INVESTIGATING THE ROLE OF THE WORKPLACE IN PROMOTING MENTAL HEALTH: EVIDENCE FROM UK CONTEXT

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ABSTRACT:

This research confirms that the workplace must play a role in promoting mental health. Our findings reveal that effective management of mental health at organisational level has a huge knock-on societal effect. The ways in which this can be done are manifold, but there has to be a well-considered strategy and infrastructure surrounding it. Individual and/or one-off initiatives are short-lived and have no real long-term benefits.

Keywords: Mental health promotion; workplace; productivity; workplace interventions; mental health disorders.

INTRODUCTION

In recent years, there has been considerable talk of mental health (Martin, A., Woods, M., & Dawkins, S., 2015; Shah et al., 2016; Dobson et al., 2018; Kelloway, 2018) and never more so than in 2020 with a global pandemic thrown into the bargain. The coronavirus disease (COVID-19) pandemic and its implications on social life and businesses, has led to mental health consequences among people worldwide (Chandu et al., 2020; Xiong et al., 2020).

In the United Kingdom, a review published by the UK's National Health Service (NHS) identified integration as being one of the three key priorities for the future, and mental health is critical to each element of this (Smith & Wessely, 2015). Issues related to mental health have become of paramount interest. The 2016 report by the Mental Health Foundation in England highlights that, every week, one in six adults experiences symptoms of a common mental health problem, such as anxiety or depression, and one in five adults has considered taking their own life at some point. Nearly half of adults believe that, in their lifetime, they have had a diagnosable mental health problem, yet only a third have received a diagnosis. According to the same report, the number of individuals with mental ill health is expected to rise significantly in the near future. Furthermore, the costs associated

with mental health problems are high, with effects that have the potential to increase over time if nothing is done to promote and prevent mental health issues. The 2013 Chief Medical Officer's report estimated that the wider costs of mental health problems to the UK economy are £70–100 billion per year – 4.5% of gross domestic product (GDP)[1]. According to research published in 2020 by the Centre for Mental Health, mental health problems in the UK workforce cost employers almost £35 billion in 2019.

Up until recently, mental ill health was generally felt to be an individual struggle. However, it has become apparent that there are wider societal implications that can no longer be ignored. Thus, there is strong need for effective responses to address mental health issues, as well as the promotion of mental wellbeing.

With the declining NHS funding in the UK, it is obvious that the government/NHS is not able to single-handedly address the issue. Yes, mental health organisations and charities are abundant and more and more groups and associations are being set up to promote the subject, but their resources are limited. Schools and universities are also devoting time and effort to help address the problem, but they are faced with the challenge of the lack of resources.

Workplaces have tended to shy away from it, believing it not to be their problem. However, it has become inevitable that they also have their role to play. Kirsh, Krupa & Luong (2018) highlight that organizations have become increasingly concerned about mental health issues in the workplace as the economic and social costs of the problem continue to grow. Corbière et al. (2009) point out the importance of workplace prevention as intervening variable regarding mental health issues in organizations. Dobson et al. (2018) add that there is also a financial argument to address mental health in the workplace. Work and productivity are, after all, greatly affected by mental health disorders and there would be tangible overall benefit in dedicating time and effort to the issue. Indeed, the impact of mental ill health on productivity needs to be effectively addressed, managed and minimised in the UK workplace.

This research addresses the role of the workplace in promoting mental health in the UK. The overall aim is to address the research question: ***What role should the workplace play in promoting mental health in the UK?***

For this research we define mental health as *"a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community"* (World Health Organization - WHO)[2].

Much has been written about the relationship between the workplace and mental health issues, but little has looked at this relationship from a holistic perspective. We believe that effective responses to dealing with mental health issues go beyond training and initiatives to increase awareness. The principal aim is to respond to the current and apparently declining mental health outlook within the population and seek out the ways in which the workplace can contribute in terms of resources.

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[1] Department of Health. (2014). Annual Report of the Chief Medical Officer 2013: Public Mental Health. Priorities: Investing in the Evidence. Retrieved from gov.uk /government/publications/chief medical officer annual- report-public-mental-health [Accessed 15/01/2021].

[2] https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response (visited on 24th March 2021)

After all, workplaces that promote mental health and support people with mental disorders are more likely to reduce absenteeism, increase productivity and benefit from associated economic gains. The logic is that in order to generate large scale awareness about mental health, efforts must be made across all levels of analysis. It is not enough to address mental health issues at the individual level. Transformative changes must also be made in organisations as well as systematically.

This empirical paper is structured as follows: we first look at what literature says and does not say about mental health in relation to the workplace. We then present the methodology, and describe our data collection technique, and our data analysis method. Finally, we present and discuss our findings and their implications.

1. MENTAL HEALTH AND THE WORKPLACE

Due to the increasing prominence of mental health worldwide, the effect of workplace stressors on prevalence of mental health problems, and the recognition that mental health of employees affects productivity, the topic of mental health in the workplace is well covered in the literature.

The role of the manager and the impact of mental health training has engendered much research (Bryan, B,T. et al., 2018); Greden, J,F; 2017; Milligan-Saville, J.S et al., 2017; Schwarz, E et al., 2019). Results have shown the impact of training; even with short interventions, long-lasting benefits can be obtained (Milligan-Saville, J.S et al., 2017; Schwarz, E. et al., 2019).

In particular, the issue of stigma surrounding mental health in the workplace has attracted a lot of attention (Dobson, K.S, et al., 2019; Elraz, H. 2018; Krupa, T. et al., 2009). Hanisch, S.E, et al. (2016) found that anti-stigma interventions at the workplace can lead to improved employee knowledge and supportive behaviour towards people with mental health problems.

Workplace mental health interventions on the whole are a well-researched topic (Czabala, C. et al., 2011; Joyce, S. et al., 2016; Huang, S.L. et al., 2015). Wagner, S.L.et al. (2016) found moderate evidence for the effectiveness of workplace mental health interventions on improved workplace outcomes and greatest support for workplace mental health interventions that included aspects intended to improve both mental and physical health together. LaMontagne et al. (2014) also argue in favour of developing an integrated intervention approach.

Cases of mental illness seem to have increased so much since the beginning of this century that it is important to look into the reasons for such an apparent increase. In order to begin analysing this, it would be appropriate to consider what it is that makes people vulnerable to mental health problems.

Multiple factors taken together determine the level of mental health of a person at any one time. Although some people are more prone to mental health problems as a result of specific biological, psychological and personality factors, a number of socioeconomic and environmental factors also contribute to such problems. For example, rapid social and societal changes, violations to human rights, difficult work/study conditions, unemployment, social exclusion, gender discrimination, bereavement, change in family circumstances, substance use, illness can all be

triggers of poor mental health. Everyone has some risk of developing a mental health disorder, no matter what their age, sex, income, or ethnicity.

One of the factors stated above as contributing to mental health problems is that of rapid social and societal changes. Since the start of this century, rapid technological progress has led to an immense shift in the way people communicate, work, live and love. We are surrounded by all kinds of technology. Games consoles, laptops, tablets and mobile phones have become a permanent fixture in our lives. Televisions have become 'smart', giving us instant access to whatever we want to watch and play. Social media has changed the way we interact. Reasoned learning and instruction have given way to instant reactions and opinions, with hardly any measure being put on people's behaviour and enthusiasm for stating their mind. Aggressive tones and self-proclaimed experts have become the norm.

Although traditionally, mental health problems were often seen as personal weaknesses, there is growing acceptance that they are problems that can be diagnosed by medical professionals and can be triggered by a variety of factors. Nevertheless, there is still a stigma attached to mental ill-health. In general, people feel uncomfortable talking about their feelings and admitting to any difficulties. In a world where success is admired and veneered, admitting to what many see as a weakness takes a huge amount of courage, never more so than in the workplace. Most people who have a mental health problem or are developing one try to keep it secret because they are afraid of other people's reactions. Also, many people have not been diagnosed with a mental health problem, but struggle to cope with daily life. Nevertheless, the fact that mental health has now become almost a buzz-term in the United Kingdom has, in many ways, opened up discussions and made people realise that they are not alone in feeling the way they do. However, there is still some way to go in removing the stigma surrounding mental health.

There are many organisations and charities offering support in the United Kingdom, albeit with limited resources, as the often lengthy and long-term support that would currently be needed is simply not available from the National Health Service. The long waiting lists for people to have access to medical support and treatment bear witness to this.

Very often, medical practitioners are forced to turn people away and encourage them to consult the voluntary sector and/or online resources. HelpGuide International provides such online resources. As stated on their website, "One in four people will struggle with mental health at some point in their lives. And with the coronavirus pandemic and troubled economy, many are in crisis right now. More than ever, people need a trustworthy place to turn to for guidance and hope. That is our mission at HelpGuide. Our free online resources ensure that everyone can get the help they need when they need it — no matter what health insurance they have, where they live, or what they can afford."

2. METHODOLOGY

In this section, we present our methodological approach. First, we introduce our data collection process. Second, we highlight our findings.

2.1 Data collection

In order to properly study our research question, the preparation and/or collection of various types of data was necessary.

First, we tapped into the datasets collected by the Institute for Health Metrics and Evaluation (IHME). Our aim is to obtain a true understanding of the magnitude of the incidence of the different types of mental disorders, both globally and within the United Kingdom. Second, we turned to surveys of reported diagnosis of mental disorders in the United Kingdom with the aim to undertake a comparison with the results gathered from the previous exercise. The next set of data was obtained from studying various Government-commissioned research and other reports on mental health and the workplace. To conclude, interviews and questionnaires with experts in the field of mental health and the workplace enabled us to ask questions based on analysis of the data retrieved and gave us the opportunity to proceed with a cross-analysis of findings. Two interviews were conducted online and recorded. A semi-structured interview format was chosen. The interview guide contained open questions to allow participants to express themselves on the topics of interest. To ensure the coverage of comparable range of topics, each interview was based on the same questions and interview framework. Depending on the course of discussion and the relevancy of the subject to each interviewee, the order of questions and time devoted to each of them was variable to allow the interviewees to express themselves freely and extensively without being interrupted. The interviewees were able to express themselves regarding the subjects they found interesting related to and beyond the main topics raised. The video interviews lasted 52 minutes and 31 minutes. The first recording was transcribed, and notes were taken for the second one. Written input based on the same questions was submitted by a further three persons.

2.2 Findings

2.2.1 Data analysis based on medical, epidemiological data, surveys and meta-regression modelling

Comparing the overall incidence of mental disorders in the different world regions between 1990 and 2019, showed three distinctive groupings. The world regions of Africa and Asia showed similar and the lowest levels of prevalence of mental disorders. Then came world regions America and Europe with more or less similar levels (America having slightly higher levels than Europe). The highest level of prevalence of mental disorders by far was attributed to the Australasian world region.

What was somewhat surprising to see was that the data did not show a particular increase in mental disorders and that prevalence had remained more or less stable throughout the period.

From the comparison of the prevalence of individual mental disorders across the five world regions in 2019, it was noticeable that anxiety and depressive disorders form the biggest chunks in each of the world regions, followed by schizophrenia, bipolar and eating disorders.

The aim behind looking at the trends in world regions enabled us then to compare them with the overall trends for the United Kingdom and to identify if there were any particular idiosyncrasies or differences between the trends.

For the United Kingdom, collected data showed that the female-male ratio of anxiety and depressive disorders is significantly greater for females across all

world regions, whereas the ratio of ADHD and conduct disorder is significantly greater in males across all world regions.

What was again noticeable was that there was no sharp increase in the prevalence of mental disorders between 1990 and 2019 in the UK. This was particularly surprising, as the subject of mental health has become so predominant in the United Kingdom in recent years. Of course, it will be very interesting to compare the findings with those from the surveys of reported diagnosis of mental disorders, and also to see if the same graphs generated this time next year show a marked increase or not.

2.2.2 Surveys of reported diagnosis of mental disorders

In all of the surveys carried out every seven years since 1993 in the framework of the National Study of Health and Wellbeing – also known as the Adult Psychiatric Morbidity Survey (APMS), rates of incidence were higher for women than men across most categories of common mental disorders (panic disorder and obsessive-compulsive disorder being the exception). Between 1993 and 2007, the rate of common mental disorders in women aged 45-64 rose by about a fifth.

In 2007, the survey revealed that 16.1% of those surveyed had a common mental disorder (CMD); 19.7% of women compared with 12.5% of men. Just under one quarter of those were accessing mental health treatment, mostly in the form of medication.

In 2014 (the most recent survey) the figures for England showed that one adult in six (17%) surveyed had a common mental disorder (CMD); one woman in five (20.7%) and one man in eight (13.2%). Just about two-fifths of those were accessing mental health treatment. More than half of those with a CMD presented with mixed anxiety and depressive disorder (9% of all adults).

The level and nature of treatment varied by type of CMD: over half (57%) the adults with a phobia were in receipt of treatment, but only 15% of those with mixed anxiety and depressive disorder.

The surveys demonstrated a strong association between the presence of a disorder and a low household income.

When other conditions, such as psychosis and substance dependence were included, the rate of incidence of a mental disorder was one adult in four.

The UK-wide survey commissioned from YouGov to launch Mental Health Awareness Week in 2018 (run by the Mental Health Foundation since 2001) “found that almost three quarters of adults (74%) had at some point over the past year felt so stressed they felt overwhelmed or unable to cope.” In addition, one-third of adults said they had experienced suicidal feelings as a result of stress and one-sixth said they had self-harmed as a result of stress. The survey is believed to be the largest and most comprehensive stress survey ever carried out across the UK with 4,619 people surveyed.

Stress is not a mental health problem in itself but, in the words of Mental Health Foundation Director, Isabella Goldie, "Stress is a significant factor in mental health problems including anxiety and depression. It is also linked to physical health problems like heart disease, problems with our immune system, insomnia and digestive problems […]. We […] need to change at a societal level. This includes ensuring that employers treat stress and mental health problems as seriously as physical safety."

2.2.3 Government-commissioned research and reports on mental health and the workplace

The recommendations from the independent review of mental health and employers by Lord Dennis Stevenson and Paul Farmer set out the standards all employers should implement to "provide a framework for workplace mental health". The first of these were core standards that they believed that all organisations in the country were capable of implementing quickly, regardless of workplace type, industry or size:

1. Produce, implement and communicate a mental health at work plan;
2. Develop mental health awareness among employees;
3. Encourage open conversations about mental health and the support available when employees are struggling;
4. Provide employees with good working conditions and ensure they have a healthy work life balance and opportunities for development;
5. Promote effective people management through line managers and supervisors;
6. Routinely monitor employee mental health and wellbeing.

The aim behind the implementation of these core standards was to "ensure 'breadth' of change across the UK workforce and lay the foundations for going further".

The report also outlined a series of more ambitious 'enhanced' standards for employers who could and should do more to lead the way. In particular, it recommended that "all public sector employers and the 3,500 private sector companies with more than 500 employees, deliver the following mental health enhanced standards which will reach 46% of employees":

1. Increase transparency and accountability through internal and external reporting;
2. Demonstrate accountability;
3. Improve the disclosure process;
4. Ensure provision of tailored in-house mental health support and signposting to clinical help.

In addition to recommendations for employers, the review included recommendations for the Government and the NHS, for the public sector, for regulators, for professional bodies with responsibility for training, and for insurers, industry groups and Local Authorities.

One notable recommendation read:

"We recommend that the Equality and Human Rights Commission considers taking a more proactive role in monitoring and taking enforcement action against employers that discriminate against individuals on the grounds of mental health."

The independent study commissioned from Deloitte in 2017 to support the UK Government-commissioned Stevenson/ Farmer review of mental health and employers estimated that the average cost per employee of mental ill health was higher in the public sector (£1,551-£1,878 per year) than the private sector (£1,119-£1,481 per year). These costs were highest within the health sector with an average cost of over £2,000 per employee.

Taken as a whole, the public sector employs 17% of those in work.

- NHS – employs 1.62 million people
- Education – employs 1.52 million people
- Civil Service – employs 420,000 people

More importantly, the independent study found that:

- there was a large annual cost to employers of between £33 billion and £42 billion (with over half of the cost coming from presenteeism – when individuals are less productive due to poor mental health in work) with additional costs from sickness absence and staff turnover

In keeping with those findings, according to research published in 2020 by the Centre for Mental Health, mental health problems in the UK workforce cost employers almost £35 billion in 2019.

In addition, the study found that:

- The cost of poor mental health to Government is between £24 billion and £27 billion. This includes costs in providing benefits, falls in tax revenue and costs to the NHS.
- The cost of poor mental health to the economy as a whole is more than both of those together from lost output, at between £74 billion and £99 billion per year.

In response to the question 'What is the return on investment (ROI) to employers from mental health interventions in the workplace?', their research found that the return on investment of workplace mental health interventions was extremely positive, with an average ROI of 4:1.

These figures were updated by Deloitte in January 2020: "Two years later, we have updated this analysis to look again at the costs of poor mental health to UK employers, finding they have increased by 16%,5 now costing up to £45 billion. Our updated work also makes a positive case for investment in mental health by employers, finding an average return of £5 for every £1 spent, up from the £4 to £1 return identified in 2017."

For the past five years, MIND has curated an annual Mental Health at Work report based on surveys conducted by YouGov into employee mental health. It is supported by the Business in the Community (BITC) Wellbeing Leadership Team (Anglian Water, Bupa, Costain, GSK, Heineken, Lloyds Banking Group, Mercer, National Grid, Nuffield Health, P&G, Public Health England, Royal Mail, Santander and Unilever).

In the 2018 report, 61% of employees said they had experienced mental health issues due to work or where work was a related factor. In addition, the report also revealed that financial insecurity was a major factor in poor mental health for UK workers. The 2019 report showed that work-related mental health problems were generally caused by increased pressure and workload and lack of support.

According to the 2020 report, 51% of poor mental health caused by work in 2020 was due to pressure. In the same report, the estimated costs to employers of mental health related presenteeism costs are roughly three and a half times the cost of mental health related absence. Costs of presenteeism have also increased at a faster rate than the costs of absence.

2.2.4 Interviews

Regarding mental health, all five respondents used words/statements such as "major issue"; "huge increase"; "It's still a massive problem within society"; "It's the biggest disability in the UK". It is therefore justified to consider that mental health issues are a big problem, that they are on the increase, and need addressing.

The need – first and foremost – for proper strategic planning and creation of corporate policies and the right infrastructure was emphasised by all the

respondents. “It’s got to fit into an actual strategic plan. But businesses don’t tend to do that really”; “A lot of businesses do it the wrong way round - they bring in the health campaigns first, without the infrastructure to maintain it”; “Strategy first and then all the other aspects”; and “It’s all about providing the right framework”. We can therefore conclude that the prior establishment of a well-thought out strategic mental health plan is a priority for all workplaces for any mental health promotion initiatives to be successful. In the feedback, it was underlined that one of the main aspects of such a strategic plan needs to be to make sure that all employees are aware of the corporate policies around mental health. “Make sure that they’re alright, that everyone is aware of them, and then we can start bringing in those health campaigns, and employer assistance programmes, etc.”

All of the respondents highlighted the problem of stigma surrounding mental health, one stating that, “The removal of stigma is the biggest issue for mental health” and others, “We have to raise that stigma before we put in a strategy itself”; “But you have to get that culture right, the stigma right before we can do anything.” It can therefore be concluded that this is clearly an element that needs primary attention and is the underlying necessity for any mental health promotion campaign.

In general, the issue of workplace culture and attitudes was a recurring theme: “We need a complete cultural overhaul, meaning that attitudes to mental health need to improve at every level within organisations of all types and within government too”; “Once you’ve got that culture in place, then you can start implementing mental health”.

The issue of attitudes could be put down to a lack of understanding of mental health, which was highlighted by at least three of the respondents, with statements such as, “There's still a massive problem in understanding mental wellbeing”; “They tend to jump in without understanding the whole strategic view of mental health”; “The main thing probably is that there's a lack of understanding of mental health in the workplace”; and “In order to do that, you’ve got to understand mental health”. This points to the necessity of educating all people in the workplace.

In that respect, the respondents highlighted the importance of training. ‘Training is key” stated one interviewee. However, it was clear from further comments that training only worked if people understood the reasons behind the training and if they were given appropriate support and guidance as to roles. Thus it is clear that increasing awareness and understanding, and equipping people with skills and competencies would be an essential tool in the promotion of mental health within the workplace.

Another area of general concordance of opinions was that of insufficient provision of resources for mental health, in particular from the NHS. “The problem’s grown […] and the resources haven’t been able to keep up to date with that, so we are failing”; “The NHS has historically been underfunded, especially for mental health provision.”; “I think there needs to be a lot more resources available around mental illness especially”. There therefore seems to be good cause for thinking that funding should be increased for mental health provision. Businesses should be putting more pressure on the Government to increase funding for the NHS and, in particular, for mental health resources.

Speaking of resources, three respondents claimed that the biggest hindrance for employers to implement mental health/wellbeing initiatives was that of cost and sometimes time. This points to the short-sightedness of businesses and that they

do not fully grasp the amount of money that is lost through mental illness in decreased productivity, non-retention of staff, sickness absences, etc. However, it is understandable that some businesses find it hard to pay upfront, when the benefits will only kick in after some time. In order to address that situation, the Government should provide financial loans and incentives to businesses for the adoption of a proper strategy and ensuing actions for the promotion of mental health.

Regarding the prevention of mental health risks, one respondent observed, "people tend to do the risk assessments when someone has gone off with stress or a mental health illness, and the whole point of risk assessments is about preventing it before it happens in the first place."

The same respondent also criticised the overuse of phased returns, stating that they were overused and not used appropriately: "Phased return. I think the most ridiculous reasonable adjustment, because what tends to happen is they bring them back on less days, but they never alter the workload…Bring them back on full time but give them less work is a hell of a lot better." This therefore gives cause to think that reasonable adjustments are not necessarily being used in a beneficial way, and many of them are not even considered. This would be an avenue for workplaces to explore more fully.

Regarding the various workplace actions and initiatives for mental health promotion, there was unanimous support for greater consultation of staff as to their needs and/or wishes. "We need to ask what the individual wants"; "The simplest thing is to just ask the staff what's most important to you, because a lot of people will put in initiatives and it makes no difference to anybody and then they just fall flat." There was also support shown for peer-led activities.

Finally, regarding mental health promotion in the workplace, "The key players are senior managers and HR staff"; "The need for improvement would be senior leadership buy in"; "We need a complete cultural overhaul, meaning that attitudes to mental health need to improve at every level within organisations of all types and within government too."

3. DISCUSSION

Our analysis tends to point towards a marked increase in mental health problems. This was also evident in the statements from respondents in the interviews/written feedback.

The data in these generally stem from reported diagnosis, which could be judged to be not most reliable. On the other hand, it is argued that the use of self-completion data collection for sensitive topics can have the effect of reinforcing participants' sense of privacy and encourages honest reporting.

It also has to be said that, as pointed out in the independent review, "There is a large variation in access and waiting times for NHS mental health services, particularly those requiring treatment for severe conditions… Among those who do receive care, too few have access to the full range of evidence-based interventions. Government and NHS bodies need to continue their work to put mental health on a par with physical health. Mental health problems will always exist and we still need improvement in the access to, and quality of, clinical care available through the NHS."

Hard-hit NHS resources means that many people do not have straightforward access to timely and appropriate medical care and treatment, which could be a reason for there being little change in the IHME data based largely on medical and epidemiological data. The 2014 APMS survey revealed that, although one adult in six (17%) surveyed had a common mental disorder, just about two-fifths of those were accessing mental health treatment. This means that three-fifths were not. Therefore, one conclusion is that the IHME data, based to a large extent on medical and epidemiological data, might not portray a wholly accurate picture of the evolution of the trend. From the interviews, the overriding conclusion was that mental health issues were definitely on the increase and that resources had not kept up with population growth and growth in mental health issues.

Our findings demonstrated a strong association between the presence of a disorder and a low household income. Data has shown that a quarter of employees are struggling to make ends meet. Taking that together with the knowledge of increasing job and financial precarity, the changes in living standards, and the low-income growth, all of which have led to a notable increase in child poverty, reflects the challenges faced by many people living in the United Kingdom today.

In the literature, LaMontagne et al. (2014) argue in favour of developing an integrated intervention approach. “An integrated approach to workplace mental health combines the strengths of medicine, public health, and psychology, and has the potential to optimise both the prevention and management of mental health problems in the workplace.”

In the interviews, stigma reduction and training were felt to be key for the effective promotion of mental health in the workplace. In the literature, studies have shown that even one day of manager training (Schwarz E. et al., 2019) leads to improvements in stigma-related knowledge concerning mental health over an observation period of twelve months.

Regarding the identification of managers as key players for mental health promotion in the workplace, the literature provides us with the following: “Managers can use their knowledge and ability to prevent long-term disability, but are also in a position to do harm with inappropriate responses or inaction”. On the other hand, “Managers hold an understanding of workplace issues, are aware of the duties required of the job, and have the authority to implement adjustments to working conditions.

It is, of course, natural that in times of pressure, we feel stressed and anxious. In many cases, this is positive stress, and leads to a rush of adrenalin that helps us to accomplish our tasks. However, if such pressured circumstances become the norm in the workplace, this needs to be acknowledged and addressed and measures taken for it not to lead to mental illness such as depression.

Employers must address these work-related risk factors seriously. The risk assessments need to be carried out and appropriate measures put in place before the employees’ mental health is impacted. There is far less use in assessing risks afterwards.

The sickness rates and cost merely to employers of mental ill-health in the UK demonstrate that, for these reasons alone, whilst the cause of mental ill health is not necessarily work-related, it is to the advantage of employers to know how to effectively manage and minimise the impact of mental ill health at work. In doing so, they will not only reduce their own related costs, but they will contribute to a

larger societal problem in general. In doing so, employers have their role to play as do the Government and health services in general.

In this vein, the issue of presenteeism – when individuals are at work but less productive due to poor mental health – needs to be acknowledged and addressed. Sickness absence rates may have gone down, but data has shown that the cost-effects of presenteeism are far greater. This seems to be one issue that is largely ignored; yet it has one of the greatest cost-related impacts.

The most important aspect is the setting-up of a well-designed and effective workplace wellbeing/mental health policy. The aim should be to put in place a strategy to nip mental health related problems in the bud before they escalate to the point where workers and their workplaces are adversely affected. This requires groundwork and adequate infrastructure, and a workplace culture that nurtures the wellbeing of employees.

Proactive support should also be provided for staff line-managing anybody with mental health problems, including access to human resources and, where necessary, occupational health services.

Stigma is still the biggest issue when it comes down to mental health issues. This was borne out by the interviews carried out with, and the written input received from people working in the field.

Also, a survey recently carried out by Benenden Health found that less than 1 in 10 employees would confide in their employer if they were suffering from a mental health condition. In fact, a recent Business in the Community study found that 15% of the 3,000 employees surveyed said they faced dismissal, disciplinary action or demotion if they talked about their mental ill health with their employer.

Despite the topic of mental health featuring prominently in the news over the past few years, there is still a long way to go before people will feel comfortable admitting to such issues in the workplace. It is, however, possible that the current pandemic which has brought the issue of mental health even more to the forefront, will eventually lead to a greater tolerance, acceptance and understanding of mental health both within and outside the workplace.

The aim of positioning wellbeing at the heart of business planning and job design is twofold – to promote long-term mental health benefits and thereby to boost productivity.

As was shown in the feedback from experts in the field, many initiatives have been put in place, but their impact is short-lived if they are carried out without proper strategic planning and a clearly thought-out framework of action. If fewer than half of businesses have managed to address this over the past three years, there is still a long way to go before the other core standards, let alone the enhanced ones are fully implemented. In order for short-term strategies to be effective, the longer-term strategic planning has to come first.

CONCLUSION

Of course, through this work, we have not addressed the whole issue. However, based on some studies and interviews with experts, we hope that we have brought a contributed to the ongoing discussion among scholars and practitioners on the promotion interventions that are delivered in workplace settings.

For a long time, employers felt that mental health issues were a sign of weakness and not their responsibility. However, the recent national emphasis on mental health has meant that they have come under increasing pressure themselves to look closely at their workplace practices and to adopt measures that ensure that they are treating stress and mental health problems as seriously as physical safety. It has also primarily meant that they are realising that mental health issues – even when they have not originated from the workplace – have serious repercussions on productivity; it is in their best interests to make sure that they play their role in promoting mental health.

In light of the figures of the amounts lost due to mental ill-health, there can be no question that the workplace must play a role in promoting mental health; it is not only in its own interests, but at the same time has a huge knock-on societal effect. The ways in which this can be done are manifold, but there has to be a well-considered strategy and infrastructure surrounding it. Individual and/or one-off initiatives are short-lived and have no real long-term benefits.

The cost of a true mental health strategy and ensuing actions can be considered to be a hindrance, but if return on investment of mental health promotion is as much as 5:1, then educating employers to this effect is of significant priority. Businesses have not all fully recognised the potential, and this is one of the biggest issues that needs to be addressed. Obviously, the Government understood the potential economic and societal impact of mental health interventions in the workplace when requesting the Stevenson/Farmer review at the beginning of 2017. However, the uptake of the core standards issued in that report has been slow, and businesses are not on track. A return of investment of a magnitude of 5:1 has a potential of making a colossal difference to production output which would in turn make a significant difference to the economy and also to employment rates and the standard of living. Employers must have the vision to see the long-term benefits.

The promotion of mental health is a societal issue of prime importance. It is not up to workplaces alone, but workplaces addressing the issue of mental health and positioning wellbeing at the heart of job design and strategic planning will reap benefits, whilst contributing to the greater issue. This can only be a win-win situation.

As for the managerial contribution of this research, it emphasis the urgent need for concrete actions towards dealing with mental health in workplace setting. We also see in our research an opportunity to stress the need for future research from a holistic view to examine the mechanisms, policies and practices that bring about real change in the way mental health is dealt with and therefore have real impact.

This study is not without limitations. We are aware that the size and specificities of our sample might be a limitation for this research. The perceptions of five experts coupled with the datasets collected by the Institute for Health Metrics and Evaluation and UK Government-commissioned research reports would not allow us to extrapolate the results to the whole UK and would not provide all the answers about mental health and the workplace. Therefore, further research is needed to improve our knowledge of the interactions. As a suggestion for further research to strengthen our conclusions, it would be promising to engage in meta-analysis study on factors inherent to ensure successful implementation of practices and policies to support the workplace in managing mental health. We also believe that intervention research based on stakeholders' approach would help to explore

practices and policies that lead to change in the management of mental health in the workplace. Another suggestion would be the possibility to study how managing mental health in the workplace relates to sustainability.

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