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CAN WE TALK ABOUT MENTAL WELLBEING?

Jim White (sports broadcaster):

"What baffled me – and I don't know if you'll just give me a couple of sentences on it – you're a good-looking man, you played at the highest level, you were a good player, you're a good husband, a good football administrator, you're an intelligent fella. So why?"

Clarke Carlisle (professional footballer):

"Well, here is part of the problem, Jim. Because all of that is an irrelevance. It's an illness. So that'd be like applying that and saying, why have you got diabetes? It's all an irrelevance. That circumstantial stuff is irrelevant. When you've got an illness, and it takes hold, and it's not diagnosed or it's not treated correctly, it will get to that disaster stage. Now that's why we're here today. Fellas, we talk to each other. We do talk to each other, but we can be very blasé or flippant. "What's going on?" "Aw, you know, she's doing my head in, or he's doing my head in, they're doing my head in." Then we're like, "Oh OK, let's pop off." Do you know what? Ask again. "What can I do for you? Can I help you?" You know, it's not for me to fix your problems, but what it is for me to do is listen to you, Jim. Because sometimes, as a guy, all you need is to be listened to and acknowledged. You feel dismissed in this generation, in this 24/7. Everyone wants a piece of you. Just listen to me for once. When guys are going through tough times, there's often that thought that no-one wants to listen. Nobody's going to help me. You've got to ask yourself, have you given someone the opportunity to help you? You know, in the first ten years of my suffering, I didn't let anyone help me because I thought I had to deal with it."

A Good Player in Deep Distress

This is a video-recorded conversation between Jim White, a well-known Scottish sports broadcaster, and Clarke Carlisle, an English former professional footballer and former Chairman of the Professional Football Association. Carlisle made over 500 appearances during his 17-year career, playing for nine clubs across all four English divisions. At 1.91 m (6 ft 3 in), he was an imposing centre-back and also known to be a highly intelligent footballer (and with a clean sweep of A-grades at the end of high school).

In December 2014, Clarke stepped out in front of a truck in North Yorkshire. He

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survived physically relatively unscathed, but his mental health deteriorated and he disappeared in 2017, again considering taking his own life. A year later, in the video, he described himself as "very, very content today".

A 2015 study by FIFPRO (Fédération Internationale des Associations de Footballeurs Professionnels), the worldwide representative organisation for 65,000 professional footballers,

found 38% of 607 active professional players and 35% of 219 former players reported suffering from symptoms of depression or anxiety, or both. In a typical 25-person squad, this equates to nine members of the team. Sleep disturbance affected one in four, overall.

How much do we talk about mental health, especially in professions where a large majority of staff tend to be male, such as air traffic controllers and pilots, as well as senior managers?

Imagine Clarke was one of your colleagues, perhaps an air traffic controller, a professional pilot, or a manager. How would you know that this 'good player' was in trouble? It probably won't be obvious from his behaviour. People in distress can have a remarkable ability to mask the signs and symptoms, especially in professions where there may be fears – however unfounded – about the implications of saying "I need help". Your colleague laughs and jokes with the rest of you. Conversations about

the troubles of life are flippant and blasé. You never ask him how he's really doing and if he says "fine" or "all good", that's the end of the conversation. But Clarke is in deep distress. Perhaps he is suffering from depression, anxiety, or post-traumatic stress disorder. He may have been through a major life change, or not. You can't see anything that rings alarm bells, but you've not really had a conversation.

Boys Don't Cry

Two lessons seem to be learned by many males growing up in this world, perhaps even by most of us. One lesson, learned from a young age through parenting and early socialisation, is "Boys don't cry". The second, learned and reinforced in social groups and via the media, is "Men don't talk about feelings". These phrases don't need to be said, as such. Observing and interacting with others is powerful enough to embed these rules in our psyches. These rules contribute significantly to many problems of mental wellbeing throughout life.

In considering this theme for *HindSight*, I was concerned that it might be too 'soft'. The theme is very different to all previous themes. But the connection between wellbeing and safety, and organisational performance more generally, is undeniable. We just tend to deny ourselves the opportunity to talk about it.

Indeed, having spoken to many hundreds of air traffic controllers in many countries about safety culture, one thing I notice is that the topic of wellbeing rarely comes up in conversation. I also notice that, in most of the workshops I've participated in, the majority of air traffic controllers are male, or else the environment is culturally 'masculine' (usually both). When wellbeing has come up in conversation, the social environment seems to be in really bad shape. Of course, individuals don't necessarily wish to bring up sensitive issues in a group. But there remains a reluctance to

talk about mental wellbeing among the 'good players' in aviation, including air traffic controllers and pilots.

Let's Talk about Mental Wellbeing

Perhaps we think that conversations about mental wellbeing are only for 'the professionals' – doctors, psychologists, psychotherapists, and so on. This would be a serious mistake. Conversations about mental wellbeing need to be part of normal work. So the question is, what will it take to get the conversations started? Perhaps we should plan them. If that seems too 'organised', then how is it different to conversations about safety (e.g., safety culture workshops or safety assessment workshops), or even shift handovers? As Cormac Russell reminded us in *HindSight* Issue 38 on 'change', support does need to be provided FOR us, and things do need to be done WITH us, but many things must be done BY us. Let's start with conversations about mental wellbeing. 

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