

HR insights podcast

Series 8 | Episode 5

PSA: This transcript has been written with assistance from AI.

Finding calm in the chaos of HR

[00:26.9]

Welcome back to HR Insights. My name is Stuart Elliott and as always, I will be your host on our podcast today. For those of you that follow Elliott Scott, you will know that we are currently running an HR resilience survey in order to better understand how resilient the function truly is and also how resilient HR professionals are at the current time.

[00:45.6]

This has been running for a little while and some of the results are, quite easy for us to see actually. And one of the clearest themes that's emerging is not only for HR people to manage the worry, how to find calm, and also to highlight, I suppose, the, the widespread sense of burnout across the the profession.

[01:03.4]

So we thought it would be really nice to have a specialist with regards to mental health and well being on the show. So we are joined by Rebecca Reed, who is the founder of Cindo and the creator of Mentor Mental Flex. Rebecca has been doing this now for nearly a decade and she has a really interesting store personal story with regards to why she set up the business in the first place.

[01:25.6]

It's a great listen if you have any questions of this. As always, my email address is seateschothr.com enjoy the show.

[01:40.8]

Hi, Rebecca, welcome to the show. How are you? Hi. So good to be here, Stuart. Very good to say. Very good to have you on the show. For our audience. Do you want to do a little intro into you and your background? Yeah, yeah. So, so my background is quite varied.

[01:57.9]

So, I originally come from quite a corporate business background. So I used to work in corporate banking many moons ago where, I went through different, various different roles when kind of what brought me into mental health now is I managed various different teams, so ranging from like one or two people right up to 20 people.

[02:20.9]

And so over my time in banking, not only was I going through quite a big mental health journey myself, but I started getting involved in this world of wellbeing and mental health and trying to understand a little bit more because my team, which probably resonates with you, my team were coming up with all these different things.

[02:39.7]

If you're familiar with the banking world, depending on where you work, it can be a little bit toxic. And there was a lot of stress, a lot of burnout, a lot of toxic behaviors. And as I was trying to manage, it was just, it felt impossible. And so we had trained as a coach during my time as a manager to try and work through stress and burnout and I kind of specialized in that area and I was still completely out of my depth.

[03:04.4]

Went through all this training, went through all this and I thought, I don't know how to handle it, don't know how to deal with it. And that's what kind of got me into this world because I love to know more, always love to know more. And I started moonlighting on the weekend as a mental health support worker. Obviously, I love that phrase, moonlighting.

[03:21.4]

I haven't heard that for ages. Yeah, that's what we do in Wales. We moonlight on weekends. And, I start moonlighting on the weekend as mental health support worker. And so Monday to Friday I'd be in the bank working 9 to 5, and then Saturday and Sunday I'd be on mental health wards.

[03:36.8]

Some places I'd volunteer, some places I was employed as a support worker. And it was like a whole range of different experiences. So from supporting people with eating disorders all the way through to psychosis, really severe depression, suicide attempts, a whole range. And it was just eye opening. Like.

[03:53.5]

I'd had a lot of personal experience within my family, myself around poor mental health, but seeing it in in this kind of setting was just out of this world. And so I started, I go back to the work on Monday. So say, for example, imagine now, I'm, in the awards on Sunday and supporting someone, they're trying to take their own life or something, some, maybe a psychotic episode, supporting them through that.

[04:16.8]

And then Monday I'm going back to work and they're arguing about male mergers and I'm like, there's two worlds and they just collided. And, I start when I look through. So every time you're supporting patients, you have their whole NHS files and I'd be looking through their files to make sure, right, how can I support them?

[04:35.8]

What do they need? Where do they come from? And honestly, like nine times out of ten you'd see along the way it could have been picked up there, it could have been picked up there. There was something that was missed at school or at home or university or work. And there were so many points along everyone's journey that something was missed and I just couldn't.

[04:55.3]

I'm very kind of a proactive person, like, complete type A personality. And I was just like, right, I need to do something earlier doors, I need to get support people. And so that's where kind of I started training in mental health aid then. And I saw it within the workplace, I'd seen it at home where things had been missed and I just started being like, right, how can we get tools into people's hands to get people early doors, spot signs early.

[05:21.1]

And then Sobe birthed Cindo two weeks before pandemic, which was beautiful, which could be quite timely based on, I think what we went through with the pandemic. But just before we sort of touch on the business, you mentioned a personal sort of journey as well.

[05:36.9]

Do you mind if asking, sort of if you can just go a little bit deep on that? Yeah, yeah. So I've got quite a varied journey. So, we had a bit of poor mental health in the family growing up and I kind of had a knock on effect from that. And so I went through my teens and my 20s just like throwing grenades into my life left, right and center, just because I had no coping skills, I had no level of support anywhere.

[05:59.3]

And I just didn't know how to just regulate myself. And so it took me quite a long time on this journey trying to work out there was something wrong, identify it and kind of work with it. And so probably by the end of my twenties I'd got to the place where I realized, like, I can't keep going on like this.

[06:16.5]

Like I was, I was, you know, trashing every relationship. I couldn't, you know, get my jobs. I couldn't, like, I was not all the unhelpful coping mechanisms you can put your hand on. I was there and it got to the point where I realized I was stuck in this cycle of suffering. And so I kind of got all this kind of therapy, got this coaching, I got went mindfulness, went basically dug myself, got addiction to books.

[06:38.6]

I got myself out of this really, really, really dark place and managed to kind of claw myself back which was, started this love for mental health. And I got to a really, really good place where eventually got married, had a little baby boy and then obviously having children is his own world, of fun.

[06:57.3]

And I had a, I had a little boy then running alongside, running a business, no maternity leave. And so it was a bit of a, juggle. And it was at this point then I started experiencing postnatal depression. And honestly Stuart, like it was like, you hear about it, like I work in this field, right?

[07:16.3]

You think I'm immune to this because I work in it. But it's interesting, this is really important for HR folks is that there's a, really important relation here with the workplace because what I think I worked in this world years and years and years before I experienced it myself. And when I went on maternity leave I would have, you know, I would have said I knew a vast amount about mental health.

[07:37.2]

I knew about postnatal depression. I'd been on all the NCT classes as well, personally gone through all this thing. Anyway, so I after about. Because I was trying to work alongside having a baby because it was just intense running the business. My milk dried up when I was breastfeeding probably about six weeks into it.

[07:55.8]

And because I didn't have time to kind of wean, what happens is there's something called postnatal depression called post weaning depression. And now this is really important because no one knows about this properly. Like it wasn't taught in my field, it wasn't taught in any NCT classes.

[08:12.0]

And a lot of times when mums are coming back to work, it's often when they're weaning or breastfeeding which can, if you don't wean slow enough it can basically trigger post, weaning depression because all your hormones get out of whack and everything just gets dysregulated and so it can implement you into postnatal depression.

[08:30.5]

Now I obviously didn't know about this. I didn't have much choice over it anyway. But that's why having this awareness in the workplace is so important because you've got mums coming back to work and they don't know about it. People, the work doesn't know about it then it's just so much higher risk. And it wasn't. You know, when I looked online, I saw so many stories of mums that had been lost in this, this world for like 2, 4, 5 years of post weaning depression that triggered postnatal that they couldn't get out of.

[08:57.2]

I thought there's nothing out there. Like I learned this due off a TV program. TV program. They were like bad, I think it was bad mums. And they were in this, this post, this NCT group with other mums talking about it and I was like, sorry, what's that? And honestly I managed to get myself out of it within about four weeks. Right.

[09:15.9]

And only because of the stuff I knew, only because of the tools I had. And honestly it's scary to think that that's not wider knowledge. And that's why like a lot of my practices now that I support people with, like I teach, when I teach my mental health first aid, I teach them about understanding this so they can support people in the work as well as a big journey. Yes.

[09:36.1]

That's huge because I have to say all of that stuff that you just mentioned is totally new to me. So again I can, I can only imagine like there's, there's phrasing there that you've used that I've never heard of. So it's, it's pretty amazing to your point that so many people go through this and yet no one has any idea about it. Yeah, nothing.

[09:52.7]

I even paid for an extra class around breastfeeding and everything. And it wasn't like I wasn't taught in there at all. It was wild. Yeah, that's, that's crazy. Now you mentioned as well that the balancing between sort of setting up the business and obviously what you were going through as well. When you've been building the business, what's been your biggest challenge?

[10:10.5]

I personally love sort of saying this because of running my own business, etc. But what have you found so challenging in terms of sort of building Cindo? Honestly Stuart, it's been the most. I took a long time like where I was running, which you might had yourself where you got, you're employed and you're building your business alongside it.

[10:29.7]

So kind Of I worked quite a while to get my business to the point that I could leave the workplace and left a very cushy well paid role, launched Cindo and obviously hit the pandemic. So the kind of. I suppose my first year was basically trying to recover from the pandemic until suddenly everyone realized that mental health was really important and so it benefited the business that way.

[10:52.9]

I suppose the biggest challenge I think is other than the fact that you are constantly spinning plates like it's with employment work like you'll know like employee people can go like right, I'm going to put that down on Friday and it's good.

[11:08.0]

Like I'll come back to it Monday. Like the entrepreneur's brain does not have a weekend. Like it doesn't have like take a holiday. Like it's not, it's not a thing. Like it's just there's this whole kind of lifestyle that's sold on YouTube and Instagram of just live like this and it's wonderful.

[11:24.2]

It's just a hardest graft, isn't it in the entire world. And But I think other than having a baby and trying to spin those plates, I think with. It's probably more industry specific for me as well around the fact that people often have a budget for recruitment. They have a budget for or you know, all these different areas.

[11:41.6]

They have even a budget for budget for physical health and safety. But very rarely do businesses have a budget for well being. And so anything gets a slightly tight like economy changes politically it goes wild. Something changes. The wellbeing stuff is the first to go.

[11:57.7]

So probably I reckon that's my biggest challenge. Yeah. Have you seen that recently obviously with the way the economy's been over, the last couple of years. I saw, my observation was that I saw mental health and wellbeing sort of almost go up on the agenda initially after Covid and then in the last probably two years when budgets have got tight.

[12:18.0]

Has it retracted? Has it sort of consolidated a little bit? Yeah, 100%. 100%. If you think like pre Covid. I remember having conversations with companies going look promising. Like mental health is really important. Like having a mental health facader will actually ease your workload as hr.

[12:34.0]

Like having these conversations and I had a whole host of reactions like ranging from I don't want people running around thinking they know how to help people to oh no, we did mental health last year. That was our theme last year. I was like is that a thing?

[12:50.3]

I love that as a phrase. We did it last year. So therefore we completed it. We completed mental health. It's like that. I can't remember that program. And she's like, yeah, I had my five vegetables. Yep, done that in 1996. So like that was the conversation before COVID happened.

[13:06.9]

And obviously there was a fire fighting period when everything went quiet for many people. But then once we came out of that it was. People were like chasing me down for it and my business absolutely boomed for me. But like you said, then all the kind of political instability came out, especially since all the shifts in America and I don't mention his name because I think he's like Baltimore.

[13:28.5]

But that shift in America, since last year, I've seen all my other companies like edi, they've had contracts cut, like wellbeing's cut businesses. And I think the businesses I see, I'm quite lucky. I have really, really lush clients who are just I tend to attract really nice humans, which is a, it's a good thing. Right?

[13:51.4]

But like I think those companies that are going to do well are those that keep that conversation going. Because what we're doing is when we're cutting EDI or we're cutting wellbeing budgets because of all the shifts politically when those people then move out of power, when those budgets get kind of improved again and suddenly it becomes back on the table, everyone's going to remember the history and the employees are going to look back and be like, well, you didn't care about that two years ago.

[14:19.1]

Like what makes it like so it's not real. And so then you erode psychological safety. So I think it's. Yeah, it's definitely a big thing that you've seen impacted over the last few years. Yeah, we've definitely seen it. Like EDI especially I'd say is the one that's been impacted the most. But almost as a, I would say as a result we've seen sort of HR budgets just trimmed across the board then.

[14:40.7]

And that's definitely something that we've noticed over the last couple of years. But you touched on a couple of bits there. The first mention actually was mental health first aid. Before we sort of go into that a little bit. What is a mental health first aid? Oh yeah, good question. So so many people don't know they exist, right? No.

[14:57.1]

So mental health first aiders are the equivalent of physical first aiders, but for mental health. So obviously you've got physical first aiders. They're not there to perform surgery, drive an ambulance, you know, they're there to note, like, step in if an incident occurs and basically support this person, either kind of deal with it there and then, or support them onto professional help.

[15:17.5]

And mental health first aid is very, very similar. So. But they also have prevention and early intervention involved. So with mental health first aiders, they're your people on the ground that will be able to spot if, you know, Boris over there is looking sad or Janice is not turned up to work or is looking a bit anxious.

[15:37.6]

They can spot these things early doors. They've got the skills to then navigate those conversations. So they're trained in conversational skills, they're trained in signposting, they're trained in understanding the whole wide range of different experiences and how to build into the workplace.

[15:53.0]

And then they can basically either hold a supportive conversation and that's just enough in itself, or if they need support, then they can signpost them onto the right people. So it's that I always think about it like, you know, you've got the I think of like a car metaphor of the fact you've got the engagement is like the oil of the, of the company.

[16:13.0]

You've got the culture in there that's like the engine that's keeping it going as well. And then you've got the dashboard warning lights. There's the mental health crusaders. So like, if the, if the, if the warning lights are going off, like the mental health first aiders will pick it up and they'll be like, right, I've spotted this over here, this over here.

[16:29.3]

And they act as a kind of, almost like a second level of defense as well for hr, because rather than everyone streaming straight into HR with their mental health challenges, they got their first aid as that, like the first line of defense there to have those conversations. Yeah.

[16:45.5]

How do you pick people to be a mental health first lady? Like, that's like, I can sort of imagine this. Like, there'd be some people that I would naturally get drawn to. There's some people that would be like, there's no way that they're going to be a mental health first aid. Like, how do you, how do you select somebody to be a mental health first aid?

[17:04.2]

Yeah, that's such a good question. And that's something I always encourage, like, companies to think about when they select them. Because it's one of the hardest parts. One, it's voluntary at the moment. It's not a legislative requirement yet there's voluntary role. So they have to be able, want to come forward for the position.

[17:21.5]

So what you find is companies often put a request down and say, we're running this training. Have we got anyone that's interested? So what happens is then people come forward and it ranges in terms of the numbers that come forward. Some get like a whole wealth of people, some will get like a pitter patter. And what you have, then you have a list of people.

[17:39.0]

And what I encourage people to do is go through that and have a mix of ages, mix of genders, mix of cultures, mix of kind of levels within the company, of authority levels as well. Because just like you said, Stuart, you'll have people that you'll be like, right, I want to come to you, I wouldn't come to you.

[17:54.6]

But I always think there's a mental health first seder for everybody. Just like there's a, there's a person to love for everybody, right? There's always someone that will find a fit. And what you'll have is that you'll have this natural screening process that, you know, if, if HR know their staff, well enough, they'll be able to go, right.

[18:10.9]

Actually I can see they've been involved in this, this and this. They're quite empathetic and. But also something that I always encourage people to do is to find the influencers within the company. Have you ever read, the book the Influentials? No.

[18:28.3]

Stuart, you'll love this book. It's Edward, let me get this right. Edward Keller, I think, wrote it. Edward Kellen, Jonathan. Edward Keller and Jonathan Berry. They wrote the book called the Influentials and it's basically, it talks about, it's basically like in from American Research, but it applies across the board where they reckon 1 in 10 Americans will choose what Americans vote, what Americans eat, what Americans wear.

[18:52.2]

Because those are the influentials, right? Those are the people. And what you'll find is within every company there's influentials and it's not necessarily the leaders, right? We often think if the leaders don't back something, it's not going to happen. And whilst that's obviously very important for budgets and things like that.

[19:09.2]

But if you've got influences dotted around the company, they'll be the people that when they talk, everyone knocks, they're in the meeting. Even if they're not the leaders, they're like, yeah. And you even have it where, when you're in a party, say you're in a workplace party, people's favorite feet will often point towards the most important person in the room.

[19:29.1]

It's really funny and it honestly watches. I didn't Realize that was really a thing, have a little watch. And there's so much science behind our, body cues. Like, even when you want to be in a conversation, people will block other people off. When they're open to more, they'll literally sound more open. And so our, like, read people's body is fascinating.

[19:46.1]

But often you'll find in conversations, people's feet will lead towards the influences. And so is there's the more we can bring influences onto these mental health SA courses. They're the people then that can go back into the culture, go back into the workplace, talk about it, set the precedent and shift the culture and then get a better buy in from leaders as a result as well.

[20:09.0]

Yeah, interesting. I'm, going to mix a couple of questions up here and forgive me for doing this because there's no. Right. Now, correct me if I got this wrong, there's no legislation around mental health first aid is Correct. Correct. Right. So is there a ratio level per, population that you would recommend or is that something.

[20:31.5]

If there is legislation to come in, do you think that's the sort of thing that they would bring in? Yeah, I think because they've done it with physical first aid. Right. So like, I think it's like one physical first aid. If you've got 50 or above people and you've got that kind of. Yeah. So we're trying to do is, we're trying to bring parity of steam between physical and mental health first aid.

[20:50.8]

But, with mental health first aid, I think, and I think it's like the same goes with physical first aid. Right. If you've only got one physical first aider, in the workplace, if that person's sick or that person gets injured, what, that's the person that needs a physical first aid, you know, so then you're going to be at a loss.

[21:06.2]

So I always think every company needs to have a minimum of two. Obviously you've got to make space for attrition, things like that as well, holiday, all this different stuff. But, ideally you want the. If you can have a network. So every course runs 16, helps 16 people.

[21:24.5]

Some companies will run a whole 16, some companies like Barber. So I've trained about 50 Mental Health SA champions in Barber and they're not massive, but they wanted to literally spread as many people with these skills so that they shift the culture. They got a whole workplace that knows how to support each other.

[21:42.2]

And so the greater level of mental health data you have, obviously the greater the shift will be. But also then within that you have an inbuilt network, because if you have one or two mental health facilities on their own, they haven't necessarily got people that they can buddy up with and decompress with.

[22:00.0]

They, you know, they haven't necessarily got someone they can go to with questions as easily as if you've got a group of five or six or more. But it's quite useful, like just people can just test it, right? They can just send one or two a public course, test the field, see what it's like and before they choose more.

[22:18.8]

Yeah, interesting. As I said, and obviously we're talking about UK legislation here when we're discussing this at the minute. And I'm sure different countries will be looking at this in sort of different ways, but when you talk then about sort of mental health first days, and as I said, I'm sort of jumping around questions here, so forgive me on this, but if we.

[22:38.0]

It must be quite tough being a mental health estate, like, correct me if I've got this wrong, if I've got a day job that is already pretty stressful, you're then asking me to be a mental healthator. That's quite a lot of stress to have on one person. No. Yes and no.

[22:53.7]

Yes, if it's not built into their role. So like anything and you find us with roles, you know, when sometimes there's, there'll be restructuring or redundancies and then the people will go, but the job and the workload won't. And so then you have people that are spinning multiple roles but it's not been acknowledged, although job descriptions haven't even been updated and it's that kind of thing of just like we would with anything thing that someone takes into their role, we want to adapt their job description and we want to adapt their day to allow for that.

[23:21.2]

So if it's. If it's built in properly and the manager's aware what it is. So like if for a first aid, for example, I always tell them, look, you know, have a conversation with your manager, explain to them, make sure they fully understand what mental health first aid is, especially if work have, have sponsored it, because then that's part of your role and so they need to build that into your development plans, they need to build that into your one to ones like where do you need more support with?

[23:45.2]

Like, how's your mental health first aid role going? And then also it gives them ability that if they do need to just like physical first aiders, if there was an accident and someone needed to run off and put a plaster on someone. It's same with a mental health first aid. They might be late for a meeting or they might have to take five minutes out because they need to have a conversation and that's okay.

[24:04.3]

So it's getting that permission and that understanding built into their role and then that's where the kind of the decompression comes in as well. Like what is your support for them so having you know like a, another mental health first aider that they can decompress with their mental health crusader buddy that they can be like I just had a really difficult conversation like how can I decompress?

[24:24.0]

And so it's that kind of process around it. So it's not just tick box training, it's a, it's a whole kind of system. Yeah, interesting. Do you see how would you. I suppose, forgive me, I'm sort of wording this badly but in terms of, of mental first aid do you think that influences culture and or do you think you can.

[24:46.1]

Companies can utilize it to sort of show their culture if that makes sense. Yeah, yeah, massively I think. Yes, absolutely. If you've got influencers in there you'll have a bigger shift. Right. If you've got those people who will be mental health first aid. Especially if you train HR leaders or managers in mental health aid skills because they are What I'm like if you think so.

[25:08.4]

Managers have about probably about 70% direct influence on the engagement of their team. And so like when they, when they train managers even basic skills they found that their engagement levels go up like the managers engagement levels go up by 50%.

[25:25.3]

Now at the moment managers engagement levels are about like 27 or so percent. Right. Like so managers are very very low engaged then the population is low engaged in general employees around it. So if you're boosting, if you're training mental health, training managers in mental health skills you're boosting their, their engagement that is in boost that is then boosting the employees engagement that this of their team and then that drives a better culture.

[25:50.7]

So you have like kind of non specific like not like suppose non mental health direct related stuff. It's engagement and presenteeism and things like that that's improved from managers knowing mental health skills. But also then you are showing, you're demonstrating to your staff like we understand you're human, we understand this.

[26:09.9]

You know you can't leave your men mental health at home. Like historically we've always said to people leave your mental health at home. But what you're actually saying to people is leave your emotions at home, right? Because you can't leave your mental health at home because it helps you make decisions, it helps you think clearly, it helps you like your mental health is part of everything. Right.

[26:27.9]

And so once we understand that we show that we care and it's genuine authentic care, then that will shift a company. Because what you're finding, and you've seen this within your work, that the younger generations coming through, meaning care and things like that, and that being actually felt like they're valued is such a high priority for them now that there's so many surveys out there that are showing that people will leave their company in search for a company that cares about their well being more.

[26:57.9]

And mental health for seders are a big flag for that. Yeah, it's such a big thing here in the UK at the moment. I know that. So I definitely can see that if people are, are doing the right thing, putting in good preventative measures, then I can imagine that does become part of your ingrained culture.

[27:19.7]

One of moves on to sort of burnout in hr. So we're running a resilience survey at the moment. There's some quite interesting results that are coming through from that. And there's definitely sort of certain themes like, yeah, I suppose, managing worry, finding calm, probably some of the phrases that I think we can use, what are signs of burnout that we can maybe look for if we are sort of thinking about that in the workplace or seeing someone that we are maybe potentially worried about?

[27:48.0]

Yeah, really, really important question because burnout is often misunderstood because when we think of burnout we think of exhaustion, right. And when loads of research around this over the last few decades and one of the first three main characteristics of burnout, right, one of them is exhaustion.

[28:03.8]

But it's not just like, like, I'm really, really tired, like people will get brain fog, they won't be able to get out of bed, they won't be able to like even like, you know, just doing the slight bit of work. They're just, it's really, really hard to function. Right. So quite extreme exhaustion, physical, emotional. But also often people think it stops there, but a really, really big one and a second one to be aware of is a sense of detachment and cynicism.

[28:27.6]

So what happens is that someone will start, if you think if someone is like emotionally giving and giving and giving, say maybe their, their manager's or they've got extreme amount of workload or their values are clashing with their workplace values. Like all these different things erode your sense of well being.

[28:44.6]

It erodes your coping strategies over time. So burnout is a gradual erosion of coping strategies. There's a gradual erosion of self. It doesn't happen overnight and so it can be spotted very early by spot and just warning signs of stress. Right. And what happens is as this gets more and more eroded your nervous system and everything goes, I can't keep absorbing this.

[29:05.7]

Like I can't keep giving emotions, I can't keep feeling this because it's actually, it's not, you're not safe anymore. That's what your body's decided. So in order to preserve yourself you basically go into shutdown. And so what happens is that you'll get team members. They're just cynical about everything.

[29:21.6]

They really, really detach from work and it's like you're trying to reach them but they're behind a thick wall of glass. And this detachment, then it can, you know, this is where people become actively disengaged. You know, they start because is safety, they're preserving themselves. And you know, everyone knows that cynical person within the workplace.

[29:39.4]

It's like no matter what you do, no matter what you say, everything is received with through that lens. And it's just, you know, they got to that place for a reason. You know that's, that's been this erosion over time and so once. So really, really look out for cynicism, detachment, disengagement, that's a massive part.

[29:55.7]

Then also this lack of the third one is this lack of effectiveness. Like either they feel like they're being really ineffective in their role or they actually are starting to become ineffective. Now what happens is that obviously is linked to disengagement as well. So they are disengaging.

[30:11.0]

They're not able to give their full self. If they've got that exhaustion as well then they're going to have more brain fog. They're going to take longer to think through decisions. They're going to need more reassurance, all that side of things. But also some people can be really effective still but they feel really ineffective.

[30:27.9]

And so if you're having one to ones with people and they're being like, I just, I'm not adding any value. I don't feel like I'm. Anything I'm doing is adding purpose here. Like and they keep saying things like that. That's a really important sign that they're feeling the third characteristic. Yeah, interesting.

[30:43.5]

It's because it is tough. I'm sort of when you said sort of the cynical. They become cynical, I've said there's a little right smile on my face purely because Brits are generally a little bit cynical anyway. So there's a part of me that's like, like there's a lot of that at the moment. But so if that's one of the sort of signs, how do we encourage, I suppose, better boundaries, how do we encourage better sort of mental fitness for those individuals?

[31:07.2]

For HR folk? Yeah, for hr, yeah. So within hr, I think one of the first things we want to acknowledge is the fact that HR are, handling a vast amount of emotional kind of experiences on a daily basis. Right.

[31:23.6]

I always think of them as like the emotional shock absorbers of the company. So literally, that's a really, really good phrase, isn't it? Like, they are, because they're taking on all this stuff, and no one trains them for this. No one sits down and goes, this is how you deal with grief.

[31:41.1]

This is how you deal with this. This is how. And every day they're dealing with this. They're kind of sitting with people. Sometimes in the worst moments of their life, they're sitting and holding that space for them. And you've got all this fear that people are holding about their job jobs. Often they're the face of restructuring, like all of this stuff, and they're on the firing line.

[31:57.9]

And I think the difficulty is that, you know, people are just firing at HR all the time when they're the people that you're battling between the two. And I think there's the really unhelpful opinion out there around hr. Like, doesn't help the burnout from the mental health crisis that HR are finding themselves in.

[32:15.4]

So I think, like, you know, aside from people stopped been in HR all the time, because they're the most incredible people I've ever worked with, is that HR need to acknowledge that in themselves. So acknowledge the fact that they are carrying a lot. They are those emotional shock absorbers. They are dealing with a lot and just making sure they're setting up one, like giving themselves training so they can train as mental health first aiders or they can train in how to hold grief conversations.

[32:40.3]

They can train all these different things so they feel more confident, they feel more able to. But also, you know, keep in mind, like, like they're dealing with a lot of conversations that only really therapists would have. Like, is there a whole range of different stuff? But they haven't got that training or that kind of practice.

[32:56.4]

What therapists do they have a whole ritual before, during and after conversations? And so it'll range depending on the therapist. And I always tell my mental health aidist to do this as well. So you've got the fact that if you know you're about to have a HR conversation and it might be difficult, even any HR conversation, because most of them quite can be, you're going into that in your best state.

[33:18.6]

So keep in mind you're like that. We need to build these rituals where we go right beforehand, I'm going to make a nice warm cup of tea or something like that, I'm going to make a cup of tea, I'm going to do some breath work, I'm going to do whatever it is I need to do to regulate myself. So if they can make themselves put themselves into a calm space.

[33:35.8]

I remember when I trained as a meditation teacher and my meditation, guru guy said to me, because I'm quite energetic, he was like, right, I would never guess, by the way, surprise. He was very aware that you do state management because can you imagine energetic Becca coming in and being like meditate.

[33:55.1]

So I had to do a lot of state management practice before I go into sessions. And so one of the things he taught me was get yourself to a place of calm and then bring them to you. And I love that. And so every time I kind of regulate myself, I get myself to a place of calm.

[34:11.4]

I might put my toes into the ground, I might look a focus on my breath, etc, do whatever works for everyone's individual. So I go into the conversation as calm as possible. And so it might mean that, HR guard their diary a little bit more where they know they're coming to conversation.

[34:27.0]

They put even just five minutes in before that conversation as a regulation point. Then during the conversation as well, you do something. So if you notice that you're, you're getting dysregulated, you're, it's a lot of emotional stuff, then you know, maybe put your toes into the ground that then.

[34:42.8]

Or maybe you can just bring your awareness to your breath while you're talking to them or like whatever it is that you can do in the moment to help regulate yourself. The more you practice it, the more you can do on the fly. And I'll talk about breath in a moment because I think this would be quite a useful tool for HR when it's managed in the right way.

[35:00.9]

And then afterwards what therapists do is they will literally cleanse themselves after. So some therapists will go into the bathroom and wash their hands, hands so their hands are clean. Like, it's literally them washing that stuff off. I remember after crisis, I used to work on crisis text line before.

[35:18.3]

It's like the shout is the equivalent of Samaritans, but on text. And I used to work on that. And after every session there, I'd go in the shower and I'd literally wash it off me. And so, like, therapists do it, mental health leaders do it, have a process that's a ritual that you do every single time.

[35:34.2]

Because when, So the brain is really good at associative learning, right? When you do two things together at the same time regularly, they learn to associate them together. That's when you know you can be in bed, say, for example, and you can be answering emails. And then when you try to go to bed at night, your brain goes, no, no, this is where you think about work.

[35:53.4]

And then. So your brain's learned to associate your bed with work. But we can use that association in a good way where we can practice that ritual every time. Every time, every time. So that as soon as you go and start doing that, your body goes, oh, when I do this, I can't.

[36:10.2]

So you can do on the flight. And, a very quick note on that, on the breath work. Because there's a lot of pressure around doing breath work. And breath work doesn't work beautifully for everyone, right? And there's a lot of. Some people are, like, forced into do breath work and then they do it and they're like, I can't.

[36:25.3]

I can't breathe properly. Like, it makes me feel more anxious. But keep in mind that. So we're standing mammals, right? Our organs are pretty much on display. And when we're under, any form of stress, what happens is our muscles, they tighten just marginally. And what happens is they push the breath up so it comes very, very kind of upper, thoracic kind of breathing.

[36:46.0]

Now, this is why when you go into presentation or you're about to, you know, go to a podcast, whatever, you might start, feel a bit nervous, and you're. And you can't take a full breath because it's pushed it up. Now, what happens is, if you're under a lot of chronic stress, like hrr, then you'll find that this becomes your breath signature because you're constantly just taking short, shallow breaths.

[37:05.3]

Breaths. And because no one ever taught us how to breathe because we think it should come naturally, we have forgot that actually we're all stuck in this fight or flight breathing technique. And so that's why then when you're told to breathe, you feel like you can't. And so one thing I always recommend for HR folk and, and mental health as leaders is just to like, re.

[37:26.0]

Teach your body how to take lower breaths. So I'll literally take a breath in and I'll notice where is the lowest part in my body where I can feel my breath and I'll just notice it. It might be my throat, my nose, my throat, my chest, or maybe it's my belly, which is where we want it.

[37:41.9]

And I'll just notice it and follow it in and follow it out. And if you do that every morning before you get up, like every, every time you're on the loo, every time you're going into HR meeting, then over time you just reteach your body how to take full breaths and then you step out of this kind of constant fight or flight state.

[38:00.6]

Flight or flight state as well. Yeah. I have to say, my own personal. It's not just your breath. I, I find that there's a tension through your muscles. I, I remember seeing the physio once and I, I think I had some back issue and, and the basically said it's because you're permanently in a state of tension.

[38:19.6]

And, and he was like, you need to relax. And I was like, I'm relaxed. He went, you know, he's like you, you still, you need to go another level in terms of like that, that really sort of the breath work actually sort of going even deeper because essentially I was tensile through hamstrings, glutes, which was causing my back problem and that I never really thought about it, in terms of just being always sort of so tense and tight. Yeah.

[38:45.2]

Well, if you think about it historically like your, your body is getting primed to run or fight. Yeah. Like so like it's tensing up, ready to go. But instead that, that threat isn't passing, it's just this constant like, like constant gnawing effect. Interestingly do have a look at and learn your pain.

[39:03.0]

So there's this really, really powerful for back pain. 1 Back pain is one of the leading disabilities globally. It's one of the biggest thing that causes the most cost to companies as well. And a lot of pain like you've pulled out really well is linked to stress, links to emotions, suppressed anger, all this stuff that's not processed.

[39:25.1]

And if you don't calm your nervous system, just like your physio was saying, like you need to go Level deeper. If you don't calm your nervous system and teach yourself you're safe, then your body will not tell you. Pain was like, mind. Mind blowing for me. Like, it's just showing you how much back pain.

[39:42.1]

The majority of back pain is actually not linked to a structural problem at all. It's linked to all this emotional stuff that we don't deal with. With. Yeah, it's. It's weird. There's certain things I, I've only listened to some of this stuff, but I, I have to say, I found. It was funny, actually.

[39:57.8]

I found acupuncture really good for me because it made my breathing slow down because they were like, we can't really put the needles in. If you're tenants, you have to physically slow down before it actually can work for you. And it really, really helped me focus in terms of getting my breath work right. But I think it's so interesting now I want to go, I'm looking, I'm looking at the clocks.

[40:16.6]

There's a few other things I want to get to. Before we, before we wrap up. I want to talk about science of joy and mental fitness. And can you just give us an overview of what science of joy actually is? So science of joy is something I've become in love with, because one of my big values in life is joy and adventure, right?

[40:36.1]

And if I haven't got that, if I've got that missing, then I know my wellbeing is the small flat. And when I started looking into this, I looked it in from my own personal angle because I realized my business was my only hobby. And so I was like, I need to get another hobby. And so I started looking into this and actually so joy, we, we disregard it as important to the level of.

[40:57.7]

You talk about cynicism within, the British culture. You can see this globally, right, where people, they did so much research around it that people will deem the more serious person in the room more intelligent than the more joyful person. Because our brains have learned if you're serious, if you're grumpy, then you must just have more intelligence. So interesting.

[41:17.8]

Now you say, I can see that that's definitely a thing. But it's so interesting, so fascinating. But actually what they found is the more joyful person, the happier person, the kinder person actually has more neural networks. They have actually higher levels of intelligence.

[41:33.2]

Because when you practice joy, it creates more neural networks. It creates more. Just think if you, if you're starting a new skill, right, say for example, you're starting Surfing, the level of new skill development, the brain connections that have to, to be created in order for you to stand on the surfboard on a wave is vast. Right?

[41:51.9]

And often what we do is we reduce joy because we're like firefighting constantly and dealing with life. But when they, when they look at it, they look at the fact that it's not just embedded in the fact that it's a survival technique for, it's needed for animals, it's needed obviously for children.

[42:08.6]

They can't develop with the absence of joy. But adults is one of our basic needs. But because on the hierarchy of needs it's not as high as food, finances, survival is deprioritized. But when they've noticed the fact that literally our brain, our IQ increases, our brain activity increases, our enjoyment of the world increases, all because those reasons where we practice more joy in day to day life, it's fascinating.

[42:35.8]

But you say practice joy and I mean imagine like I can imagine again the cynics out there going, hang on a minute. How do I practice joy? Because joy is not something that it just naturally happens. I even laugh. I'm laughing to myself a little because I'm thinking of the, the Office episode where Ricky Gervais stands up and tells people to laugh because it raises endorphins and it's very hard to make yourself laugh.

[42:53.4]

How do you, how do you do that then? How do you just say, right, go get some joy. Yeah, go, go do it. It's like telling someone to be calm. It never, never works. Yeah, yeah. So one of the things that we want to make sure we're doing is we're, we're stopping and asking ourselves what, what brings us joy? Everything.

[43:11.3]

Everyone looks very different, right? And there's nothing wrong with having part of your business as a hobby. Like actually what a lot of things will make entrepreneurs so successful is the enjoyment that they get from business. But it's having that kind of wide range of enjoyment moments in your life. And it's not saying every minute of your day is going to be blissful enjoyment, but if you've got moments of joy that will increase your well being, increase your, your brain activity and it literally comes down to the person.

[43:38.7]

So if you think back to like when's the last time you experienced joy? And if you have a little think back to that and think, right, when was it? Okay, sometimes it's really hard to find. When you find it you go, right, what did I enjoy about that? And then it might be Then going and being quite intentional and going. Right.

[43:56.0]

I really enjoy reading My book, or I really enjoy going for a bike ride, or I really enjoyed going for a walk, whatever it is. Then you, you have to identify it first and then intentionally bring it into your day, but protect it in your diary just like you'd protect anything else. Yeah, which, which makes, which makes a lot of sense.

[44:12.6]

I can completely, completely understand that as well. And then talk to us about Mental Flex. Yeah, talk about what that is. Oh, it's my. It's my second. Well, second baby. It is. So, I am, Mental Flex came from the fact of my experience becoming a parent and realizing there was just nothing out there to help parents at all.

[44:35.8]

Like someone hands you a baby and goes, off you go, then go and work this out. And, it's just ridiculous. Like for men, for women, for all kind of parents and carers, it is a minefield. And so, like, you know, saying, when I went through postnatal depression, there was just nothing out there.

[44:52.9]

No one was teaching you how to support yourself and regulate yourself. And what I started realizing is before becoming a parent, my guidance and my, my talks on joy, my talks on well being were actually quite different because I would go, if I talked about meditation, for example, I'd be like, let's go and meditate 25 minutes in the morning.

[45:14.4]

I'm like, now I'm a parent. I'm like, this morning I was shouted at while I was trying to push Thomas around a track engine. And I was like, I used to meditate during this time. And so, like, it's a very different world. Right, Right. And so, like, what, my, my whole way I've worked workshops is shifted now in with the lens of how difficult it is to find time for yourself.

[45:37.6]

But also, Mental Flex is designed to understand that our systems are, need regulation. Right. Parents are constantly firefighting. We're high levels of stress a lot. We are navigating these tiny humans. And if we don't regulate our nervous system, then our children get that impact. Impact.

[45:54.7]

So when there's so much out there around, we need to improve the mental health of our young people is really deteriorating, etc. Etc. But I very much. Let's bring it home to us. If we start with our own nervous system, then our children will follow suit.

[46:10.0]

Because we're basically creating this emotional blueprint for our children. Right. We, we have a. They mirror our nervous system. So what happens is something called neuroception. And we all have it where we pick up on the emotions in front of us, we pick up what's going on in the room.

[46:25.1]

We sense it. Right. And you have, you had it when you're in a room and you just feel a little bit nervous watching a speaker or you just feel, yeah, you feel uncomfortable, anxious, and you don't know why and you're like, is everyone okay? Like, and children get that. They pick up the tension in the room, but they don't know why and they haven't got the vocabulary to voice it.

[46:45.0]

And because they're young, because, because their brains aren't fully developed, they internalize it as their own stuff. And so what happens is we'll put on our face and like, everything's fine, but really we're like. And so what we need to do is get our own nervous systems regulated. Then that helps regulate our children.

[47:01.5]

We teach them that and that holds through. And so that's what mental flex is all kind of built around is. How can we, how can we bring calm into the chaos? Like, how can we navigate our own safety? How can we reduce our stress? How can we reduce the cognitive load and therefore, like it just perform better as parents and just humans after and redefine our identity as a parent as well. Yeah.

[47:25.3]

Which I totally understand. And then I just want to get to the term, mental fitness. Why do you prefer the term mental fitness rather than mental health or mental wellbeing? So I love all of them. I love all of them.

[47:42.2]

But mental fitness is my favorite child, so to speak. Because, Because I think there's still a lot of stigma around mental health. So there's a big argument that we need to reduce that stigma 100%. We need to get more comfortable with talking about it because why wouldn't we talk about it? We all have it. But then what I found through my years of training and my years of, kind of chatting to people about mental health is that well being feels woo woo to people.

[48:06.8]

Mental health feels like this big grey area that people don't properly understand and feels quite daunting still. Mental health, mental fitness, people can relate to their health. Just like we were trained for our physical fitness, we need to train our mental fitness. And it's a lot more, especially with the male population as well.

[48:23.4]

It's received well, like the mental gym, that kind of things. So it just breaks through the stigma and gets people to understand it, that kind of equity between physical and, mental fitness. And it makes, it makes a lot of sense. And I totally hear you on the terms of the mental Health, I feel like that's a term now.

[48:40.0]

This gets you so much. There's almost an element of people that they sort of gloss, they start to gloss over a little bit when they hear it. So I totally get that. If I'm looking at the clock and I know we've got to wrap up and I could talk to you about this all day long. But if we, if we're signing off on this and we're sort of saying okay, one thing to sort of take away here.

[49:00.0]

How can leaders shift I suppose from reactive wellbeing measures to have building I suppose that culture of proactive mental fitness. I love that. So I think as a, as a high level like I think the best thing people can do for their organization is bring awareness in there.

[49:17.1]

So the WHO guidance that came out last year, who, WHO put their like World Health Organization put the most clear guidance they have ever out about mental health and they explained that people need this awareness training. So you need mental health awareness training across the organization and you need managers to be, be informed when you have that you improve engagement levels, you reduce absenteeism, you reduce presenteeism as well.

[49:39.6]

So there's quite a lot of clear research around that. You get a lot of ROI from that awareness level. And so that's number one. And then people feel more confident, people feel more able in their roles rather than especially managers who feel like accidental managers where they just like they're navigating in the dark.

[49:54.7]

So you've got that one. But also as well build in well being measures into your KPIs. So you know, looking at things like engagement from a well being lens. Looking at things like, you know, what are, what's coming up in one to ones as a challenge like are people going to recommend us to their family and friends?

[50:12.9]

Because if they're not then they're obviously not safe here. So like you put these measures in so the well being comes part of the boardroom conversations and you can back it up with like if we bring the figures to the boardroom, like actually you get £4 70 ROI from investing in mental health.

[50:28.6]

Actually our engagement levels are this low. We can see this through our heat map. This is, you know, we know that this increases engagement so you can map it out and speak the language at the boardroom as well. But thirdly as well really, really concentrate on psychological safety.

[50:44.8]

This has got to be the biggest piece of the puzzle because without psychological safety you can have all the conversational tools in the world. You can have a whole workplace of mental health first aiders. But if people don't feel safe enough to put up their hands and go, I'm struggling, they don't feel safe enough to challenge the, the, you know, the status quo, then they, they won't say anything.

[51:03.9]

So psychological safety needs to have that grounding where people feel safe in the environment they're in. And that's constantly changing. Culture's constantly changing. So it's a daily, daily activity, which is tough. But some of my, clients have a psychological safety resource group.

[51:19.7]

So they've literally got an erg that's solely responsible for boosting psychological safety in the workplace. And that's their goal. They've got a term of reference that says, this is what is expected of this group and they've got leadership sponsorship for it and buy in. So it's well designed, well driven and that's probably the biggest place to start from, I'd say.

[51:38.9]

Yeah, I think, I think. Great. And I love the whole sort of the ROI piece or data points that people can actually see in SenseCheck, because for me, they're all the sort of crucial parts. If people see it, they can sort of almost feel it a lot more as well. Yeah, I think it's really, really important. Important.

[51:55.0]

Rebecca, it's been so good to talk to you today. Thank you so much for coming on the show and bringing your energy this morning. It's been really lovely to speak to you. If anybody in our audience has any questions for Rebecca, please email me@elliottscott.com But Rebecca, thank you so much for being on the show. Thank you.

[52:17.4]

Thank you so much for listening. I hope you enjoyed the show. If you haven't already completed our resilience survey, there is still time. You can find the link at the bottom of this episode. Please fill it out and we'll be sharing the results later on in the year. Thanks ever so much for listening.

[52:38.0]

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