WPA Position Statement on Mental Health in the Workplace

Mental Health in the workplace refers specifically to those who are employed, have or develop mental health problems and may lose their work as a result of their mental ill-health. Of equal importance is that those with mental illness are often rejected and not employed when seeking work. Yet, the workplace holds excellent potential for being a platform for mental health promotion and providing protective factors against mental ill-health and on the road to recovery. We recognise that the workplace can have very wide definitions from paid employment in large companies to being self-employed to those who work from home. We also recognise that not all of these jobs are paid jobs: some are on zero hour contracts, some are in formal sectors and others in informal sectors. Employment in public or private sectors have very different pressures and may lead to mental ill-health.

Mental health shares a two-way relationship with work:

1. Self-esteem and social identity are closely tied with the ability to work and earn a livelihood (Tiggemann & Winefield, 1984; Winefield & Tiggemann, 1990).
2. Work also provides an opportunity for a person to integrate meaningfully with society (Nardodkar et al, 2016).

In this Position Statement we focus on the mental health of employees, especially those in big companies with a global reach, and offer suggestions to employers. However, principles can be applied to small and mid-size organisations.
A recent major report produced by the Institute of Directors revealed that three-quarters of
businesses in the UK do not have a mental health policy (https://www.ioid.com/news-campaigns/mental-health/articles/we-need-to-talk-about-mental-health-in-the-workplace). 1150 employees and 586 senior decision makers were interviewed. Three quarters of people interviewed said that they would rather talk to someone outside their place of work if they had a mental health problem. Surprisingly, only 7% of employers had discussed mental health related issues and problems with their staff. However, there was overwhelming support (82%) for principles of mental health promotion. Two thirds (68%) of employees acknowledged that it was the business’s responsibility to make provisions for their staff’s mental well-being. Many countries also have no protection against cost of treatment and loss of wages when an employee is unable to work, and mental health conditions are often excluded from health insurance coverage (World Health Organization, 2005). Furthermore, a survey of 193 member states of the UN showed that in 51% of the countries, there is no explicit protection regarding mental ill-health in law for people in employment. Over a quarter (26%) have no affirmative action in law for supporting or facilitating employment for those who have a mental illness (Nardodkar et al, 2016). As a result of discrimination against individuals with mental illness in various arenas, WPA published a Bill of Rights in 2016. The Bill explicitly calls on all nations to provide individuals with mental illness/ mental health problems/ mental disability the right to work, opportunities to work, and protection at work including affirmative action in line with what is available to other citizens (Bhugra 2016).

There are examples of excellent work being done by some companies, such as BT in the UK. Steps recommended by the World Economic Forum (WEF 2016) include:

(a) Being aware of the workplace environment and how it can be adapted to promote better mental health for everyone in the organisation this must include preventing burnout, bullying and stress;

(b) Sharing and learning from examples of good practice;

(c) Learn from other companies and organisations who have taken action, and how;

(d) Understand the opportunities and needs of you and your colleagues, in helping to develop better policies for workplace mental health;
(e) Take practical steps to help your organisation;

(f) Have a list of resources where people can go to seek advice and help (e.g., the development of educational programs to address behavioural and attitudinal changes regarding mental health and mental illness).

Following the recent work led by the World Economic Forum Global Agenda Council on Mental Health (2014-2016), WPA urges all employers regardless of the size of their company:

1. To have appropriate policies in place for employees’ mental health and well-being;
2. To ensure proper implementation and evaluation of these mental health and wellbeing policies;
3. To encourage employers and employees to work together and engage with each other in all these processes;
4. To develop a culture of openness and sharing. That means working with all stakeholders such as Unions, Human Resources, and others;
5. To develop a tiered framework including: (a) [Primary] Promotion and Prevention: Mental health promotion and reducing risks to mental well-being; (b) [Secondary] Early Detection and Intervention: Identifying early signs of distress, supporting individuals using strategies of psychological first-aid, and referring individuals for additional help as appropriate; (c) [Tertiary] Rehabilitation and Self-Management: Helping individuals suffering from mental health problems and supporting them in their recovery and/or self-management of their condition(s);
6. To develop a toolkit that is relevant to the numbers of employees and resources. This should include mental health promotion, resilience training, services, and/or signposting to services, charities, and other relevant information and organisations for support for managing addiction, stress and burnout;
7. To provide resources including: information and education about managing stress, opportunities to share experiences and gather support, encouraging gentle steps in changing behaviours, increasing exercise, healthy eating;
References


https://www.weforum.org/agenda/2017/04/7-steps-for-a-mentally-healthy-workplace/
https://www.mqmentalhealth.org/articles/global-agenda-council-mental-health-seven-actions


Reference Group

Prof Dinesh Bhugra (UK); Dr Paul Litchfield (UK); Prof Tine Van Bortel (UK); Dr Marina Krommenacker (Switzerland); Prof Jim Lucey (Ireland);

Dr R. Thara (India); Dr Julio Torales (Paraguay); Dr Kenneth R Javate (Philippines); Dr Virginia Rosabal (Costa Rica); Dr Antonio Ventriglio (Italy)