**MENTAL HEALTH & PRODUCTIVITY PILOT**

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# Talking about workplace mental health: How do employers in the Midlands understand and experience mental health issues?

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## Talking about workplace mental health: How do employers in the Midlands understand and experience mental health issues?

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# CONTENTS

# EXECUTIVE SUMMARY

How do employers talk about mental health issues in their workplaces? We use survey and narrative data collected from Midlands firms in early 2020 prior to the first COVID-19 lockdown to examine two questions:

1. What do employers understand by 'good mental health and wellbeing in the workplace'?
2. How do employers describe the impacts of mental health sickness absence on their firms?

In the survey data, we find differences by business sector and firm size in managers' expressions of what good mental health in the workplace looks like. We also find divergence in managers' reporting of the impacts of mental health sickness absence versus general health sickness absence. This divergence is present in all sectors and sizes of business. Finally, we find that the reported impacts of mental health sickness absence vary across sectors. Drawing on narrative data from depth interviews, we identify three themes in managers' accounts of workplace mental health issues which indicate underlying attitudes that may have relevance for these survey findings. Firstly, mental health problems are sometimes viewed less sympathetically than issues related to physical health. Secondly, mental health issues are sometimes presented as more difficult to manage than general health issues. Thirdly, participants acknowledge that stigma around mental health issues persists, although they feel that things are slowly starting to change.

We conclude that while firm characteristics such as sector and size appear to be linked to different experiences of mental health issues, underlying attitudes may also influence the ways in which managers experience and deal with these issues. For policy and firm-level interventions to address mental health issues in the workplace effectively, both firm-level characteristics and underlying attitudes will need to be considered.

In the light of the Covid-19 crisis, and of follow-up interviews we conducted in July and August 2020 after England's first national lockdown, we also note changes in the broader business landscape which may have implications for the ways in which policymakers and employers develop and engage with workplace mental health initiatives in the future.

# 1.INTRODUCTION

As part of the Midlands Engine's Mental Health and Productivity Pilot programme[1], around 1900 firms in the Midlands were surveyed in early 2020 before the COVID-19 lockdown, to investigate their experiences of dealing with mental health issues in the workplace, and the impacts on business performance and productivity. One-to-one interviews were also carried out with twenty survey respondents, to explore these issues in more depth. The resulting report[2] concluded that the impacts of mental health issues in the workplace are costly and often unrecognised, and that proactive initiatives to support mental health and well-being are found in only a minority of businesses. For example, only 22 per cent of firms surveyed had a mental health plan, and only 35 per cent had a health and well-being lead at senior or Board level. The study also uncovered variation by firm size and sector and, cautioning against a one-size-fits-all approach, recommended support for employers in overcoming barriers to addressing mental health in the workplace. With this in mind, we set out to examine in more detail than was possible in the original report the attitudes of managers towards mental health in the workplace, and their experiences of the impacts of absence due to mental health issues. This involved analysing respondents' answers to several open-ended questions that were asked in the survey, and exploring in more depth the narrative data we generated during the interviews. We collected the data during January, February and March 2020, with fieldwork concluding before England went into lockdown on 23rd March, and so it is important to bear in mind that the findings presented here reflect attitudes and experiences before the effects of the crisis were apparent. Clearly the Covid-19 crisis will have implications for workplace mental health, and we address these in our conclusions.

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[1] See: https://mhpp.me/
[2] ERC. (2020). A baseline study for the Mental Health and Productivity Pilot project Retrieved from https://www.enterpriseresearch.ac.uk/wp-content/uploads/2020/05/Employee-Wellbeing-Mental-Health-and-Productivity-in-Midlands-Firms-May-2020.pdf

## 2.FINDINGS

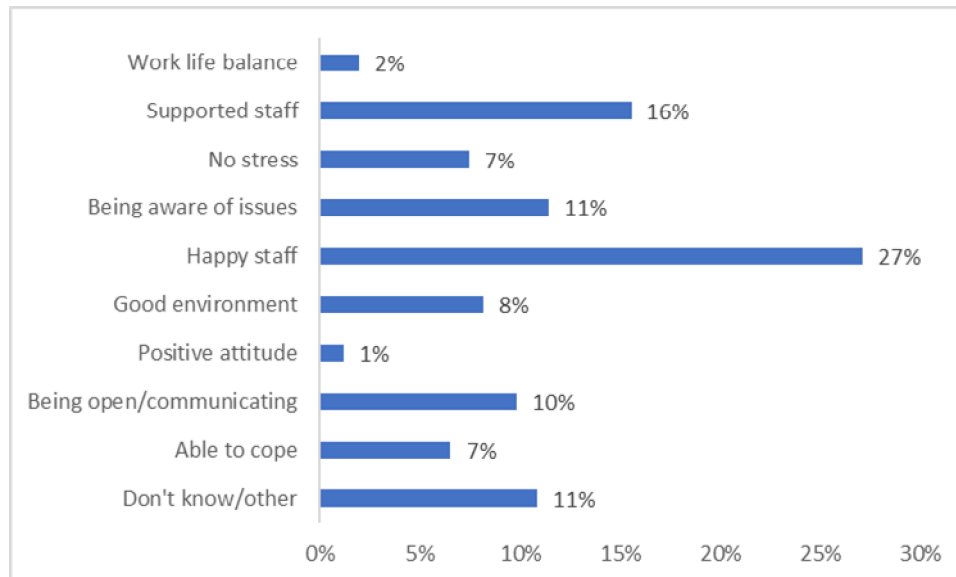### 1. What do managers understand by 'good mental health and wellbeing in the workplace'?

During the interviews, employers were asked about what they understood *'good mental health and wellbeing in the workplace'* to mean, and several narrative strands emerged. A common theme was '*employees [who are] happy when they come to work'* (HR Adviser, Logistics). Some managers emphasised the importance of staff feeling '*valued and being supported by your employer and being listened to'* (Managing Director, Business Services), while others commented on environmental factors such as people feeling that *'they've got somebody in the workplace that they know that they can go to and speak about these things'* (Head of Data, Services) and '*good morale within the workplace'* (General Manager, Manufacturing). Other factors including *'work-life balance'* (HR Manager, Services) and *'job satisfaction'* (Office Manager, Business Services) were also deemed important. More detail on the depth interview responses on good workplace mental health are given in Annexe 1.

To understand how prevalent these attitudes are, and whether they vary by firm size or sector, we asked a sub-sample of 197 of our survey respondents what they understood by *good mental health and wellbeing in the workplace*. This was an open-ended question, which allowed respondents to answer in their own words. A wide variety of responses were recorded, which were grouped into themes. The main themes were very similar to those that emerged from the depth interviews. The most popular answer (see Figure 1) was that staff were *happy*. The following three answers in order of popularity all focused on the role of the organisation – staff being *supported*, firms *being open* and firms being *aware of issues*. Interestingly, given that in the wider survey 56 per cent of respondents attributed mental health issues in the workplace to external factors[3], work-life balance was only cited by 2 per cent of respondents.

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[3] ERC. (2020). A baseline study for the Mental Health and Productivity Pilot project Retrieved from https://www.enterpriseresearch.ac.uk/wp-content/uploads/2020/05/Employee-Wellbeing-Mental-Health-and-Productivity-in-Midlands-Firms-May-2020.pdf

**Figure 1: What does good mental health in the workplace look like?**



*Base: 197 respondents*

We did not observe any difference between West and East Midlands based respondents, but we did see some differences by sector and size of firms. Figure 2 shows the top four responses broken down by sector, and we can see that for production, construction, wholesale/retail and other services, the most common answer was 'happy staff', whereas for hospitality and business services, the top answer was 'supported staff'. It is possible that this reflects increased likelihood of staff in these firms to be customer-facing - prior research has found that customer interactions are linked to increased job stress and disengagement for frontline employees[4] which may mean that these employees require additional support. This difference may also reflect structural or cultural differences these sectors. Interestingly, hospitality and business services had the lowest proportion of family-owned businesses in our sample (47 and 48 per cent respectively, compared to between 63 and 70 per cent for the other sectors) which may also have influenced the responses. Again, prior research has identified differences between family and non-family owned firms[5]

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[4] Harris, E. G., & Fleming, D. E. (2017). The productive service employee: personality, stress, satisfaction and performance. Journal of Services Marketing, 31(6), 499-511.
[5] Moshavi, D., & Koch, M. J. (2005). The adoption of family-friendly practices in family-owned firms. Community, Work & Family, 8(3), 237-249

in the ways in which they approach and run their businesses which may help to explain the differences.

**Figure 2: What does good mental health in the workplace look like? Top answers by sector**
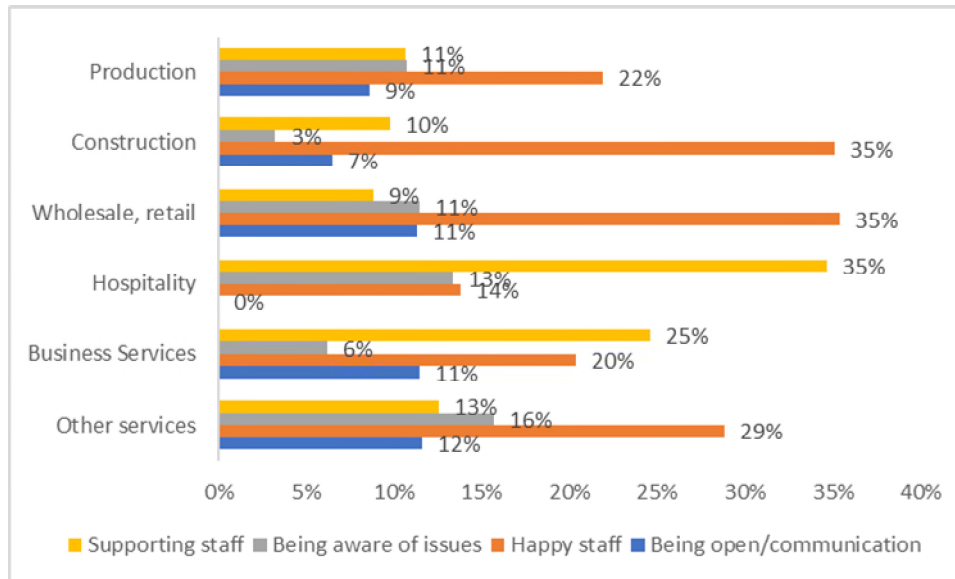


When it comes to size of firm, we also see a difference in the ways in which managers understand good mental health in the workplace (see Figure 3), with smaller firms more likely to talk about 'happy staff', but larger ones more likely to articulate 'being aware' of possible mental health issues. This perhaps reflects the fact that larger firms are more likely to adopt a more formal approach to human resources management, in order to manage larger numbers of employees through more hierarchical structures, whereas smaller firms may have simpler, less formal forms of organisation[6] with closer personal relationships. Being confident that they are successfully identifying mental health issues would indicate to managers of larger firms that their employee support systems are working, and that they are proactively engaging with employee mental health and wellbeing. Smaller firms, on the other hand, may have less need for such structures because of closer proximity between

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[6] Marlow, S. (2003). Formality and Informality in Employment Relations: The Implications for Regulatory Compliance by Smaller Firms. Environment and Planning C: Government and Policy, 21(4), 531-547.

leaders and employees, which may explain their increased tendency to cite staff happiness as an indicator of good mental health in the workplace.

**Figure 3: What does good mental health in the workplace look like? Top answers by size of firm**
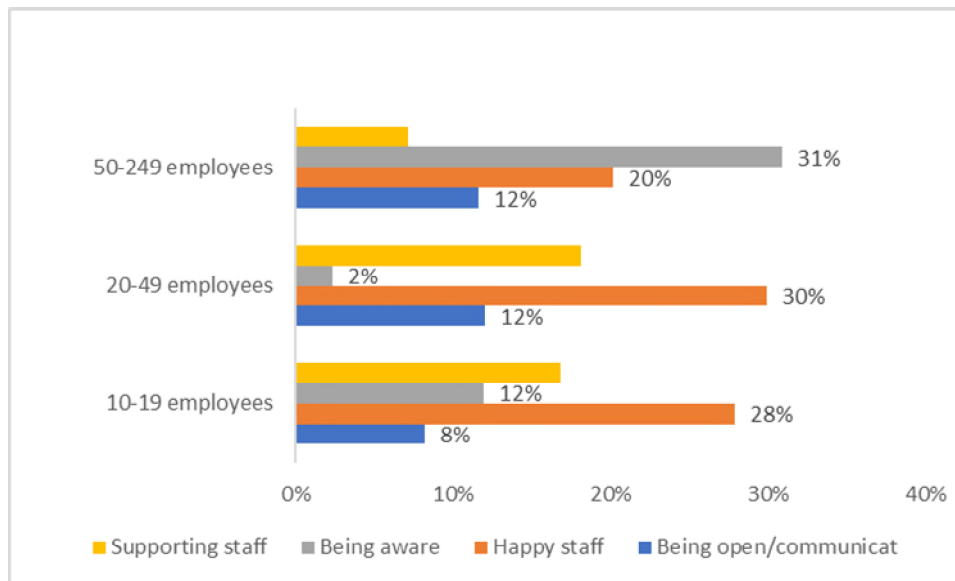


## 2. Do the claimed impacts of mental health sickness absence differ from those of general health sickness absence?

We asked respondents to our survey about the impacts of both general sickness absence and mental health sickness absence on their organisations.

The majority (67%) of firms that reported general sickness absence in our survey said that there was an impact on the operation or performance of the business[7]. Of these respondents, we asked a random sample of 20% (or 262 respondents) to elaborate on the impact by responding to the open-ended question 'What sort of problems does sickness absence present?'. Similarly, 30% of survey respondents reported some level of mental

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[7] ERC. (2020). A baseline study for the Mental Health and Productivity Pilot project Retrieved from https://www.enterpriseresearch.ac.uk/wp-content/uploads/2020/05/Employee-Wellbeing-Mental-Health-and-Productivity-in-Midlands-Firms-May-2020.pdf

health absence in the preceding 12 months, and just over half of these establishments (55%, or 308 respondents) reported an impact of mental health sickness absence[8]. We asked these respondents the open-ended question 'What sort of problems does sickness due to mental health problems present?'. Responses to both are summarized in Figure 4 below.

We can see that in this sample, mental health absence was more likely to be associated with *lower morale*, *more work for others* and *increased costs*, while general health absence was more likely to be associated with *reduced productivity/efficiency*, *reduced service or quality* and *difficulties in finding cover*. Mental health absence was thus overall more likely to be associated with impacts on colleagues, whereas general sickness absence was more likely to be associated with impacts on operational aspects of the business.

This divergence between the claimed impact of general versus mental health sickness absence is broadly present in firms of all sizes and in all sectors, although it is more pronounced in some sectors, notably construction and hospitality, where respondents are much more likely to identify lower morale as an impact of mental health absence than of general sickness absence. For detail on the divergence of impacts by sector and size of firm, see Annexe 2.
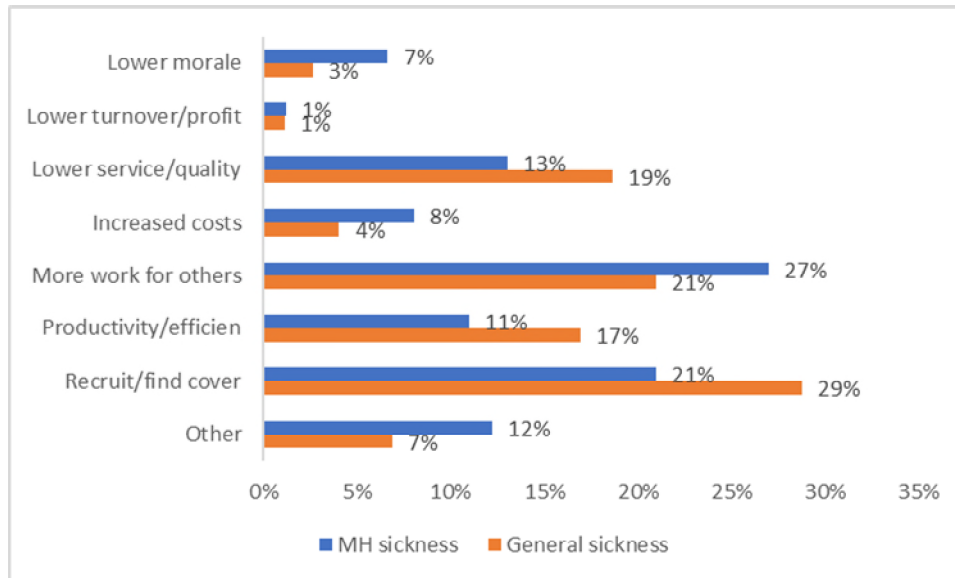
While sector-level differences may be at work here, it is also possible that the difference in perceived impacts of mental health and general health absence reflects underlying attitudes towards mental health problems. Survey respondents were more likely to report repeated mental health-related sickness absence than repeated general sickness absence[9], which may have had an impact on perceptions of mental health issues. Our qualitative research, which explored this in more detail, supports the notion that mental health issues are regarded differently, and despite shifting perceptions in recent times, still attract stigma in a way that physical health issues do not. The results of this narrative research are covered in more detail in section 4 (below).

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[8] ERC. (2020). A baseline study for the Mental Health and Productivity Pilot project Retrieved from https://www.enterpriseresearch.ac.uk/wp-content/uploads/2020/05/Employee-Wellbeing-Mental-Health-and-Productivity-in-Midlands-Firms-May-2020.pdf

[9] 33% of firms that had people off sick in the preceding 12 months reported staff taking repeated absence, whereas 39% of firms that had people off with mental health sickness absence in the preceding 12 months reported staff taking repeated absence.

**Figure 4: Impact of mental health versus general sickness absence – all firms**



Bar chart showing MH sickness (blue) vs General sickness (orange) percentages:

| Category | MH sickness | General sickness |
|---|---|---|
| Lower morale | 7% | 3% |
| Lower turnover/profit | 1% | 1% |
| Lower service/quality | 13% | 19% |
| Increased costs | 8% | 4% |
| More work for others | 27% | 21% |
| Productivity/efficien | 11% | 17% |
| Recruit/find cover | 21% | 29% |
| Other | 12% | 7% |

*Base: 262 general sickness responses, 308 mental health sickness responses*

### 3. How, if at all, do the reported impacts of mental health absence differ by sector and size of company?

We now turn our attention to a more detailed analysis of the reported impacts of mental health absence. Figure 5 (below) shows that the claimed impacts of mental health absence did not vary between East and West Midlands firms. Overall, the main impact expressed was that the absence would mean more work for others, followed by difficulty in finding cover, and a reduction in quality or service.

**Figure 5: Impact of mental health sickness absence - East vs West Midlands**
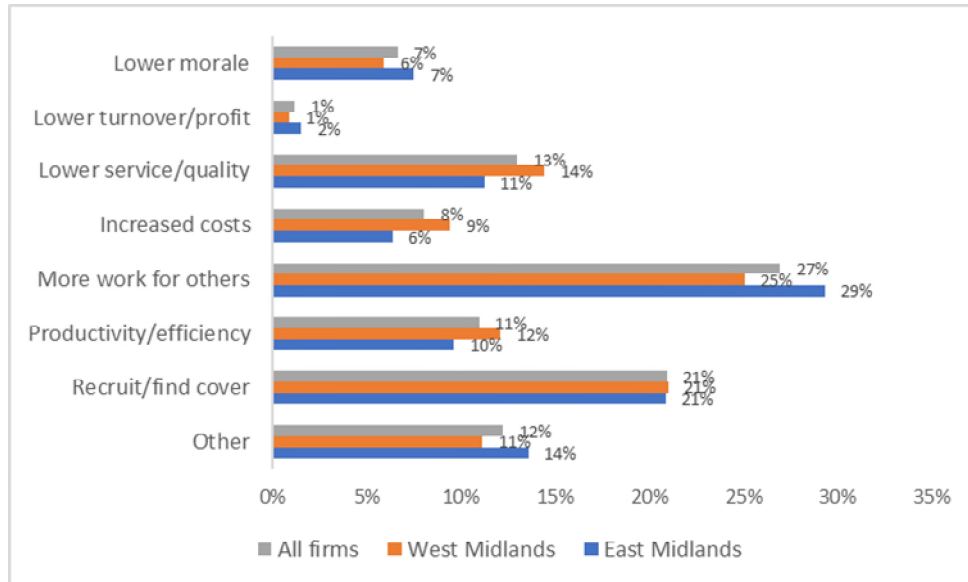


Analysis of these responses by sector did, however, reveal some differences, as shown in Figure 6. Perhaps unsurprisingly, production firms said that reduced productivity was the main impact of mental health absence, while construction firms said that finding cover was the main problem. For wholesale/retail, hospitality and business services firms, the main impact was more work for others.

**Figure 6: Impact of mental health absence by sector**
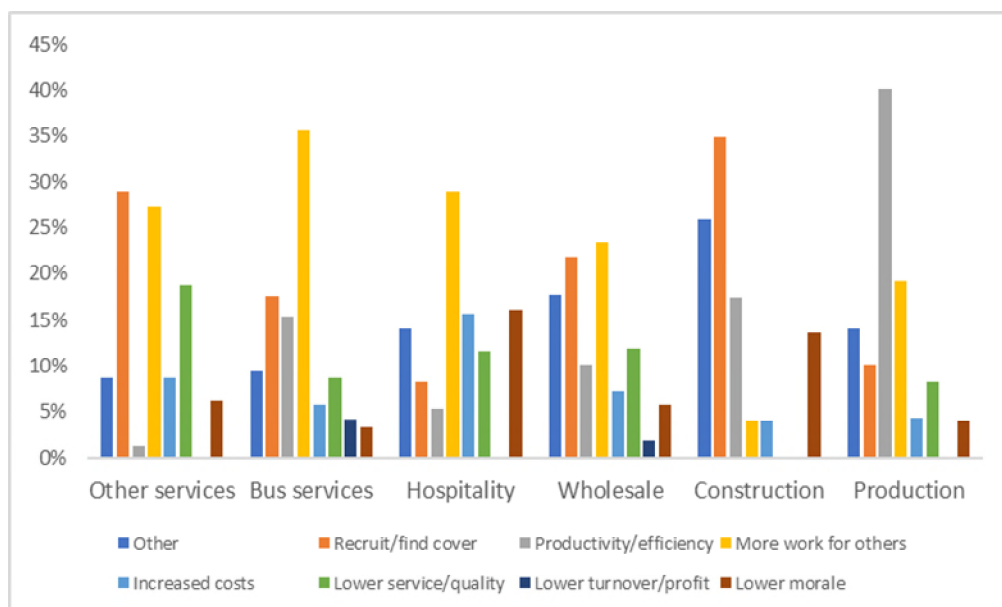
We can also see some differences by size of firm (Figure 7), with smaller firms more likely to cite difficulties recruiting/finding cover and more work for others as the main impact of mental health sickness absence. The largest firms with 250 or more employees were more likely to cite impact on morale, and firms with between 50 and 249 employees were more likely to cite lower service or quality levels.

**Figure 7: Impact of mental health absence by size of firm**
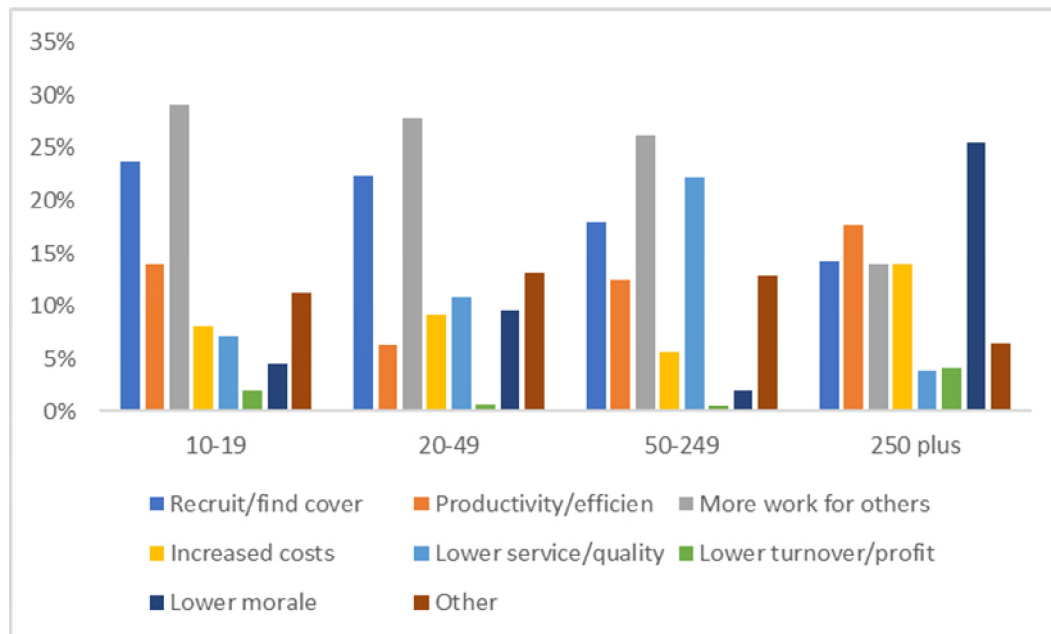


Our analysis of the survey responses to open-ended questions about sickness absence indicates underlying differences in employers' attitudes towards, and experiences of, mental and physical health issues. This may have implications for the ways in which firms approach mental health and for the experiences of those living with mental health issues. To explore these differences in more detail, we turn now to the narrative accounts of twenty of the survey participants from a variety of firm types across the Midlands, in which they reflected on their attitudes towards, and experience of, mental health in the workplace.

### 4. How do managers talk about workplace mental health issues?

In addition to the survey, we explored mental health in the workplace in depth interviews with a sample of twenty of the survey research participants. The aim was to supplement the survey findings with insights from narrative data around employers' attitudes towards, and experiences of, mental health issues in the workplace.

The depth interviews generated a large amount of data. Here we focus on three themes which have relevance for the survey findings we have outlined above. Firstly, we identified differences in participants' perceptions of mental health issues compared to physical health issues. Secondly, we noticed that participants characterised the management of mental health versus physical health issues differently. A final theme was that of the stigma associated with mental health versus physical health issues, which a number of participants articulated, but which some felt was starting to diminish as mental health issues become more widely understood.

#### 1. Mental health problems can be viewed less sympathetically than physical health ones.

The nature of mental health issues makes them less evident to others, and this can be problematic in the workplace, particularly when a colleague's absence may have workload implications for others.

> *So, you know, if somebody's, you know, got a cold or … suffering from back pain or whatever, it…it's kind of more visible, whereas if you've just got somebody ringing in that looks like they just can't be bothered to get out of bed, … I think we'd probably see less sympathy than empathy for that (Practice Manager, Veterinary)*

> *Mental health issues are difficult because it's not like a broken leg or a broken arm or something like that, it's not visible. And so, on a bad day, a colleague may take an unsympathetic view. […] It will affect your attitude towards the person (HR Manager, Manufacturing)*

This lack of visibility can mean that people doubt the veracity of mental health illness claims.

*I think there's the perception that people potentially swing the lead a little bit […] My belief is that a lot of people perceive that somebody with... using the word 'stress', particularly 'workplace stress', that it was used as an excuse often to avoid things like formal action, difficult tasks at work (Head of HR, Services)*

*... in this case … because they felt the person wasn't truly in need of that help. […] because if it's not genuine and they feel like they're just taking advantage of a situation, then they feel a little bit betrayed because they are part of a close team, […] By doing what you're doing, you're hurting all of the team. (Managing Director, Property)*

Mental health issues are also often characterised as likely to impact on the mental wellbeing of others. According to our participants, this can be both when colleagues who are suffering with mental health problems remain at work, and when they are absent on sick leave.

*Sometimes it can just cause other people to feel stressed if somebody else isn't coping. It causes more stress for everybody else. […] it's almost contagious. (Practice Administrator, Veterinary)*

*you've got people who need to be away from work, and then their colleagues are frustrated because they're short-staffed. And then you've got somebody else who perseveres and comes into work who has got such a low mood or is really struggling in the workplace, that then drags all this down. (Head of HR, Services)*

*it was like, treading on eggshells for a time, you didn't want to say the wrong thing, let's say for example you wrote an email, you might just normally write an email to someone and not even think about it, you'd have to think about could she misconstrue it, is she going to be okay when she receive this […] and that put a real pressure on the team (HR Adviser, Logistics)*

These accounts indicate that the less visible nature of mental health issues means that employers and colleagues can struggle to understand and accept them, and feel uncomfortable around people with such issues.

## 2. Mental health issues can be presented as more difficult to manage than general health issues.

We found that some participants characterised mental health sickness absence as more long-term or more regular than general sickness absence. Whether this is actually the case or not, it suggests that some employers may view mental health absence differently.

*we find mental health, it's long term […] it's more long term than it is short term (HR Adviser, Logistics)*

*We currently have a member of staff who […] sort of takes probably one or two days off a month due to their mental health. (Managing Director, Business Services)*

*… somebody's mental health in the workplace was affecting people, so …not necessary once they'd gone off, it was if they were coming in late or, you know, …having every Monday off, for example. (HR Manager, Construction)*

Mental health issues are often seen as more time-consuming to manage. Participants sometimes expressed the need to approach mental health issues differently, to ensure that they were doing the right thing. Some expressed concern that the wrong kind of management of mental health issues may exacerbate the problem for the sufferer, or may leave the manager open to criticism of insensitivity.

*it just is…does require some heavy…some fairly heavy-handed management.  To make sure that [the mental health sufferer] doesn't go off. (Managing Director, Information Services)*

*it can be really time-consuming because you've got to arrange meetings, you've got to take advice on how you approach an issue, make sure you... it is a fine line between being very sympathetic and also acting on behalf of the business and your professional job. (HR Manager, Manufacturing)*

*I think sometimes [managers] are worried about saying the wrong thing or knowing what they can say and being… you know, am I prying too much into your personal life?  Those kinds of things.  (Head of HR, Services)*

Participants also asserted that the impacts of mental health issues can be felt even when the employee is not absent, through reduced efficiency or service levels.

*If you don't look after people's mental health, then you find that efficiency drops. (Health & Safety Manager, Logistics)*

*I think we would say efficiency declined because [the mental health sufferer] was working at less than optimum occasionally. (Managing Director, Services)*

*So yes, we do have times where perhaps we…we have been delayed in meeting project deadlines or we have perhaps delivered something which had more bugs in it than…than should've done and perhaps it doesn't look good and the client's not very happy. (Managing Director, Business Services)*

*… if their performance is affected prior to them going off, you then find lots of areas in the work that they're doing that hasn't been accurate […] and it causes also a big impact on the people that are left on to do the job. (Managing Director, Property)*

Here again, perhaps because they are less well understood, the management of mental health issues in the workplace is presented as challenging. Participants see these issues as less easy to manage than other health issues, with more regular and lengthy patterns of absence and material impacts on colleagues and on work performance.

3. **Stigma around mental health issues persists, but things are slowly starting to change.**

Participants expressed the view that the stigma associated with mental health issues persists and that this can make employees reluctant to admit them, for fear of being seen as unable to cope with their jobs.

*If I'm absolutely frank, I still think that there is a stigma … attached to mental health (Head of HR, Services)*

*… still a lot of people wouldn't admit to having a mental health issue […] They actually would think it's a sign of weakness […] that they're failing at some part and in their life, that they can't cope. (Managing Director, Property)*

*but felt he couldn't really say anything, 'cause, you know, I think he was worried he would lose his job (HR Manager, Construction)*

But they also expressed the view that things are slowly starting to change, party due to increased awareness and heightened media attention for mental health.

*I think if people could just start to think about things as just being health, then the fact that somebody needs a bit of time, because they're mentally struggling, is no different than the person that needs a bit of time, because they've broken their leg or they've, you know, had their appendix out or they've, you know, had pneumonia. These things, you know, they're health […] and part of the stigma arises, because it has always been separated out and perhaps one has been seen as lesser than the other. (Managing Director, Business Services)*

*I think in society in general, I think [mental health] had been quite a taboo subject, it wasn't a thing that really happened, and obviously with social media and things like that, it's definitely been more brought into the forefront (Head of Data, Services)*

Participants also pointed to the role of the employer in supporting and driving through these changes in attitudes. These included being open and supportive, and taking mental health issues as seriously as other health issues.

*… getting your best out of your employees is not just looking after them in a physical way, but looking after their mental health as well. (Health & Safety Manager, Logistics)*

*I would like to think it's about being open and transparent. […] it's about having an awareness of the signs and symptoms that you might well get to know over a period of time and finding they're not balanced. (Head of HR, Services)*

*And although I feel it's people's own responsibility to manage their mental health, I do feel that we've got a huge responsibility to help people get through those times whether that's adapting their role or giving them more support in other ways. I think it's, you know, we want our team to be able to come to us and speak to us about it… (Practice Manager, Veterinary)*

Ensuring that managers model behaviour conducive to good mental health, and being ready to signpost employees to relevant resources were also discussed.

> *the other point that is really important is role modelling, making sure that your senior team role models … because they see it's important for them as well. (Head of HR, Services)*

> *it's not about solving issues for people, it's about signposting them to, you know, external resources that…that can properly help them. 'Cause I think you sometimes take the weight of the world on your shoulders and think, oh, I need to solve this, but actually, you can't. (HR Manager, Construction)*

> *[employers being] more aware of the early signs and how to signpost people appropriately to understand that actually this is not about us being able to resolve everything for everybody, it's about noting the signs, knowing who to signpost to (Head of HR, Services)*

The key role of line managers in identifying and addressing mental health issues at an early stage, and being equipped with the skills, resources and confidence to help, was also noted.

> *… do [managers] understand the key triggers, key stresses?  Are they having time with their teams to [identify] early signs […] And I think it's about the relationship the line manager has with that individual, which is absolutely key.  (Head of HR, Services)*

> *So, the managers will have catch ups with their teams on a monthly basis.  With each individual. And that helped.  So, you could sort of see if things are developing. You can try and nip them in the bud straight away.  If someone's really struggling their managers can alter the work load (Health & Safety Officer, Business Services)*

While acknowledging the stigma they still perceive in relation to mental health in the workplace, participants generally adopted an optimistic view of the future with a recognition that things are changing, and that firms themselves have a role to play in managing these

issues by providing the right kinds of support to managers and employees to allow supportive practices to become embedded[10].

# 3.CONCUSIONS AND RECOMMENDATIONS

We observed differences in the ways in which employers characterise good mental health and wellbeing by sector and size of firm which could be explained by sector and firm-level differences. We also found a divergence between the way that employers characterised the impacts of general health sickness absence and mental health sickness absence, with mental health absence more likely to be associated with impacts on colleagues, but general sickness absence more likely to be associated with impacts on operational aspects of the business. This divergence was present across all sectors and sizes of business. Focusing more closely on mental health absence, we noted business sector and size differences in the claimed impacts of mental health absence which could be explained by firm and sector-level variance. However, analysis of the narrative accounts of some participants uncovered underlying differences in our participants in attitudes towards mental health and the difficulties in managing it, and an acknowledgement that stigma surrounding these issues persists. While we cannot say exactly how widespread these particular underlying attitudes are, our survey research indicates that employers do indeed adopt a different approach to mental health versus physical health issues. This suggests that future initiatives to address mental health in the workplace ought to take account of this divergence. The variation in the ways in which employers from different sectors understand and experience mental health also suggests that initiatives should be tailored to reflect different business contexts. Moreover, as noted in the narrative data, employers themselves may have a role to play in addressing the stigma surrounding mental health issues in the workplace, and supporting them to do so may be a relevant future route for policymakers and practitioners to explore.

As noted above, the fieldwork for this study concluded in March 2020, as the Covid-19 lockdown in England began, and the findings therefore broadly reflect a pre-crisis

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[10] The fieldwork for this study concluded in mid-March 2020, before the Covid-19 crisis and lockdown. Subsequent interviews were carried out during July and August 2020 with some of the original participants, to explore mental health issues during the crisis. Please see ERC (2020) *Workplace mental health and Covid-19: experiences of firms in the Midlands* Available at: https://www.enterpriseresearch.ac.uk/wp-content/uploads/2020/11/ERC-ResReport-Workplace-mental-health-and-Covid-19-experiences-of-firms-in-the-Midlands.pdf

landscape. A subsequent study based on follow-up interviews with a subset of our research participants[11] offers insight into the ways in which the crisis and resulting changes in working practices impacted on mental health in the workplace. These interviews found that employers had noticed new triggers for mental health issues in staff, including being furloughed, experiencing so-called furlough envy, and struggling to cope with caring responsibilities while working remotely. They also pointed to mental health issues in staff who had not previously experienced them, particularly younger employees and those for whom the social interaction of the workplace was important. In addition, employers said that identifying staff members who were struggling with mental health issues was more challenging with dispersed teams and the absence of face-to-face interactions. Finally, employers told us that employees seem to be more reluctant than ever to disclose mental health issues in the wake of the crisis, an effect they attributed to job-protecting in the face of possible redundancy programmes. In the light of these findings, and of other research which indicates that the crisis will provoke a significant increase in mental health issues generally in the UK[12], it is evident that employers in all sectors will need to be open to mental health issues provoked by different factors and in different employees than before. Ensuring that these issues are identified and that staff feel able to disclose them may require changes in organisational practices and the embracing of external initiatives which employers may not have considered before. For policymakers, employers and mental health organisations, future initiatives aimed at addressing workplace mental health issues will need to reflect the change in the landscape provoked by the Covid-19 crisis as well as the sectoral and attitudinal differences we have identified in this paper.

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[11] ERC (2020) Workplace mental health and Covid-19: experiences of firms in the Midlands Available at: https://www.enterpriseresearch.ac.uk/wp-content/uploads/2020/11/ERC-ResReport-Workplace-mental-health-and-Covid-19-experiences-of-firms-in-the-Midlands.pdf
[12] Centre for Mental Health. (2020). Covid-19 and the nation's mental health Forecasting needs and risks in the UK: May 2020. Retrieved from: https://www.centreformentalhealth.org.uk/covid-19-nations-mental-health Last accessed 8 Sept 2020

# ANNEXE 1: QUALITATIVE DATA ON GOOD MENTAL HEALTH IN THE WORKPLACE

Participants talked about mental health in the workplace in a variety of ways, and several clear themes emerged. Some participants focused on the way that staff felt about their work and workplace. Staff feeling happy, for example, was commonly expressed by several participants as an indicator of good mental health.

> *It's just really about making sure that our team are happy at work, that they feel valued, engaged and supported (Practice Manager, Veterinary)*

> *Good mental health is people who are happy to be at work. People who are reliable, are able to be offered a lot of information to us, motivated at work, and also have consideration for the other employees. (Health & Safety Manager, Logistics)*

> *… are employees happy when they come to work? Because we want people to be happy (HR Adviser, Logistics)*

Others were more concerned with the way that the workplace environment worked to help their employees. A culture that supported staff, and that made them feel valued, was mentioned.

> *I think it, to me, it means being valued and being supported by your employer and being listened to (Managing Director, Business Services)*

> *We very much believe that you work to live, not live to work [so] we've tried to build a company that is incredibly supportive of the varying different needs that people might have and are very clear not to disregard people's values, because they might have a long term or a short-term issue, […] we want people to be here and feel supported (Managing Director, Business Services)*

Openness and providing employees with the opportunity to talk about any issues they may have was an important indicator of good mental health for some participants.

> *[good mental health means that people feel comfortable when they're in the workplace, they don't feel like they are being harassed […] then if they were to have*

*a problem, hopefully, they've got somebody in the workplace that they know that they can go to and speak about these things (Head of Data, Services)*

*it's having the… things in place for people, one, to be able to come and talk to us about it. (Practice Manager, Veterinary)*

Morale and team spirit were seen by some as central to good mental health.

*think a good morale within the workplace and a nice, sort of close knit, friendly sort of workforce, obviously there's a balance to be had isn't there. But yeah, I think an open sort of forum if you like. (General Manager, Manufacturing)*

*it's a team environment and in order for everything to succeed, then the whole team has to be okay. And if one part of that team falls down for whatever reason, then it's our responsibility to ensure that they're okay. (Managing Director, Property)*

Additional themes less frequently discussed were that employees had a *[good] work-life balance. (HR Manager, Services), job satisfaction…* (Office Manager, Business Services) and *people being the best that they can be at work, not feeling anxious (Head of HR, Services).*

# ANNEXE 2: REPORTED IMPACTS OF GENERAL HEALTH SICKNESS ABSENCE VERSUS MENTAL HEALTH SICKNESS ABSENCE, BY SECTOR AND SIZE OF FIRM
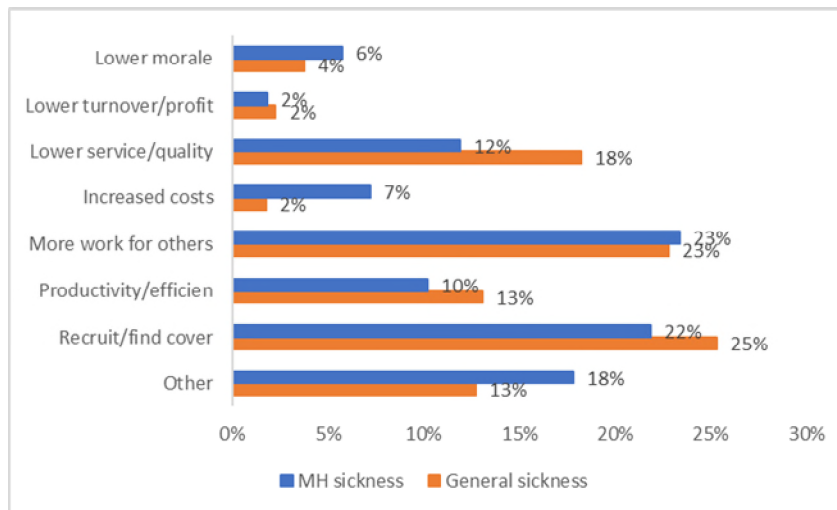
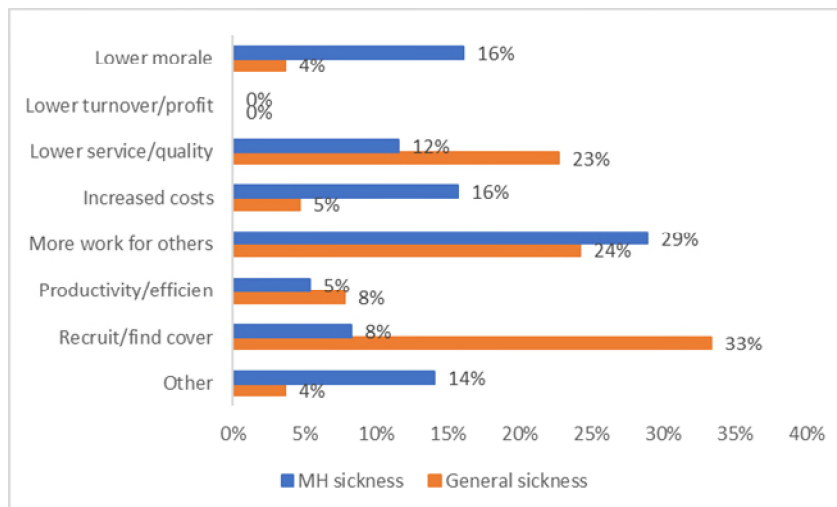Impact of mental health versus general sickness absence – Production sector firms
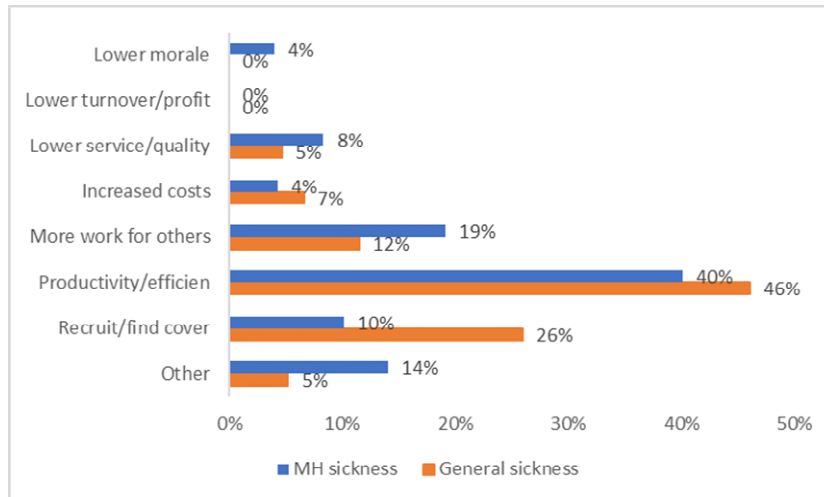


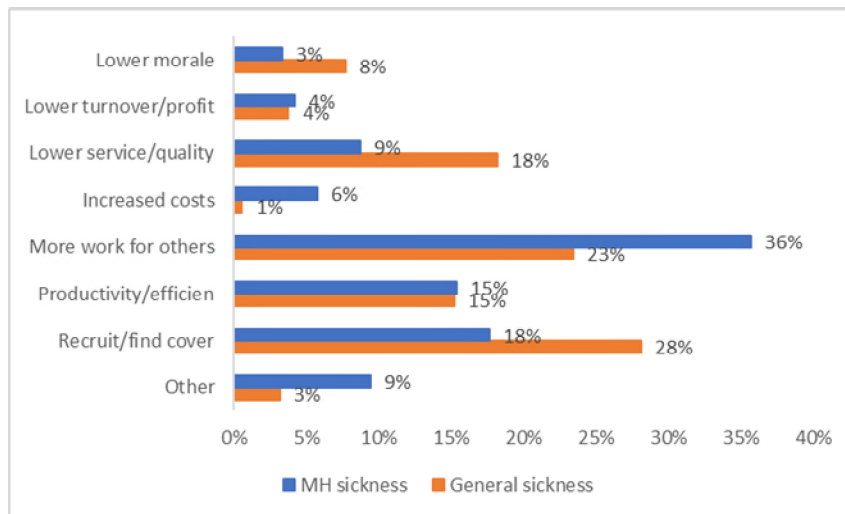Impact of mental health versus general sickness absence – Construction sector firms
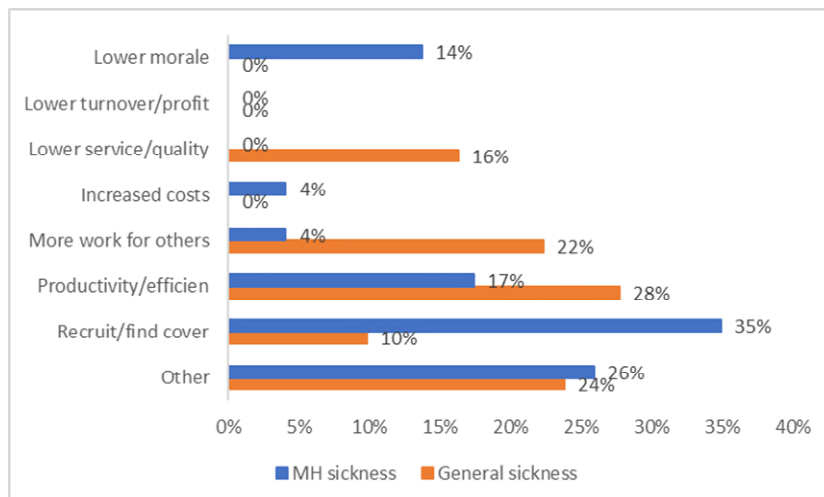
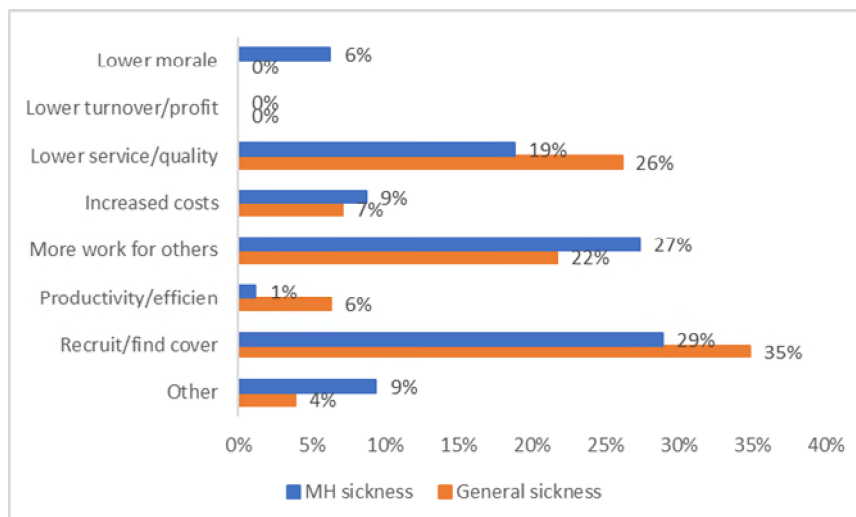Impact of mental health versus general sickness absence – Wholesale/Retail sector firms



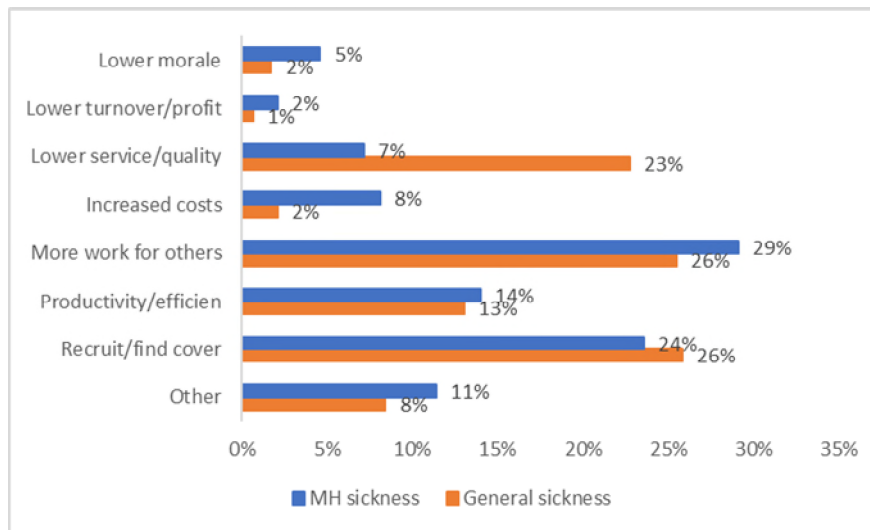Impact of mental health versus general sickness absence – Hospitality sector firms

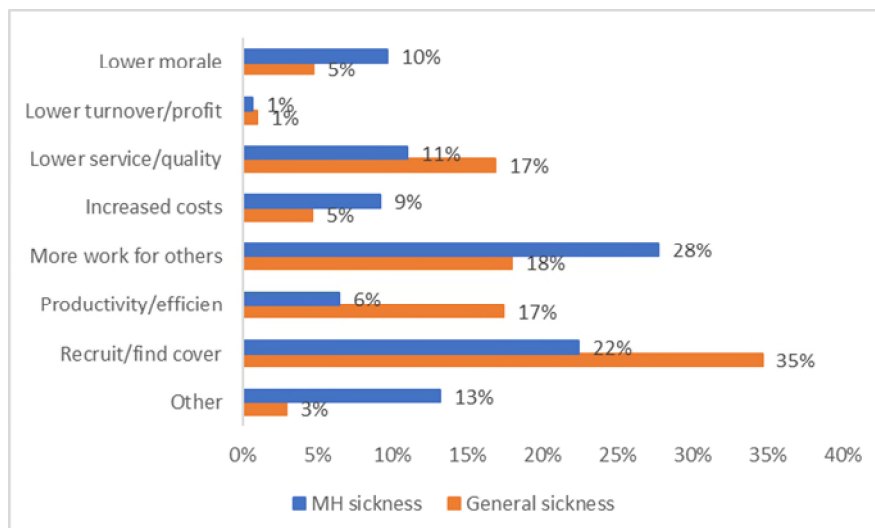Impact of mental health versus general sickness absence – Business services sector firms



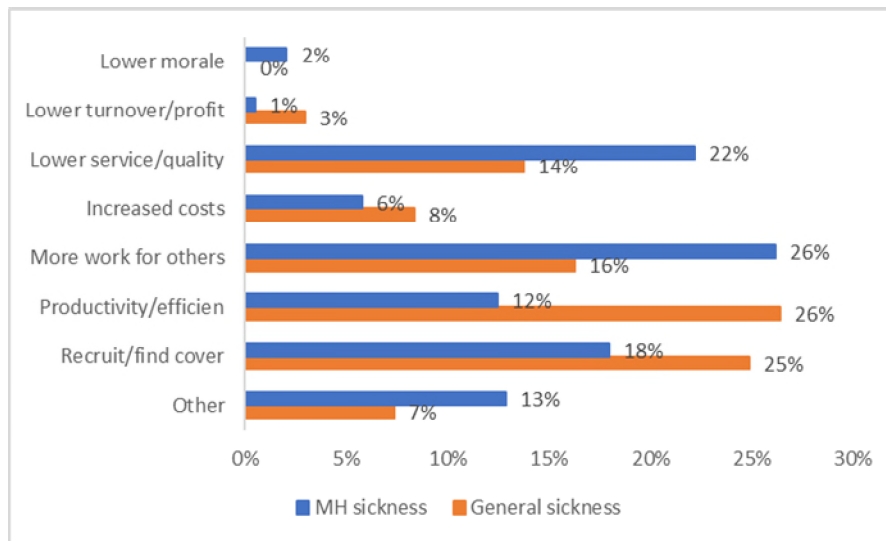Impact of mental health versus general sickness absence – Other services sector firms

Impact of mental health versus general sickness absence – firms with 10-19 employees



Impact of mental health versus general sickness absence – firms with 20-49 employees

Impact of mental health versus general sickness absence – firms with 50-249 employees



Impact of mental health versus general sickness absence – firms with 250 plus employees

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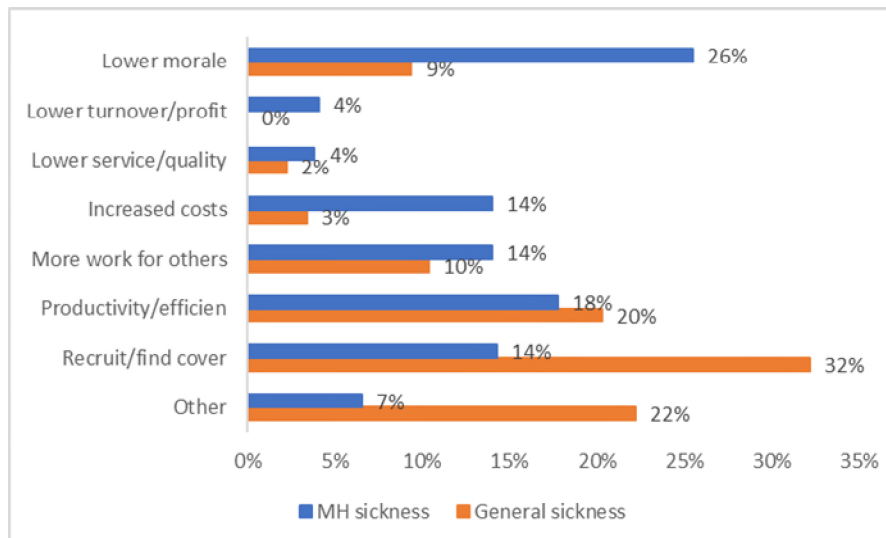
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