Pfalzklinikum

Ways to Resilience

Myself and Others

The Job and the Company

Me/us in the Community

Social Communication

Mental Health Supplement

Die Pfalz macht stark.
WEGE ZUR RESILIENZ.

sich dich

Organisational resilience: corporate structures and strategies to cope with changes and crises

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The ability to advance personally even during times of crisis, to be able to cope well with changes and with the ups and downs of life is what is generally summarised under the term resilience. Resilience is of the utmost relevance for individuals, but equally for organisations. Organisations, very much alike individuals, operate in settings that undergo permanent changes. For instance, for companies that work within highly dynamic, globalised markets, their operations are impacted by ageing workforces equally as by the rapid pace of technological progress, to name only few of the many megatrends companies are faced with. These dynamics may trigger crisis situations in companies or organisations in general, which are cropping up at an ever more rapid pace, hence permanently increasing the pressure on them to adapt accordingly.

Such crisis situations almost invariably call for rapid and comprehensive action to ensure an organisation's survival in the long term. The ability of an organisation to cope with these external and internal changes is called flexibility. Flexibility can mean reacting to these changes, but also proactively preparing the organisation to foreseeable or likely risks and opportunities well in advance. Flexibility, however, can also mean to be open for new types of information and for different perspectives on, and new interpretations of, existing data and information. In a production environment, flexibility could mean the ability to adapt almost instantly to the production volume and capacity to meet customer demands, to produce variations of the product to better match customer needs, to speed up product delivery or increase the level of adherence to delivery dates, or to invent, produce and market tailored products with a competitive time-to-market. Similar criteria are valid for service environments, including administrations.

Unfortunately, flexibility often is implemented by 'privatising' corporate flexibility requirements, that is by passing them through to each individual member of the organisation. Statistical data for Germany over the last 20 years show a continuous move of organisation towards this flexibility strategy. This is evidenced by a permanent increase of the rates of staff with temporary contracts, of marginal employment, part time workers and hired-out workers, but also of night and shift workers. As a consequence, factors that require and build upon an individual's flexibility such as time pressure, area of responsibility, workload, restructuring measures and non-typical working times are among the top 10 factors of work strain from the employees' perspective. Unfortunately, in some management literature, establishing organisational resilience is seen solely as a process to strengthen an individual's capability to deal with these unfavourable conditions in organisations. Organisational resilience, in their perspective, is given if and when all members of an organisation have established a sufficient level of individual resilience.

No doubt, increasing individuals' levels of resilience is a good thing to do. But doing just this ignores the findings of prevention research, both in the field of mental health and of occupational health and safety, of the past several decades. Effective prevention requires a behaviour, but also a structural orientation. The above-mentioned strategies focus only on the behaviour component, and ignore that the work itself as well as the work environments and conditions are equally to be taken into consideration, as factors that can be assessed, changed, and ultimately be improved upon.

But what does structural prevention with regard to resilience mean? If we would agree to the previous interpretation of organisational resilience as the sum of each individual's resilience, then structural prevention would be a topic of corporate health management. It would be addressed by measures that improve the well-being of employees, such as decreasing workload, workplace health promotion activities and implementing in-house seminars to learn how to cope with unfavourable conditions and so on.

But there is a problem in this approach because it implies the rule that 'more is always better', and that the employees' resilience is the only resource an organisation can resort to at difficult times. The reason is that this approach is completely decoupled from the triggers that necessitated an increased flexibility of the organisation and that it focuses solely on the individual level. But the reality is that the an organisation's management always has to optimise along at least two dimensions, the individual and the corporate

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'well-being'. Hence, management decisions require a balancing out of these dimensions. Unfortunately, the repertoire of measures managers avail themselves of is composed of reorganisation measures to implement their corporate strategy (that often focuses on the external effects and ignores the impact on members of the organisation) and of corporate health management measures (that often focus on the individual well-being but are not mirrored against corporate requirements).

Our hypothesis is that organisational resilience constitutes the missing piece between corporate health management and strategic management & reorganisation. It influences corporate health management and extends its offers and structures to improve individual resilience, but also impacts on strategic planning. In the same way, it enriches strategic planning by taking individual and organisational resilience on its agenda, as relevant optimisation dimensions to be considered, with implications also on corporate health management. The missing piece seems to be the balancing process that explores an - organisation-specific - optimum between individual and organisational resilience. It is the structures that are needed for a discussion and agreement process between management and employees on eye-level, the rules of communication between them, and the binding character of the outcomes of this process. Filling in this missing piece will result in – possibly – different decisions both in health management as well as in strategic planning, yet these decisions will equilibrate individual and organisational requirements with regard to improving resilience on both levels.

The implementation of organisational resilience requires a letting-go in many areas of classical management and organisational principles. The combination and balancing of individual and organisational resilience thereby becomes a key characteristic of sustainable companies and mentally healthy employees. The ultimate effect will be an organisation that gains a competitive advantage because it is more resilient against internal and external changes and crises, backed by – but not solely based upon - the resilience of the members of the organisation. But also each individual in an organisation will benefit from an organisation that is able to cushion external crises or that provides a stabilising context during times of personal crisis. It seems that organisational resilience has the potential to generate a real, tangible and meaningful win-win.

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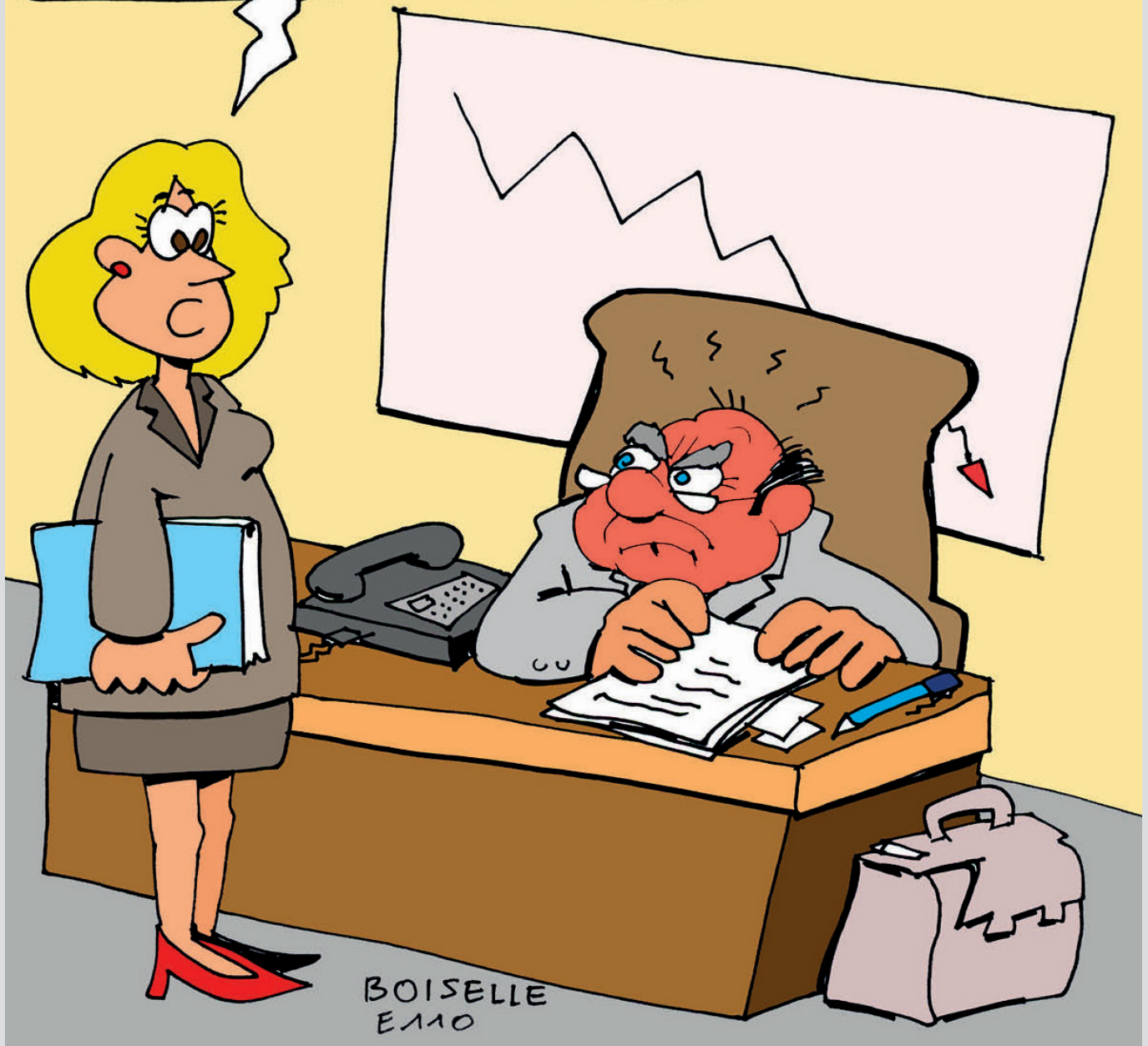"The palatine region makes itself/you stronger – Ways to Resilience"
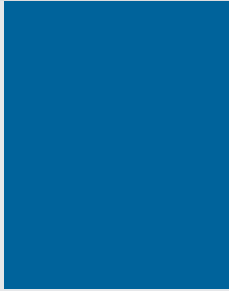
left to right: Nat Kendall-Taylor, Birgit Fuchs, Hans-Joachim Salize, Christina Nedoma, Mareike Schwepe, Harald Weber, Paul Bomke, Günther Stratmann, Eva Baumann, Andres Fernandez, Christian Schemer.

Mental Health Europe's Ophelie Martin reveals the extent of mental health problems in the workplace and how these can be addressed.

Mental health problems are common. One in four in the UK will experience a mental health problem every year; approximately 25 per cent of European citizens will experience a mental health problem during their lifetime. Mental health is an integral part of health and yet, it continues to be treated differently to physical health. While attitudes are slowly changing, stigma and self-stigma around certain conditions remains a reality for many, especially in the workplace.

Over the last decade, the levels of absenteeism, unemployment and long-term disability claims due to work related stress and mental health problems have increased in Europe (ENWHP). Figures will not improve if integrated approaches to employment and health are not implemented in the long term. Prevention and early intervention programmes in the workplace may help by educating employees and employers about mental health issues and how to deal with them. At the moment, however, interventions tend to come too late and involve huge social and economic costs.

For most adults, their working lives are central to their wealth and wellbeing. Although the importance we place on work may differ greatly according to each individual, it is has long been acknowledged that work increases self-esteem and the quality of life (McDaid, 2008). But what happens when the work environment becomes damaging to one's mental health? When that first symptom of depression or anxiety appears? While there is less stigma around mental illness than there used to be, disclosing mental health problems to colleagues or employers remains more difficult than speaking up about physical health conditions.

A 2014 survey found that 40% of respondents from a cross section of industries had experienced some kind of mental health problem and had not told their employer due to fear of stigmatisation (Friends Life). Even though depression and anxiety are less stigmatised nowadays (unlike schizophrenia or other manifestations of psychosis) some people may stigmatise themselves and not tell their employer because they fear a negative response.

This is why it is crucial to train managers in how to spot the first signs of distress and how to respond in an helpful manner as recommended by the OECD in their recent Fit Mind, Fit Job study (2015). Surprisingly, the lack of interpersonal skills in managers and the fear of making things worse may be more of a problem than prejudicial attitudes. Training should be encouraged through incentives (financial, special rewards) and be implemented through the publication of guidelines and handbooks as well as participation in specific workshops. Big companies have an important role to play in acting as role models to promote healthier and well-informed workplaces, where a culture of openness can be fostered and where managers can be trained to deal with mental health issues.

As David McDaid puts it, "providing a healthy and inclusive working environment can prevent mental health problems and enhance opportunities to enter, maintain at, or return to work when experiencing such problems. Good health contributes to quality and productivity at work, which in turn promotes economic growth and employment". Indeed, numerous studies have underlined the high costs of absenteeism and presenteeism due to mental health problems and it is clear that the costs of doing nothing about psychosocial issues are higher than the costs of investing in training and integrated approaches to mental health at work.

The Fit Mind, Fit Job study shows that productivity losses at work are considerable for workers encountering mental health problems and that prevention could tackle this loss quite effectively. Over the past few years, very successful campaigns to promote health lifestyles have developed within big companies, SMEs and public administrations (e.g. Getting Europe Moving, 5 A Day campaigns). The next step is to extend such positive and wide-reaching campaigns to mental health concerns, a good example of which is the Time To Change (UK) campaign which has managed to convince 364 organisations to pledge to end mental health stigma.

Healthy employees make for healthy workplaces and vice versa, however although this fact is widely acknowledged, in practice a lot remains to be done. To end stigmatisation around mental health problems such as depression, anxiety or psychosis, workplaces should encourage employees to disclose symptoms or conditions: the earlier the better. Action taken in the workplace will have more impact than waiting for people to drop out of the labour market. This is about nurturing a mentally healthy environment and changing attitudes and behaviour towards mental health problems. People should not fear stigmatisation when going through tough times or when suffering from mental health problems as physical and mental health problems are of equal importance.

Tackling Mental Health Problems in the Workplace

Supporting mental health awareness initiatives, encouraging access to counselling or other services, breaking the 'silo culture' - these are crucial steps needed to prevent stigmatisation and mental health problems at work.

Key recommendations from the OECD study include avoiding silos and isolated support and highlight that mental ill health is a mainstream issue that many stakeholders must address. The study recalls that front line actors outside the field of mental health, such as managers, have a key role to play in securing better labour market outcomes for people with mental ill health. For instance, company policies should include specific recommendations for employees to look after their mental health and well-being.Most companies and organisations have occupational health and safety policies and should ensure that the promotion of mental health and well-being is included within those policies.

It is pivotal that the promotion of mental health and well-being also comes from the top (i.e. employers, general managers) so as to ensure a healthy and positive work culture. Undeniably the biggest barrier for people with mental health problems at the workplace remains stigma including self-stigma. Sometimes, colleagues may also notice peers struggling but do not dare to talk to them for fear that they will not find the rights words. This is where the education for employers and employees, including through awareness raising campaigns, will prove useful.

Like the promotion of physical health, the promotion of mental health at work can and should be seen as a virtuous circle rather than a burden. Firstly, there is a strong business case for promoting mental health and well-being at work: the healthier one's employees feel, the more productive they will be. The promotion of mental health in the workplace lessens the need for time off and increases productivity and cost saving on the short and long term. As in any other area related to mental health the notion of 'parity of esteem' is crucial: physical and mental health problems are intertwined, and should not be treated separately.

Health professionals, HR directors and managers need to break the silo mentality and work together in an inclusive way to overcome the challenges of mental health problems in the workplace. It remains common to view physical and mental health treatment in separate silos in health services although it is an acknowledged fact that people with poor physical health are at higher risk of experiencing mental health problems and vice versa. As a result of this fact, the principle of parity of esteem was adopted by mental health professionals and reasons that mental health must be given equal priority within the health field .

However, and as MHE President Nigel Henderson recalls, "parity shall be based on the issue of disease burden and implies parity of expenditure: this should not mean more hospital beds for people who have mental health problems". The notion of parity of esteem is now gaining traction but can sometimes lead to confusion when addressing mental and physical health problems. It should not be viewed as an encouragement of investment in institutional care; expenditure should support mental health services focusing on early intervention, prevention and a primarily community-based model of support at work, at school, at home.

Parity of esteem can be achieved through improved integration of services. Successfully integrated services should ensure that mental health support services focus on the role of employment and that in more general terms, health and employment are tackled together. Every year, not only in the UK but across Europe, mental health problems generate huge economic and social costs. We know this yet we are still failing to implement appropriate policies and practices that foster healthy work environments, combat stigma and promote resilience.

Therefore, Mental Health Europe calls for whole company policies, training for managers and work focused healthcare to ensure that doctors pay attention to the working lives of their patients and help them remain in work by providing timely help - including advice to the employer if required. MHE understands that time is needed to put in place integrated approaches across Europe. However, many best practices already exist, and the best way to put into place effective programmes is to look at what has been done elsewhere.

In September 2015, MHE, together with other partner organisations, launched the European Alliance for Mental Health in All Policies, which primarily focuses on mental health in the workplace. The Alliance aims to encourage multi-stakeholder cooperation to promote investment in mental health in Europe. At the European level there is a clear need for leadership and cooperation in this area and MHE believes that the EU can and should do more to facilitate the sharing of best practices between Member States.