

## **RICHMOND FOUNDATION**

PROVISION OF RESEARCH, PROCEDURES MANUAL,  
MONITORING AND POLICY RECOMMENDATIONS FOR THE  
PROJECT: HEALTHY MIND FOR HEALTHY BUSINESS

**REFERENCE NUMBER: HM/O1**

## **FINAL PROJECT REPORT**

**Informa Consultants** in joint venture with **Outlook Coop**  
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## CONTENTS

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Project Objectives	...003
Research Findings	...005
Research Objectives	...005
Methodology	...006
Sample Composition	...010
Executive Summary	...013
Research Results	...019
Monitoring of the Project	...054
Manual of Procedures	...056
Policy Recommendations	...090
Appendix I – Audit Questionnaire	...100

## PROJECT OBJECTIVES

Whilst the value of mental health at the workplace is becoming an increasingly important aspect in today's working environment, such an issue is not being reflected in adequate policies and informative measures taken within the local business scenario. The concept of implementing policies of different kinds within the workplace is very low and hardly any statistics are available which indicate the extent of policy implementation among local business enterprises.

With this context in mind, the project Healthy Mind for Healthy Business aims at improving and increasing the awareness of mental health at the workplace, particularly at enabling the design and implementation of mental health policies within the local business enterprises.

In view of this, it was essential to first obtain a clear picture of the current situation with regards to the employers' perspective in such matters. Identifying the current realities in terms of mental health policies as well as other factors such as:

- *Mental health issues encountered*
- *The number of employees who actually need attention*
- *The type and magnitude of stressors at the workplace*
- *Policies and measures that can help to mitigate these stressors*

It was also important to assess these realities in terms of the different types of organisations, namely within various industries and of different sizes. Such characteristics of local businesses could be possible contributors to varying levels of mental health issues.

The aim of the project Healthy Mind for Healthy business is to promote and improve mental health at the workplace. Therefore, whilst the research presented a snapshot of the present situation in Malta & Gozo, it was essential that the findings also enable a more effective design of adequate mental health policies at the workplace. The drafting of a manual of procedures for business enterprises was thus undertaken in order to facilitate the development and implementation of mental health policies at work. Such a manual is to be distributed to companies in Malta & Gozo as well as other European Member States.

In order to also assess the effectivity of the project, two audits were carried out, at the beginning of the project and towards the end, to evaluate any shifts in perception on mental health issues, and to assess whether the project led to successful implementations of mental health policies within business enterprises.

## RESEARCH FINDINGS

### RESEARCH OBJECTIVES

By means of the study, Richmond Foundation set out to obtain a clearer picture of the current situation with regards to the employers' perspective on matters dealing with mental health at the workplace, more specifically identifying the current realities in terms of mental health policies and systems currently present at the workplace as well as other factors such as:

- *Mental health issues encountered*
- *The number of employees who actually need attention*
- *The type and magnitude of stressors at the workplace*
- *Policies and measures that can help to mitigate these stressors*

It was vital to assess such realities in terms of the different types of organisations, namely within various industries and of different sizes, since such characteristics of local businesses could be possible contributors to varying levels of mental health issues.

## **METHODOLOGY**

The research element of this study comprised of two audits which were carried out at the beginning of the project and towards the end of the project accordingly. The scope of having two audits was that of monitoring any shifts in perception and practices among employers.

Mirroring the 1<sup>st</sup> audit carried out in October 2013, the second audit consisted of a research study among the same local businesses targeted in the first audit, making use once again of quantitative methods. The second audit was carried out in August and September 2014. In view of the scope and nature of the project and the various aspects highlighted earlier, the study required the use of adequate research techniques to accomplish the objectives set out for this project. The same methodology was adopted for the second audit in order to enable a comparative analysis between the two audits.

In designing the research strategy for this project, two main factors were kept in mind when dealing with local businesses, namely Company size and Industry. It was important that both variables were recognised and reflected in the sampling approach since they determine the reliability and relevance of the data and information obtained.

### ***Sampling***

The sample targeted ensured a margin of error of not more than 3.7%. According to recent statistics relating to business demographics (NSO; News Release - Business Demographics: 2007-2012; 2013), registered business units in 2012 amounted to 70,782, and bearing in mind a margin of error 3.7%, with a confidence level of 95%, a net sample of 700 enterprises was required. The business statistics reveal that 97.1% of businesses consist of micro enterprises; 2.2% of small enterprises; 0.5% of medium enterprises; and 0.1% of large enterprises. Since the companies with over 9 employees are very few, it was agreed

that the sample within the latter three categories be increased in order to obtain a better representation for analysis purposes. Therefore the overall ratio of micro, small, medium, and large enterprises is not necessarily reflective of actual percentages.

During the 2<sup>nd</sup> Audit, the same companies and respondents which were interviewed in the first audit were contacted accordingly. In a few cases, the respondents were not willing to participate in the 2<sup>nd</sup> survey and were thus replaced. Similarly, in some companies, the person originally spoken to in the first survey, no longer worked with the company and in such cases the interview was carried out with the person replacing the original contact. All non-response or unsuccessful interviews were therefore replaced to achieve the net targeted sample of 700 respondents. The same sampling demographics were retained to enable a proper comparison between the two surveys.

As per the first audit, the sample targeted companies from different industries, as classified by NACE, namely consisting of the following industries:

- *Agriculture, forestry and fishing*
- *Mining and quarrying*
- *Manufacturing*
- *Electricity, gas, steam and air conditioning supply*
- *Water supply, sewerage, waste management and remediation activities*
- *Construction*
- *Wholesale and retail trade; repair of motor vehicles and motorcycles*
- *Transportation and storage*

- *Accommodation and food service activities*
- *Information and communication*
- *Financial and insurance activities*
- *Real estate activities*
- *Professional, scientific and technical activities*
- *Administrative and support service activities*
- *Public administration and defence; compulsory social security*
- *Education*
- *Human health and social work activities*
- *Arts, entertainment and recreation*
- *Other service activities*
- *Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use*
- *Activities of extraterritorial organisations and bodies*

Finally, the sample composition also ensured a representation of enterprises in Gozo in proportion to their representation in the total population. During the fieldwork, any enterprises with less than 2 people involved were replaced accordingly.



### ***Questionnaire***

The questionnaire adopted for the second audit was the same one used in the first survey. Minor adjustments were carried out to include a reference to any recall of the media and communications campaign related to mental health at the workplace. The questionnaire targeted the main aspects as highlighted in the objectives above in order to obtain the desired information. The survey generally lasted around 10 minutes and consisted mainly of close-ended questions.

### ***Fieldwork***

The fieldwork for the second audit was carried out between the 2 and 23<sup>rd</sup> October 2013, whilst the fieldwork for the first audit was carried out between the 13<sup>th</sup> August and 11<sup>th</sup> September 2014. A team of 12 trained and experienced interviewers participated in this survey. Since the surveys targeted businesses, telephone techniques were adopted for interviewing purposes and the CATI technique (Computer Aided Telephone Interviewing) was used when conducting telephone surveys.

In some cases, the person contacted during the 1<sup>st</sup> audit was no longer working with the targeted company, in which case the interview was carried out with the person who replaced the said personnel. In other cases, the companies interviewed during the 1<sup>st</sup> audit refused to participate in the 2<sup>nd</sup> audit, and in which case the interview was carried out with a company within the same industry, in order to retain the same sample composition for this study.

## **SAMPLE COMPOSITION**

## Industry

<b>Base</b>	<b>700</b> <b>100.0%</b>		
Agriculture, Forestry, and Fishing	38 5.4%	Financial & Insurance activities	33 4.7%
Mining & Quarrying	2 0.3%	Real estate activities	15 2.1%
Manufacturing	37 5.3%	Professional, scientific and technical activities	88 12.6%
Water supply, sewerage, waste management and remediation activities	2 0.3%	Administrative and support service activities	53 7.6%
Construction	46 6.6%	Education	23 3.3%
Wholesale & Retail trade, repair of motor vehicles and motorcycles	187 26.7%	Human health and social work activities	17 2.4%
Transportation & storage	26 3.7%	Arts, entertainment and recreation	13 1.9%
Accommodation and food service activities	39 5.6%	Other service activities	56 8.0%
Information and Communications	18 2.6%	Other community, social and personal service activities	7 1.0%

## Company Size

<b>Base</b>	<b>700</b> <b>100.0%</b>		
1 - 9 employees	552 78.9%		

### Sector

<b>Base</b>	<b>700 100.0%</b>
Private Sector	695 99.3%
NGO	5 0.7%

### Age of Respondent

<b>Base</b>	<b>700 100.0%</b>
No reply	5 0.7%
	695 99.3%

### Role in Organisation

<b>Base</b>	<b>700 100.0%</b>
Owner / Partner / Director	444 63.4%
	256 36.6%

## Gender

<b>Base</b>	<b>700</b> <b>100.0%</b>
Male	429 61.3%
Female	271 38.7%

## RESEARCH EXECUTIVE SUMMARY

The scope of carrying out two audits was that of monitoring any shifts in perception and practices among employers throughout the duration of the project Healthy Mind for a Healthy Business. Thus, second audit was carried out towards the end of the communications campaign.

When analyzing the findings for both audits one must keep in mind the demographic landscape and composition of the companies operating in Malta and Gozo. According to recent statistics relating to business demographics (NSO; News Release - Business Demographics: 2007-2012; 2013), registered business units in 2012 amounted to 70,782, out of which 97.1% consist of micro enterprises; 2.2% of small enterprises; 0.5% of medium enterprises; and 0.1% of large enterprises.

The sample composition is therefore highly skewed towards the micro enterprises, and while this is the reality of the local business demographic in Malta & Gozo, one must evaluate the findings of this study in context of this reality. For instance, the size of a company automatically brings about certain restrictions and limitations when dealing with such aspects as mental health policies; systems or structures which cater for the mental wellbeing of employees, training related to mental health etc.

Results during both audits show that the majority of people interviewed, associate mental health problems with Depression - registering an increase of 8.8% since October 2013, now at 63.9%. Stress disorders and Anxiety are the second most associated mental health problems, referred to by 44% and 22.3% of respondents respectively during the second audit. A considerable percentage of respondents (20.1%) also made reference to the term 'Breakdown', when thinking about mental health problems.

The study also reveals that up to 79.2% of companies interviewed feel that mental health problems are common in our society, out of which 15.3% said they are very common. The overall percentage shows an increase of 2.8% since the first audit in October 2013.

Based on the reported feedback from employees in both audits, the majority of companies did not encounter any cases of mental health problems at the workplace during the past 2 years. In the second audit, up to 13.6% reported actually encountering such cases at work over the last 2 years.

Expectedly, larger companies are more likely to encounter cases of mental health problems at the workplace. The findings of the second audit reveal that 55.6% of the companies with over 249 employees encountered cases of mental health problems at the work over the past 2 years, increasing by 11.2% since the previous survey. The incidence of such cases decreases as the size of the company decreases, whereby findings show that 27.8% of companies with 10 to 49 employees, and 27.5% of companies with 50 to 249 employees encountered such cases in the last two years.

Furthermore, results show that 50% of companies with over 249 employees encountered more than 4 cases of mental health problems within the company over the past two years, followed by 20% of companies within this category who registered a total of 4 cases. On the other hand the other companies with less than 249 employees generally registered a maximum of one case of mental health problems in the past two years.

When assessing the type of problems encountered, the findings show that 'Depression' was the most common mental health problem encountered, accounting for up to 54.7% of the responses. This shows an increase of 7.2% since October 2013. Stress follows with 46.3%, also increasing by 3.9%, while Anxiety issues increased by 4% to 23.2%.

In view of trying to establish, in as far as is possible, the authenticity of these cases, the study also set out to identify whether these cases were actually diagnosed by a medical doctor. Findings show that 42.1% of companies who encountered mental health problems at the workplace said they were all diagnosed by a medical doctor. In comparison with the first audit, this shows a considerable decrease of 11.4%, which is reflected in the increase in the percentage of companies who said none of them were diagnosed, now at 36.8%.

The propensity to have the mental health problems diagnosed by a medical doctor is far higher within the larger companies. As a matter of fact, 80% of companies with over 249 employees stated that the cases were diagnosed by a medical doctor, increasing by 17.5% since October 2013.

Consistent in both audits, the majority of companies reported that the mental health problems mainly resulted from personal issues, registering 51.6% in the second audit, whilst 7.4% said that they were a result of work – decreasing by 13.8% since October 2013. Worth noting is also the fact that up to 38.9%, said they resulted from both work and personal issues, increasing by 16.7% accordingly.

During the second audit, one could notice a considerable shift when attempting to identify potential triggers of mental health problems at the workplace. Whilst in the first audit, 62.8% made reference to the workload, this decreased to 36.8% in the

second audit. The latter study shows that 39.7% quoted the 'type of work carried out' as the most potential trigger of mental health problems, while excessive pressure by superiors increased to 25%.

By means of the study, the attitude and approach of employees towards people at work who have mental health problems was assessed. Generally, when comparing the results of both audits a positive shift could be noted when assessing the attitude of colleagues towards people with mental health problems, particularly with the aspects of awkwardness, avoidance, ridicule, and discrimination. Nevertheless the findings still indicate that the overall perception and attitude of colleagues could still be improved in such aspects.

In the event of encountering cases of employees with mental health problems at work, findings indicate that a substantial percentage of companies (49.5%) offered moral support and discussed the issue with the person concerned. This registered a high increase in mentions of 39.4% since the previous survey. Furthermore, consistent with previous results, a considerable percentage of the employees were given some time off (35.8%), whilst 27.4% stated that work colleagues assisted the employee with the work duties.

As was the case in the first audit, the survey also set out to identify how best to improve the employees' knowledge and perception of mental wellbeing at the workplace. Consistent with the previous audit, most respondents made reference to a general media campaign (29.4%), nevertheless showing a decrease in mentions of 12.7% since October 2013. Results however reveal a shift towards more engagement and support from the company itself. One can in fact note a considerable increase in respondents who made reference to the fact that employers should offer help & support at work (18.4%) in order to improve



knowledge and perception of mental wellbeing. Likewise an increase in respondents making reference to more dialogue and communication was also registered.

The study also shows that the concept of a Mental Health Policy is still remote to most companies. However, in the second audit, although the majority of businesses (61.3%) stated they are not aware of mental health policies, an increase in awareness of 15% was registered when compared to October 2013. When analysed in terms of company size, results show that the awareness increases as the company size increases. As a matter of fact, within companies with over 249 employees, 72.2% are in fact aware of such a policy.

Furthermore, findings show that only 3.6% of companies interviewed do have such a policy in place, and these mainly consist of the large companies (44.4%) with over 249 employees.

When assessing the issue of training in issues dealing with mental health at the workplace results show that consistent with October 2013, the vast majority of businesses never received any training related to mental health at the workplace (94.6%). However worth noting is the fact that a slight increase of 1.3% among companies who did receive such training was registered, now at 4.4%. The most likely to have received such training at the workplace are companies with over 249 employees, with up to 44.4% of such companies saying they did receive training. This result also marks an increase of 5.5% since October 2013, and findings also show that a marginal increase was registered across companies of all sizes.

According to the majority of companies interviewed in the second audit (52.9%), training would lead to more awareness and prevention, being the highest quoted benefit of such training. In addition, up to 36.1% stated that with such training employees

are more likely to look after their mental health, whilst another 21.6% of businesses said that employees are likely to become more sympathetic and supportive towards colleagues with mental health problems.

Consistent with the previous survey, when taking a look at possible actions or systems within a company which could improve mental wellbeing at work, the highest percentage of respondents made reference to the issue of awareness (26.9%), implying that creating more awareness is what can improve mental wellbeing at the workplace. Another 20% made reference to 'less pressure/workload' and 16% of respondents stated that better communication between managers and subordinates is also likely to improve one's mental health at work.

On a final note, an assessment was carried out during the second audit to assess whether throughout the past year they had come across any adverts, articles, news items, or training dealing with Mental health at the workplace. Findings reveal that up to 43.6% of persons interviewed came across articles or news items dealing with mental health at work, followed by 40.7% who saw some adverts. One could note that the larger companies were more likely to recall adverts and articles or news items. However, one must also bear in mind the fact that human resource personnel, which are more likely to be present in larger companies, would tend to be more alert and interested in such matters, in contrast to smaller firms where far less weighting is placed on human resources due to the limited size of the company.

## RESEARCH RESULTS

### Perception of Mental Health Problems

The survey was initiated by first assessing the perception of the respondent on mental health issues. Respondents were therefore asked what conditions generally come to mind when they hear the term 'Mental Health Problems', so as to gauge awareness and possible misconceptions on the matter.

**Table 1. When I mention the term 'mental health problems', what type of conditions generally come to mind?**

Base			
Base	700 100.0%		
Don't know	15 2.1%	Schizophrenia	35 5.0%
Depression	447 63.9%	"Lack of Energy / Motivation"	27 3.9%
Stress / Stress Disorder	308 44.0%	"Lack of self control"	24 3.4%
Anxiety	156 22.3%	"Crazy (mignun)"	24 3.4%
"Breakdown"	141 20.1%	Other	23 3.3%
Dementia / forgets	68 9.7%	Bipolar Disorder	21 3.0%
Cannot reason properly / retarded / mental problems	55 7.9%	Addictions (Drug & Alcohol)	18 2.6%
"Very Nervous"	38 5.4%	Obsessive behaviour/ Obsessive Compulsive Disorder	17 2.4%
		Anorexia / Bulimia / Eating Disorder	11 1.6%

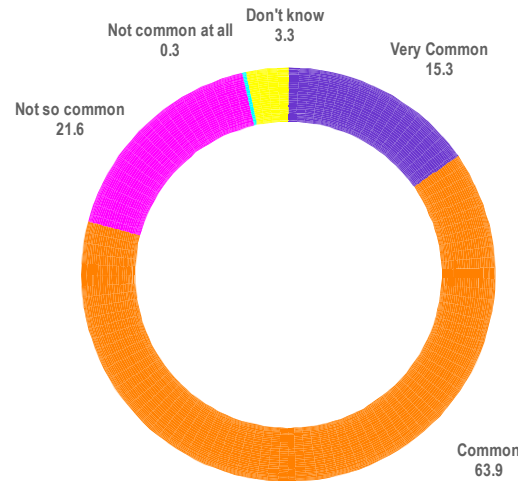
Consistent with the previous survey, results show that the majority of people interviewed, 63.9%, associate mental health problems with Depression - registering an increase of 8.8%. Stress / Stress disorder follows consistently with 44%, and Anxiety was registered among 22.3% of respondents, also increasing since the previous survey by 5%. Following Anxiety, a considerable percentage of respondents (20.1%) made reference to the term Breakdown, when thinking about mental health problems.

*Following the first question, respondents were given a brief overview of what mental health problems generally comprise of, and a distinction was also made from intellectual disability. This was done in order to ensure that the respondents were on the same wavelength in view of the rest of the questions to be asked throughout the survey.*

The next question further assessed the perception of mental health problems by identifying whether people think such occurrences are common in our society.

**Table 2. In your opinion are mental health problems in our society:**

Base	700 100.0%
Very Common	107 15.3%
Common	447 63.9%
Not so common	121 17.3%
Not common at all	2 0.3%
Don't know	23 3.3%



**Audit #1**

Base	700 100.0%
Very Common	126 18.0%
Common,	409 58.4%
Not so common, or	151 21.6%
Not common at all	4 0.6%
Don't know	10 1.4%

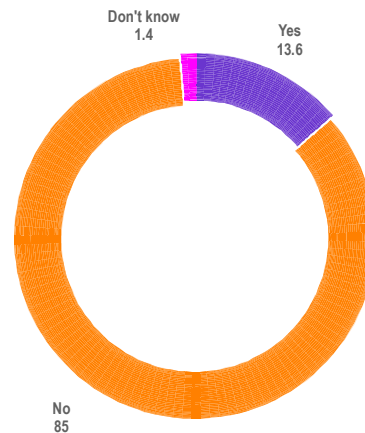
A total of 79.2% feel that mental health problems are common in our society, out of which 15.3% said they are very common. The overall percentage shows an increase of 2.8% since October 2013. This shift is partly reflected in the decrease in percentage who feel that they are not common issues in our society – decreasing by 4.6%.

## Mental Health Problems at the Workplace

The survey next set out to identify the occurrence of mental health problems at the workplace over the past 2 years.

**Table 3. During the past 2 years, have you ever had someone at work who was experiencing mental health problems?**

Base	
<b>Base</b>	<b>700 100.0%</b>
Yes	95 13.6%
No	595 85.0%
Don't know	10 1.4%



### Audit #1

Audit #1	
<b>Base</b>	<b>700 100.0%</b>
Yes	99 14.1%
No	591 84.4%
Don't know	9 1.3%
Refused	1 0.1%

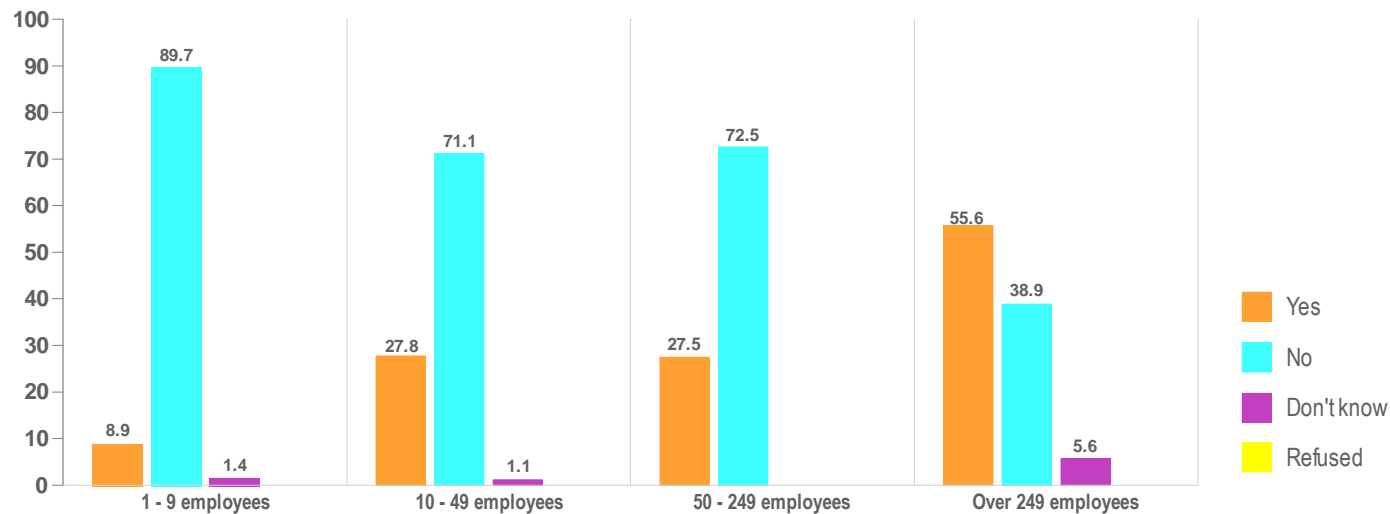
Similar to October 2013, up to 13.6% said that a person/s at work over the past 2 years experienced some kind of mental health problems, whilst the majority (85%) said they did not encounter such cases at the workplace over the past 2 years.

The results are assessed further in terms of company size below.

**Table 4. During the past 2 years, have you ever had someone at work who was experiencing mental health problems? by Company Size**

	Total	1 - 9 employees	10 - 49 employees	50 - 249 employees	Over 249 employees
<b>Base</b>	<b>700</b>	<b>552</b>	<b>90</b>	<b>40</b>	<b>18</b>
Yes	95 13.6%	49 8.9%	25 27.8%	11 27.5%	10 55.6%
No	595 85.0%	495 89.7%	64 71.1%	29 72.5%	7 38.9%
Don't know	10 1.4%	8 1.4%	1 1.1%	- -	1 5.6%

The highest percentage of cases of mental health problems was registered among companies with over 249 employees, increasing by 11.2% to 55.6%, since the previous survey. Companies with 10 to 49 and 50 to 249 employees follow with 27.8% and 27.5% respectively.



**Table 5. During the past 2 years, have you ever had someone at work who was experiencing mental health problems? by Industry**

	Base	Yes	No	Don't know
<b>Total</b>	<b>700</b>	<b>95 13.6%</b>	<b>595 85.0%</b>	<b>10 1.4%</b>
Agriculture, Forestry, and Fishing	38	4 10.5%	34 89.5%	-
Mining & Quarrying	2	-	2 100.0%	-
Manufacturing	37	8 21.6%	29 78.4%	-
Water supply, sewerage, waste management and remediation activities	2	-	2 100.0%	-
Construction	46	1 2.2%	45 97.8%	-
Wholesale & Retail trade, repair of motor vehicles and motorcycles	187	17 9.1%	169 90.4%	1 0.5%
Transportation & storage	26	4 15.4%	22 84.6%	-
Accommodation and food service activities	39	12 30.8%	27 69.2%	-
Information and Communications	18	5 27.8%	13 72.2%	-
Financial & Insurance activities	33	9 27.3%	24 72.7%	-
Real estate activities	15	4 26.7%	10 66.7%	1 6.7%
Professional, scientific and technical activities	88	6 6.8%	80 90.9%	2 2.3%
Administrative and support service activities	53	9 17.0%	42 79.2%	2 3.8%
Education	23	3 13.0%	20 87.0%	-
Human health and social work activities	17	6 35.3%	11 64.7%	-
Arts, entertainment and recreation	13	1 7.7%	12 92.3%	-
Other service activities	56	6 10.7%	48 85.7%	2 3.6%
Other community, social and personal service activities	7	-	5 71.4%	2 28.6%

Results are analysed further by Industry in the following table.

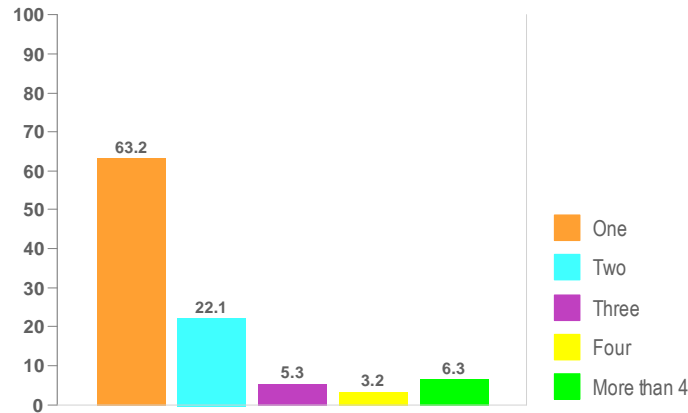
*One must note that due to the low percentage of businesses within certain industry categories, the results are to be interpreted with due diligence.*



An assessment of the number of cases of mental health problems can be seen in the next table.

**Table 6. How many cases of mental health problems did you encounter within the company / organisation over the past 2 years?**

Table 6	
Base	95 100.0%
One	60 63.2%
Two	21 22.1%
Three	5 5.3%
Four	3 3.2%
More than 4	6 6.3%



**Audit #1**

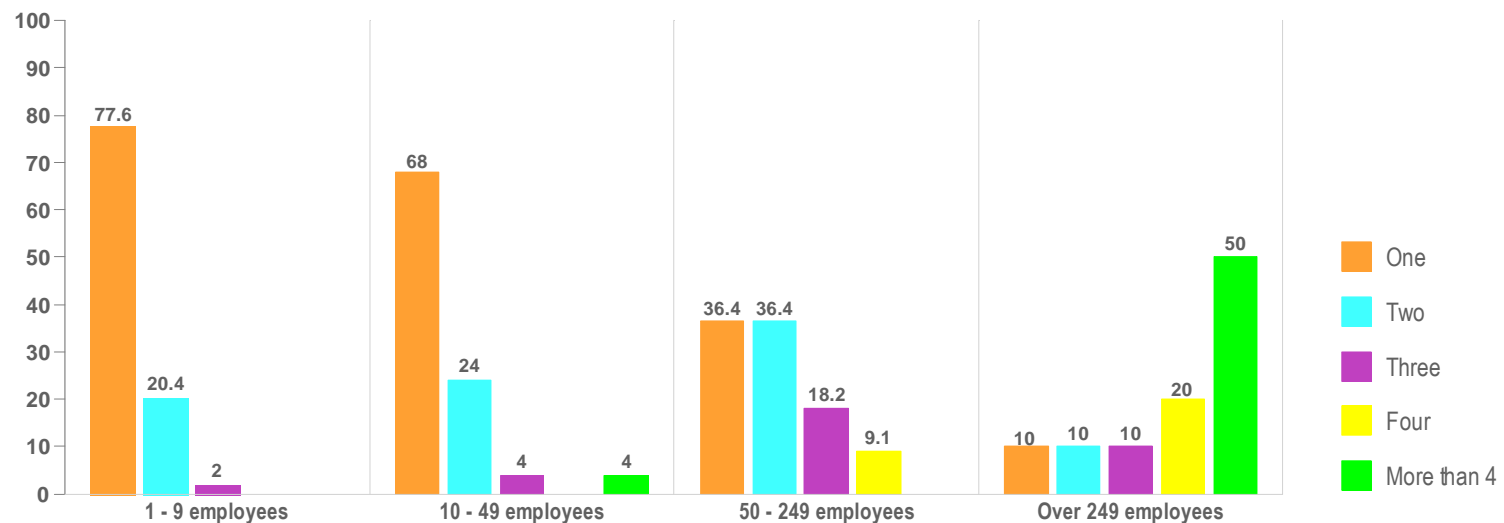
Audit #1	
Base	99 100.0%
One	60 60.6%
Two	25 25.3%
Three	9 9.1%
Four	3 3.0%
More than 4	2 2.0%

In the majority of cases, up to 63.2% of the companies interviewed who encountered mental health problems at the workplace had one case over the past 2 years, whilst results also indicate that up to 22.1% of the companies interviewed reported two cases of mental health problems.

**Table 7. How many cases of mental health problems did you encounter within the company / organisation over the past 2 years? by Company Size**

	Total	1 - 9 employees	10 - 49 employees	50 - 249 employees	Over 249 employees
<b>Base</b>	<b>95</b>	<b>49</b>	<b>25</b>	<b>11</b>	<b>10</b>
One	60 63.2%	38 77.6%	17 68.0%	4 36.4%	1 10.0%
Two	21 22.1%	10 20.4%	6 24.0%	4 36.4%	1 10.0%
Three	5 5.3%	1 2.0%	1 4.0%	2 18.2%	1 10.0%
Four	3 3.2%	-	-	1 9.1%	2 20.0%
More than 4	6 6.3%	-	1 4.0%	-	5 50.0%

One can note that as company size increases, the incidence of mental health problems increases as expected due to the higher number of employees. Results show that 50% of companies with over 249 employees encountered more than 4 cases of mental health problems within the company over the past two years.



**Table 8. How many cases of mental health problems did you encounter within the company / organisation over the past 2 years? by Industry**

	Base	One	Two	Three	Four	More than 4
<b>Total</b>	<b>95</b>	<b>60</b> <b>63.2%</b>	<b>21</b> <b>22.1%</b>	<b>5</b> <b>5.3%</b>	<b>3</b> <b>3.2%</b>	<b>6</b> <b>6.3%</b>
Agriculture, Forestry, and Fishing	4	2 50.0%	2 50.0%	- -	- -	- -
Manufacturing	8	4 50.0%	- -	- -	- -	4 50.0%
Construction	1	- -	1 100.0%	- -	- -	- -
Wholesale & Retail trade, repair of motor vehicles and motorcycles	17	10 58.8%	5 29.4%	- -	2 11.8%	- -
Transportation & storage	4	3 75.0%	1 25.0%	- -	- -	- -
Accommodation and food service activities	12	8 66.7%	3 25.0%	1 8.3%	- -	- -
Information and Communications	5	2 40.0%	1 20.0%	1 20.0%	- -	1 20.0%
Financial & Insurance activities	9	5 55.6%	2 22.2%	1 11.1%	- -	1 11.1%
Real estate activities	4	2 50.0%	2 50.0%	- -	- -	- -
Professional, scientific and technical activities	6	6 100.0%	- -	- -	- -	- -
Administrative and support service activities	9	7 77.8%	1 11.1%	- -	1 11.1%	- -
Education	3	1 33.3%	1 33.3%	1 33.3%	- -	- -
Human health and social work activities	6	3 50.0%	2 33.3%	1 16.7%	- -	- -
Arts, entertainment and recreation	1	1 100.0%	- -	- -	- -	- -
Other service activities	6	6 100.0%	- -	- -	- -	- -

Results are analysed further by Industry in the following table.

*One must note that due to the low percentage of businesses within certain industry categories, the results are to be interpreted with due diligence.*

The mental health problems are analysed further to identify what type of conditions were encountered.

**Table 9. What type of mental health issues were encountered?**

Base	
Base	95 100.0%
Depression	52 54.7%
Anxiety	22 23.2%
Obsessive behaviour/ Obsessive Compulsive Disorder	4 4.2%
Bipolar Disorder	1 1.1%
Stress	44 46.3%
Don't know	5 5.3%
Other	6 6.3%

*Audit #1*

Audit #1	
Base	99 100.0%
Depression	47 47.5%
Anxiety	19 19.2%
Obsessive behaviour/ Obsessive Compulsive Disorder	4 4.0%
Schizophrenia	1 1.0%
Bipolar Disorder	1 1.0%
Stress	42 42.4%
Don't know	3 3.0%
Other	12 12.1%

Depression was the most common mental health problem encountered, accounting for up to 54.7% of the responses. This shows an increase of 7.2% since October 2013. Stress follows with 46.3%, also increasing by 3.9%, while Anxiety issues increased to 23.2%.

**Table 9. What type of mental health issues were encountered? by Company Size**

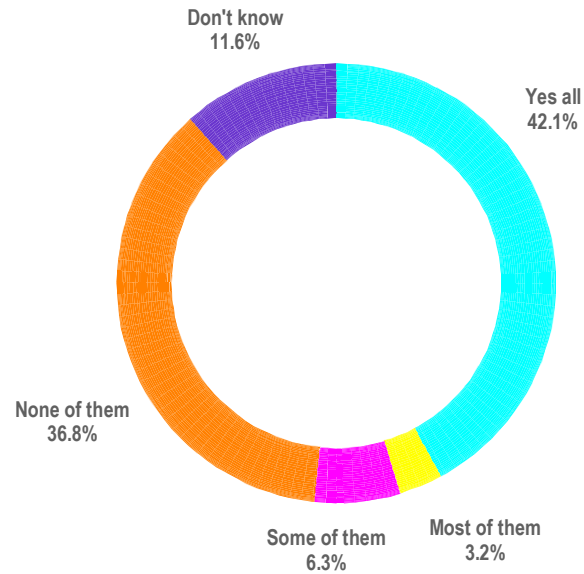
	Total	1 - 9 employees	10 - 49 employees	50 - 249 employees	Over 249 employees
<b>Base</b>	<b>95</b>	<b>49</b>	<b>25</b>	<b>11</b>	<b>10</b>
Depression	52 54.7%	26 53.1%	13 52.0%	5 45.5%	8 80.0%
Anxiety	22 23.2%	6 12.2%	9 36.0%	2 18.2%	5 50.0%
Obsessive behaviour/ Obsessive Compulsive Disorder	4 4.2%	2 4.1%	1 4.0%	-	1 10.0%
Bipolar Disorder	1 1.1%	-	-	-	1 10.0%
Stress	44 46.3%	21 42.9%	10 40.0%	7 63.6%	6 60.0%
Don't know	5 5.3%	5 10.2%	-	-	-
Other	6 6.3%	2 4.1%	2 8.0%	1 9.1%	1 10.0%

The two predominant problems encountered across all company sizes are depression and stress. Results show that within companies within 50-249 employees, stress was quoted as the most common problem encountered (63.6%). Companies with over 249 employees also registered up to 50% who quoted Anxiety as the type of problem encountered.

Respondents were also asked whether these cases were actually diagnosed by a medical doctor. Results can be seen below.

**Table 10. Were these cases diagnosed by a medical doctor?**

Base	
<b>Base</b>	<b>95 100.0%</b>
Yes all	40 42.1%
Most of them	3 3.2%
Some of them	6 6.3%
None of them	35 36.8%
Don't know	11 11.6%



**Audit #1**

Base	
<b>Base</b>	<b>99 100.0%</b>
Yes all	53 53.5%
Most of them	2 2.0%
Some of them	5 5.1%
None of them	26 26.3%
Don't know	13 13.1%

Findings show that 42.1% of companies who encountered mental health problems at the workplace said they were all diagnosed by a medical doctor. In comparison with the first survey, this shows a considerable decrease of 11.4%, which is reflected in the increase in the percentage of companies who said none of them were diagnosed, now at 36.8%.

**Table 11. Were these cases diagnosed by a medical doctor? by Company Size**

	Total	1 - 9 employees	10 - 49 employees	50 - 249 employees	Over 249 employees
<b>Base</b>	<b>95</b>	<b>49</b>	<b>25</b>	<b>11</b>	<b>10</b>
Yes all	40 42.1%	17 34.7%	11 44.0%	4 36.4%	8 80.0%
Most of them	3 3.2%	1 2.0%	1 4.0%	-	1 10.0%
Some of them	6 6.3%	4 8.2%	2 8.0%	-	-
None of them	35 36.8%	20 40.8%	8 32.0%	6 54.5%	1 10.0%
Don't know	11 11.6%	7 14.3%	3 12.0%	1 9.1%	-

Similar to the previous survey, results show that companies with over 10 employees are more likely to have the mental health problems diagnosed by a medical doctor. Nevertheless, a considerable drop within the 50 – 249 employees companies was registered. On the other hand, 80% of companies with over 249 employees stated that the cases were diagnosed by a medical doctor, increasing by 17.5% since October 2013.

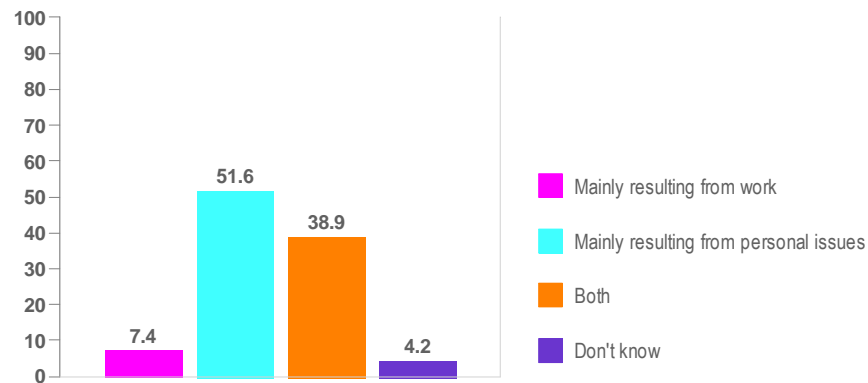
The companies who encountered mental health problems over the past two years were asked whether work was the cause of these issues or other personal reasons.

**Table 12. Do you think the mental health problems were related to work eg. stress, workload, conflicts at work etc or to other personal issues?**

Base	
<b>Base</b>	<b>95 100.0%</b>
Mainly resulting from work	7 7.4%
Mainly resulting from personal issues	49 51.6%
Both	37 38.9%
Don't know	4 4.2%

**Audit #1**

Base	
<b>Base</b>	<b>99 100.0%</b>
Mainly resulting from work	21 21.2%
Mainly resulting from personal issues	52 52.5%
Both	22 22.2%
Don't know	7 7.1%



The majority, 51.6%, stated that the mental health problems mainly resulted from personal issues, whilst 7.4% said that they were a result of work – decreasing by 13.8%. On the other hand, up to 38.9%, said they resulted from both work and personal issues, increasing by 16.7% accordingly.



**Table 13. Do you think the mental health problems were related to work eg. stress, workload, conflicts at work etc or to other personal issues? by Industry**

	Base	Mainly resulting from work	Mainly resulting from personal is...	Both	Don't know
<b>Total</b>	<b>95</b>	<b>7 7.4%</b>	<b>49 51.6%</b>	<b>37 38.9%</b>	<b>4 4.2%</b>
Agriculture, Forestry, and Fishing	4	-	2 50.0%	2 50.0%	-
Manufacturing	8	1 12.5%	4 50.0%	3 37.5%	-
Construction	1	-	1 100.0%	-	-
Wholesale & Retail trade, repair of motor vehicles and motorcycles	17	2 11.8%	11 64.7%	3 17.6%	2 11.8%
Transportation & storage	4	-	2 50.0%	1 25.0%	1 25.0%
Accommodation and food service activities	12	-	4 33.3%	8 66.7%	-
Information and Communications	5	-	2 40.0%	3 60.0%	-
Financial & Insurance activities	9	1 11.1%	5 55.6%	3 33.3%	-
Real estate activities	4	-	1 25.0%	3 75.0%	-
Professional, scientific and technical activities	6	-	2 33.3%	4 66.7%	-
Administrative and support service activities	9	1 11.1%	5 55.6%	3 33.3%	-
Education	3	-	2 66.7%	1 33.3%	-
Human health and social work activities	6	-	5 83.3%	1 16.7%	-
Arts, entertainment and recreation	1	-	1 100.0%	-	-
Other service activities	6	2 33.3%	2 33.3%	2 33.3%	1 16.7%

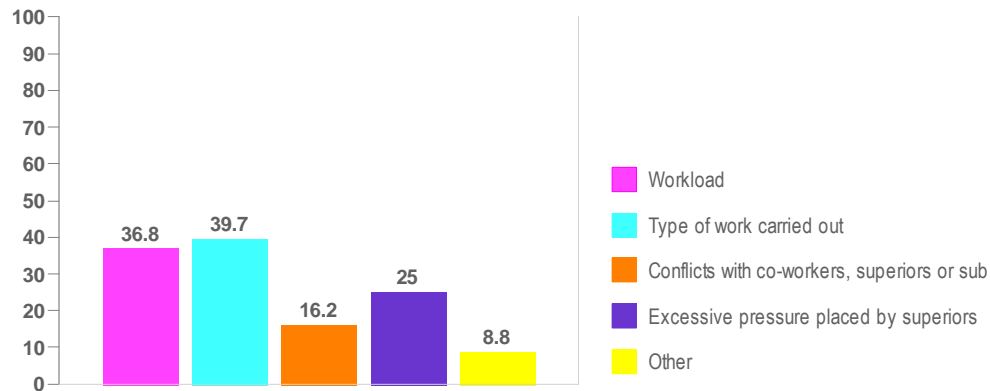
*One must note that due to the low percentage of businesses within certain industry categories, the results are to be interpreted with due diligence.*

An assessment of potential factors which could trigger of mental health problems at the place of work is analysed next.

**Table 14. In your opinion, what are the factors at your workplace which could trigger off mental health problems in an employee?**

Base	
<b>Base</b>	<b>68 100.0%</b>
Workload	25 36.8%
Type of work carried out	27 39.7%
Conflicts with co-workers, superiors or subordinates	11 16.2%
Excessive pressure placed by superiors	17 25.0%
Other	6 8.8%

Audit #1	
<b>Base</b>	<b>78 100.0%</b>
Workload	49 62.8%
Type of work carried out	16 20.5%
Conflicts with co-workers, superiors or subordinates	12 15.4%
Excessive pressure placed by superiors	13 16.7%
Other	16 20.5%



Unlike the previous survey, the majority of respondents quoted the 'type of work carried out' as the most potential trigger of mental health problems. The actual workload follows with 36.8%, while excessive pressure by superiors increased to 25%.

**Table 14. In your opinion, what are the factors at your workplace which could trigger off mental health problems in an employee? by Company Size**

	Total	1 - 9 employees	10 - 49 employees	50 - 249 employees	Over 249 employees
<b>Base</b>	<b>68</b>	<b>36</b>	<b>13</b>	<b>9</b>	<b>10</b>
Workload	25 36.8%	17 47.2%	4 30.8%	- -	4 40.0%
Type of work carried out	27 39.7%	17 47.2%	4 30.8%	3 33.3%	3 30.0%
Conflicts with co-workers, superiors or subordinates	11 16.2%	4 11.1%	2 15.4%	2 22.2%	3 30.0%
Excessive pressure placed by superiors	17 25.0%	6 16.7%	3 23.1%	3 33.3%	5 50.0%
Other	6 8.8%	3 8.3%	1 7.7%	2 22.2%	- -

The type of work carried out and the actual workload are the main factors which can trigger mental health problems according to most companies. One can note however that 50% of companies with over 249 employees quoted the excessive pressure by superiors as the potential trigger of mental health problems.

**Table 15. In your opinion, what are the factors at your workplace which could trigger off mental health problems in an employee? by Industry**

	Base	Workload	Type of work carried out	Conflicts with co-workers, superiors or subordinates	Excessive pressure placed by superiors	Other
<b>Total</b>	<b>68</b>	<b>25 36.8%</b>	<b>27 39.7%</b>	<b>11 16.2%</b>	<b>17 25.0%</b>	<b>6 8.8%</b>
Agriculture, Forestry, and Fishing	2	2 100.0%	2 100.0%	-	-	-
Mining & Quarrying	-	-	-	-	-	-
Manufacturing	6	1 16.7%	1 16.7%	2 33.3%	4 66.7%	-
Electricity, gas & air conditioning supply	-	-	-	-	-	-
Water supply, sewerage, waste management and remediation activities	-	-	-	-	-	-
Construction	-	-	-	-	-	-
Wholesale & Retail trade, repair of motor vehicles and motorcycles	8	2 25.0%	-	4 50.0%	1 12.5%	1 12.5%
Transportation & storage	3	-	1 33.3%	2 66.7%	-	-
Accommodation and food service activities	9	1 11.1%	8 88.9%	-	-	-
Information and Communications	3	2 66.7%	1 33.3%	-	1 33.3%	-
Financial & Insurance activities	6	-	1 16.7%	1 16.7%	4 66.7%	3 50.0%
Real estate activities	4	-	1 25.0%	1 25.0%	2 50.0%	1 25.0%
Professional, scientific and technical activities	5	3 60.0%	1 20.0%	-	1 20.0%	-
Administrative and support service activities	6	5 83.3%	4 66.7%	1 16.7%	3 50.0%	-
Education	3	2 66.7%	1 33.3%	-	-	-
Human health and social work activities	6	2 33.3%	3 50.0%	-	-	1 16.7%
Arts, entertainment and recreation	1	1 100.0%	-	-	-	-
Other service activities	6	4 66.7%	3 50.0%	-	1 16.7%	-
Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use	-	-	-	-	-	-
Other community, social and personal service activities	-	-	-	-	-	-

*One must note that due to the low percentage of businesses within certain industries, the results are to be interpreted with due diligence.*

## Attitude Towards People With Mental Health Problems at the Workplace

Table 16. I'd like to read out some statements relating to the person/s who experienced mental health problems. For each statement, can you answer by selecting one of the following options:

	Total	Always	Often	Sometlmes	Rarely	Never	Don't know
People in the office find it uncomfortable or awkward to work in the same office as this person/s	95	- -	4 4.2%	13 13.7%	26 27.4%	49 51.6%	3 3.2%
Work colleagues tend to avoid the person	95	1 1.1%	2 2.1%	10 10.5%	24 25.3%	55 57.9%	3 3.2%
The person is made fun of at work	95	- -	- -	4 4.2%	14 14.7%	74 77.9%	3 3.2%
The person experiences discrimination at work	95	2 2.1%	4 4.2%	1 1.1%	13 13.7%	72 75.8%	3 3.2%
The person receives adequate support & assistance from work colleagues	95	37 38.9%	34 35.8%	14 14.7%	4 4.2%	2 2.1%	4 4.2%
The person performs his tasks well	95	11 11.6%	36 37.9%	38 40.0%	7 7.4%	1 1.1%	2 2.1%
The person has his responsibilities changed (reduced or adapted due to his condition)	95	9 9.5%	22 23.2%	42 44.2%	6 6.3%	16 16.8%	- -

The table displays the attitude of employees at the workplace towards people with mental health issues. Generally, when comparing the results to the statements above with the previous survey, one can note a positive shift when assessing the attitude of colleagues towards people with mental health problems, particularly with the aspects of awkwardness, avoidance, ridicule, and discrimination. Nevertheless the findings still indicate that the overall perception and attitude of colleagues could still be improved in such aspects.

The next table assesses whether the company offered any type of assistance to employees with mental health problems.

**Table 17. Did the company assist the employees with mental health problems in any way?**

Base	
Base	95 100.0%
No	4 4.2%
Referred employee to a psychologist / medical professional	13 13.7%
Company paid for psychological /medical help	5 5.3%
Gave employee some time off	34 35.8%
Colleagues assisted employee in work duties	26 27.4%
Offered supported employment (through existing schemes ie ETC - Richmond Foundation)	11 11.6%
Offered moral support / discussed issue	47 49.5%
Other	9 9.5%

**Audit #1**

Base	
Base	99 100.0%
No	20 20.2%
Referred employee to a psychologist / medical professional	17 17.2%
Company paid for psychological /medical help	6 6.1%
Gave employee some time off	41 41.4%
Colleagues assisted employee in work duties	26 26.3%
Offered supported employment (through existing schemes ie ETC - Richmond Foundation)	5 5.1%
Other	10 10.1%
Moral support / discussed issue	10 10.1%

The findings indicate that a substantial percentage of companies offered moral support and discussed the issue with the person experiencing mental health problems. This registered a high increase in mentions of 39.4% since the previous survey. Consistent with previous results, a considerable percentage of the employees were given some time off (35.8%), decreasing by 5.6%, whilst 27.4% stated that colleagues assisted the employee with the work duties.

Results are analysed further by company size below.

**Table 18. Did the company assist the employees with mental health problems in any way? by Company Size**

	Total	1 - 9 employees	10 - 49 employees	50 - 249 employees	Over 249 employees
<b>Base</b>	<b>95</b>	<b>49</b>	<b>25</b>	<b>11</b>	<b>10</b>
No	4 4.2%	3 6.1%	- -	- -	1 10.0%
Referred employee to a psychologist / medical professional	13 13.7%	5 10.2%	3 12.0%	3 27.3%	2 20.0%
Company paid for psychological /medical help	5 5.3%	- -	1 4.0%	1 9.1%	3 30.0%
Gave employee some time off	34 35.8%	10 20.4%	14 56.0%	5 45.5%	5 50.0%
Colleagues assisted employee in work duties	26 27.4%	16 32.7%	3 12.0%	2 18.2%	5 50.0%
Offered supported employment (through existing schemes ie ETC - Richmond Foundation)	11 11.6%	1 2.0%	1 4.0%	3 27.3%	6 60.0%
Offered moral support / discussed issue	47 49.5%	24 49.0%	11 44.0%	4 36.4%	8 80.0%
Other	9 9.5%	3 6.1%	3 12.0%	3 27.3%	- -

The element of moral support and discussing of the issue is rather strong across all company sizes, particularly in companies with over 249 employees – where up to 80% of respondents said it was one of the ways that they assisted the employee. Giving the employee time off also registered a high percentage, but particularly with companies employing 10 employees and over. One can also note that the larger companies (50 employees & over) are the most likely to pay for medical assistance or to refer to a medical professional.

The next analysis assesses how best to improve their knowledge and perception of mental wellbeing at the workplace.

**Table 19. In your opinion what would be the best way to help people within the company / organisation improve their knowledge and perception of mental wellbeing at the workplace?**

Base	700 100.0%
General media campaign	206 29.4%
Employers offers help/support at work	129 18.4%
Don't know	124 17.7%
Encourage dialogue / communication	121 17.3%
Targeted training/informative sessions at work	103 14.7%
Providing informative leaflets / brochures to employees	86 12.3%
Encouraging teamwork / team spirit	79 11.3%
Social Media / Internet / Emails	73 10.4%
Other	48 6.9%

**Audit #1**

Base	700 100.0%
General media campaign	295 42.1%
Targeted training/informative sessions at work	159 22.7%
Don't know	151 21.6%
Providing informative leaflets / brochures to employees	137 19.6%
Other	31 4.4%
Encouraging teamwork / team spirit	29 4.1%
Social Media / Internet / Emails	26 3.7%
Encourage dialogue / communication	19 2.7%
Employers offers help/support at work	10 1.4%

Consistent with the previous audit, most respondents made reference to a general media campaign (29.4%), nevertheless showing a decrease in mentions of 12.7%. Results however reveal a shift towards more engagement and support from the company. One can in



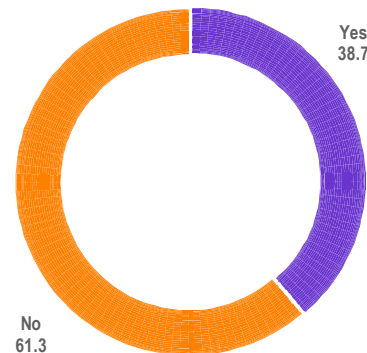
fact note a considerable increase in respondents who made reference to the fact that employers should offer help & support at work (18.4%) in order to improve knowledge and perception of mental wellbeing. Likewise an increase in respondents making reference to more dialogue and communication was also registered – 17.3%.

### Mental Health Policy

The awareness of Mental Health Policies was assessed among all the businesses interviewed.

**Table 20. Have you ever heard of a 'Mental Health Policy'?**

Base	
<b>Base</b>	<b>700 100.0%</b>
Yes	271 38.7%
No	429 61.3%



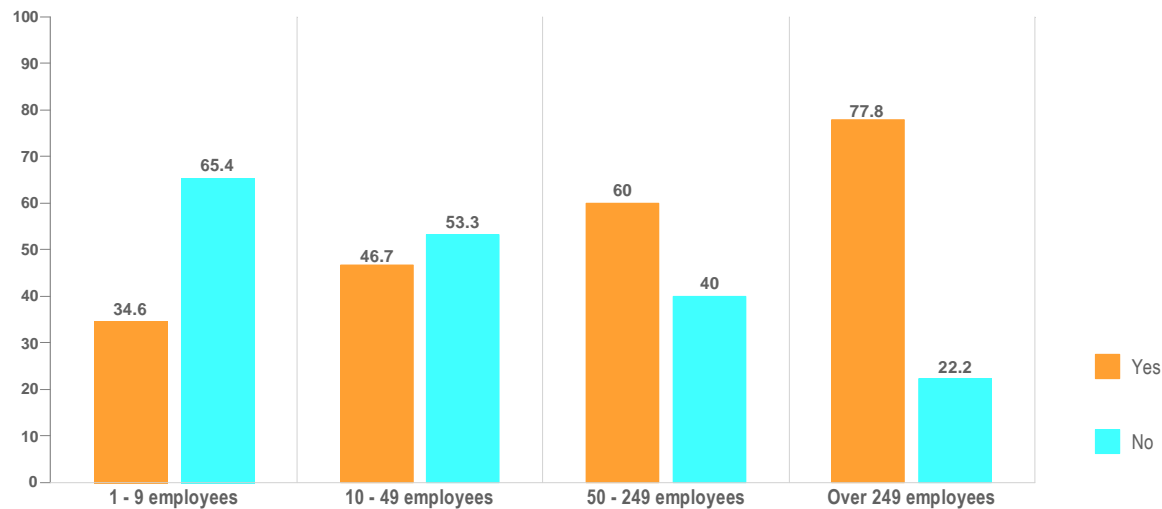
**Audit #1**

Base	
<b>Base</b>	<b>700 100.0%</b>
Yes	166 23.7%
No	534 76.3%

Although the majority of businesses (61.3%) are not aware of mental health policies, an increase in awareness of 15% was registered when compared to October 2013. When analysed in terms of company size below, one can note that the awareness increases as the company size increases. Within those companies with over 249 employees, 72.2% are in fact aware of such a policy.

**Table 21. Have you ever heard of a 'Mental Health Policy'? by Company Size**

	Total	1 - 9 employees	10 - 49 employees	50 - 249 employees	Over 249 employees
<b>Base</b>	<b>700</b>	<b>552</b>	<b>90</b>	<b>40</b>	<b>18</b>
Yes	271 38.7%	191 34.6%	42 46.7%	24 60.0%	14 77.8%
No	429 61.3%	361 65.4%	48 53.3%	16 40.0%	4 22.2%

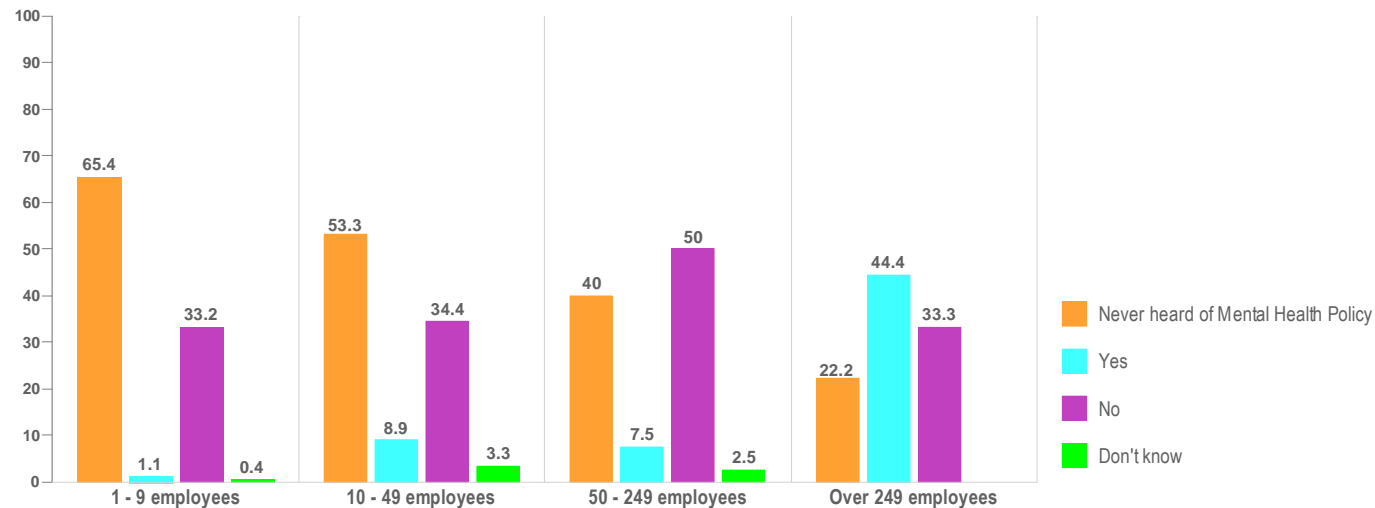


As results indicate, the highest level of awareness lies among companies with over 249 employees – 77.8%, followed by 60% of companies with 50 – 249 employees. The awareness drops as the company size decreases, although an overall increase was registered across all company sizes.

**Table 22. Does the company you work in have a written mental health policy in place? by Company Size**

	Total	1 - 9 employees	10 - 49 employees	50 - 249 employees	Over 249 employees
<b>Base</b>	<b>700</b>	<b>552</b>	<b>90</b>	<b>40</b>	<b>18</b>
Not aware of Mental Health Policies	429 61.3%	361 65.4%	48 53.3%	16 40.0%	4 22.2%
Yes	25 3.6%	6 1.1%	8 8.9%	3 7.5%	8 44.4%
No	240 34.3%	183 33.2%	31 34.4%	20 50.0%	6 33.3%
Don't know	6 0.9%	2 0.4%	3 3.3%	1 2.5%	- -

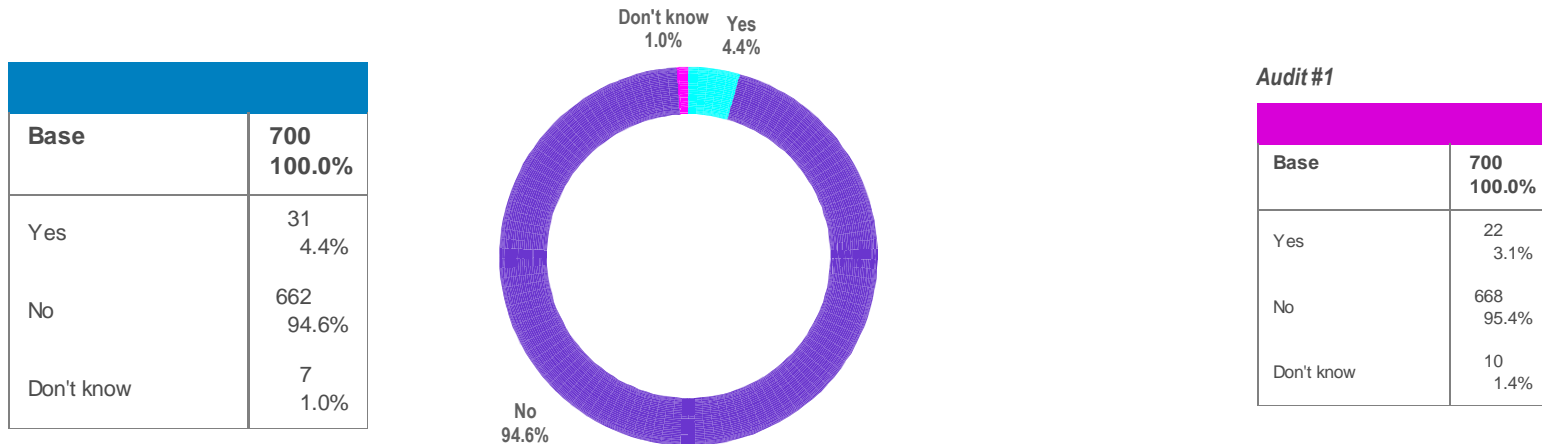
When assessing whether the company actually has a mental health policy findings show that out of the 3.6% who do have such a policy in place, these mainly consist of the large companies (over 249), whereby as with the previous study, 44.4% stated they have such a policy. Results also show that minor increases were however registered across the other smaller companies.



## Training on Mental Wellbeing at the Workplace

Businesses were also asked whether any training was ever provided dealing with Mental Health at work.

**Table 23. Were the employees within the company / organisation ever given training which deals with mental wellbeing at the workplace?**

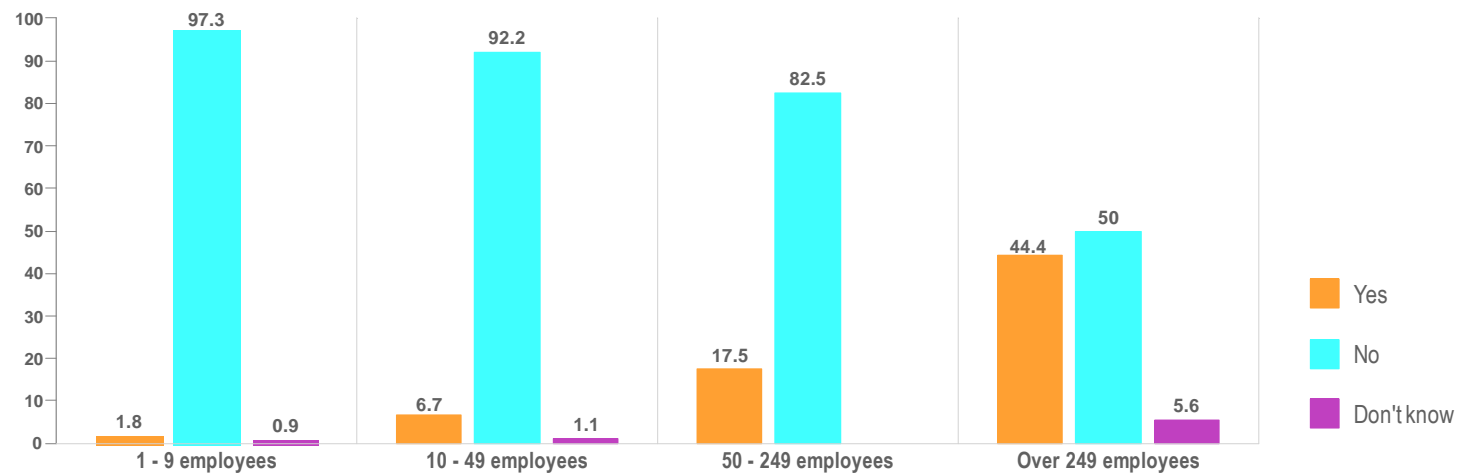


Consistent with October 2013, the vast majority of businesses never received any training related to mental health at the workplace (94.6%). However a slight increase of 1.3% among companies who did receive such training was registered, now at 4.4%.

**Table 24. Were the employees within the company / organisation ever given training which deals with mental wellbeing at the workplace? by Company Size**

	Total	1 - 9 employees	10 - 49 employees	50 - 249 employees	Over 249 employees
<b>Base</b>	<b>700</b>	<b>552</b>	<b>90</b>	<b>40</b>	<b>18</b>
Yes	31 4.4%	10 1.8%	6 6.7%	7 17.5%	8 44.4%
No	662 94.6%	537 97.3%	83 92.2%	33 82.5%	9 50.0%
Don't know	7 1.0%	5 0.9%	1 1.1%	-	1 5.6%

As per the previous survey, the most likely to have received training dealing with mental wellbeing at the workplace are companies with over 249 employees with up to 44.4% of such companies saying they did receive such training. This result also marks an increase of 5.5% since last October, and findings also show that a marginal increase was registered in each category.



An assessment of the frequency of such training can be viewed in the analysis below.

**Table 25. How often is such training given?**

Base	
Base	700 100.0%
No training given	669 95.6%
More than once a year	6 0.9%
Once a year	8 1.1%
Once every 2 years	5 0.7%
Less often	5 0.7%
One-time training	7 1.0%

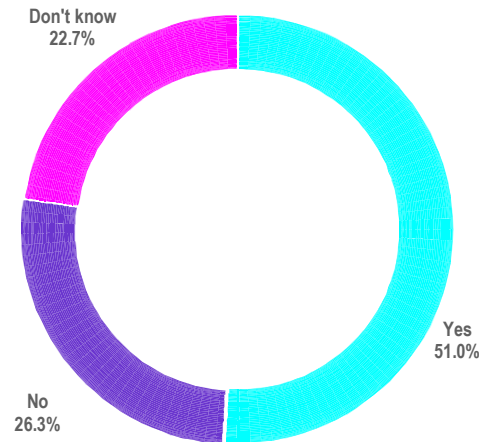
**Audit #1**

Audit #1	
Base	700 100.0%
No training given	678 96.9%
More than once a year	2 0.3%
Once a year	6 0.9%
Once every 2 years	2 0.3%
Less often	4 0.6%
One-time training	8 1.1%

In most cases when such training is provided, this is carried out once a year – 1.1%, or it consisted of a one-time training session (1.0%). Results also show that 0.9% provide such training more than once a year.

**Table 26. Do you think the company/organization benefits / can benefit from such training?**

Base	
<b>Base</b>	<b>700 100.0%</b>
Yes	357 51.0%
No	184 26.3%
Don't know	159 22.7%



**Audit #1**

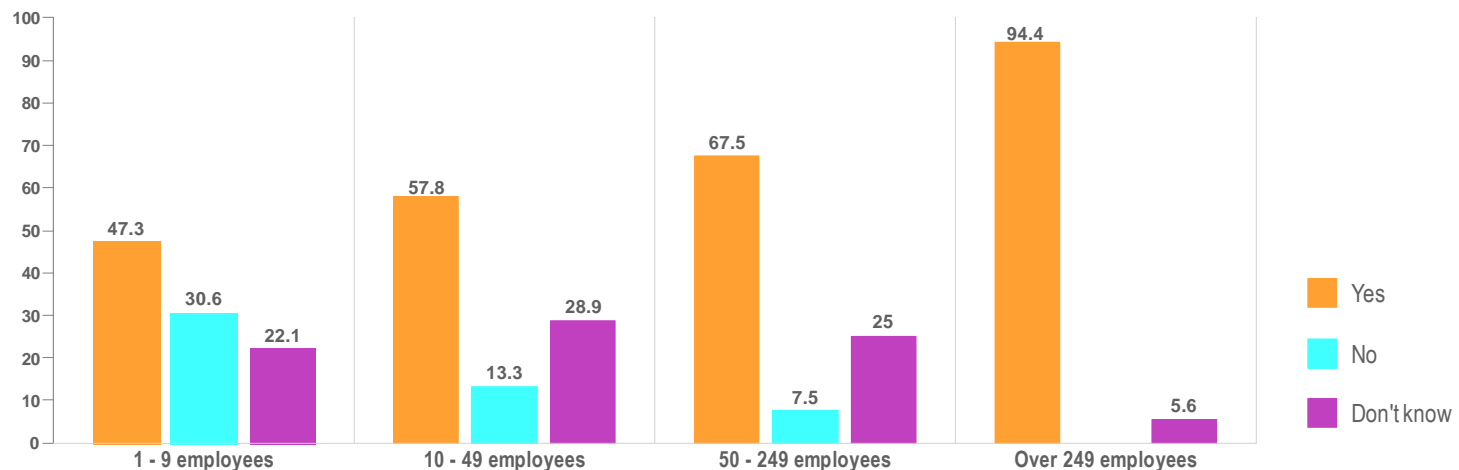
Base	
<b>Base</b>	<b>700 100.0%</b>
Yes	380 54.3%
No	202 28.9%
Don't know	118 16.9%

The table shows that up to 51% think that training can be beneficial to the company, showing a decrease of 3.3% since October 2013, whilst up to 26.3% stated that such training would not benefit the company at all.

**Table 27. Do you think the company/organization benefits / can benefit from such training? by Company Size**

	Total	1 - 9 employees	10 - 49 employees	50 - 249 employees	Over 249 employees
<b>Base</b>	<b>700</b>	<b>552</b>	<b>90</b>	<b>40</b>	<b>18</b>
Yes	357 51.0%	261 47.3%	52 57.8%	27 67.5%	17 94.4%
No	184 26.3%	169 30.6%	12 13.3%	3 7.5%	- -
Don't know	159 22.7%	122 22.1%	26 28.9%	10 25.0%	1 5.6%

Results clearly indicate that the companies which tend to think that such training benefits the organization are mainly the larger companies. As one can note, 94.4% of companies with over 249 employees and 67.5% of companies with 50 - 249 employees agree that such training is beneficial. Companies with up to 9 employees are least likely to think so, registering 47.3% who are in agreement.





## Benefits of Training on Mental Wellbeing at the Workplace

**Table 28. In which aspects do you think the company / organisation benefits / can benefit from such training?**

Base	
Base	357
More awareness / prevention	189 52.9%
Employees are more likely to look after their mental health	129 36.1%
Employees are more sympathetic & supportive towards people with mental health problems	77 21.6%
The company is more productive overall	37 10.4%
The company/managers set more reasonable workloads	26 7.3%
Other	16 4.5%
Don't know	9 2.5%

### Audit #1

Base	
Base	380 100.0%
Employees are more likely to look after their mental health	215 56.6%
Employees are more sympathetic & supportive towards people with mental health problems	102 26.8%
The company is more productive overall	83 21.8%
The company/managers set more reasonable workloads	49 12.9%
Other	25 6.6%
More awareness / prevention	24 6.3%
Don't know	10 2.6%

Results indicate that the benefit mentioned most was the fact that training would lead to more awareness and prevention – registering 52.9% of responses. One can also note that up to 36.1% stated that with such training employees are more likely to look after their mental health, whilst another 21.6% of businesses said that employees are likely to become more sympathetic and supportive towards colleagues with mental health problems.

The next analysis takes a look at possible actions or systems within a company which could improve mental wellbeing at work.

**Table 29. Can you think of any actions or systems the company / organisation can implement to improve the mental wellbeing of employees at the workplace?**

Base	700 100.0%
Create more awareness on mental health issues	188 26.9%
Less pressure / workload	140 20.0%
Better communication between managers and subordinates	112 16.0%
Don't know	111 15.9%
More teamwork	88 12.6%
Create a better / friendly working environment	85 12.1%
More training focussed on mental wellbeing	66 9.4%
Make professional (medical) help easily accessible	47 6.7%
More social activities among employees	47 6.7%
Create better structures within the organisation	30 4.3%
Better organisation / time management	30 4.3%
Other	26 3.7%
More frequent breaks	15 2.1%
Diversification and clarification of roles	9 1.3%

Consistent with the previous survey, the highest percentage of respondents made reference to the issue of awareness (26.9%), implying that creating more awareness is what can improve mental wellbeing at the workplace. Likewise this is followed by 20% who made reference to 'less pressure/workload' and 16% of respondents stated that better communication between managers and subordinates is also likely to improve one's mental health at work.

**Table 30. Can you think of any actions or systems the company / organisation can implement to improve the mental wellbeing of employees at the workplace? by Company**

	Total	1 - 9 employees	10 - 49 employees	50 - 249 employees	Over 249 employees
<b>Base</b>	<b>700</b>	<b>552</b>	<b>90</b>	<b>40</b>	<b>18</b>
Create more awareness on mental health issues	188 26.9%	135 24.5%	24 26.7%	18 45.0%	11 61.1%
Less pressure / workload	140 20.0%	111 20.1%	18 20.0%	7 17.5%	4 22.2%
Better communication between managers and subordinates	112 16.0%	76 13.8%	25 27.8%	6 15.0%	5 27.8%
Don't know	111 15.9%	96 17.4%	14 15.6%	1 2.5%	- -
More teamwork	88 12.6%	59 10.7%	16 17.8%	8 20.0%	5 27.8%
Create a better / friendly working environment	85 12.1%	58 10.5%	14 15.6%	7 17.5%	6 33.3%
More training focussed on mental wellbeing	66 9.4%	40 7.2%	12 13.3%	9 22.5%	5 27.8%
Make professional (medical) help easily accessible	47 6.7%	35 6.3%	5 5.6%	3 7.5%	4 22.2%
More social activities among employees	47 6.7%	31 5.6%	10 11.1%	5 12.5%	1 5.6%
Create better structures within the organisation	30 4.3%	16 2.9%	3 3.3%	5 12.5%	6 33.3%
Better organisation / time management	30 4.3%	21 3.8%	5 5.6%	3 7.5%	1 5.6%
Other	26 3.7%	19 3.4%	4 4.4%	2 5.0%	1 5.6%
More frequent breaks	15 2.1%	10 1.8%	- -	3 7.5%	2 11.1%
Diversification and clarification of roles	9 1.3%	4 0.7%	1 1.1%	2 5.0%	2 11.1%

In conclusion to the interview, respondents were asked whether throughout the past year they had come across any adverts, articles, news items, or training dealing with Mental health at the workplace. Results are analysed below.

**Table 31. During the past year, have you:**

Base	
<b>Base</b>	<b>700 100.0%</b>
None	249 35.6%
Seen any adverts dealing w ith Mental Health at the workplace (eg billboard, new spapers, TV)	285 40.7%
Came across articles / new s items on local media dealing w ith Mental Health at work	305 43.6%
Received training dealing w ith Mental Health at the workplace	23 3.3%

Findings reveal that up to 43.6% of persons interviewed came across articles or news items dealing with mental health at work, followed by 40.7% who saw some adverts. On the other hand, as results indicate, 35.6% did not come across any of the items listed.

Results are analysed further in terms of company size.

**Table 32. During the past year, have you: by Company Size**

	Total	1 - 9 employees	10 - 49 employees	50 - 249 employees	Over 249 employees
<b>Base</b>	<b>700</b>	<b>552</b>	<b>90</b>	<b>40</b>	<b>18</b>
None	249 35.6%	209 37.9%	30 33.3%	6 15.0%	4 22.2%
Seen any adverts dealing w ith Mental Health at the workplace (eg billboard, new spapers, TV)	285 40.7%	233 42.2%	20 22.2%	21 52.5%	11 61.1%
Came across articles / new s items on local media dealing w ith Mental Health at work	305 43.6%	225 40.8%	45 50.0%	24 60.0%	11 61.1%
Received training dealing w ith Mental Health at the workplace	23 3.3%	6 1.1%	3 3.3%	6 15.0%	8 44.4%

As the table indicates, the larger companies are more likely to have come across adverts and articles or news items. One must bear in mind the fact that human resource personnel, which are more likely to be present in larger companies, would tend to be more alert and interested in such matters, in contrast to smaller firms where far less weighting is placed on human resources due to the limited size of the company. Furthermore when analyzing companies with over 249 employees, one can note a substantial difference in the percentage who received training on the matter over the past year – registering 44.4%.

## MONITORING OF PROJECT

Throughout the course of the project Informa Consultants and Outlook Coop liaised with Richmond Foundation and the other project partners in order to ensure that the project remains on track and with the desired outcome in terms of the deliverables established for this study.

Following the initial meetings and correspondence with Richmond Foundation, the joint venture immediately launched into the preparations of the first audit, which was the first phase of the project. In view of the audit to be carried out, communication with Richmond Foundation took place in order to approve the design of the research methodology, the approach to be taken, as well as the questionnaire to be adopted for the survey. Upon discussion with Richmond Foundation and approval of the methodology, the first audit was launched and completed within the required timeframe.

The report for the first audit was compiled and presented to Richmond Foundation and the project partners accordingly. Members from the agency which was to handle the communications campaign were also present in order to obtain a better understanding of the perception of their targeted audience for the campaign which was to be launched after the first audit.

The second phase of the project consisted of the drafting of a Manual of Procedures for businesses. During this phase, communication with Richmond Foundation took place alongside the drafting of the Manual of Procedures. Based on discussions with Richmond Foundation drafts of the Manual of Procedures were presented and approved accordingly.

The third phase of the project consisted of the second audit, which was launched in August 2014. Prior to launching the second survey, once again the joint venture corresponded with Richmond Foundation to discuss any changes from the first audit which should be reflected in the second survey. Upon further discussion the methodology and tools to be adopted for the audit were approved accordingly, following which, the second survey was launched and completed within the stipulated timeframe. This included the presentation of the report highlighting the results for the second audit.

The final phase of the project consisted of the presentation of the final report for the project, including the outcome of the entire project together with the respective conclusions and policy recommendations for the project Healthy Mind for a healthy Business. During this phase, the joint venture once again corresponded with Richmond Foundation to ensure that the deliverables were completed as planned and with the desired outcome.

MANUAL OF PROCEDURES

# Wellbeing at Work

Manual of Procedures

Part of the project: Healthy Mind for Healthy Business  
ESF 3.193



## Disclaimer

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This Manual was compiled on the basis of field research in direct consultation with stakeholders and partners. While the Richmond Foundation strives to keep accurate data, it makes no guarantees of any kind, expressed or implied, regarding the completeness, accuracy, reliability, or availability of the information submitted by the research participants.

Informa Consultants and Outlook Coop undertook the analysis and evaluation of the data together with the project partners and with the external assessment of an expert in the field. The Manual is intended solely for the use of the project. Richmond Foundation reserves the rights to this Manual. No part of this publication shall be replicated and presented as an official version, nor as having been produced in affiliation with or with the endorsement of the Richmond Foundation.

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## Executive Summary

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One in four Maltese people who are currently employed or are seeking employment have at one time or another experienced mental health problems. Employers generally underestimate the impact of ill mental health on their organisation's efficiency and the costs of productivity loss due to absenteeism, staff turnover, employees' low-productivity days, increased incidence of errors and accidents and low morale among the staff. Organisations which have invested in a mental health policy which addresses the needs of their particular workplace have seen a good return on their investment in terms of reductions in mental health related sickness absence and an increase in productivity.

It is recognised that in Malta most companies are SMEs with only a few people employed, no official human resources department in place and limited financial resources. Although these employers may see the value of addressing mental health issues in large workplaces, they may not understand that it is also important for small businesses. Such resistance is to be expected and can be counteracted by letting employers know about the benefits of having a mental health policy at the workplace even if it is one which is limited in scope to sensitising all concerned to mental health problems and referring employees experiencing such problems to community mental health services for treatment. Employer organisations may also be encouraged to help by providing expertise to SMEs.

The aim of this Manual is to guide organisations in developing a mental health policy for their workplace and setting up the necessary strategies to implement it. This process comprises the following steps:

- identifying the mental health issues at the workplace
- formulating a vision statement
- identifying the underlying values and principles
- specifying the objectives for the policy
- consulting employees and stakeholders

- allocating resources to implement the policy
- developing an implementation plan
- generating support for the policy
- training managers and staff
- evaluating the policy.

Some practical tips on writing the policy are also included.

Once it is finalised the mental health policy is ideally seen as an extension of any employee handbook used by the organisation and should thus become an important part of the organisation's operations. The policy should also be one of the first things given to a new employee and should also be easily accessible in its most up-to date version.

It is extremely important that this manual remain a "living document" even beyond the project time frame and an updated version is made available online for organisations to use.

## Introduction

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The majority of employers underestimate the prevalence of mental health problems among their employees<sup>1</sup> and so fail to take pro-active steps to promote a mentally healthy workplace. Given that it is expected that mental health disorders, particularly depression, will be the main cause for incapacity for work in 2020<sup>2</sup>, this is a serious oversight and it is imperative that employers be made aware of the costly impact of mental health problems on their organisation's productivity and be motivated to develop and implement a mental health policy for the workplace. The existence of such a policy at their workplace, and the knowledge that there are members of staff trained to deal with mental health issues, would encourage employees experiencing mental health problems to come forward and seek the help they need to enable them to cope with the stresses of their job and continue to fulfil their role within the organisation.

There is no denying the fact that many people experiencing mental health problems currently hesitate to reveal such problems to their colleagues and managers at work because of the stigma, and the fear of discrimination, which is still associated with such disorders. Celebrities such as Stephen Fry, Catherine Zeta Jones, Jim Carrey and J.K. Rowling, who have spoken openly and honestly about their struggles with ill mental health, have helped to slowly lift this veil of shame. What would really make the difference, however, is having a structured, well defined and well publicised policy at each workplace which ensures that members of staff are disabused of any myths regarding people experiencing ill mental health and that they are aware of their roles and responsibilities in helping such people and maintaining a mentally healthy workplace.

Building a mentally healthy workplace saves organisations from both the direct and indirect costs of mental health problems. It also ensures that employers' ethical and legal obligations to protect employee health and safety are met. Current Maltese legislation which is directly relevant to mental health is the Mental Health Act.

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<sup>1</sup> Kuhn (2009)

<sup>2</sup> Standing Committee of European Doctors – CPME (2009)

Chapter 262 of the Mental Health Act, states that “mental disorder” means mental illness, arrested or incomplete development of mind, psychopathic disorder, and any other disorder or disability of mind. People with a mental health problem who experience functional disability, may benefit from the provisions of the Equal Opportunities Act which gives the right to a person with a long-term impairment or disability to accede to jobs without discrimination and to reasonable accommodations or adjustments so as to be able to move about and otherwise function in the work environment. The Occupational Health and Safety Act states that the Authority “shall be responsible for ensuring that the physical, psychological and social well-being of all workers in all work places are promoted and to ensure that they are safeguarded by whoever is so obliged to do.”<sup>3</sup>

The mental health policy should cover prevention strategies for reducing the risk of mental health problems, and a commitment to developing management skills that promote mental health and wellbeing. The policy should link to other key policies, such as those on human resources, health and safety, equal opportunity, bullying and harassment and violence and conflict resolution.

The policy should align with the organisation’s corporate mission and its vision and values, supporting both short and long-term goals, going beyond regulatory requirements to foster an environment that promotes good mental health.

For organisations and businesses wanting to address mental health in the workplace, taking action in one area – for example, raising awareness – may be a realistic starting point. For others, the focus will be on a

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<sup>3</sup> Richmond Foundation (2011)

more comprehensive set of actions at both the individual level (e.g. building employee awareness and skills) and the organisational / business level (e.g. identifying and addressing mental health risk factors, such as job stress, within the working environment). Wherever the point of departure may be, experience has shown that investing in a mental health policy will yield the benefit of a healthier, more productive workforce.

## 1. An overview of mental health problems in the workplace

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### *Mental health problems in the workplace*

A key indicator of a person's wellbeing is their ability to cope with the normal stresses of life and work productively.<sup>4</sup> For most people work is not simply a means to ensure financial security; it contributes to their identity and gives them an opportunity to play a useful role in community life. Mental ill health may affect a person's productivity and performance at work, putting them at risk of disciplinary action and dismissal, at great cost to the individual, the employer and the social and economic development of the community.

Research carried out by the Richmond Foundation among the Maltese population found that almost **one in four** persons who are in employment or are willing to work have experienced symptoms which have led them to believe that they might be having mental or emotional health problems. At least **one in ten** has officially been diagnosed with some form or degree of mental health problem.<sup>5</sup>

Mental health problems are the result of a complex interplay between biological, psychological, social and environmental factors. The term *mental health problem* is used to describe symptoms associated with a mental disorder, but which are not of sufficient severity to be diagnosed as a mental disorder.<sup>6</sup> Although being in employment can contribute positively to a person's mental health, the workplace itself may exacerbate an existing problem or contribute to the development of a mental health problem brought about by work-related stress.

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<sup>4</sup> The World Health Organisation (WHO) defines mental health as *a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.*

<sup>5</sup> Richmond Foundation (2011)

<sup>6</sup> World Health Organisation (2005)

While work-related stress may be linked with depression and anxiety it is important to note that unlike depression and anxiety, stress is not a clinical illness. The World Health Organisation's definition of work-related stress is *the reaction people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope*. A study found that work-related stress accounted for 17% depression in working women and 13% in working men. Employees who are particularly at risk of job stress are those who experience one, or more, of the following conditions:

- high level of pressure
- no involvement in decision making
- work overload or pressure
- minimal workload
- monotonous tasks
- uncomfortable working conditions
- lack of control and participation in decision making
- role ambiguity
- job insecurity
- long working hours
- bullying and harassment
- poor communication with employer/ colleagues
- inadequate resources
- lack of recognition
- inequity



- tension between home and work demands.<sup>7</sup>

The most common reason for job stress is dealing with a difficult boss who may set unreal targets or expect employees to perform tasks which are not part of their role or skill set. Expecting employees to multitask can also potentially affect their ability to deliver. Unrealistic expectations, leading to increased workload, extremely long work hours and intense pressure to perform at peak levels at all time for the same pay can leave an employee physically and emotionally drained, as can excessive travel and time away from the family.

Dealing with difficult colleagues can also lead to job stress, especially if the relationship is characterised by rivalry. Such relationships can be especially stressful during times of change due to reorganisations, takeovers, mergers and rightsizing which companies have to go through in order to survive.<sup>8</sup>

It has been estimated that work-related stress negatively affects at least 40 million employees in 15 countries of the European Union, costing 20 billion Euros annually.<sup>9</sup>

A recent survey of 700 businesses in Malta<sup>10</sup> revealed that in the last two years almost **one in seven** companies experienced one to two cases of persons dealing with some kind of mental health problem at the workplace - ranging from depression to stress to anxiety – which, it was reported, was predominantly caused by personal issues (52.5%) and work stress (21.2%). When asked to identify the main trigger of mental health problems in the workplace the main stressor mentioned was workload (62.8%) and work content (20.5%). The study revealed that, although people admit to finding it awkward to work in the same office as a person experiencing a mental health problem, most are willing to offer them their support in order to ensure that they perform their tasks reasonably well. In most of the cases encountered in the survey (41.4%) the employee was given some time off work. In one fifth of the cases however no assistance was provided by management.

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<sup>7</sup> World Health Organisation (2005); Building a Mentally Healthy Workplace (2013)

<sup>8</sup> [Rajgopal](#) (2010)

<sup>9</sup> European Commission (1999)

<sup>10</sup> Richmond Foundation (2013)

Only 22 of the 700 companies surveyed ever provided training to employees in mental wellbeing at the workplace, most of which comprised only a one-time session. A considerable number of those interviewed felt that such training would be of little or no benefit to the company.

Only 12 companies reported having a mental health policy and this group comprised mostly companies with over 249 employees.

### *The impact of mental health problems*

The failure to prevent, recognise and treat mental health problems in the workplace has an impact on employers, employees and their families and the community.

Out of the 700 business representatives who participated in the survey on mental health at the workplace, 535 (76.4%) think that mental health problems are prevalent in Maltese society but only 12 (1.7%) companies reported actually having a mental health policy in place.<sup>11</sup> This is in spite of the fact that the impact of poor mental health on businesses is significant.

The immediate consequence of having employees experience mental health problems is productivity losses due to absenteeism and presenteeism, a reduction of productivity while at work. Mental health problems are linked with poor health (depression, stress, burnout) and the manifestation of physical conditions (high blood pressure, heart disease, ulcers, sleeping disorders, skin rashes, headache, neck- and backache, low resistance to infections) which lead to an increase in overall sickness absence, particularly frequent short periods of absence, and poor work performance. Presenteeism is characterised by a reduction in productivity and output, increase in error rates, increased number of accidents, poor decision-making and deterioration in planning and control of work.<sup>12</sup> While difficult to measure, some

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<sup>11</sup> Richmond Foundation (2013)

<sup>12</sup> [Building a Mentally Healthy Workplace \(2013\)](#)

studies suggest that its impact may mean that productivity losses experienced by business may be 50% to 500% greater than estimates of cost based on absenteeism alone.<sup>13</sup> In the United States, for instance, the number of days on which less work is done than usual attributable to a mental disorder averaged 31 per month per 100 workers.<sup>14</sup> All in all, it has been estimated that the cost of lost productivity in the workplace by far exceeds the direct health and social care costs of mental health problems.<sup>15</sup>

### **Managing mental health-related under-performance**

In situations in which under-performance may be related to mental health problems, supervisors should address their concerns about performance with the employee in a sensitive manner. They should ensure that the employee is clear about the requirements of the job and standards for performance.

If the employee is suspected of having a mental health problem, the supervisor should attempt to provide assistance before taking disciplinary action. If a mental health problem is identified, the supervisor should consider work-related adjustments to assist the employee to meet the inherent requirements of their position and provide a timeline to implement these.

Senior management should provide access to mediation to manage situations in which under-performance is complicated by interpersonal conflict. They should also put processes in place that allow employees to express concerns about a fellow employee's performance, where these concerns are about safety.<sup>16</sup>

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<sup>13</sup> Sainsbury Centre for Mental Health (2007)

<sup>14</sup> Kessler and Frank (1997)

<sup>15</sup> McDaid et al. (2008)

<sup>16</sup> Melbourne School of Population and Global Health (2013)

Taking a prolonged leave of absence also comes at a cost. Evidence shows that after taking six months sickness absence only 50% of employees return to work, after one year this goes down to 25% and after two years only 5%.<sup>17</sup> This means that employers have to incur recruitment costs to obtain replacement workers. When there has been loss of skilled employees companies may also have to invest in training.

There are also a number of indirect costs related to mental disorders in the workplace. These include reduced staff morale due to poor performance and high staff turnover, complaints and litigation, and issues related to increased workload due to staff shortages and having to provide temporary cover for colleagues. As a result the workplace may experience increased tension and conflict between colleagues and an increase in disciplinary problems which can negatively affect client relations.<sup>18</sup>

On an individual level, mental health problems can lead to a reduced quality of life not least because absence from work is likely to affect a person's income, causing financial hardship for the employees themselves and their families, disruption to the household routine and restricted social activities.

The cost of mental health problems to the overall community includes the cost of treatment, particularly when this includes hospitalisation, loss of productivity, loss of lives and consequences of untreated illnesses (for example increased numbers of people in prison), social exclusion and human rights abuses.<sup>19</sup>

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<sup>17</sup> The British Society for Rehabilitation Medicine (2001)

<sup>18</sup> Mentality (2003)

<sup>19</sup> World Health Organisation (2005)

## 2. Developing a mental health policy at the workplace

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### *Analysing mental health issues at your workplace*

The first step in developing a mental health policy for your organisation is gaining the endorsement of your employer by making a business case for the policy showing that it will have a positive impact on the workplace and be financially viable. The business case should comprise general data showing the link between mental ill-health, reduced productivity and increased cost, an outline of the major mental health issues in the workplace and anticipated benefits.

The mental health policy needs to be based on a comprehensive understanding of the issues at your workplace e.g. increased levels of absenteeism or factors contributing to employee stress. A number of such issues will become evident once you assemble information that is already available to the organisation, such as human resource data (e.g. absenteeism and resignations), occupational health and safety data (e.g. accidents) and financial data (e.g. cost of replacing employees). Relevant information may also be obtained from other organisations involved in similar work or trade unions and industry bodies.

In carrying out the needs assessment, consideration should be given to employee privacy and confidentiality, and any concerns about the process of assessment and monitoring should be addressed.

### **Considering the physical work environment**

The physical work environment can have an impact on mental health. Where possible, managers and supervisors should monitor and review the physical work environment and eliminate potential stressors (e.g. temperature, lighting, noise, ventilation, interruptions, lack of personal space, poor ergonomic design, and

unsightliness). Access to common areas where employees can interact socially should be provided, as should regular access to sunlight and fresh air.<sup>20</sup>

When all the available information has been gathered it may still be necessary to collect new information, possibly through surveys, risk assessments (of mental health hazards at the workplace) or interviews and focus groups with staff members and key people in the organisation. Surveys which use tools to identify issues and measure symptoms of a mental disorder can yield a wealth of information but are ideally carried out with the help of an expert in psychological assessment.

Carrying out such a detailed assessment will probably not be possible until the commitment of management has been secured. Ensuring broad support for the policy and being able to demonstrate such support would go a long way to convincing the employer of the benefits of such an undertaking.<sup>21</sup>

### *Formulating a vision statement to support a mental health policy for your workplace*

The vision statement is your company's position on eliminating barriers to a healthy workplace. It is the statement of your organisation's commitment to protecting the health, safety and wellbeing of its management and its employees. It should also address the need to recognise and support employee wellbeing through ensuring that managers and staff work collaboratively to eliminate unhealthy stressors and workplace hazards.<sup>22</sup>

The vision statement outlines the main thrust of the workplace mental health policy and indicates its intended outcome. It may be hard to arrive at a common vision among stakeholders who may interpret the mental health needs in the workplace differently or be seeking different outcomes, but it is essential that

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<sup>20</sup> Melbourne School of Population and Global Health (2013)

<sup>21</sup> World Health Organisation (2005).

<sup>22</sup> Mood Disorders Society of Canada (2011)

they all have an input in the vision and an active compromise be sought for the policy to be successfully implemented.<sup>23</sup>

An example of a **mental health policy vision statement** is:

*To create a workplace environment that promotes the mental wellbeing of all employees and to respond rapidly to the needs of employees who develop a mental health problem.*

*Identifying the values and principles of your organisation to support a mental health policy*

Your workplace has its own values and culture which should be reflected in goals which are set for the mental health policy. The principles underlying the policy should strike a balance between the various interests of the different stakeholders e.g. between productivity and improved health.<sup>24</sup>

To identify the principles and values which will guide your policy decide upon four to six clear goals for the policy. List these goals clearly and concisely so that there is no ambiguity in what you are working towards.<sup>25</sup>

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<sup>23</sup> World Health Organisation (2005)

<sup>24</sup> World Health Organisation (2005)

<sup>25</sup> Mood Disorders Society of Canada (2011)

An example of a **set of goals** for your mental health policy is:

To recognise that work-related stress is a health and safety issue and to reduce workplace factors that may negatively affect mental wellbeing.

To develop management skills to promote mental wellbeing and manage mental health problems effectively.

To promote a healthy work/ life balance.

To develop a culture based on trust, support and mutual respect.

### *Defining the objectives for your organisation's mental health policy*

The objectives of the mental health policy for your workplace should translate the policy vision into concrete statements of what is to be achieved. They should be related to the issues identified for your workplace and should aim to improve the mental health of the workforce. They need to be specific and achievable within a specified timeframe.<sup>26</sup>

Taking each goal in turn decide upon the objectives needed to reach that particular goal. These objectives will be your company operating principles. Clarity and detail is imperative to ensuring successful policy implementation. When possible, include timelines and parameters.

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<sup>26</sup> World Health Organisation (2005)



An example of a **set of objectives** for your mental health policy is:

To develop strategies that will ensure mental health is equally valued to physical health.

To create a working environment where employees and managers work collaboratively in identifying opportunities to increase employee wellbeing.

To increase awareness of mental health in all management and employees within 12 months.

To alter communications procedures to protect home/work balance by reducing blackberry/ email messaging in the evenings.<sup>27</sup>

### *Consulting your employees and stakeholders*

Key stakeholders should be identified early and involved in the analysis and assessment of the mental health needs in the workplace. Stakeholders would generally include employees, the employer and trade unions. You may also wish to consult with employees' families and the insurance companies which provide services to your organisation.

It is essential to actively engage the employees at the beginning of the process as participation and inclusion should be a fundamental principle of any mental health programme.

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<sup>27</sup> Mood Disorders Society of Canada (2011)

Employees can be consulted formally, informally, individually, in groups or through a collective organisation such as a union or staff association. Effort should be made to consult hard to reach employees such as those who work irregular hours.

Consultation approaches include meetings with groups of employees, questionnaires, face-to-face interviews with a random sample of employees, establishing an information hotline and disseminating information and inviting feedback. It is important to ensure that employees know that any information they disclose will be kept confidential and to make sure that they are able to provide information anonymously.

Employers could be consulted through existing formal processes for consultation, through the drawing up of a discussion paper or via individual interviews, depending on the structure and culture of your organisation.

Trade unions and other employee organisations can be powerful supporters or opponents of mental health policies and should be involved and brought on board the project at the outset.

Insurance companies may be interested in contributing to the development of a mental health policy to help reduce the cost of claims for mental health problems.<sup>28</sup>

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<sup>28</sup> World Health Organisation (2005)

### 3. Setting up the necessary strategies to implement a mental health policy at the workplace

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#### *Allocating resources to implement your policy*

Implementing the mental health policy for your workplace, once it has been developed together with and endorsed by key stakeholders, is likely to require resources that may not be immediately available. The required funds might need to be redirected from other projects or taken out of an existing budget earmarked for activities (e.g. for employee training) which can be tailored to the objectives of the policy (e.g. train employees in how to maintain good mental health).

Other financing options may include:

- grants which may be available from employer or employee organisations to implement a mental health programme.
- assistance which may be available from government, nongovernmental organisations or an external donor to implement a programme.
- using savings made through improvements in workplace efficiency resulting from a mental health programme.
- using savings made in insurance costs as a result of improved employee health.

In some situations, it may be appropriate to require employees to make a small contribution towards the cost of implementing the policy.<sup>29</sup>

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<sup>29</sup> World Health Organisation (2005)

### *Developing an implementation plan for your policy*

You will need to formulate a plan to implement the policy. The plan should outline the objectives, specific strategies to be used, targets to be achieved, and activities to be carried out. The time frame, people responsible for each task and the expected outputs should be clearly identified.

The following questions should be considered in putting the plan together:

- What specific activities are needed to implement each strategy?
- Who will take responsibility for each activity?
- How long will each strategy and activity take?
- Which activities can be done simultaneously and which depend on the completion of another activity?
- What outputs are expected from each activity?
- What are the potential delays?

This process allows the objectives of the policy to be brought together within a single planning framework.<sup>30</sup>

It is also a useful tool to use to identify the potential obstacles to the implementation of the policy at its various stages.

One of the main barriers to the development and implementation of a mental health policy in Malta is the fact that most companies are SMEs with only a few people employed, no official human resources

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<sup>30</sup> World Health Organisation (2005)

department in place and no or limited resources to dedicate to developing and implementing such a policy. The owners of such SMEs may not see the value of addressing mental health issues in their workplace and would not generally have staff with expertise to respond to mental health issues. One of the ways of counteracting this problem is to develop links with mental health services in the community in order to, for example, obtain information on mental health issues or refer employees with mental health problems for treatment. Employer organisations may also be able to assist by making expertise available to different workplaces. Thus, even with limited resources and expertise, a mental health policy implementation plan can be drawn up which focuses on strategies which sensitise all concerned to mental health issues without taking up too many resources.<sup>31</sup>

#### *Generating support and collaboration for your policy*

The mental health policy needs to be disseminated and communicated to all stakeholders.

Some approaches to communication are listed below:

- organise an event to launch the policy.
- distribute posters and leaflets on the policy.
- hold meetings with different groups of employees to explain the policy.
- publish the policy on the company's website.

These activities can also be used to generate support and funding. If the consultation process has been effective, then there should already be a number of opinion leaders within the business who are ready to publicly support the policy.<sup>32</sup>

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<sup>31</sup> World Health Organisation (2005)

<sup>32</sup> World Health Organisation (2005)

All employees have a responsibility to support the mental health policy, including:

- reading and fully understanding the policy
- complying with this policy at all times while completing work-related duties and while representing management
- informing a supervisor or manager if they believe that the policy has not been followed.<sup>33</sup>

#### *Coordinating the implementation of your policy*

The implementation process needs to be carefully coordinated and monitored. The plan should be reviewed and updated as necessary.

A process for implementation needs to be established. An individual, a department or a committee might be given responsibility for the implementation of the plan. Regular reporting to the employer, employees, and funders of the policy should be part of the implementation plan. For example, requiring a report 12 months after the start of activities provides an opportunity to document the achievements, monitor implementation and review the plan.<sup>34</sup>

#### *Training your managers and staff on your policy*

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<sup>33</sup> Melbourne School of Population and Global Health (2013)

<sup>34</sup> World Health Organisation (2005)

It is important that all staff be given basic training to raise awareness about the mental health policy at your workplace in order to ensure that all members of staff are clear on their roles and responsibilities to colleagues experiencing mental health problems, including under what circumstances to report ill health, to whom and what support services are available.

The people who will be leading the implementation process need to be properly trained in order to ensure that they can shoulder the responsibilities that come with the role. Training requirements should be outlined in the implementation plan.

Training can often be provided by external organisations or (if the workplace is large) might be conducted in-house. The content of the training programme will depend on the type of business and the priorities identified in the mental health policy, but should always include an overview of mental health issues in the workplace, an outline of the major mental health issues faced by employees and the key initiatives which have been included in your organisation's mental health policy and implementation plan.

Managers and human resources personnel need to be specifically trained in the skills required to take up the responsibilities attached to their role as implementers of the mental health policy; namely to be able to:

- **assess workplace risk** – this entails training managers in identifying the signs of stress and other mental health hazards in the workplace. Managers will need to be able to spot the first signs of stress and will need to be comfortable in speaking directly to staff about stress-related issues. When stressful situations are identified, managers must move swiftly with the staff to create action plans which are suitable to all parties to immediately reduce and work towards eliminating the stress hazard involved.
- **communicate with staff members** – communication is crucial to the success of the workplace mental health plan. Managers must have the communication skills needed to talk with the staff regarding mental health issues, especially workplace stress. Staff need to feel completely safe in opening up with managers and must not feel that they will be looked down upon or blamed when

speaking about mental health issues. Team meetings should be held regularly with open discussions being encouraged and supported.

- **monitor levels of work** – managers must be knowledgeable about safe workloads and must recognise when staff have unhealthy levels of pressure and take corrective action if hazards are noticed.
- **recognise stress-related absences** – managers must be aware of any indications of increased absence of staff members as well as fellow managers. Absence patterns should be noted and watched. A key issue to also watch is transferred workloads on present employees when their co-workers are absent.
- **train employees to handle pressure** – staff must be offered on the job training to handle the pressure of their responsibilities in a safe and healthy manner. Staff must fully understand their role. New recruits should be encouraged to reach out if in doubt, and should be monitored to ensure they fully understand their tasks.
- **maintain reasonable hours** – managers are responsible for ensuring staff and fellow management do not work excessive hours and take their full entitlement of holidays. Management must be fully aware of the importance of home/work separation and should implement firm policies on email and other communications after regular business hours.
- **support staff** – managers should be able to offer staff support in maintaining a stress free life whenever possible. They must realise that outside events do take place in all families and incidences such as accidents, deaths, separations, etc. are very vulnerable times in people's lives. Support needs to be readily available and employment assistance programs should be offered when needed.



Employees also have a role to play in ensuring that the organisation's mental health policy is successfully implemented. As such employees would benefit from training on:

- **how to look after their mental wellbeing** both in the workplace as well as outside. Employees need to ensure that they play their part in reducing stressful conditions and must report any stress and/or unhealthy workplace situations. Cooperating with management in reducing unhealthy work environments includes ensuring they take their allotted breaks, lunches, days off and holidays as entitled.
- **how to maintain good relations** – co-workers and supervisors need to all be treated and communicated to with respect at all times. Positive attitudes and respectful communication create healthy environments. In no instance is it acceptable to stigmatise, harass or discriminate against any person. If any employee witnesses such actions it is their duty to report this to management immediately.<sup>35</sup>

It may be deemed necessary to introduce and train mental health link staff, i.e. members of staff who can act as 'mental health first aiders'. This may be one way of overcoming the issue of some employees' reluctance to go through normal line management to discuss issues relating to mental health.<sup>36</sup>

Training will often need to be carried out regularly, to ensure that new employees receive information about mental health issues and to update all employees' knowledge.<sup>37</sup>

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<sup>35</sup> Mood Disorders Society of Canada (2011)

<sup>36</sup> Equality and Human Rights Commission (n.d.)

<sup>37</sup> World Health Organisation (2005)

### *Evaluating and reviewing your policy*

It is important to evaluate the effect of the policy and strategies on both individual employees and on the organisation. This will also assist in building an evidence base of effective mental health interventions in the workplace.

Ideally, the evaluation should be planned when the policy is being developed, and key baseline information collected before implementation starts. In this way, it will be possible to measure changes that occur following implementation. Indicators to measure effectiveness could include:

- working hours and patterns
- accidents at work
- staff complaints
- staff sickness levels
- staff turnover
- use of occupational health or counselling services
- early retirement through ill health

Employee surveys and exit interviews could also provide valuable information for the evaluation process.<sup>38</sup>

The evaluation should contain both quantitative and qualitative elements. For example, information may be collected about the rates of absenteeism in a department as well as about the context of the workplace,

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<sup>38</sup> Fully Focused Solutions (n.d.)

reasons for absenteeism, and how the policy has been implemented. Generally, an evaluation will incorporate one or more of the following approaches.<sup>39</sup>

- **A needs-based evaluation** which addresses the relevance of the policy to the needs of the employees and the organisation.
- **Formative or process evaluation** which provides information on what activities have occurred, where, with whom and how frequently, e.g. how many leaflets on workplace stress have been distributed? How many members of staff have attended a mental illness awareness education programme?

**Summative evaluation** which assesses whether specific goals and objectives have been achieved. The main goal of the summative evaluation is to inform decision-makers about the effectiveness of the programme. The report will need to be written in a language that is easily understood by the various decision-makers in the organisation.<sup>40</sup>

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<sup>39</sup> Atkins and Weiss (2002)

<sup>40</sup> World Health Organisation (2005)

### *Practical tips for writing your policy*

Your workplace mental health policy sets out the framework within which actions will be taken to address issues relating to the employees' mental health. It will comprise, but not necessarily be limited to, the following sections:

- The **rationale** behind a workplace mental health policy – which outlines the reasons why such a policy is deemed necessary for your workplace. It can include information on why and how ill mental health and stress affect employees' health and their ability to fulfil their roles at home and at work, and the benefits to the employees and the organisation of having such a policy in place.
- The **vision statement** - which provides the parameters within which any actions will be taken. This statement should set high expectations as to what can be achieved, but remain realistic. All stakeholders should have input in formulating this vision and if there are conflicting expectations it is recommended that a compromise be found among the majority of stakeholders in order to ensure their commitment to the policy's successful implementation.
- The **values and principles** - which guide the vision statement and provide the basis for the objectives of the policy. Values refer to beliefs about what is considered worthwhile by your organisation and principles refer to the standards or rules that will guide your actions, and which should ultimately emanate from the values.

- A set of **objectives** - which translate your policy vision into concrete statements of what is to be achieved. The objectives should be specific, achievable within a specified timeframe and directly related to the issues identified in the data gathering exercise.
  
- An **implementation plan** - which outlines the strategies to be used, breaks down the tasks and assigns responsibilities for completing each task within specified timeframes. Potential obstacles to implementation should also be noted here.
  
- A **review and evaluation** plan - which specifies the measures which will be used to track progress and assess the effectiveness of the policy. This plan will list a predetermined set of indicators to be measured periodically, for instance every two or three years.

Ideally the persons who are tasked with writing the policy work sequentially, in the order listed above, as one section of the policy provides the guideline and basis for the next. In practice however it is common for different sections to be written concurrently, especially when different people are providing their input at once. It is important therefore to ensure that the various sections tie in well together, are guided by the stated vision statement and values and that the outcomes expected of the actions in the implementation plan actually meet the policy objectives.

Once the first draft of the policy is written, good questions to ask are:

*Will this policy be useful to the staff?*

*Will it improve the likelihood that employees experiencing mental health problems come forward? Is it clear what actions such employees or their colleagues are expected to make and how the organisation is committed to respond if they were to admit to experiencing such problems?*

The language and style used in such documents often has a significant impact on how they are received by their intended users. Here are a few suggestions which may help make the policy more user-friendly:

*Be concise*

There is no need to write a paragraph if a sentence will do. Being concise does not mean leaving important things out; it means not burying important facts in a mound of unnecessary words.

*Focus on results rather than methods*

Focus on what you found out not on how you went about finding it. Unless the methodology you used significantly skewed your results, you do not need to go into it in detail on how exactly you calculated the rate of absenteeism in your organisation or the cost of occupational accidents for example.

*Acknowledge the fact that some measures will hurt*

There may be measures proposed in the policy which may benefit some people but hurt others e.g. a proposal for colleagues to shoulder some of the responsibilities of an employee experiencing work-related stress for a period of time without extra pay. It is suggested that acknowledging upfront that there may be some employees who will be negatively affected by such measures might help increase support for the policy.

*Keep the language simple, do not use unnecessary jargon*

Avoid specialist language and acronyms which may not be familiar to staff members as this will alienate them. Remember that not everyone will be as familiar with the issues addressed in the policy as you are so do take the time to explain key concepts and links between cause and effect. Beware, however, of dumbing down i.e. writing the policy as though the employees who will be reading it were ignorant. You do not need to explain things that the employees already know or can easily figure out.<sup>41</sup>

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<sup>41</sup> Wilcoxon (2013)

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## POLICY RECOMMENDATIONS

Based on the project outcome, the following are the suggested policy recommendations to be considered:

### **1. Organisations need to allocate resources to implement a work place policy on mental health**

Organisations opting to implementing a mental health policy for their workplace, once it has been developed together with and endorsed by key stakeholders, are likely to require resources that may not be immediately available. The required funds might need to be redirected from other projects or taken out of an existing budget earmarked for activities (e.g. for employee training) which can be tailored to the objectives of the policy (e.g. train employees in how to maintain good mental health).

Other financing options may include:

- grants which may be available from employer or employee organisations to implement a mental health programme.
- assistance which may be available from government, nongovernmental organisations or an external donor to implement a programme.
- using savings made through improvements in workplace efficiency resulting from a mental health programme.
- using savings made in insurance costs as a result of improved employee health.

In some situations, it may be appropriate to require employees to make a small contribution towards the cost of implementing the policy.<sup>42</sup>

## **2. Organisations need to develop an implementation plan for workplace policy on mental health**

Organisations need to formulate a plan to implement the policy. The plan should outline the objectives, specific strategies to be used, targets to be achieved, and activities to be carried out. The time frame, people responsible for each task and the expected outputs should be clearly identified.

The following questions should be considered in putting the plan together:

- What specific activities are needed to implement each strategy?
- Who will take responsibility for each activity?
- How long will each strategy and activity take?
- Which activities can be done simultaneously and which depend on the completion of another activity?
- What outputs are expected from each activity?
- What are the potential delays?

This process allows the objectives of the policy to be brought together within a single planning framework.<sup>43</sup>

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<sup>42</sup> World Health Organisation (2005)

<sup>43</sup> World Health Organisation (2005)

It is also a useful tool to use to identify the potential obstacles to the implementation of the policy at its various stages.

One of the main barriers to the development and implementation of a mental health policy in Malta is the fact that most companies are SMEs with only a few people employed, no official human resources department in place and no or limited resources to dedicate to developing and implementing such a policy. The owners of such SMEs may not see the value of addressing mental health issues in their workplace and would not generally have staff with expertise to respond to mental health issues. One of the ways of counteracting this problem is to develop links with mental health services in the community in order to, for example, obtain information on mental health issues or refer employees with mental health problems for treatment. Employer organisations may also be able to assist by making expertise available to different workplaces. Thus, even with limited resources and expertise, a mental health policy implementation plan can be drawn up which focuses on strategies which sensitise all concerned to mental health issues without taking up too many resources.<sup>44</sup>

### **3. Organisations need to generate support and collaboration for their workplace policy on mental health**

Organisations implementing a workplace mental health policy need to disseminate and communicate it to all stakeholders.

Some approaches to communication are listed below:

- organise an event to launch the policy.

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<sup>44</sup> World Health Organisation (2005)

- distribute posters and leaflets on the policy.
- hold meetings with different groups of employees to explain the policy.
- publish the policy on the company's website.

These activities can also be used to generate support and funding. If the consultation process has been effective, then there should already be a number of opinion leaders within the business who are ready to publicly support the policy.<sup>45</sup>

All employees have a responsibility to support the mental health policy, including:

- reading and fully understanding the policy
- complying with this policy at all times while completing work-related duties and while representing management
- informing a supervisor or manager if they believe that the policy has not been followed.<sup>46</sup>

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<sup>45</sup> World Health Organisation (2005)

<sup>46</sup> Melbourne School of Population and Global Health (2013)

#### **4. Organisations need to coordinate the implementation of their workplace mental health policy**

The implementation process needs to be carefully coordinated and monitored. The plan should be reviewed and updated as necessary.

A process for implementation needs to be established. An individual, a department or a committee might be given responsibility for the implementation of the plan. Regular reporting to the employer, employees, and funders of the policy should be part of the implementation plan. For example, requiring a report 12 months after the start of activities provides an opportunity to document the achievements, monitor implementation and review the plan.<sup>47</sup>

#### **5. Organisations need to training their managers and staff on their workplace mental health policy**

It is important that all staff be given basic training to raise awareness about the mental health policy at your workplace in order to ensure that all members of staff are clear on their roles and responsibilities to colleagues experiencing mental health problems, including under what circumstances to report ill health, to whom and what support services are available.

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Training can often be provided by external organisations or (if the workplace is large) might be conducted in-house. The content of the training programme will depend on the type of business and the priorities identified in the mental health policy, but should

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always include an overview of mental health issues in the workplace, an outline of the major mental health issues faced by employees and the key initiatives which have been included in your organisation's mental health policy and implementation plan.

Managers and human resources personnel need to be specifically trained in the skills required to take up the responsibilities attached to their role as implementers of the mental health policy; namely to be able to:

- **assess workplace risk** – this entails training managers in identifying the signs of stress and other mental health hazards in the workplace. Managers will need to be able to spot the first signs of stress and will need to be comfortable in speaking directly to staff about stress-related issues. When stressful situations are identified, managers must move swiftly with the staff to create action plans which are suitable to all parties to immediately reduce and work towards eliminating the stress hazard involved.
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- **monitor levels of work** – managers must be knowledgeable about safe workloads and must recognise when staff have unhealthy levels of pressure and take corrective action if hazards are noticed.
- **recognise stress-related absences** – managers must be aware of any indications of increased absence of staff members as well as fellow managers. Absence patterns should be noted and watched. A key issue to also watch is transferred workloads on present employees when their co-workers are absent.

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- **support staff** – managers should be able to offer staff support in maintaining a stress free life whenever possible. They must realise that outside events do take place in all families and incidences such as accidents, deaths, separations, etc. are very vulnerable times in people’s lives. Support needs to be readily available and employment assistance programs should be offered when needed.

Employees also have a role to play in ensuring that the organisation’s mental health policy is successfully implemented. As such employees would benefit from training on:

- **how to look after their mental wellbeing** both in the workplace as well as outside. Employees need to ensure that they play their part in reducing stressful conditions and must report any stress and/or unhealthy workplace situations. Cooperating with management in reducing unhealthy work environments includes ensuring they take their allotted breaks, lunches, days off and holidays as entitled.



- **how to maintain good relations** – co-workers and supervisors need to all be treated and communicated to with respect at all times. Positive attitudes and respectful communication create healthy environments. In no instance is it acceptable to stigmatise, harass or discriminate against any person. If any employee witnesses such actions it is their duty to report this to management immediately.<sup>48</sup>

It may be deemed necessary to introduce and train mental health link staff, i.e. members of staff who can act as ‘mental health first aiders’. This may be one way of overcoming the issue of some employees’ reluctance to go through normal line management to discuss issues relating to mental health.<sup>49</sup>

Training will often need to be carried out regularly, to ensure that new employees receive information about mental health issues and to update all employees’ knowledge.<sup>50</sup>

## **6. Organisations need to evaluate and review their workplace mental health policy**

It is important that organisations evaluate the effect of the policy and strategies on both individual employees and on the organisation. This will also assist in building an evidence base of effective mental health interventions in the workplace.

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<sup>48</sup> Mood Disorders Society of Canada (2011)

<sup>49</sup> Equality and Human Rights Commission (n.d.)

<sup>50</sup> World Health Organisation (2005)

Ideally, the evaluation should be planned when the policy is being developed, and key baseline information collected before implementation starts. In this way, it will be possible to measure changes that occur following implementation. Indicators to measure effectiveness could include:

- working hours and patterns
- accidents at work
- staff complaints
- staff sickness levels
- staff turnover
- use of occupational health or counselling services
- early retirement through ill health

Employee surveys and exit interviews could also provide valuable information for the evaluation process.<sup>51</sup>

The evaluation should contain both quantitative and qualitative elements. For example, information may be collected about the rates of absenteeism in a department as well as about the context of the workplace, reasons for absenteeism, and how the policy has been implemented. Generally, an evaluation will incorporate one or more of the following approaches.<sup>52</sup>

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<sup>51</sup> Fully Focused Solutions (n.d.)

<sup>52</sup> Atkins and Weiss (2002)

- **A needs-based evaluation** which addresses the relevance of the policy to the needs of the employees and the organisation.
- **Formative or process evaluation** which provides information on what activities have occurred, where, with whom and how frequently, e.g. how many leaflets on workplace stress have been distributed? How many members of staff have attended a mental illness awareness education programme?

**Summative evaluation** which assesses whether specific goals and objectives have been achieved. The main goal of the summative evaluation is to inform decision-makers about the effectiveness of the programme. The report will need to be written in a language that is easily understood by the various decision-makers in the organisation.<sup>53</sup>

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<sup>53</sup> World Health Organisation (2005)

# APPENDIX I

## Audit Questionnaire

### Questionnaire HM/01 Healthy Mind for Healthy Business

Good morning / afternoon / evening, we are currently conducting a survey dealing with Mental Health at the workplace. Would it be possible to speak to someone who generally takes care of human resource matters within the company. May I remind you that all information will remain completely confidential.

#### Section 1 - Mental Health

To begin with I'd like to explore people's perception of mental health problems.

**Q1** When I mention the term 'mental health problems', what type of conditions generally come to mind? [UNPROMPTED]

- |   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| Depression .....  | <input type="checkbox"/> | Addictions (Drug & Alcohol).....                          | <input type="checkbox"/> |
| Anxiety .....   | <input type="checkbox"/> | Cannot reason properly / retarded / mental problems ..... | <input type="checkbox"/> |
| Obsessive behaviour/ Obsessive Compulsive Disorder..... | <input type="checkbox"/> | "Breakdown".....  | <input type="checkbox"/> |
| Schizophrenia.....                                      | <input type="checkbox"/> | "Lack of self control" .....                              | <input type="checkbox"/> |
| Anorexia / Bulimia / Eating Disorder.....               | <input type="checkbox"/> | "Crazy (mignun)".....                                     | <input type="checkbox"/> |
| Bipolar Disorder .....                                  | <input type="checkbox"/> | "Very Nervous".....                                       | <input type="checkbox"/> |
| Dementia / forgets .....                                | <input type="checkbox"/> | "Lack of Energy / Motivation" .....                       | <input type="checkbox"/> |
| Stress / Stress Disorder.....                           | <input type="checkbox"/> | Other.....  | <input type="checkbox"/> |

Specify other:

[GIVE A BRIEF OVERVIEW OF WHAT MENTAL HEALTH PROBLEMS GENERALLY COMPRISE OF, & GIVE SOME EXAMPLES AND DISTINGUISH FROM INTELLECTUAL DISABILITY]

**Q2** In your opinion are mental health problems in our society: [READ OUT]

- |                        |                          |
|------------------------|--------------------------|
| Very Common .....      | <input type="checkbox"/> |
| Common .....           | <input type="checkbox"/> |
| Not so common.....     | <input type="checkbox"/> |
| Not common at all..... | <input type="checkbox"/> |
| Don't know .....       | <input type="checkbox"/> |

**Q3** During the past 2 years, have you ever had someone at work who was experiencing mental health problems?

- |                 |                          |           |
|-----------------|--------------------------|-----------|
| Yes .....       | <input type="checkbox"/> | Go to Q4  |
| No.....         | <input type="checkbox"/> | Go to Q11 |
| Don't know..... | <input type="checkbox"/> | Go to Q11 |
| Refused.....    | <input type="checkbox"/> | Go to Q11 |

**Q4** How many cases of mental health problems did you encounter within the company / organisation over the past 2 years?

**Q5** What type of mental health issues were encountered? [UNPROMPTED]

Depression.....

Anxiety.....

Obsessive behaviour/ Obsessive Compulsive Disorder.....

Schizophrenia.....

Bipolar Disorder.....

Stress .....

Don't know .....

Other.....

Specify other

**Q6** Were these cases diagnosed by a medical doctor?

Yes all.....

Most of them .....

Some of them.....

None of them.....

Don't know .....

**Q7** Do you think the mental health problems were related to work eg. stress, workload, conflicts at work etc or to other personal issues?

Mainly resulting from work .....

Mainly resulting from personal issues .....

Both .....

Don't know .....

**Q8** In your opinion, what are the factors at your workplace which could trigger off mental health problems in an employee? [UNPROMPTED]

Workload.....

Type of work carried out .....

Conflicts with co-workers, superiors or subordinates .....

Excessive pressure placed by superiors.....

Other.....

Specify other:

**Q9 I'd like to read out some statements relating to the person/s who experienced mental health problems. For each statement, can you answer by selecting one of the following options:**

	<i>Always</i>	<i>Often</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Never</i>	<i>Don't know</i>	<i>Refused</i>
People in the office find it uncomfortable or awkward to work in the same office as this person/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work colleagues tend to avoid the person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person is made fun of at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person experiences discrimination at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person receives adequate support & assistance from work colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person performs his tasks well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person has his responsibilities changed (reduced or adapted due to his condition)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q10 Did the company assist the employees with mental health problems in any way? [UNPROMPTED]**

- No.....
- Referred employee to a psychologist / medical professional.....
- Company paid for psychological /medical help.....
- Gave employee some time off.....
- Colleagues assisted employee in work duties.....
- Offered supported employment (through existing schemes ie ETC - Richmond Foundation).....
- Other.....

Specify other:

**Q11 In your opinion what would be the best way to help people within the company / organisation improve their knowledge and perception of mental wellbeing at the workplace? [UNPROMPTED]**

- Targeted training/informative sessions at work .....
- General media campaign .....
- Providing informative leaflets / brochures to employees .....
- Don't know .....
- Other.....

Specify other / Comments:

**Section 2 - Training**

**Q12 Have you ever heard of a 'Mental Health Policy'?**  
 Yes .....   
 No.....  Go to Q14

**Q13 Does the company you work in have a written mental health policy in place?**  
 Yes.....   
 No.....   
 Don't know .....

**Q14 Were the employees within the company / organisation ever given training which deals with mental wellbeing at the workplace?**  
 Yes .....  Go to Q15  
 No.....  Go to Q16  
 Don't know .....  Go to Q16

**Q15 How often is such training given?**  
 More than once a year.....   
 Once a year .....   
 Once every 2 years .....   
 Less often .....   
 One-time training .....

**Q16 Do you think the company / organisation benefits / can benefit from such training?**  
 Yes .....  Go to Q17  
 No.....  Go to Q18  
 Don't know .....  Go to Q18

**Q17 In which aspects do you think the company / organisation benefits / can benefit from such training? [UNPROMPTED]**  
 Employees are more sympathetic & supportive towards people with mental health problems.....   
 Employees are more likely to look after their mental health .....   
 The company/managers set more reasonable workloads .....   
 The company is more productive overall.....   
 More awareness / prevention.....   
 Don't know .....   
 Other.....   
 Specify other:

**Q18 Can you think of any actions or systems the company / organisation can implement to improve the mental wellbeing of employees at the workplace? [UNPROMPTED]**

- More training focussed on mental wellbeing.....
- Create more awareness on mental health issues.....
- Less pressure / workload.....
- Better communication between managers and subordinates.....
- Diversification and clarification of roles.....
- Make professional (medical) help easily accessible.....
- Create better structures within the organisation.....
- More teamwork .....
- Better organisation / time management .....
- Create a better / friendly working environment.....
- More social activities among employees .....
- More frequent breaks .....
- Don't know .....
- Other.....

Specify other:

**Q19 During the past year, have you: [READ OUT]**

- Seen any adverts dealing with Mental Health at the workplace (eg billboard, newspapers, TV).....
- Came across articles / news items on local media dealing with Mental Health at work .....
- Received training dealing with Mental Health at the workplace .....



**Section 3 - Details of Respondent**

**Q20 Industry**

- Agriculture, Forestry, and Fishing.....
- Mining & Quarrying.....
- Manufacturing.....
- Electricity, gas & air conditioning supply.....
- Water supply, sewerage, waste management and remediation activities...
- Construction.....
- Wholesale & Retail trade, repair of motor vehicles and motorcycles.....
- Transportation & storage.....
- Accommodation and food service activities.....
- Information and Communications.....
- Financial & Insurance activities.....
- Real estate activities.....
- Professional, scientific and technical activities.....
- Administrative and support service activities.....
- Education.....
- Human health and social work activities.....
- Arts, entertainment and recreation.....
- Other service activities.....
- Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use.....
- Other community, social and personal service activities.....

**Q21 Approximately how many employees work within the company?**

**Q22 Tick Company Size:**

- 1 - 9 employees.....
- 10 - 49 employees.....
- 50 - 249 employees.....
- Over 249 employees.....

**Q23 Location of Company:**

**Q24 Sector:**

- Private Sector.....
- NGO.....

**Q25 Gender of Respondent**

- Male.....
- Female.....

**Q26 Age:**

- 18 to 24.....
- 25 to 34.....
- 35 to 44.....
- 45 to 54.....
- 55 to 64.....
- 65 & over.....

**Q27 Role in Organisation**

*Owner / Partner / Director*.....

*HR manager / executive* .....

*Other*.....

*Specify other:*

**Q28 Company name (Confidential):**

**Q29 Contact Person (Confidential):**

**Q30 Telephone No (Confidential):**