



# State of the Workforce – 2008

Employees who access counselling,  
and what they tell us.

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## Executive Summary

This paper explores the reasons that bring people to the Right Management's Employee Assistance Programme (EAP), Corecare™ and sheds light on those aspects of the workforce that the employer tends not to know about. It discusses the inner workings and the psychological factors that make a difference between full employee engagement and mere lip service. As an independent provider of help, support and advice we are in a unique position to look at the vulnerable underside of the UK workforce and understand the hidden factors that influence performance.

## INTRODUCTION

Strategic workforce development is a key determinant of business success. At a time when the economy is experiencing a period of challenge and pressure, many employers are finding that the need to retain talent is being counterbalanced by the drive to manage costs; at the same time, organisational growth and strength flows from the development of an infrastructure of resilient workers who are able to respond flexibly to the changing needs of successful business – this applies in all sectors (public, private and voluntary) – and success lies in the ability to develop an engaged workforce who demonstrate a high level of productivity. It is important, in this context, that employers understand how their workforce is operating, how energised and resilient they are and what their pressure points appear to be. In addition, the organisation needs access to clear data that highlights aspects of their workplace that seem to be adding unmanageable stress to their staff.



*Strategic workforce development is a key determinant of business success.*

Corecare™ is a specialist Employee Assistance capability within Right Management and has been delivering services in the UK for almost 20 years. In that time the workplace has changed dramatically; the widespread introduction of computer technology has created significant change in many working environments, the growth of mobile communications has led to an 'always-available' culture and generational changes have led to new attitudes to work and reward, leading to measurable shifts in the workplace dynamics. At the same time, social and political changes have led to new questions being posed about issues as diverse as Corporate Social Responsibility (CSR), Work-Life Balance, and Recruitment and Retention of a diverse workforce. The generational shift has seen an end to the 'job for life' aspiration of the post-war years as the need for security has been replaced by a drive for stimulation and reward, and there has been a sea-change in the way people are motivated in the workplace – delayed gratification is now rarely enough to reward people who want to see immediate reward for their efforts. As business struggles to keep up with the pace of change, we have seen a number of tags given to successive changes in employment in the last 50 years – Generation 'X', who followed the Baby Boomers in the latter third of the 20th century; the 'Y' Generation who work to live rather than living to work; the 'Millennial' generation – who came of age at the turn of the year 2000; the 'N' generation – online, networked and IT-savvy; Generation 'Z' who are younger and have variously been described as "having a strong social conscience and work ethic" and "indulged and anti-social"; these sociological phenomena are impacting at work, yet are often almost opaque to the employer. The need to understand what is happening with the workforce has never been so great, yet the challenges so complex.

Since our entry to the market, the UK employer has been faced with a barrage of legislation governing the employment experience, providing rules to cover everything from minimum wage through to the employment rights of older people. This has had the positive benefit of creating the framework within which business can change and adapt to modern attitudes to employment, but has also provided a challenge by requiring organisations to develop skills and processes in a wide range of areas, particularly in HR-related matters. Our work with employees has given us valuable insights into the ways in which the workforce experiences these initiatives, and into the factors that may inhibit success.

**THE NEED TO UNDERSTAND WHAT IS HAPPENING WITH THE WORKFORCE HAS NEVER BEEN SO GREAT, YET THE CHALLENGES SO COMPLEX.**



This report considers three particular areas that shed light on the secret world of the worker; it looks at the work-related factors that are creating stress for employees, it considers the domestic and personal issues that lead people to seek help and it explores the significant risks identified in a small minority of people who have counselling whilst experiencing potentially life-threatening levels of disturbance. All of this is described in the context of the calendar year 2008 since it gives us the opportunity to examine the seasonal range and to see a year in its entirety. Our reporting to customers is staggered throughout the year, dependant on the contract dates and the reporting schedule agreed at set-up but this report takes a view of the entire service giving us the opportunity to take a more global view of the service and the lessons to be learned.

## EAP USAGE

From January 1st to December 31st 2008, **32,360 calls** were received by advisors on our 24-hour helplines and **8,199** people engaged with face-to-face counselling with our therapists. Breaking this down to daily averages, we heard from 89 people a day. The fluctuation in usage can range across almost fifty percent, so that on a busy day we take calls from around 140 people; 23 people a day started counselling with us across the UK. One of the significant points of these figures is that the service is staffed 24 hours a day, every day of the year. People contacted us on every day of every week and around the clock. In addition to this, many thousands accessed our web site – for user confidentiality we do not track individual access through the use of cookies so it is not possible to say what extent of web users went on to phone us although there is some indication from callers that they have found the web helpful and it has inspired them to call.

With such a level of usage, we are able to draw a picture of the underbelly of the workforce, the factors that are causing them to feel unsettled and – in many cases – stressed. Making contact with a helping service such as an EAP is rarely the first option for most people; the tendency, particularly in the UK, is to try to resolve things with no help from anyone else and to expect oneself to be able to cope – the stiff upper lip is still alive and well in British culture. The fact that over 30,000 people have contacted the service is a measure of the extent to which people are now finding they no longer believe they have the personal resources to manage their problems. For the economy, this is an important finding because it suggests there is a significant level of pressure that must inevitably impact on performance and productivity; whilst pressure is a positive energy force and can lead to improved outputs, stress has the opposite effect and takes the employee into a zone in which performance, accuracy, productivity and even attendance come under threat.

Working with over 8,000 users of face-to-face counselling, we are in a strong position to draw assumptions about the psychological state of GB at Work, and there are some stark findings to report.

### Discussion Point:

Of the calls we received, the vast majority of issues stemmed from outside work. Although Workplace Issues were cited over 6000 times by people using our Counselling, Information and Support line, individual callers can give a number of reasons for calling, so that the 6000 issues reflects how many times that issue is experienced but a caller may be experiencing three or four. This introduces the relationship between the world outside of work and its impact in the workplace.

## WORK RELATED STRESS

Despite a widespread belief that work is stressful, until relatively recently little research had been carried out to examine the direct links between work and stress.

In the last two decades, however, we began to see a growing interest in this relationship, and this culminated in the involvement of the Health & Safety Executive, who have taken on the responsibility for distilling examples of best practice from amongst a range of initiatives. One of the key first steps they took was to publish, after a comprehensive analysis and review process, their Stress Management Standards, in which they identified six areas that are proven to be related to stress as experienced by employees. In broad terms, the relevant areas are Role, Demands, Control, Support, Relationships and Change.

Although the HSE standards highlight six areas, we have broken these down into further differentiators to create a subset of twelve, all relating directly into the six HSE factors. We did this because we identified that there is an important difference between, for instance, line manager support and training and development within an organisation, yet both feed into an overall Support score. The table below gives a full breakdown of the headings we have used, and the descriptors we provide our staff to help to allocate issues to the correct category.

*The spread between the various stress factors was, however, uneven and we found that some issues seem to be more prevalent than others.*

### Work-related stress descriptors

HSE Stress Standards	Breakdowns captured by Right Corecare	Definition
Role	Unclear role definition	Lack of clarity around roles and responsibilities
Role	Role performance	Because of competing role demands
Control	Control over work (internal)	No control over pace of work, or authority to use initiative
Control	External Pressure	Commercial/Service pressures, demands and market change
Demand	Inappropriate work demands	Ability mismatch or volume of work within hours
Relationships	Relationship dissatisfaction	Difficult personal relationships at work
Relationships	Bullying/Harassment/Aggression	Bullying, intimidation, stalking, workplace aggression by colleagues or aggression from public
Relationships	Discrimination	Race, Gender, disability, sexual orientation, age, culture
Change	Organisational Change	Stress due to internal reorganisation/restructuring
Support	Support from management	Unsupported by management/manager
Support	Support Systems	Not supported by colleagues
Support	Resources & Training	Lack of resources or training/support to carry out or develop in role

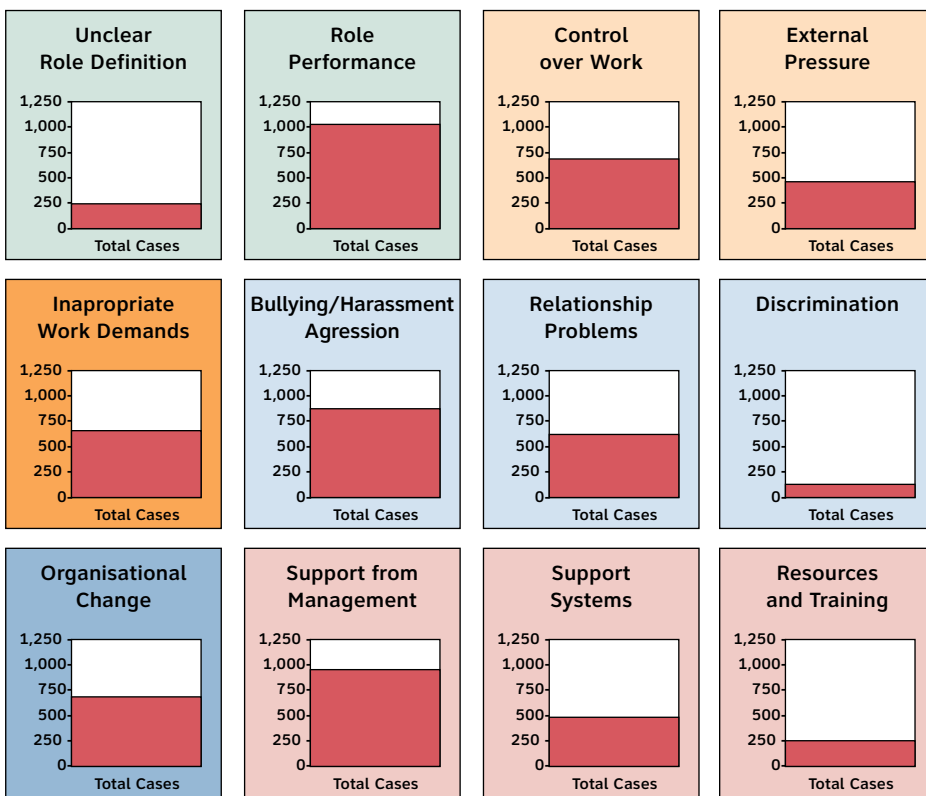
Within the 8,119 clients who accessed counselling through Right Management, we identified over 6,000 episodes of work-related stress problems. The spread between the various stress factors was, however, uneven and we found that some issues seem to be more prevalent than others. The charts below show a full breakdown of the occurrence of each factor as encountered by Right Corecare.

## 2008 COUNSELLING CLIENTS – WHOLE EAP SERVICE

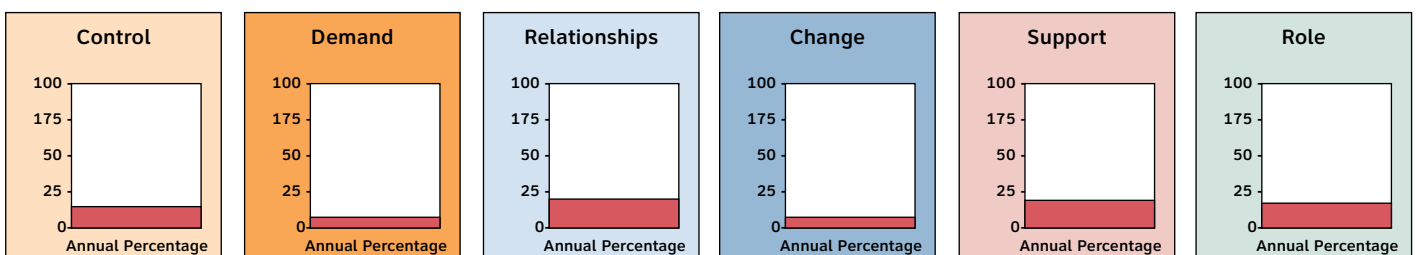
The first three rows of charts show the annual number of cases for each of the 12 reporting headings under 'Workplace Stress', whilst the bottom row of charts shows these mapped against the Health & Safety Executive Stress Management Guidelines, as a percentage of all cases.

In 2008, 8119 people had counselling with Right Corecare so the percentages shown are based on this total number of cases.

### Specific Work-related Issues



### Health & Safety Executive Stress Standards



## SPECIFIC WORKPLACE ISSUES

14% of all people who had counselling with us said they were struggling to deal with issues related to **control at work**. This describes the ability to define how work is to be carried out and to influence processes and systems. Employees are feeling buffeted by a changing market and by their inability to control work flow. The message is that the job has got to be done, and that timescales are often becoming narrower. One component of this category is the extent to which employees are allowed to demonstrate creativity and initiative in the fulfilment of their role. Where staff are required to follow a prescriptive process with little room for manoeuvre, it is common to find that stress follows.

Seligman<sup>1</sup> showed over 30 years ago that people faced with situations over which they appear unable to exert any control are at risk of Depression and related mental illness. His theory of Learned Helplessness has been widely accepted as an accurate reflection of the way in which people respond to being unable to control their environment. Since that time, organisational psychologists have advocated the development of systems and processes that allow for individual workers to have a degree of control, whether this is over the pace, the methodology or some other aspect of the work. Traditionally, decision-making power grows the further one climbs in the organisational hierarchy; introducing executive power at a grassroots level is a major step in promoting a psychologically-strong workforce. The usage of the Corecare™ EAP demonstrates the converse, that when individuals feel they have little control they become sufficiently stressed to require psychological support.

Another feature of Control is the perception that customers are becoming more demanding. There have always been power swings in the purchaser/provider division, and when the organisation is in control of the customer relationship it is quite easy for staff to feel they are in control too. When customers drive the pace and process, staff can find this difficult to adapt to. There are cultural differences to some extent; there are parts of the world in which a customer need is seen as a paramount business opportunity whereas in the UK there is more of a tendency to see exceptional demands as a nuisance and as something that interrupts the acceptable flow of work. Increased globalisation has brought with it a set of corporate expectations that may sometimes be at odds with the workforce engagement levels. One manager in an engineering role told us he was finding it very difficult to cope with the fact that a demanding corporate customer would present a piece of work mid-afternoon on a Friday and expect it back by the beginning of the next day; he would have to persuade his team to start the work immediately and work through until it was finished, often not finishing until 9 at night. Normally, staff see the weekend as sacrosanct and any incursion by work into that time is resented and avoided. When this manager took his problem up the chain in his organisation, senior American managers did not understand the problem and could not comprehend that a worker would not be willing to meet a customer need even if this meant sacrificing personal time.

### Another recent caller told us:

"I will be 59 in June and wish to change my working hours from 32 to 21; this is partially due to health problems and partially to adjust my work life balance. This has been refused by my employer and I am wondering where I go from here."

<sup>1</sup> Seligman, M.E.P. (1975). *Helplessness: On Depression, Development, and Death*. San Francisco: W.H. Freeman

This highlights the potential conflict between work and home and also draws into focus the challenge of Work/Life Balance. We prefer to use the concept Work/Life Integration, because this recognises that the relationship between the two is fluid and that – in adult life – work is a component of life rather than a separate entity. The concept of balance suggests it is either this or that, whereas integration evokes the appreciation of a more holistic view.

8% of counselling clients said they were experiencing problems with the **demands of their job**. This is, to some extent, indicative of the pace at which people are working today. With staffing levels squeezed, the flow of incoming work often seems to exceed the output capability of staff. This is a particularly relevant area for the EAP because the ability to reduce stress in an individual enhances performance and productivity, thus enabling the worker to feel more able to meet the output challenges. Some commentators have estimated that the output improvement may exceed 20% in many cases. Many employers in times of economic pressure find it difficult to create growth at the pace they need to maintain financial stability; the pressure, therefore, becomes a cost-management squeeze which recognises that often the most expensive resource is the staff; this results in what might be called the three 'R's of Reorganisation, Restructuring and Redundancy. Often, the support package that is put in place to help people transition out of their job is comprehensive and may extend for a number of months. Support for the people who remain, however, is often overlooked; sometimes the employer simply believes that those remaining are happy to have retained their jobs in such difficult times, and some employers believe they simply cannot afford to provide support to remaining staff after meeting all the costs of letting people go. In reality, those remaining often find they are being asked to increase their workload, improve productivity and do so in a team with less people and hence less capability to cope with absence, illness and annual leave. The increasing demands eventually lead to an inability to function adequately and to a sharp downturn in output. The cost of this to the employer is far greater than the cost of support mechanisms to help workers avoid this degree of stress, but it is often a hidden cost so is not identified in a timely manner nor reported at board level.

*Bullies who shout and publicly humiliate their subordinates or colleagues are easy to identify, but there are more underhand forms of bullying too. Subtle bullies set their staff up to fail by withholding or manipulating information, calling meetings when staff are not available, isolating workers from colleagues, criticising them for minor mistakes and undermining their self-confidence by ignoring their successes.*

*Professor Cary Cooper. Times HES. April 23rd 1999*



19% of users were finding it difficult to cope with **relationships in the workplace**. The breakdown into subsections, however, gives a clearer picture of exactly what the problems are. Whilst 120 people said they had experienced discrimination at work, 846 people reported being the victims of bullying, aggression and harassment; in 601 cases, employees told us that they found some relationships in the workplace difficult, although they had not identified this as being bullying- nor discrimination-related.

There are two significant elements to this: many organisations believe they have good anti-bullying systems in place, and for every person who personally experiences bullying at work, another five report that they have been negatively affected by their peripheral awareness and/or involvement. What often happens, however, is that the energy is applied at the severe end, when the organisation has been made aware of the bullying and has a disciplinary process to apply to the situation. The trouble with this approach is that it waits until the behaviour has become so prevalent that it meets the burden of proof that would be required in a law case. In fact, to arrive at a point where bullying takes place, a whole series of behaviours must have taken place – often unchallenged – to allow bullying to be incubated. To address this significant negative element of work, employers need to develop a culture in which the minor indignities are addressed, in which Dignity at Work is something that runs throughout the organisation and in which colleagues will challenge unwarranted low-level behaviour, rather than wait for it to become formalised through a corporate grievance or disciplinary system.

#### The instability model of inappropriate workplace behaviour



9% said they found change in the workplace was difficult to deal with, either because they were disenfranchised and not consulted or because it was difficult to adapt to new structures. To some extent this may be seen as a surprisingly low figure, given the rate of change in the workplace today, but our experience has been that some people are becoming change-adept, as they experience several strategic reviews, operational changes and even organisational ownership. On the other hand, people faced with sudden change – restructuring and downsizing are obvious examples – tend to look first at the practicalities, the steps they are obliged to take or should take to protect their future. The emotional sequelae of change is often experienced some time after the change has taken place, and users sometimes attribute their problems to something else because they have lost track of the developments that have led to increasing pressure and emotional difficulty.

20% of all counselling clients tell us that they are under-supported at work. Again, looking at the subsets of this item, it becomes clear that the major problem lies in the support received from managers; almost 1,000 workers told us they did not receive adequate support from management, to such an extent that it was having a negative effect on their emotional wellbeing and their ability to remain focussed at work. This is not a tale that is being told for the first time, as employers have long recognised the significance of the managerial role in supporting staff engagement, but it helps to draw a clearer picture of what is being experienced by workers. There can sometimes be a discrepancy between what senior managers believe the experience of their employees is and the actual experience as reported by those staff. One of the particular areas of significance of the data is that we are reporting on people who have looked outside of their organisation for help and, in the majority of cases, are doing so in a situation in which their employer is not aware that there is a problem.

16% report issues around their role. This can encompass a range of experiences from lack of role clarity through to having multiple roles and finding it impossible to fulfil them all. This latter point was the focus of a major court case in 2007, *Intel v Daw*<sup>2</sup> in which the Court of Appeal held that an employee who had multiple managers with unclear role definition was able to claim damages from the employer for the stress that followed. She was awarded almost £115,000 plus interest that accrued as the employer pursued the case through the courts.

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<sup>2</sup> *Intel Corporation (UK) Limited v Daw* [2007] EWCA Civ 70

## NON-WORK ISSUES

Sometimes, employers will pose the question “why should I provide this service for my staff when their problems are nothing to do with work?”

Users of the counselling service within the Corecare™ Employee Assistance programme revealed a range of non-work problems with their counsellor, as summarised in Table 4 below:

### Non-work counselling issues

Drugs/Alcohol	305
Emotional/Personal	5592
Work - Life Balance	920
Relationship/Family Issues	3987
Health Related Issues	1870
Bereavement	1308
Domestic Violence	204

As can be clearly seen, many of these issues concern the employee’s personal emotional world, the relationships in their lives – including immediate family and family of origin – and, perhaps unsurprisingly, almost 1000 people struggling to achieve some acceptable degree of work/life balance.

Whilst all of these issues are central to the work that counselling does anyway, in the EAP it takes on an extra significance because the counsellor has to consider a broader context when working with the client. Rather than focussing exclusively (for example) on the problems a client experiences in relation to developmental experiences, we also have to consider how this impacts on the employee at work. What we find is that a large number (consistently over 60%) of users tell us that their work has been affected by their problems – even though work isn’t the source of those problems. This is one of the reasons why the role of Right Management in supporting the emotional wellbeing of the employee is strategically valuable and is an aide to the performance of the organisation as well as of the individual.

Furthermore, apart from the numbers who tell us their performance has improved as a direct result of their work with us, over 70% of counselling clients tell us they would have taken time off work to deal with their problems if the Corecare™ EAP service had not been available. Throughout the year, we provided employer-specific data about this response, highlighting the cost saving. On a national level with 70% of counselling clients saying they would have taken time off work, multiplied by the CIPD average absence cost figure for 2008<sup>3</sup> of £666, we find that the potential cost-benefit of absence reduction at its simplest analysis is £3,822,300.00 for the face-to-face counselling element alone. To this figure we can add data from the Sainsbury Centre for

<sup>3</sup> CIPD Annual Survey Report 2008: Absence Management

Mental Health<sup>4</sup> who looked at the business case for working with mental health in the workplace. They considered the true cost of presenteeism – those people referred to above whose performance decreases as a result of their problems yet who do not take time off work. They estimate the cost of presenteeism at twice that of absence, particularly since it tends to be located in more senior people, who are more reluctant to take time off. With 60% saying their performance has been affected, this adds as much as another £640,000 to the cost benefit. Combining the figures, our work in 2008 can be shown – through the counselling service alone – to have returned over £10m to the UK economy at a rate of almost £2 in the £1 – this is on top of all the other associated cost benefits that are attached to the service (particularly with such a large percentage of people being supported by means other than face-to-face counselling)

This takes us back to the question posed at the introduction to this section – the employer pays for it because the personal emotional world of the employee impacts on performance, productivity and attendance, and the employer receives a better-than 2:1 return on the investment.

## RISK

A feature of the EAP that is particularly relevant to any understanding of the secret life of the British worker is the extent to which staff experience such a high degree of disturbance that there appears to be a high risk that they or others near them will be injured. Throughout the entire year, 270 counselling clients had a Red Flag attached to the case; this signifies to us and the counsellor that there is a discernible level of risk that requires careful management beyond our normal case management system. Appendix I to this report gives a case-by-case on-line descriptor of the reason for the Red flag, although there are almost other contributory factors involved. When we talk internally about a client with suicidal thoughts, we do not often include those people who make comments such as “Sometimes I wonder what the point of life is” or “Sometimes I think I could just end it all”; the people who we list as suicide risks are telling us they have a plan, the means to carry it out and they intend to do so – very often no-one else in their circle at home or work knows how they feel, and we carry this responsibility very carefully. In 2008 one Red Flag client committed suicide; in addition another client committed suicide but had kept his intention so secret we had no inkling that he was at risk. This only goes to underline not only the depth of distress some employees feel, but also the importance of a professional, experienced Clinical Case management team when presiding over the therapy of people who experience a wide range of problems and who respond to these in sometimes unpredictable ways.

One of the other major reasons for attaching a Red Flag is in a situation in which the client is currently experiencing domestic violence; allied to this, we often find alcohol is also involved so that the risk of disinhibited behaviour leading to real harm to our client is greater. In both of these situations, and certainly when there is co-morbidity (both issues arising at the same time), a

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<sup>4</sup> Sainsbury Centre for Mental Health: *Mental Health at Work – developing the business case*. 2007

handful of sessions of counselling will never be enough to resolve the problems and achieve a new emotional life. Part of the skill of counsellors working with us is to identify exactly where the employee can best be helped and to signpost them. By being willing to provide brief effective therapy coupled with networking with other more specialist providers, we often find that we are providing an infrastructure that only we and the employee are aware of – the employer very rarely gets to know about the hidden life of the employee concerned.

Many of the people who are at such risk tell us they do not want their employer to know about it, that they use the Employee Assistance Programme specifically because it is confidential and allows them to freely express their darkest elements. We have to handle this responsibility in a way which supports and helps the employee, whilst also keeping an eye on our responsibility to the employer, people at work and other within the client's circle of influence. There have been times when we have made an employer aware of a Red Flag – this is always done with the employee's knowledge and consent even though we do reserve the right to act without consent if we believe there is a legal responsibility or a justifiable Duty of Care. As an insight into the unspoken world of the employee, though, it helps to highlight just how important the availability of the Right Corecare service is. As the direct result of our intervention in one Red Flag case in 2008, a member of staff in a position working with vulnerable people was removed from post by the employer, with the involvement of the appropriate professional body, as a direct result of our willingness to bring urgent matters to the employer's attention – it is not something we do lightly, but it provides another safeguard to an employer working in a risk environment who might otherwise never have known of the risk until an incident occurred – by which point the damage would have been done long before the preventative measures could be put in place.

## **SUPPORTING MANAGERS**

When discussing risk, we need also to keep in mind the role we provide in helping managers and employers work with people who have mental health problems. The Employers' Forum on Disability in 2008 reported that:

- 60% of line managers underestimate the percentage of the UK population that experiences mental ill-health
- 76% of line managers are aware they have managed at least one person with mental ill-health
- Only 13% of managers have received training on mental health awareness
- Many employers have no policy on handling mental ill-health

In early 2002, we developed a Manager Support service; initially this was created to meet the specific needs of one large employer, but it has evolved and grown since then to the point now where we employ a number of dedicated Manager Support staff whose role is specifically to work with

managers who are facing difficulties in working with some of the 'people issues' inherent in their management role. In 2008, we provided in excess of 2500 manager support interventions. In relation to the wellbeing of the workforce, we have a particular role in helping managers deal with issues when they don't want to alert their employer to the fact they are experiencing difficulties; this is particularly true of junior or middle managers who feel the need to portray a higher degree of confidence than they actually feel, and we can support them to develop their approach and enhance their performance.

We find, when talking to managers, that they often underestimate the number of staff working with them who have mental health problems by a huge factor – routinely as much as ten-fold. The statistics for Mental Health in the adult population are stark:

- 1 in 4 people will suffer some form of mental health problem during their lives
- At any given time 1 in 6 working age adults have symptoms associated with mental ill-health (e.g. sleep problems, fatigue, etc) which do not meet the criteria for diagnosis
- A further 1 in 6 working age adults experience diagnosable mental health problems (e.g. depression, anxiety, etc) at any given time
- An estimated 1%-2% of the population have severe mental health problems (e.g. schizophrenia, bipolar disorder, etc)<sup>5</sup>

We are involved as stakeholders in government consultation through the National Institute of Health and Clinical Excellence (NICE) on their current developmental work in creating national guidance on Mental Wellbeing in the workplace. Managers will be crucial to the success of this, and our involvement enables us to be aware of thinking that has not yet been made public, and to prepare our services to cope with the demands that will be placed upon them. Very few employers are geared to deal with all the consequences of this degree of Mental Health disturbance in the workforce, which is why our involvement has become so crucial to such a large number of organisations in the UK.

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<sup>5</sup> *The Royal College of Psychiatrists: Mental Health and Work (2008)*

## CONCLUSION

So what does this paper tell us about the psychological fitness of the British workforce? We find that:

- Work-related stress is still a major factor in the productivity and performance of business.
- People actively seek support when they experience pressure
- There is a large degree of emotional disturbance rooted outside of work that arrives in the workplace with the employee and has a measurable negative impact
- Employees – who are not always called ‘employees’ but might rather be ‘associates’, ‘partners’, ‘workers’, ‘workforce’ ‘champions’ and a number of other options – are keen to keep their inner world secret from colleagues and employers, yet see a confidential EAP as a valuable tool in their wellbeing
- People using their counselling service provided by Right Corecare demonstrate a return to health and equilibrium
- From counselling alone, we provided a 2:1 financial return on investment in 2008
- Dignity at Work is still not something that all employees can expect or demand in their workplace.

Finally, this report written ten years ago would have still shown a large number of people with problems, but the workplace profile would have been different, the services on offer would have been different and the outcomes would have been less effective. As we have embraced new ideas, new tools, new technology, we still apply time-proven therapeutic processes to create an even better chance of return to equilibrium, Living Well, Working Well, Achieving More.

## APPENDIX: RED FLAG CASES

Reason for Red Flag	
Drinking heavily – suicidal thoughts at these times	Actively suicidal
Suicidal chaotic client	Previous suicidal attempt
Recent overdose client unpredictable	Client and son at risk from 3rd party
Recent overdose client unpredictable	S/harm – cut wrists
Domestic Violence	Suicidal history. Further attempt after referral
Suicidal – previous attempt	Waiting for a Psychiatric assessment not sure of risk
Arrested during neighbour dispute – threats to safety of family	Client needs long term work but reluctant to access. Counsellor to try and support into long term.
Several losses, suicidal thoughts, says would not carry out	Client at risk – violence/threats – possible danger to Counsellor
Ongoing mental health problems	Client feeling suicidal & seeing a psychiatrist.
Ongoing mental health problems – intense suicidal thoughts	Client feeling suicidal
Suicidal thoughts after a stroke	Domestic Violence
Suicidal thoughts with means	Suicidal, marital issues, 8 yr son involved with porn, no support
Current self harm – long history recently triggered again	Suicidal thoughts –
Recent overdose client unpredictable	At risk of breakdown emotionally and physically
Self Harm cutting and burning	Previous suicidal attempt – client low
Domestic Violence	Previous attempt client unpredictable
Suicidal feelings	Suicidal client
Distressed client unpredictable	Suicidal thoughts
2 recent suicidal attempts after wife left him	Discrimination/harassed over his sexuality. Fears what he might do

Reason for Red Flag	
Recent overdose client unpredictable	2 terminations, thoughts of self harm
Suicidal chaotic client	Suicidal history
Recent and current domestic violence	Suicidal thoughts & feelings.
Fearful of separated abusive husband	Current domestic violence – client at risk
Recent overdose	Lonely, 2 recent overdose, paranoia
Potential suicidal risk	lost 2 friends, relationship ended, overdose whisky + paracetamol
Suicidal thoughts and self harm	Suicidal thoughts, fire destroyed possessions, feels scattered
Suicidal thoughts and self harm	Chaotic, mental health problems, not suitable short term, assess only
Domestic violence and suicidal	Previous suicidal thoughts, anxious, angry
Suicidal client	Suicidal – previous attempts
Suicidal thoughts, previous attempt after death of partner	Suicidal client
"Very suicidal" diabetic, deteriorating, no point in living	Suicidal client – contacted helpline between sessions
Suicidal violent relationship alcohol and eating issues	Suicidal thoughts
Suicidal thoughts – mental health issues	Domestic violence
Suicidal with plan – previous attempt	Recent overdose – GP involved
Domestic violence	Recent attack – client potentially at risk from social circle
Suicidal thoughts plus mental health Issues	Suicidal thoughts, severe bullying/harassment at work
2 recent suicidal attempts, isolated after grandparents' deaths	Recent overdose – unpredictable client
Domestic violence – cultural Issues	Recent overdose – client overwhelmed
Suicidal thoughts	Suicidal thoughts unpredictable. Counsellor concerned

Reason for Red Flag	
Possible move to Community Psychiatric Nurse	Suicidal thoughts + past attempt, possible personality disorder
Previous suicidal attempt – client low	Suicidal caller psychiatric history
Suicidal thoughts after split up from husband	Suicidal client
Recent attempt suicidal	Suicidal thoughts
Suicidal, no support, not registered with GP	Extremely vulnerable client – multiple issues
Recent overdose	Long history of daily suicidal thoughts – binge drinking
Current domestic violence – client at risk	Heavy alcohol use – blackouts
Suicidal thoughts	Domestic violence
Suicidal when contacting helpline	Desperate client feeling on the edge
Suicidal thoughts	Client very low, on own with 4 sons – no support
Client presents danger to others	Suicidal very low – bullying and harassment at work
Suicidal + plan, con-man boyfriend cheated £35k out of her	Current domestic violence – client at risk
Recent overdose, suicidal thoughts	Suicidal thoughts
Redundancy, lonely, says will end life when cat (16) dies	Client desperate, husband having affair, isolated, mother dying
Suicidal thoughts, no plan at present	Suicidal ideation – client unpredictable
Suicidal thoughts with plan and means	Domestic violence current
Suicidal client following death of wife	Work grievance, suicidal thoughts
Complex client multiple issues including suicidal thoughts	Very low, 2 miscarriages, teenage daughter missing
Self harm action	Suicidal thoughts
Suicidal thoughts	Suicidal with plan – client in crisis

Reason for Red Flag	
Client improved – less concern	Suicidal thoughts – mother very ill
Suicidal thoughts with plan	Recent suicidal attempt
Depressed, suicidal attempt w/end, whisky/pills, drink problem	Suicidal thoughts + plan
Chaotic suicidal client– multiple issues	Overdose 3 weeks ago – eating disorder
Recent suicidal attempt – multiple issues	Suicidal thoughts
Recent overdose – multiple issues possible mental health needs	Suicidal thoughts
Chaotic vulnerable client – unpredictable	Domestic violence – client moved to refuge
Recent suicidal attempt	Suicidal thoughts
Client possible danger to herself and unborn baby	Suicidal thoughts
Client suicidal	Client very low
Young drug addict desperate for help. Self harms	Client very low – suicidal
Passive, vulnerable client – has had suicidal thoughts + plan	Suicidal – previous client
Domestic violence	Overdose, still low, little support
Feeling hopeless – in despair	Client suicidal
Overdosed Jan 08, ongoing problems, assaulted by 3 people	Client very low and possible risk. Counsellor will phone after each session.
Low, suicidal thoughts	Previous suicidal attempts and possible risk of domestic violence
Depressed, recent miscarriage, suicidal attempt last year, no trust, little support	Previous and recent self harm.
Suicidal thoughts – homeless and confused	Client attempted suicidal at weekend – overdose
Health problems – debt – feels like ending life	Bi–polar, dire financial straits, blackouts, suicidal thoughts + plan
Anger issues	Suicidal on contact

Reason for Red Flag	
Suicidal feelings	Suicidal thoughts
Recent overdose	Unpredictable, drinking, previous suicidal attempt
Current domestic violence – use of a belt	Overdose, isolated. Just moved location
Recent suicidal attempt	Lonely isolated client strong suicidal thoughts no plan
Sudden loss of partner in accident – client would like to join him	Recent overdose – suicidal thoughts.
Suicidal intent and method	Some suicidal ideation
Vulnerable client	Client at risk from violent partner – police involved
Suicidal thoughts. Counsellor to call after 30/9 session – Counsellor/client holidays	Victim of domestic violence, husband in prison, debt
Suicidal thoughts	Recent suicidal attempt, alcohol problems
Strong suicidal thoughts Crisis Team involved	Self harms
Potential risk of Violence	Anger issues – recent self harm
Strong suicidal thoughts	Suicidal ideation, work-related stress, possible bankruptcy
Suicidal thoughts – knows about medication – multiple issues	Suicidal thoughts
Poss suicidal thoughts	Suicidal thoughts. Alcohol problems
Suicidal thoughts	Suicidal thoughts – no intent
Recent self harm	Unpredictable and suicidal thoughts
Suicidal thoughts, depression	Domestic violence
Recent domestic violence	Domestic violence from son; and suicidal thoughts
Recent domestic violence	Suicidal thoughts
Recent overdose, issues with girlfriend, disabled child	Child committed suicide – client wants to join her

Reason for Red Flag	
Attempted suicidal earlier in the year & possible attempted suicide on 18/9/08	Domestic violence possible risk from ex partner
Suicidal – death of grandchild whilst in her care – GP involved	Distressed client unpredictable
Recent suicidal attempt Crisis Team involved	Current domestic violence – client at risk
Chaotic suicidal thoughts	Recent suicidal attempt, being made redundant
Suicidal thoughts unstable previous history	Suicidal thoughts
Suicidal thoughts no plan or intent. CORE scores high	Recent overdose client unpredictable
Suicidal with plan	In very agitated state. Contact made with On-call CCM
Suicidal thoughts, putting self at risk.	Client has thoughts of self harm
Domestic violence 14 year old son	Recent suicidal attempt client very angry and agitated
Poss domestic violence, child protection issue – hits child on head	Earlier suicidal attempt – client very distressed
Feels no point in life, estranged wife tried to commit suicide 4 weeks ago	Previous attempts client lonely and vulnerable
Overdose between sessions – client fragile and unpredictable	Suicidal thoughts – wife wants to leave + take children
Suicidal thoughts – unstable and unpredictable	Suicidal, fertility problems + childhood sexual abuse emerged
Suicidal thoughts in past, heavy drinking, house being repossessed this week	Low dark thoughts
Potential risk alcohol fuelled violence	Suicidal thoughts – birth mother does not want to see her
Suicidal thoughts – bullied in previous relationship – recent relationship ended	Vulnerable client suicidal thoughts
Poss suicidal risk	Vulnerable client suicidal thoughts
Client suicidal on contact with helpline	Suicidal thoughts, childlike, chaotic
Domestic violence	Suicidal thoughts, depression, mother died in May
Unpredictable, risky behaviour	Self destructive behaviours unpredictable and vulnerable

Reason for Red Flag	
Suicidal thoughts	Suicidal, relationship problems
Unpredictable risky behaviour	Suicidal thoughts + means, 19 year daughter stops her, GP & CMHT involved
Threats to kill herself and child seeing GP that night	Possible risk to client and to others
Anxious, promoted beyond competence, drinking heavily, recent overdose	Vulnerable and distressed Counsellor concerned
Domestic violence – alcohol fuelled	Suicidal thoughts, feels is having a breakdown
Core Score high risk – client prone dramatic gestures	Possible domestic violence
Suicidal thoughts after bag snatched	Domestic violence and cultural issues re safety of client
Recent overdose – depression	Vulnerable client
Suicidal thoughts – illness and relationship	Strong suicidal thoughts has overdosed in past
Suicidal thoughts, angry, previous drugs use	Domestic violence and cultural issues re safety of client
Suicidal on contact with helpline	
Suicidal – limited contact children – incident with car	
Mental health issues unpredictable speaks of suicide	
Chaotic family domestic violence	
Previous overdose client low	

## **ABOUT RIGHT MANAGEMENT**

Right Management is the talent and career management expert within Manpower, the global leader in employment services. Our expertise spans talent assessment, leadership development, organisation effectiveness, employee engagement and workforce transition.

Part of Right Management, is Right Corecare, a specialist team offering a complete range of services to organisations concerned about the welfare and performance of people. It is a leading provider of Employee Assistance Programmes in the UK. For further information please visit [www.rightmanagement.com](http://www.rightmanagement.com)

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