



CATÓLICA-LISBON

CENTER FOR RESPONSIBLE
BUSINESS & LEADERSHIP

MENTAL HEALTH IN THE WORKPLACE

A STATE OF ART AND GUIDELINES FOR ACTION



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BUSINESS & ECONOMICS



This research note was developed by the Center for Responsible Business & Leadership (CRB), a unit of Católica Lisbon School of Business and Economics, in partnership with the three authors José Sintra, Catarina Carvalho, and Maria Garcia Guerra. The Center is a strategic initiative in CATÓLICA-LISBON's ambition to be a catalyst for IMPACT creation, through knowledge development and innovation, in order to place responsible business at the core of corporate strategy. Responsible Business (RB) is becoming an essential part of corporate strategies and the CRB aspires to develop critical knowledge among students and executives to face the sustainability trends as opportunities. Our aim is to contribute to CATÓLICA-LISBON mission to be a top business school and create a position of intellectual leadership, while finding the right answers for the world's toughest challenges.

We believe that corporations able to act as a [Responsible Business](#), integrating economic, social and environmental dimensions into their strategies and culture, will be the leading companies of the future



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1. Introduction

In recent years, the search for greater market differentiation, competitive advantage, and increased productivity has been driving organizations' strategic plans (World Economic Forum, 2020). Moreover, the transformation of work, e.g. skills, processes and technologies, has led to a greater emphasis on organizational resources, including human capital (Kowalski & Loretto, 2017).

In terms of the development of human capital, a growing body of scientific and business literature (e.g. Edwards et al., 2008; Petty et al., 1984) emphasizes the importance of workers' mental health and wellbeing. Scholarship mainly refers to the impact of adverse conditions, such as stress, burnout, depression, and anxiety, on the levels of individual productivity and organizational outcomes (Kowalski e Loretto, 2017).

Conditions such as stress, anxiety, depression and burnout, in conjunction with the lack of a structured management program to address mental health problems at work, can hurt organizational performance, attractiveness, reputation and bottom line (OCDE, 2018). One evidence is the recent study from OECD that estimates costs of 600 billion euros per year in European countries due to direct (e.g. health-related expenses) and indirect costs (e.g. absenteeism, presenteeism, loss of productivity) caused by poor mental health at work (OCDE, 2018).

Therefore, prioritising workers' well-being at the forefront of Human Resources (HR) and organizational strategy is a priority (Kowalski & Loretto, 2017). Nonetheless, despite the evidence of the adverse financial and reputational outcomes provided by the scientific community, there's still a lack of commitment and financial investment in health and wellbeing programs.

This Research Note aims to analyse mental health at work, exploring the problem's origins, how it affects both individual and organizational performance and the bottom line. It also provides a business case for action and a four-step implementation model that organizations can use as a blueprint to design their well-being program and encourage more responsible and healthier organizations.

The research note starts with "The Challenge" in which mental health is defined. It is followed by a "Why does mental health matter to business?" section in which we explore some of the main dimensions that have an impact on mental health at work, and we highlight the costs

related to stress, burnout and poor mental health. The section "Situation in Portugal" describes the situation in Portugal, based on data collected from a survey of Portuguese CEOs carried out under the scope of this research note. In the section "How can companies implement a mental health management program?", we propose an implementation model through which companies can develop a well-being strategy or complement the initiatives that already have in place.

Lastly, we conclude our research note with the main conclusions and a call to action.

2. The challenge

According to the World Health Organization, Mental health is defined as "a state of well-being in which every individual realizes their potential, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to her or his community". Moreover, the Global Wellness Institute (GWI), defines mental wellness as "an internal resource that helps us think, feel, connect, and function; it is an active process that helps us to build resilience, grow, and flourish".

The World Health Organization (WHO) reports that globally about 300 million people are suffering from depression, while 260 million are suffering from anxiety. Translated into values, mental health can cause a loss of organizational productivity up to a trillion dollars, per year. Moreover, the WHO has stated that, by 2030, depression is expected to be the major cause of illness in the world (WHO, 2008).

Before the COVID-19 outbreak, mental health-related issues were already a reality worldwide (Kwong et al., 2021). However, since the pandemic's beginning, mental health deterioration has been an even more persistent reality (Task Force Ciências Comportamentais, 2021). While depression numbers were similar during the pre-pandemic and the pandemic periods, anxiety has almost doubled (Kwong et al., 2021).

Accordingly, the American Psychiatric Association (APA) states that the stigma around mental health poses one of the major challenges in the workplace (APA, 2019). Evidence from a study conducted by APA (2019) demonstrates that more than one in three individuals do not ask for help at work when it comes to mental health, as they are concerned about retaliation and even losing their jobs.

In fact, fear of stigmatization, lack of financial support, and accessibility to services limit individuals from asking for help. Therefore, the stigma around mental health is undeniable: society still places shame on those who speak openly about mental illness and ask for support.

Also, the United Nations Organization sustains that most of the necessities related to mental health are being ignored and that the barriers to overcoming mental health issues are mainly caused by the small investment in this issue. However, the tendency is for employers to increasingly address the stigma around mental illness, according to the APA Foundation's Center for Workplace Mental Health (APA, 2019).

Organizations have traditionally viewed well-being and mental health as a "nice-to-have" rather than a "must-to". However, the COVID-19 pandemic has changed the way individuals understand their relationship with work (Lund, Madgavkar, Manyika, Smit, Ellingrud, Meaney & Robinson, 2021), prompting a paradigm shift in the way organisations respond to employees' expectations.

There is a growing body of literature that recognizes the importance of well-being and mental health at work on the quality of life of employees and the financial sustainability of an organization. Moreover, companies have a crucial role that goes beyond generating profit. Now, more than ever, society expects companies to incorporate ESG - Environmental, Social and Governance – standards, acting as agents of social change (Gassmann, Herman & Kelly, 2021).

A study of 31,000 employees, from 31 countries, published by Microsoft (2022), shows that in the post-pandemic, individuals are recognizing wellbeing as an important component of workplace experiences. People report a greater need for prioritizing health, wellbeing, and family over work to pre-pandemic times and they wish to better integrate those needs through "how" and "where" they work (Microsoft WTI, 2022).

Another study (Deloitte Mental Health and Employers, 2022), noted that the COVID-19 pandemic has significantly changed the way organizations look at, and manage, the health and well-being of their workforce. The environment of the last two years has reinforced the importance of well-being at work, making occupational and mental health a priority on the agenda of the world's leaders (Deloitte, 2022).

In its latest report, the World Economic Forum (2022) proposes "The Good Work Framework", where health and wellbeing appear as one of the five critical objectives to ensure the quality of work in the future (WEF, 2022). This approach makes it clear that our workplaces and economies

cannot function well without addressing these issues, so markets and investors have become increasingly aware of this risk as well as an opportunity.

3. Why does mental health matter for business?

Ensuring good work conditions can have wide-ranging benefits for economies, societies and businesses. For employers, providing good work leads to more motivated, engaged and healthy employees; better productivity; and better attractiveness to talent – especially important in the context of the so-called “Great Resignation”¹ (WEF, 2022).

Over the past years, mental health in organizations has been considered a *Cinderella subject*, unanimously accepted but commonly neglected (Cox, Leka, Ivanov and Kortum, 2004, cited in Sivris & Leka, 2015). To overcome this matter, employers need to interpret mental health as a permanent and crucial business issue and not just as a reaction to single episodes of illness (Singhal, Finn, & Stueland, 2021).

To better understand the risks associated with mental health, we include four dimensions that, according to research, are related to poor mental health at work: 1) psychosocial risks, 2) stress and 3) technostress at work, and 4) burnout (Dragano & Lunau, 2020).

3.1) Psychosocial risks

Economic and technological advancements profoundly changed the paradigm of the type of workers we now encounter in modern organizations. They are known as “knowledge workers”. Besides ergonomic and contextual risks, including work conditions such as, for example, lack of natural lighting and noise, there is a group of risks that organizations need to address to effectively promote health and wellbeing: psychosocial risks.

According to International Labour Organization (ILO), psychosocial risks can be defined as “the interactions between the work environment, work content, organizational conditions, and the worker's abilities, needs, culture, and personal considerations outside of work that may, through

¹ The Great Resignation, a term coined in May 2021, describes the record number of people leaving their jobs since the beginning of the pandemic. After an extended period of working from home with no commute, many people have decided their work-life balance has become more important to them (WEF, 2022).

perception and experience, influence health, work performance, and job satisfaction” (ILO, 1986).

There are four main drivers of change at work, that intensify the negative impact that psychosocial risks have on employees’ well-being and mental health: organization of work, work content, type of employment relationship, and working hours (Ramos, 2016).

The European project PRIMA-EF proposed a framework for psychosocial risk management that includes the major work-related psychosocial hazards, shown in the table 1, that contribute to the deterioration of workers' health and well-being, particularly in cases of lack of coping skills and failure to manage change (PRIMA-EF, 2008).

Table 1 - Psychosocial Risk Management - European Framework

Factors	Risks
Job content	Lack of variety or short work cycles, fragmented or meaningless work, underuse of skills, high uncertainty, continuous exposure to people through work
Workload & work pace	Work overload or under load, machine pacing, high levels of time pressure, continually subject to deadlines
Work schedule	Shift working, night shifts, inflexible work schedules, unpredictable hours, long or unsociable hours
Control	Low participation in decision making, lack of control over workload, pacing, shift working, etc.
Environment & equipment	Inadequate equipment availability, suitability or maintenance, poor environmental conditions such as lack of space, poor lighting, or excessive noise
Organizational culture & function	Poor communication, low levels of support for problem-solving and personal development, lack of definition of, or agreement on, organizational objectives
Interpersonal relationships at work	Social or physical isolation, poor relationships with superiors or co-workers, interpersonal conflict, lack of social support
Role in organization	Role ambiguity, role conflict, and responsibility for people
Career development	Career stagnation and uncertainty, under promotion or over-promotion, poor pay, job insecurity, low social value to work
Home-work interface	Conflicting demands or work and home, low support at home, dual-career problems

Source: Adapted from PRIMA-EF, 2008

Although many countries, including Portugal, have encompassed the legal obligation of periodically assessing the presence of psychosocial risks at work, there is still a large proportion of organizations that fail to address this subject.

The misidentification of the main sources of stress at work, due to the lack of psychosocial risks assessment, contributes to the intensification of the feelings of stress at work, as we will address in the following section.

3.2) Stress at work

Work-related stress is a typical phenomenon in today's societies. On the one hand, stress is a product of the observed perception of the form and pace of work, and on the other hand, the outcome of the diversification of the psychological and social functional attributions that work represents for each person (Magalhães & Faria, 2014). This way, we are witnessing an increase in work-related stress, which, according to the European Agency for Safety and Health at Work (EU-OSHA, 2014) is on the rise in the Western world, with negative effects on health and well-being of workers.

Due to the costs and effects associated with work stress, both for individuals and organizations, several authors have been interested in understanding this phenomenon. Research has pointed out several factors for the emergence of work-related stress. They range from the characteristics of the role played and the type of leadership, the nature of the work performed and the quality of relationships established with colleagues and the organization (Benmansour, 1998; Chan and Hui, 1995; Pithers and Soden, 1998, as cited in Magalhães & Faria, 2014).

However, other reasons outside of work can also manifest themselves as sources of work-related stress, as personal and organizational problems are not easily dissociable, affecting other areas of the individual's life. Several authors argue that work stress can have significant consequences, both at individual and organizational levels (Cooper, Dewe, & O'Driscoll, 2001; Hillhouse & Adler, 1997; Marshall & Barnett, 1993; Kyriacou & Pratt, 1985; Pierce & Molloy, 1990; Pithers & Soden, 1999, as cited in Magalhães & Faria, 2014).

Table 2 - Consequences of work-related stress

Individual	Fatigue, insomnia, headaches Anxiety, depression, emotional exhaustion, burnout
Organization	Higher absenteeism and presenteeism Loss of productivity Increase in the number of errors Increase in the number of work-related accidents Reputational damage

Source: from the authors

To further comprehend the dimension of the consequences of stress at work, in 2015, these costs exceeded 4% of the GDP generated by European countries, 3,7% in Portugal, representing over 600 billion euros (OCDE, 2018). Hassard et al. (2014) estimate that 200 billion euros of the costs in European countries are directly related to occupational stress.

3.3) Technostress

Introduced by Craig Brod, in 1984, Technostress is a "modern adaptive illness caused by the inability to cope with new information technologies in a healthy way" (Brod, 1984, as cited in Elizalde, 2021). This phenomenon has been a subject of recent studies by the academic community, due to the working conditions triggered by the COVID-19 pandemic, which were mostly based on mandatory remote work.

The COVID-19 pandemic, specifically the social isolation and remote work, brought changes to the routines, and the growing use of technology has led to a state of "always-on". What we used to know as a working and personal/familiar space is no longer a reality. We have seen the boundary between personal and professional life fall, which brings us to a new concept: work-life integration.

Indeed, working remotely involve positive outcomes, both for employees and organizations, such as improved performance, cutting the costs of "home-work-home" travelling, saving time, and organizational resources, and increasing employee satisfaction (Barbuto et al., 2020; Thulin et al., 2020). However, some negative consequences have also been highlighted, particularly concerning well-being, and it can cause stress, discomfort, and anxiety due to the constant state of being online, instant messaging, and the use of smartphones as a work tool (Salanova et al., 2013).

This use of technology creates a variety of stressors, including information overload, role ambiguity, job insecurity (Fenner and Renn, 2010; Grant et al., 2013), the intensity of teleworking (Suh and Lee, 2017), high quantities of e-mails, poor e-mail quality (Brown et al., 2014), and frequent interruptions during work (Ninaus et al., 2015).

The symptoms related to technostress include anxiety, behavioural strain, feelings of exhaustion, mental fatigue, poor concentration, physical diseases, and insomnia, while its main consequences are reduced productivity, job satisfaction, organizational commitment, absenteeism and turnover (Tarafdar et al., 2010; Ayyagari et al., 2011; La Torre et al., 2019).

If the trend of high levels of stress persists in our daily lives, aggravated with the social isolation and misutilization of technology at work, there are growing concerns that the number of burnout cases can remain. Moreover, they can surpass, the situation that we will present in the following section.

3.4) Burnout

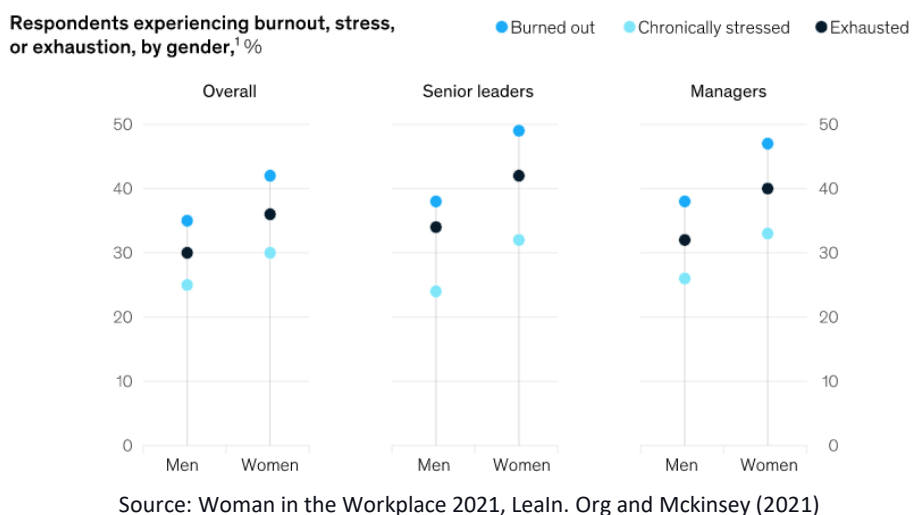
The World Health Organization (2019) defines burnout as a syndrome resulting from chronic workplace stress that has not been successfully managed, characterized by a feeling of exhaustion, cynicism or negativistic feelings connected with work, and reduced professional effectiveness. In 2019, the WHO included burnout in its international classification of diseases, as an occupational phenomenon that results directly from work-related problems.

According to a survey published by McKinsey & Company in 2021, in which 5,000 employees from corporate and government settings around the world were enquired, almost half of the respondents reported feeling somewhat burned out. Nevertheless, these numbers are likely to be an underrepresentation of the real number of employees who feel somewhat burned out, since there is a considerable number of individuals who hide their mental health conditions with fear of stigmatization (Alexander, De Smet, Langstaff, & Ravid, 2021).

Gallup's State of the Global Workplace Report (2021) also states that negative emotions – worry, stress, anger and sadness – reached record levels among employees across the world. According to Gallup's report, over 40% of employees mentioned feeling worried several times a day, while similar numbers can be identified when analyzing stress - 43% of the respondents felt stressed many times a day, globally. Regarding feelings of anger, 24% of employees mentioned this feeling and 25% felt sadness recurrently during an average day (Gallup, 2021).

If we focus on gender differences, burnout affects men and women differently. Women perceive a heavier burden from their overall workload more frequently than men (Glint, 2021). In the *Deloitte's Woman at Work Report (2022)* is reported that over 50% of women enquired experienced higher levels of stress compared to the previous year, and almost half of them revealed experiencing burnout at some point during that period. Women in middle-management roles and women aged 18 to 25, representing over 60% of women enquired by Deloitte in 2022, stated to experience high levels of burnout. Consequently, women are also more likely to be looking at new job opportunities, than they were the year before (Deloitte, 2022).

Figure 1 - Burnout, stress, and exhaustion continue to effect women more than man

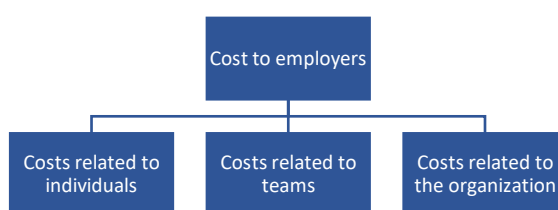


Further evidence is also found in the report published by Mckinsey (2021), in which women report experiencing higher levels of stress, exhaustion and feelings of burnout than men (Mckinsey, 2021). As the figure above suggests, these differences are even greater for women in leadership positions.

Effects of burnout on individuals, teams and organization

Burnout, and poor mental health, affects not only the individuals themselves but also the environment in which they are inserted, including their workplaces. To the employers, there are financial and indirect costs. To individuals, salary losses and medical expenses are among the main costs, while to society, there are health and economic impacts (OPP, 2020).

Figure 2 - Costs of burnout and poor mental health



Source: from the authors

During burnout, employees tend to reflect lower job motivation, performance, productivity and commitment to their responsibilities and the organization (Ordem dos Psicólogos Portugueses, 2020). These factors are driving the increase in mental health indirect costs to companies, such as absenteeism, presenteeism, and ultimately, employee turnover (Deloitte, 2020).

While absenteeism is related to individuals missing work, presenteeism is defined as individuals showing up to work, even if they are ill, and cannot be productive and accomplish their tasks (Deloitte, 2020). Both absenteeism and presenteeism represent organizational costs related to individuals, however, they impact the productivity of teams (Deloitte, 2020).

The effect that burnout poses on turnover represents several losses to organizations – human capital, knowledge, and financial (Balkan, Serin, & Soran, 2014; Sho & Song, 2017). Besides the costs associated with the need to attract and recruit new talent to bridge the effect of turnover (Deloitte, 2020), losing people and their knowledge, leads to a decline in the competitive advantage of a company (Sok, Blomme, De Ruiter, Tromp, & Lub, 2018).

Also, burnout is characterized by women as the top driver for turnover, almost 40% of women enquired by Deloitte in 2022 are actively looking for new job opportunities, and those who have not left their current job, but are considering it, mention burnout as the main cause (Deloitte, 2022).

Burnout worldwide costs

Globally, companies pay a significant price for failure to properly address burnout (McKinsey Health Institute, 2022). It is projected that, worldwide, burnout causes losses around \$110 to \$180 billion per year (Weiss, 2020). For instance, comparing burnout with the losses associated with cancer, per year, we find similar amounts, around \$170 billions (Weiss, 2020).

The International Labour Organization (as cited in OPP, 2020) estimates that losses related to absenteeism, presenteeism, turnover and quality, that result from stress in the workplace, fluctuate from 3% to 4% of the GDP (Gross Domestic Product) in European countries.

The European Agency for Safety and Health at Work (2014) reports that the total costs associated with mental health-related issues in Europe represent 240 billion euros per year, considering that 136 billion euros are linked to productivity decreases.

Burnout in Portugal

The burnout epidemic is also a considerable problem in the Portuguese context. In 2016, it was already estimated that 14% of active professionals in Portugal suffered from burnout and 82% were at high risk of exposure to the disease (Associação Portuguesa de Psicologia da Saúde Ocupacional, 2016).

In a more recent study carried out by Small Business Prices (2020), including 15 European countries, Portugal presents the highest risk of burnout in the European Union. Looking at the data presented in the table below, these findings can be associated with the long working hours per week (39.5 hours) and the low salaries (average 22.373€) in the country.

Table 3 - The most workers most at risk of burnout in Europe

Rank	EU Countries	World happiness index (out of 10)	Average salary (EUR)	Working hours (weekly)
1	Portugal	5.7	22,373€	39.5
2	Greece	5.3	23,066€	38.8
3	Latvia	5.9	23,901€	39.1
4	Hungary	5.8	22,027€	39.6
5	Slowakia	6.2	21,380€	39.1
6	Poland	6.2	26,855€	39.8
7	Slovenia	6.1	33,785€	39.0
8	Estonia	5.9	25,449€	38.2
9	France	6.7	39,044€	36.2
10	Czech Republic	6.9	24,596€	40.0
11	Lithuania	6.2	24,288€	38.7
12	Iceland	7.5	57,125€	38.8
13	Spain	6.4	32,557€	36.5

Source: Adapted from The European Countries with the Highest Risk of Burnout, SmallBusinessPrices.co.uk, 2020

In Portugal, stress and burnout are translated into large costs to the companies, over 3,000 million euros per year (OPP, 2020). The following table represents the total costs, considering that the average salary in the country corresponds to 44€/day and that there are over 3 million employees in SMEs and almost 1 million in large enterprises (PORDATA, 2018, cited by OPP, 2020):

Table 4 - Burnout costs in Portugal

	SME		Large Enterprises		Total	
	C1	C2	C1	C2	C1	C2
Absenteeism	325M€	840M€	86M€	222M€	411M€	1,100M€
Presenteeism	488M€	1,700M€	129M€	445M€	617M€	2,100M€
Productivity losses	812M€	2,500M€	215M€	667M€	1,000M€	3,200M€

Source: Adapted from Prosperity and Sustainability of Organizations 2020, Ordem dos Psicólogos Portugueses (2020)

Considerable numbers of employee absences are succeeded by productivity losses and, consequently, negative impacts on the company's financial performance (OPP, 2020). It is estimated that an employee is absent from work up to 6,2 days per year due to mental health-related causes – stress, anxiety, and burnout. These numbers reflect 50% of the total days of absenteeism in Portugal, related to health conditions (Expresso, 2020, cited by OPP, 2020).

If companies were able to tackle the issues related to absenteeism, presenteeism and productivity through the promotion of better mental health at work it is estimated that, in total, companies in Portugal would be able to save almost 1000M€ per year (OPP, 2020).

Return on Investment (ROI)

Besides the fact that caring for workers' mental health is a clear sign of a responsible business, a considerable amount of literature has been published on the ROI of well-being and mental health programs.

Recently, Deloitte published a report (2022) where it indicates that, for every £1 (approx. 1.17€) spent on measures to overcome mental health problems, there is on average a return of £5.20 (approx. 6.11€). The ROI varies according to the intervention chosen by the company, so if a company takes on a long-term intervention in mental health and offers a broad spectrum of interventions to its employees, better will be the return (Deloitte, 2020). Additionally, according

to the same research, a proactive, rather than a reactive intervention brings higher returns (Deloitte, 2020) because it prevents the costs previously mentioned.

Knaap et al. (2011, as cited in OPP, 2020) suggest that for each 1€ that companies finance in initiatives to support employees with mental health issues, the ROI, in terms of increased productivity and reduced absenteeism, correspond to more than 9€ (OPP, 2020).

Another attempt to explore the ROI of mental health interventions, Matrix (2013) estimated that for each euro invested in well-being programs there are up to 13,62€ in ROI (OPP, 2020).

Unquestionably, organizations will benefit from increased investments made in employees' mental health, as investing in the well-being of the workforce suppresses the hidden costs associated with absenteeism, presenteeism and turnover (Deloitte, 2022).

Research has consistently evidenced that when employees feel that their work is meaningful, valued and properly supported, they tend to have higher levels of well-being, and be more committed to the goals of the organization, which translates into better overall performance (Mind, 2020).

Individuals who experience a sense of support and openness to talk about mental health at work, have higher job satisfaction rates and smaller chances to underperform their job, resulting in lower turnover intentions (OPP, 2020). Employees who encounter mental health-related support at work also experience higher rates of organizational trust and belonging (Maslach, Jackson & Leiter, 1996). Besides, well-being support represents fewer issues, and costs, related to physical (e.g., cardiac diseases, back pain, headaches), and mental health issues (e.g., anxiety, depression) and fewer conflicts in the workplace (OPP, 2020).

4. Situation in Portugal

To further understand the situation of mental health management in Portuguese organizations, we collected data from 54 companies, including small, medium and large organizations, from 16 different sectors.

Table 5 - Sample characterization

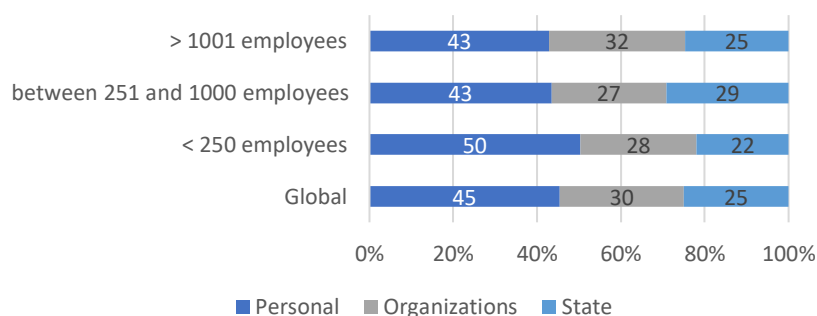
	N organizations	Sectors
< 250 employees	17	Automobiles and Parts; Banks & Financial Services; Construction and Materials; Consumer Products and Services; Energy & Utilities; Food, Beverage and Tobacco; Health Care; Industrial Goods and Services;
between 251 and 1000 employees	14	Insurance; Media; Personal Care, Drug and Grocery Stores; Professional Support Services; Retail; Technology; Telecommunications; Travel and Leisure
> 1001 employees	23	

Source: from the authors

The main purpose of the survey was to characterize the organizational context of Portuguese companies regarding their well-being strategy, the existence of a well-being program, the types of benefits being offered, the expected role of leaders in these programs, and the main advantages and barriers found during implementation of well-being programs.

We started by asking the participants who was responsible for addressing and promoting mental health at work (according to their opinion): the individual, the organization or the State.

Figure 3 - Who is responsible for addressing and promoting mental health at work?

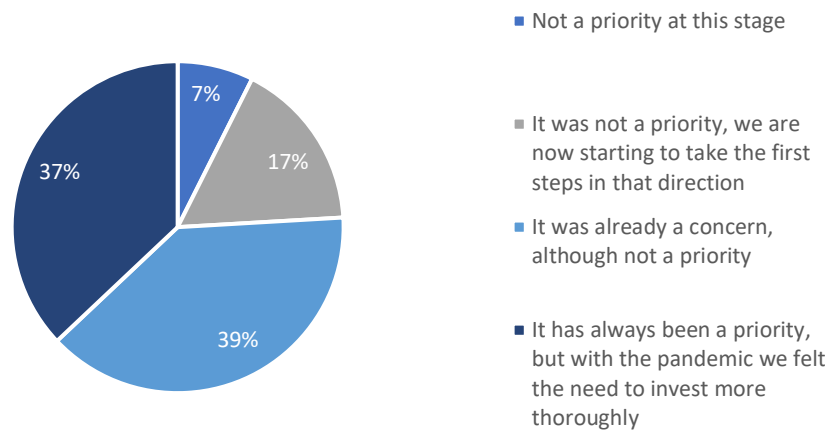


Source: from the authors

Overall, the data evidences the individual as the main responsible for caring for and promoting their mental health. The interesting fact is that there's a balance between the attribution of responsibilities between organizations and the State.

Secondly, we focused on the subject of well-being as part of the organizational strategy, as a clear priority that's promoted by the Board and communicated through internal communication channels.

Figure 4 - Is wellness and mental health a priority for the Organization?



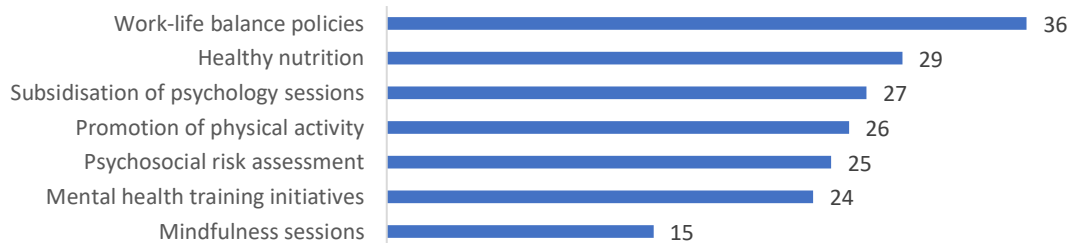
Source: from the authors

Overall, only 37 per cent of the organizations that participated in the survey stated that mental health at work is a clear organizational priority, while 24 per cent (17+7) refer that mental health is not a priority at this stage, or it was not until very recently.

Alongside addressing well-being as a strategy, we asked the participants if they have, currently a structured well-being program, with clear objectives and initiatives under the umbrella of a brand program. Only 41% of the participants state having a formal and structured program, while 17% have no program or initiatives in place.

In terms of the benefits provided by the participants, the data suggest that the top 3 benefits provided are 1) work-life balance policies, 2) healthy nutrition and 3) the subsidization of psychology sessions, usually by having Employee Assistance Programs (EAP) or similar services (see figure 5).

Figure 5 - What kind of benefits do you provide to your employees?

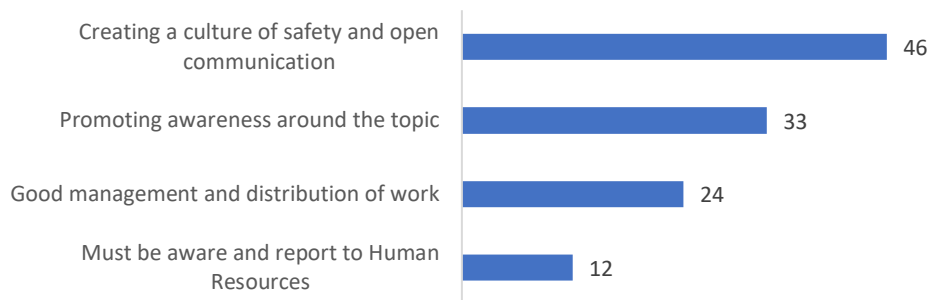


Source: from the authors

As we mentioned in a previous section, there's still a long road ahead regarding assessing the current psychosocial context of organizations and, as our data suggest, only 25 of the 54 organizations (46%) periodically evaluate psychosocial risks.

In the last section of our survey we asked participants to identify: 1) the role that leaders and managers play in promoting health and well-being, 2) what is the main return expected from investing in this type of programme and 3) what are the main barriers to embrace the management of employee mental health and well-being as part of the organization's strategy.

Figure 6 - What role do leaders and managers play in promoting health and well-being?

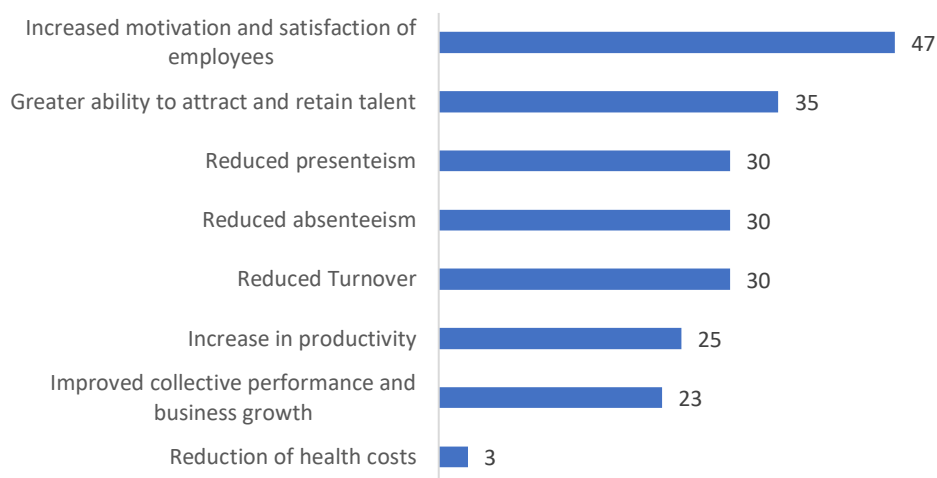


Source: from the authors

As figure 6 evidences, the majority of organizations identify the creation of a culture of safety and open communication as the main role that leaders and managers play in promoting health and well-being. This finding is consistent with the literature when it states that the development of an environment of psychological safety is one of the foundations for the development of better mental health at work (Newman, Donohue & Eva, 2017).

Regarding the data based on the question about the main return expected from investing in mental health and well-being programs (figure 7), it was a surprise to find that the reduction of costs associated with health was the least selected option.

Figure 7 - What is the main return expected from investing in mental health and well-being programs?

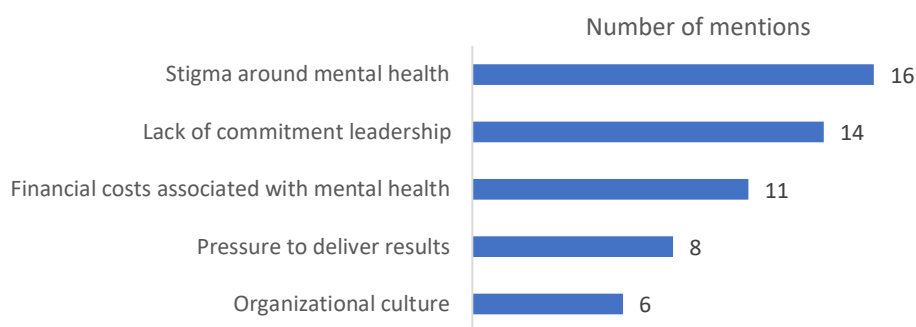


Source: from the authors

The evidence collected follows a trend towards the more intangible dimensions of work, such as employee motivation and satisfaction and the competitive advantage that a structured well-being strategy enables, particularly in the greater ability to retain talent and decrease turnover intentions.

Lastly, we looked at the main barriers to embracing the management of employee mental health and well-being as part of the organization's strategy (figure 8). This was a crucial question since, as we mentioned, only 41 per cent of the organizations that participated in the survey have a formal well-being program.

Figure 8 - What are the main barriers to taking on employee mental health and wellness management as part of the organization's strategy?



Source: from the authors

We identified five major barriers, to the implementation of mental health programs: stigma around mental health, lack of commitment by the people in leadership roles, the financial costs associated with mental health, pressure to deliver results and the organizational culture.

In short, further investigation is necessary to explore and characterize more broadly the Portuguese context, since the sample size in our survey is limited. Although we have found evidence that is consistent with extant literature, one must be cautious with the extrapolation of data as a characterization of the Portuguese business ecosystem. We still find different degrees of maturity in managing complex subjects at work, such as mental health, depending on the sector in which organizations operate or the size of their workforce.

Therefore, the creation of pacts for action, in which organizations from different sectors and backgrounds join forces to address specific challenges, can be a critical source for the promotion of sustainability and standards for decent work.

5. How can companies implement a mental health management program?

In this section we propose an implementation model through which companies can develop a well-being strategy or complement the initiatives that they already have in place. For that, we propose four key steps: 1) Leadership commitment, 2) Diagnostic, 3) Education & Training and 4) Interventions.

Figure 9 - Mental health strategy implementation model



Source: from the authors

1. Leadership commitment

As with any effort to address workplace culture, top leadership must be deeply involved and committed. The company board should send a clear message that employee well-being matters. When leaders speak out about mental health it can have a huge impact, especially if they share their journeys with mental health (Mind, 2020).

However, according to McKinsey (2020), only 24 per cent of employers stated to use their C-suites to communicate about mental health matters (Pfeffer & Williams, 2020). So, the first step must be to invest in an awareness and empowerment strategy that includes training and toolkits (such as conversation guides) that prepare leaders to better handle and manage mental health issues. Leaders can foster mental health at work by working through internal communication procedures that stimulate the feedback process and transparency (OPP, 2020; Routledge, 2021). Indeed, by sharing thoughts and experiences leaders encourage openness and transparency (Greenwood & Anas, 2021).

The well-being strategy of a company also needs to align with its purpose and values. Leaders play a key role in making that happen by releasing a statement about employee mental health. According to Pfeffer and Williams (2020), “a company’s actions will be significant only if senior management and even the board of directors ensure continuity of effort and follow-through”.

Thus, it is usual to appoint a sponsor for the wellness strategy who has the responsibility and power to make decisions at the highest level (Mind, 2020).

2. Diagnostic

A diagnostic phase is imperative to access the areas of improvement inside an organization, before designing and applying any intervention regarding well-being (Grieves, 2010). According to research conducted in more than 600 firms before the COVID-19 pandemic in 2019, the measurement of employees' levels of stress was already predicted to increase from 16% to 53% by 2021 (Pfeffer & Williams, 2020). Certainly, the trend to assess employees' stress levels and state of mental well-being is increasing, although still insufficient.

Additionally, the diagnosis aims to identify priorities for action and to look at areas of the organization, or specific functions, where there's a risk of poor well-being, which allows the anticipation of solutions. Both companies and employees must work together when designing well-being strategies, which can be developed through open conversations about mental health, outlining a policy of development of organizational well-being and management-oriented objectives, as well as strategies to promote mental health literacy (Flexsaúde, Stunning Capacity & Michael Page, 2020).

One of the easiest and most effective ways to assess employees' well-being is through surveys. McKinsey (2020) recommends applying a 12-item general health questionnaire ([GHQ-12](#)), which has been validated worldwide, to detect mental health problems in the workplace. This instrument contains three factors: anxiety and depression, social dysfunction, and loss of confidence (Gao, Luo, Thumboo, Fones, Li, & Cheung, 2004).

Other authors have suggested the use of other questionnaires, such as the Self Reporting Questionnaire ([SRQ-20](#)), developed by Harding et al. (1980). This survey has been applied as an instrument of mental health screening and represents small investments in terms of time and human resources needed to be applied (Harpham et al., 2003).

Additionally, the Portuguese Psychologists Association recommends the [COPSOQ](#), Copenhagen Psychosocial Questionnaire II, as a scientifically validated tool to assess psychosocial risks in the Portuguese setting. The medium-length version includes eight dimensions: 1) demands at work; 2) work organization and job contents; 3) interpersonal relations and leadership; 4) work-individual interface; 5) social capital; 6) personality; 7) health and well-being; 8) conflicts and offensive behaviours in a total of 29 scales (Ramos, 2016).

The items of this instrument makes it valuable for the design of interventions in organizational contexts, because it covers not only the main Psychosocial Risks identified by the literature in recent decades but also new demands in the workplace, such as cognitive demands, emotional labour, uncertainty and role conflicts (Ramos, 2016).

COPSOQ is an instrument available for international use, translated and adapted into 14 languages. Alongside Portugal, also Denmark, Germany, and Spain recommend COPSOQ as the standard tool to assess psychosocial risks at work (Ramos, 2016).

3. Education & Training

One of the most effective ways to raise awareness about mental health, and challenge the stigma and prejudice around the subject, is to encourage open conversations. Organizations cannot fully break the stigma related to mental health and support their employees if they do not develop plans to educate them (Coe, Cordina, Enomoto & Seshan, 2021). According to McKinsey (2021), it's important to focus more on mental health literacy programs, as it enablesthe recognition and responses to challenges that workers face in the workplace (Coe et al., 2021).

A recent study (Zhang, Henderson, Magnusdottir, Chen, Ma, Ma, & Thornicroft, 2022), demonstrated that strategies of contact-based education have positive effects in reducing stigma around mental health. Contact-based education involves communication between individuals who have experienced episodes of mental illness with others, to educate through storytelling and promoting active discussion (Koller, Chen, McCormack, Bender & Stuart, 2012). Applying this evidence-based method, through sharing behavioural-health challenges openly, allows people with stigmatized conditions to humanize them by sharing and educating their audience (Coe et al., 2021).

Training people in mental health queries reinforces the message that these issues can be treated and that prevention, alongside early intervention, treatment, and recovery support, help individuals achieve an adequate life balance (Coe et al., 2021). Significantly, leaders and managers are also trained to identify and tackle episodes of distress (Coe et al., 2021). Organizations that have leaders who can recognize behavioural-health issues pose an advantage to recognize issues earlier and provide adequate support strategies to their employees (Coe et al., 2021).

In this context, organizations should consider developing training plans that include subjects such as mental health first aid, resilience, work recovery strategies, psychosocial risks, stress management, coping strategies, emotional intelligence, mindfulness, self-management, trauma risk management, behavioural self-monitoring, workload or time management, relaxation classes, the impact of financial difficulties on mental health problems and the effects of sleep on mental health (e.g. insomnia).

4. Interventions

Once a clear picture of the organization's mental health is characterized and the levels of information and education of the workforce are adjusted, the next step is to design a wellness program that includes interventions and services to meet employees' needs and expectations.

Each wellness program is unique and depends on several factors, such as exposure to psychosocial risks, job type, health issues, and organization size and structure (CIPD, 2019). Nevertheless, especially after the COVID-19 pandemic, there is a trend for programs to adopt a holistic approach to "total well-being", focusing on four areas (WEF, 2022):

- **Physical:** e.g., nutrition education and counselling, exercise programs and activities, fitness centres, smoking cessation programs, and massage therapy (SRHM, 2019).
- **Mental:** e.g., employee assistance programs, psychological therapy, health screenings, life coaching, and stress reduction programs such as meditation/mindfulness (SRHM, 2019).
- **Financial:** e.g., financial awareness programs, pension plans, and financial counselling, (CIPD, 2019).
- **Social:** e.g., social events, cross-company projects, peer support, buddy systems, and mentoring (Mind, 2020).

Lastly, organizations must interpret the design and implementation of well-being programs as a cycle, focusing on maintaining a constant routine of employee listening, assessment of psychosocial risks, scenario foresight, exploration of new trends and relevant developments in scientific research, as well as being aware of the adverse impact of external variables.

Organizations should also focus on the evolution of the demographic of their workforce since some life phases pose specific challenges. This point should not be neglected by Portuguese organizations considering the continuous ageing of the active population and the growing representation of younger generations, such as millennials and Gen-Z, in the workplace.

6. Conclusion

As discussed in this Research Note, mental health at work must be perceived as a priority. The risks and poor outcomes associated with poor mental health, stress and burnout are increasing, which makes this issue a critical one to be on the agenda of both private and public sector organizations.

However, there's still a lack of investment, top management support and awareness around the subject of mental health. Several factors can contribute to the explanation of why a large number of organizations still lack a structured well-being program. They include lack of leadership commitment, lack of expertise, the costs of maintaining a well-being program and the gap in perception between employers and employees regarding overall well-being levels.

In fact, a recent research by McKinsey Health Institute (2022) highlighted that there's a 22% gap in the way that employers and employees evaluate mental health and well-being in their organizations, with employers evaluating more positively dimensions related with well-being.

Since most organizations depend on the added value and expertise of their human capital it is critical to act and integrate mental health and well-being as part of organizational strategy. Moreover the evidence that support the ROI of well-being programs and initiatives is clear and the advantage for individuals, organizations and society in general is undeniable.

As this Research Note suggests, mental health management program can be implemented through the development of a four step cycle. This cycle focuses on 1) the commitment of senior leadership, 2) workforce awareness on the topic of well-being, 3) the identification of the main psychosocial risks, 4) the development of tailor-made training programs that contribute to the personal and professional development of employees and managers, and the availability of benefits that help overcome strain and psychological distress.

The promotion of professional networks and business collaboration pacts on the topic of well-being, including key stakeholders from all sectors of society, can be a significant step in the advancement of this theme. Therefore, good mental health must be a shared purpose and a clear priority for individuals, families, schools, universities, organizations, and Governments.

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