

State of the Art Review



Workplace Mental Health in Small and Medium-Sized Enterprises

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The purpose of this review is to synthesise contemporary research examining the state of workplace mental health in small and medium-sized enterprises (SMEs). Evidence suggests that employees in SMEs experience mental health challenges, such as stress, depression and anxiety, at rates comparable to and in some cases higher than employees in large organisations. Yet, SMEs are less likely to engage in workplace mental health promotion and are more likely to report barriers to investing in wellbeing initiatives. Studies highlight resource limitations, the absence of dedicated HR or occupational health capacity, and lower awareness of the business case for investing in mental health as the most common barriers to engagement. At the same time, the close-knit, informal nature of many SMEs presents a unique opportunity to foster trust, psychological safety, and rapid change if mental health is prioritised. Few interventions explicitly consider the unique barriers and facilitators faced by SMEs, and even fewer have been evaluated for long-term sustainability and cost-effectiveness. Addressing the lack of SME-specific research in this area is crucial to improve both employee wellbeing and business sustainability in UK businesses.

Background

The workplace mental health crisis is increasing rapidly, with recent survey data from 19 European countries estimating the prevalence of mental health risk among workers to now be 45.1 per cent (Gyori et al., 2025). Here, 'mental health risk' was defined as employees' exposure to at least one psychosocial workplace factor that negatively affects mental wellbeing, such as work overload. In the United Kingdom (UK) specifically, poor mental wellbeing among employees has been estimated to cost employers approximately £51 billion annually (Deloitte, 2024) and the wider economy £102 billion annually. The national and strategic response to this has been the promotion of employee mental health and wellbeing as a crucial component of organisational sustainability, productivity, and

broader societal well-being. Recent policy initiatives such as the Thriving at Work review (Stevenson & Farmer, 2017) have encouraged employers to invest in employee mental health, not only as a moral imperative but a strategic business priority, highlighting the return on investment to be almost 10 pounds for each pound invested. Since then, engagement with workplace mental health initiatives in the UK has increased (CIPD, 2023). For example, Blake et al. (2024) found that the proportion of organisations offering line manager training in mental health increased by 9 per cent (from 50 to 59%) from pre-pandemic to 2023. However, a significant gap persists between small and medium-sized enterprise (SMEs) and larger organisations in terms of engagement with mental health promotion interventions (Martin et al., 2018).

SMEs (defined as businesses with less than 250 employees), make up 99 per cent of the UK business population and employ over 60 per cent of the private sector workforce (Department for Business and Trade, 2024). A recent study found that nearly half of surveyed SMEs (46%) identified rising levels of worker mental-health challenges as their greatest safety risk (Snape, 2025). Evidence also shows that SME employees are experiencing mental ill health symptoms at rates either comparable to or higher than those in large organisations (Martin et al., 2018). This includes stress, burnout and depression (Tetrick & Peiro, 2012), anxiety (Jalil & Ali, 2023) job insecurity and blurred work-life boundaries (Harvey et al., 2017) as well as stigma (Gayed et al., 2018). Furthermore, a recent study found that mental health-related absences were more likely claimed to harm business performance in the smallest firms (Enterprise Research Centre, 2024). In this study, 45 per cent of firms reporting mental-health related absences said they negatively impacted the business, rising to 56 per cent in the very smallest SMEs).

Despite these adverse effects, SMEs often fail to meet occupational health and safety standards (Howlett, 2023) and are more likely to report barriers and challenges to implementing and engaging with mental health interventions (Benning et al., 2022). In particular, SME owners and managers report a perceived lack of time and monetary resources as their primary reasons for not engaging with such initiatives (Eakin et al., 2010). Given their critical contribution to the UK economy, this review focuses on workplace mental health in SMEs, with three specific aims: (1) to explore the evidence on the specific mental health challenges experienced by SMEs, (2) to assess the barriers and facilitators to implementing mental health initiatives in SMEs, and (3) to outline steps needed to strengthen workplace mental health promotion in SMEs.

Research Evidence

Workplace Mental health problems in SMEs

The conditions under which SMEs operate, often characterised by less resources, flatter leadership hierarchies, and informal infrastructure, can amplify the pressures that contribute to workplace mental health problems (Gray & Mabey, 2005). For instance, SMEs frequently experience more severe financial and resource constraints because of their smaller size and reduced human resource capacity (Bakhtiari et al., 2020). Such constraints can result in increased productivity demands on their employees to ensure that the organisation can remain competitive (Zare et al., 2025). The effects of this can be further explained through the Job Demands–Resources (JD-R) model, which

highlights that when job demands outweigh available resources, employees are more likely to experience strain and mental health difficulties (Bakker & Demerouti, 2017). For SMEs, recurring shortfalls in resources, such as managerial support, training opportunities, and mental health infrastructure (International Labour Organisation, 2019), can exacerbate this imbalance.

Moreover, because SMEs have smaller workforces, employees frequently take on multiple roles and responsibilities (Cantoni et al., 2025). Hence, when one employee experiences a mental health challenge, the effects are more easily felt among other workers. Suter et al. (2023) found that the performance of an employee with a mental health challenge affected co-worker workloads and had a socio-emotional impact on morale and workplace relations in SME (Wishart, 2023). This shows that mental health difficulties are rarely experienced in isolation but rather, create ripple effects across the organisation. Preventing such difficulties before they arise, and managing them effectively when they do, is therefore essential for SMEs. Achieving this, however, requires an understanding of the barriers and facilitators that shape how SMEs manage employee mental health challenges.

Barriers and facilitators to managing mental health in SMEs

Table 1 (Appendix) presents an overview of 12 studies conducted in European countries which examined the barriers and facilitators to implementing mental health initiatives in SMEs. A consistent finding is that resource constraints, specifically limited time and financial capacity, are a major impediment (Blake et al., 2023; Engels et al., 2024; Masi et al., 2015; Stynen et al., 2022). These constraints are often compounded by limited awareness among SME owners and managers of the business case for investing in employee mental health (Hughes et al., 2011). This means that when faced with competing operational demands, mental health is deprioritised (Stynen et al., 2022). Cultural and organisational factors further restrict engagement, including stigma surrounding mental health (Tsantila et al., 2023), the persistence of ‘macho’ workplace norms (Blake et al., 2023), and low levels of trust in top management (Anzion et al., 2025). Collectively, these barriers create a challenging environment in which mental health promotion struggles to gain traction within many SMEs.

In contrast to these barriers, SMEs also possess certain characteristics that can facilitate the promotion of good employee mental health. SMEs are often more close-knit (Rimmer, 2025), with informal relationships that can foster openness and trust. This sense of familiarity can make employees more willing to disclose mental health difficulties. Reflecting this, a recent survey of small employers found that 68 per cent of employees reported feeling “somewhat” or “very” comfortable discussing mental health issues (Auger & Pohlmann, 2022). This represents a notable advantage, but one that will only translate into better outcomes if SMEs are equipped to respond effectively. Unfortunately, despite these high levels of comfort, only 31 per cent of employers said that they felt prepared to address mental health issues when they arose, highlighting a critical gap between willingness to talk and capacity to act.

Overview and Evidence Gaps

Closing the gap between disclosure of mental health issues and action requires mental health-focused interventions which are designed to enable SMEs to manage their barriers while leveraging their facilitators. Yet, because current approaches are designed using research conducted in large organisations (Aust et al., 2024; Cocker et al., 2013; Martin et al., 2020), there is often a poor fit between the design of these interventions and the structural realities of SMEs. Holt and Powell (2015) highlight that interventions developed for larger organisations may be too complex, overly formal, or insufficiently adaptable to the realities of SME operations. Without approaches tailored to their unique contexts, SMEs risk being left with tools that are ill-suited to their needs, limiting both uptake and impact. Table 2 below outlines the key barriers and facilitators, together with the implications of failing to manage or capitalise on them. It also highlights some of the implications for SME mental health interventions, though further research is needed to design and evaluate approaches that are specifically tailored to SME contexts.

Table 2. SME Barriers and Facilitators and Implications for Workplace Mental Health

Barrier and implication if unmanaged	Facilitator and implication if leveraged	Implications for SME interventions
Limited financial and time resources → High demands, deprioritisation of mental health	Smaller size → agility and capacity for rapid change	Interventions must be affordable and adaptable to SME operations
Lack of HR/occupational health capacity → inconsistent or reactive practices; risk of non-compliance	Informal structures → flexibility in how support can be introduced	Interventions should provide simple, non-bureaucratic processes that fit SME contexts
Stigma and workplace norms (e.g. “macho” culture) → under-reporting, presenteeism, hidden strain	Close-knit cultures → openness, trust, and willingness to disclose	Interventions should reinforce confidentiality while building on existing trust
Leadership pressures and competing demands → mental health deprioritised	Direct owner/manager influence → ability to quickly set cultural tone and priorities	Interventions must target SME leaders as change agents and frame MH as integral to business success
Competing operational demands → wellbeing sidelined in favour of short-term priorities	Willingness of employees to engage when supported → proactive participation in initiatives	Interventions should build basic mental health literacy and create safe spaces for participation

A systematic review by Hogg et al. (2021) similarly concluded that SMEs need to receive tailored approaches to mental health promotion. However, several gaps exist in the current literature base that hinder the effective tailoring and implementation of relevant mental health initiatives in SMEs, including:

- Lack of implementation science research to understand the contextual barriers and facilitators unique to SMEs.
- Underrepresentation of micro-businesses (defined as businesses with fewer than 10 employees) in research.
- Limited longitudinal evidence on the sustained impact of mental health initiatives in SMEs.
- Scarcity of cost–benefit analyses to demonstrate the return on investment for SME-focused mental health interventions.
- Sector-specific insights into how SMEs in different industries may require tailored approaches.
- Evidence on digital and hybrid delivery of interventions in SMEs, particularly given SMEs’ dispersed workforces and limited in-house capacity.

Addressing these gaps requires researchers, policymakers, and support bodies to place greater focus on understanding workplace mental health in SMEs as distinct from larger firms and organisations. However, the current evidence base points to some recommendations for SME owners and managers in managing workplace mental health:

- **Conduct regular mental health assessments as a foundation for action (WHO & ILO, 2024).** SMEs should begin by evaluating employee needs and existing gaps using surveys, checklists, or publicly available tools. This ensures that any mental health intervention or strategy to be implemented is evidence-informed and aligned with actual employee needs.
- **Integrate mental health into core business strategy (Hassard et al., 2024).** Employee mental health should be positioned as both a workforce wellbeing priority as well as a driver of productivity, retention, and performance. SMEs can incorporate mental health goals into existing health and safety and business planning processes.
- **Leverage SME cultures while ensuring confidentiality (Paterson et al., 2024).** SMEs’ close-knit structures can facilitate trust and open dialogue around mental health. However, formal mechanisms (such as digital support services or access to external providers) are also needed to protect privacy and encourage disclosure.
- **Invest in education and ongoing awareness (Dulal-Arthur et al., 2023).** Provide mental health education (for e.g., mental health first aid) for both leaders and employees to reduce stigma, increase mental health literacy, and build confidence in supporting colleagues. Awareness should not be limited to one-off events but be reinforced through ongoing campaigns and workplace discussions.
- **Adopt scalable, low-cost interventions (Paterson et al., 2024).** Explore options such as digital training in mental health for managers (e.g., Managing Minds at Work; Blake et al., 2022; Hassard et al., 2025).

- **Build strategic partnerships (Audretsch et al., 2023).** SMEs should actively engage not only with business networks, trade associations, and public health bodies but also with local psychological associations, civil society organisations, and charities.
 - **Promote collective action and shared resources (Nikayin & De Reuver, 2015).** Where individual SMEs lack capacity, pooling resources through local business clusters, or sectoral initiatives can reduce the costs of and extend access to mental health support.
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Conclusion and Policy Implications

Overall, this review highlights that workplace mental health challenges are particularly high in SMEs, where resource constraints and competing operational pressures often result in high levels of anxiety, stress and burnout. Yet, it should be acknowledged that SMEs possess unique strengths (such as close-knit cultures and direct managerial influence) that can be used to create mentally healthier workplaces when the right structures and supports are in place. However, current evidence shows a persistent gap between the willingness of SME employees to discuss mental health difficulties and the ability of employers to respond effectively to such challenges.

Recent policy developments further reinforce the urgency of addressing these gaps. For example, the Mayfield Review of the Future of Work (2024) report that employee health and wellbeing are crucial factors in ensuring the UK's economic resilience and productivity. Alongside this, government and organisational interest in workplace mental health have risen significantly following the Thriving at Work Review as well as the post-pandemic wellbeing crisis. These developments signal a shift toward viewing mental health not only as a public health issue but as a core component of labour market strategy and business sustainability.

For policymakers, the findings of this review point to several priorities. First, it is critical that SMEs have targeted, accessible, and affordable support, including risk assessment tools, digital training interventions, and sector-specific guidance. Moreover, policies should incentivise collective solutions, such as local business networks and cluster-based initiatives that allow SMEs to pool resources and share mental health expertise. Third, stronger integration of workplace mental health within the UK's wider productivity and skills agenda is essential as this will help SME leaders to understand that investing in mental health is not an optional add-on but a strategic lever for organisational resilience, retention, and performance. Finally, strengthening the evidence base remains critical. More implementation research, cost-benefit analyses, and micro-business-focused studies are needed to design interventions that fit the realities of SME work. Overall, improving workplace mental health in SMEs represents both a national priority and an opportunity to enhance wellbeing and economic sustainability across the UK's largest employer group.

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Appendix. Table 1. Barriers and Facilitators to Implementing Mental Health Programmes in SMEs.

Study	Country	Sector	Barriers	Facilitators
Blake et al. (2023)	United Kingdom	Construction	1. Traditional views and macho culture 2. Financial constraints	1. Awareness, knowledge, and education about mental health
Lloyd et al. (2025)	United Kingdom	Healthcare, hospitality, transport, manufacturing, trade, education, construction, and professional services	1. Overall level of awareness of available support	1. Trust between employee and employer
Tsantila et al. (2023)	United Kingdom	Construction Healthcare ICT	1. Stigma related to mental health	1. The existence of a structured plan for implementation
Williams & Snow (2012)	United Kingdom	Service Manufacturing	1. Lack of tangible benefits 2. The lack of planning	1. The assistance provided by the external facilitator
Anzion et al. (2025)	Netherlands	Plastics Manufacturing Company	1. Low trust towards the top management	1. Overall positive attitude towards the project
Stynen et al. (2022)	Netherlands	Transport & logistics, industry, agriculture, forestry, construction, retail, hospitality, and specialist business services	1. Lack of capacity (e.g., time and people) 2. Unclear cost balance benefit	1. Financial support (e.g., from government) 2. Suitability for the organisation
Benning et al. (2022)	Netherlands	Owners HR professionals Occupational health and safety officers	1. Complexity of implementation of measures 2. Perceived availability of time	1. Available resources 2. Workers' and managers' awareness with regard to (long-term) health risks

Kuske et al. (2024)	Germany	Owner- Managers and hired managers	1. Confidentiality challenges	1. Personal experience with mental health challenges 2. Professional knowledge
Engels et al. (2024)	Germany	Healthcare Social services Technical Construction Manufacturing	1. The complexity of the intervention 2. Users' ability and willingness to invest time	1. Willingness to concede time 2. A generally available willingness of the employees for the implementation of the intervention
Muurauskangas et al. (2016)	Finland	ICT	1. Not seeing problems in their occupational well- being 2. Lack of time	1. Desire to feel better at work 2. Desire to improve well-being
Ipsen et al. (2015)	Denmark	IT Manufacturing	1. Lack of management support 2. Lack of time	1. Presence of management in-house employee facilitators
Masi et al. (2015)	Italy	Manufacturing	1. Management's negative attitude 2. Worker's negative attitude 3. Lack of time, economic and human resources	1. Availability of economic resources 2. Regulation related guidelines

About the author



Teixeira Dulal-Arthur is a PhD student at Queen's Business School and a Research Assistant at the University of Nottingham. Her research explores how leadership development and manager training can help reduce the financial costs of mental ill health at work by creating more psychologically healthy workplaces. She has experience in academia, teaching postgraduate students in research methods and data analytics. Her published work focuses on applying evidence-based strategies to improve employee wellbeing and leadership practices in the workplace.

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