between white and BAME employees, where the former are often feel fearful of making mistakes and the latter may fear reprisals for speaking out.

This section assumes that the supporter in the conversation is white and a colleague, friend or manager to a BAME employee who has experienced racism. It should be noted that that the supporter may not be white and may also feel discomfort about engaging in this kind of conversation.

What follows is some advice which may be helpful when talking to a colleague who is dealing with racism at work. It is not intended to offer a failsafe formula. There are no easy solutions, and the range of potential experiences that may trigger this kind of conversation is almost infinite. But the hope is that these ideas will help you approach the situation in supportive, sensitive way and with some confidence that you are helping.

To be a helpful listener and ally in the conversation DON'T

...let your frustration get in the way – e.g. your sense of powerlessness at not being able to resolve all the issues raised.

...shy away from parts of the discussion you cannot immediately relate or respond to

...let your fear of saying the “wrong” thing, get in the way of your curiosity about what has happened and what should be done

Remember that your own discomfort is minimal compared to what your colleague is experiencing, and that where you experience that discomfort or lack of understanding, it is a strong signal that you would benefit from educating yourself about racism, its manifestations and impact.

Key principles for safe space conversations

Always maintain confidentiality. While the content and themes may be helpfully shared to inform organisational action to combat racist discrimination, it is critical to agree that the detail of discussions will remain confidential with nothing that is said attributed to individuals

Acknowledge different perspectives. Recognise that individual worldviews are shaped by the experiences of the individual, many of which are determined by culture, race, gender, sexuality, country of birth, among other things.

Acknowledge fear. It's likely that people will worry about reactions, responses or reprisals.

Acknowledge the likely discomfort felt by those involved, but communicate the importance of pushing through in pursuit of greater mutual understanding, learning and agreed actions.

Exercise humility. Admit mistakes and accept that positive intent may not always be enough.

Accept that you have learning to do. There is always learning from listening to new perspectives; acknowledge that this is a journey for you.

Keys to an effective, supportive conversation

Active, empathic listening is essential. As your colleague gives vent to their feelings and shares what happened, it is enough just to listen to them. Don't interrupt, don't put words in to their mouth, and don't feel the need to rescue them - let them speak.

Active, empathic listening helps establish a space that is non-judgmental, compassionate, and safe. It says "I am here for you."

Validate. Very often when people encounter racism, they can experience self-doubt – not least because of the social narrative that BAME employees are "oversensitive", "too ready to take offence" or "blow things out of proportion."

It is important to validate and not question your colleague's experience, so make sure they hear from you a clear acknowledgement that that what happened to them was wrong, unfair and not their fault. To be sure, not everyone will need this kind of validation, but even then there is value in your acknowledgement and support.

Seek to empower, not rescue. The great majority of us, when we hear someone describing a personal problem, will naturally have a strong desire to help. This often leads to well-intentioned advice and offers of intervention, which can be disempowering. It could well be that what your colleague wants and needs is your active support, but it is usually best to start from the principles that:

- They know best how they want to handle the situation
- They have the ability and access to the resources they may need
- Your role is to help them think through their options, and decide on the best course of action for them.

Be an ally and be prepared to be an active advocate. An ally is any person that actively promotes and aspires to advance genuine inclusion through intentional, positive and conscious efforts. As an ally, you want to understand how you can help to redress inequalities, working alongside those who experience unfairness.

In practical terms there are many ways in which you can be an effective ally, and in this instance – when responding to a report of a racist experience – you may be most effective if you take an active role and advocate for your colleague.

This may mean:

- Helping to document and report the incident
- Accompanying them to interviews or meetings
- Signposting or helping them research resources that may be helpful
- Being a continuous source of support through what may be a drawn-out and draining process

Stay in touch. It is rare for situations like this to have a quick fix. So one supportive conversation is unlikely to be the extent of what your colleague needs from you. As a genuine ally, you should:

- Check in to see how your colleague is coping
- Follow up on actions and communications to ensure that headway is being made – this is particularly important as it is very common for reports of racism to be assigned to the “too difficult” pile
- Maintain an interest in the welfare and maybe even the career progression of your colleague.

Signposting

Professional bodies which should be able to help with instances of reported racism include:

[Royal College of Nursing](#)

[The Royal College of Midwives](#)

[British Medical Association](#)

Trade unions are often helpful allies....

[UNISON Black members' group](#)

[FDA trade union](#) for senior managers and professionals in public services

Staff networks

[Black and minority ethnic \(BME\) networks](#)

[NHS Confederation BME leadership network](#)

National services with a remit to support employees encountering racism include:

[Citizens Advice](#)

[Equality Advisory and Support Service](#)

[Advisory, Conciliation and Arbitration Service \(ACAS\)](#)

[Civil Legal Advice \(CLA\)](#)

Relevant and current NHS initiatives include:

- Looking After You Too
- Faith-based Counselling
- The Inclusive Health and Wellbeing Support programme
- Strengths-based coaching

Menopause and wellbeing

Why is this an issue?

Menopausal women are the fastest growing demographic in the workforce. The average age for a woman to go through menopause is 51. It can be earlier than this, naturally or due to surgery, or treatment for diseases like breast cancer and epilepsy.

According to the [Faculty of Occupational Medicine](#) (FOM), nearly 8 out of 10 of menopausal women are in work. 3 out of 4 women experience symptoms of menopause, whilst 1 in 4 could experience serious symptoms.

It is important to remember that whilst some women experience real challenges with menopause symptoms, some transition through this with relatively few challenges. For those who do experience significant symptoms, they vary in combination and duration – so it is crucial to deal with this on an individual basis – there is no *one-size fits all* approach for this.

Many women do not speak up at work about their symptoms of menopause transition due to some combination of:

- Not wanting their line manager to think their performance had been or could be affected (67%)
- Finding disclosure embarrassing (35%)
- Having a male manager (24%)
- Having a younger manager (23%)
- Concerns about confidentiality (22%)

Some useful definitions

Peri-menopause: The stage just before menopause when periods become irregular and other symptoms appear, and the first year after the LMP (Last Menstrual Period)

Menopause transition: The stage before the LMP when women experience changes in their menstrual cycle

Menopause – 12 months after LMP

How big an issue is this?

- Evidence based estimates of the number of women who are negatively affected by transition symptoms at work vary from 10% to 53%.
- One third of the workforce will soon be over 50; retirement ages are now 68.
- Women also outnumber men in many areas of the UK labour market, particularly in healthcare.

What are the symptoms?

There is a range of symptoms associated with menopause transition, broadly speaking, they fall into 2 categories – **Physical** and **Psychological**.

| Physical | Psychological |
|--|---|
| <ul style="list-style-type: none"> • Irregular and/ or heavy periods • Hot flushes • Night sweats • Sleep disturbances • Headaches • Weight gain | <ul style="list-style-type: none"> • Depression and anxiety • Irritability and mood swings • Loss of confidence • Difficulty in concentrating • Memory problems. |

Symptoms continue on average for four years from the last period, whilst 1 in 10 women experience symptoms for up to 12 years.

How might these symptoms impact work performance?

| Symptom | Potential impact at work |
|--|--|
| <i>Loss of sleep</i> | <ul style="list-style-type: none"> • Reduced ability to concentrate and stay focused • Problems prioritising work tasks • Challenges in finishing tasks • Difficulties with attention to detail • Impaired ability to learn |
| <i>Heavy periods or hot flushes</i> | <ul style="list-style-type: none"> • Physically distress and embarrassment in front of colleagues, managers and clients • A feeling of being “unclean”, and frustrated at being unable to wash or change their clothes at work |
| <i>Irritability and mood swings</i> | <ul style="list-style-type: none"> • Relationships with others at work may be affected by uncharacteristically erratic behaviour |
| <i>Headaches/migraine</i> | <p>Can be associated with:</p> <ul style="list-style-type: none"> • Fear of job loss • Leaving the jobs • Sickness absence • Work impairment • Lower productivity – it can be hard to focus when your head hurts! |
| <i>Mood swings</i> | <ul style="list-style-type: none"> • Can make it harder to cope at work • Struggles with decision making • Feelings of being in control and of acting as an effective role model for others • Loss of patience and empathy • Anxiety that performance is (visibly) suffering • Concern that emotional outbursts might undermine their professional credibility |
| <i>Depression</i> | <p>Women who experience depression alongside other transition symptoms are more likely to take time off work and also to go to work when unwell (presenteeism).</p> |

Other negative effects which are less directly linked to a specific symptom include reductions in engagement with work, job satisfaction, commitment to the organization and increases in sickness absence or the desire to leave work altogether.

Evidence suggests that transition symptoms might also have negative effects on time management, emotional resilience and the ability to complete tasks effectively.

How might work exacerbate transition symptoms?

Research suggests that a number of aspects of work may exacerbate menopause transition symptoms.

| Symptom | Exacerbated by: |
|----------------------|--|
| Hot flushes | <ul style="list-style-type: none"> • Poor ventilation, high temperatures, humidity and dryness • Having to learn something new • Public speaking • Confined workspaces • Unsuitable uniforms, ties, suit jackets or other heavy, uncomfortable or cumbersome workwear |
| Stress | <ul style="list-style-type: none"> • Linked to workload, deadlines, responsibility, formal meetings – especially meetings involving senior colleagues |
| Heavy periods | <ul style="list-style-type: none"> • Physical demands of the job • Lack of access to appropriate toilet facilities, cold drinking water or quiet rest areas and not being able to take regular breaks (also impact hot flushes and fatigue) |

What might help?

Finding a positive way forward does not require line managers to be experts in the menopause. Rather, as with other aspects of health and wellbeing, the most helpful thing is having a supportive conversation, where you really listen to the person. Below are some of the things you might explore in your conversations.

There are also a number of practical things which can help:

- Allowing women to control their temperature through access to fans, good ventilation including windows which open and blinds that can be drawn to help them to cope with hot flushes
- Position of workspace – are they near a window for example?
- Use of flexible and home working, especially on bad days or after a bad night
- Easy access to appropriate toilet facilities
- Careful consideration of dress codes and uniforms – ensure staff can change their uniform during their time at work if that is helpful to them. In addition, it is preferable that uniforms are made from natural materials like cotton, if an employee is experiencing hot flushes and sweating.
- Clean, well-equipped and comfortable toilet facilities near work stations, with appropriate sanitary disposal bins and feminine hygiene products, for women experiencing heavy or irregular periods or urinary incontinence
- Provision of cold drinking water may also help with hot flushes
- Quiet workplace rest areas
- Being able to move if an office is small and confined
- Access to natural light, which has been identified as having a positive effect on mood and the absorption of calcium during menopause transition, or light boxes if natural light is not easily available
- A reduction of exposure to noise to help reduce fatigue
- Male colleagues or line managers can benefit directly from workplace information and advice.

Some of these workplace adjustments will not be relevant to the roles of every member of staff, the important thing is to have a positive conversation focused on what might help that person in the circumstances in which they work.

From a medical perspective, some women find HRT very helpful. However some cannot take it (for example if they have a history of breast cancer), and others may experience significant side effects. In general, it is usually helpful for women to at least explore their options with their GP.

A number of organisations are now developing policies to map out how they support women in menopause transition. This may also include adjustments to the sickness absence policy to take a flexible approach for women experiencing significant symptoms – check if your organisation has one and what support this offers.

It is helpful if menopause transition is treated as an occupational health issue. Having a system that permits self-referral may help to reduce embarrassment.

It may be helpful to review the person's job role with a view to:

- Reducing workload
- Ensuring they are not working excessively long hours
- Creating capacity to rearrange formal meetings or presentations if needed
- Allowing them to switch to different tasks on bad days
- Allowing them to take breaks where needed
- Allowing them to work flexible hours and/ or at home, especially on bad days or when they have slept poorly
- Allowing them to take days off if required or to leave early, perhaps to resume working later in the day or evening

Useful resources

<https://www.womens-health-concern.org/>

<http://www.fom.ac.uk/wp-content/uploads/Guidance-on-menopause-and-the-workplace-v6.pdf>

https://www.cipd.co.uk/Images/line-manager-guide-to-menopause_tcm18-95174.pdf

https://menopauseintheworkplace.co.uk/wp-content/uploads/2020/04/menopause_report.pdf

Supporting the wellbeing of staff who are neurodiverse

What is Neurodiversity?

Neurodiversity is a term used refer to the variations in the brain functioning of individuals. A non-neurodiverse brain (a neurotypical brain) is likely to have a consistent level of functioning across all areas of cognition, whilst neurodiverse brains will show significant strengths in some areas, with deficits in others. People with neurodiverse brains may learn and process information in different ways.

Around 1 in 7 people have a neurodivergent brain - nearly 15% of people in the UK.

Types of Neurodiversity

- Dyslexia
- Dyspraxia / DCD
- Dyscalculia
- Autism
- ADHD
- Tourettes Syndrome
- Acquired Neurodiversity (as a result of disease or injury)

Each of these forms of neurodiversity occur on a spectrum, and whilst there are core characteristics to each of these, they will vary between one person and another.

Many individuals may have more than one type of neurodiversity - dyslexia and ADHD, for example.

Strengths and challenges

| Neurodiversity | Prevalence | Characteristics | Strengths | Challenges |
|--|-----------------|--|---|--|
| ADHD | Around 4% in UK | Ability to control attention, impulses and concentration may or may not include: <ul style="list-style-type: none"> • Inattention • Hyperactivity • Impulsiveness | <ul style="list-style-type: none"> • Completing urgent or physically demanding tasks • Pushing on through set-backs • Showing passion for their work | Challenges with maintaining focus and sustained attention |
| Autism, including Asperger's Syndrome | 1-2% in UK | Those with ASD have a different way of viewing the world and relating to others | <ul style="list-style-type: none"> • Often very thorough • Reliable, punctual and rule observant • May have special interests relevant to their work • Can hold high levels of expertise in their given topic • Can take a very different perspective to issues and this can lead to unusually creative ideas. | <ul style="list-style-type: none"> • Difficulty with picking up/ interpreting social cues • Expressing emotions • Reading the emotions of others • Find change challenging |

| | | | | |
|------------------|-----------|--|--|---|
| Dyslexia | 10% in UK | Challenges with language processing which may impact reading, writing & spelling | People with Dyslexia can often be very good at: <ul style="list-style-type: none"> • Creative thinking • Story-telling • Verbal communication • Thinking outside of the box - problem solving. | <ul style="list-style-type: none"> • Processing information quickly • Memory retention • Organisation • Sequencing • Spoken language • Motor skills |
| Dyspraxia | 5% in UK | <ul style="list-style-type: none"> • Issues with physical co-ordination • Challenges with organising thoughts <p>May include:</p> <ul style="list-style-type: none"> • Clumsiness • Speech impediments | People with Dyspraxia often have good literacy skills <p>They can be:</p> <ul style="list-style-type: none"> • Very creative • Holistic in their thinking • Good at strategic thinking | <ul style="list-style-type: none"> • Difficulties with tasks requiring sequencing, structure, organisation and timekeeping |

Other forms of neurodivergence include Dyscalculia (difficulty with numbers), Dysgraphia (a condition that affects the ability to recognise and decipher written words, the relationship between letter forms and the sounds they make), and Tourette's syndrome – all of these are also associated with specific strengths and challenges.

What might help

There is clear evidence that diverse teams are more likely to be high performing than teams where everyone holds a similar view and takes the same approach to tasks and challenges.

Making the most of the ways in which we are different and taking time to explore everyone's perspective can unlock issues and help to find positive and creative ways forward.

It is important to recognize that the majority of workplaces are structured in a way which works best for those who are neurotypical.

As with all aspects of wellbeing, forming a good working relationship with the person is key – find out how they like to work, what is important to them, and what have they found helpful in previous workplaces. Also ask about what they have found unhelpful, so you can avoid potential pitfalls.

Work with the person to understand their experience of neurodiversity and consider any adjustments which would help them fulfill their potential, for instance:

- Screen filters can help some people with dyslexia (there are many types of dyslexia, so this will not help everyone with this form of neurodiversity).
- Noise cancelling headphones can help people with ADHD to focus, particularly if they are in a noisy working environment.

For more ideas on how to support your neurodiverse colleagues look here:

[Neurodiversity in the workplace | Texthelp](#)

Men's health and wellbeing

Whilst accepting that general statements and stereotypes are usually unhelpful, it is important to recognise that supporting men with their wellbeing can be difficult.

The evidence suggests that men are less likely than women to access wellbeing support – for instance, only 36% of referrals for NHS psychological therapies are for men – and it also indicates a potential for significant negative impact when men who aren't coping don't get the support they need:

- The UK suicide rate for men is 3 times that of women (at its highest in men between the ages of 40 – 49 years)
- Suicide is also the largest cause of death in men under 50
- The Government National Wellbeing Survey reports men having lower levels of life satisfaction than women
- There are higher levels of drug and alcohol abuse in men.

Socio-psychological barriers

Research into reasons why men are less likely to ask for or to access wellbeing support, often highlights social pressures felt by many men:

- To display traditional “masculine” traits, such as strength rather than vulnerability, control rather than emotional expression
- To be self-sufficient and not seek help from others
- To be the breadwinner in their family.

It's easy to see how these felt expectations might make the idea of asking for help unappealing, and even more so if that help might relate to problems with mental health or financial insecurity.

Clearly, this reluctance in some men to express their concerns or ask for support makes helping difficult.

This article is intended to provide some insights about how to work through this difficulty:

- Spotting signs that a male team member may not be coping well
- Broaching the subject in a way that will encourage him to open up
- Offering support in a way likely to elicit a positive response.

Signs that help may be needed

Men experiencing distress will often channel and express their discomfort through:

- **Withdrawal** – removing themselves from other people or activities (even those which are usually important or enjoyable to them)
- **Anger or aggression** – this can often mean lashing out at people, events or objects with little connection with the source of their stress.

Other common signals include:

- Pessimistic or cynical comments, which may express a sense of hopelessness, even a view that the world would be better off without them
- Reckless behaviour or taking unnecessary risks
- Excessive use of alcohol or using drugs to self-soothe and self-medicate
- Poor sleep, changes in appetite, looking unkempt
- Complaining of physical symptoms without a clear cause

Where you have reason to suspect a man in your team may have particular vulnerability, it will be important to be vigilant at significant pressure points, where there could be the prospect of a major setback – e.g. a job application, an exam or a challenging issue outside work such a divorce or bereavement..

Broaching the subject of wellbeing

There is broad agreement in the literature on men's health (including mental health) that it is better to be indirect in approaching this kind of conversation.

Men are more likely to talk about wellbeing issues while conducting a shared activity where the explicit purpose has nothing to do with wellbeing. This is often called a "side by side" or "shoulder to shoulder" approach, highlighting the contrast with less successful "face to face" approaches. But the key thing is that there should be something else going on which has just as much surface level importance as the conversation. Examples could include:

- Carrying out an inspection, audit or site visit
- Making a journey together, on foot or by vehicle
- Carrying out a repair or maintenance
- Routine organisation or planning work, i.e. work not requiring too much complex analysis.

Another area of agreement is about the value with many men of avoiding too much clinical terminology as this may generate fear of stigmatisation. Research indicates that reframing therapy and mental health interventions as "courses," "workshops" or "mental training, makes these interventions more attractive to many men. The suggestion is therefore that instead of saying, *"I think you may be clinically depressed, and need to see a psychiatrist,"* it may be better to say, *"There is a great programme that can sharpen your mental resilience."*

Even if you follow these guidelines and approach the conversation with great tact, there is still a chance that the response you receive will be an evasive, or defensive one. You cannot force this conversation to happen, and it may be counter-productive to try. But there are a few things you can do (and a few things to avoid doing) to keep the door open for when they are ready to talk.

1. **Ask again.** After a suitable gap, it will usually be acceptable to try and raise the subject again – showing that you care, and that you are ready to listen when they are ready to talk. If you encounter repeated resistance, it would also be worth exploring whether there is anyone else – a colleague, a coach or counsellor – your team member would prefer to talk with.
2. **Talking about things or events, not feelings.** Asking about what has happened in factual terms, and about what this means for your colleague, is often more productive than being “touchy feely”.
3. **Don’t diagnose.** Unless you’re a professional, you shouldn’t attempt to diagnose specific (mental) health issues. Your role is to listen, encourage and support. You don’t have to fix anything.
4. **Ask what would be helpful to them.** Taking the conversation into practical, problem-solving mode can be a good way to engage many men, but in a non-threatening way which doesn’t imply or dwell on supposed frailty. At this point you may be particularly helpful in working with your colleague to assess what steps are practical for them – and small steps are usually enough at this point.
5. **Maintain a calm demeanour.** Show that you are not fazed by anything you hear, and this will usually encourage more open, honest sharing.
6. **Keep checking in.** Don’t make this kind of conversation a one-time event. Keep checking in regularly, but as with the “side by side” approach mentioned above, these check-ins will be more effective if they are not seen to be purely about your colleague’s wellbeing – if every conversation you have with them is about the problem(s) they have shared, this can generate a sense of embarrassment or shame and prompt your colleague to avoid talking to you.

Some useful resources

Video on men's mental health

<https://maudsleybrc.nihr.ac.uk/posts/2020/may/thought-provoking-men-s-mental-health-film-released/>

Initiatives focused on men's health

<https://andysmanclub.co.uk/>

<https://menssheds.org.uk/>

<https://conversations.movember.com/en-gb>

Other useful resources

[Samaritans Handbook for mens wellbeing services 2021.pdf](#)

[Men's Health Forum \(menshealthforum.org.uk\)](https://menshealthforum.org.uk)