

**ENAR'S NINTH EUROPEAN
EQUAL@WORK SEMINAR**

TOOLKIT

RACE AND MENTAL HEALTH AT WORK

**ENSURING WELLBEING
AND EQUALITY IN THE WORKPLACE**



european network against racism

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Introduction

“Racism makes us sick.”

David R. Williams

As a society, as employers, as people, we are increasingly recognising the importance of mental health. Whether in positive or negative terms, understanding how our environments shape our mental health – and vice versa – is crucial.

Our work truly affects our mental health – for the good and bad. Work can be highly fulfilling but it can also be a place of distress, antagonism and even burnout. We spend more and more of our time at work, and yet very little effort is devoted to make our workplaces safe, calm and compassionate.

Mental health and wellbeing is slowly entering our workplace discourse. However, discourses around wellbeing are generally highly individualistic and superficial, focusing on ‘quick-fixes’ for stress, like promoting yoga classes and meditation at work. Although undoubtedly beneficial, such ad hoc interventions will not guide us to wellbeing or to equality.

Generally, discussions on mental health and wellbeing miss a power analysis. They do not acknowledge the social, economic and environmental factors impacting our collective and individual mental health. They do not acknowledge how our economic system, with its focus on individualism and high-productivity, de-prioritises true wellbeing. They do not recognise how deep-rooted inequality impacts mental health.

This toolkit explores how we can understand the links between racism, inequality and wellbeing. It is part of a wider body of work produced by the European Network Against Racism (ENAR) on diversity management, in the framework of its Equal@work Platform, interrogating power structures within organisations and encouraging new styles of organisational management. These toolkits pay particular attention to transformative approaches to address structural racism.

The toolkit is structured as follows. The **barriers** section provides a non-exhaustive summary of available evidence related to racism, mental health and wellbeing,

exploring the individual, organisational and structural levels. The **solutions** section serves as a guide for employers looking to create a workplace that promotes wellbeing for all, understanding that due to the broad range of factors impacting mental health and wellbeing at work, this toolkit is not designed to provide comprehensive solutions. It will focus on racial equality.

Who should use this toolkit?

This toolkit is for diversity managers, organisations and companies looking to:

1. Create a workplace with principles of equality and wellbeing at the core;
2. Understand and dismantle the barriers relating to racism, mental health and wellbeing in employment;
3. Challenge dominant power structures in their workplace.

Within organisations, the toolkit may be particularly useful for senior leadership, human resource managers, and members of diversity and inclusion departments.

About the Equal@work Platform

ENAR considers that the best way to achieve substantive equality is through collaboration and dialogue between different actors – private companies, public administrations, trade unions, NGOs, employees – to find solutions or share good practices.

The Equal@work Platform is a space for employers, trade unions, public authorities and NGOs to collaborate for innovative solutions to diversity management. Members of the platform explore how to integrate an anti-racist approach; ensuring improved access to the workplace for people of colour and an end to structural discrimination in the labour market.

This toolkit was produced as a follow-up to the 10th Equal@work seminar on wellbeing, race and mental health at work, organised by the European Network Against Racism in December 2018 with the support of Inditex.

Terminology and concepts

What is mental health and wellbeing?

Mental health is defined by the World Health Organisation as:

“a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”¹

The term ‘mental health’ relates to our psychological wellbeing in a neutral way. Mental health can be discussed according to a biomedical model or a psychosocial model. The biomedical model centres ‘mental ill-health’ as innate medical issues inherent to the person. The psychosocial model explores mental health from both a biological but also socioeconomic perspective. Mental health is an inherently social issue, influenced by a mixture of medical but also environmental factors. This toolkit uses the psychosocial model of mental health as a starting point.

Mental healthcare is often discussed in terms of a continuum between daily choices, lifestyle, self-managed ailments, minor ailments, long-term conditions, acute conditions, compulsory psychiatric care, and major trauma.

Wellbeing is a broad concept relating to the ability to flourish. Studies exploring the extent of wellbeing have outlined six key dimensions of wellbeing, including evaluative wellbeing, emotional wellbeing, functioning, vitality, community wellbeing and supportive relationships.²

Other useful terms

Burnout is the state of complete physical, emotional and mental exhaustion. Burnout involves depressive symptoms like low mood, cognitive alterations, and

sleep problems. Burnout is caused by a range of factors: social and environmental factors, material needs, emotional and psychological factors, attitudes and beliefs, personal behaviour, and interpersonal and group relationships.³

Cis-gender: A person whose sense of gender identity is aligned with the sex they were assigned at birth.

Heteronormative: Refers to the assumption that all human beings are either male or female in both sex and gender, and that sexual and/or romantic attraction and activity only occurs, or is only normal, between heterosexual cis-men and heterosexual cis-women.

Institutional racism is defined as the collective failure of an organisation to provide appropriate and professional services to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviours that amount to discrimination, either through unwitting prejudice, ignorance, or thoughtlessness and racist stereotyping, which disadvantage ethnic minority people.⁴

Intersectionality is a concept with roots in Black feminism that considers the interconnected nature of a number of systems of oppression, such as racism, sexism, homophobia and classism. The theory highlights that social identities, such as race, gender, sexuality, class, marital status and age, overlap and intersect in dynamic ways that shape each individual.

Patriarchy is a social system in which men hold power and predominate in roles of economic and political leadership, moral authority and social privilege.

Race: The socially constructed classification of humans into groups based on physical traits (such as skin colour), ancestry, religion, genetics or social relations, or the relations between them.

Racism: The prejudice, discrimination or antagonism directed toward someone of a different race, based on the belief that one’s own race is superior. Racism, as an ideology, exists in a society at both the individual

¹ World Health Organisation. 2001. *The World Health Report - Mental Health: New Understanding, New Hope*.

² European Social Survey. 2015. *Measuring and Reporting on Europeans’ Wellbeing: Findings from the European Social Survey*.

³ Rossi, G. 2018. *A Path towards Wellbeing for the Burnt-out Generation*.

⁴ *Report of the Stephen Lawrence Inquiry*. 1999. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/277111/4262.pdf.

Introduction

and the institutional level. Consequently, the systemic nature of racism, as well as who holds the power to perpetuate it, is becoming more popular in mainstream discourses of the term.

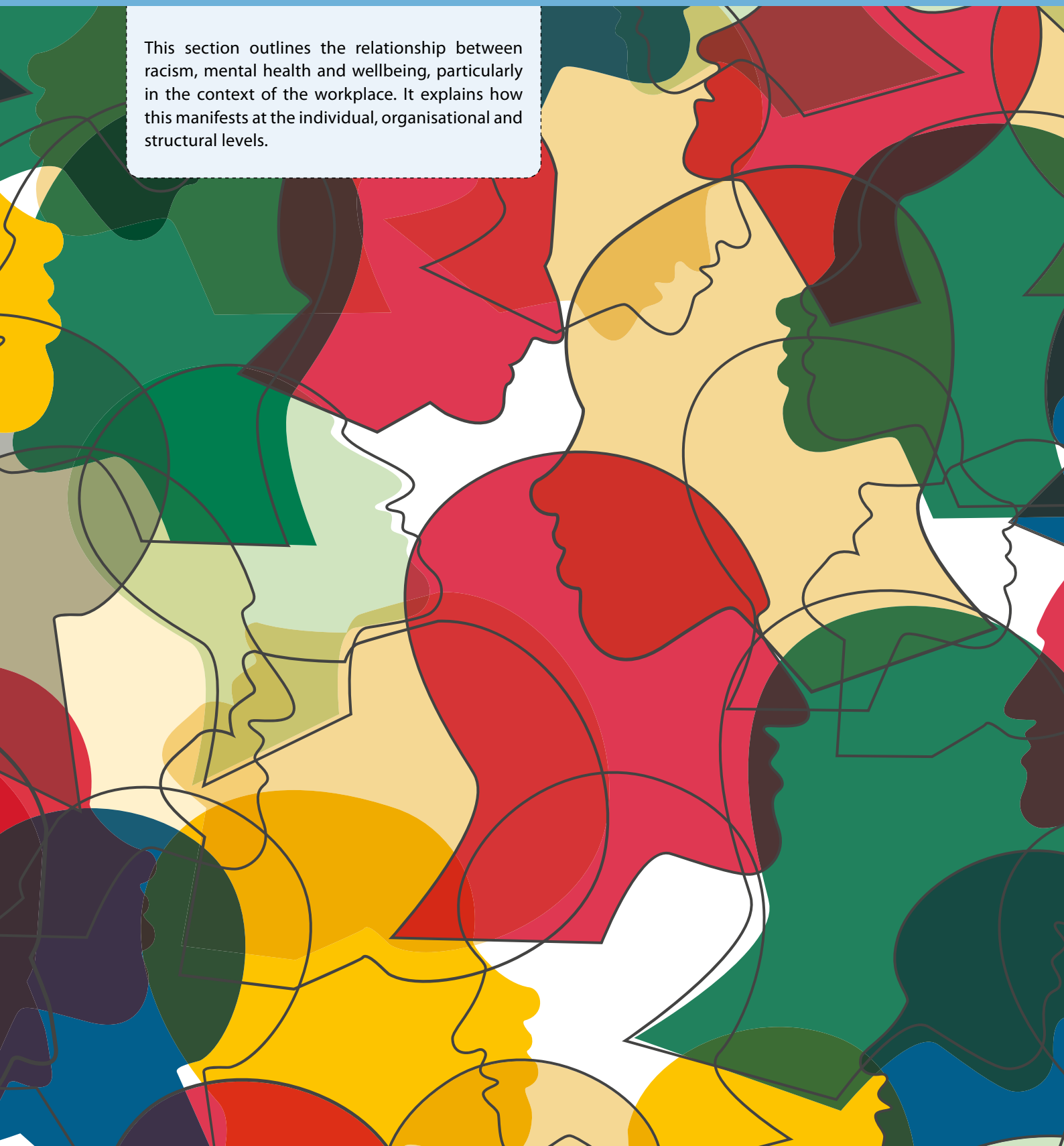
Structural racism encompasses the entire system of domination based on race, diffused and infused in all aspects of society including its history, culture, laws, politics, economics and entire social fabric. Institutional racism refers specifically to the way in which institutional policies and practices create different outcomes, aligned to racial groups.

Whiteness: The cultural and sociological aspects of people identified as white, which has historically been tied to social status and constructed as the norm and embodiment of dominant culture and ideologies.

Women of colour is a term used to describe women of racial, ethnic and religious minority backgrounds; women who are not perceived as white; or women who experience racism. The term 'woman' is used here to include all those self-identifying as women and is deliberately inclusive of members of the non-binary and transgender communities.

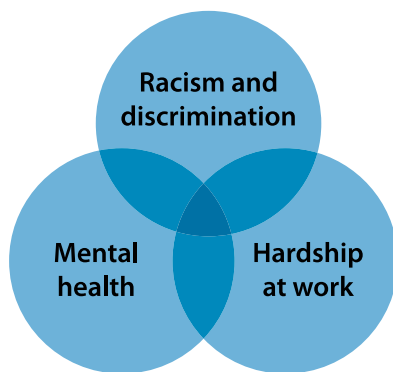
1. UNDERSTANDING RACE AND MENTAL HEALTH

This section outlines the relationship between racism, mental health and wellbeing, particularly in the context of the workplace. It explains how this manifests at the individual, organisational and structural levels.



84 million people across EU countries suffer from some kind of health issue, according to the Organisation for Economic Cooperation and Development (OECD).⁵ Yet, a number of problems persist with the way we understand mental health in society. For the most part, we still view mental health from within a medicalised lens, often overlooking the number of mental health issues, including issues of stress and low self-esteem, which are not categorised as mental health ‘illnesses’. Across Europe, the stigma related to mental health issues very much exists, preventing open dialogue.

Some research has emerged exploring the links between mental health and employment conditions⁶ and others have found that in the case of some mental health issues, women are disproportionately affected.⁷ However, until recently, the entire concept of mental



health has been divorced from concepts of racism, inequality and oppression more generally. As such, although we are starting to unpick the stigma associated with mental health, we have not yet come to understand that mental health and wellbeing are highly linked to societal problems. **Racism, discrimination and structural inequalities intersect with mental health.**

1.1. Individual: The mental health impact of racism at work

Our mental health is highly dependent on our surrounding environment. Much of the discourse around mental health is medicalised, meaning that mental health is often discussed in the frame of severe psychological disorders. However, mental health is a much broader concept, encompassing our positive wellbeing, our daily stresses, distress, our self-esteem, feelings of positivity or negativity, and *including* mental illnesses at a severe scale.

With this in mind, it is important to understand how racism and discrimination at the *interpersonal level*, relates to the mental health and wellbeing of employees and colleagues.

Interpersonal racism may include instances of aggression, threats, bullying, harassment, but also more casual situations including prejudicial statements, ‘casual’ slights and micro-aggressions. Many of these cases are not limited to racism, and may take other forms for LGBTQI* people, women, people with disabilities, migrants, people of working class backgrounds, and those belonging to minority religions. In the Equal@work toolkit *Women of colour at work*, ENAR explored common micro-aggressions women of colour face at work:

Micro-aggressions

It is important to recognise the potentially damaging impact of a culture of hostility against minorities, which can also manifest in ‘subtle’ forms of racism and sexism in the workplace. The term ‘micro-aggressions’ describes commonplace encounters which convey insult, negative sentiments or indignity towards a member of a marginalised group.” Often, micro-aggressions are indirect and flippant statements, and as such difficult to identify or challenge. Micro-aggressions may accompany a denial of problem, or serve to override the negative experiences of those affected by the issue, such as racism or sexism. Women of colour experience both sexist and racial micro-aggressions, which maintains a hostile culture for women of colour and reinforces their subordinate position in the hierarchy.

Source: European Network Against Racism. *Equal@work Toolkit. Women of Colour at Work: An Intersectional Approach to Diversity Management*. Available at: <https://www.enar-eu.org/Toolkit-Women-of-colour-in-the-workplace>.

⁵ OECD. 2018. *Health at a Glance: Europe 2018*.

⁶ OECD. 2015. *Fit Mind, Fit Job: From Evidence to Practice in Mental Health and Work*.

⁷ Eurostat. 2017. *European Health Interview Survey (EHIS)*. Eurostat Database.

The most common micro-aggression is the question 'where are you *really* from?'

Interpersonal racism can be both explicit and subtle. However, all such cases are likely to have an impact on the individual to some degree. At the very least, they emphasise some inherent difference, lack of value, or threat to the identity of the individual. In addition, those at the intersections of multiple discrimination grounds are often more likely to experience interpersonal discrimination.

THE IMPACT OF INTERPERSONAL RACISM: SYNERGI COLLABORATIVE CENTRE

According to a review of available psychiatric evidence, Synergi Collaborative Centre found that the impact of interpersonal racism includes:

- Stress
- Hyper-awareness of difference
- Pessimism
- Increased levels of psychosis and depression
- Decreased self-esteem
- Emotional distress
- Trauma and post-traumatic stress
- Substance misuse
- Anger
- Fear of repeat discrimination

“People of visible migrant or ethnic minority heritage, who see themselves as targets of negative attitudes, are living in fear and this is a chronic stressor, which in turn can affect their children’s mental health.”

Source: Synergi Collaborative Centre. *Briefing: The Impact of Racism on Mental Health.*

“The impact of racism, whether experienced as a one-off encounter, or an ongoing experience, can prove debilitating and even damaging to the well-being of an individual.”

Dr Aileen Alleyne⁸

In addition, a number of other concepts are gathering attention in debates on the mental health impact of racism. These are:

Imposter-syndrome: A widely known concept, imposter-syndrome is particularly relevant in the context of racism and discrimination. As a result of continued discrimination and lack of representation, many people of colour express feeling ‘out of place’ or unsuited for the roles they are in. This is not necessarily due to skill level or qualification, but rather anxiety or hyper-awareness about being perceived unsuitable or unprofessional due to their race. These feelings are sometimes so strong that the persons themselves come to believe this.



Source: Word Cloud of the ENAR Equal@work seminar ‘Race, mental health, and wellbeing at work’, December 2019.

Internalised racism: Experiences of racism can affect the self-esteem of people of colour. It can also cause people of colour to reproduce racist or discriminatory actions or sentiments – directed at themselves, or other people of colour.

Racial trauma: is the cumulative effect of individual and collective experiences of racism-related incidents, injuries, or race-based stress.⁹ Psychotherapist Dr Aileen Alleyne emphasises trauma of racism in terms of its ‘eroding effect’ on the individual, the tendency of racist experiences to grind down on our morale, resilience and self-esteem.¹⁰

8 Alleyne, A. 2008. ‘Working Therapeutically with the Hidden Dimensions of Racism’. In Fernando & Keating (eds). *Mental Health in a Multi-Ethnic Society: A Multidisciplinary Handbook.*

9 Comas-Diaz, L., Hall, G.N., Neville, H.A., and Kazak, A.E. 2019. ‘Racial Trauma: Theory, Research and Healing’. *American Psychologist*, 74(1) (special issue).

10 Alleyne, A. 2008. ‘Working Therapeutically with the Hidden Dimensions of Racism’. In Fernando & Keating (eds). *Mental Health in a Multi-Ethnic Society: A Multidisciplinary Handbook.*

1.2. Organisational: Mental health and inequality in the workplace

The consequences of negative mental health are tangible for the work environment, furthering division between people who are supposed to be working toward collective goals.

“[I]ndividual suffering contributes to the development of an unjust society. It not only shapes people’s personal practices, it also shapes their political attitudes and behaviours. When people are stressed, anxious or self-hating, they tend to be more brittle and fragile. Lacking the resources they need to have either inward or outward compassion, they act self-protectively. Instead of being curious and open to other people and extending trust to them, they are pre-occupied with their own well-being.”

*Social Justice Leadership*¹¹

In addition, it is important to recognise the effect of organisational or institutional inequalities on mental health. Individuals cannot thrive if they know that they are being treated unfairly or being held back by factors beyond their control. Yet, there is ample evidence of persistent discrimination against racial minorities in companies across Europe.

Where we have data, we see that most economies in Europe are highly racially segmented, and women of colour in particular are highly overrepresented in lower paid, precarious roles, rarely in positions of leadership. Not only do such organisational inequalities hinder our efficiency; by maintaining them we discourage employees, and perpetuate insecurity and low self-esteem for those who do not fit the white-male norm.¹²

Maintaining organisational inequalities is a form of racism that limits opportunities for some groups of people or “by providing unfair advantages to other groups of people”,¹³ contributing to a sense of lack of positive future, potentially leading to depression.

Another way organisations may perpetuate race-based mental health issues is through systematic denial of racism or other forms of discrimination. The way managers react to complaints is crucial to maintaining a healthy work environment. An important, but unexplored aspect of racism and mental health is the impact of negative reactions to experiences of racism. It takes courage to speak out about discrimination. However, often, such complaints are met with denial, invalidation and dismissal from managers. The psychologist and scholar Guilaine Kinouani writes of the role of silence in minimising, or even punishing, those who report racism.

“There always have been and will always be ‘reasonable’ reasons for upholding silences in the face of racism, violence and trauma. Sometimes they can appear protective. Rarely though, do they protect those harmed or serve the interests of those at the lower end of the power divide. Silence allows abuse to flourish. It reproduces and amplifies the damage of trauma. What is unnamed and unspoken is obviously not heard. Not seen. Not fully witnessed or recognised.”

Guilaine Kinouani

1.3. Structural racism and inequality are mental health issues

Our work environments do not operate in a vacuum, but sit within wider societal structures. As a result, our workplaces tend to mirror behaviours, systems and trends in society. This is true of racism, discrimination

¹¹ Social Justice Leadership. 2010. *Transformative Organising: Towards the Liberation of Self and Society*.

¹² Trades Union Congress. 2017. *Insecure Work and Ethnicity*; European Network Against Racism. 2018. *Shadow Report - Racism and Discrimination in Employment in Europe 2013-2017*.

¹³ Synergi Collaborative Centre. 2018. *The impact of Racism on Mental Health*: 5.

and racial inequalities – workplaces are not exempt from these trends. In the same way, mental health is also structural. A number of social and economic factors impact on the mental health of individuals, underlying and contributing to the more tangible issues explained above. **Racism and mental health are intertwined structural issues.**

What does this mean? **Institutional or structural racism is the racism or discrimination that exists in the processes of social institutions or the structures of society.** Beyond racism involving individuals behaving negatively toward others, this form of racism explains how society is structured to systematically disadvantage racialised or ethnic minority people – implicitly or explicitly. Commonly cited examples of structural racism include highly differential treatment at the hands of law enforcement, sustained residential segregation affecting access to services and employment, and persistent educational differences influencing the segmentation of the labour market.

It is also important to appreciate how broader economic structures relate to mental health and wellbeing. As stated above, mental distress, depression and anxiety have risen more than 40% over the past 30 years, and poor working conditions and insecure work are a major contributing factor, according to the United Nations Special Rapporteur on health.¹⁴

Yet, according to the Institute for the Future of Work, the International Labour Organisation and Eurofound, the “growth of the insecure workforce, characterized by the growth of jobs and tasks taken without the protection of trade unions, employment or health and safety laws”¹⁵ continues.

The trend of insecure work, with its mental health consequences, intersects with race and ethnicity. Although there is a general lack of data in Europe relating to relative economic situations of racial and ethnic minorities across Europe, it is clear that racial and ethnic minorities across Europe (in particular women of colour) are over-represented in precarious and insecure work. Either

due to discrimination in formal employment against non-EU migrants, or sustained unequal access to safe, high quality employment, racial and ethnic minorities are more likely to experience lower pay, poorer working conditions, irregular hours and lower access to benefits such as maternity and sick leave.¹⁶ This focus on profit and productivity at the expense of employee wellbeing is therefore highly linked to racial justice, diversity and inclusion.

DAVID R. WILLIAMS (2016) TED TALK: HOW RACISM MAKES US SICK

“For the last 25 years, I have been on a mission to understand why does race matter so profoundly for health. When I started my career, many believed that it was simply about racial differences in income and education. I discovered that while economic status matters for health, there is more to the story.

[...] the deeper that I delved into the health impact of racism, the more insidious the effects became. There is institutional discrimination, which refers to discrimination that exists in the processes of social institutions. Residential segregation by race, which has led to blacks and whites living in very different neighborhood contexts, is a classic example of institutional racism.”

Source: Williams, David R. TEDMED 2016. Available at: https://www.ted.com/talks/david_r_williams_how_racism_makes_us_sick/transcript?language=en.

¹⁴ United Nations Human Rights Council. 2019. *Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health*. A/HRC/41/34/.

¹⁵ International Labour Organisation and Eurofound. 2019. *Working Conditions in a Global Perspective*; Institute for the Future of Work. *The Future of Good Work: The Foundation of a Modern Moral Economy*.

¹⁶ For more information, see: Trades Union Congress. 2017. *Insecure Work and Ethnicity*; European Network Against Racism. 2018. *Shadow Report - Racism and Discrimination in Employment in Europe 2013-2017*.

In the European context, there is growing evidence linking structural racism, inequality and mental health issues. Exploring experiences of ethnic minorities in the United Kingdom about discrimination at work, Karlsen et al found that reporting an experience of discrimination correlates to the risk of mental health issues.¹⁷

“Many risk factors for poor mental health are closely associated with inequalities in the conditions of daily life. Many risk factors are also linked to the corrosive impact of seeing life as something unfair.”

Dainius Pūras, UN Special Rapporteur on Health

As we saw in section 1.1, the impact of experiences of discrimination extends far beyond the situation itself; it produces a lasting harm and undermines resilience.¹⁸ Discrimination, or the fear of it, is a stress factor. The effect of structural discrimination is also to drive inequality and social exclusion, making ethnic minorities more likely to “experience poverty, to have poorer educational outcomes, to be unemployed, and to come in contact with the criminal justice system”, according to

the Royal College of Psychiatrists.¹⁹ These are also risk factors for mental illness. In addition, the increased resort to austerity policies, cut-backs to healthcare provision and lesser employment protection, disproportionately impact people of colour, and are likely to worsen these trends. According to the Frameworks Institute, “poverty, violence, and discrimination (notably on the basis of race or sexual identity) can... increase the risk of mental health issues because of the high levels of stress and anxiety they generate”.²⁰

Another structural issue is the compounding effects of bias and discrimination in the provision of healthcare. Minorities are often less likely to receive care and support when needed, a commonly reported issue in mental health provision. Numerous studies into mental health provision show that ethnic minorities are less likely to access mental health services, and when they do, are more likely to face unfavourable treatment.²¹ Some organisations, such as the *Conseil représentatif des associations noires de France* (CRAN) highlight the inherent racism in mental health provision, including in the worst cases higher levels of incarceration and even violence in interactions with healthcare professionals.²²

17 Karlsen, S., Nazroo, J.Y., McKenzie, K., Bhiu, K., and Weich, S. 2005. 'Racism, Psychosis and Common Mental Disorder among Ethnic Minority Groups in England'. *Psychological Medicine*, 35: 1795–1803.

18 Synergi Collaborative Centre. 2018. *The Impact of Racism on Mental Health*: 5.

19 Royal College of Psychiatrists. 2018. *Racism and Mental Health*.

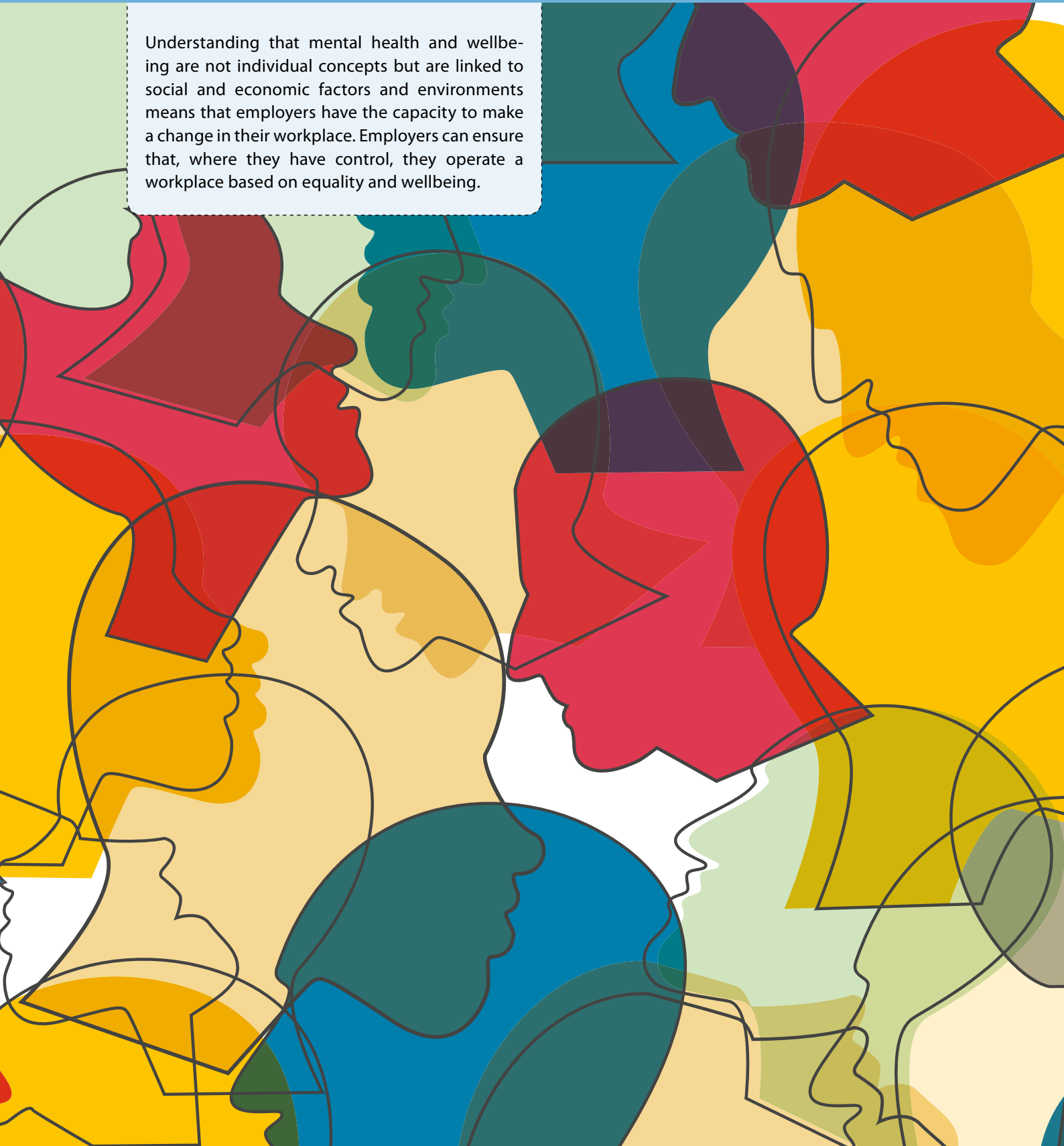
20 Frameworks Institute. 2017. *Beyond Awareness of Stigma: Moving Public Understanding to the Next Level*.

21 Royal College of Psychiatrists. 2018. *Racism and Mental Health*; Karlsen, S., Nazroo, J.Y., McKenzie, K., Bhiu, K., and Weich, S. 2005. 'Racism, Psychosis and Common Mental Disorder among Ethnic Minority Groups in England'. *Psychological Medicine*, 35: 1795–1803; Synergi Collaborative Centre. 2018. *The Impact of Racism on Mental Health*.

22 For further information see <https://lecran.org/>.

2. SOLUTIONS: ENSURING EQUALITY AND WELLBEING IN THE WORKPLACE

Understanding that mental health and wellbeing are not individual concepts but are linked to social and economic factors and environments means that employers have the capacity to make a change in their workplace. Employers can ensure that, where they have control, they operate a workplace based on equality and wellbeing.



Understanding the negative consequences of racism is one matter, seeking to dismantle these practices and replace them anew is another. **There is a need for a total shift in how we think about diversity, racism and mental health.** In order to ensure we operate workplaces based on equality and wellbeing, we must keep in mind three principles:

1. 'Mental health' is not a negative term
2. Mental health and wellbeing are social, not medical concepts
3. 'Wellbeing' requires attention to equality, inclusion and power

2.1. Why work toward improved wellbeing?

Everybody should be able to enjoy the highest attainable standard of physical and mental health.²³ Employers have the power to contribute to this. As such, ensuring wellbeing in the workplace is an important end to pursue. We need to challenge thinking around the purpose of work. Beyond the attainment of profit or progress toward any particular social goal, providing 'good work' is also a goal in itself. As outlined by the *Institute for the Future of Work*, good work is a way to meet the needs of members of society, to re-distribute, raise living standards, reduce inequality and promote human development.²⁴

In addition, numerous studies show that investing time and resources into the health and wellbeing of employees has clear economic benefits, including reduced staff turnover, lower sickness and absence costs, and potentially higher creativity, as summarised by the research network *What works Wellbeing*.

A number of studies point to the potential benefits for those employers who choose to invest in employee wellbeing



Better performance



Reduced costs



Higher creativity

Source: *What works wellbeing. Factsheet: Why Invest in Employee Wellbeing?* Available at: <https://whatworkswellbeing.org/product/why-invest-in-employee-wellbeing/>.

²³ United Nations Human Rights Council. 2019. *Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health. A/HRC/41/34/*
²⁴ Institute for the Future of Work. *The Future of Good Work: The Foundation of a Modern Moral Economy.*

2.2. Guide for employers: How to ensure equality and wellbeing in your organisation

With these principles in mind, this section provides some practical suggestions and tools to **ensure equality and wellbeing within organisations.** The below outlines a three-stages process for employers to do this:

1. Address discriminatory practices and structures
2. Create a culture of wellbeing and care
3. Support and empower employees

These stages are not rigid or entirely separate. Rather, this framework recommends an organic process by which employers invest in a full understanding of the organisation's performance from an equality and wellbeing perspective, to make steps to address the existing barriers with this information, and to focus on empowerment of marginalised employee groups within the organisation.

STEP 1: Address racism and inequality in practices and structures

We cannot hope to promote wellbeing if we also maintain inequality. Addressing racism and inequality inside the organisational structure is of course complex. Here are some steps employers can take:

Undertake a review of organisational inequality

To understand how to promote equality in the organisation, it is important to understand what the issues are to begin with. Employers, through a mixture of surveys, consultations and quantitative data collection, could explore a number of issues relating to equality in the organisation:

- Overall representation of minorities in the organisation
- Representation in management and leadership
- Representation in junior roles
- Type of contract: temporary/permanent; full-time/part-time
- Pay equality
- Other systems of reward: bonuses, benefits
- Recruitment stage: applications, interviews, relative success rates
- Promotions
- Discrimination or harassment complaints
- Warnings and sanctions

Reviews of this kind are known as **equality data collection.**

Equality data refer to all types of disaggregated data used to assess the comparative situation of a specific discriminated group or group at risk of discrimination, and to design policies so that they can contribute to promoting equality and assess their implementation.

Source: European Network Against Racism. *Fact Sheet - Combating Inequality and Discrimination in Employment*. Available at: http://www.enar-eu.org/IMG/pdf/edc-business_factsheet_final.pdf.

For employers with fewer resources, alternative ways to review equality could include simple, anonymous questionnaires with staff relating to their opinions on how equal the workplace is. This at least gives some indications as to areas for improvement.

Another step is to understand how existing structures are being used and whether this provides any relevant information regarding equality. For example, if the organisation has a complaints mechanism, how many complaints were levelled relating to racism, discrimination, harassment in the last few years? Were there patterns to these complaints?

Employers need to gather this information in order to understand how to make a change. For example, if the data show that in the organisation, women of colour are lowest paid, least likely to be in management, most likely to be on temporary contracts, and most likely to report discrimination or mistreatment, we can understand there is an issue to be addressed. Conditions like this are likely to affect wellbeing and the work environment as a whole.

Ensure accessibility in the workplace

The next step is to act on the findings of the review. One fundamental issue for equality and wellbeing is accessibility: **is the workplace accessible for all?** Accessibility relates to physical accessibility for persons with disabilities, including psychosocial disabilities, but also are opportunities accessible for minorities? These are important questions to consider, particularly affecting the wellbeing of minorities already working in the organisation. Inaccessibility of procedures and spaces will likely promote exclusion, isolation and tangible disadvantages for some employees.

Creating an accessible workforce requires ensuring access to the space itself, but also how the space is organised and used. The European Disability Forum has produced a guide for ensuring events are accessible, with a checklist of considerations for a range of disabilities.

Ensuring the workplace is open to other minorities is equally important. A number of key recommendations to employers can be found in ENAR's Equal@work series.²⁵ Some include:

1. Publicly state the enterprise's commitment to ethnic, cultural and social diversity
2. Ensure that job titles are gender neutral to empower women and non-binary people
3. Offer a mentorship programme for junior employees
4. Use anonymous CVs in recruitment



Source: European Disability Forum. *EDF Guide for Accessible Meetings for All*. Available at: http://www.edf-feph.org/sites/default/files/edf_guide_for_accessible_meetings_0.pdf.

Transform structures to centre wellbeing and equality

Sometimes an organisation's procedures and structures exacerbate inequality or an environment of stress. Centring wellbeing may require complete transformation of organisational structures.

“A transformative organization seeks to change the system by which it operates. The transformative leader must guide employees through changes in procedures, goals and company culture. Such an organization usually has leaders who want to change how employees are treated, how management communicates with labor, and how workers experience the work environment.”

Social Justice Leadership

²⁵ See <https://www.enar-eu.org/ENAR-s-Equal-work-Platform>.

A truly transformative approach to wellbeing at work must consider the structure of the work environment and the relationship between management and employees. As discussed above, trends of high productivity focus, temporary insecure work, low pay and low flexibility are growing, have a negative effect on wellbeing, and in the case of insecure, temporary and low paid work, are disproportionately performed by people of colour and migrants.

Reflect on 'good work'

Centring wellbeing requires a reappraisal of these working conditions in order to create a workplace based on wellbeing for all. One increasingly relevant concept is that of 'good work' – how can we ensure we are offering fulfilling, sustainable employment opportunities? Can we transform the employment relationship into something moral? The Institute for the Future of Work have developed the Good Work Charter, which can be a useful guide for employers looking to ensure they are creating a structure based on wellbeing.

Institute for the Future of Work	
The Good Work Charter	
1	Access Everyone should have access to good work
2	Fair pay Everyone should be fairly paid
3	Fair conditions Everyone should work on fair conditions set out on fair terms
4	Equality Everyone should be treated equally and without discrimination
5	Dignity Work should promote dignity
6	Autonomy Work should promote autonomy
7	Wellbeing Work should promote physical and mental wellbeing
8	Support Everyone should have access to institutions and people who can represent their interests
9	Participation Everyone should be able to take part in determining and improving working conditions
10	Learning Everyone should have access to lifelong learning and career guidance

Source: Institute for the Future of Work. 2019. *The Good Work Charter*. Available at: <https://static1.squarespace.com/static/5aa269bbd274cb0df1e696c8/t/5c98cf7f6e9a7f2167633799/1553518463168/IFOW-Charter-v3.pdf>.

Provide flexible working hours

Another reflection highly relevant to wellbeing is the stringency of working hours. Studies have shown that if employees are offered flexibility in their working hours, this increases their motivation, drive and productivity. For example, the *New Economics Foundation* has long campaigned for a shorter working week, arguing that this is better for the economy, the society and the environment. In addition, shorter working weeks are likely to be better for health and wellbeing:

“Around a quarter of days lost through absence are due to work-related ill-health, such as physical and mental illness brought on by stressful working conditions, and a conservative estimate suggests that worker ill-health costs more than £21 billion in lost productivity. One long-running study shows that people who work long hours are twice as likely to suffer from major illness and depression. A more sensible and balanced approach to working hours could reduce the economic, social and personal cost of work-related ill-health.”

*New Economics Foundation*²⁶

Address racism as an organisational issue

Ensuring the workplace is free of racism and discrimination is crucial to the wellbeing of all employees. However, it is important to truly address racism and racial inequalities. A tendency amongst diversity and inclusion experts has been to focus on the concept of 'unconscious bias', the notion that individuals hold implicit prejudices that are not fully acknowledged or addressed, affecting our working relationships. Whilst addressing biases in the way we treat each other is crucial and worthwhile, it is important to remember that racism (a) can also sometimes include intentional and explicitly harmful acts, and (b) often is embedded in the structures of the organisation, and racial minorities

²⁶ New Economics Foundation. 2012. *About Time: Developing the Case for a Shorter Working Week*.

are tangibly disadvantaged by these structures (often economically). It is important not to let the focus on unconscious bias excuse behaviour, distract from persistent economic inequalities, or inhibit accountability.

STEP 2: Create a culture of care and wellbeing

“We need to target relationships rather than brains.”

Dainius Pūras, UN Special Rapporteur on Health

Employers seeking to improve wellbeing in their organisations need to recognise how crucial the work environment is. Beyond even the economic conditions relating to pay and working hours, the broader social environment at work is a huge factor impacting wellbeing.

Shift management culture

Managing with care and compassion is a crucial part of promoting wellbeing. Ultimately, a change in leadership approach is necessary to trigger such a change. First, there is a need for a reflection on behalf of management to “identify the ways in which they individually replicate and promote practices that are reflective of this individualistic, competitive, and oppressive society”.²⁷ Understanding this will help to prepare the ground for a new approach based on shared responsibility and compassion.

Create a feeling of belonging

A key facet of resilient organisations is the creation of a feeling of belonging and shared identity. The research centre What Works Wellbeing has found that a sense of belonging and identity in the workplace is beneficial for health, wellbeing and workers’ performance and that people are more likely to help each other in times of adversity.²⁸ As we saw in the previous section, being made to feel out of place or overtly different is a key source of stress for minorities in the workplace. Ensuring all employees feel included in the work culture – for example through adapting social events to be ethnically and religiously inclusive, celebrating

rather than merely accommodating diversity²⁹ – is a way to combat this.

Adapt language

As stated above, mental health and wellbeing are relevant to everybody and to the workplace as a whole. We should avoid thinking about these concepts only when somebody is struggling; this can contribute to the stigmatisation of mental health. We must recognise that mental health and wellbeing are both positive and negative words, and are as much of a collective as individual concept.

When speaking about mental health and wellbeing, we should avoid using words such as symptom, disorder, delusions and instead use words relating to experience, distress, stress. For more information on the use of language and mental health, see *Mental Health Europe’s* guide:

WORDS MATTER

WHAT DO YOU SAY WHEN YOU TALK ABOUT MENTAL HEALTH?

When it comes to mental health and mental ill health, the words we use matter more than we think. The way we talk about mental health and people experiencing mental distress can reinforce negative stereotypes and be stigmatising, without us even realising it.

Language is a powerful tool for creating awareness and fighting stigma, so here are a few tips on how to be mindful of the words we use and how to avoid causing offence when we don’t mean to. We have tried to pick terms that are non-stigmatising, but we understand that each person is unique, and some people may not identify with the language chosen here.

Source: Mental Health Europe. 2018. Words Matter: What Do You Say When You Talk about Mental Health? Available at: https://mhe-sme.org/wp-content/uploads/2018/11/MHE_WordsMatter_A4_2.pdf.

Set standards

Codes of conduct may be useful ways to cultivate a work environment based on wellbeing, equality and respect.

²⁷ Social Justice Leadership. 2010. *Transformative Organizing: Towards the Liberation of Self and Society*.

²⁸ What works wellbeing. *Resilient Organisations: Sense of Belonging at Work, Wellbeing and Performance during Recession*.

²⁹ European Network Against Racism. 2015. *Toolkit: Managing Religious Diversity in the Workplace: A Good Practice Guide*.

2 Solutions

This should include zero tolerance for all forms of harassment and discrimination for all colleagues, but also address more subtle forms of disrespect. One way to do this is a revision of the organisation's code of conduct. Codes of conduct can apply to all internal or external activities related to the organisation. A code of conduct may outline a general set of values regarding the interaction of employees, list unacceptable behaviours, and specify the consequences for breach of the code.

De-emphasise the individual

A key aspect of high-stress, productivity focused working environments is the emphasis on individual performance. A critical approach to concepts of meritocracy will highlight that individuals in the team come from different backgrounds, had different life opportunities, all of which impact their performance. De-emphasising the individual and focusing on team performance avoids promoting high-stress and competition between employees.

Accountability with care

A culture of care is not one without accountability or management. Holding people accountable to their roles and responsibilities is important for the wellbeing of the team, for other employees, and for the individuals' own personal development. However, when there are conflicts or performance-related issues, it is important that there is compassion in our accountability procedures. This includes re-focusing from blame to understanding, ensuring our responses include reassurance, are constructive and solution-focused. Questions such as 'What can we learn from this?' are important, as are ways to recognise harm or impact on other colleagues.³⁰

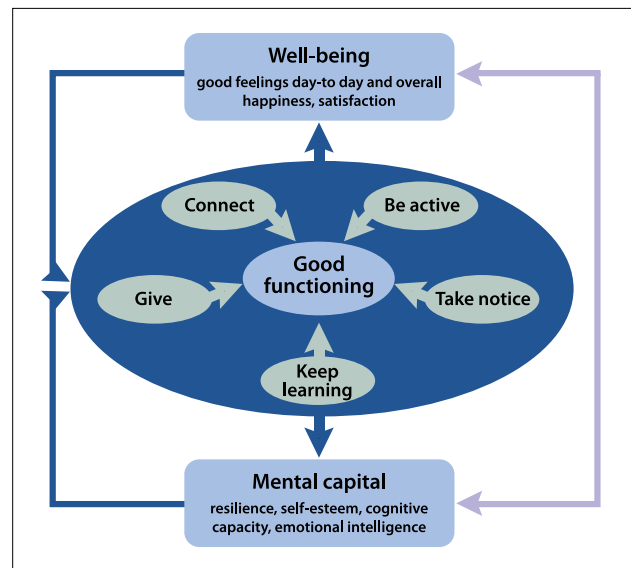
STEP 3: Support and empower employees

Wellbeing, like racism, is primarily about society, structures and institutions. Ultimately, individuals can take active steps to improve their own wellbeing, however, some of the factors that heavily affect our wellbeing (i.e. our access to resources, whether we are treated with dignity and respect, whether we are afforded opportunities equal to others) are not always within our control. As such, this toolkit has primarily focused on what those with power and recourse should do to improve wellbeing. Despite this, those affected by structural

discrimination often deploy tactics and coping mechanisms to deal with oppression. It is the responsibility of employers invested in wellbeing to recognise this, and support them.

Recognise individual tactics for improving wellbeing

The New Economics Foundation identifies five main areas leading to wellbeing. Employers, in their design of workplace structure, should take into account these basic areas:



Source: New Economics Foundation. 2008. *Five Ways to Wellbeing*. Available at: https://neweconomics.org/uploads/files/8984c5089d5c2285ee_t4m6bhqq5.pdf.

For groups at risk of racism or other forms of discrimination, additional tactics are often required.

“Something that is all too often overlooked and under-appreciated is the importance of the capacity for resilience in the face of racism.”

Dr Aileen Alleyne

Resilience for people of colour is rarely included in wellbeing thinking, however, dealing with racism and racial inequality is an extra burden. The need for support and advice on how to do this should not be overestimated.

³⁰ Cole, M. 2015. 'A Culture of Care without Compromise'. *Stanford Social Innovation Review*.

“The workplace is a white space, and being designated as the other is at the heart of the problem.”

Marie Da Sylva

Supporting and empowering will sometimes mean that managers recognise the scale of this burden, but also that they may not be the right people to provide guidance, particularly if they do not experience issues of racism, sexism or other forms of discrimination. Being aware of the additional burdens to the wellbeing of people of colour is important. Employers should facilitate access to specialised support for those affected.

Encourage honesty about mental health in recruitment

One important step employers can take is work toward a full de-stigmatisation of mental health in the workplace. This can include active encouragement of potential employees to disclose mental health issues when applying and ensuring that pre-existing conditions will not be held against candidates. When a potential employee discloses an issue, employers should actively arrange a plan to facilitate any specific needs.

“Consider reasonable adjustments for employees experiencing severe or longer term mental health problems (which can often be managed by making small, sometimes temporary, adjustments to working schedules or other adaptations at work).”

*Mental Health Europe*³¹

Put in place support structures with a focus on employee wellbeing

Employers can put in place a variety of structures to promote wellbeing and support employees:

1. “Person of trust/ *personne de confiance*” system

In the employment law of some countries, such as Switzerland and Belgium, employers should implement a system of training persons of trusts to ensure the health and wellbeing of employees. If adequately trained and provided with the proper resources, the person of trust system can be a pro-active way to ensure issues in the workplace are reported, addressed and prevented.³²

2. Explore options for counselling

When prevention is not an option, there may be a need for employees to access external support for issues related to the work environment. When possible, budgeting for specialist counselling and support services is important, particularly considering the scale of work-related stress issues.




3. Encourage safe spaces and employee support networks

Affinity groups for women, ethnic minorities, LGBTQI* staff can provide important spaces of empowerment and exchange between employees. Such groups provide a ‘safe space’ for employees to raise issues they may not feel comfortable addressing in broader spaces for fear of having their experiences undermined. Affinity groups are a place of affirmation and access point for support from peers. In some cases, affinity groups are the starting places for collective action and may initiate change on a particular issue, such as acting as a source of knowledge on how to recruit and retain employees from minority backgrounds. Employers should support the development of these groups financially and otherwise.

³¹ Mental Health Europe. 2017. *Infographic: How to Promote Mental Health in the Workplace*.

³² More information about the person of trust system in Belgium can be found here: http://www.emploi.belgique.be/detailA_Z.aspx?id=1366#.

Checklist: Ensuring equality and wellbeing at work

Principles	Practices	Implementation			Notes
					
Assess racism and inequality in practices and structures	a. Review organisational inequality				
	b. Ensure accessibility				
	c. Transform structures centring wellbeing and inequality				
Create a culture of care and wellbeing	a. Shift management culture				
	b. Create a feeling of belonging				
	c. Adapt language				
	d. Set standards for conduct				
	e. De-emphasise the individual				
	f. Accountability with care				
Support and empower employees	a. Recognise individual tactics for improving wellbeing				
	b. Encourage honesty about mental health in recruitment				
	c. Put in place support structures with a focus on employee wellbeing				

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The European Network Against Racism (ENAR) stands against racism and discrimination and advocates equality, solidarity and well-being for all in Europe. We connect local and national anti-racism NGOs throughout Europe and act as an interface between our member organisations and the European institutions. We voice the concerns of ethnic and religious minorities in European and national policy debates.

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