



# MENTAL HEALTH IN THE WORKPLACE

Key issues and good company practices

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### 1. Introduction

### **Box 1. Mental health definition and terminology**

World Health Organization (WHO) defines mental health as a “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”(1). The terminology related to mental health is diverse and often used interchangeably, although specific terms are not necessarily synonyms. The most common terms used in relation to mental health conditions are *mental disorder(s)*, *mental illness*, *mental-ill health*, *mental health problems* and *psychosocial disability*. In order to avoid stigma, we took a more neutral and inclusive approach in this report and used the term *mental health condition(s)* which refers to clinical cases (e.g. depressive disorder, mental illness, mental disorder). With regard to sub-clinical cases (e.g. stress) we used the term *mental health problems* or *poor mental health*.

Good mental health is essential in many of life domains such as social relations, family and work. Most people spend a major part of their lives at work, therefore it is very important to address work-related health, both physical and mental. One in four working-age individuals experiences some kind of mental health condition at any given moment, which has not only negative consequences for the individuals, organizations and society (7), but produces broad global costs.

The global cost of mental health conditions is enormous. It was estimated at \$2.5 trillion in 2010, of which two third comes from the indirect costs and the remainder from direct costs (9). According to the OECD, total costs of mental health conditions accounted for 3.5% of GDP in 2010 for both European and non-European countries (7). Proportion of mental health-related costs in the national GDPs for some OECD countries are presented in Table 1. In addition, costs of depression and anxiety for 2007 in the European Economic Area were estimated at €136.3 billion, of which €99.3 billion, were due to productivity losses from employment (11). The OECD undertook a series of reports to investigate how the broader education, health, social and labour market policy challenges are being tackled in various countries. In the UK, mental health conditions count for the most common reason for a disability benefit claim, amounting to almost 38% of all new claims (12). Data from Austria

show over-representation of people with mental health conditions in all benefit schemes, including unemployment (13). Belgium is one of the few countries having in place legislation for mental health, however its implementation is insufficient (14). Common findings among countries were that interventions addressing mental health at work should happen in the earliest stage possible.

Table 1. Proportion of mental health economic costs in the national GDP in some OECD countries

OECD country	Mental health costs (% of GDP)
United Kingdom	4.5
Austria	3.6
Belgium	3.4
Canada	2.8
Netherlands	3.3
Norway	5.0

Individuals with mental health conditions encounter numerous work-related difficulties. Their employment rates are on average 15-30% lower in comparison to the general population. In addition, they are twice as likely to be unemployed, producing major employment gap with great repercussions to the economy. In the workplace, individuals with mental health conditions meet various challenges, such stigma and discrimination as well as problems related to work performance. Workers with mental health conditions are more often absent from work than other workers (32% versus 19%) and for a longer period of time. As much as 74% workers with an ongoing mental health condition who do not take sick leave report lower productivity rates, in comparison to 26% of workers without mental health conditions (7).

The aforementioned challenges have negative consequences for the employer. Due to mental health conditions, organizations are faced with potential substantial economic costs resulting from reduced performance and productivity, increased absenteeism and presenteeism rates (Box 2) (15), providing cover for absent workers, the impact on the productivity and morale of peers and the training and recruitment of new staff (16). For illustration, EU-OSHA (2014) reports on the costs to employer resulting from absenteeism due to work-related depression estimated at €272 billion and costs due to loss of productivity count for approximately €242 billion in Europe (17). In addition, poor mental health is the leading or second most frequent reason for early retirement or withdrawal from the workforce on health grounds (18), producing wider societal direct and indirect costs.

The negative effects related to mental health problems and conditions can be prevented or reduced by developing and implementing appropriate strategies, paying attention to the ongoing fast and profound changes in the nature of work. Identifying relevant challenges and barriers related to workplace mental health and finding effective solutions will benefit individuals, organizations and society, and help to shape the future of work appropriately.

### **Box 2. Presenteeism**

Presenteeism refers to the phenomenon of working during an ongoing condition or injury (5). It results in reduced productivity caused by employees not being fully engaged and performing on a lower level than usual, due to their condition, which can have serious negative effects. For instance, working during sickness includes safety and productivity risks that can cause work-related accidents, equipment breakage, and errors in judgement and in action, reduced quality of work, conflicts and interpersonal problems (8). Although both absenteeism and presenteeism are costly, the economic costs of presenteeism are reported to be much higher than those produced by absenteeism - £15.1 billion per year versus £8.4 billion in the UK (10).

## **2. Business case to address mental health in the workplace**

Considering high negative economic impact of poor mental health in the workplace, as well as the numerous benefits of addressing it, there is a strong business case to tackle issues related to mental health at work. Implementation of successful interventions addressing mental health in the workplace can yield numerous benefits. These benefits typically materialize in form of improved productivity, through reduced absenteeism and presenteeism and lower numbers of compensation claims (19). Moreover, effective actions can result in a positive return on investment (ROI) for the organization. In Australia, for every dollar spent on successfully implemented intervention addressing mental health, there is on average \$2.30 in benefits to be gained by the organisation (19). In the EU, the overall impact of workplace mental health promotion in one year period can produce ROI more than five times greater than costs of investment (20) and ROI generated by workplace programs addressing mental health conditions can range between €0.81 to €13.62 for every €1 expenditure in the program (21).

### **3. Aim of the present report**

The present report provides an overview of key issues related to mental health in the world of work and presents examples of good company practices implementing specific or comprehensive interventions in this area. The practices included in this report have been identified through online search and stakeholder consultation. Although effort has been made to identify relevant and current practices, this is not an extensive and complete list of all existing good company practices addressing mental health. A list of identified companies and corresponding references with further information on the individual company practice can be found in Appendix 1.

Although we recognize the importance of creating stress-free environment and will address briefly mental health and well-being prevention and promotion strategies, the main focus of this report is on strategies addressing workers with ongoing mental health conditions.

In summary, the present report addresses the following topics:

- Economic costs of mental health
- Types of mental health and well-being interventions in the workplace
- Workplace mental health and well-being promotion strategies
- Combating stigma and raising awareness on mental health
- Training of managers on mental health
- Disclosure of mental health conditions and reasonable accommodation
- Disability management and return to work strategies for individuals with mental health conditions
- Comprehensive mental health and well-being strategies

### **4. Mental health interventions in the workplace**

In order to successfully address mental health at work, it is necessary to implement interventions, that can be organized by their type or level of influence.

The three main types of mental health interventions in workplace-based settings are:

- Primary – aim to prevent mental health problems and promote good mental health and well-being, by preventing exposure to stressors and risks at their source and providing

an optimal working environment (e.g. flexible work hours, including workers in decision-making process, etc.);

- Secondary – aim to promote mental health and prevent mental health problems, by focusing on management of current stressors and reducing their impact (e.g. stress management training, time and conflict management, etc.);
- Tertiary – aim to support workers with mental health conditions, by supporting the worker and minimizing the impact of an ongoing mental health condition (e.g. return to work, employee assistance program).

Mental health and well-being interventions can aim at different levels:

- Individual – person-directed, address individual characteristics and generally aim at secondary or tertiary prevention, therefore focusing on providing workers with coping skills;
- Organizational – target policies and practices to prevent the occurrence of stress and other mental health conditions across the entire organization, generally aim at primary prevention strategies.

It is important to emphasize that different types of interventions aiming at different types and levels are complementary and often overlap in practice (Figure 1). Many companies adopt the comprehensive approach to mental health promotion, combining both individual and organizational level interventions.

Figure 1. Types of interventions addressing mental health in the workplace



## 5. Workplace mental health and well-being promotion strategies

Mental health and well-being promotion includes proactive strategies which aim to promote good mental health and/or prevent the occurrence of work-related stress or other mental health conditions. These strategies, intended for all workers, mainly focus on improving working conditions, reducing psychosocial risks at work and/or assisting workers to enhance their own mental health and well-being.

We identified many good company practices in this area, such as Trinity Hotel & Conference Centre (Denmark), Oriflame (Poland), Creativ (Denmark), Upper Austrian Health Insurance (Austria), Radenci Spa (Slovenia), American Express (USA) and Siemens (Germany).

In order to prevent mental health conditions and promote good mental health companies develop and implement strategies that are usually integrated within the broader health and well-being policy. They can include creating a positive and healthy work culture through improving working conditions, facilitating work-life balance and minimizing the risk of

stress. We identified many good company practices in this area (for references please see Appendix 1).

Initiatives that can be implemented to promote good mental health and well-being and prevent the occurrence of mental health conditions are:

- Providing respectful and encouraging work environment
- Flexible working hours
- Policy of not working overtime
- Promotion of healthy lifestyle (availability of healthy nutrition, physical activity interventions)
- Taking action in the case of excessive workload
- Training and assessing manager communication and interpersonal skills
- Promotion of work-life balance (e.g. not calling workers while on their leave)

These initiatives can be supported by various additional measures related to good management skills, such as fair and impartial management style, providing feedback to workers on their performance, including acknowledgement of their good work, weekly information and knowledge sharing meetings and daily update meetings, etc.

It is worthwhile to mention that a growing approach in implementing these initiatives is *gamification* - adaptation and application of game design principles and game interaction elements to workplace processes and behavior (22) in order to enhance workers' mental health and well-being.

For the initiative to be successful it is relevant to include the workers at all levels, from the conception and development to the implementation phase, e.g. by conducting a worker satisfaction survey. A crucial factor for facilitation of these initiatives and to address the challenges and barriers related to mental health is strong commitment from the senior level management.

## **6. Combating stigma and raising awareness on mental health**

One of the greatest challenges around mental health is stigma and discrimination, causing people with mental health conditions being treated unfairly or less favorably. Although a number of health conditions lead to stigmatization, those related to mental health are second only to HIV/AIDS in this regard (23).

Stigma related to mental health affects many aspects of a person's life. It has the greatest impact on work (23, 24) and is experienced across all aspects of the employment process. People with mental health conditions commonly find it more difficult to obtain work. One study found that, out of 778 people with mental health conditions, 39% had been denied a job, 15% had been denied promotion and 34% had been dismissed or forced to resign because of their condition (25). Evidence suggests that many organizations would not wish to employ a person with a psychiatric diagnosis and 60% of employers in the private sector and in small and medium sized companies report they have never knowingly done so (26). Many human resources managers believe persons with mental health conditions are worse at their jobs and consequently, they are more likely to request 'further information' if an appointee reveals such history (27).

Workers with an ongoing mental health conditions experience stigma and discrimination in the workplace. Literature demonstrates that one third of employers would not believe information on a sick note from a worker with a mental health condition. Compared to physically ill colleagues, workers returning from a period of sick leave related to mental health condition are likely to be more closely questioned, to be demoted or to be increasingly supervised or even being dismissed. In one study 6.3% of workers with a serious mental health condition reported to had been fired, laid off or told to resign. Therefore, this group of workers might be reluctant in taking sick leave and decide to stay at work, which can both worsen their condition and negatively affect business (28).

Recognizing the importance of addressing stigma around mental health, many employers successfully implemented mental health awareness and anti-stigma campaigns that yielded positive results. In 2010, **Bell** launched one of the most successful awareness campaigns in Canada. The company decided to bring mental health directly into the national conversation by starting a national-wide *Bell Let's Talk* initiative built on four key pillars:

- Combating stigma
- Improving access to care

- Supporting world-class research
- Leading by example in the workplace

The company allocated great resources to mental health and organized fundraising for every message of support sent on the annual Bell Let's Talk day. As awareness grew quickly through the support of political figures, community and healthcare leaders, Canadian and global celebrities, sports teams, the business community and even Bell competitors. With the start of social media messaging on Bell Let's Talk Day 2013, the level of engagement grew by leaps and bounds each year. In September 2015, the fifth anniversary of the initiative, Bell announced a further five-year commitment to Bell Let's Talk and a total pledge of \$100 million to Canadian mental health (29).

Another positive example of a successful mental health awareness campaign is *Time to Change* - a campaign to end stigma and discrimination, launched in 2007 in England. One part of the campaign is *The Time to Change Employer Pledge* - an aspirational statement indicating to workers, service users and the public that an organisation wants to take action to tackle stigma and discrimination around mental health, focusing particularly on the workplace (for more details please see: <https://goo.gl/hPsqnY>).

One of the 384 employers that have signed the pledge so far is **Marks and Spencer (UK)**. The company developed a mental well-being initiatives, which resulted in a company-wide conversation on mental health and proved to be effective in helping people to talk about sensitive issues. The company applied a comprehensive program including:

- Intranet portal, offering advice and resources for workers, emphasizing the connection between physical and mental health;
- Discussion groups involving workers and managers, to encourage workers in talking openly in a safe and supportive environment;
- Establishing *Mental Wellbeing Awareness Week* and providing a targeted engagement campaign to raise awareness on available support and encourage conversations around mental health.

**Ernst and Young (UK)** is another employer who signed the *Time to Change* pledge. Through the education program *Healthy EY Mental Health First Aid (MHFA, Box 3)* was

implemented, equipping workers with skills to recognise the early signs and symptoms of poor mental health and to guide themselves and others to get the right support at the earliest possible stage. There are currently 350 workers in the company trained as Mental Health First Aiders.

Other good examples of company practices addressing stigma of mental health in the workplace are Anglian Water, Unilever and BT in the UK and CitiBank in Australia. Anti-stigma and awareness campaigns present an initial step in providing safe and supportive professional environment for workers with mental health conditions, needed to ensure that

### **Box 3. Mental Health First Aid (MHFA)**

MHFA is a training program that teaches people how to give help to somebody who is experiencing some kind of mental health conditions (for example depression, anxiety, psychosis) or mental health crisis (suicidal thoughts, non-suicidal self-injury, traumatic events, panic attacks). The first aid is given until appropriate professional treatment is received or until the crisis resolves. Participants of the training learn how to recognize signs of mental health conditions and interact with affected person. First Aiders do not take on the role of professionals, they do not diagnose or provide any counselling or therapy. Instead, the program offers concrete tools and answers key questions, like “what do I do?” and “where can someone find help?”

The positive outcomes of MHFA for the business include tackling prejudice and stigma, assisting workers with mental health conditions to remain in work, a reduction in sickness and absence, and the promotion of emotional and mental health wellbeing (4).

Further information available:

<https://mhfa.com.au/>

<http://www.mentalhealthfirstaid.org/cs/>

they enjoy the same rights at work as their colleagues without mental health conditions.

## **7. Manager Training**

Managers on all levels, including line managers, play one of the key roles in promoting a culture that is positive towards mental health and supporting individuals with mental health conditions in the workplace (30). One of their main concerns could be how to respond in an

appropriate manner to workers experiencing mental health conditions. Hence, it is relevant to educate them on how to:

- Conduct a conversation with workers who (might) have a mental health condition,
- Provide workers reasonable accommodation,
- Support workers during any leave period, and
- Support them to re-integrate back to work after a leave (30).

To handle challenging situations, it is essential that line managers learn the following:

- Know when the time has come to act – spot the problems early on and act immediately,
- Get the basics right, regardless what has triggered the conversation - focus on the problem, not the person and find a solution to the problem together,
- Enhance the listening and feedback skills – good communication skills are essential (1. listen, 2. think, 3. respond), feedback can be both positive and negative but must always be factual and constructive,
- Establish a rapport during a conversation – it is important to understand worker feelings or ideas and communicate well (31).

While in some cases workers raise the issue themselves, in other cases managers need to take action. A manager does not need to know all the medical or personal aspects of the health condition. Their role is simply to enable the person to do their job, in a positive and supportive manner, by exploring the issues and seeing what can be done to help. It is crucial to respect a person's privacy and confidentiality in the process (30, 31).

## **8. Reasonable accommodation and disclosure of mental health conditions**

People with mental health conditions, may require particular accommodations in the workplace in order to function effectively – this is usually referred to as *reasonable accommodation, reasonable adjustment* or *workplace accommodation*.

Reasonable accommodation refers to necessary and appropriate modification and adjustments at the workplace to ensure a person can exercise her right on equal basis with others (32). It applies to access to employment, participation or advancement in employment and undertaking training. Therefore, reasonable accommodation can be implemented either as an initial measure when obtaining employment, during employment (as a way of ensuring job

retention) and as part of return-to-work (RTW) measures. By their nature, reasonable accommodation measures are simple and inexpensive.

Employer does not have to provide reasonable accommodation to a person who does not have the capacity to do a particular job, however they also cannot decide that a person is incapable of doing a job without considering whether there are appropriate measures that could be taken to provide reasonable accommodation for the individuals with disabilities, including persons with mental health conditions (30).

Some examples of reasonable accommodations might include:

- Flexible work schedules or start times;
- Reduced distractions or noise in the work area;
- Working from home or telecommuting;
- Written directions and task lists;
- Regular written or verbal feedback;
- Flexible break schedule;
- Private, quiet space to rest during a break;
- Use of a job coach (2).

In order to receive reasonable accommodation, a worker needs to disclose his/her condition, which can be a “double-edged sword”. A person may be reluctant to disclose their condition due to the fear of discrimination, harassment or reduced opportunities for recruitment and career progression. This often leads to persons with mental health conditions not requesting an accommodation. As mentioned previously, a stigma-free environment and well prepared line managers play a crucial role in ensuring an open and supportive environment at work where workers can talk about any problems they have and seek help early (33).

The National Institute for Disability Management and Research (NIDMAR) suggests careful planning in preparing a RTW plan and determining accommodations for a worker with a mental health condition (34), that should include the following information:

- What symptoms or limitations is the worker experiencing?
- How do these symptoms or limitations affect the person and their job performance?
- What specific job tasks are problematic as a result of these symptoms and limitations?
- What accommodations are available to reduce or eliminate these problems? What can a worker, supervisors or (where appropriate) co-workers suggest that would help?
- Are all possible resources being used to determine possible accommodations?
- Do supervisory personnel and workers need training and education regarding stress and depression management?

Providing reasonable accommodation to the worker is good both for their performance and for business itself. The practical and economic benefits of providing reasonable accommodations are substantial, both for employers and workers. While many accommodations are without economic cost, or are low-cost, even those accommodations that involve some expense frequently yield substantial rewards, including the economic benefits of improved productivity and performance and of worker job satisfaction (34).

## **9. Disability management and return to work programs**

Disability management (sometimes referred to as *absence management*) refers to a set of practices designed to minimise the disability impact of injuries and health conditions that arise during the course of employment (35). Unfortunately, integration and reintegration into work strategies have been poorly addressed for workers with mental health conditions.

Return to work (RTW) is a key part of disability management and one of the relevant components of an individual's recovery from a mental health condition. The workplace can play an important role in ensuring a successful return. Since people with mental health conditions are an important part of the human capital needed for successful business, facilitating their return to work will ensure that their knowledge and skills are not lost to the workplace.

The following actions are considered a good practice in supporting workers' return to work and/or managing the condition while at work, such as:

- Maintaining contact throughout the absence, supporting the individual and their contribution to the organization;
- Planning well the moment of return, taking into account necessary adjustments/reasonable accommodation measures;
- Communicating with colleagues about the issue respecting person's wishes, paying attention to confidentiality;
- Treating a worker exactly the same as others regardless of the condition, unless a person asks for specific assistance (30).

As illustrated in the following examples, RTW programs can include segments of different interventions, which can be tailored to individual's needs. Box 4 presents Individual Placement and Support (IPS) - another strategy that can be used in RTW and disability management.

**PepsiCo (UK)** achieved a great success with implementing a mental health program. Mental health was number one reason for sickness absence and the biggest contributor to work days lost in the organization, with an average absence of almost 40 days. Although the organization already had in place a counselling-based approach to mental health problems, the results were not completely satisfying. The critical point was reached after two suicide attempts among workers. Pepsi partnered with *RehabWorks* (injury management and rehabilitation services) and implemented cognitive-behavioural therapy (CBT) service. The intervention outcomes were measured on several scales - work outcome, clinical outcome using special questionnaires, worker satisfaction and the impact on the historic average absence for each event of about 40 days. Furthermore, workers got a quicker access to book an appointment at the point of referral. The pilots were run for six months concluding in late 2014, with astonishing results both on the individual and organizational level. Workers entered the program with moderate symptoms and left with symptoms rated considerably below of the general population. Business-wise, results suggested 20-1 ROI that could generate potential savings in the region of £200,000 per year.

#### **Box 4. Individual Placement and Support (IPS)**

Individual Placement and Support (IPS) Supported Employment programs are evidence-based programs that help people with mental health conditions enter employment that fits their preferences as well as return to work after the sickness absence. Once a person has entered the labour market, IPS provides an ongoing workplace support (2). Over time, the aim is to gradually withdraw the initial intensive support, until the person is supported by his or her co-workers or natural support systems. Focus of the program is on individual choice and best use of their skills to achieve long term job retention (6).

**Royal Mail (UK)** introduced the early intervention and case management service. The organization encountered high rates of worker absenteeism, mainly related to mental health, musculoskeletal issues and accidents. Long-term absence accounted for almost 66% of all absence. When the key areas of musculoskeletal and mental health were addressed, the managers did not feel comfortable to carry out conversations with people who had been on long-term sick leave. This alerted the organization to focus on more integrative approach and led to a partnership with an occupational health specialist who offered support on the issue. To make the next step possible, the company needed buy-in from across the business,

including teams from human resources, advice and support, the service centre, disability, line managers and information technology. The plan was designed to give control back to the business and helping their people instead of National Health Service (NHS). The goal was to ensure for people to come back to their jobs as soon as possible. An initial small-scale pilot was carried out to test the service. Compared to a control group, absences were 22 days shorter for mental health and 12 days for musculoskeletal conditions. Since the pilot had complicated data protection issues adding about ten days to the outcome figures, a larger-scale pilot was funded and carried out involving 312 cases, again at an early intervention (28-day trigger point). This study also included the logistics staff who move mail around the country. Results were again positive – compared to control group, absence was cut by 37 days for workers with mental health conditions and for musculoskeletal by 28 days (36).

**American Airlines (USA)** successfully implemented a disability management program. Due to high healthcare costs caused by “mental and nervous conditions”, the company created a proactive integrated approach to address disabilities associated with these conditions. An interdisciplinary team, consisting of *Employee Assistance Program* (EAP) personnel, case managers, a consulting external psychiatrist and clinicians across the country, would organize monthly conference calls to review cases and ensure they were being handled appropriately and at the right time. This improved communication and consistency between all the involved stakeholders. The outcomes of the programs were positive, enabling mechanisms of reasonable accommodation for workers that consequently reduced the duration of both disability claims and the number of mental health-related claims.

As illustrated in the next section, RTW and disability management can also be embedded in a more comprehensive approach and/or be a part of EAP (Box 5).

## **10. Good company practices implementing a comprehensive approach to mental health at work**

Some organizations adopted a comprehensive approach in addressing mental health at work. Below are described some good company practices which focus on improving mental health and well-being of the workers and/or to manage occurring mental health conditions.

**BT (UK)** adopted a three-part framework on mental health that included a) promoting health and preventing health conditions, b) identifying problems and intervening at an early stage and c) supporting and rehabilitating workers with mental health conditions. Information about mental health and well-being were available through accessible intranet, in-house company newsletter and road shows. Recognizing early signs of distress and implementing an early intervention was achieved through manager training and stress risk assessment tool along with a well-being passport scheme (a confidential document drawn up by the worker and employer describing how worker would like to be managed/supported during difficult periods). The company offered support for workers with mental health conditions through availability of services tailored to the severity of the condition, ranging from self-help material, training on how to manage mental health in the workplace, to counselling and an advice line, and more specialised support (for example, cognitive behavioural therapy). Company's mental well-being strategy resulted in 21.5% reduction in annual mental-health related sickness absence between June 2010 and June 2012.

**Dundee City Council (Scotland)** aimed to increase the moral in the department and reduce turnover and absenteeism rate, through implementing a comprehensive intervention, addressing both individual and organizational level. The following individual-level initiatives were implemented:

- A confidential worker counselling service,
- A rolling programme of stress management training and stress management workshops,
- Team development days,
- Input into worker induction processes.

Organizational-level initiatives included:

- Introduction of family friendly policies,
- Flexible working hours,
- Stress management and risk assessment policies and procedures,
- Management development programmes,
- Mediation Service,
- Mandatory stress management training for managers.

The Staff Support Service continues to reduce absenteeism, staff turnover and its associated costs. In the second year of being established, the Social Work Department of Dundee City Council saved circa £150K (165.000€) on sickness absence due to reduction in stress, anxiety

and musculoskeletal problems. Workers regularly report they did not require to go off work, or returned sooner than expected, due to the support offered by the service.

**Azienda Transporti Mianesi (Italy)** created a special unit for social services and occupational medicine within human resources management (DRU-S) consisting of a welfare worker, a psychologist and a food scientist, with the aim to promote health and well-being of workers by implementing different interventions. Among other interventions, the company adopted measures to deal with cases of stress due to trauma (accidents, suicides and violence in the workplace) with post-traumatic stress rehabilitation, rehabilitative treatment and psychiatric interventions. Free counselling sessions and internal services are being offered to the workers with mental health conditions.

**Hennepin County (USA)** encountered high rates of poor mental health among workers – 53% indicated emotional concerns, and depression rate in the overall workforce was 2% higher than in comparable government areas. Three of the top ten prescription drugs used by assessment participants were antidepressants. The team was encountering higher disability claims and increased requests for workplace accommodations from workers with primary or secondary diagnoses of depression, as well as increased requests from supervisors for programs on emotional health topics. Several factors contributing to the situation were identified. For example, unlimited lifetime coverage for mental health claims was in place in disability benefit scheme, however there were only limited RTW programs that could deal with mental health absences. The company implemented mental health screening, manager training, early intervention and EAP. Program resulted in gratifying positive feedback from supervisors and the substantial ROI. After a one-year review new approach has realized ROI of \$81 to \$1 on their reserve. These results overpower disability insurance industry standard of \$22 to \$1 ROI for case management and \$27 to \$1 for comparable preventive case management programs.

**JP Morgan Chase Bank** has identified depressive, bipolar and anxiety conditions as major concerns in terms of health care and pharmaceutical costs, productivity and disability. The organization implemented a strategy with several aspects:

- Mental health screening questions included in the health risk appraisal process and mental health follow-up messages,
- Training of managers on how to recognize signs of depression and anxiety as well as how and when refer workers to EAP,

- Stress management seminars,
- Internally managed EAP is coordinated with disability management to ensure workers receive proper treatment, to enhance adherence, and to address RTW,
- Follow-up supportive counseling.

Earlier identification and process changes in disability management in the company, including part-time work, has resulted in workers returning to work a week sooner and reduced recidivism by about 50%.

**The San Francisco Giants**, a major-league baseball team in the USA, began their internal EAP in 2001 to address staff problems and problems specific to the sports industry. The program is available both for current and retired workers. Whilst the EAP is open to all

#### **Box 5. Employee Assistance Program (EAP)**

Employee assistance program (EAP) is an employer or group-supported program designed to alleviate workplace issues due to mental health, substance abuse, personal and workplace issues. The goal of the program is to have a positive effect on worker productivity and organizational performance (3). EAP is considered to be a vital comprehensive tool for maintaining and improving worker health and productivity, retaining valued workers and returning them to work after illnesses or injuries. The EAP have been shown to contribute to decreased absenteeism, greater employee retention, significantly reduced medical costs arising from early identification and treatment of individual mental health conditions, etc.

workers and their families the strong emphasis is placed on the organisation's *six minor league* teams spread across the US. The service is also available to workers in countries where the team maintains development programs. Information is published on the intranet, through presentations and at training sessions by word of mouth. Players, coaches and managers in the minor leagues found the EAP a valued resource, and older players facing the prospect of being replaced by younger ones advancing in their careers, gained comfort and support from the EAP.

**Cisco (USA)** has established EAP containing eight free counseling sessions. In case the treatment exceeds eight sessions, workers are referred to their behavioral health plan. An important feature of the EAP is consultation service for managers and supervisors, where

they can get help in handling difficult situations related to their manager role. The company is dedicated to measuring outcomes such as changes in worker health risk, quality of life indicators, absenteeism, presenteeism and productivity. In addition, it collaborates with Harvard Medical School in a two-year study to compare two types of treatments for depression, anxiety, fatigue, and/or sleep disorders.

## **11. Concluding remarks**

The workplace can provide a vital setting for promoting good mental health. Many employers, mainly in the OECD countries, recognise the important role they can play in enhancing mental health and productivity of their workforce, and they work hard in an innovative way to have a positive influence.

Employers can take different approaches in addressing mental health in the workplace. It needs to be considered that strategies implemented often overlap and cannot be looked at as individual phenomenon (as illustrated on Figure 1). Therefore, when possible it is advised to take comprehensive approach when addressing mental health of workers.

As illustrated in the different examples of good company practice, organisations that implement good mental health policies and programs often find financial benefits in doing so, realised through reduction in days lost through sickness absence and improvements in staff turnover and employee satisfaction.

Tackling key issues related to mental health at work address some of the challenges related to the future of work. Positive effects of implementing strategies and practices on mental health help to meet these challenges by changing the way people and companies conduct work. With this they are creating positive, inclusive and successful work in the future.

## 12. Literature

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## Appendix 1.

Table 2. Some identified organizations providing examples of good company practices addressing mental health on different levels

Company	Mental health and well-being promotion	Mental health stigma and awareness	Disability management and return to work
Trinity Hotel & Conference Centre (Denmark)	x		
Oriflame (Poland)	x		
Creativ (Denmark)	x		
Radenci Spa (Slovenia)	x		
Siemens (Germany)	x	x	
AnglianWater (UK)		x	
Ernst & Young (UK)		x	
JP Morgan Chase Bank	x		x

Marks & Spencer (UK)	x	x	
Unilever (UK and Ireland)	x	x	
CitiBank (Australia)	x	x	
Upper Austrian Health Insurance (Austria)	x	x	
Azienda Trasporti Milanese (Italy)	x	x	x
San Francisco Giants (USA)	x	x	x
Cisco (USA)	x	x	x
Dundee City Council (Scotland)	x	x	x
BT (UK)	x	x	x
American Express (USA)	x	x	x
Hennepin County (USA)		x	x
PepsiCo (UK)			x
American Airlines (USA)			x
Royal Mail (UK)			x

Table 3. Reference list of good company practices

Company	Source of information
Marks and Spencer (UK)	<a href="http://www.bitc.org.uk/sites/default/files/bitc_mental_health_were_ready_to_talk_2014.pdf">http://www.bitc.org.uk/sites/default/files/bitc_mental_health_were_ready_to_talk_2014.pdf</a>
Trinity Hotel & Conference Centre (Denmark)	<a href="http://www.enwhp.org/fileadmin/downloads/8th_Initiative/Models_of_good_Practice/Denmark_Trinity_Hotel.pdf">http://www.enwhp.org/fileadmin/downloads/8th_Initiative/Models_of_good_Practice/Denmark_Trinity_Hotel.pdf</a>
Oriflame (Poland)	<a href="https://osha.europa.eu/en/tools-and-publications/publications/work-family-balance-and-employees-participation-programme">https://osha.europa.eu/en/tools-and-publications/publications/work-family-balance-and-employees-participation-programme</a>
Anglian Water (UK)	<a href="https://www.employeebenefits.co.uk/anglian-water-raises-awareness-of-mental-health/">https://www.employeebenefits.co.uk/anglian-water-raises-awareness-of-mental-health/</a>
Unilever (UK and Ireland)	<a href="http://www.bitc.org.uk/our-resources/case-studies/unilever-uk-ltd-%E2%80%93-mental-wellbeing-programme">http://www.bitc.org.uk/our-resources/case-studies/unilever-uk-ltd-%E2%80%93-mental-wellbeing-programme</a>
Creativ (Denmark)	<a href="http://www.enwhp.org/toolbox/pdf/1002191159_Creativ-Company.pdf">http://www.enwhp.org/toolbox/pdf/1002191159_Creativ-Company.pdf</a>
Upper Austrian Health Insurance (Austria)	<a href="http://www.enwhp.org/toolbox/pdf/1104081109_Austria%2520-%2520O%25C3%2596GKK%2520-%2520MOGP.pdf">http://www.enwhp.org/toolbox/pdf/1104081109_Austria%2520-%2520O%25C3%2596GKK%2520-%2520MOGP.pdf</a>
Azienda Trasporti Milanese (ATM, Italy)	<a href="https://osha.europa.eu/data/case-studies/health-in-the-workplace-innovation-in-relationships-atm/view">https://osha.europa.eu/data/case-studies/health-in-the-workplace-innovation-in-relationships-atm/view</a>
San Francisco Giants (USA)	<a href="http://www.workplacementalhealth.org/mhw122011">http://www.workplacementalhealth.org/mhw122011</a>
Cisco (USA)	<a href="http://www.workplacementalhealth.org/mhw1stqtr2008">http://www.workplacementalhealth.org/mhw1stqtr2008</a>

PepsiCo (UK)	<a href="http://www.wsandb.co.uk/wsb/profile/2410389/profile-how-pepsi-is-saving-minds-and-money-with-its-cbt-support">http://www.wsandb.co.uk/wsb/profile/2410389/profile-how-pepsi-is-saving-minds-and-money-with-its-cbt-support</a>
CitiBank (Australia)	<a href="https://www.ahri.com.au/_data/assets/pdf_file/0011/5123/HRM_October_2012_Employee_health.pdf">https://www.ahri.com.au/_data/assets/pdf_file/0011/5123/HRM_October_2012_Employee_health.pdf</a>
Dundee City Council (Scotland)	<a href="https://osha.europa.eu/data/case-studies/dundee-city-council-an-intergrated-staff-support-service/view">https://osha.europa.eu/data/case-studies/dundee-city-council-an-intergrated-staff-support-service/view</a>
Radenci Spa (Slovenia)	<a href="http://www.enwhp.org/toolbox/pdf/1104081218_Slovenia_Zdravilisce_Radenci.pdf">http://www.enwhp.org/toolbox/pdf/1104081218_Slovenia_Zdravilisce_Radenci.pdf</a>
Siemens (Germany)	<a href="https://www.siemens.com/global/en/home/company/sustainability/health.html">https://www.siemens.com/global/en/home/company/sustainability/health.html</a>
BT (UK)	<a href="http://www.btplc.com/betterfuture/betterfuturereport/pdf/2011/Our_people.pdf">http://www.btplc.com/betterfuture/betterfuturereport/pdf/2011/Our_people.pdf</a>
Ernst & Young (UK)	<a href="http://www.hrmagazine.co.uk/article-details/ernst-young-pledges-to-tackle-workplace-mental-health-issues">http://www.hrmagazine.co.uk/article-details/ernst-young-pledges-to-tackle-workplace-mental-health-issues</a>
Royal Mail (UK)	<a href="http://www.wsandb.co.uk/wsb/profile/2401280/profile-why-royal-mails-commitment-to-addressing-absence-is-delivering-results">http://www.wsandb.co.uk/wsb/profile/2401280/profile-why-royal-mails-commitment-to-addressing-absence-is-delivering-results</a>
American Airlines (USA)	<a href="http://www.workplacementalhealth.org/mhw4thqtr2006">http://www.workplacementalhealth.org/mhw4thqtr2006</a>
JP Morgan Chase Bank	<a href="http://www.workplacementalhealth.org/mhw1stqtr2007">http://www.workplacementalhealth.org/mhw1stqtr2007</a>
American Express (USA)	<a href="https://mentalhealth.blr.com/News/1105/Workplace-best-practice-AmEx-healthy-minds">https://mentalhealth.blr.com/News/1105/Workplace-best-practice-AmEx-healthy-minds</a>
Hennepin County (USA)	<a href="http://www.workplacementalhealth.org/mhw32011">http://www.workplacementalhealth.org/mhw32011</a>