

Helping staff to work, rest and play

Why Mars UK has embraced CBT to help reduce sickness absence

Mars UK has taken a proactive approach to sickness absence management. Over the past 18 months, all five of its in-house OH nurses have been trained in CBT skills, a technique they describe as invaluable. Paul Suff and John Ballard visited the company's Slough site to find out why.

MARS UK has more than halved its sickness absence levels over the past two years, from around 6% a year on average across the firm to under 3%. This follows the introduction of a more proactive attendance management strategy. Over the past 18 months, the company has been using cognitive behavioural therapy (CBT) to assist employees suffering from stress and other mental health problems. The five-strong team of in-house occupational health nurses have each attended the five-day CBT skills training course for OH professionals pioneered by the At Work Partnership and Brunel University.

CBT can be used to help people to remain at work when they develop a health condition, as well as promote a return to work from long-term sickness absence. Mars is using CBT for both circumstances. The company opted to add CBT to its toolkit to support attendance because of the mounting evidence that such skills can be helpful in combating anxiety, depression, phobias, including agoraphobia, and post-traumatic stress disorder. As is the case in the UK generally, mental health problems and musculoskeletal conditions are the two biggest causes of long-term sickness absence at Mars. 'We'll use any tool that helps us reduce sickness absence,' says personnel and organisation manager Yvonne Ewen, who works closely with the OH nurse at the company's Slough site.

OH manager Julie Routledge describes it as 'an absolutely invaluable skill' for her work at the company's Melton Mowbray site. 'Now I don't know how I managed without CBT,' she says.

THE BUSINESS CASE

CBT works by helping individuals make sense of seemingly overwhelming problems and breaking them down into smaller parts, such as thoughts, emotions, physical feelings and actions in relation to a problem, an event or a difficult situation. Evidence suggests that CBT can speed return to work when people are off work due to sickness caused by common mental health conditions. A study

commissioned by the British Occupational Health Research Foundation (BOHRF) found, for example, that CBT is the most evidence-based short-term intervention to rehabilitate people suffering from anxiety, depression and distress¹. Among the conclusions, was strong evidence that, for people already experiencing a common mental health problem, brief individual therapy (up to eight weeks), especially CBT, was the most effective approach to rehabilitation.

Speaking at the launch of the findings in 2005, BOHRF chief executive Brian Kazer said: 'The cost of lost work among people with mental health problems is immense. Offering people a short course of CBT can be a highly cost-effective way of reducing sickness absence and preventing people from losing their jobs altogether. It is in the interests of all employers that speedy access to CBT is made available to all staff experiencing depression, anxiety and stress.'

Mars agrees and has invested substantially in equipping its OH nurses with CBT skills. According to Ewen the mounting evidence of the potential benefits of CBT made the company's decision to commit resources to CBT training for the OH team relatively straightforward. 'The mind has become the new "bad back". We want to keep people at work, so a tool that can help us achieve that objective is highly valued,' she says.

The message was reinforced at the annual Mars 'wellness' conference, which is hosted by the OH team. In 2007, it included a session on the benefits of CBT by Alan Dovey and Sharon Wilday – consultant cognitive behavioural psychotherapists and honorary clinical lecturers at the University of Birmingham – who both teach on the At Work Partnership CBT course for OH professionals.

Although a revised attendance management process has considerably reduced sickness absence levels across the business, the company wants to cut it further. The focus of activity has now switched from managing illness to ensuring staff are well enough to be at work and, if they are not, getting

them back to work as quickly as possible. Offering access to CBT fits with this strategy. 'We don't want someone struggling on their own to cope. Not only is it bad for the individual, it's also bad for the business, as we're losing productivity,' says Ewen.

Access to CBT also sits well with the corporate culture at Mars, which revolves around five core principles: quality, responsibility, mutuality, efficiency and freedom. The BOHRF study found that CBT is most effective for jobs that involve a high degree of decision latitude, and this is considerable at Mars. Employees, or 'associates' as they are known, have much control over their day-to-day activities. The 'responsibility' principle states, for example: 'We choose to be different from those corporations where many levels of management dilute personal responsibility. All associates are asked to take direct responsibility for results, to exercise initiative and judgment and to make decisions as required'.

ABSENCE MANAGEMENT

Rather than letting someone experiencing health problems continue to struggle alone, Mars hopes to identify problems at an early stage and, crucially, before they are no longer able to cope and go off work. 'We want to manage a problem before it becomes medical,' explains Ewen. She says there are a number of ways of discovering whether someone has a problem or is potentially at risk. Line managers are central to this.

Twice a year the company runs an employee engagement poll, using the 'Q12' survey from Gallup. It focuses on the 12 key expectations that, when satisfied, generate high levels of engagement. Research indicates that 'engaged' employees are less likely to leave, and are both more committed and productive². Questions include: 'In the last seven days, have you received recognition or praise for doing good work?'; 'At work, do your opinions count?'; and 'Do you have a best friend at work?'. The results are filtered back to teams, giving both the organisation and line manager an indication of team members' attitudes and feelings. 'The scores will highlight where there are problems,' says Ewen.

At an individual level, line managers should quickly become aware – through day-to-day contact – that someone is no longer functioning as before, and requires further investigation. 'Our line managers go through a rigorous assessment centre before being appointed and have lots of training and coaching. So they should be able to detect problems,' says Ewen.

There are also recognised 'trigger events' that could spark trouble, such as receiving a poor performance assessment or a family bereavement.

About Mars UK

Mars Incorporated is a family-owned company, which produces some of the world's best-known confectionery, food and petcare products. With global headquarters in McLean, Virginia, US, it operates in more than 65 countries and employs over 40,000 'associates' worldwide.

Mars started manufacturing in the UK in 1932 and now employs around 3,500 people and operates from eight different sites. Confectionery is made in Slough, with brands including Mars, Maltesers, Milky Way, Minstrels and Galaxy.

Petfood brands, such as Pedigree, Whiskas, Cesar and Sheba are manufactured at Birstall, Peterborough and Melton Mowbray, while the food brands, Dolmio and Uncle Ben's, are produced in King's Lynn. A beverage business, producing products for the Flavia brand, is based in Basingstoke. Mars Information Services, part of the company's Global Information Technology division, has a hub site at Winnersh, Berkshire.

The Mars UK national office is in Waltham-on-the-Wolds, Leicestershire, also home to its Waltham Centre for Pet Nutrition. The Waltham Centre conducts research on health and nutrition for dogs, cats, birds, fish and horses.

OH nurses and HR are advised when someone has experienced such an event. 'We like to keep people on the radar,' explains Ewen. Frequent lateness for work is another sign that there may be a problem. The firm has recently reduced the number of 'lates' that trigger an intervention, from six a year to four.

Once a month, line managers meet with HR and OH to discuss their team's absence statistics. Individuals absent on at least two occasions or four shifts over a rolling 12-month period come under the spotlight and efforts are made to find out the underlying causes. Under the attendance management policy, associates are required to inform their line manager personally by telephone, on the first day of their absence and then on a frequency they both agree on, if they are unable to attend work. Where a mental health condition or a musculoskeletal disorder is given as the reason for the non-attendance and someone has not returned to work after seven days of absence, OH becomes involved and contacts the individual to discuss how best to manage the problem. Discussions such as these may lead to a suggestion of CBT as an appropriate intervention for some kinds of problems – though for the technique to be effective, it does require 'buy-in' from the individual (see below).

REHABILITATION

Mars UK does whatever it can to help associates get back to work when they are off sick. A generous absence policy – all associates are entitled to receive 90% of their salary for up to two years' sickness

CBT skills for OH professionals

The CBT skills course attended by the Mars OH nursing team was set up in 2006 by the At Work Partnership, in association with the Centre for Health Risk Management at Brunel University Business School. The training involves five individual days' tuition over six months, with students required to complete a written assignment based on their experience of using a CBT approach in working with an individual 'client' or patient.

The certificate course is designed exclusively for qualified OH professionals and teaches the skills required to deliver a cognitive behavioural intervention for most common mental health conditions or where there is a psychosocial barrier to recovery from a physical condition. The course tutors, Paul Anthony, Alan Dovey and Sharon Wilday emphasise that it is not intended that those OH practitioners qualifying from the course will be able to deal themselves with people suffering serious psychiatric conditions or post-traumatic stress disorder, where referral to a specialist psychotherapist would be advised.

*Courses are run by the At Work Partnership in Birmingham and London.
Further information: www.atworkpartnership.co.uk/conferences/CBT/index.php*

absence – exists to support staff unable to work through sickness or disability, but associates are required to play their part in effecting a return. Workers off sick, for example, with a musculoskeletal disorder will often be phased back into work on shorter shifts, with target resumption of full working hours by eight weeks. If the individual is not working full hours by 12 weeks, the company will look for temporary or permanent redeployment, as appropriate, or even a return to sickness absence.

Whereas short-term absence is addressed by the line manager – with OH input when required – the company uses a multidisciplinary case-conference approach to the management of long-term sickness. OH, HR and line managers are involved in planning the rehabilitation process.

Although sickness absence at Mars UK currently averages just under 3%, levels are not uniform across the firm: absence levels are 4% at the manufacturing site at Melton Mowbray, compared with less than 3% at the Slough site and under 2% at the UK head office at Waltham. Musculoskeletal conditions tend to be the biggest causes of absence in the manufacturing units, with common mental health and 'stress' conditions predominating in some of the other business areas.

In addition to the five OH nurses working across the UK business, the company contracts in some health surveillance and physician services. But as part of its drive to reduce absence and promote a healthy workforce, the company has in-house physiotherapy services at Slough, Melton Mowbray,

Waltham and Birstall. The Slough site also employs a wellness coordinator, while the Waltham head office has an on-site gym and nutritionist.

CBT AS AN OH TOOL

OH at Work spoke to two key members of the Mars OH nursing team – Julie Routledge, from the Mars UK site in Melton Mowbray, and Helen Wray, OH manager at the Slough site. Both undertook the At Work Partnership's CBT skills training, and carried out their course case assignments (see box left) with 'clients' from the Mars workforce.

Wray and Routledge use their new skills in their daily OH work, both in delivering CBT and in assessing cases for referral, either for external specialist CBT for the more serious cases, or for basic (non-CBT) counselling with the company's employee assistance programme. The CBT skills training course is not intended to turn an OH professional into a psychotherapist and Wray and Routledge acknowledge that it would be inappropriate for them to offer therapy to those suffering, for example, from post-traumatic stress disorder or a serious psychiatric condition. However, the in-house team can support individuals who have already seen an external specialist but may need a little help in preventing a relapse.

Although, in principle, the OH nurse team could deliver CBT to more cases than they currently do, providing support to individual associates is only one of their many functions within the nurse-led OH service. It would simply be too time-consuming to deliver CBT to all associates who might benefit from it, they say, and those with more serious mental health conditions, such as severe anxiety, depression and major phobias are referred immediately to external CBT practitioners (currently paid for by the company – and shortly to be funded directly through Mars' private healthcare scheme). Routledge has referred three such cases for external CBT in the past 12 months, but says 'I must have used CBT practice with at least 20 people'.

CBT IN PRACTICE

Wray has referred seven associates 'with ingrained mental health issues' to the external CBT specialist (see box, p.15), but says the skills she acquired are used 'every day'. She has around 30 individuals on her case files. 'I use CBT skills in a good 50% of these,' she says. Wray also notes the benefits of the technique for helping those with 'mixed problems', for example, individuals with a musculoskeletal condition exacerbated by a behavioural or psychosocial problem.

Asked why they decided to undertake the CBT skills course, Wray explains that with growing

Terry's story

Terry has been employed at Mars for just under 20 years. He found it difficult to return to work following a six-month period of absence with a physical condition. 'There had been a number of changes while I was away,' he explains. 'I went into a new role, which was very challenging. And many of my colleagues had left or were leaving, so there was a great deal of uncertainty and some sadness.'

His six-month layoff was the first time Terry had been off work sick and he found his return increasingly stressful. He went off sick again. 'I was feeling anxious all the time. I was not sleeping well – I just couldn't switch off. It was destroying my work-life balance.' He was referred to a telephone counsellor through the company's private health insurance provider. 'I had five appointments with the phone counsellor. It helped, but did not resolve my problems,' he says.

He saw one of the OH nursing team, Helen Wray, who suggested CBT. 'I'd have done anything to stop how I was feeling,' says Terry. An initial consultation with an external

CBT practitioner was arranged. The CBT sessions took place at Terry's home. 'It was daunting at first: someone coming to your home who you don't know, and it's not enjoyable opening up to a stranger,' he confesses. As part of the process, Terry began keeping a daily diary, noting positive things and how he felt about specific activities or tasks, such as cleaning the house and socialising. 'It was about seeing where I was going wrong, and how to do something about it,' he says.

Terry had six sessions of CBT over a 12-week period. He admits that he was not keen until the third session, but by the fifth meeting he could 'see the light at the end of the tunnel'. He describes the outcome as being able to 'cement bricks together', meaning that he now feels better able to cope with his problem – though in fact, he says, there has not been a recurrence. He says CBT has given him the tools to deal with things. 'I'm glad I'm no longer in that "hole". I don't consciously go to the toolkit, but I know it's there,' he says.

Terry is now back at work and performing productively.

awareness of mental health problems as a cause of sickness absence, and with the body of evidence supporting the use of CBT, they 'jumped at the chance' of going on the course as soon as it became available. Her first experience at using CBT first-hand was with her course assignment. An associate had been unable to cope with 'change' in her work, which, coupled with various life issues, had led her to become depressed and finally going off sick. According to Wray, 'she could not even walk onto the site'.

Wray arranged to conduct weekly CBT sessions with the associate over an eight-week period, each session lasting about one-and-a-half hours. It was 'a resounding success', she says, with the woman back at work in her original role, engaging with company training and with no subsequent sickness absence.

For her assignment, Routledge worked with a man who had been working at Mars for more than 25 years. Just as with Wray's case study, this associate had also been unable to cope with change, which had led to a stress-related illness (depression), sickness absence, as well as to poor performance appraisals. Routledge says that 'he could not see that he couldn't cope'.

The situation was so serious that the individual was being 'performance managed' and started to behave inappropriately towards his manager,

becoming aggressive and threatening to go off sick again. The whole working relationship had deteriorated. The man's alcohol consumption increased, his home life suffered, and, says Routledge: 'He took it out on everybody.'

Routledge says that through her newly acquired skills, she was able to work with the employee to help him address his behaviour. CBT, she says, helped him to modify his beliefs and to 'reflect on the need to change'. Interestingly, on this occasion the individual did not remain with the company, but she says, he chose to make a career change and left Mars 'on good terms'.

The ex-employee is now in a new job and, says Routledge, 'is absolutely a different person' with renewed self-esteem and a better home relationship with his wife and children. 'With CBT he was able to see that the problems were with himself and not with other people.'

Routledge describes the outcome as 'very positive' even though the individual left the organisation. In the short term, CBT had helped him stay at work rather than going off on long-term absence, and in the longer term he was able to move on to a new job, without a protracted and painful exit on capability grounds.

Both OH nurses agree that CBT training has enhanced their core skills. According to Wray: 'It's

CONCLUSIONS

- Mars UK has sent all of its five-strong team of occupational health nurses on a five-day cognitive behavioural therapy skills training course
- Mounting evidence of the potential benefits of CBT convinced the firm to invest substantially in equipping its OH nurses with CBT skills
- The company wants to add CBT to its toolkit to help reduce sickness absence as part of its proactive approach to managing attendance
- OH nurses at Mars UK report using their CBT skills in their daily OH practice, both in delivering CBT and in assessing cases for referral
- Over the past two years, Mars UK has more than halved its sickness absence levels, from around 6% to less than 3%

added confidence – when you advise people they need to come back to work you are confident that this is the right advice. You can say with confidence that you won't get better until you make that jump.'

Associates benefiting from CBT – either with the in-house OH team or through the specialist outsourced therapists – have presented with 'a whole range' of conditions, from depression external to work, to work-related issues, pain management and trauma. According to Routledge, many of the cases result from 'fallout' from performance problems and 'change' at work. However, CBT has also proved effective with one employee who suffered serious trauma-related stress following a traumatic incident at her home.

The female associate had undergone three years of drug treatment and various counselling following the incident. She had work-performance issues and had taken two periods of six months' absence. She was then referred for CBT with the external therapist. 'Since CBT, she has not had a day off work,' says Routledge, and is off the drug therapy. 'After three years of mental health problems this person now says it [CBT] is the best thing that has ever happened to her ... It is a remarkable recovery.'

Wray describes a case where an associate had experienced all sorts of home and family history problems and was unable to cope with change. 'Since CBT she has been on her first team-building course for 15 years and is now a real part of the team.'

Not everyone responds to CBT and it is generally acknowledged that the individual must 'engage' with the process. Wray agrees. She describes one associate 'with role-change issues and lots of baggage and self-esteem problems' who decided, after just two sessions, that she did not want to buy in to the therapy. 'I knew she wasn't going to engage – but the manager wanted her to try this approach. Some people just don't want to engage with it.'

From the employer's perspective, both Wray and

Routledge agree that CBT is most effective in averting workers going off sick when they encounter difficulties. 'From my perspective it works best in preventing absence,' says Wray. Routledge agrees: 'I use it more in keeping people at work – in other words, stopping them going off in the first place ... it challenges avoidance behaviour.'

But, as in the case example described earlier, even where individuals do leave the company, CBT can be beneficial both to the employer and employee. According to Routledge, the two associates who left the business after CBT would, in all probability, have been 'performance-managed out' and this would have been a prolonged, bitter and costly process. 'Not only have the individuals been able to move on in their lives, but the cost savings are huge,' she says.

LASTING BENEFITS?

One concern in any initiative to reduce sickness absence is whether or not the improvements will be lasting. Indeed, as yet there have been no academic studies to find out if the benefits of CBT delivered through the workplace are sustained over several years. Both OH nurses interviewed for this article agree that it is still relatively early in the implementation of CBT, but they remain confident that the successes will be maintained. 'No one has fallen off yet!' says Wray.

As for the future, Wray would like to see the technique extended to pain-management cases. 'Because a lot of it is attitude – some people will cope [with their pain] and others will find it impossible,' she says. CBT skills should be used to identify and help these people.

Only a long-term and properly conducted case-control study will really show the cost-benefits at an organisational level and whether or not they are sustained. However, Wray is in no doubt that CBT has had a tremendous impact at individual level. One woman, she says, was not even able to leave her own house owing to a phobia. CBT has worked for her, she says. 'From not going out of the house to becoming fully functional at work.' ■

John Ballard is editor of Occupational Health [at Work]. Paul Suff is contributing editor.

Notes

1 *Workplace interventions for people with common mental health problems.* London: British Occupational Health Research Foundation, 2005, www.bohrf.org.uk/content/mhealth.htm

2 *How engaged are British employees?* London: Chartered Institute of Personnel and Development, 2006, www.cipd.co.uk/NR/rdonlyres/E6871F47-558A-466E-9A74-4DFB1E71304C/o/howengbritempssr.pdf