

WHY ARE THEY SO MISERABLE?

—

A letter to every leader — with warmth, with evidence, and with one question you may never have asked yourself.



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READ THE ROOM

Two words. The most underrated skill in leadership. The difference between a culture that breathes and one that doesn't.

I have sat in rooms where the energy shifted the moment a manager walked in.

Not because they said anything. Not because anything visibly changed. Just the quality of the air. The way people straightened slightly. The conversations that found a natural pause and didn't quite restart the same way afterwards.

I have also sat in rooms where the opposite happened. Where a leader walked in and people relaxed. Where there was the warmth and ease and the kind of candour that only exists where trust has been carefully, consistently built.

I have worked in care environments for over fifteen years — regulated, high-pressure, deeply human settings where the stakes of leadership are not quarterly targets but the dignity, safety and emotional wellbeing of people who are entirely dependent on the culture around them. I have seen both kinds of rooms. I have thought about what separates them for a long time. And while the answer is never simple — because human organisations never are — one thread runs through almost every environment I have observed that was genuinely working well, and is conspicuously absent in those that were not.

That thread is leadership. Not leadership as a title or a position. Leadership as a daily, lived practice of how someone shows up, what they model, and what they make possible in the people around them.

'The measure of a leader is not who they are when they are being watched. It is what they have made possible when they are not.'

This piece is for the leader who genuinely wants to know what their room feels like when they leave it. Who is willing to sit with an answer that might be uncomfortable. Who understands, at some level, that the culture of a team is not a poster on the wall or a value in a document. It is the daily accumulated residue of every decision they make, every tone they set, every moment they show up — and every moment they don't.

Read it with an open mind. Better yet, read it with an open heart.

Part I: The Room When You Leave It

There is a version of your workplace you have never seen.

You have seen the version where people are presenting to you, updating you, or quietly calculating what to say before they say it. You have seen the meetings that run professionally, where everyone covers the agenda and nothing truly difficult is raised.

But the room when you leave it — that is a different room entirely.

In that room, people exhale. They exchange a glance. They say the thing they didn't say five minutes ago. Sometimes it is trivial. Sometimes it is the real problem, the real worry, the real reason someone has been quiet for three weeks. And it stays in that room — because through no single dramatic event, just the slow accumulation of small signals, people decided it wasn't worth the risk to bring it to you.

Only 13% of employees feel comfortable discussing their mental health at work. 46% would worry about losing their job if they did.

Stribe / Mind Share Partners, 2025

This is not a survey anomaly. This is the cultural reality of the majority of workplaces. And it raises a question worth sitting with:

What does the silence in your team cost — and have you ever genuinely tried to find out?

When people cannot be honest about how they are, they spend significant mental energy managing the performance of being fine. They attend meetings while mentally absent. They produce work at a fraction of their capability. They become what organisational psychologists call ‘present but elsewhere’ — a phenomenon that costs UK employers alone approximately £28 billion every year. Not in absence. In presence. In the people who showed up.

Recognise this?

Monday morning. Someone on your team has had a genuinely difficult weekend — a family crisis, a health scare, a bout of anxiety so acute they barely slept. They arrive on time. They answer their emails. They sit in your team meeting and say the right things. You see someone who is fine. They are not fine. And they will not tell you — because the last person who told a manager they were struggling found themselves quietly moved off the interesting project. Nobody said it was connected. Everyone knew it was.

This is not a dramatic story. This is Tuesday. It happens in almost every organisation, at every level, in every sector. And the process that creates it — that slow, self-protective withdrawal from authenticity — begins with the environment.

Which is to say: it begins with leadership.

Globally, employee engagement has dropped to just 21%. In the UK, only 9% of employees feel highly emotionally connected to their employer. 78% are doing the bare minimum.

These are not disengaged people by nature. They are people who started with energy and hope and gradually, through accumulated experience, learned to protect both by investing less. The tragedy of disengagement is not laziness. It is self-preservation. And that process begins, almost always, with an environment that did not feel safe enough to be honest in.

Part II: What They Are Actually Carrying

Before we talk about what leaders do or do not do, it is worth pausing on what your people are actually walking through the door with every single morning.

They do not leave their lives in the car park.

77% of employees say work stress has negatively impacted their physical health. 75% say it contributed to weight gain. 71% say it caused a personal relationship to end or deteriorate.

Headspace Workforce State of Mind, 2024

These are not statistics about fragile people. They are statistics about the full human cost of a working life that does not have adequate space for the human inside it.

One in six people experience a mental health condition at any given time. In the UK, one third of the entire workforce — approximately ten million people — faced mental health challenges in 2024. Burnout has risen 33% over five years. Work-related stress, depression and anxiety rose from 776,000 reported cases in 2023 to 964,000 in 2024. In a single year.

And here is the finding that I believe every leader needs to read slowly, and then read again:

69% of employees say their manager has more influence on their mental health than their doctor or their therapist.

UKG Workforce Institute, 2025

More than their doctor. More than the professional they pay to help them navigate the most difficult parts of their inner life. You.

That is not a burden designed to overwhelm. It is a fact designed to illuminate. Because with that level of influence comes an extraordinary opportunity: to be, for the people in your care, the thing that makes the difference between a working life that slowly diminishes them and one in which they are genuinely able to flourish.

Not by becoming a counsellor. Not by running therapy sessions at the weekly stand-up. But by understanding what a safe, honest, humane environment feels like — and choosing, every day, to build one.

Part III: The Hard Question — Am I Part of This?

Most of us, if we are honest, already know the answer to this question. We have felt it ourselves, from the other side of the desk. We remember the manager who made us feel smaller than we were. We also remember, if we were lucky enough to have one, the manager who made us feel more capable than we believed we were. The difference was rarely skill or strategy. It was something harder to name and harder to replicate without genuine self-awareness.

That self-awareness begins with a willingness to ask an uncomfortable question: not ‘what is wrong with my team?’ but ‘what might my team be experiencing because of me?’ Not as self-blame. As honest inquiry. Because most unhealthy workplace cultures do not become that way through one catastrophic event. They become that way through accumulation. Through the things said slightly carelessly. The person consistently overlooked. The meeting that always ran the same way. The complaint that was technically addressed and emotionally dismissed. The small, repeated signal, sent without awareness, that some people matter more than others.

The Favouritism We Don’t See in Ourselves

Research published in 2025 in the International Journal of Industrial Management examined workplace favouritism across sectors and found something important: favouritism does not require malice. It requires only the very human tendency to find certain people easier, more familiar, more like us — and to reward that comfort without noticing.

The person whose humour matches ours. The one who thinks the way we think. The face that appears in our mind when a new opportunity opens up. The ‘flavour of the month’ who receives the praise, the visibility, the stretch assignment — not because they earned it most, but because they are most present in our awareness.

The research found that when employees perceive favouritism — and they almost always do, even when leadership does not — it produces a specific and corrosive set of responses: reduced trust, heightened cynicism, diminished commitment, and the quiet, gradual uncoupling of the person from the place.

When employees perceive that recognition is distributed based on favouritism rather than merit, it undermines trust and leads to disengagement across the entire team — not just in those who are overlooked.

Yusoff et al., International Journal of Industrial Management, 2025

A moment to sit with:

Think about the last three people you advocated for — a stretch project, a mention to senior leadership, a positive piece of feedback shared publicly. What do those three people have in common? Do they represent the full range of your team, or a particular kind of person? Not a comfortable question. An important one.

The Sides We Take Without Knowing

When conflict arises in a team, the temptation — sometimes a genuine desire to be supportive — is to take a visible side. And yet research on psychological safety, from Amy Edmondson's foundational Harvard work to Google's Project Aristotle, identifies leader fairness in conflict as one of the most powerful predictors of team health. The moment people believe leadership has already decided who is right, authentic contribution stops. People begin to manage upwards rather than think honestly. The team optimises for leader approval rather than the best outcome.

I learned this not from a textbook but from working in environments where I was an independent professional, accountable to the people in my care rather than to any one member of staff or management hierarchy. When staff brought their internal politics into the space — and they did, because people always do — the only workable response was to read the room without joining it. To never align publicly with one camp. To redirect, to de-escalate, and to keep returning attention to the people whose interests came first. That clarity of purpose is what makes neutrality possible. Without it, staying out of sides is just avoidance. With it, it is leadership.

The Atmosphere You Create Before You Speak

You set the tone before you say a word.

The energy with which you walk into a room. Whether you look up when someone approaches your desk. Whether your responses signal curiosity or judgement. Whether you are genuinely, attentively present — or visibly somewhere else.

People read their leader constantly, and with extraordinary precision. They notice the micro-expressions. They track the patterns. They know what kind of morning you are having before you have spoken a sentence, and they calibrate everything they say and do accordingly. This is not paranoia. It is a sensible survival strategy in a relationship defined by a fundamental power difference.

43% of employees say their manager has negatively impacted their mental health by lacking understanding of life outside work, or treating team members unequally.

Headspace, 2024

The meeting you didn't realise you were running:

You arrive slightly distracted — a difficult call beforehand, something unresolved. You don't mention it. You run the meeting as normal. But your responses are a fraction shorter. Your encouragement a fraction less warm. You move on from someone's contribution a little quickly. Nobody says anything. Everyone noticed. Two people who were going to share ideas decide, in that moment, not to. One person spends the rest of the afternoon wondering what they did wrong. This is not a dramatic story. This is Tuesday.

Part IV: Who Is Being Left Out — and Do You Know Their Name?

Let us talk about the people at the edges.

Not the edges of the org chart. The edges of belonging. Every team has them. The person who is technically present in every meeting but never quite in the conversation. The one whose ideas arrive slightly differently and don't quite land. The one who has adapted so thoroughly to the culture around them that you might not notice they are adapting at all — that the version of themselves they bring to work is a carefully constructed performance designed to survive rather than to thrive.

There is a phrase I have never been comfortable with: 'challenging behaviour.' In care environments, it was used to describe residents who were distressed, confused, frightened — people whose needs were not being met and who had no other language for it. I always thought the phrase had it backwards. The behaviour was not the challenge. Our failure to understand it was. The moment you reframe 'why are they behaving like this?' into 'what are they trying to tell me, and do I have the skill to hear it?', everything changes.

The same reframe applies in every workplace. The difficult colleague. The disengaged employee. The one who seems resistant or awkward or 'not a culture fit.' Before you label the behaviour, ask what the behaviour is communicating. Ask what need is going unmet. Ask whether your environment has created the conditions for that person to be anything other than what you are currently seeing.

'The most overlooked person in any team is the one everyone assumes is fine.'

Here is what the evidence tells us about who is most likely to be quietly struggling at the edges of your team:

- **Disabled and neurodivergent employees:** The UK employment gap for disabled people remains at 28 percentage points. Many with non-visible conditions — chronic illness, anxiety, ADHD, autism — choose not to disclose because the environment has not made disclosure feel safe. Only 25% of employees feel their organisation genuinely celebrates neurodiversity.
- **Ethnic minority employees:** Research on intersectionality consistently shows that employees from marginalised backgrounds face a compounded burden when also managing mental health challenges. Wellness programmes rarely account for this. The data gap here is significant — and is itself a form of invisibility.
- **The youngest and the oldest:** 91% of Gen Z workers report experiencing mental health challenges sometimes or often — around 10% higher than average. Workers over 50 face widespread age bias, with 80% having experienced or witnessed it. Neither group is being fully heard.
- **The ones who seem absolutely fine:** The high performer. The one who never complains. The one who just gets it done. Presenteeism — being physically present while psychologically depleted — costs four times more than absenteeism. The person who never takes a sick day is not necessarily your healthiest employee. They may simply be your most practised at hiding.

Employees who experience a genuine sense of belonging are 2.4 times more engaged at work. But belonging is not created by a diversity statement. It is created — or destroyed — by daily interactions, language, and the behaviour of leaders.

BCG, 2024

Inclusion is measured at the representational level in most organisations: are different groups present? But the harder, realer question is belonging — whether each person in your team feels genuinely valued, genuinely heard, genuinely safe to be themselves at work. And belonging is not experienced at the level of the annual report. It is experienced in every meeting, every conversation, every moment of being seen or being passed over.

The honest question a leader needs to ask is not “do I have a diverse team?” It is: “do I know — genuinely know — what each person on my team needs in order to do their best work? And have I created the conditions where they could tell me?”

Part V: Two Care Homes



Animal therapy sessions — one of many approaches to connection and sensory engagement.

Before I describe those two places, I want to ask you to do something. I want you to imagine, for a moment, that you are not a leader reading a professional article. You are a person.

Imagine you are taken from your home. Not dramatically. Not suddenly. But taken, nonetheless. The house you lived in for decades. The garden you tended. The fireplace beside which you kept the family photographs. The kitchen where the real life happened — the meals, the conversations, the ordinary extraordinary accumulation of a life. Your things. Your smell. Your routine. Your sense of where you are in the world and who you are within it.

And you are moved into a room with a bed in it.

There are communal spaces. There is, if you are fortunate, a chair that is usually yours. You are surrounded by strangers — staff who are kind but busy, residents who are each carrying their own version of this same loss. Your family visit when they can. The rhythm of your days, the one you built over a lifetime, no longer exists. And if your memory is also beginning to fail you, the anchors that might have helped you make sense of all of this are loosening too.

The grief in that experience is profound, and it is rarely named. The fear of abandonment. The disorientation. The loss not just of place but of identity — of being the person who made that garden, who cooked in that kitchen, who knew where everything was and what everything meant.

And each person in that building was experiencing it differently. Some knew exactly where they were and why. They understood, with full clarity, that this was the last place they would ever live. They carried that knowledge every single day, with a dignity that I found, and still find, humbling beyond words. Others had no idea where they were at all — some believed they were at school, some thought they were at work, some were waiting for people who would not be coming. Not out of confusion alone, but because the mind, in its extraordinary mercy, had taken them somewhere safer. And some moved between these states — lucid one morning, entirely elsewhere by afternoon — which brought its own particular kind of pain, because clarity, when it returned, meant re-understanding the loss all over again.

There is no map for how to be the person who holds space in all of that. What I know is that every single one of those people — regardless of where they believed they were, regardless of whether they could name me or remember me from one day to the next — deserved the same quality of presence, the same genuine attention, the same warmth. Not performed warmth. Real warmth. And they could tell the difference. Every time.

I tell you this not to be bleak, but because it is the context within which everything that follows takes place. The people in those care homes were not residents in a facility. They were human beings in the middle of one of the most profound experiences a life can contain. What they needed, more than almost anything, was to feel that the place they had arrived in was safe.

That the people around them were calm and kind and genuinely present. That they had not simply been deposited somewhere and forgotten.

The atmosphere of a care home is not a management concern. It is a clinical one. It is a human one. It is the environment within which people either find moments of genuine connection and joy or deteriorate faster than they need to. And that atmosphere — every single element of it — flows from the quality of the leadership.

Both were care homes. Same sector, same regulatory framework, same fundamental purpose: the dignity and wellbeing of people in their final chapter of life. Very different worlds.

The first was well-resourced. Decent facilities. Proper staffing ratios on paper. All the right documentation. And yet there was something in the air. A guardedness. Staff moved through their duties with efficiency and little else. Residents sat in the same chairs at the same times.

When I ran activity sessions, I would hear the complaints before the session had even started. The timing was inconvenient. Getting everyone to the space was too much effort — residents needed toileting, some needed physical assistance to move, some needed time and coaxing to transition from wherever they were. The implication, never quite stated but always present, was that the activity was an imposition on the real work. That the people the entire building existed to serve were, in this moment, an inconvenience.

Then one week, after a music session in which I had repeated songs from the previous week, a member of staff remarked loudly that it was the same as last time. Boring.

I thanked them for noticing. And I explained, calmly, that this was precisely the point. That the repetition was not an oversight. That these songs existed to stir long-term memory in people whose short-term recall was deteriorating — that the reason some of them no longer needed the lyric sheets this week was because something had been laid down the week before.

Neural pathways, carefully and deliberately reinforced. That it was not, with the greatest of respect, for them.

I thought of a resident I had sat with some weeks earlier. She had been non-verbal for months. Staff had largely stopped attempting conversation — not unkindly, but because there had been no response for so long that the attempts had quietly ceased. I sat beside her and began to sing. Softly, without expectation, without audience. Songs from her era, songs I had learned were part of her history. And after a while — not immediately, not dramatically — she began to join in. Quietly at first. Then with more certainty. The words were there, somewhere beneath the silence, waiting for the right key.

That moment is why the repetition mattered. That moment is what the complaint about boring songs was, without knowing it, arguing against. And that moment is what becomes impossible in an environment where staff are too drained, too fractured, too consumed by the internal weather of a poorly led team to be genuinely present with the people in their care.



Residents and staff having fun — joy as a daily practice, not an occasional event.

And it did not start with the staff. That matters enormously, and I want to be careful here — because it would be easy to read what follows as criticism of individuals, and that is not its intent. Every manager I observed was operating under real pressure. Staffing shortages. Regulatory demands. Budget constraints. The relentless weight of responsibility for vulnerable people in a sector that is chronically underfunded and undervalued. Leadership in

care is not a comfortable position. It asks a great deal of people who are often given very little support in return.

But pressure, however real, does not happen in a vacuum. And what I observed, across more than one environment, was a particular pattern of how unmanaged pressure moves through an organisation. A manager stretched too thin, making decisions reactively rather than reflectively. Responsibility for difficult outcomes deflected towards deputies rather than owned at the top — not always consciously, but consistently enough that deputies felt exposed and unsupported. Favourites emerging, again not always deliberately, but visibly enough that other staff noticed and drew their own conclusions about how safe it was to raise concerns. Conflicts between staff that were managed on the surface and left to fester underneath. And in some cases, a low-level culture of unkindness — between colleagues, occasionally directed at residents — that persisted because no one with authority felt equipped or empowered to address it directly.

I also want to acknowledge something that is rarely spoken about honestly: peer pressure within staff teams is real and powerful. New staff arrive and quickly read the culture around them. They learn which behaviours are accepted, which are rewarded, which will make them popular, and which will isolate them. In an environment where the tone from the top is uncertain or inconsistent, that informal culture fills the gap — and it does not always fill it kindly. Some of the behaviours I observed in staff were not reflections of who those people were. They were reflections of what they had learned was normal in that particular building.

The new managers I observed coming into these environments had perhaps the hardest job of all. They inherited cultures they had not created, in teams already shaped by previous patterns of leadership. The distrust they encountered was not personal — but it had been built long before their arrival, and it met them at the door on their first morning regardless. Staff who had learned to be cautious, who had developed protective habits and closed ranks, were not being obstructive for the sake of it. They were being careful, because experience had taught them to be. A new manager who did not understand that history, or who felt destabilised by the resistance and responded with their own defensiveness, could find themselves inadvertently deepening the very divisions they had hoped to resolve.

My own approach, in all of these settings, was to come as an observer first. Before acting, I watched. Before attempting to shift anything, I worked to understand what was actually there. I observed how people communicated — with residents, with each other, with management. I noticed their self-awareness and their lack of it. Their insecurities and their strengths. The habits that were protecting them and the ones that were limiting everyone around them.

And then I worked with their strengths. Not because the weaknesses weren't real, but because strength is where movement is possible. Criticism without relationship produces defensiveness. Recognition of what someone does well, offered genuinely and consistently, creates the conditions in which they can begin to do it better. Some staff came to understand that their attitude — their warmth, their way with a particular resident, their instinct in a difficult moment — was what kept people happy. Whether they liked me or not was beside the point. The measure of success was always the same: were the residents happier? Were they more present, more engaged, more themselves? If yes, the approach was working. If not, something needed to change.

Much of what I know about this was deepened by working alongside Sheila Boswell, a mental health nurse and dementia specialist whose knowledge and clinical insight shaped my understanding of how behaviour communicates need, and how environment shapes both. Her endorsement of my practice and her ongoing professional support have been among the most significant influences on my work. I am grateful for everything I learned from her, and from the many staff whose humility and compassion were, and remain, genuinely inspiring.



Residents and staff – creativity, laughter and shared experience breaking down every barrier.

What the difficult environments shared was a team too consumed by its own internal static to fully attend to the people it existed to serve. The residents felt it. They may not have been able to articulate it. But they felt the tension in a room, the shortness of a response, the absence of the easy warmth that exists when the people around you are genuinely at ease with one another. Human beings read atmosphere long before they read language. People living with cognitive decline are, in my experience, often the most sensitively attuned to it of anyone.

The second home had less. Older facilities. A tighter budget. Nothing to photograph. But the moment you walked through the door you felt something the first home never had. Staff knew residents by name – obviously – but also by story. By what they'd done for a living, who they'd loved, the name of the dog they used to walk and the song they'd danced to at their wedding forty years ago. Management worked the floor alongside staff – not as a gesture, not on open days, but routinely. They were present in the doing. When a resident was having a difficult morning, the response was not a protocol. It was a person who already knew what that particular resident needed on a difficult morning, because they had taken the time to find out.

In the first environment, when I arrived, participation in activities and meaningful social engagement sat at around 23%. Through changes to the relational environment – how staff were involved, how they were recognised, including an initiative where residents themselves voted for an employee of the week – that figure rose to 86%.

Not through more funding. Not through a restructure or a new strategy document. Through the quality of the relationships. Which came, entirely, from the standard of the leadership.

‘I have been to homes with little funding and not much to look at, where you could feel the love the moment you walked in. The difference was always in the leadership — and in the respect that leadership created between everyone in the building.’

There is a pattern worth naming here, because it goes beyond individual managers and into something structural. In my experience across different environments, the more corporate the care home — the larger the chain, the more distant the ownership from the day-to-day reality of the building — the harder it became for staff to maintain a genuine connection to the purpose of the work. This is not a criticism of the individuals within those organisations. It is an observation about what happens when the people making decisions about care are several layers removed from the people receiving it.

The research bears this out. In 2023, more than 85% of care homes in England — representing nearly 89% of all registered beds — were operated by for-profit providers. A national analysis published in *Age and Ageing* (2025) found that profit-oriented incentives carry the potential for detrimental impact on care quality, and that competition between homes is associated with reduced quality and lower costs, particularly where state-funded residents predominate. Not-for-profit homes, by contrast, consistently show lower staff turnover rates and more stable care relationships.

The NIHR’s StaRQ study (2024) — the most comprehensive UK research to date on the relationship between staff and quality of care in care homes — found that staff autonomy is one of the most powerful predictors of engagement and quality. Where staff feel trusted to make decisions, where they are working consistently with the same residents, where leadership is genuinely collaborative, quality of care improves measurably. That kind of autonomy is easier to sustain in smaller, more connected environments. It is harder to sustain

in large organisations where protocols, targets and chains of accountability replace direct human judgement.

Care workers in England earn on average £12 per hour, compared to a national average of £17.52. Workers with five or more years of experience earn just four pence more per hour than those who are new. This is not the pay structure of a sector that has communicated to its workforce that their expertise, their relationships and their emotional labour are valued. And when people do not feel valued by the system they work within, they protect themselves. They do what is required. They do not do what is possible. The gap between required and possible, in care, is the gap between a resident who survives and one who genuinely lives.

None of this is inevitable. The homes that stayed with me were proof of that. A manager who rolled up their sleeves and worked the floor alongside staff. A team that shared responsibilities without hierarchy becoming a barrier to human contact. An environment in which everyone, at every level, understood whose interests came first — and oriented themselves accordingly. That is not a resource question. It is a leadership question. And it is the same question in every sector.



Management, staff, entertainer and activities coordinator — including Sheila Boswell, mental health nurse and dementia specialist. A fundraising event, and what genuine teamwork looks like.

I am telling you this because the gap between those two environments is not unique to care. It exists in offices, schools, hospitals, warehouses, studios, boardrooms. The details differ. The

dynamic does not. Where leadership creates psychological safety and genuine mutual respect, people perform at a level that surprises themselves. Where it does not, people do the minimum required to stay employed and protect their energy for somewhere else.

Part VI: What Good Actually Looks Like

The things that most profoundly improve workplace mental health are not expensive. They are not particularly complex. They do not require a new strategy, a rebrand of the company values or a consultant with a pyramid diagram.

They require something rarer and more difficult than any of those things.

They require a leader who is willing to be real.

For every £1 invested in evidence-based mental health support, employers see approximately £4 in return. Employees at companies that actively support mental health are twice as likely to report no burnout or depression.

WHO / Mind Share Partners / Deloitte, 2025

This is not a business case for a wellness programme, though those matter. It is a business case for the quality of leadership itself. Because the research consistently shows that the single highest-return investment in workforce mental health is not the EAP helpline. Not the mindfulness app. Not the fruit in the kitchen. It is manager behaviour.

Go First

In workplaces where leaders openly and honestly discussed their own mental health — not dramatically, not therapeutically, just humanly — 89% of employees reported significantly higher psychological safety. Not marginally better. Significantly.

Going first does not mean confession. It means giving people permission by modelling it yourself. A leader who says “I’ve had a difficult week and I’m still finding my feet” does not lose authority. They gain something worth far more: the trust of a team that now knows they do not have to perform wellness in order to belong.

Read the Room. Actually Read It.

There is no skill more underrated in leadership than the capacity to read a room. Not to project onto it, not to manage it, but to genuinely read it — to notice who is quieter than usual, who is not making eye contact, whose energy has shifted, whose engagement has dropped. To notice the thing that has not been said and to create the conditions in which it might safely be.

I spent years learning to do this in settings where the people I was reading could not always tell me directly what they needed. Where behaviour was the language. Where my job was to translate — not to label, not to manage, but to understand and respond. The same capacity, applied in any leadership context, transforms what is possible in a team.

It starts with presence. Not the performance of presence — nodding in the right places while mentally composing your next email. Genuine, attentive, curious presence. The kind that makes people feel, when they leave a conversation with you, that they were the most important thing in that room for the time they were in it.

The Conversation That Costs Nothing

The most underused tool in any leader's repertoire is the one-to-one that is not about work. Not the performance check-in. Not the project update. A genuine, unhurried conversation where the only question is: "How are you, really? I'm asking because I want to know."

60% of employees in workplaces where managers regularly checked in on wellbeing — not performance, wellbeing — reported feeling genuinely supported. 64% said they felt their manager would be there for them if they faced a mental health challenge. These are not numbers from exceptional organisations. They are averages from workplaces that made one consistent, simple choice: to ask.

And when someone does tell you something hard — when they take the risk of honesty — the most important thing you can do is resist the urge to immediately fix, refer or minimise. To simply say: "Thank you for telling me. That can't have been easy. I'm glad you did."

That response costs nothing. For the person who receives it, it can change everything.

The Language You Use Every Single Day

Language is not decoration. It is architecture. The words a leader uses habitually — without thinking — build the structure in which people either feel safe or do not.

The difference between "that shouldn't have happened — let's understand why" and "who was responsible for this?". The difference between "I noticed you seem quieter than usual — everything okay?" and not noticing at all. The difference between treating a mistake as information and treating it as evidence.

These distinctions are individually small. Collectively, they are the entire culture.

Make Sure No One Is Left Out

Inclusion is not a policy. It is a practice. It is the deliberate, consistent act of noticing who is not in the conversation and finding out why. Who is not participating, not contributing, not thriving — and asking, with genuine curiosity rather than performance management instinct, what is getting in their way.

In my own practice I developed one simple rule: my job was done not when the majority were engaged, but when everyone was. The person who arrived at a session in a difficult state. The one who had been labelled disruptive. The one the staff were relieved to leave in their chair. These were the people whose inclusion mattered most — not least because the effort required to reach them taught me more about the environment than any of the others did.

Unhappy employees are almost three times more likely to be looking for another job. Replacing them costs between 40% and 200% of their annual salary. But more importantly — before the numbers, before the business case — every person in your team deserves to be in an environment where they can genuinely do their best work. That is not a bonus. It is the baseline.

Part VII: You Are the Values

Most organisations have values. They are on the website. They may be on the wall. They are almost certainly in the induction documentation.

And most employees, if asked honestly, would tell you that the lived values of their organisation — what actually governs daily behaviour, decision-making and the treatment of people — bear varying resemblance to the ones in the document.

This gap is not closed by a communication campaign. It is closed by leaders. Or it is not closed at all.

A value is only a value when it is inconvenient. When it would be easier to overlook something, to favour the comfortable option, to let a small unfairness go unremarked because the diary is full and it wasn't that serious. The leader who upholds the value in that moment — quietly, consistently, without fanfare — is the leader who builds a culture. The leader who doesn't is also building a culture. Just a different one.

'Your team does not read your values statement. They read you.'

The most powerful thing a leader can model is not competence — people already expect that. It is integrity in the small moments. Being the same person in a difficult conversation as in an easy one. Being as generous with credit when no one important is watching as when they are. Treating the person who can do nothing for your career with the same quality of attention as the one who can.

These things are noticed. Always. By everyone. Often without anyone naming them. They accumulate into what your team — in the room when you leave it — knows to be true about you.

And there is a difference, worth naming, between a leader who is ready to lead on mental health — who has read the reports, attended the training, knows the statistics — and one who is willing. Readiness is intellectual. Willingness is personal. It is the difference between knowing what good looks like and having the courage to ask whether you are doing it.

Closing: The Person You Set Out to Be

You became a leader, at some point, because you believed you could make things better. Not just the numbers. The experience. The quality of the environment around you. The kind of place where people did their best work, felt that their contributions mattered, and went home at the end of the week feeling something other than ground down.

That impulse — whatever it looked like when it first arrived — is still the most important thing you bring to work. More important than your strategy. More important than your targets. More important, honestly, than your technical expertise.

Because a team with a genuinely great leader and a mediocre strategy will almost always outperform a team with a brilliant strategy and a leader who is distant, inconsistent, or too preoccupied with their own visibility to see the people in their care.

The research makes this case with numbers. But the numbers are simply the measurement of something we already know from our own experience — from the managers we have had, and how we still remember them years later, and what they made us believe about ourselves.

‘The leaders we carry with us, long after we have left, are not the ones who were the most impressive. They are the ones who made us feel seen.’

Soo, what happens in your building when you are not there?

Is it the exhale of a team that trusts itself and trusts its leader? Or is it something quieter — more careful, more guarded, more cautious than you would want it to be?

You may not know today. That is not a failure. It is the beginning of something important.

Ask. Listen. Not to fix immediately, but to understand first. Be the kind of leader whose team feels the difference when you are present. Build, slowly and deliberately, a place where the answer to the question at the top of this page is no longer the obvious one.

Because they should not be miserable. And with you — genuinely, purposefully, courageously with you — they do not have to be.

About the Author

Esther Charalambous is a behavioural insight writer, researcher and speaker with a BSc in Psychology (Arden University, 2024) and over fifteen years of applied experience in regulated care environments across Southampton, UK. A certified Namaste Care Practitioner specialising in end-of-life care, trained by QCC (2018), she has worked at the intersection of cognitive decline, emotional wellbeing and the lived dynamics of leadership, belonging and psychological safety in high-dependency settings from 2010 to 2020. All professional positions were secured through recommendation and referral; her work with residents and families extended into private commissions sought directly by families outside institutional settings. A multiple Wellbeing Champion award recipient, recognised by care home management for outstanding contribution to resident wellbeing. Her practice is endorsed by Sheila Boswell, mental health nurse and dementia specialist. Featured in the Daily Echo, Southampton, for her wellbeing work with residents, including a centenary celebration for a Second World War veteran. An alternative celebrant since 2020 — weddings, funerals and memorial tributes — she brings the same principles of presence, emotional attunement and reading the room to the most significant moments in people's lives. Bilingual in English and Greek, Esther is an international speaker and retreat facilitator with presentations delivered in Cyprus (2024: Crystallizing Neuropathways; 2025: Neuroplasticity and the Brain's Unlimited Potential, Mind Body Spirit Cyprus) and Milan (May 2025). She is currently engaged in a five-year research project on brain health, cognitive decline awareness and prevention, with active council engagement aimed at integrating this education into public health policy — while continuing to support individuals and families directly. She is the founder of *Instawellbeing.com*, producing research-led writing and keynote presentations on

human behaviour, identity and workplace culture for organisations, academic institutions and international audiences.

Sources & References

Author Credentials & Professional Experience

- BSc Psychology — Arden University, London, 2024. Focus: health psychology, behavioural science, dementia prevention and public health literacy.
- Namaste Care Practitioner (End of Life Specialism) — QCC, Portsmouth, 2018. Specialist sensory and dignity-based approach for individuals in late-stage cognitive decline.
- Wellbeing Champion Awards — presented by care home management, Southampton, UK. Multiple awards, 2010–2020, for outstanding contribution to resident wellbeing and activity programming.
- Professional experience in regulated care environments, Southampton, UK, 2010–2020. Activities management, Namaste end-of-life care, dementia-specific wellbeing programmes, and cross-setting independent service provision. All positions secured through recommendation and referral. Private commissions undertaken directly for families, independent of institutional settings.
- Practice endorsed by Sheila Boswell — mental health nurse and dementia specialist.
- Featured in the Daily Echo (Southern Daily Echo), Southampton — centenary celebration for a Second World War veteran, Hollybank Rest Home, Botley, Hampshire.
- Founder — Instawellbeing.com, established 2023. Behavioural insight writing, research, keynote presentations and wellbeing programme design for organisations, academic institutions and public audiences.
- International Speaker — Cyprus, 2024. Presentation: Crystallizing Neuropathways.
- International Speaker — Mind Body & Spirit Cyprus, 2025. Keynote: Neuroplasticity and the Brain's Unlimited Potential.

- International Speaker — Wellbeing event, Milan, May 2025. Keynote: Neuroplasticity and the Brain's Unlimited Potential.
- Alternative Celebrant — 2020 to present. Weddings, funerals and memorial tributes. The same principles of presence, emotional tuning and reading the room applied to the most significant moments in people's lives.
- Retreat Facilitator — Cyprus. Wellbeing and behavioural insight retreats facilitated in English and Greek for international audiences.
- Languages — English (native) and Greek (fluent). Bilingual practice across UK and Cyprus.
- Ongoing research — five-year project examining brain health, cognitive decline awareness, prevention and risk factors, with active engagement with local council and community stakeholders. Aim: integration of brain health and cognitive decline education into public health policy and community programmes. Continued direct support to individuals and families affected by dementia.
- Professional engagement — Dementia UK; Alzheimer's Society; Westminster stakeholder dialogue on structural gaps in dementia prevention within public health services.
- Volunteer contributions — local community education, public health awareness, and support for individuals and families navigating cognitive decline.
- Champion Certificate for Dementia-Friendly Activities — Southampton.

Research, Data & Institutional Sources

All quantitative data, statistics and findings cited in this article are drawn from the following peer-reviewed research, government publications and credible institutional sources.

- World Health Organization (WHO) — Mental Health at Work (Fact Sheet), 2025. [who.int/news-room/fact-sheets/detail/mental-health-at-work](https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work)
- World Health Organization (WHO) — Mental Health Atlas, 2024. 144-country evidence review of mental health policies, services and investment.
- World Health Organization (WHO) — World Mental Health Today, 2025. Global report on mental health conditions, disability and service gaps.

- World Health Organization (WHO) & International Labour Organization — Mental Health at Work: Policy Brief, 2022.
- Gallup — State of the Global Workplace Report, 2025. Global employee engagement, wellbeing and productivity data.
- UKG Workforce Institute — Manager Mental Health Influence Study, 2025. Survey of international employees on the relationship between manager behaviour and mental health.
- Mind Share Partners & Qualtrics — Mental Health at Work Report, 2025. Fourth national study of the US workforce; 1,153 full-time employees surveyed.
- Headspace (formerly Ginger) — Workforce State of Mind, 2024. Annual report on employee mental health trends.
- Health and Safety Executive (HSE) UK — Work-related Stress, Depression or Anxiety Statistics in Great Britain, 2024. [hse.gov.uk](https://www.hse.gov.uk)
- Mental Health UK — Burnout Report, 2024.
- Mental Health UK — Breaking Barriers: Supporting Mental Health to Boost Economic Growth (Employment Report), 2024.
- National Alliance on Mental Illness (NAMI) — Workplace Mental Health Poll, 2025. Conducted with Ipsos; 1,000+ US full-time employees.
- Stribe — 34 Workplace Mental Health Statistics, 2024–2025.
- Better Brain Company — Mental Health in the UK Workplace: Evidence Review & Strategic White Paper, 2026.
- Mental Health America (MHA) — Mind the Workplace, 2024. Survey of 3,915 US employees across 21 industries.
- BCG (Boston Consulting Group) — Belonging and Engagement Study, 2024.
- Deloitte — The ROI in Workplace Mental Health Programs: Good for People, Good for Business, 2025.
- Great Place to Work — Fortune 100 Best Companies to Work For: Wellness ROI Analysis, 2025.
- Diversity.com — 2025 Workplace Discrimination Report.
- Spilsbury, K., Charlwood, A., Thompson, C. et al. — Relationship Between Staff and Quality of Care in Care Homes: StaRQ Mixed Methods Study. National Institute for Health and Care Research (NIHR), Health and Social Care Delivery Research, 12(08), 2024.

- Allan, S. et al. — Resident Funding and Care Home Quality: A Retrospective Observational Analysis of the Two-Tier Care System in England. *Age and Ageing*, Oxford Academic, 2025.
- Care Quality Commission (CQC) — State of Care: Adult Social Care, 2024–2025. [cqc.org.uk](https://www.cqc.org.uk)
- Skills for Care — Size and Structure of the Adult Social Care Workforce, 2024–2025.
- Office for National Statistics (ONS) — Care Homes and Estimating the Self-Funding Population, England, 2022–2023.
- Ablitt, A. et al. — cited in: Supporting Positive Outcomes in Children’s Residential Care: An Evidence Summary. *Social Care Wales*, 2024. Evidence on lower staff turnover in not-for-profit versus corporate residential care settings.
- Lewis, S. & Zenz, B. — Retaining Care Home Staff: Ethnographic Insights from Scotland. King’s College London / Healthier Working Lives, July 2023.
- Costello, H. et al. — Burnout in UK Care Home Staff and Its Effect on Staff Turnover: MARQUE English National Care Home Longitudinal Survey. *Age and Ageing*, 49(1), 2020.
- Dening, K.H. et al. — Factors Associated With and Impact of Burnout in Nursing and Residential Home Care Workers for the Elderly. *PMC / Frontiers in Psychiatry*, 2019.
- Coping With a Cost of Living Crisis in the English Care Home Workforce: A Qualitative Study. *Taylor & Francis / Aging & Mental Health*, 2025.

Peer-Reviewed Academic Sources

- Edmondson, A.C. — Psychological Safety and Learning Behaviour in Work Teams. *Administrative Science Quarterly*, 44(2), 350–383, 1999.
- Yusoff, A. et al. — Favouritism in the Workplace: A Review of Its Causes, Consequences, and Mitigation Strategies. *International Journal of Industrial Management*, Vol. 19, No. 2, 2025.
- Ahn, D. — The Impact of Leadership Styles on Employee Mental Health and Company Performance in the Finance Industry. *Journal of Student Research*, 14(1), 2025.
- Google re:Work — Project Aristotle: Understanding Team Effectiveness. re.workwithgoogle.com, 2016.

- Lasisi, T.T., Constanta, E. & Eluwole, K.K. — Workplace Favoritism and Workforce Sustainability: An Analysis of Employees' Well-Being. *Sustainability*, 14(22), 14991, 2022.

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