

# Hearts and Minds


The correlation between mental and physical wellbeing

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A collage of medical-related icons including a stethoscope, heart, pills, and a brain, set against a blue background.

## Introduction

A blue-tinted image of a human torso with a glowing orange heart and visible blood vessels.


Never before has health and wellbeing been in such sharp focus. The global coronavirus pandemic has changed the way we think, work and act.

Indeed, the price we are paying to ensure the health and safety of the population during this unprecedented crisis will be felt for years to come.

While no-one can place a price or a value on human lives, we do know the cost of poor health and wellbeing to business.

The overwhelming majority of employers take their duty of care to their employees very seriously. But they also recognise the well-documented benefits of a healthy workforce: productive staff contribute to organisational performance, profitability and can help reduce costs.

And, as we strive to control the spread of COVID and find a vaccine, we must not forget the other health and wellbeing challenges facing individuals, day in and day out, as they go about their business.

A man in a light blue shirt sitting at a desk, resting his head on his hand in a gesture of stress or exhaustion.

That is why International SOS's purpose is to deliver fully integrated healthcare solutions to help businesses unlock the power of health. At the core of our philosophy is that there is no better investment than one made in the health of your workforce.



By reducing and preventing risks to health, we help clients meet their business objectives—even those operating in the most demanding, complex and hostile environments.

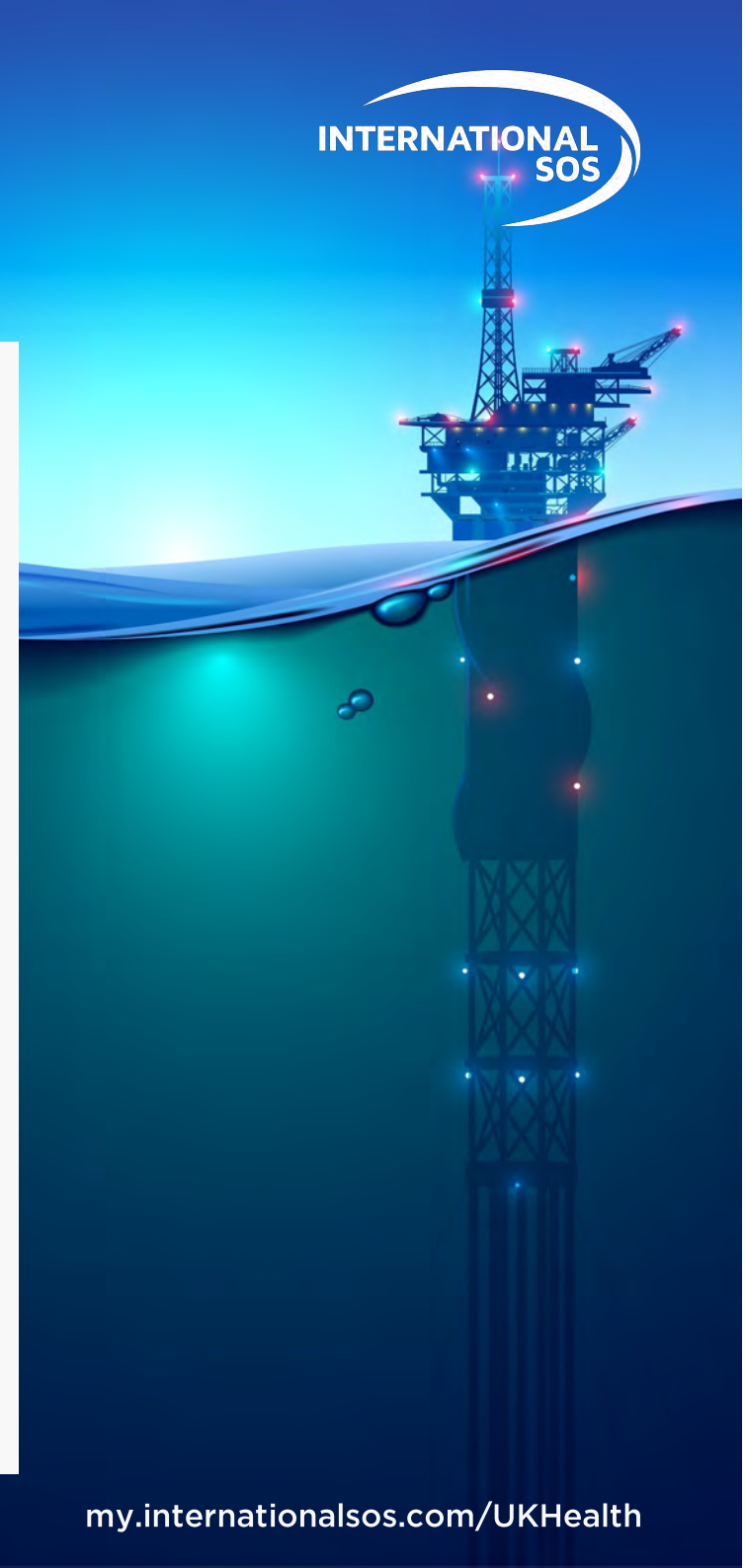
With over 40 years' experience of delivering occupational health services, primary and emergency care to the oil and gas industry, our clinical teams have a deep understanding and knowledge of the offshore environment and are well-versed in operating within it.

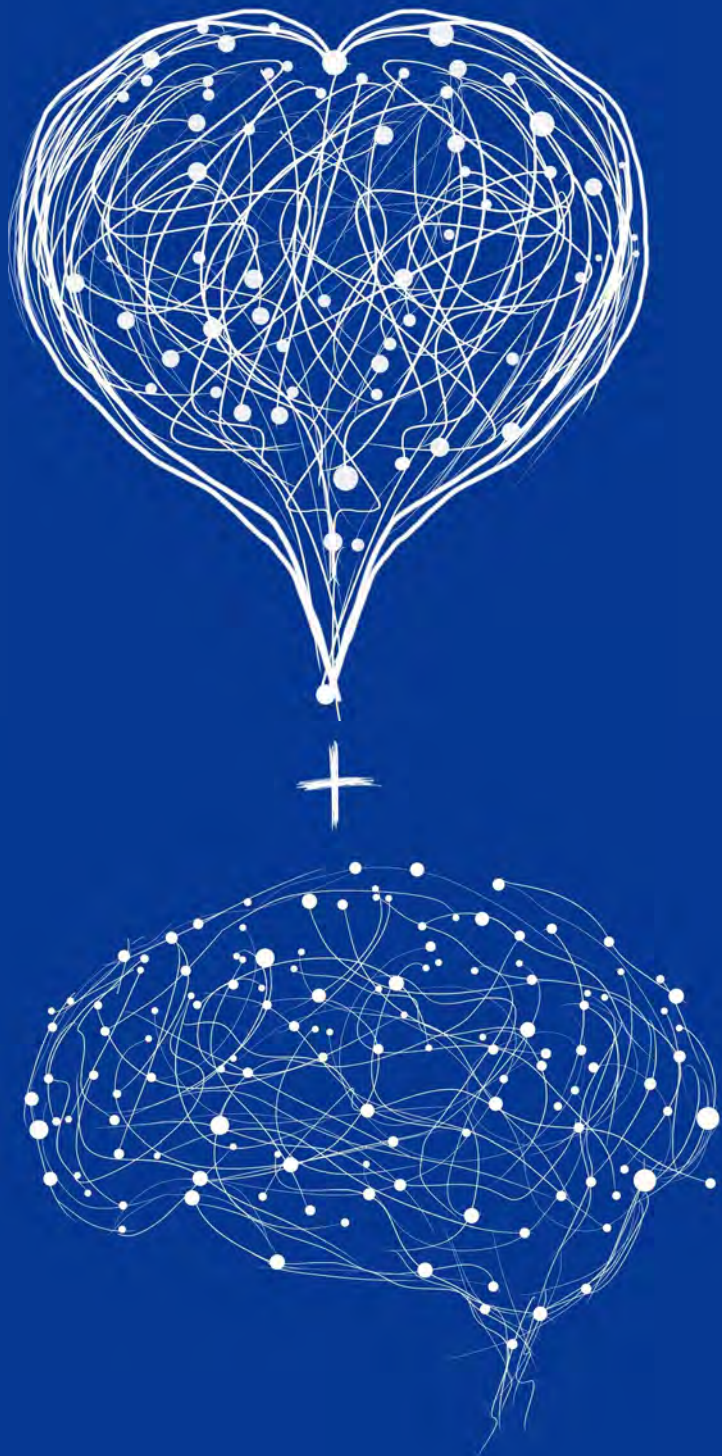
As the largest provider of medical and occupational health services, covering 165 installations in the North Sea, we are in a unique position, with access to unrivalled health data, to provide meaningful insight into key trends around health and wellbeing and to develop focused, effective and technology-enabled solutions.

The collection and insightful, proactive analysis of health data is an essential element in delivering value and this is why, for the first time, we are sharing our health informatics with the industry in what is the largest and most comprehensive study into the health of the UK's offshore workforce.

The report provides powerful insights into the causes of ill health and the preventative measures that can be put into place to maximise physical and mental wellbeing.

Working together with industry, we aim to use this data to implement healthcare strategies that continually improve the health and wellbeing of our clients' workforce.





## Summary

It's all about hearts and minds

Data gathered throughout 2019 has been analysed to provide this robust overview of the health of our clients' workforce. This recorded data, collected from 76,500 consultations with 51,500 workers comprises valuable health informatics which can shape the industry's response to improving the health and wellbeing of their employees, dramatically increasing productivity and reducing costs.

The current coronavirus pandemic aside, the biggest health risks facing our clients' workforce are its employees' hearts and minds.

The findings in this report have revealed that that cardiovascular and mental health problems are the top two factors that result in the majority of medical consultations and interventions, including medevacs.

## Hearts

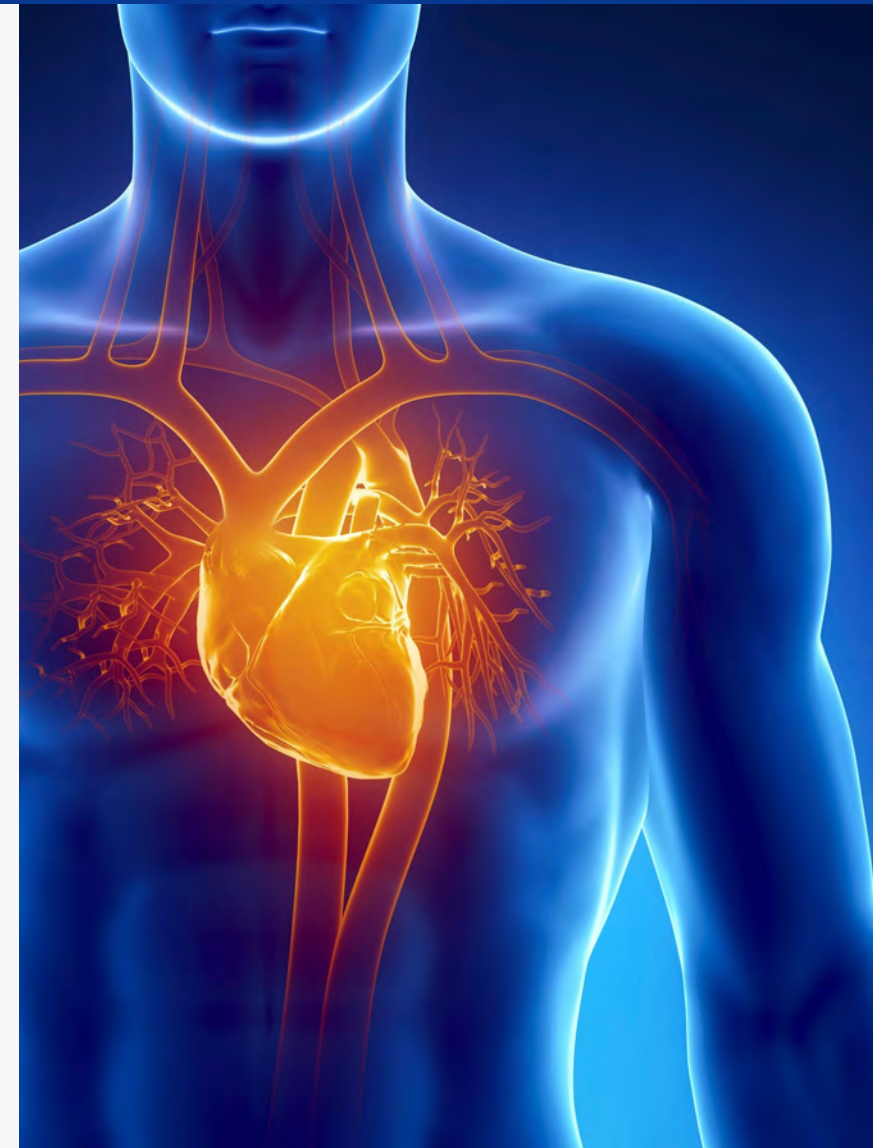
Cardiovascular issues were the main cause of medevacs with the majority (41%) of cases involving males between the age of 55–64. The main diagnoses were high blood pressure, irregular heartbeat and heart attacks.

The data allows us to further drill down into risk factors for each individual, some of which cannot be addressed by changes in behaviour, such as a family history of heart disease or ethnicity.

Risk factors which can be addressed include obesity and high cholesterol, smoking, Type 2 diabetes or pre-diabetes, and high blood pressure.

On examination of the data, we found that 21% of the offshore workforce smoke—7% higher than the national average—and less than one in five have an ideal blood pressure, both of which are contributing factors to cardiovascular problems.

The number of people with a healthy BMI, of between 18.5 and 24.9, has been decreasing since 2005, and currently 63% of UK adults (aged 18+) are overweight or obese. However, our data shows that a higher percentage exists among offshore workers, with almost 75% recording a BMI of over 25. This is underlined by the increase in passenger weights offshore from 75kg in the 1980s to 95kg today.





## Minds

Mental health is affecting one in three workers and is the leading reason for them accessing health services. This increasing concern for the industry accounts for 29% of all medical consultations. More than half (52%) cited stress as the main issue impacting on their mental health, but only one in four of these cases is directly related to work.

One adult in eight (12.1%) receives mental health treatment, with 10.4% receiving medication and 3% receiving psychological therapy. The overlap within the statistics is due to 1.3% of those receiving treatment reporting receiving both medication and psychological therapy.

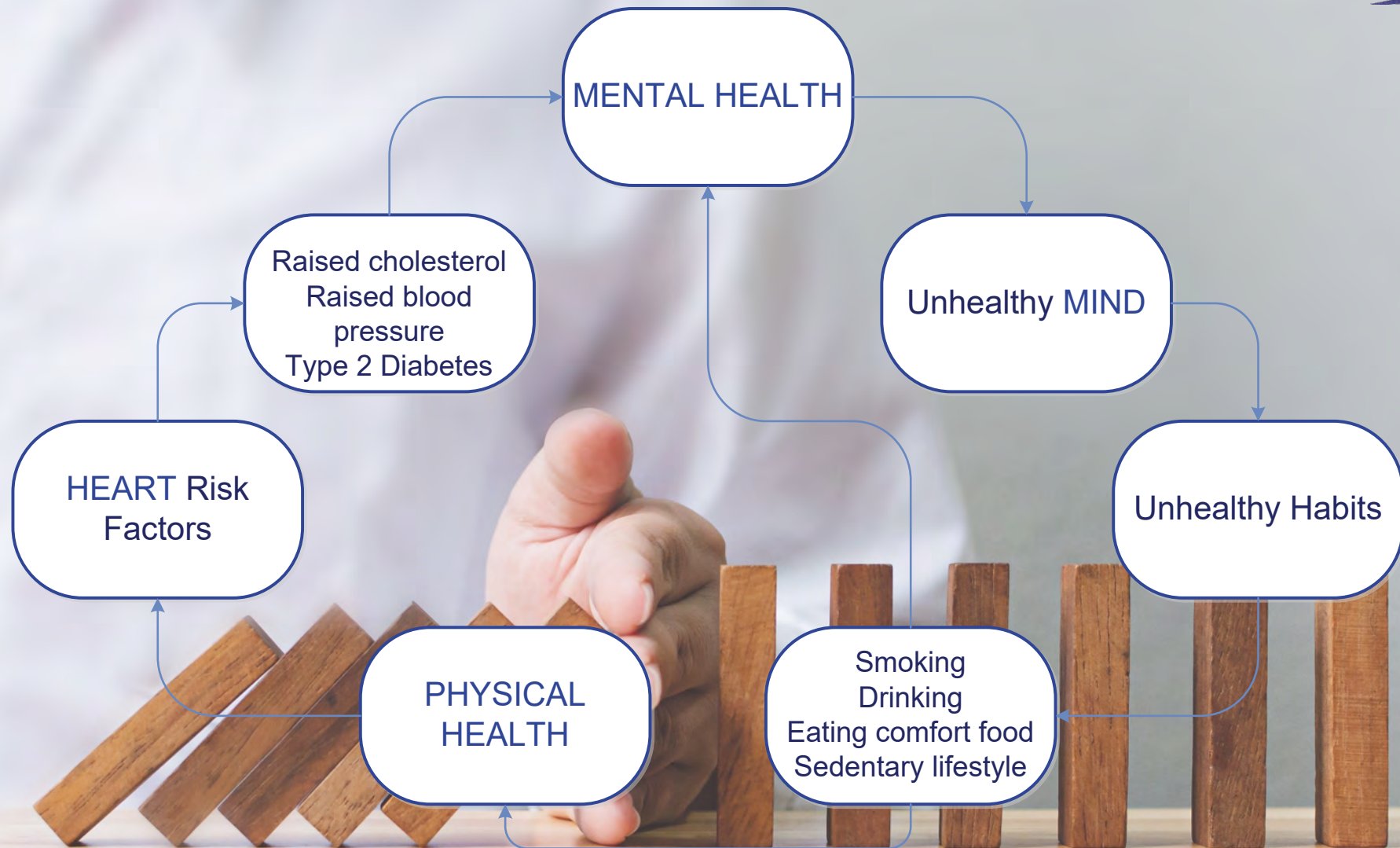
Mental illness is the number one reason for sickness absence in the UK. With almost 70,000 days lost to absence due to mental health issues in 2019 at a cost of over £14m, the impact in terms of productivity and profitability are well-documented.

In 1999, the Health and Safety at Work Act introduced a stress risk assessment in addition to the typical slips and trips. But risk assessing stress was not fully appreciated or recognised until HSE Management standards were introduced in 2004. It is now a requirement for employers to look after both the mental and physical health of their workforce. Legislation places a 'duty of care' on employers to look after the mental wellbeing of their employees.

Employees don't perform well when they are mentally unwell which not only impacts productivity but can also contribute to an increase in incidents such as slips, trips and falls.

Moreover, mental health issues, such as stress, can have a compounding effect on physical health. Stress may be linked to high blood pressure and can lead to the unhealthy habits which may, in turn, lead to cardiovascular problems.

From our findings, it's clear that the workforce has a problem with hearts and minds. However, through early intervention and simple preventative measures, industry can work together to combat these.



## Correlation between mental and physical wellbeing



## Methodology

We provide occupational health services to 344 companies in various business sectors across the UK. The data for this study was gathered throughout 2019 from 76,500 consultations with 51,500 employees, giving us unrivalled access to health data and providing a robust overview of the health of our clients' workforce.

Health data is collected at each clinical encounter, whether during an appointment in clinic or a visit to a medic offshore. The data is recorded by clinicians through a central clinical records system as part of a service user's health record. Their anonymised data is then used to monitor and report on their health performance back to our clients through regular MI.

Collecting basic health metrics data has allowed International SOS to produce trend-targeted, tailored services not only to clients, but back to service users. This empowers the employer to take control of their health agenda over the next year, through monitoring health performance and forecasting the likely core problems and, in turn, allows the patient to take control of their own health.

## Background and Methodology

We provide  
Occupational Health  
services to

**344**

companies. This gives us  
unrivalled access to  
health data



We cover

**165**

installations in the North  
Sea



The data in this  
study was  
gathered  
throughout

**2019**



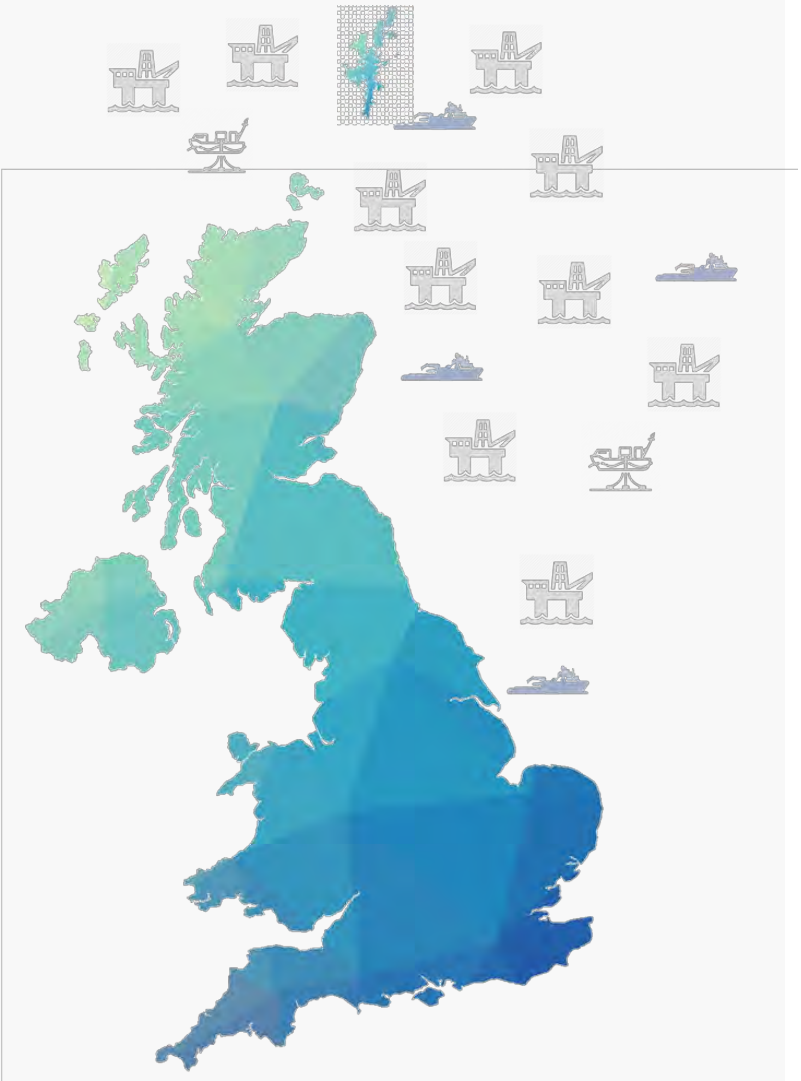
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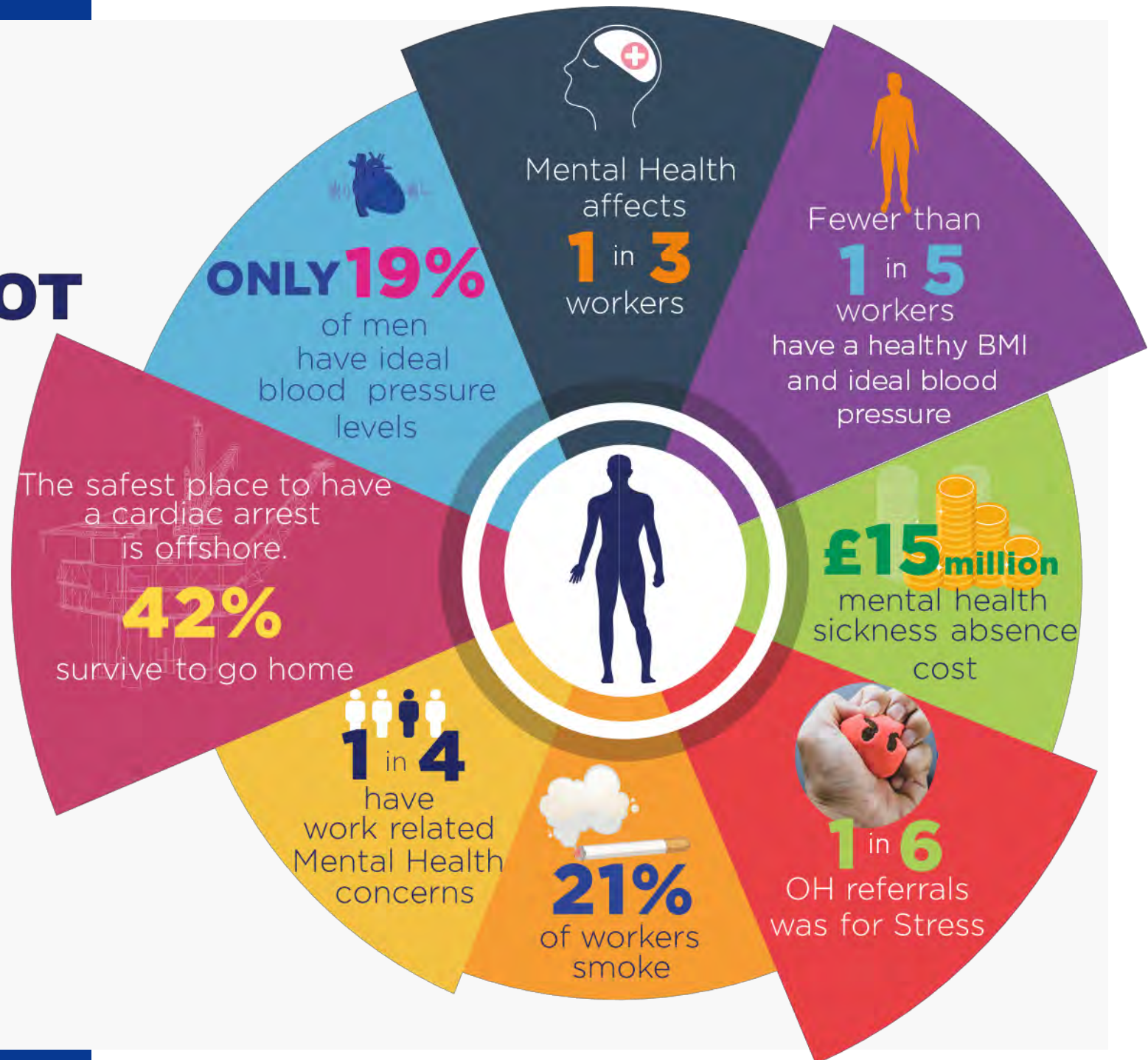
workers



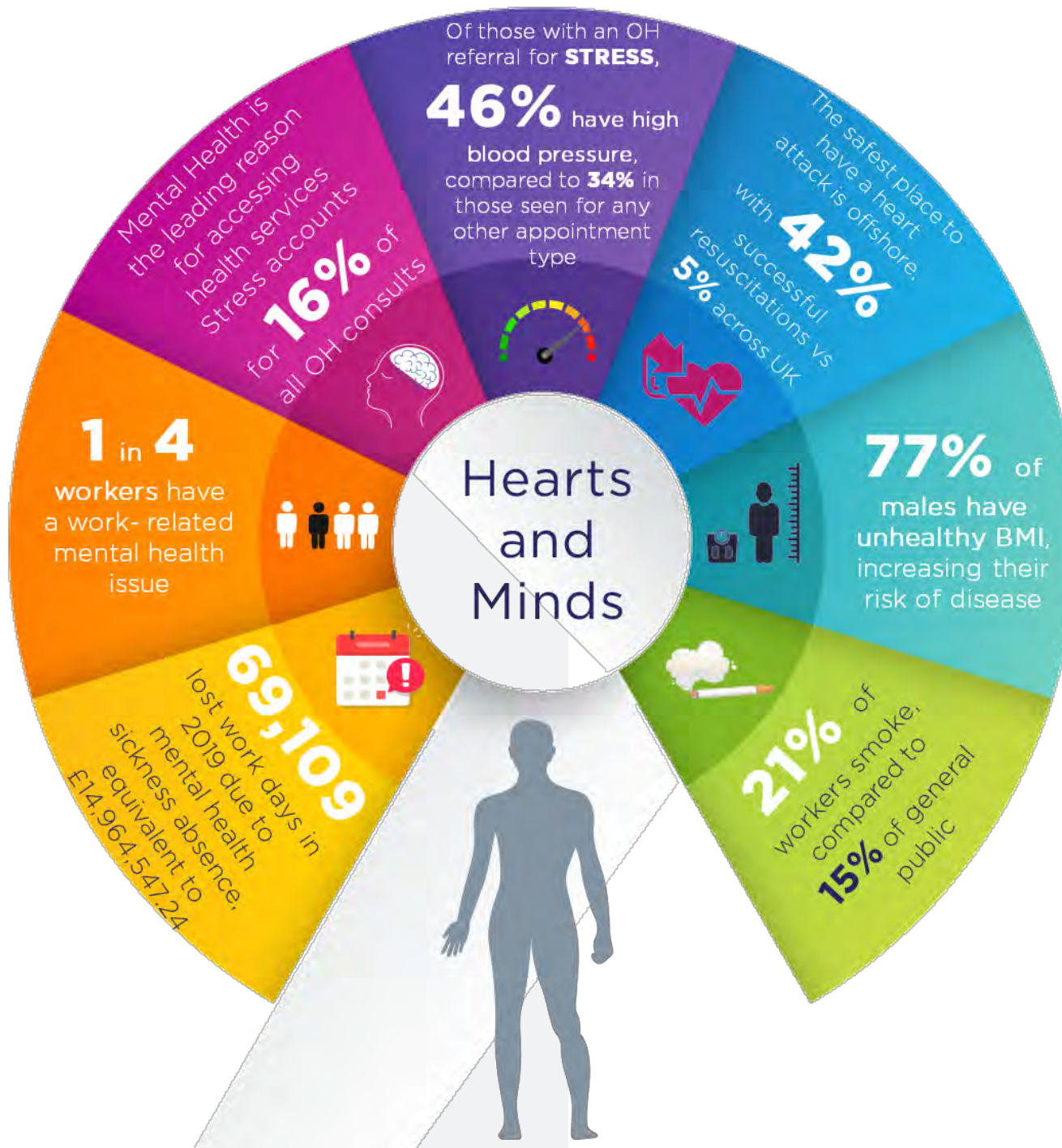




# A SNAPSHOT OF THE DATA FROM 2019







## The findings

A snapshot of our 2019 data demonstrates the extent of health problems that are caused by heart and mental health issues. In addition, the data also highlights risk factors such as smoking and high BMI, both of which are prevalent in this sample population.

The findings laid out here will further explore how mental and physical health interact and have a symbiotic relationship, with each affecting the other.

## Hearts—Blood Pressure and Age

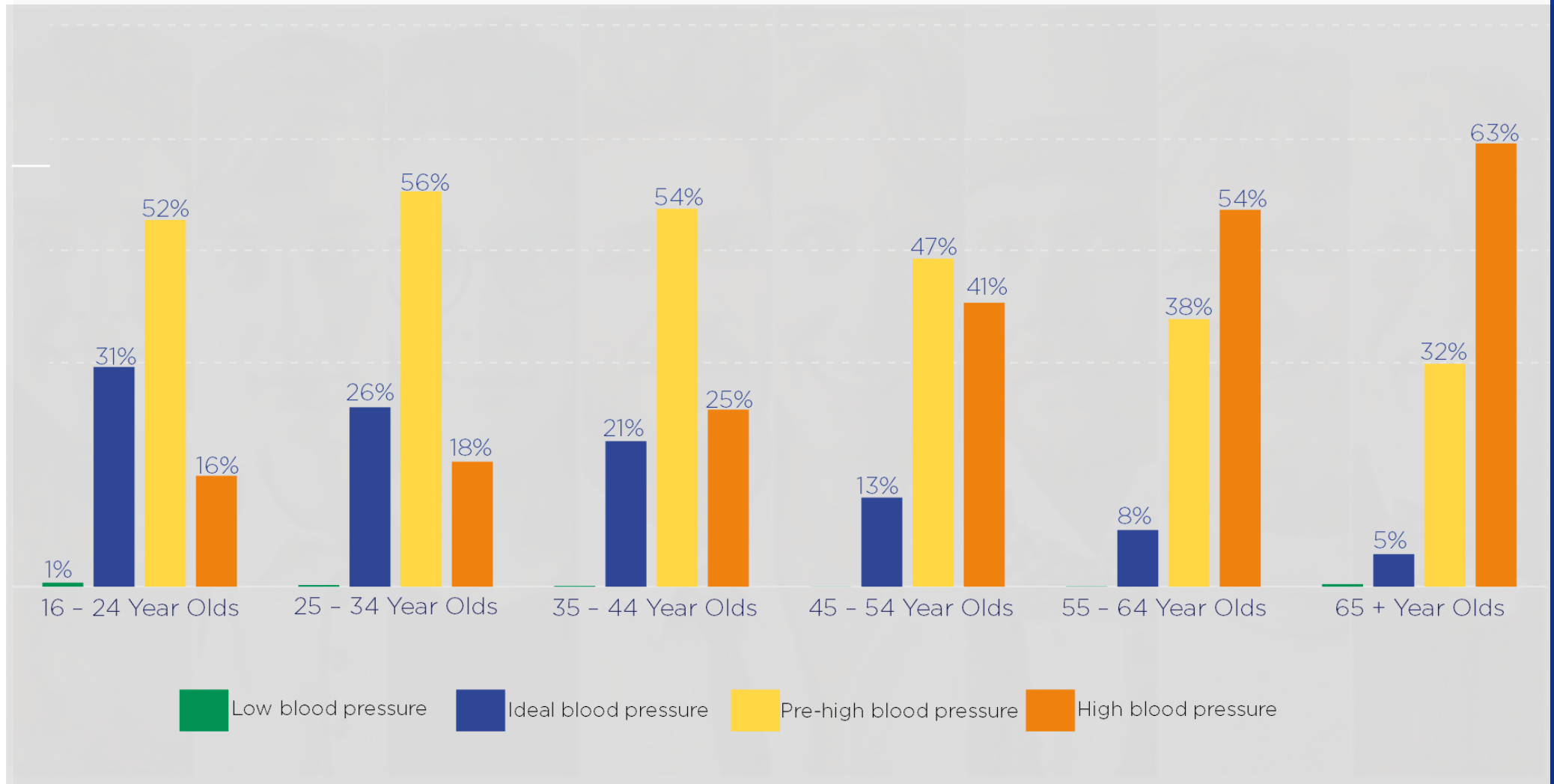
The National Institute for Health and Care Excellence (NICE) defines high blood pressure, also known as hypertension, as a clinic blood pressure of 140/90 mmHg or higher, and either a subsequent ambulatory blood pressure monitoring daytime average or home blood pressure monitoring average of 135/85 mmHg or higher.

Ideal blood pressure is considered to be between 90/60mmHg and 120/80mmHg, with pre-high blood pressure reported as 120-129/80-89. There is robust evidence that action to lower blood pressure does reduce the risk to health.

For example, a major systematic review in [The Lancet](#) found that, in the populations studied, every 10mmHg reduction in blood pressure resulted in:

- a **17%** reduction for coronary heart disease;
- a **27%** reduction for stroke;
- a **28%** reduction for heart failure;
- a significant **13%** reduction in all-cause mortality.

## Blood Pressure and Age



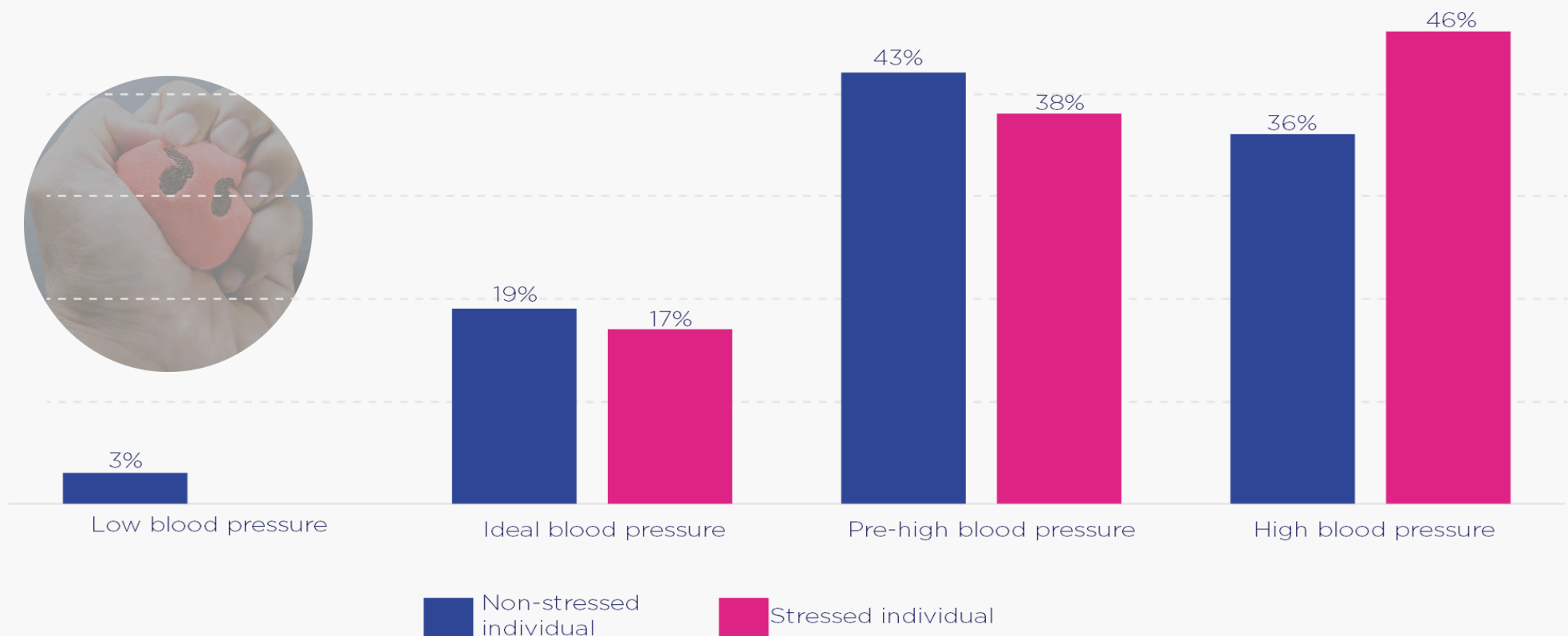


Interestingly, 46% of patients referred for an occupational health consultation also have high blood pressure.

The link between stress and blood pressure has long been an anecdotal one: “This isn’t good for my blood pressure”, “This will send my blood pressure through the roof”.

However, there is growing evidence that exposure to psychosocial stress is a contributory factor in developing high blood pressure.

## Blood Pressure and Stress



## Hearts—Smoking

**21%**

of workers in  
the study  
smoke

Across the UK,

**14%**

of the general  
population  
smoke

**64%**

of workers in  
the 'Drilling'  
category seen  
in clinic smoke

Only **1%**

of workers in the  
'Computing and  
Information Services'  
category seen in  
clinic smoke



## Smoking prevalence in different employment categories

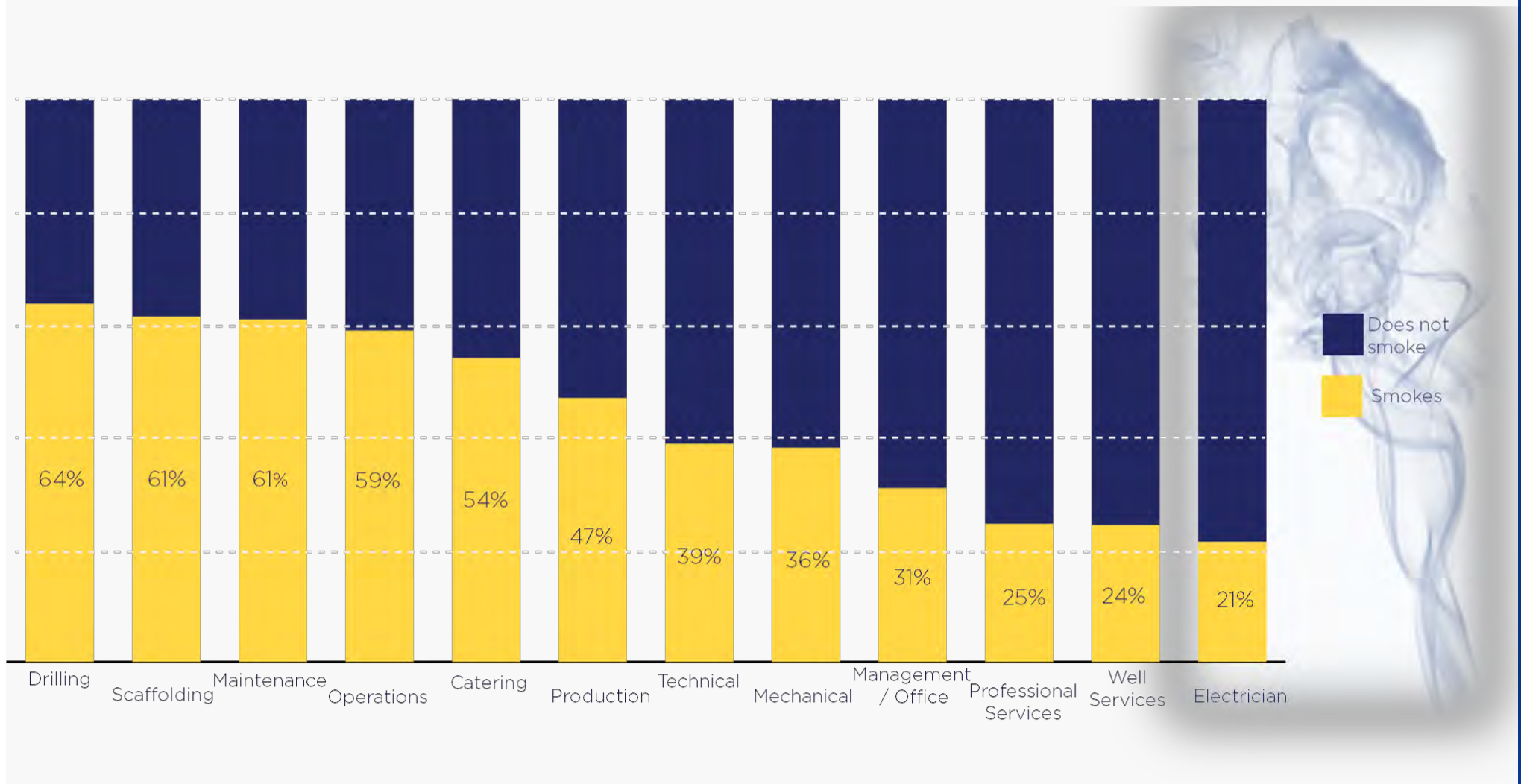
The number of workers who smoke is 7% higher than that of the UK population as a whole.

Smoking is a well-recognised risk factor for developing cardiovascular disease. Cigarettes contain chemicals which can make the walls of arteries “sticky”, causing them to get damaged and clogged which can lead to a heart attack.

Smoking rates vary significantly by occupation, but it can be argued that labourers are more likely to adopt the habit. In the chart on the previous page, the data shows that drillers, scaffolders and maintenance workers are twice as likely to smoke as those who work in professional services. However, electricians are the least likely to smoke at 21%.

The workplace offers a potentially effective venue for tobacco prevention programmes and identifying occupational groups with high smoking prevalence may assist in targeting such programmes.





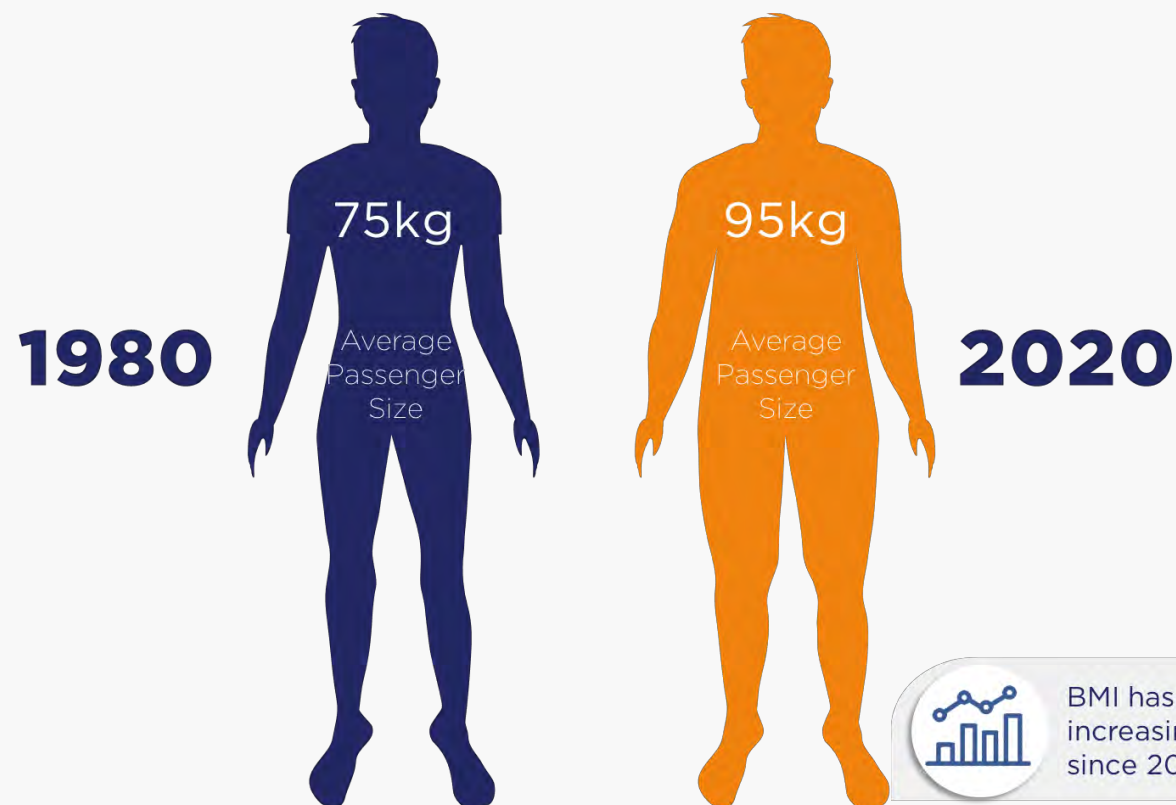
## Hearts—Body Mass Index

Obesity is an increasing problem around the world, and particularly prevalent in the UK, which has the highest rates in Europe.

Obesity rates among adults in the UK have almost quadrupled in the last 25 years, and now around one in four people fall into this category. What's more, over 60% of adults are classed as overweight or obese.

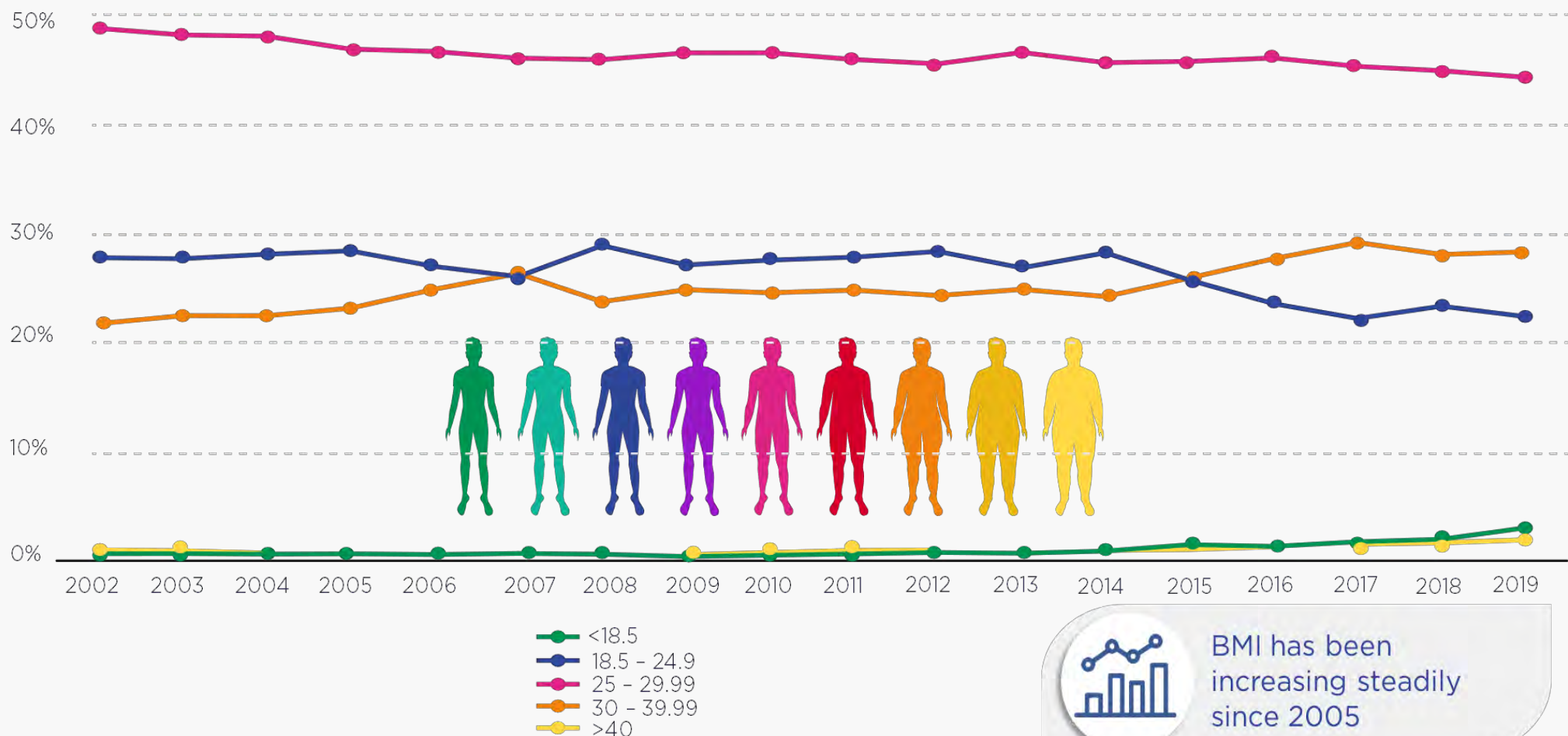
Obesity carries a high risk of developing debilitating conditions such as type 2 diabetes. Type 2 diabetes can often be undiagnosed for several years before the lifelong condition is recognised. In addition, the pathology of diabetes itself leading to high blood sugar levels, further compounds the risk of developing heart disease.

In the UK, there are 7 million cases of diabetes, 6.5 million cases of heart disease and stroke and 500,000 cancer cases linked to obesity.



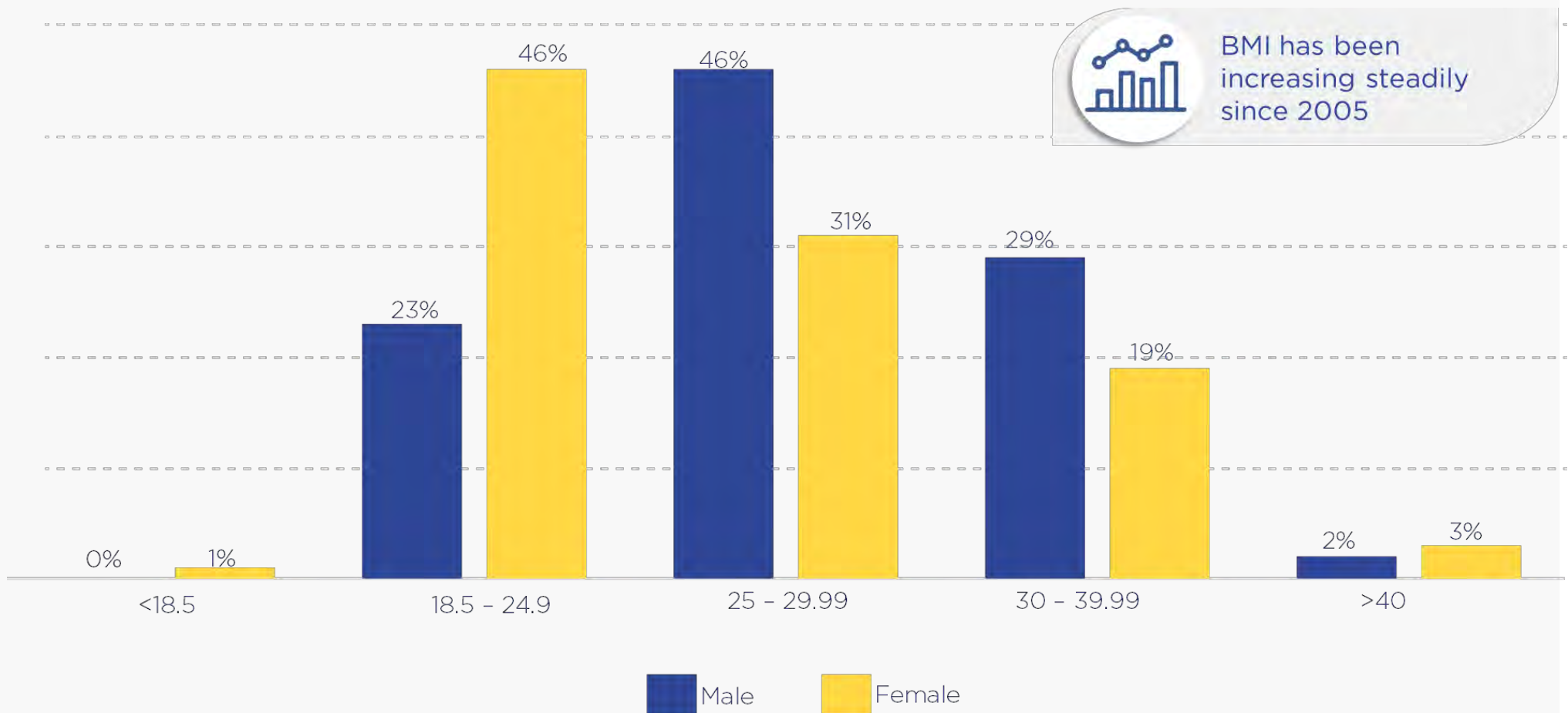
BMI has been increasing steadily since 2005

## Body Mass Index

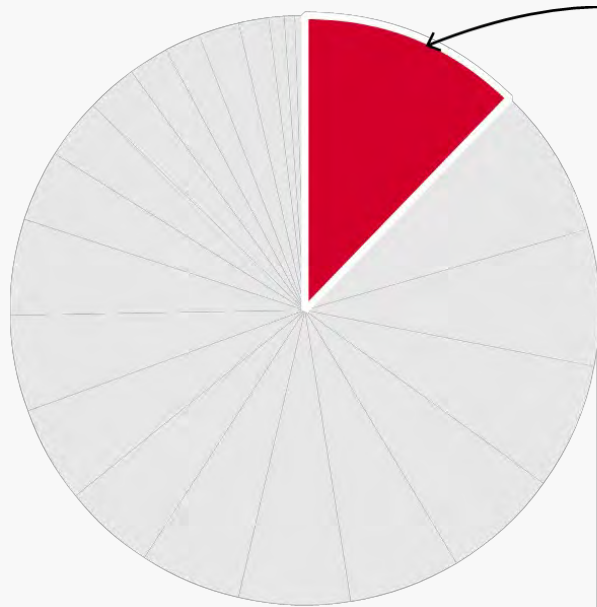




## Body Mass Index



## Hearts—Cardiovascular Medevacs

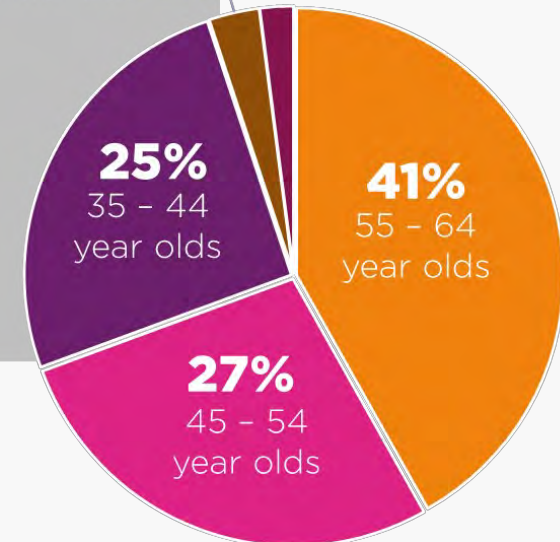


**Cardiovascular cases** are the number one reason for medevacs

**98%** of cardiovascular medevac cases are MALE



under 25s **3%** **2%** over 65s



## Hearts—Cardiovascular Medevacs

The majority of medevacs in 2019 were due to cardiovascular illnesses, most of those involving chest pain, which is a sign of heart disease.

International SOS has seen several cases of chest pain which have been diagnosed as heart attacks. Its offshore medics are trained to carry out a medical procedure called thrombolysis which is proven to increase survival rates in acute myocardial infarction (heart attack).

In turn, if left untreated, those with heart disease can go on to have a heart attack. This happens when blood flow to the heart becomes compromised causing damage to the heart muscle. In the worst cases, if left untreated, patients can suffer a cardiac arrest, where the heart stops beating. Without immediate treatment or medical attention, the person will die.

International SOS offshore medics are highly skilled in advanced life saving techniques and have the equipment and medication in order to treat this in the offshore environment.

So effective is the action taken, that those having a cardiac arrest offshore have the highest survival rates.



## Hearts—Cardiac Arrest Survival Rates



**5%** of people who have a cardiac arrest **out of hospital** survive to go home from hospital in the UK

**24%** of people who have a cardiac arrest **in hospital** survive to go home from hospital in the UK



**42%** of people who have a cardiac arrest **offshore** survive to go home from hospital in the UK



# Minds

**But the biggest risk to health, exceeding cardiovascular complaints, is mental health.**

**This is the leading reason for accessing occupational health services.**

**828,000**

Workers suffering from work-related stress, anxiety and depression (new and long-standing cases) in 2019/2020

**17.9  
million**

Working days lost

**21.6  
days**

Lost per case on average

**51%**

of all work-related ill-health cases

**55%**

of all working days lost to ill-health

**£15  
million**

Annual cost of work-related stress, anxiety and depression in the UK

Source: HSE

## Mental health

is the leading reason for accessing health services



Mental health issues affect **1 in 3** workers



Work-related mental health issues affect **1 in 4** workers



A conceptual image showing a person in a dark suit and hat standing on a wooden plank platform. They are holding a dark umbrella. Above them are several white, fluffy clouds hanging from the top by thin white strings. The background is a light blue wall. The bottom half of the image is a solid dark blue block.

## Minds—the impact of today

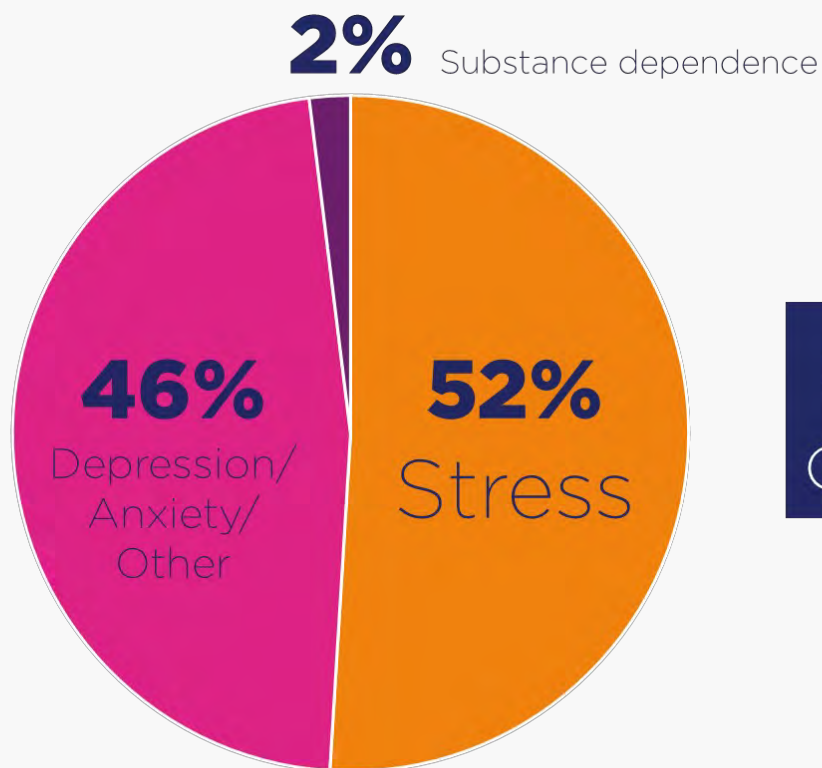
These days, we are faced with a ‘now’ society. New and emerging technology means there is an expectation to reply or act immediately which, in turn, significantly increases pressure. This is further on the rise as the balance between home and work has merged during the months of lockdown.

Speeding through this ‘now’ society, means little time to stop and think about how we perceive things or check in with people. People don’t take time for reflection and it’s during those periods of reflection that we develop our mental and physical wellbeing.

In addition, the way we absorb and interpret streams of communication has changed. This can have a damaging effect on an individual’s wellbeing. Mental health is not just about the absence of mental illness but can be linked to or triggered by how we understand things to be or perceive them to be. As we adapt to more and more forms of digital media, we can misinterpret communication, which can lead to further upset or pressure as we take instructions from colleagues and management.

A well-documented problem is promoting the wrong people to managers or not providing them with the necessary people skills training to become effective managers. Promotion based on ‘job-based competency’ may lead to bad people management which can lead to stress among the workforce.

## Minds—Stress



**52%** of all mental health cases are **stress-related**

**1 in 6** management referrals in 2019 were for **stress**



## Minds—substance abuse

Men are more likely to suffer from substance abuse than women. This can be attributed to hunter/gatherer and leader expectations. Males face more pressure to perform and to be all things to all people than women.

It can be easier for men to slip into these unhealthy patterns, not just because of pressures at home, but because of societal expectations where it is not deemed acceptable for men to open up about their feelings and their mental health.

The UK has long harnessed a drinking culture, where it's deemed manly to drink. Giving up alcohol is likely to deter men from going to the pub and therefore foregoing a social, support network. A vicious cycle can often occur, where men choose not to mix with friends socially, and end up home alone with their feelings.

And it's not just alcohol that males turn to. Other unhealthy addictions or substance abuse may be:

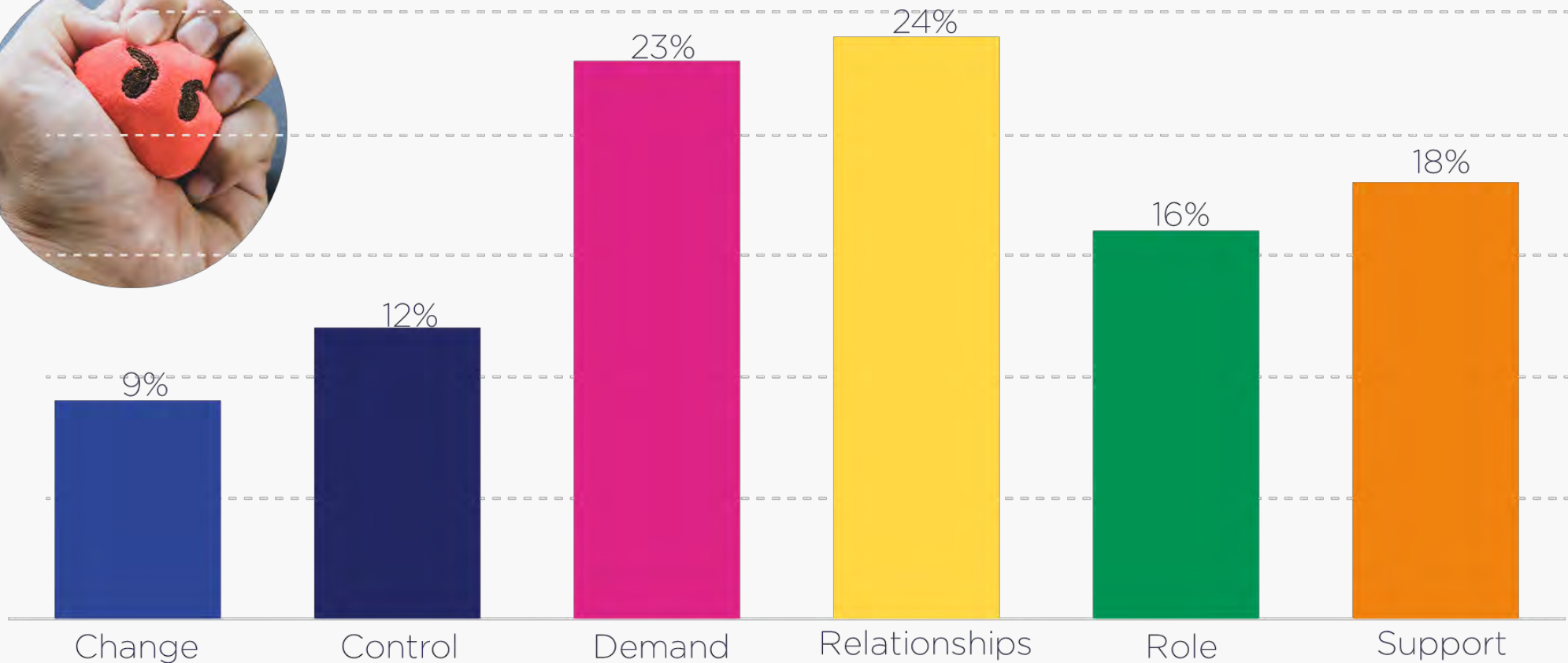
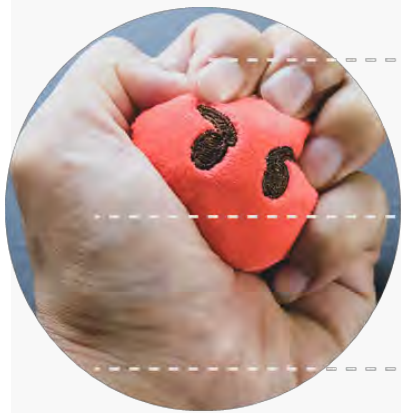
- Gambling
- Smoking
- Fitness
- Over counter drugs—e.g. Gaviscon—and pain killers, especially codeine based
- Social Media
- Shopping
- And work

Much of this can contribute to the reasons behind men also being more likely to commit suicide.



## Minds—work-related issues

HSE categories of work-related stress



A man in a white dress shirt and dark tie is sitting in a sea of falling papers. He has a distressed expression, with his mouth open and one hand raised. He is holding a white life preserver with an orange strap. The background is a light blue sky with many papers falling around him.

## Minds—work-related issues

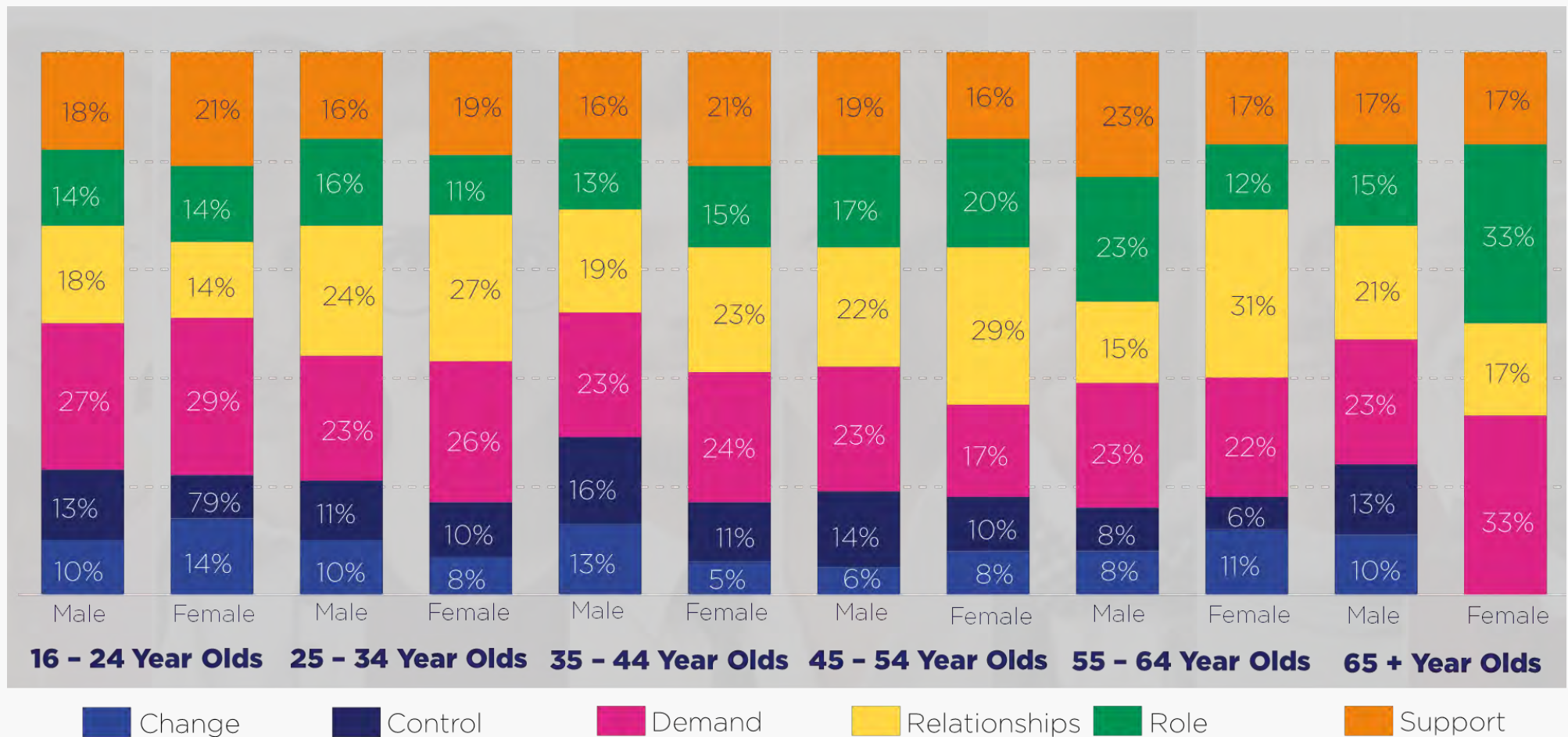
1 in 4 workers are experiencing mental health concerns that are work-related, with the main causes of declining mental health being:

- relationships (24%);
- demand (23%); and
- support (18%).

Women aged between 45–64 suffer with relationships the most. This can be linked to menopause, which can have a negative impact on mental health. As females begin to experience this, depression and emotional turmoil can be a particularly severe symptom.

Women's mental health can also be affected by social media and misrepresentation of women in the media. The pressure to look and act a certain way can be detrimental to their wellbeing.

## Minds—Work-related stress by age and gender





## Conclusion

This report conclusively reveals that the biggest health risks facing the offshore industry are in relation to its workers' hearts and minds.

The findings show that cardiovascular and mental health problems are the top two factors that result in the majority of medical consultations and interventions, such as medevacs.

The good news is that the health of workers' heart and minds can be significantly improved through preventative measures.

Mental and physical health are inextricably linked and each one has an effect on the other. Poor mental health tends to lead to unhealthy habits: coping mechanisms such as smoking, drinking more alcohol, and unhealthy eating habits. Lack of motivation can also lead to people not having the energy to take less exercise and adopt a more sedentary lifestyle. This in turn takes a toll on physical health and increases heart risk factors, which again creates this vicious cycle of further affecting our mental health—so we need to look at how we break the cycle. So early identification of risk factors and prompt intervention can help save lives.

Indeed, in relation to mental health, we know that early intervention is crucial to overall wellbeing, but also vital to a successful return to work or for the individual to remain in the workplace.

While some causes of heart disease, such as those which are hereditary or linked to ethnicity, cannot be prevented, many can be addressed through changing behaviours in relation to exercise, eating habits and smoking.

Armed with these health informatics, International SOS is launching a “Hearts and Minds” campaign to help employers to shape and roll out the correct healthcare strategies that will combat these health problems by effectively allocating resources and promoting early intervention.

These interventions can include early referral to GPs for high blood pressure, smoking cessation campaigns, weight loss and exercise advice and enhanced medicals.

These medicals help to identify the risk of developing heart disease and diabetes, allowing for early intervention and prevention.

A comprehensive medical history, taken together with a physical examination and blood tests, can identify those at risk. Validated algorithms, such as the QRISK3, calculates the risk of someone developing cardiovascular disease in the next ten years. For example, a person who smokes with high blood pressure and a family history of heart disease will have a higher score and therefore be at greater risk. Identifying areas of risk early through enhanced medicals will allow for intervention and can reduce the employee's risk of going on to have a heart attack or stroke.

Early intervention is crucial to dealing with mental health and, in conjunction with enhanced medicals, employers should have a robust mental health plan in place which includes training on mental health awareness, to be able to understand, identify and tackle mental health problems. Equipping people in organisations with the skills to be able to spot the typical warning signs and to be able to listen, reassure and respond is key to unlocking early intervention.

Never before has the awareness of mental health been so prevalent. The coronavirus crisis has changed how we work and live. People are being affected in so many ways. Whether they've had to continue to go to work, work from home, been furloughed or are potentially at risk of redundancy, the heightened uncertainty and anxiety is taking its toll and the impact will linger long after the virus has retreated. Whatever the new "norm" is, it is more important than ever for businesses to promote mentally healthy practices.

Through some simple intervention strategies, the offshore industry can dramatically improve the health of its workforce, keeping people safe and well, while increasing productivity and profitability.

**Healthy hearts and minds make for healthier businesses.**

## Mapping the health agenda

The key to improving the health of your workforce is working with your Health Partner / Medical Advisor to develop a Health Agenda. This provides the blueprint to map out a 5-year health and wellbeing plan.

### What does a Health Agenda entail?

Firstly, we undertake a comprehensive review of your annual health data, which can track trends such as Blood Pressure, BMI, Cardiac Risk factors, absence due to Mental Health, etc. Following this review, it is possible to see where your health needs lie, tailor-made for the needs of your workforce. This allows us to map out health priorities. If for instance we can see that cardiac risk factors are prevalent, we can map out a plan within the Health Agenda to tackle these.

Much of this data comes from OGUK medicals and offshore medical data. As an example, at the 2 yearly medical, high blood pressure may be detected, but not high enough to warrant failing the OGUK Medical. In such a situation the individual would pass their medical and next be seen in 2 years' time, with advice to follow up with their GP. In the meantime, if not addressed, the risk to heart health remains. A structured programme for review of such individuals (and we can see from the data that high blood pressure is endemic in this population) can be put in place. Those who meet certain parameters will meet at 3 monthly intervals with the clinical team, who can ensure that advice has been followed, that treatment if appropriate has been commenced, and track the improvements seen. This can be applied to every risk factor for heart disease, such as diet, exercise, and smoking.

Using this example, we can then track the health of workers, and monitor improvements or deteriorations and report on this annually. The agenda can be adjusted if there are significant changes in the data, but in general terms you need to be in it for the long haul. The expected output would be a reduction in sickness absence and chronic illnesses for the workforce, thereby potentially saving lives and ensuring a more productive workforce.





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