

Mental health and employers

Refreshing the case for investment

January 2020

Contents

01

Foreword by Deloitte

03

Foreword by Mind

04

Introduction

06

Definitions

09

1. What is the cost
of poor mental
health at work?

17

2. What has changed
since 2017?

25

3. Why should employers
invest in mental health
interventions?

29

4. What else can
employers do?

35

Appendix 1: Mental
health in the workplace:
An employee journey

37

Appendix 2:
Costing methodology

40

Appendix 3:
ROI methodology

42

Appendix 4:
ROI Employer
case studies

44

Appendix 5:
Mental health at work
standards checklist

46

Appendix 6:
ROI report summary

53

Endnotes

55

Authors

56

Contacts

Foreword



With a sixth of workers experiencing a mental health problem at any one time¹ and stress, anxiety and depression thought to be responsible for almost half of working days lost in Britain due to health issues,² the relationship between mental health and the workplace is a complex one.

In 2017 we published research³ that contributed to the independent Stevenson-Farmer Review⁴ commissioned by the Government. This supported the national debate on the impact of poor mental health, quantifying its cost to UK employers and exploring the benefits to employers of providing help at work.

Two years later, we have updated this analysis to look again at the costs of poor mental health to UK employers, finding they have increased by 16%,⁵ now costing up to £45 billion. Our updated work also makes a positive case for investment in mental health by employers, finding an average return of £5 for every £1 spent, up from the £4 to £1 return identified in 2017.

Since 2017, there have been positive changes affecting workplace mental health. These include a shift, among large employers in particular, towards talking more openly about mental health at work and providing greater support to staff.

However, changes in working practices have presented additional challenges to maintaining good mental health. For example, while there are substantial benefits from the increased use of technology in the workplace, an 'always on' culture can have a detrimental effect on employee wellbeing.

This also contributes to 'presenteeism', where people work when they are not at their most productive, and the newer trend of 'leaveism' where employees feel they must work outside of their normal working hours.

Our research helps us understand more about mental health and wellbeing in today's labour market, looking at the sectors, industries and regions where there appears to be a greater incidence of mental health-related absences, and reviewing the types of help on offer and their effectiveness. It also looks at the greater prevalence of mental health problems among younger people and at how the pervasive use of technology can make it more difficult to disconnect from work.

These fundamental changes and a sharp increase in costs, to employees and employers, are clear signs that decisive action must be taken now. To this end, we welcome wider discussions on how we can work together to prevent further rises.



Rebecca George OBE
Vice Chair and UK Public Sector Leader
Deloitte

“...this report looks again at the costs to employers of poor mental health, and finds that they have increased by 16%, costing up to £45 billion.”

Foreword



As our ways of working evolve, so do expectations of how employers should support their people, and employers will also need help with this. Alongside ongoing work to provide help, reduce stigma and create an open culture around mental health, employers will also need to get to grips with newer challenges, such as a rise in leaveism, enabled by technology.

It will be important to bring together different stakeholders to lead further work on this issue and Government, with its ability to facilitate such discussions and as a major employer in its own right, is well placed to drive this. Building on the Thriving at Work recommendations, this will require an honest appraisal of employers' attitudes to poor mental health, the help that is available, and how best practice can be embedded in organisations of all sizes across the UK.

As new Government policy is developed, its impact on mental health should be considered. For example, flexible working and financial education are covered in this report – for both, a joined up approach to developing and implementing Government policy is required.

Work we have done over the last few years at Deloitte to create an open and inclusive culture includes providing training and advice to help our people spot the signs of mental ill-health and how to reach out to those who may need support. In addition, many of our people have shared stories about their mental health to make clear that doing so will not have a detrimental effect on a person's career and we offer independently provided counselling and advice to those who need it.

In common with our peers across the UK, we still have much further to go. Through our membership of the City Mental Health Alliance and by signing up to the Mental Health at Work Commitment, we continue to collaborate with other likeminded organisations across the UK to support the sharing of insight, and encourage other employers do the same. We will continue to highlight long-standing and emerging issues relating to workplace mental health and hope others find our contribution useful.

“ Building on the Thriving at Work recommendations, this will require an honest appraisal of employers' attitudes to poor mental health, the help that is available, and how best practice can be embedded in organisations of all sizes across the UK.”

Foreword



October 2019 marked the second anniversary of the Thriving at Work review, an independent review of mental health at work commissioned by the Government and led by Lord Dennis Stevenson and myself, and it is a good opportunity now to remind ourselves of the vision that was set out. When setting out this vision we realised the scale of the task ahead, and this review of the case for investment is a stark reminder that this is an issue that cannot be ignored.

Over the past two years we have seen a number of organisations start to prioritise the mental health and wellbeing of their staff, whether by signing up to anti-stigma initiatives such as the Time to Change Employers Pledge, providing training for staff, introducing wellbeing champions or signing up to Mind's Workplace Wellbeing Index. All of these measures are helping employers meet the mental health standards that were set out in the Thriving at Work Review.

The national Thriving at Work Leadership Council was set up, and for the first time senior leaders from across the private, public and voluntary sectors along with leading industry bodies and Government representatives are coming together to tackle this issue, most recently launching the new Mental Health at Work Commitment.

Despite this progress, the reality for many employees is that they still don't feel able to talk about their mental health. A recent Business in the Community 2019 Mental Health at Work report found that only 49% of employees felt comfortable talking to their line manager about their mental health, and 39% of employees surveyed said that work had affected their mental health over the past 12 months.

There is still much work to be done and we know that 'good work' isn't just the responsibility of employers themselves.

There is a clear role for Government to increase the standards expected of employers. Change needs to come from Government to ensure that people with mental health problems are supported in work and have access to rights and protections. This includes steps such as improving the Statutory Sick Pay system so that people are able to take the time off that they need when unwell, which would also reduce current costs to employers of presenteeism. We also know that many people with mental health problems are not aware of their rights under the Equality Act 2010. Due to the way disability is defined in the law, many people with mental health problems don't realise that they have a right to reasonable adjustments if they need them in work.

Making improvements to the Equality Act and Statutory Sick Pay are key ways in which the Government can increase access to good work, and ensure that more people with mental health problems are able to thrive in work.



Paul Farmer CBE
Chief Executive Officer
Mind

Now more than ever we need to move from talking to action, and with the foundations already set, employers and Government have a unique opportunity to make sure that the UK is leading the way globally.

“In ten years' time employees will have 'good work', which contributes positively to their mental health, our society and our economy. To support this, all organisations, whatever their size, will be equipped with the awareness and tools to address and prevent mental ill health caused or worsened by work. They will be equipped to support individuals with a mental health condition to thrive and the proportion of people with a long-term mental health condition, who leave employment each year, will be dramatically reduced.”

Introduction

In 2017 we published *Mental health and employers: The case for investment*, providing evidence of the importance of investment in workplace mental health support, building on our contribution to the *Thriving at work: The Stevenson-Farmer independent review into workplace mental health*, which was commissioned by the government.

Our analysis at that time found that poor mental health costs UK employers over £33 billion – £42 billion each year. We also estimated the return on investment (ROI) of workplace mental health interventions by employers, and found that for every £1 invested, employers received £4 back.

In December 2017, the government published a policy response to the Stevenson-Farmer review entitled *Improving Lives: The Future of Work, Health and Disability*: this set out plans to transform over the next ten years employment prospects for disabled people and those with long-term health conditions.

While there have been a number of notable positive commitments from employers since the launch of the Stevenson-Farmer review, there have also been changes in work practices that affect mental health at work.

In view of these changes in the labour market, we wanted to re-examine our 2017 analysis to see whether the costs to employers had changed, and to ask new questions about the effects of these changes in the world of work.



Positive changes

- Greater support is now provided for employees, particularly in large organisations.
- Greater social awareness of mental health issues through a number of high profile campaigns and forums.
- A reduction in the level of stigma at work associated with mental health issues.



Negative changes

- The burden of poor mental health at work affects young people disproportionately, and there has been an increase in the prevalence of mental health problems among this age group.
- A rise in 'leaveism', where employees are unable to disconnect from work due to an increased use of technology, contributing to burnout.
- An increase in people working under short-term contracts, in freelance work or without sufficient employer support, creating uncertainty about their financial future and with little concern for their mental health and wellbeing needs.

The aim of this report is to address the following questions:

1. What is the cost of poor mental health to employers? How has this changed since 2017?
2. Which ages, sectors, industries and regions are seeing greater incidence of mental health-related costs?
3. Are workers confident they can seek help at work, or is stigma still attached?
4. Does the level of support provided to employees vary by the size of the organisation?
5. What is the return on investment of interventions by employers to tackle mental health-related issues? Has the case for investment strengthened?

Our findings show an increase in annual costs to employers, up to £45 billion. This is due mainly to a significant increase in presenteeism (working when unwell and being less productive) and leaveism (improper use of leave).

Rates of leaveism and presenteeism are rising. They are characteristics of a technology-enabled, always-on workplace culture, and are closely linked to employee burnout. In addition, rising levels of debt have led to an increase in stress caused by personal finance worries. Young professionals have emerged as the most vulnerable demographic in the workplace. They are twice as likely to suffer from depression as the average worker, and more susceptible to leaveism and financial concerns. Our research finds that young people need greater support from employers than they are currently receiving.

The results of our updated ROI analysis show a financial case in favour of employers investing in mental health. We now find that on average employers obtain a return of £5 for every £1 (5:2:1) invested, up from £4 for every £1 spent (4.0:1) in our previous report. However there is a wide spread of returns from 0.4:1 all the way up to 11:1. Interventions that achieve higher returns tend to have the following characteristics:

- They offer a large-scale culture change, or organisation-wide initiatives supporting large numbers of employees.
- They are focused on prevention or designed to build employee resilience.
- They use technology or diagnostics to tailor support for those most at risk.

We find that there is more that employers can be doing to support mental health among the workforce. In particular, more can be done to tackle the stigma associated with mental health problems, increase awareness, and provide adequate training for employees. SMEs are a lower visibility but higher risk category where employees may benefit from greater, formalised support. Standards such as the 2019 *Health at Work Commitment* can help employers to develop forward-looking, informed and inclusive programmes to develop happier, more person-centred workplaces.

We hope that you find the new research insights informative, thought-provoking and of practical help for employers seeking to play a greater role in supporting the mental health and wellbeing of their employees. We welcome your feedback and comments.



Elizabeth Hampson
Director
Monitor Deloitte



Anju Jacob
Manager
Monitor Deloitte

Definitions

Definitions of mental health and wellbeing

Mental Health

Mental health is defined by the WHO as a state of mental and psychological wellbeing in which every individual realises his or her own potential, and can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. Mental health is determined by a range of socioeconomic, biological and environmental factors.

Wellbeing

Wellbeing is defined by the UK Department of Health as feeling good and functioning well, and comprises each individual's experience of their life and a comparison of life circumstances with social norms and values. Wellbeing can be both subjective and objective.

Mental wellbeing

Mental wellbeing, as defined by Mind, describes a dynamic mental state. An individual with good mental wellbeing is able to:

- feel relatively confident in yourself and have positive self-esteem
- feel and express a range of emotions
- build and maintain good relationships with others
- feel engaged with the world in general
- live and work productively
- cope with the stresses of daily life, including work-related stress
- adapt and manage in times of change and uncertainty.

Work-related stress

Work-related stress, as defined by the WHO, is the response people may have when presented with demands and pressures that are not matched to their abilities, leading to an inability to cope, especially when employees feel they have little support from supervisors and little control over work processes.

Presenteeism

Presenteeism is defined as attending work whilst ill and therefore not performing at full ability. Presenteeism can be both positive and negative and be due to a variety of factors. In this report we will use presenteeism to mean 'mental health related presenteeism'.

Absence

In this report we define absence as days absent from work. Absence can also be both positive and negative and due to a number of factors. In this report we use absence to mean 'mental health related absence.'

Turnover

In this report, we define turnover as employees leaving and being replaced in a workforce. In this report we use turnover to mean 'mental health related turnover.'

“We find that there is more that employers can be doing to support mental health among the workforce. In particular, more can be done to tackle the stigma associated with mental health problems, increase awareness, and provide adequate training for employees... Standards such as the 2019 *Health at Work Commitment* can help employers to develop forward-looking, informed and inclusive programmes to develop happier, more person-centred workplaces.”



1. What is the cost of poor mental health at work?

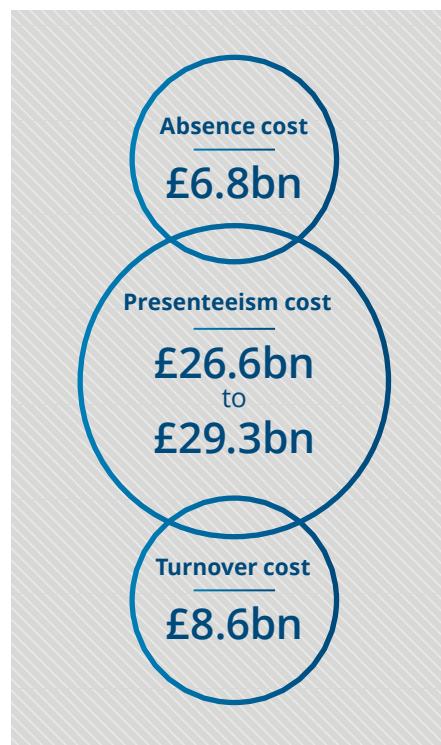
We estimate that poor mental health among employees costs UK employers £42bn – £45bn each year. This is made up of absence costs of around £7bn, presenteeism costs ranging from about £27bn to £29bn and turnover costs of around £9bn. This is an increase of about 6bn and 16% on the figures in our 2017 report, driven primarily by a rise in presenteeism – coming to work despite poor health and underperforming.

Across industries, the highest annual costs of mental health per employee are in the finance, insurance and real estate industries (£3,300) and on average public sector costs per employee are slightly higher than private sector costs (£1,716 compared to £1,652). We also find that the costs to employers of poor mental health are disproportionately high among young employees, at 8.3% of average salary compared to an average across all age groups of 5.8%.

Costs to employers

The costs to employers of poor mental health in the workplace are substantial. Using conservative assumptions, we estimate a total annual cost to businesses of up £45bn, comprising £7bn in absence costs, £27bn – £29bn in presenteeism costs and £9bn in costs of staff turnover. There are also other indirect costs to employers of poor mental health, such as the adverse impact on creativity, innovation, and other employees.

Figure 1

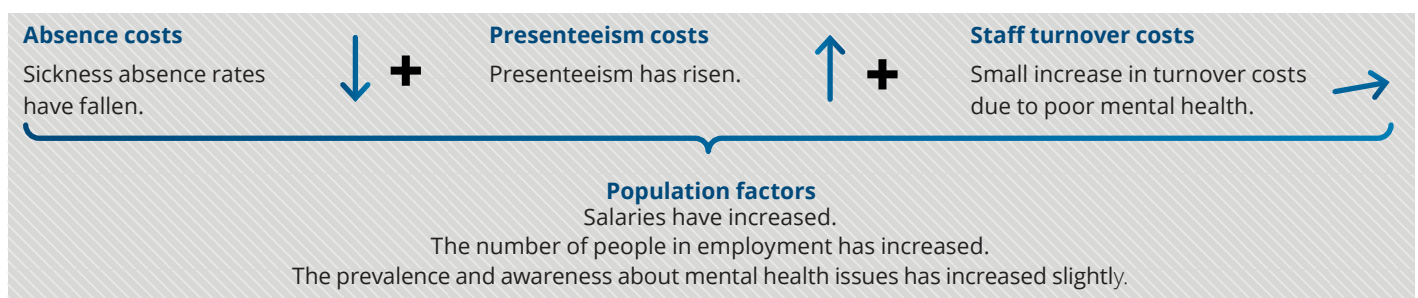


There are a number of factors driving the increase in mental health costs. Most notably, there has been a rise in presenteeism, where individuals choose to attend work despite poor mental health but are unproductive in the work they do. Therefore, although sickness absence has fallen, the costs of presenteeism have risen.

The Mind Workplace Wellbeing Index survey results show that on average the number of employees who say that they always or usually come into the office when they are 'struggling with [their] mental health and would benefit from time off' (81%) is almost fourteen times as many as those who say they always or usually take time off (6%). These findings are echoed in the Vitality survey, which estimates that the average days lost per employee to total presenteeism (for all health reasons) rose from 23.5 days in 2016 to 31.6 days in 2018, an increase of a third.

Two methods of calculating presenteeism costs are shown in this report, one uses a sensitised Vitality presenteeism estimate for mental health and the other a multiplier of absence based on a range of evidence sources including the Mind Workplace Wellbeing Index.

Figure 2



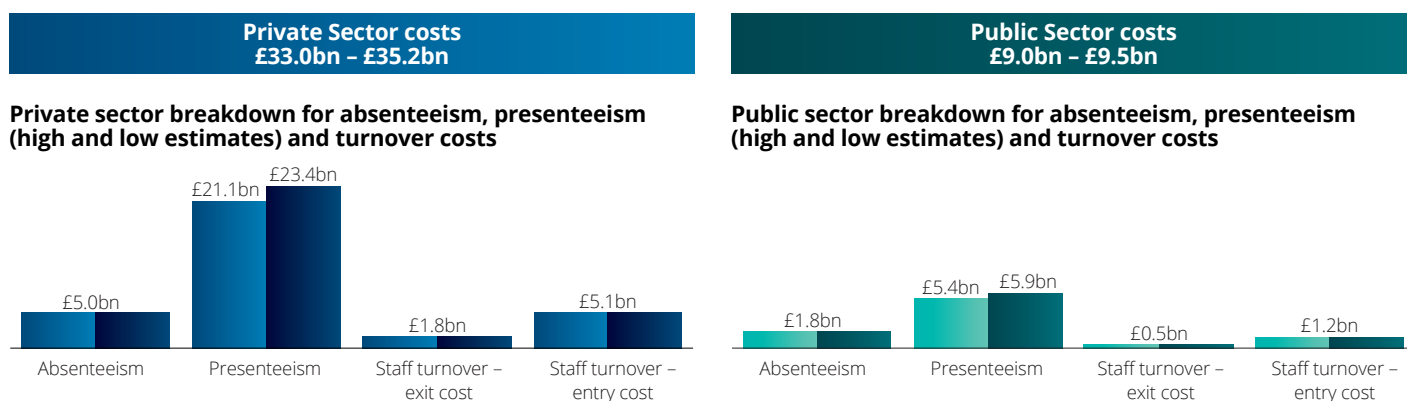
Costs to employers by industry

The average costs per employee are similar across the public and private sectors, the public sector average cost per employee is slightly higher than the private sector average cost per employee (£1,716 compared with £1,652). Across both sectors, the largest contributor to costs is presenteeism, two thirds of the total cost.

A number of factors have contributed to the rise in employer mental health costs for employers:

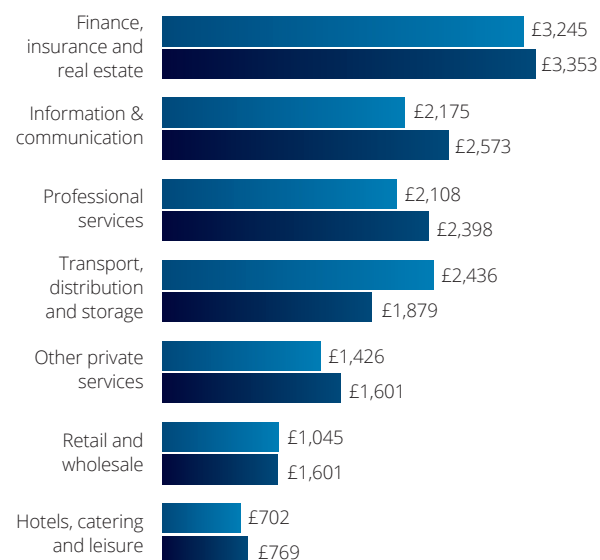
- an increase in the prevalence of mental ill health.
- a fall in sickness absence.
- a corresponding rise in presenteeism.

Figure 3. Public and private sector costs



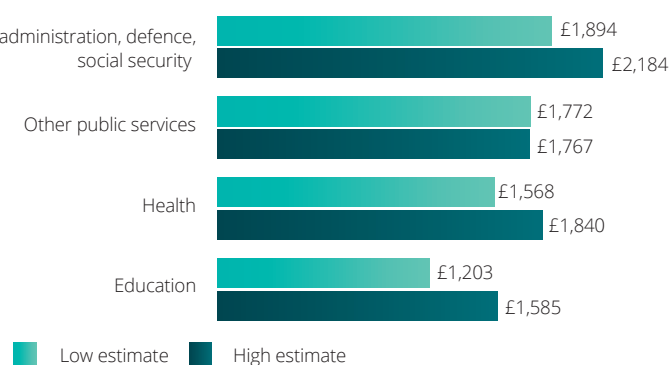
Private sector costs per employee

Weighted average cost per employee: £1,652



Public sector costs per employee

Weighted average cost per employee: £1,716



Low estimate High estimate

Costs to employers by region

We have also estimated the costs per person by region. We find that the costs per employee across England, Wales and Scotland ranges from £1,475 to £2,277. The per employee costs are highest in London, whereas the costs as a proportion of earnings are highest in Yorkshire and the Humber and Wales.

Figure 4. Costs per employee to employers of poor mental health, by geographical region
£, Mid-points by geographical region, 2018

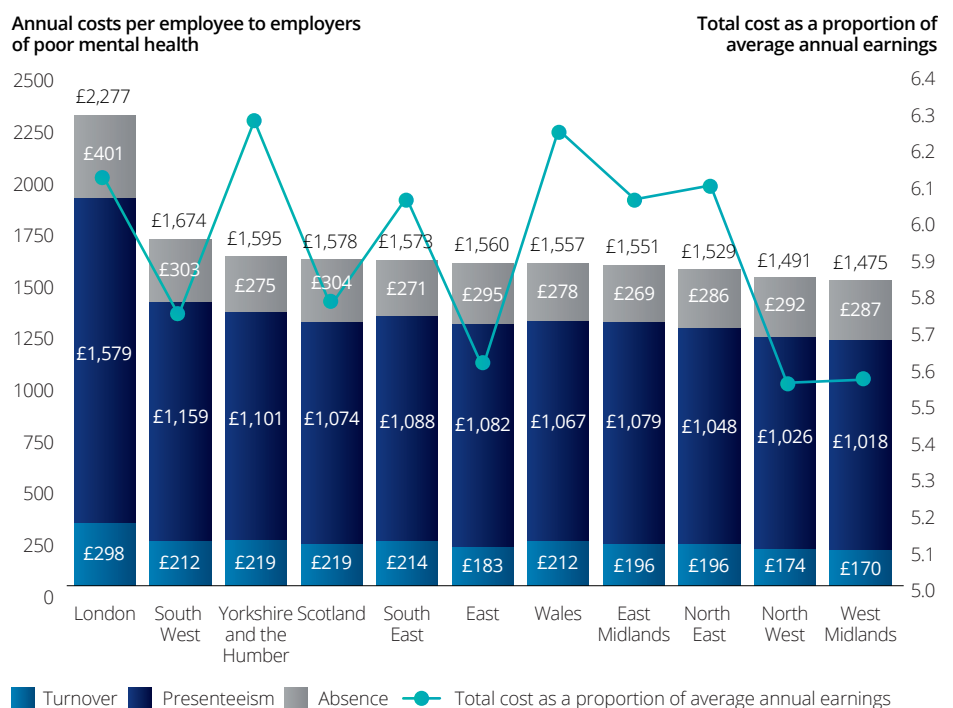
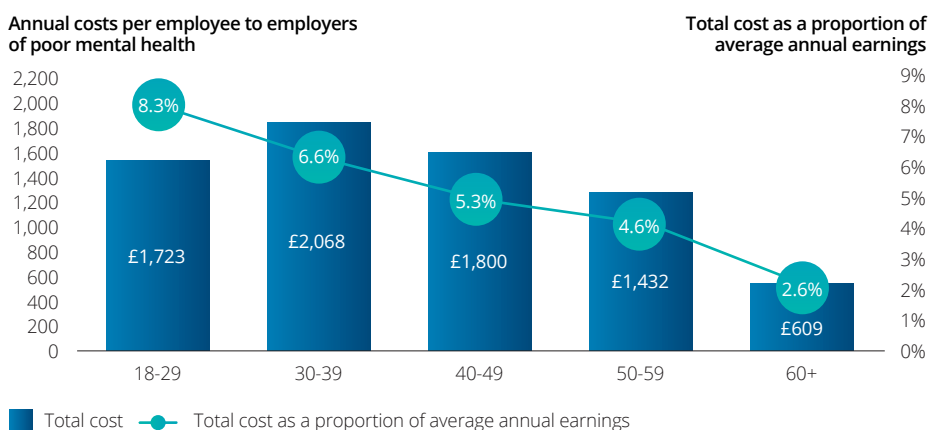


Figure 5. Annual costs per employee to employers of poor mental health
£, Mid-points by age, 2018



Costs to employers by age of employee

We have also estimated the costs to employers of poor mental health across employees in different age groups. We found that costs increase up to the age 30-39 as earnings potential grows, peaking at £2,068 per person, and then starts to decline falling to £609 per person for those aged 60+. However, these figures mask the cost per employee as a proportion of earnings: this is much higher for 18-29 year olds, at 8.3% of average income, compared to a weighted average of 5.8% of income across all age groups.

The prevalence of poor mental health at work

There is a range of evidence about the increasing prevalence of mental health (MH) at work, both in terms of self-reported cases and observed changes.

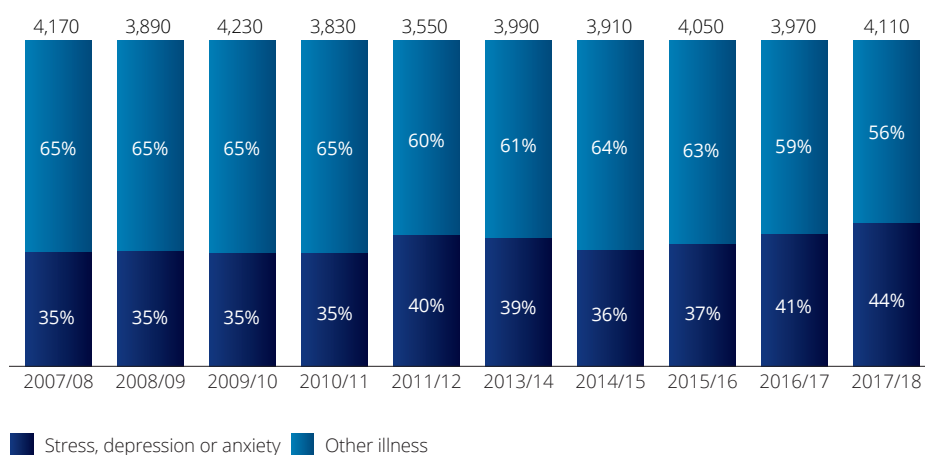
Research conducted through the Labour Force Survey has shown that prevalence of self-reported work-related mental health problems, such as stress, depression and anxiety, remained relatively stable until fairly recently (2014/15), when it started to show signs of increasing.⁶

It is projected that as a percentage of the total number of instances of poor health at work, mental health problems will soon surpass other work-related illnesses such as musculoskeletal disorders, respiratory diseases, cancer, skin issues, and hearing damage.⁷

Survey data from the Chartered Institute of Personnel and Development (CIPD) (as shown in Figure 7) indicates a significant increase in the number of reported instances of mental ill health over the past year, in both large (250 + employees) and small (<250 employees) organisations. It appears that mental health is deteriorating more in larger organisations, with about 7 in 10 employers experiencing an increase over the past year in reported mental health conditions.

Figure 6. Self reported illness caused or made worse by work

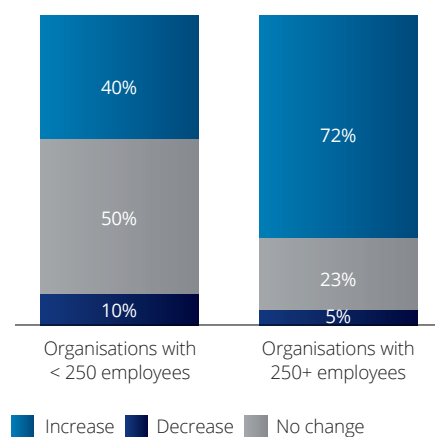
Rate per 100,000 employees employed in past 12 months, 2007/08-2017/18



Source: Labour Force Survey

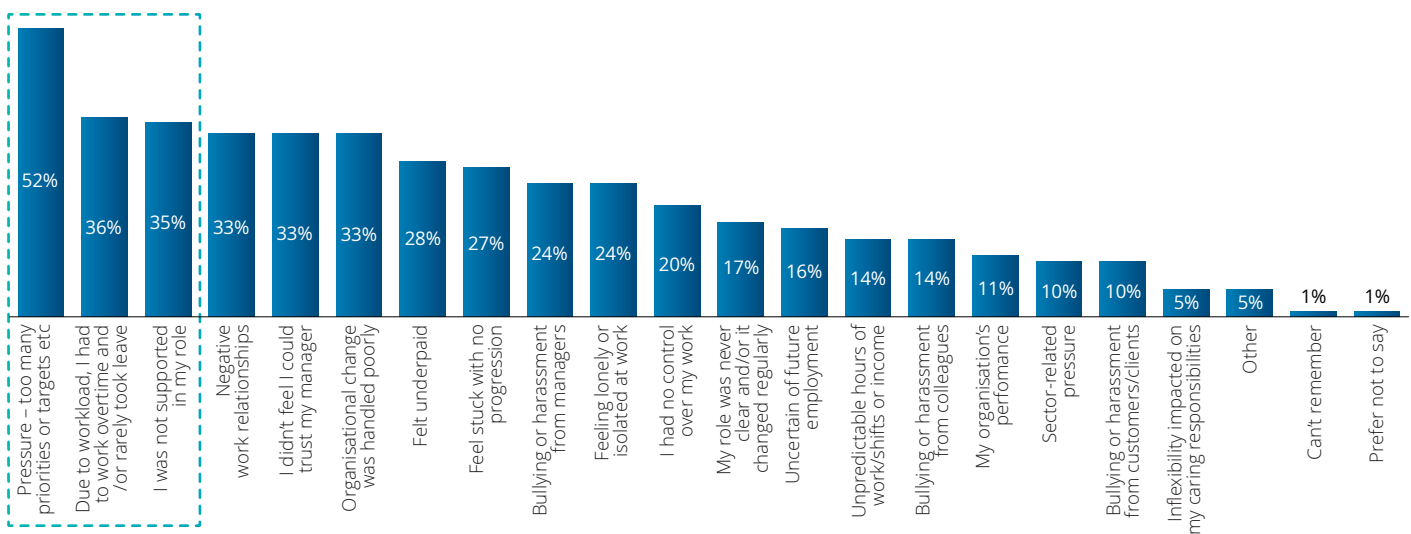
Note: 'Other illnesses' includes: Musculoskeletal disorders, breathing or lung problems, skin problems, hearing problems, headache and/or eye strain, heart disease/attack, infectious diseases, other types of illness

Figure 7. Change in reported common mental health conditions in the past year
2019, (n = 237 for small, 297 for large)



Source: CIPD, Health and Wellbeing at work Annual Survey, April 2019

Figure 8. Issues that cause mental health symptoms at work
2019, (n = 2640)



Source: BITC, Mental health at work, 2019

Research by Business in the Community (BITC) has shown that work-related mental health problems are caused largely by increased pressure and workload, and lack of support (Figure 8).⁸ Negative work relationships, lack of trust in managers and the poor handling of organisational changes are other prominent factors.

“The costs to employers of poor mental health in the workplace are substantial. Using conservative assumptions, we estimate a total annual cost to businesses up to £45bn, comprising £7bn in absence costs, £27bn – £29bn in presenteeism costs and £9bn in costs of staff turnover. There are also other indirect costs to employers of poor mental health, such as the adverse impact on creativity, innovation, and colleagues.”

Absenteeism trends

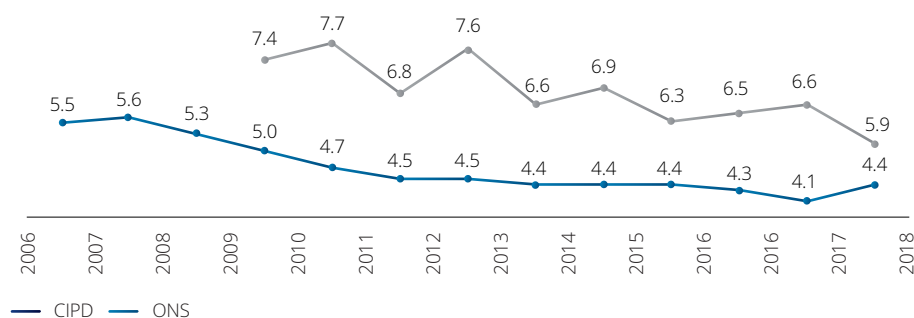
Over the past decade, the number of workplace absences has been falling. Whilst data obtained by the CIPD and Office for National Statistics (ONS) vary in their methodology and sources, as shown in Figure 9 they both show the same overall downward trend. However, as overall sickness absence is falling, the proportion of days lost due to poor mental health appears to have risen, although this may be due partly to improved reporting linked to greater awareness or lower stigma.

The main reasons for absence from work in the 2009 – 2018 period were musculoskeletal problems (24%), minor illnesses (23%), and mental health conditions (11%).⁹ Absence due to mental health conditions (stress, depression, anxiety and serious mental health problems) has increased the most (CAGR 3.1% over the period 2009-2018). This can be seen in data from the ONS Labour Force Survey (see Figure 10).¹⁰

However this figure is likely to be an under-estimate of total days lost, for several reasons:

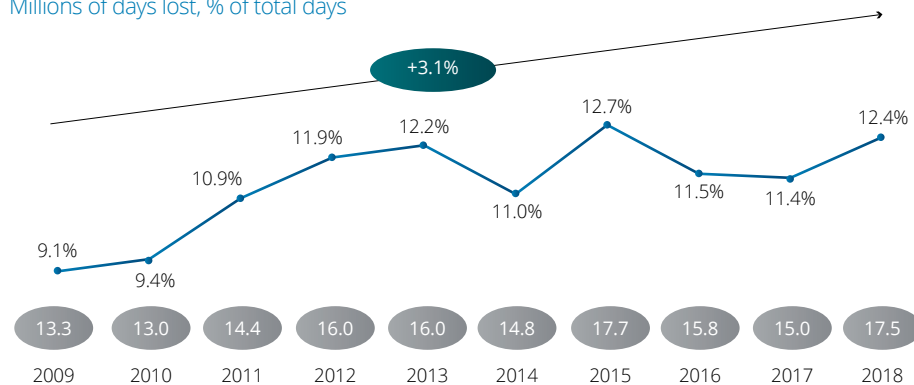
- Employees may be unwilling to disclose the true reason for their absence (due to associated stigma), and either report their absence as a physical illness or use their annual leave.
- Employees may be more likely to work remotely instead of taking time off, because of the stigma associated with mental health.
- Employees may lack a full understanding of mental health conditions. For example employees may record absences due to poor mental health as physical symptoms such as headaches.

Figure 9. Average number of days lost due to sickness per worker



Source: CIPD, Health and wellbeing at work; ONS, Labour Force Survey

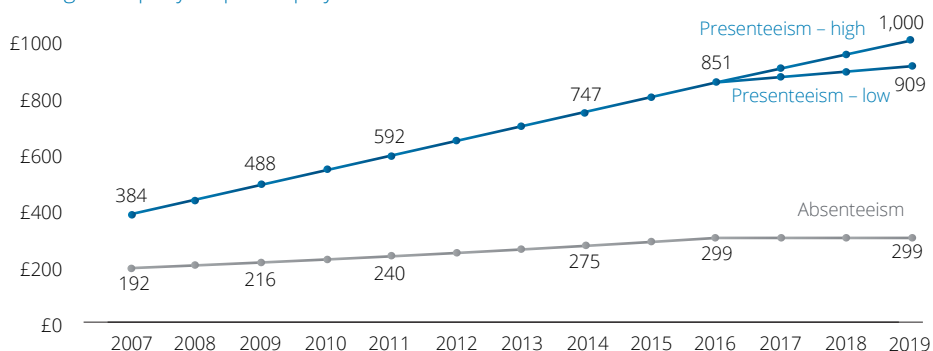
Figure 10. Reported number of days lost due to mental health related reasons
Millions of days lost, % of total days



Source: ONS Labour Force Survey, Mental Health Org

Figure 11. Absenteeism vs Presenteeism

Average cost per year per employee



Source: CfMH, ONS, Vitality, Deloitte analysis

Note: Multiple assumptions and sources used for cost modelling, therefore individual trends may not fully triangulate with final cost numbers.

Presenteeism trends

While many individuals with recurring or prolonged mental health conditions are able to work at full capacity, presenteeism occurs when individuals come into work when they are unwell (with poor mental health) and work at a reduced level of productivity or effectiveness. Presenteeism and absence from work are closely linked, since individuals have the choice between absence from work and attending despite poor mental health. As sickness absence numbers have fallen, the incidence of presenteeism has risen significantly, as more people choose to carry on working, either at work or remotely, instead of taking time off.

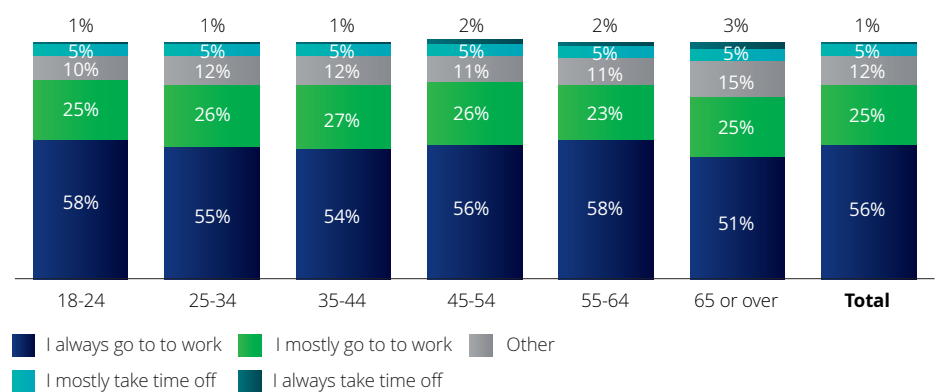
We estimate that the costs to employers of mental health-related presenteeism costs are roughly three-and-a-half times the cost of mental health-related absence. Costs of presenteeism have also increased at a faster rate than the costs of absence, partly due to changes in the working environment that encourage employees with poor mental health to present themselves at work rather than take illness absence.

This is due to a number of factors:

- An increase in perceived job insecurity (with c.20% of the workforce believed to be working in 'unsecured' roles) which may mean that more people feel that they have to come in to work despite poor health.
- A change in working patterns, especially greater connectivity, has made it easier for individuals to work away from their place of work on days when they would otherwise be absent.
- Increases in workload and the nature of work undertaken means that individuals feel less able to take time off and more inclined to think that the work can be done away from the workplace.

Figure 12. Presenteeism by age

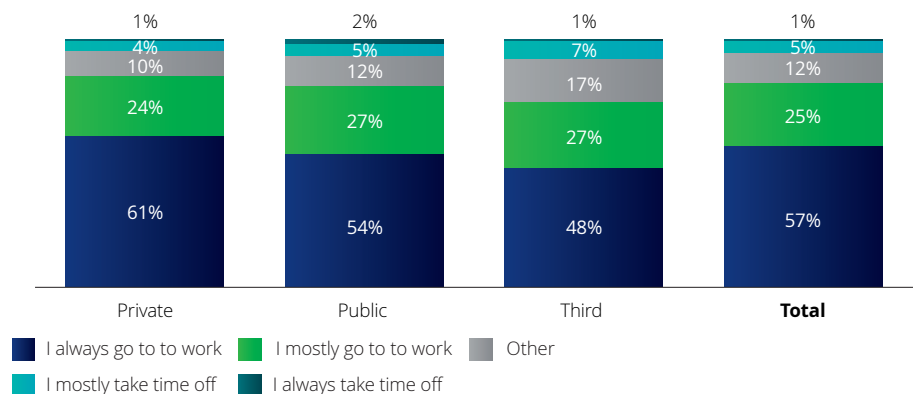
%, n=30,675



Source: Mind, Workplace Wellbeing Index 2018-2019

Figure 13. Mental health-related sickness absence by sector

%, n=43,709



Source: Mind, Workplace Wellbeing Index 2018-2019

Presenteeism costs have a greater impact on employers than costs of absences, since they tend to be significantly higher; and as shown in Figure 11, this gap in costs has been widening.

It appears that young people are much more likely to present themselves at work, rather than take days off, if they are struggling with their mental health. In response to the question in the Mind Workplace Wellbeing Index: 'When I am struggling with my mental health and would benefit from time off, I always...', 83% of

those aged 18-24 and 100% of those aged under 18 said that they always or most often go into work when they are struggling with their mental health.¹¹

Employees in the private sector are more likely to present themselves than take time off for their mental health. In response to the same question, 85% of those working in the private sector said that they always or most often go into work when they should take time off for their mental health, 10 percentage points more than those working in the third sector.¹²



2. What has changed since 2017?

There have been a number of positive employer commitments since the Stevenson-Farmer review, but there have also been changes in work practices that have added to the challenge of maintaining mental health at work.

We have compared our research results in 2019 with those in 2017, to identify 'deep dives' where the situation has noticeably worsened. These deep dives are leaveism, financial wellbeing and mental health, and young people.

Leaveism is another feature of a technology-enabled, 'always-on' workplace culture. Rates of both leaveism and presenteeism are rising, and are closely linked to employee burnout, which can result in employers losing highly engaged talent. On top of this, rising levels of personal debt have led to an increase in mental stress.

Young professionals are the most vulnerable. They are twice as likely to suffer from depression as the average employee working and more susceptible to leaveism, burnout and financial worries. Young people need more support from employers than they are currently receiving.



Deep dive 1: Leaveism

Leaveism is a term that describes the growing tendency of individuals to be unable to 'switch off' from work. It is becoming increasingly common as working remotely and flexible working have become easier thanks to technology, and can lead to overworking, a reduction in workforce morale, and burnout.

Leaveism occurs when:

- employees utilise allocated time off, such as annual leave entitlements, flexi-hours banked, and re-rostered rest days, to work when they are in fact unwell.
- employees take work home that cannot be completed within normal working hours.
- employees work while on leave or holiday, to catch up on their work obligations.¹³

According to a CIPD survey, leaveism is more common in organisations that also experience high levels of presenteeism:

- 70% of respondents who had observed 'presenteeism' in their organisations had also observed leaveism.
- 40% of those who had not observed 'presenteeism' had observed leaveism.¹⁴

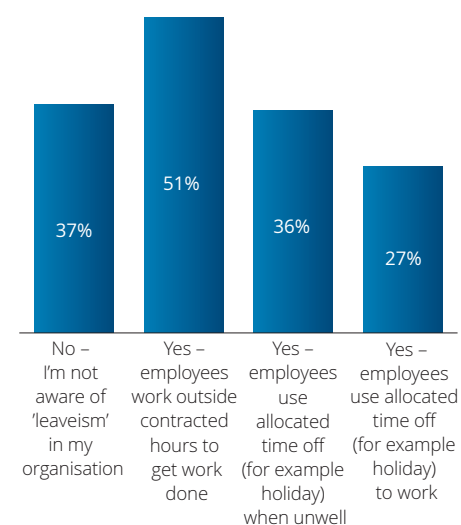
While there are significant benefits from the extensive use of technology in the workplace, an increasingly 'always on' culture can have a detrimental effect on employees' mental wellbeing.

A study sponsored by the Myers-Briggs Company found that individuals who are 'always on' are usually more engaged at work, but are also more likely to experience stress or mental exhaustion. More than one in four (28%) of those surveyed said they found it difficult to switch off mentally from their jobs because of increased connectivity, through access to work emails and smartphones, while 26% said the expectation to be 'always on' interfered with their personal life. An additional one in five people (20%) said being constantly connected to work made them feel mentally exhausted.¹⁵

Mind's Workplace Wellbeing Index indicates that leaveism may also occur as a result of poor mental health, with eight per cent using annual leave instead of taking sick leave. This suggests that when someone is struggling with their mental health, 1 person in 12 may resort to leaveism rather than openly disclosing their problem to their employer. These results (shown in Figure 15) also show that young people are much less likely than older employees to disclose that they are struggling with their mental health and that they are also more likely to use their holiday instead of taking days off work.¹⁶

Figure 14. 'Leaveism' observed in organisations by type

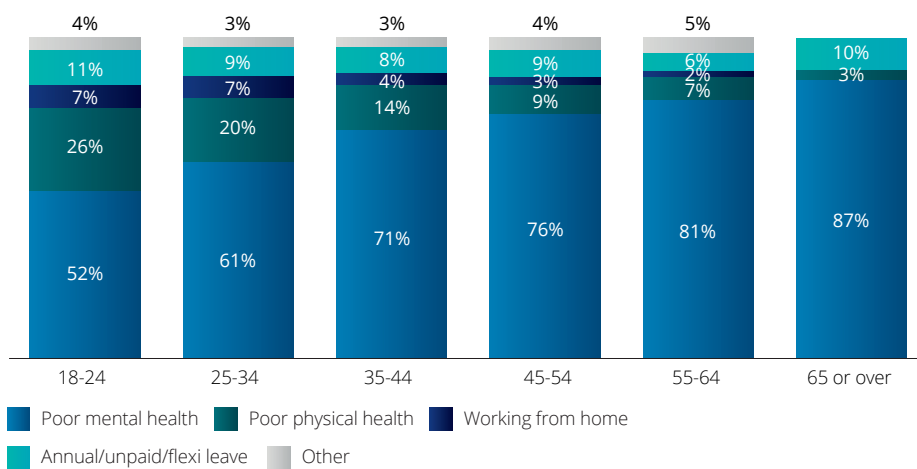
Observed over the last 12 months, 2019 (n=718)



Source: CIPD, Health and Wellbeing at work Annual Survey, April 2019

Figure 15. Reasons given for mental-health related absence from work

By age, 2018/19



Source: Mind, Workplace Wellbeing Index, 2018-2019

“Leaveism is a term that describes the growing tendency of individuals to be unable to ‘switch off’ from work. It is becoming increasingly common as working remotely and flexible working have become easier thanks to technology, and can lead to overworking, a reduction in workforce morale, and burnout.”

What can employers do?

To reduce the risk of leaveism employers may need to set clear and stricter boundaries between work and personal time. Human Resources (HR) organisations suggest that there are four practical steps that can be taken by employers to support their employees’ mental wellbeing.^{17,18,19,20,21}

1. Enabling policy-driven culture change, through greater use of flexible working arrangements and ensuring there are appropriate mechanisms in place for people to ask for help.
2. Encouraging people to take their annual leave and ‘switch off’: training staff to pick up the work of a colleague on leave, and encouraging individuals to take annual leave by providing regular reminders.
3. Enabling smoother redistribution of work if employees are overstretched, with policies in place to allow people to redistribute their work if needed; encouraging the use of out of office emails; and proactively hiring more people as workloads increase.
4. Training staff to spot signs of leaveism (working late at night or early in the morning, and sending emails while on holiday), and ensuring that line managers are trained to manage the workloads of team members and set reasonable expectations, factoring in individual working styles.



Deep dive 2: Financial wellbeing

Concerns and stress about personal finances take a toll on an individual's wellbeing. It is estimated that two-thirds of employees who are struggling financially reveal at least one sign of poor mental health that could affect their ability to function at work,²² such as loss of sleep, poor concentration and reduced motivation. There may also be a link between financial wellbeing, leaveism and falling rates of sickness absence: individuals may not want to use sick leave due to concerns about job security, and those on short term or temporary contracts (gig economy workers) may not be able to afford the time off work.

Financial wellbeing is a growing concern for many employees, as the average debt per household increases. A RSA/Populus survey of workers found that:

- 1 in 4 (26%) do not feel they earn enough to maintain a decent standard of living.
- 1 in 5 (19%) had trouble making ends meet due to income volatility.
- Almost 1 in 3 (29%) are concerned about their level of personal debt.²³

The Trades Union Congress (TUC) found that unsecured debt as a share of household income is now at the highest rate ever (30.4% in 2018) and well above the level it reached in 2008 ahead of the financial crisis (27.5%).²⁴ A more conservative estimate by the Money and Mental Health Policy Institute is that five per cent of employees are struggling to make ends meet.²⁵ This means that between one and six million employed people could be suffering from poor mental health due to financial difficulties.

The survey also found that those who struggle with mental health are also much more likely to struggle with their finances and to have problem debts, creating a vicious cycle as they suffer stigma from both. Almost one in five individuals (18%) with mental health problems have problem debts and individuals experiencing mental health problems are three-and-a-half times more likely to be in problem debt than other people. Financial difficulties can further reduce recovery rates from common mental health conditions. Individuals with depression and problem debt are four times more likely to still have depression 18 months later, compared to people without financial difficulties.²⁶

As with 'leaveism', it appears that young people are disproportionately affected by financial stress. There is a strong correlation between young people, financial concerns and productivity at work. The *Vitality Health at work*²⁷ study found that:

- More than half of employees aged 18-40 have financial concerns.
- Employees with financial concerns are half as productive as those without any financial concerns, and,
- Employees with financial worries are much more likely than the 'average person' to smoke, to be obese, to suffer from hypertension or cholesterol or to report difficulties with sleeping.

In addition, the BITC *Mental health at work* report in 2018 found that 90% of younger workers thought their mental health was affected by the cost of living.²⁸

There may be a connection between the type of work that young people are more likely to be engaged in, their financial situation and their mental health. Researchers from University College London analysed data from roughly 8,000 people in England born in 1989 and 1990. They found that at age 25, young people on zero-hours contracts were less likely to feel in good financial health. (21% of employees with zero-hours contracts have a lot of financial concerns compared to 9% of full-time employees). People on zero-hours contracts were also more likely to show symptoms of psychological distress.²⁹

“It is estimated that two-thirds of employees who are struggling financially reveal at least one sign of poor mental health that could affect their ability to function at work.”

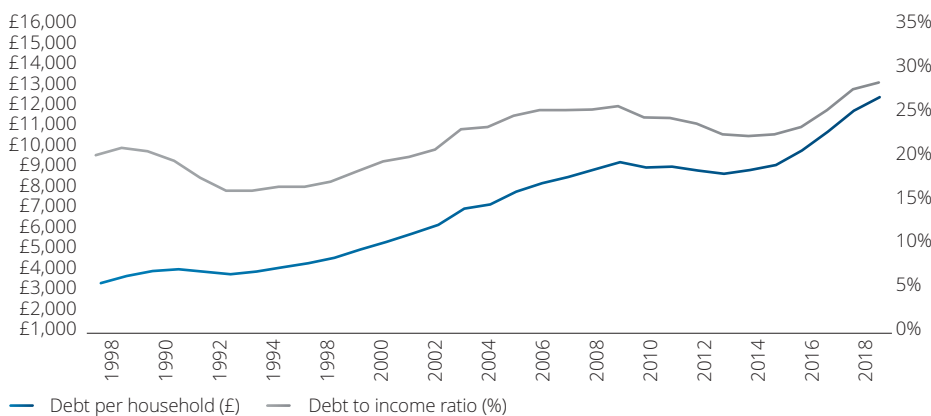
What can employers do?

Employers can support and encourage employees to tackle their financial difficulties in several ways through:

1. Increasing the level of employer engagement
2. Initiating and embedding culture change
3. Providing financial management training
4. Providing financial support where appropriate.

There is evidence to suggest that it may be beneficial for employers to invest in supporting their employees with their financial wellbeing. A study in 2011³⁰ found that every €1 invested by employers in debt management solutions for employees produced a return of €3.5 for the employer, largely through reducing rates of absence rates attributable to poor financial circumstances and debt-induced stress.

Figure 16. Debt per household
£, %, 1998-2018



Source: TUC, 2019

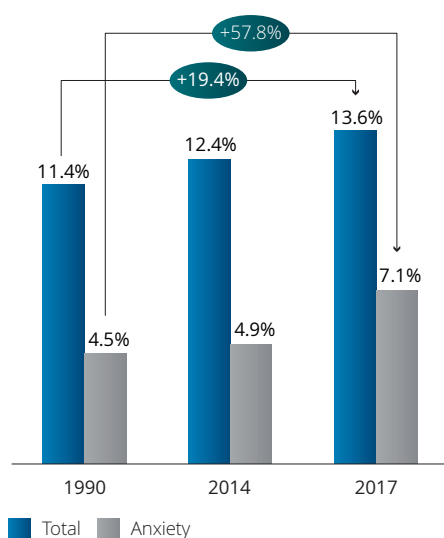


Deep dive 3: Young people

The importance of supporting young people's mental health and its impact on later life must not be underestimated. A number of studies point to a rise in anxiety and depression among young people.

The 2017 NHS Digital *Mental Health of Children and Young People in England* survey found that one in eight children have a diagnosable mental health disorder. This figure rises to one in six young people showing symptoms of a common mental disorder (CMD) such as depression or an anxiety disorder by the time they are aged 16-24. Half of all mental health problems become apparent by the age of 14, and 75% by the age of 24.³¹

Figure 17. Mental health trends in 11-15 year olds 1990-2017



Source: NHS Digital, Children and Young people Mental health report, 2017

The data that exists on mental health among children and young people suggests that there has been an increase in the numbers with poor mental health. Greater awareness and better reporting may be factors, but there is also evidence to suggest that there are reasons for the increase. Some recent children and young people mental health surveys have found that uncertainty and loneliness can contribute to poor mental health for young people.

- A 2019 survey of 16-25-year-olds by The Prince's Trust found that:
 - 18% of respondents disagreed with the statement “life is really worth living”, an increase from 9% of respondents in 2009; and half the respondents were concerned that the number of job opportunities for their generation will decline in the next three years.³²
 - 57% thought that social media creates “overwhelming pressure” to succeed, and 60% said they found it hard not to compare their life with those of others online.³³
- A study of 18-24-year-olds in Scotland by the Mental Health Foundation found that:
 - 82% of respondents said that spending time face-to-face with other people improved their mental health.
 - 30% felt that technology, such as social media, was causing them to feel lonely as it had replaced face-to-face contact.
 - more than half experienced depression when they felt lonely, with 42% saying it led to anxiety.
 - overall, 67% said their mental health worsened as a result of feeling lonely³⁴.

- In a 2017 poll of young people by the Women's Trust, when asked what, if anything, made them feel anxious, the most commonly cited reasons chosen from a range of options were: the UK leaving the European Union (42%), the ability to afford a home in the future (41%), their current financial circumstances (37%), not earning enough to live on (35%), and difficulty in finding a job (34%).³⁵

How does this affect young people in the workplace?

The Vitality survey *Britain's Healthiest Workplace* shows that young employees are particularly at risk from mental health issues, with 12.5% of those in the 21-25 year age category indicating that they suffer from depression. However, 18-20 year olds were the most vulnerable group, with 17.2% saying that they suffer from depression – more than double the average found for other age groups in the workforce. (This age group is also more than twice as likely to say they have been the victims of bullying and are more likely to say they have serious financial concerns.)



17.2%

of employees aged 18 to 20 suffer from depression



25.7%

of employees aged 18 to 20 smoke



53.3%

of employees aged 18 to 20 have a problem with sleep

The 18-20 age group also showed the highest proportions of other risk factors for health and wellbeing:

- around one in four employees aged 18-20 were smokers
- over half had problems with sleep.

Moreover, the Vitality survey found that 18-20 year olds lose more productive time than any other group because of absence from work and presenteeism – nearly a third more than the average. Our own analysis shows that mental health costs for employers are the equivalent of 8.3% of young people's average salaries – the highest of any employee age group.

However, work can also have a positive impact on young people's happiness and wellbeing. For example, 61% of young people in the 2019 Prince's Trust *Macquarie Youth Index* agreed that having a job gave them a sense of purpose, and 49% thought that it was good for their mental health.³⁶

What can employers do?

Employers have an especially important role in transitioning young people into the workplace from school or university. However our research found that although there are tools available to help employers take on younger staff, there are far fewer tools to help them support young people once they are employed.

The CIPD framework for employers (see Figure 18), which outlines ways of engaging young employees in the workplace, including the provision of targeted training is one example of a tool to support young people once they are employed.³⁸

There are also examples of programmes designed to offer greater support to young people in the workplace through training or peer support, although they have tended to focus on apprenticeships.

There may be more that employers can do for young employees to provide support and training, not just on how to do their job, but also on key life skills such as managing finances or on the importance of sleep, taking a holistic approach to mental health and wellbeing.

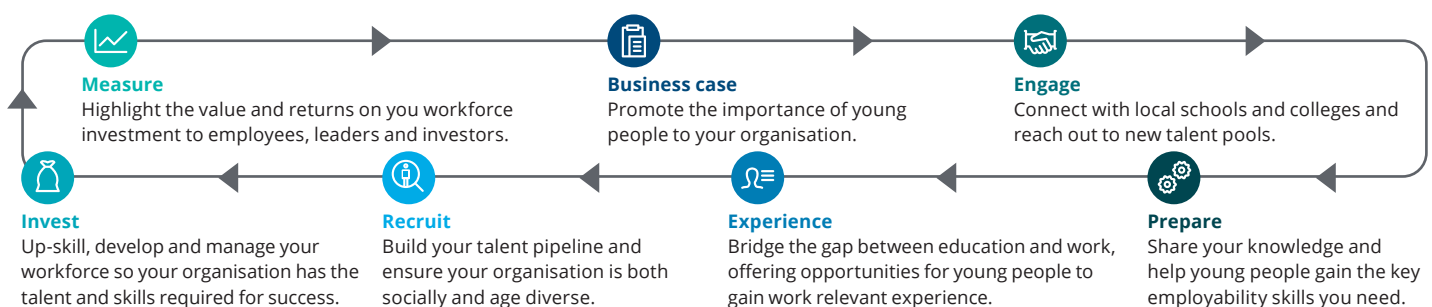
Case study: Portsmouth City Council

Portsmouth City Council found that its apprentices required a more cohesive and concerted approach to wellbeing. As a result, it started to deliver training for line managers of apprentices and mentors. The rationale being that the programme could train a large number of managers and mentors, and lead to a high return on investment when young apprentices were properly supported. The training cost was relatively low, approximately £2,500 per individual for four half-day workshops, reaching 60 staff in total.

Mentors and managers were taught to 'read between the lines,' particularly with young apprentices, and seek to communicate directly with them rather than via their Apprenticeship Officer. The focus was on directly interacting with and seeking to understand the young people – after all, they are the best informed individuals about their needs and situation.

The programme was successful, and has set the stage for a longer-term capability development. Portsmouth CC Learning and Development Officers have since worked with the external trainer to deliver courses in-house, keeping costs under control for a longer-term roll-out.³⁷

Figure 18. CIPD Framework for engaging young employees



Source: CIPD, *Employers: Learning to work with young people*, 2014



3. Why should employers invest in mental health interventions?

The results of our updated return on investment (ROI) analysis show a complex but positive case for employers to invest in the mental health of their employees, with a return of £5 for every £1 spent (5:1). However, there is a large spread of potential returns from 0.4:1 up to nearly 11:1. Interventions with the highest returns tend to focus on preventative large-scale initiatives, and on using technology or diagnostics to tailor support for those most in need.

Intervention in the workplace

From our previous research in 2017, we know that the return on investment of workplace mental health interventions is largely positive. Based on a systematic review of the available literature, we found in 2017 that ROIs ranged from £0.40 per £1 invested (0.4:1) to £9 per £1 invested (9:1), with an average ROI of 4.2:1. Our updated research, which includes new studies, found that the ROI range is now between 0.4:1 and 10.8:1, with an average ROI of 5.2:1.

These figures are likely to be conservative, for a number of reasons:

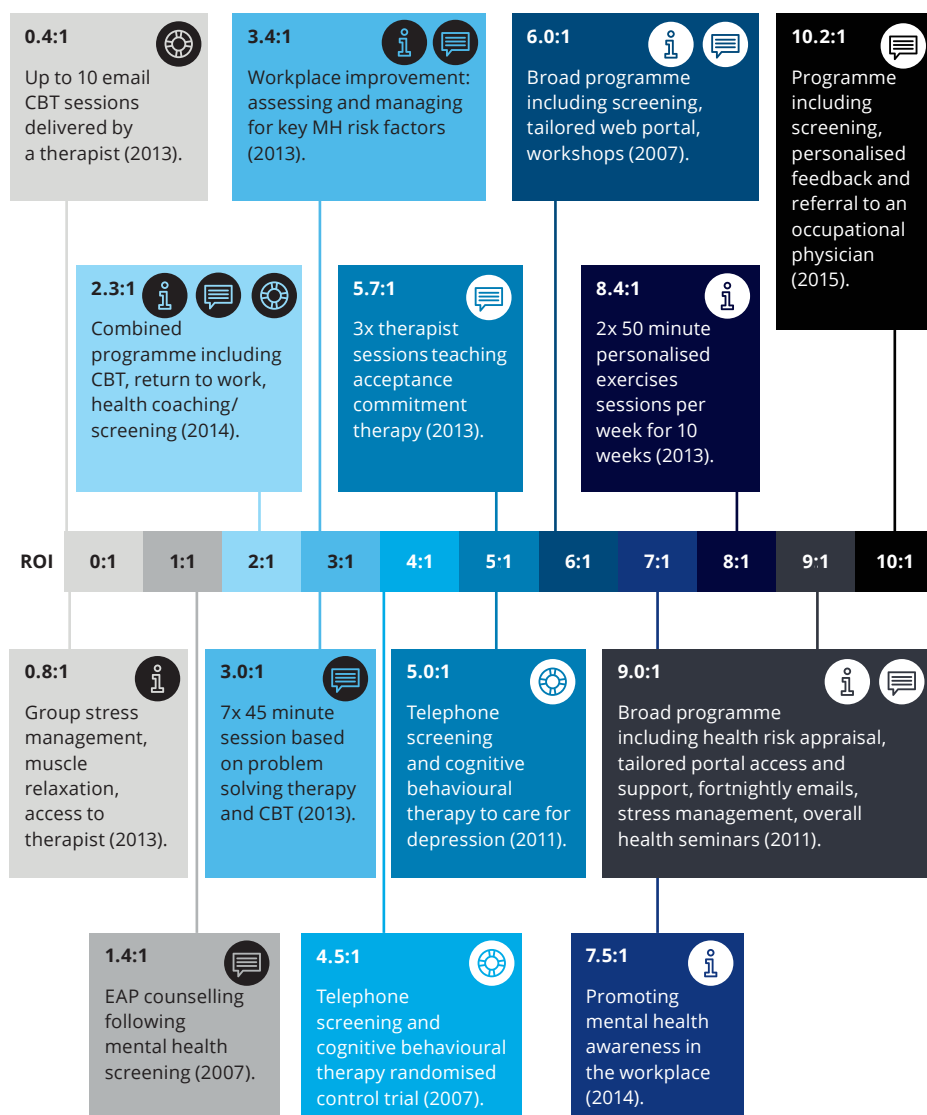
- Many of the studies we used focus only on absenteeism and employer health scheme costs, and do not include the savings from a reduction in presenteeism and lower staff turnover.
- Many studies do not consider the impact on the wider workforce, e.g. increased staff morale.
- A number of the studies highlighting technology solutions were published between 2007 and 2013: and since then technology costs have fallen and wages have risen, so that the return to cost ratio will now be higher.
- Many studies do not consider the wider benefits to society in the form of lower NHS costs, and social welfare costs.

“From our previous research in 2017, we know that the return on investment of workplace mental health interventions is largely positive.”

“Our updated research, which includes new studies, found that the ROI range is now between 0.4:1 and 10.8:1, with an average ROI of 5.2:1.”

A selection of 'high confidence' interventions that were used for our analysis is shown below, indicating the ROI for each type of intervention. More details can be found in Appendices 3 and 6, and employer case studies are in Appendix 4.

A selection of high confidence sources



Which interventions provide the highest returns for employers?

In order to recognise the types of interventions that have the biggest impact and build on our 2017 analysis, we have categorised interventions in three ways, according to:

- The **stage at which the intervention** is offered: early interventions through culture change and awareness raising, proactive interventions to support individuals' mental health at an early stage, and reactive treatments and support once an individual's condition has worsened.
- The **type of intervention offered**: therapy, screening and diagnostics, training, culture change and awareness raising.
- The **size of the recipient group**: individual one-to-one support, group support, and universal interventions aimed at all employee groups.

Intervention types linked with employee journey

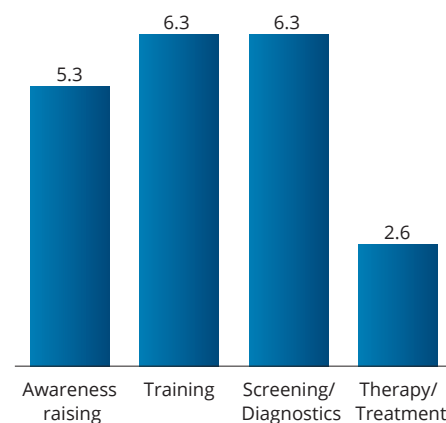
Intervention type	Average ROI	Example intervention(s)
Reactive (1-1) mental health support	3:1	Therapy with a licensed mental health practitioner
Proactive mental health support	5:1	Line manager workshops, health coaching
Organisation-wide culture/awareness raising	6:1	Tailored web portals, personal exercise sessions

Our analysis of the **stage of the intervention** found that on average, organisation-wide culture change and awareness raising can provide a ROI of £6 for every £1 invested. Proactive training provides a similarly high average ROI of £5 for every £1 invested. Reactive support, such as offering employees therapy or treatment once their mental health had worsened, although an important part of the suite of interventions an employer should offer, provided on average a return of only £3 for every £1 invested.

This indicates that organisation-wide, preventative activities to improve employee resilience can achieve a higher impact than reactive, individual-focused activities.

Our analysis of the **types of interventions** that employers should offer (as shown in Figure 19) found that those yielding the biggest returns focus on screening individuals to provide targeted, early-stage support to prevent their mental condition from worsening, and on providing training, both universally and to small groups. As an example the highest ROI in our sample was 10.8:1 for a training-based intervention and 10.2:1 for proactively screening nurses at higher risk of stress and burnout in order to provide targeted training and support to those at greatest risk.

Figure 19. Average ROI by type of intervention
n=21



For employers without the capabilities or financial resources to invest in training or screening and diagnostic tools, it should be noted that awareness raising and culture change provide almost as high a return on investment and is a relatively accessible and cost-effective way for employers to effect real change in their organisations.

A comparison of ROIs across different **scales of intervention** (as shown in Figure 20) shows that the maximum ROI is similar for individual, group and universal support, with a greater ROI the less targeted the intervention. However, the highest average ROI is obtained from group interventions, particularly with targeted high-risk individuals.

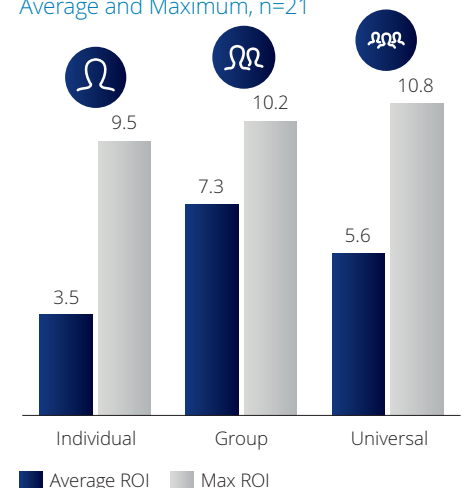
We also considered whether there is a connection between ROI and the length of intervention, but found only limited correlation, with the returns of universal interventions slightly increasing with time. This suggests that the return from interventions does not fluctuate significantly over time.

It seems clear that the most effective programmes are those that are embedded in the organisation over the long term and offer a broad spectrum of interventions.

In summary, we found that the following factors have had a positive impact on the ROI of mental health interventions:

- focusing on organisation-wide activities, providing training universally or to targeted groups
- using technology to reduce cost and increase the likelihood of uptake by limiting the associated stigma
- using diagnostics and screening to help target interventions based on need.

Figure 20. ROI by size of intervention audience
Average and Maximum, n=21





4. What else can employers do?

Considering all the available evidence, there is more that employers can do to support their staff. In particular, there is scope for more investment around tackling stigma, increasing awareness of mental health issues, and providing adequate training for employees. SMEs in particular have emerged as a lower visibility but higher risk category where employees may benefit from greater, formalised support.

Standards such as the 2019 *Health at Work Commitment* can assist employers to develop forward-looking, informed and inclusive programmes to develop happier and more person-centred workplaces. However, recognising the issue of mental health, and the clear business case for solving problems of poor health, is only a first step. The onus is on employers to convert this strong evidence base into practice.

There are therefore a number of additional key things employers can do:

- Use insights to take stock, monitor and analyse performance at the organisation
- Tackle stigma and improve awareness
- Provide more support through training
- Understand the drivers of presenteeism and leaveism in the organisation and take action to reduce them
- Ensure support is appropriate for and accessible to young people
- Consider whether increasing financial literacy and providing financial support is appropriate for the organisation
- Sign the *Mental Health at Work* commitment (see page 32).

✕ 1 in 10

of those who disclosed a mental health problem were dismissed, demoted or disciplined (9%). This was similar to the result of 11% in 2018.

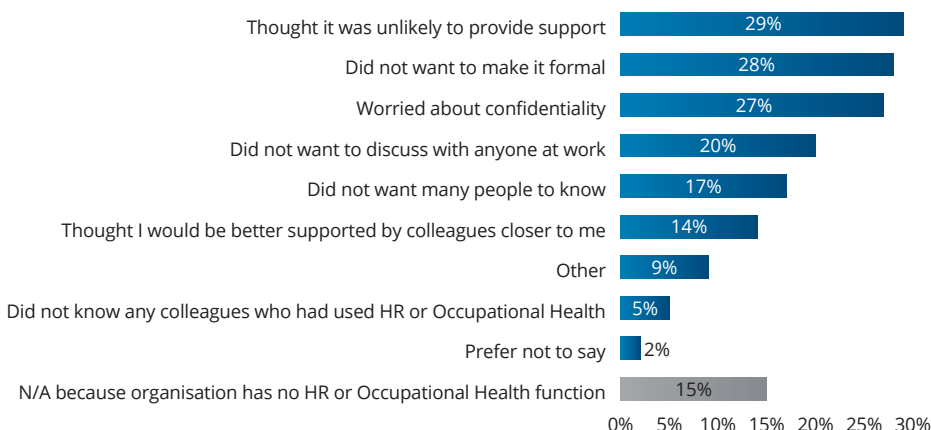
⊘ 1 in 4

employers said that they fear negative consequences if they make their mental health issues formal.

🗨️ 44%

of those surveyed would feel comfortable talking to a line manager about their mental health. This is the same as the result in 2018.

Figure 21. If you didn't approach HR or Occupational Health, why is that?



Base: those with a MH problem who didn't approach HR or OH, 2019 (n = 1645)

Source: BITC, Mental Health at work, 2019

Tackling stigma and increasing awareness

While cultural shifts and changes in employment policy have increased the focus on mental health at work, there is still some stigma attached to individuals who disclose mental health concerns in the workplace. For example the most recent Business in the Community (BITC) *Mental Health at Work* report found that 9% of employees who disclosed a mental health problem were dismissed, demoted or disciplined. This was only two percentage points lower than when the previous survey was conducted in 2018. Around one in four respondents feared negative consequences from making a formal disclosure of their mental health issues, and only 44% said that they would feel comfortable talking to a line manager about their mental health. This was the same result as in 2018.³⁹

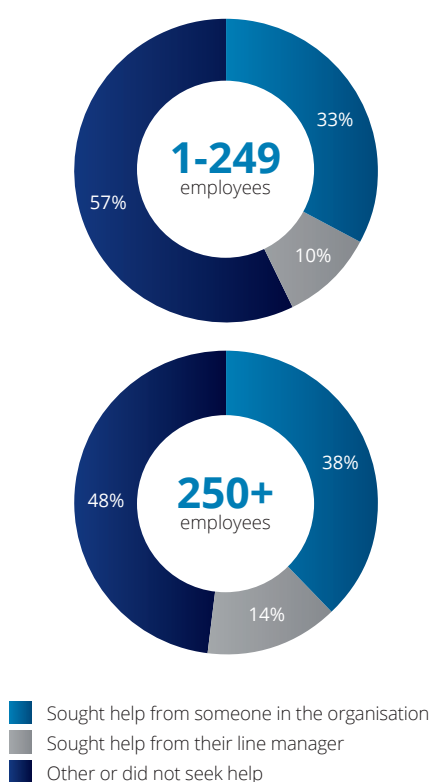
More could be done to support employees, in SMEs in particular. In a survey by BITC nearly 90% of SME employees with work-related poor mental health did not disclose their problems to either their line manager or human resources (HR). As shown in Figure 22 the proportion of SME employees seeking help (for any problem), was around ten percentage points less than those in large organisations.⁴⁰

According to our research, universal approaches to culture change provide a high return on investment. However, to be effective in both economic terms and employee outcomes and economic terms, these interventions require reliable employee participation: and stigma is a barrier to this that should be tackled.

Providing more support at work through training

The CIPD Health and Wellbeing at work survey found that 38% of companies are currently providing training for managers in supporting staff with mental health problems.⁴¹ However, the most recent

Figure 22. Proportion of people seeking help at work



Source: CIPD, Health and wellbeing at work, 2019

Business in the Community (BITC) *Mental Health at Work* report found that only 9% of all employees surveyed (and 13% of all managers surveyed) have attended training that focused solely on mental health.⁴²

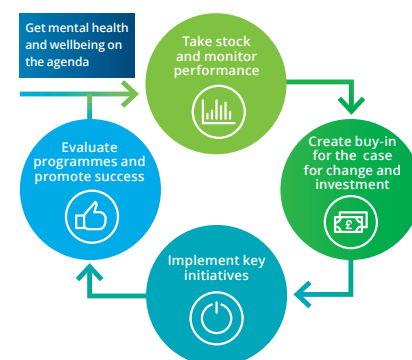
A comparison of organisations of different sizes shows little difference between small, medium and large employers, with only around 30% of those surveyed agreeing with the statement: 'My employer has contributed to my MH literacy to help me build my skills to effectively support a colleague who is experiencing poor mental health at work.' While there may be some selection bias, since these organisations have already committed to engaging with Mind, there appears to be more that employers could do to equip employees better (see Figure 23).

Our own research shows that proactive support for staff through mental health training provides a high return on investment and is also an effective way of showing commitment to a mental health agenda, while driving organisational change. Moreover, we can see from analysing intervention ROIs that it is important for employers to improve their targeting of employees who are most at risk. It is also important to target specific issues within the organisation.

Use insights to take stock, monitor and analyse performance at the organisation

Organisations need to move towards being more insights-driven, by taking stock and monitoring performance. This means using data, analytics and employee insight to be able to identify the root cause of what is impacting employees and addressing the findings using targeted-interventions. The evidence shows that using an insight led approach is more effective than broad brush interventions.

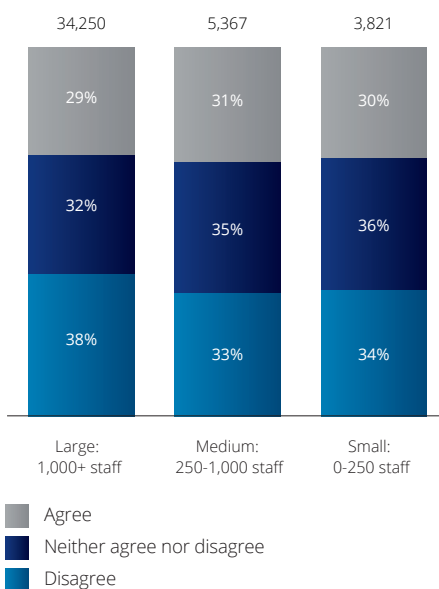
Use an insight led approach to target key interventions



Source: "At a tipping point: Workplace mental health and wellbeing" Deloitte, March 2017 attached

As organisations become more insight-driven, they should start to collect data to identify the drivers of poor employee mental health, and address those issues through targeted interventions.

Figure 23. Proportion of employees who agree they have been given the tools and guidance to support a colleague
(n=43,300)



Source: Mind, Workplace Wellbeing Index 2018-2019 2019



62%

of managers reported that they have had to put the interests of the organisation above their staff wellbeing either sometimes, regularly or every day.



1 in 5

CEOs surveyed believe that their organisation supports those with mental health problems very well – the number of junior managers who agreed was half this.



Only 9%

of all employees surveyed (and 13% of all managers surveyed) have attended training that focused only on mental health.

Guidelines for employers: 2017 Standard

The 2017 report *Thriving at work: The Stevenson-Farmer review of mental health and employers* outlined six core mental health standards for all employers to adopt in order to support the mental health of their employees.

Core mental health standards for employers:

1. Produce, implement and communicate a mental health at work plan that promotes good mental health of all employees and outlines the support available for those who may need it.
2. Develop mental health awareness among employees by making information, tools and support accessible.
3. Encourage open conversations about mental health and the support available when employees are struggling, during the recruitment process and at regular intervals throughout employment, and offer appropriate workplace adjustments to employees who require them.
4. Provide employees with good working conditions and ensure they have a healthy work-life balance and opportunities for development.
5. Promote effective people management to ensure all employees have a regular conversation about their health and wellbeing with their line manager, supervisor or organisational leader, and train and support line managers and supervisors in effective management practices.
6. Routinely monitor employee mental health and wellbeing by understanding available data, talking to employees and understanding risk factors.⁴³

Adoption of these standards by employers has been variable. In a survey of over 150 senior finance and HR professionals, just under one in five of the organisations represented said that they had achieved the first core standard, which aims to 'produce, implement and communicate a mental health at work plan' and almost half (48%) said that they had not yet made any progress towards it. The survey also found that fewer than one in ten employers had met all six of the suggested core standards, and just over 15% had made no progress towards any of them.⁴⁴

In 2019, the standards were revised and updated to form *The mental health at work commitment*, which outlines six standards. These are described on the next page, see Appendix 5 for the complete checklist.

Mental health at work commitment (shared by Mind):⁴⁵

1.

Prioritise mental health in the workplace by developing and delivering a systematic programme of delivery

Organisations should produce, implement and communicate a mental health at work plan, which draws from best practice and represents views of employees across the organisation. This document should include clear objectives shaped around organisational vision, plans on how wellbeing will be promoted amongst staff, plans for tackling causes of mental health problems, aims for supporting staff experiencing poor mental health, and signposting to resources. The plan should be easily accessible to all staff.

Planning and implementation should start at senior management and board level so that wellbeing is made a priority for the whole organisation. It should be built into governance structures and reported on. Wellbeing activities should be made an inherent part of doing business as usual and should be monitored using available data, such as findings from staff surveys, audits and HR data.

2.

Proactively ensure work design and organisation culture drive positive mental health outcomes

Workplace conditions should be of a standard to minimise the risk from any triggers for stress and mental health problems. This includes risks such as long hours and no breaks, unrealistic deadlines, lone working, and poor managerial support, as well as physical working environments like space, temperature and noise levels. Opportunities should be available for staff to provide feedback on work design, culture and conditions, through mechanisms such as staff surveys, focus groups and review meetings.

Organisational practices and policies should be addressed to tackle any unhealthy work behaviours such as adopting an 'always on' culture with remote working and digital working patterns. Managers should promote a healthy work/life balance for employees. The process should also offer the right support throughout the stages of recruitment, induction, responding to disclosure, and supporting employees when they are unwell and off sick and when returning to work.

3.

Promote an open culture around mental health

Organisations should increase mental health awareness and seek to reduce the stigma around the subject. They can do this by embedding it within induction and training, running internal communications campaigns, and recruiting mental health champions – self-appointed employees at any level of the organisation who help challenge stigma and change the way that individuals think about mental health and act.

Two-way communication around mental health is important, but without overloading employees with information, which should be kept clear, open, effective, manageable and responsive. Any support offered to staff with mental health problems should be ongoing.

4.

Increase organisational confidence and capability

Building mental health literacy among the work force will boost their knowledge and skills so that they manage their own mental health better and improve their ability to support colleagues.

Managers should have a good understanding of mental health, and the factors that affect workplace wellbeing, so that they can build a healthy, happy and productive workforce.

Staff should be educated to have effective conversations about mental health, and where to support should be signposted. Similarly, line managers should be trained (including regular refresher training) and have guidelines for spotting and supporting all aspects of mental health in the workplace. Taking stock of wellbeing at a team level should happen through regular audits and team sessions.

5.

Provide mental health tools and support

Provide tailored in-house mental health support and signposting to clinical help, including but not limited to digital support, occupational health, employee assistance programmes, and the NHS; and provide targeted support around key causes of poor mental health, such as personal financial worries.

Support can be delivered in-house, by buying in additional support. This might include:

- access to Cognitive Behavioural Therapy (including through digital platforms)
- counselling through Access to Work
- Occupational Health.
- Employee Assistance Programmes and other tailored mental health and wellbeing support.

6.

Increase transparency and accountability through internal and external reporting

Identify and track key measures for internal and external reporting, including the organisation's annual report and accounts. An annual wellbeing report can be produced, and this should include:

- a statement on adopting the mental health commitment standards
- initiatives currently in place and priorities for the future
- evidence of the impact of initiatives or support through case studies and other data such as staff survey results, sickness absence statistics and engagement in mental health activities.

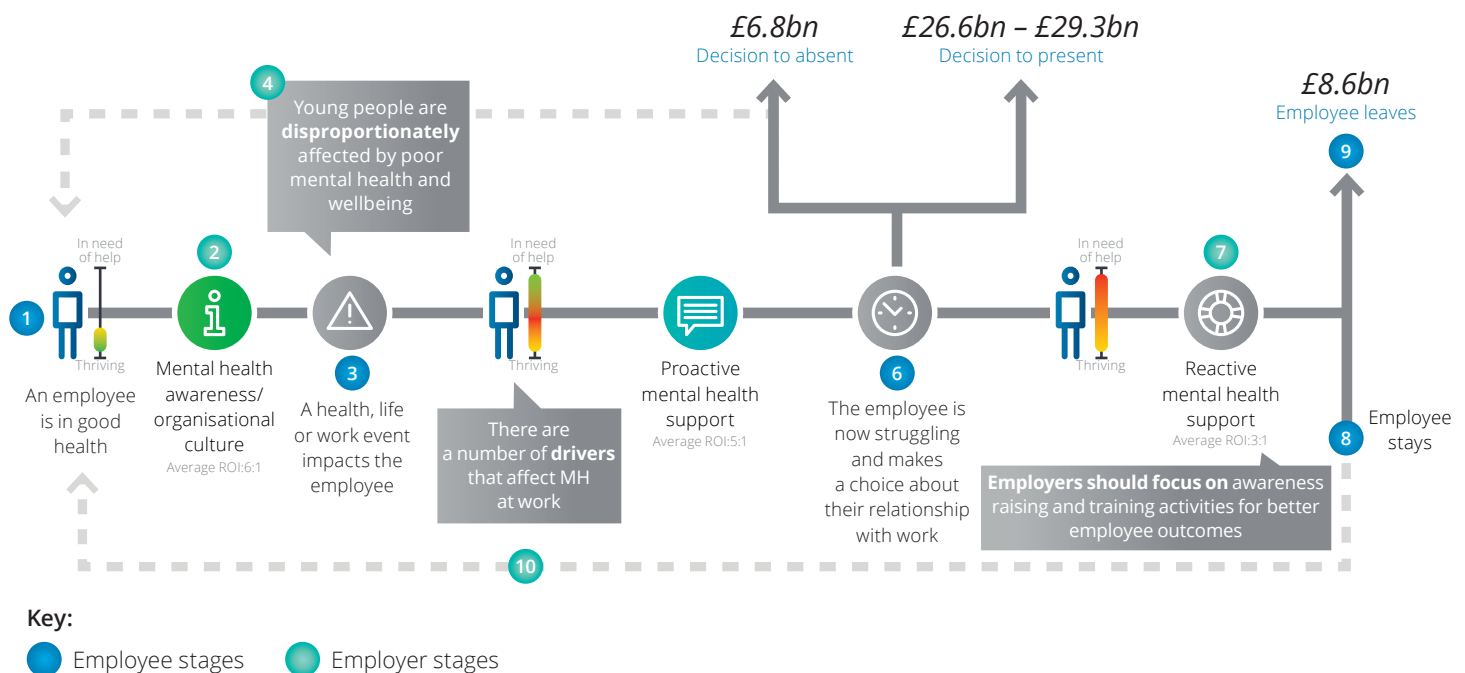
More information on the Mental Health at Work Commitment, along with tools and resources to help embed them, can be found at www.mentalhealthatwork.org.uk/commitment

**MENTAL
HEALTH
AT WORK**





Appendix 1: Mental health in the workplace: An employee journey



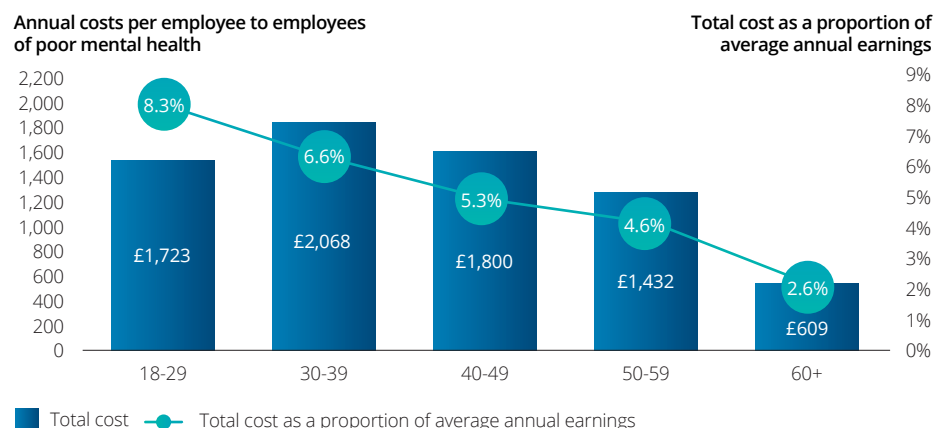
1 An average employee's mental health fluctuates between thriving and struggling but they are largely able to work effectively and productively. Our analysis shows that all sectors, industries and regions have significant costs attributed to employees who are not thriving.

2 An employer that is aware of the importance of supporting mental health and emotional wellbeing has an organisational culture of openness, acceptance and awareness. This can include mental health de-stigmatisation campaigns, mandatory training on wellbeing and activities to support employee resilience. More individuals therefore understand the link between their mental health and productivity, and what to do when they or their colleagues experience challenging circumstances. **Research shows these early-stage supporting activities provide a return of 6:1 on average.**

3 An employee experiences an event, or series of events, which could be caused by personal, health or work factors. This causes the individual's mental health to worsen and they may need some form of support. At this stage, they may or may not seek support from friends, family, professionals or their employer.

4 Young professionals have emerged as the most vulnerable demographic in the workplace, with the highest mental health cost as a proportion of earnings.

Annual costs per employee to employers of poor mental health £, Mid-points by age, 2018



5 An employer may offer support for individuals experiencing periods of poor mental health. It could target this support through diagnostic/screening tools, or provide training for employees to spot and act on signs of poor mental health in themselves and others. This support could take the form of training, use of employee assistance programmes or discussions around workload and working styles.

These interventions are designed to support the employee to improve their mental health and, if possible, to recover and thrive again. If the individual cannot find support within or outside the workplace, their mental health may worsen. **Research shows these proactive interventions provide a return of 5:1 on average.**

6 An employee is now struggling, and makes a choice about their relationship with work. They may choose to absent (take time off) or present (continue to work, but at a reduced capacity). This decision can impact the individual's mental health in a positive or negative way depending on work-related and personal characteristics.

For example, choosing to absent can be positive if absence from work does not put additional pressure on the individual, and they can use this time to rest and recover. However, a series of personal and work-related factors can make the decision to absent either difficult or negative for the individual. These may be linked to poor job security, reduction in income, concerns as to how their absence will be perceived, impact on their team, or a lack of support and companionship outside the workplace. **We have estimated the cost to UK employers of mental health-related absence at £6.8bn.**

Alternatively, choosing to present and come into work may result in reduced productivity. This can be positive for the individual if this contributes to the employee's wellbeing or they receive additional support from the employer. This may not always be possible if job demands or team working arrangements are inflexible, or impact on reward or progression. This can be further exacerbated by workplace culture, stigma or a lack of understanding around mental health. All of these factors can prevent employees from speaking up about their circumstances or conditions.

As a result, individuals may continue to experience the same workplace demands but with a reduced capacity to cope. This could have negative impacts on their mental health. **We have estimated the cost to UK employers of mental-health related presenteeism at between £26.6bn – £29.3bn.**

7 If an individual's condition becomes more severe, the employer may offer highly reactive interventions. These include therapy and access to mental health professionals e.g. through occupational health. **Research shows these reactive interventions provide a return of 3:1 on average.**

The inter-relation between an employee's mental health and their work may cause an employee or employer to consider whether or not they can continue at the organisation. Again, the impact of these circumstances on the individual is due to a range of personal and workplace characteristics.

8 The employee may choose to stay at their current employer and thrive if they have the right, supportive conditions at work or personal circumstances change. However, they may choose to stay at the risk of worsening their mental health. Reasons for this include concerns about their ability to find another job, lack of financial security, poor understanding of their condition or other external pressures to stay in their role.

9 Alternatively, the employee may leave their employer. This can be positive if individuals use their time out of work to recover or learn new coping mechanisms. Employees may also change their role or employer in order to improve their working conditions. However, their mental health may be negatively impacted by reduced financial security, access to a community and wellbeing support.

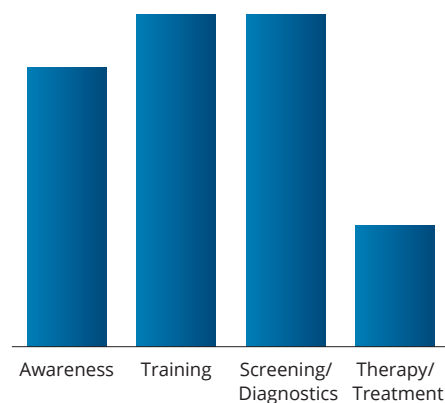
If an employee leaves the organisation, there will be costs to the employer including those of finding a new employee. These include:

- costs of temporary staff
- agency and job advertisement fees
- time taken to find a new employee
- time and training required before a new hire is able to work at full productivity.

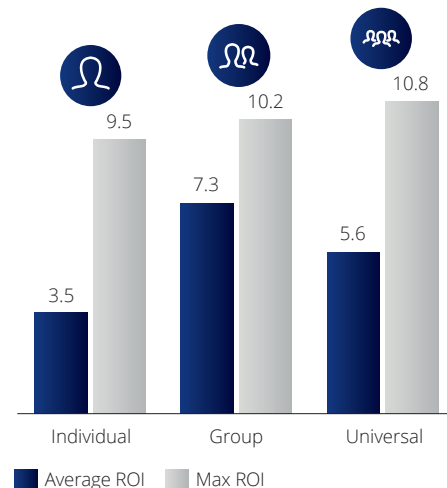
We have estimated the cost to UK employers of mental-health related turnover at £8.6bn.

10 There are many drivers that affect mental health at work and a number of choices for possible interventions that employers can invest in. The key is to understand what are the drivers of poor mental health for the organisation and which employee populations are most at risk by analysing experience and trends and by listening to employees. The good news is that the majority of interventions have a positive return for employers and employees.

Average ROI by type of intervention n=21



ROI by size of intervention audience Average and Maximum, n=21



What can employers do?

- Use insights to stake stock, monitor and analyse performance at the organisation.
- Tackle stigma and improve awareness.
- Provide more support through training.
- Understand the drivers of presenteeism and leavism in the organisation and take action to reduce them.
- Ensure support is appropriate for and accessible for young people.
- Consider whether increasing financial literacy and providing financial support it appropriate for the organisation.
- Sign the **Mental Health at Work** commitment.

Appendix 2:

Costing methodology

In order to calculate the costs of poor employee mental health, we considered a range of costs including:

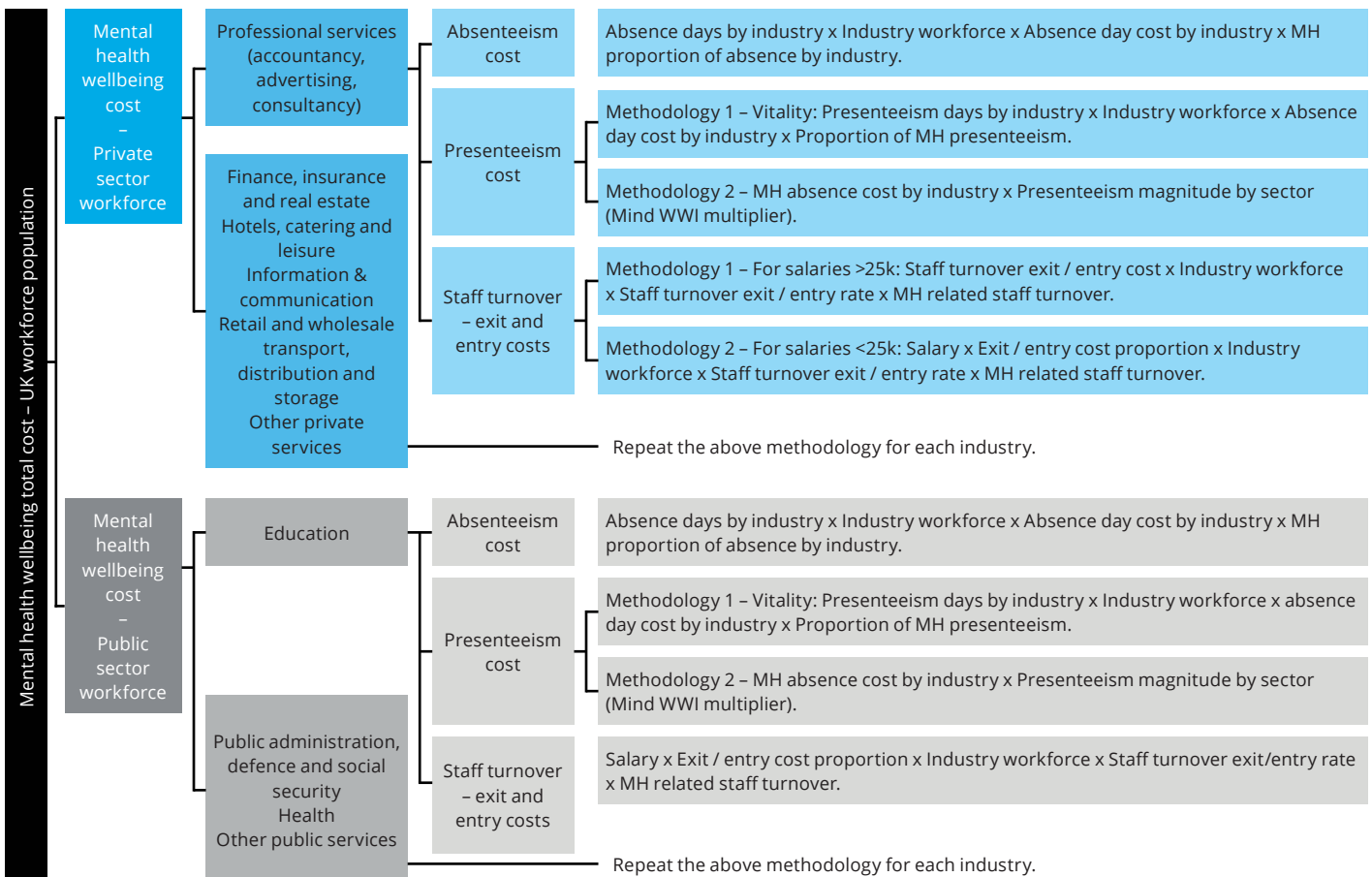
- Absence from work
- Presenteeism
- Team costs
- Staff turnover
- Other organisational costs.

Based on overall cost impact, data availability and robustness, we have included absence, presenteeism and turnover costs for employees. We then calculated costs by sector (both public and private) and by industry groups within sector.

Our modelling methodology aims at a detailed level of analysis of mental health costs, allowing for data availability and robustness. Research linked to presenteeism saw the widest possible range of assumptions (outlined later).

This is linked partly to the difficulty of calculating presenteeism in industries which employ knowledge workers, and the inherent subjectivity of self-reporting around productivity. As a result, we have used two methodologies for presenteeism. The first relies on reported presenteeism days by industry and the second applies an absenteeism-presenteeism multiplier. Both of these approaches have been used in previous research papers and drive the high and low mental health cost estimates.

Modelling methodology



Adapting the methodology for regional and age-based analysis

We have adapted our analysis to evaluate the costs of mental ill health in specific regions and specific age groups, tailoring assumptions wherever possible based on the available data.

Definitions

In this report, we consider absence, presenteeism and staff turnover costs. We have used common definitions found in literature and excluded costs which are not sufficiently well-defined or do not have robust data to support them.

Methodology for evaluating regional costs:



The number of people

working by industry by region



Apply national average salary

as well as absence, presenteeism and turnover rates by industry



Adjust absence and presenteeism numbers for regional data on poor mental health

Methodology for evaluating age-based costs:



The number of people

working by industry by age



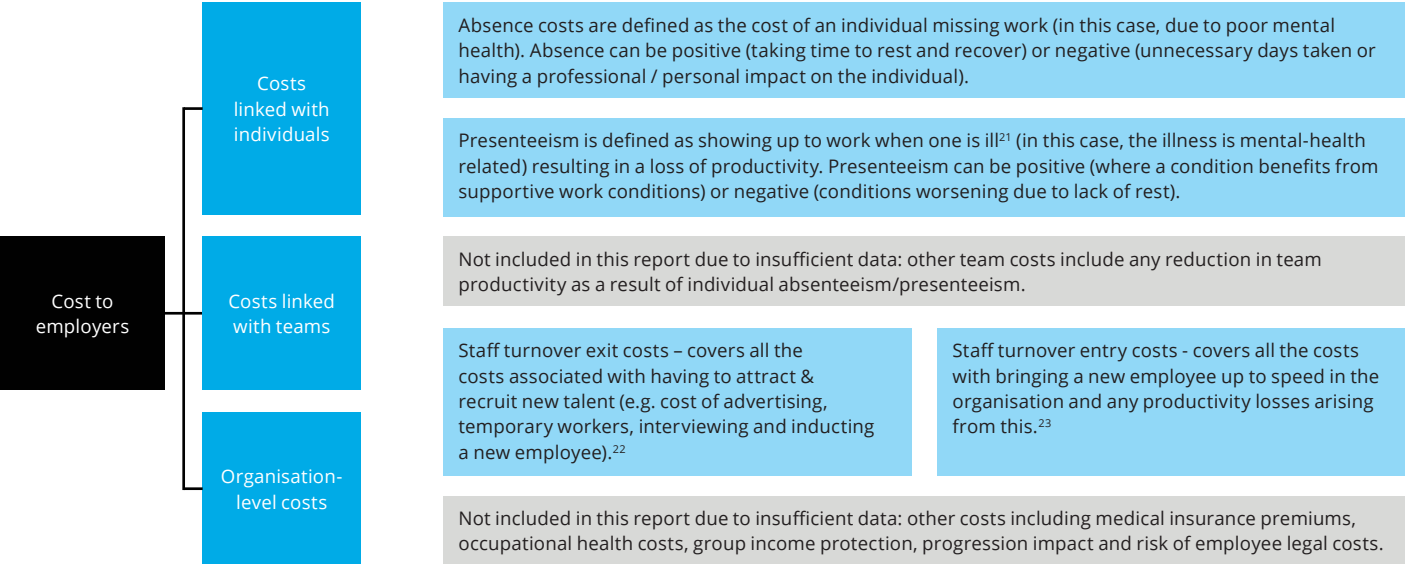
Apply national average salary

as well as absence and turnover rates by industry. Used age-specific presenteeism data



Adjust absence and presenteeism numbers for data on poor mental health by age-group

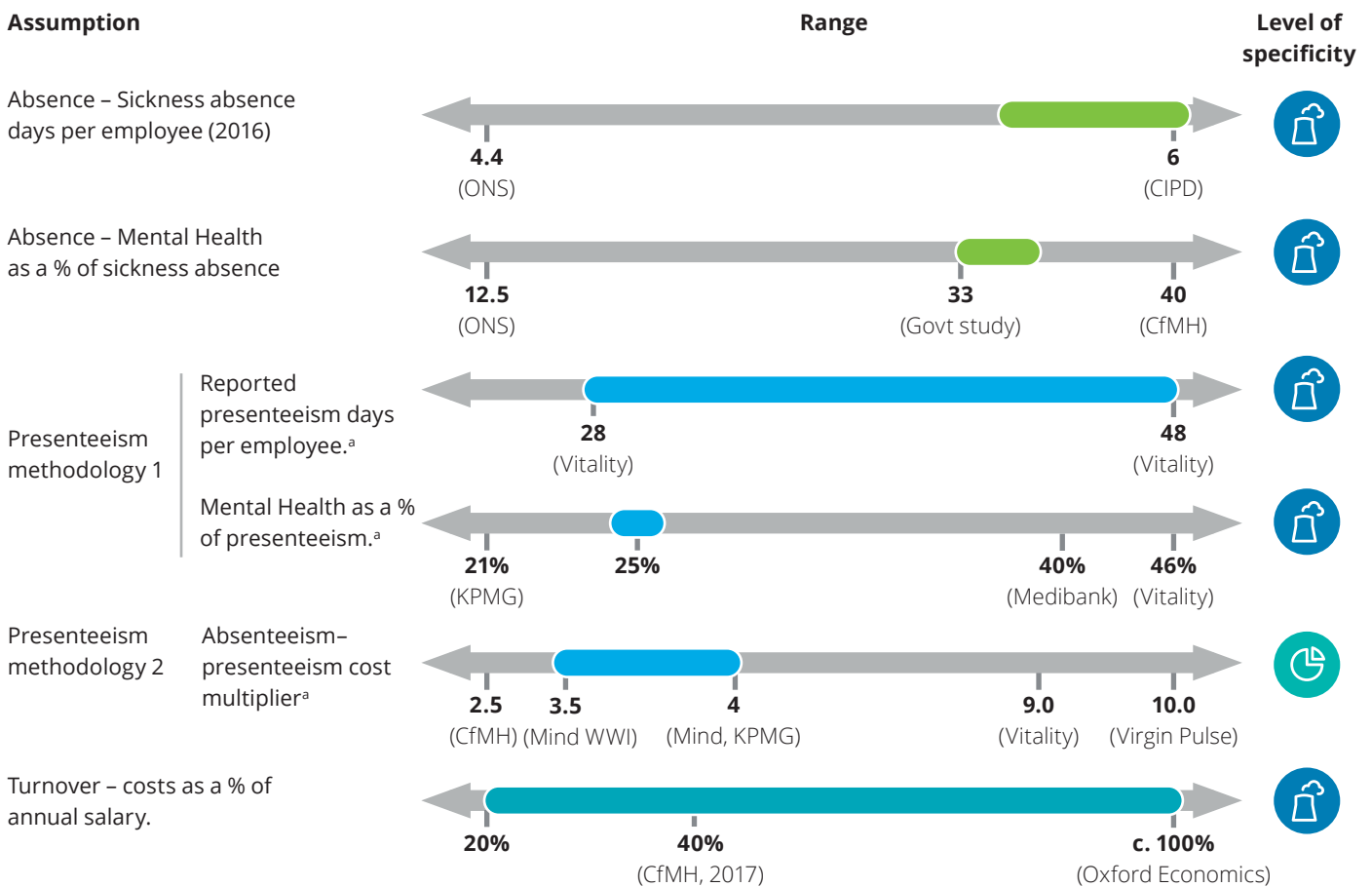
Breakdown of costs and considerations around inclusion in this report



Assumptions

There are a range of assumptions linked to our cost model. In order to select the most relevant assumptions, we judged the reliability and methodology behind sources to reach final assumptions, or ranges of assumptions.

Assumptions made



Key: Level of Specificity



Industry



Sector



National

Note: Multiple sources and assumptions used for cost modelling, therefore individual trends may not fully triangulate with final cost numbers.

^a These sliders represent different methodologies for reaching presenteeism, they are 'Presenteeism Methodology 2'.

Appendix 3:

ROI methodology

There have been limited and conflicting studies around the return on investment (ROI) from mental health interventions. We used the following steps to conduct a systematic review of over 125 reports (including over 100 reports used in our previous 2017 research) to understand the range of ROI values associated with the highest quality reports.

1. We conducted a keyword search using a combination of phrases linked to mental and emotional health and wellbeing, the workplace and ROI analysis via Google, Google Scholar, PubMed and via manual searches of citations from relevant articles.

2. We excluded studies that could not be linked to either mental health or the workplace, or did not provide quantitative data on costs and benefits, to leave 37 reports with quantitative information. In cases where ROI was reported, the methodology of calculation was examined. The formula used in this report is $ROI = \frac{\text{benefits} - \text{costs}}{\text{costs}}$.

3. We then reviewed the useful reports based on the evidence base and understanding the links between reports, to leave 21 reports (including 14 new studies outlined in Figure 24) in which we had high confidence.

4. We conducted an ROI evaluation of these 21 primary reports to reveal final, high-confidence ROI ranges.

Different study designs were included, namely modelling-based, randomised control trials, and non-experimental (before and after comparison).

However, it should be noted that in the literature it can also be found ROI calculated as $(\text{benefits}/\text{costs})$. This was taken into account in this report and all numbers were adjusted.

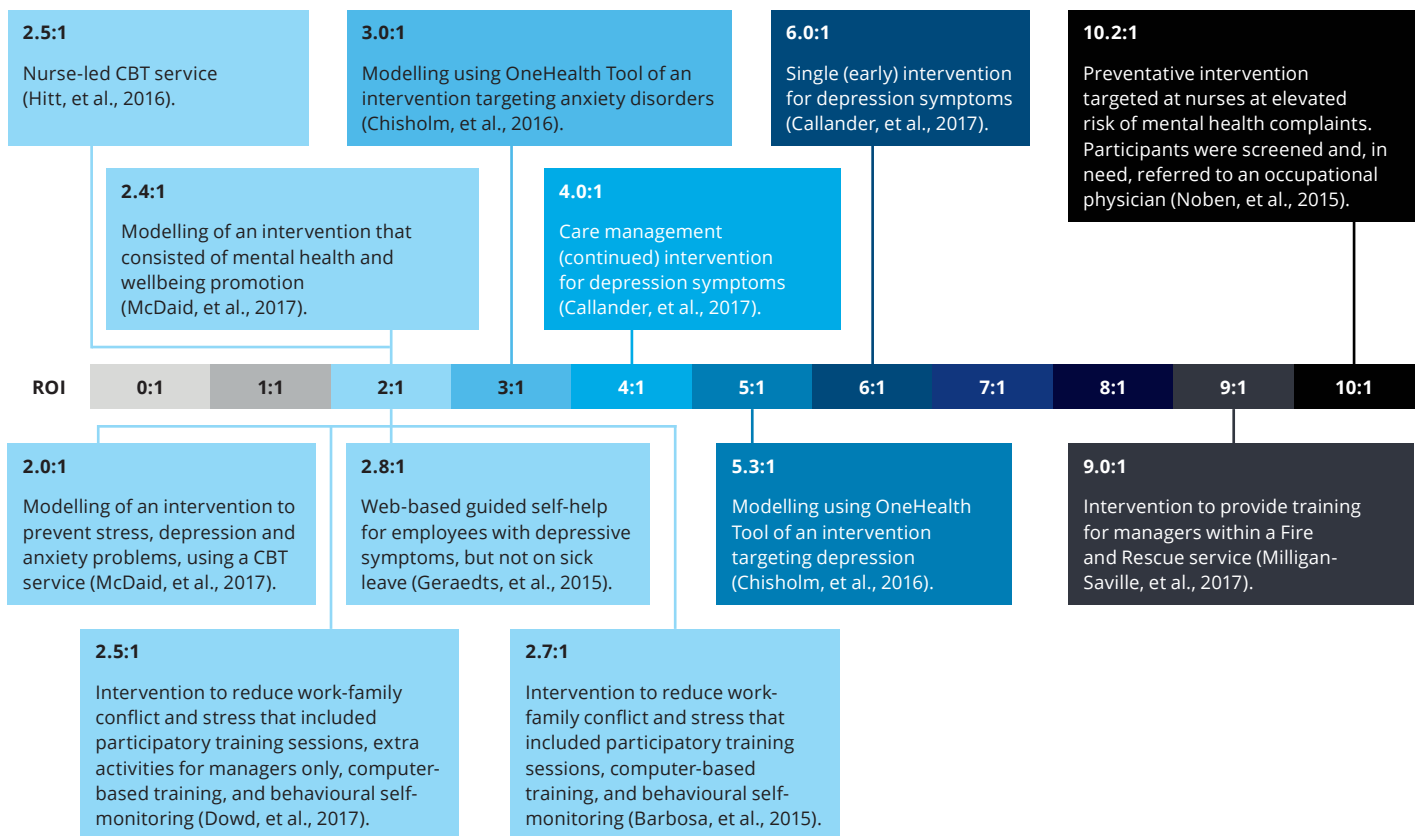
Systematic review methodology^a

Keyword search	>125 reports reviewed and catalogued	Review of source material behind 40 reports	37 reports were identified as having useful ROI specific data
Research using Google and Google Scholar to find publications on the following search terms: "Return on investment for..." "Cost-benefit analysis of..." "Business case for..." "Investment case for..." "Financial case for..." "Commercial benefits of..." "Financial benefits of..." "Business benefit of..." "Payback for..." "Profitability of..." "...mental health interventions in the workplace" Search repeating using "mental wellbeing" and "emotional wellbeing" in place of "mental health" and "initiatives" and "programmes" in place of "interventions".	Based on the relevance of key words searched we selected >125 reports for review (including 26 new studies). These reports were then sorted as below: ✗ Rejected, due to: <ul style="list-style-type: none">Lack of specific relevance to mental health interventions.Lack of specific relevance to the workplace.Lack of ROI quant data. ✓ Accepted <ul style="list-style-type: none">Relevant ROI quant data or other financial benefits of mental health interventions in the workplace.40 relevant reports identified.	The 40 relevant reports were interrogated in more detail to find the most useful information which offered: <ul style="list-style-type: none">Specificity of ROI data.Clarity of methodology used to establish the quoted ROI figures.Links to primary source material from which ROI data had been derived/cited (where appropriate).37 reports were identified as having useful ROI specific data.	Deep dive into the primary source data and studies used in the 37 reports to sort the sources into higher/lower confidence brackets. Higher/lower confidence sources have been sorted by: <ul style="list-style-type: none">Hierarchy of evidence base (systematic review = high/case report = low).Frequency of citation in secondary and tertiary reports.Clarity of methodology used to calculate ROI.Detail on the specific interventions and their impacts.Finally, 21 primary studies/ sources identified as high confidence.

Note: ^a This is a illustrative, non-exhaustive list of mental health ROI papers

The 12 new high confidence studies considered for this report are shown below. For more detail on the 37 reports (including interventions, cost and benefit considerations) and the link between primary and secondary reports, see Appendix 3.

Figure 24. New ROI studies considered



Appendix 4:

ROI Employer case studies

Case Study 1: Unilever^{46,47,48}

Unilever is a purpose-driven organisation with about 155,000 employees globally. More than ten years ago, it introduced the *Lamplighter* programme to provide health checks, and in 2013 expanded this to include a global mental health programme. Since then mental health has become one of Unilever's top three health issues and a central focus of the Lamplighter programme.

The solution

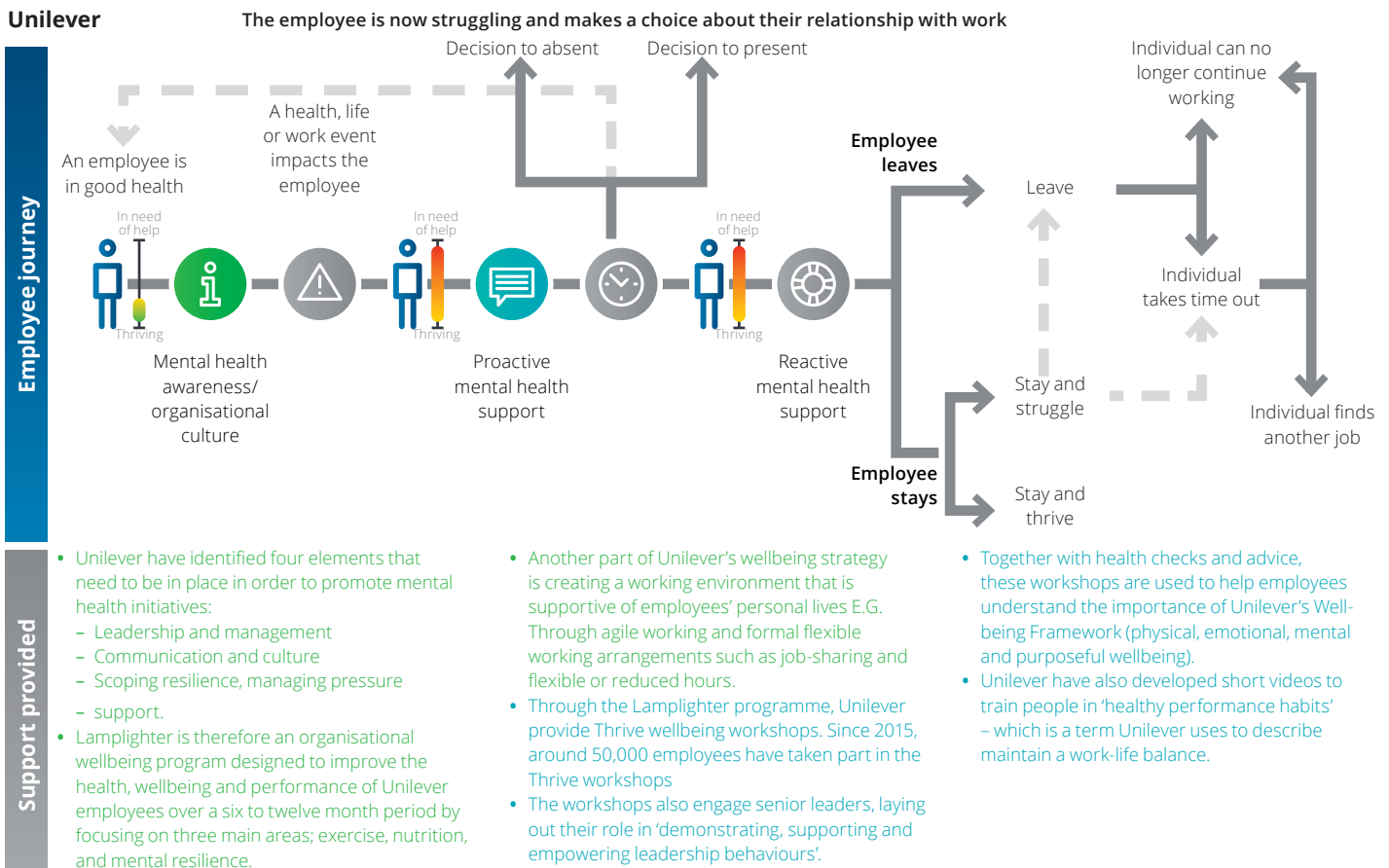
Unilever has developed the following solutions, shown in the diagram below, to support employees' mental health, through raising awareness and providing training.

The impact

Measuring the ROI for Unilever's investment in the Lamplighter programme in Singapore found that the return on investment (ROI) for the participant sample over the span of six years was 1.72:1. In addition to this, when looking at the ROI for productivity, they found that this was 0.48:1 for absence, and 1.30:1 for presenteeism. Together, this provided a final ROI of 3.50 to 1.

In addition to this, Unilever measures the Occupational Illness Frequency Rate (OIFR), which increased between 2014 and 2017 to 0.78 ill health cases per million hours.

Unilever took this to be due to greater employee awareness and reporting of mental health issues, through the improved reporting systems put in place. This rate has now dropped in 2018 to 0.58 ill health cases per million hours, through long-term employee support and engagement.



Case Study 2: Anglian Water⁴⁹

In 2005, private medical cover was costing Anglian Water £2m per year, and was forecast to rise by 10 per cent every year, with sickness levels averaging 10 days per employee per year. This led to a choice of reducing the cost of the medical cover by changing benefits, or thinking differently to keep people well and at work. The company decided to take a holistic approach to wellbeing, moving away from *"Great, we haven't hurt anybody today"*, to *"Excellent. You're happier and healthier than you were."*

The solution

Anglian Water have developed the following solutions, shown in the diagram below, to support employees' mental health through raising awareness, providing training and introducing preventative measures.

The impact

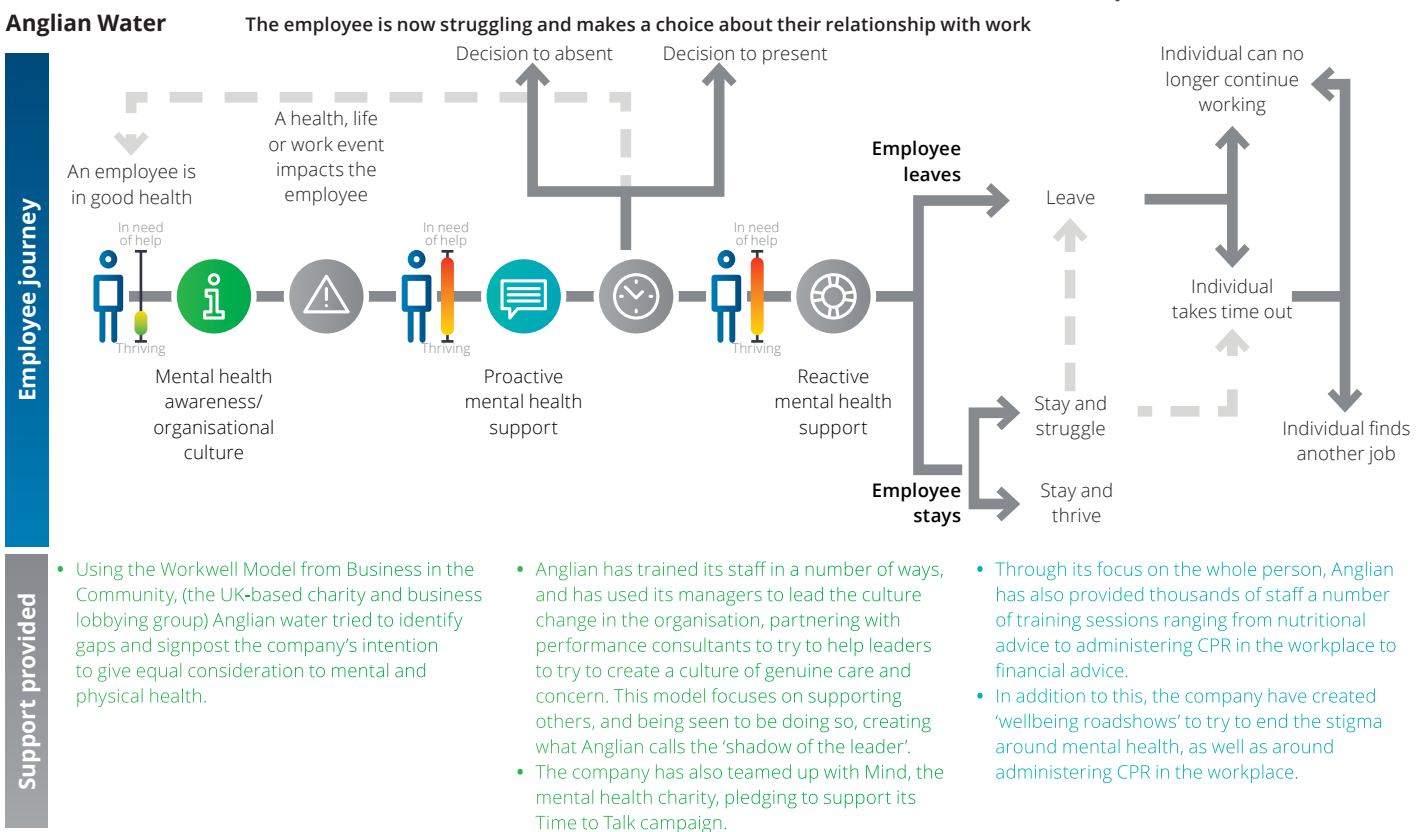
Through the shift in focus to employee wellbeing, Anglian Water was able to reduce staff absence and raise productivity. Sickness absence rates were reduced to four days per employee in 2017 from 5.5 days in 2012. In addition, Anglian Water has managed to halve spending on private medical care. This has had an impact on the bottom line: for every £1 spent, Anglian Water has received £8 in benefits.

Using a tool to quantify the bottom-line impact of wellbeing initiatives, Anglian Water has developed a 'wellbeing calculator' that tracks the shift in spending from reactive to proactive. The tool shows that over the past four years the company has reduced reactive costs by eight times the amount spent on proactive, preventative measures.

The focus on wellbeing has also helped to improve safety standards across the workforce. In 2016, direct employees, and those employed by contractors, partners and other affiliated businesses, worked 1.24m hours and recorded zero accidents for the first time.

This is a significant reduction from 2009, for example, when the company recorded an accident frequency rate of 0.37 per 100,000 hours worked.

There have also been more broad-reaching benefits of the investment in workplace wellbeing, helping to improve employer brand and customer engagement. This has made it easier to recruit good people, and Anglian Water was named Responsible Business of the Year 2017 by Business in the Community.



Appendix 5:

Mental health at work standards checklist

The Mental Health at Work Commitment checklist

Standards	Achieved?
1 Prioritise mental health in the workplace by developing and delivering a systematic programme of delivery	
1.1 Capture best practice and represent the views of employees across the organisation, especially people with mental health problems	<input type="checkbox"/>
1.2 Demonstrate senior ownership and drive board-level accountability, underpinned by a clear governance structure for reporting	<input type="checkbox"/>
1.3 Routinely monitor employee mental health and wellbeing using available data	<input type="checkbox"/>
1.4 Seek and make improvements based on feedback from your employees	<input type="checkbox"/>
2 Proactively ensure work design and organisation culture drive positive mental health outcomes	
2.1 Provide employees with good physical workplace conditions	<input type="checkbox"/>
2.2 Create opportunities for employees to feed back when work design, culture and conditions are driving poor mental health	<input type="checkbox"/>
2.3 Address the impact on employees of activities including organisational design and redesign, job design, recruitment, working patterns, email, 'always-on' culture, and work-related policies	<input type="checkbox"/>
2.4 Give permission to have work-life balance and to work flexibly and agile	<input type="checkbox"/>
2.5 Encourage openness and support throughout recruitment and employment	<input type="checkbox"/>
3 Promote an open culture around mental health	
3.1 Drive change by increasing awareness and challenging mental health stigma	<input type="checkbox"/>
3.2 Empower employees to champion mental health and positively role model	<input type="checkbox"/>
3.3 Encourage open two-way conversations about mental health and highlight the support available at all stages of employment	<input type="checkbox"/>
4 Increase organisational confidence and capability	
4.1 Increase mental health literacy of all staff and provide opportunities for staff to learn about how to manage their own mental health	<input type="checkbox"/>
4.2 Ensure all staff are suitably prepared and educated to have effective conversations about mental health, and where to signpost for support	<input type="checkbox"/>
4.3 Train your line managers in spotting and supporting all aspects of mental health in the workplace, and include regular refresher training	<input type="checkbox"/>
4.4 Support managers to think about employee mental health in all aspects of their role	<input type="checkbox"/>

The Mental Health at Work Commitment checklist

Standards	Achieved?
5 Provide mental health tools and support	
5.1 Raise awareness of the resources and tools available	<input type="checkbox"/>
5.2 Ensure provision of tailored in-house mental health support and signposting to clinical help	<input type="checkbox"/>
5.3 Provide targeted support around key contributors of poor mental health, e.g. financial wellbeing	<input type="checkbox"/>
6 Increase transparency and accountability through internal and external reporting	
6.1 Identify and track key measures for internal and external reporting, including through the annual report and accounts	<input type="checkbox"/>
6.2 Measure organisational activity and impact using robust external frameworks	<input type="checkbox"/>

Appendix 6:

ROI report summary

Year	Author	Country	ROI	Report type	Intervention	Cost	Size of trial	Reported benefit	Original Source	Source methodology
2014	Leka & Jain	Europe	10:1	Literature Review	General mental health promotion programmes	–	–	Absenteeism	Kleinshmidt (2013)	–
2011	Roberts & Grimes	Canada	9:1	Literature Review	A multi-component health promotion intervention, including: <ul style="list-style-type: none"> • Health risk appraisal. • Personalised health and well-being report with wellness score a tailored advice. • Access to a personalised health, well-being and lifestyle web portal, including articles, assessment and interactive online behaviour-change programmes. • Tailored fortnightly emails. • X4 paper-based packs on 4 most prevalent health risks: stress management, sleep improvement, nutritional balance and physical activity plus x4 on-site seminars on these issues. 	£40,000	500	Absenteeism and presenteeism	Knapp et al. (2011) [1]	Simulated model drawing on data from a previously conducted “before-after intervention-control” study (Mills, 2007).
2011	Knapp et al.	UK	9:1	Literature Review						
2014	Warwickshire County Council	UK	9:1	Literature Review						
2016	Mental Health Foundation	UK	9:1	Literature Review						
2011	Pangallo & Dawson-Feilder	UK	9:1	Literature Review						
2011	McDaid	Europe	9:1	Literature Review						
2014	World Health Organisation	Global	9:1	Literature Review						
2016	ERS Research & Consultancy	UK	9:1	Literature Review						

Year	Author	Country	ROI	Report type	Intervention	Cost	Size of trial	Reported benefit	Original Source	Source methodology
2013	Matrix [1]	Europe	8.4:1	Simulated Model	Exercise programme: <ul style="list-style-type: none"> Participants were given two 50 minute personalised exercise sessions per week for 10 weeks. 	€723/emp.	–	Absenteeism	Kleinshmidt (2013)	–
2005	Business in the Community	Europe	8:1	Case Study Review	London Underground's Stress Plan: <ul style="list-style-type: none"> Stress Reduction Programme and a Manager's Toolkit. The toolkit includes stress guides for managers and employees, and advice cards on conducting back to work interviews. A CD, which is made available to staff with information and several relaxation exercises. 	–	–	–	NA	–
2007	Mills et al.	UK	6:1	Quasi-experimental 12-month before-after intervention-control study	<ul style="list-style-type: none"> A multi-component health promotion programme incorporating a health risk appraisal questionnaire, access to a tailored health improvement web portal, wellness literature, and seminars and workshops focused upon identified wellness issues. 	£70/emp.	618	Absenteeism and presenteeism	NA Primary study	N/A
2013	Matrix [2]	Europe	5.7:1	Simulated Model	Acceptance commitment therapy: <ul style="list-style-type: none"> Three group education sessions with a therapist teaching how participants to experience or accept undesirable thoughts, feelings and physical sensations without trying to change, avoid or otherwise control them. 	€68/emp.	–	Absenteeism	Bond (2000)	–

Year	Author	Country	ROI	Report type	Intervention	Cost	Size of trial	Reported benefit	Original Source	Source methodology
2011	McDaid	Europe	5:1	Literature Review	Workplace-based enhanced depression care consisting of: <ul style="list-style-type: none"> Completion by employees of a screening questionnaire, followed by care management for those found to be suffering from, or at risk of developing, depression and/or anxiety disorders. Those identified as being at risk of depression or anxiety disorders are offered a course of cognitive behavioural therapy (CBT) delivered in six sessions over 12 weeks. 	£20,676	500	Absenteeism and presenteeism	Knapp et al. (2011) [2].	Simulated model drawing on data from a previously conducted Randomised Control Trial (Wang et al. 2007).
2014	World Health Organisation	Global	5:1	Literature Review						
2016	ERS Research & Consultancy	UK	5:1	Literature Review						
2007	Wang et al.	USA	4.5:1	Randomised Control Trial	Telephone outreach, care management, and psychotherapy: <ul style="list-style-type: none"> Systematic assessment treatment. Entry into in-person treatment (both psychotherapy and antidepressant medication), monitored and supported treatment adherence. Telephone psychotherapy intervention for those declining in-person treatment. This included psycho-educational workbook emphasising behavioural activation, identifying and challenging negative thoughts, and developing long-term self-care plans. Those experiencing significant depressive symptoms after 2 months were offered an 8-session CBT program. 	US\$1,800/ emp.	604	Presenteeism	NA – Primary study	NA
2009	Friedli & Parsonage	USA	4.5:1	Literature Review		As above	Wang et al. (2007)	Randomised control trial	NA Primary study	N/A
2010	National Alliance on mental health	USA	2:1	Literature Review	<ul style="list-style-type: none"> Employee Assistance Programmes (EAP). 	–	–	Absenteeism and presenteeism	Hargrave & Hiatt (2007)	Pre/post-treatment survey study

Year	Author	Country	ROI	Report type	Intervention	Cost	Size of trial	Reported benefit	Original Source	Source methodology
2015	UNUM	UK	4:1	Case Study Review	Oracle EAP case study: <ul style="list-style-type: none"> Established a network of wellbeing champions across the business. Resilience workshop series: 540 employees attended. In addition, Oracle brings all its wellbeing providers together for a quarterly Wellbeing Partner Forum, at which data is shared. Participants include its healthcare plan and insurance companies, occupational health and Employee Assistance Programme (EAP) providers. 	£250,000	–	–	NA	–
2008	Govt. Office for Science	UK	2.5:1	Project Report Paper	<ul style="list-style-type: none"> Flexible working allowance for employees with children under the age of 18. 	£66,000,000	–	Presenteeism	Foresight Paper (2008)	–
			3.5:1		<ul style="list-style-type: none"> Flexible working allowance for all employees. 	£71,000,000				
2013	Matrix [3]	Europe	3.4:1	Simulated Model	Workplace improvement programme: <ul style="list-style-type: none"> Engages employees and supervisors to assess the work environment for potential risk factors which could cause poor mental health. Composed of a training workshop for facilitators co-ordinating the intervention, supervisor education workshop and three workshops assessing the work environment and implementing the necessary changes. 	€16/emp.	–	Absenteeism	Tsutsumi (2009)	–

Year	Author	Country	ROI	Report type	Intervention	Cost	Size of trial	Reported benefit	Original Source	Source methodology
2012	Mayor of London Office	UK	2.5:1	Literature Review	–	–	–	–	Lee et al. (2010)	–
			2.7:1	Case Study Review	Johnson & Johnson case study: <ul style="list-style-type: none"> A comprehensive wellness programme that focuses on: mental health and well-being, occupational health and benefit design, healthy lifestyle, health education and awareness. 	–	–	–	NA	–
			3.3:1	Literature Review	–	–	–	–	Baicker et al. (2010)	–
2013	Matrix [4]	Europe	3:1	Simulated Model	Problem solving therapy with cognitive behavioural therapy: <ul style="list-style-type: none"> Seven sessions 45 minutes sessions of therapy based on the principles of PST and CBT. 	€1,205/emp.	–	Absenteeism	Lexis (2011)	–
2013	Sheffield Hallam University	UK	3:1	Case Study Review	Sheffield teaching hospitals pilot case study: <ul style="list-style-type: none"> The programme included individualised health checks, lifestyle management advice, one-to-one coaching and educational workshops to raise awareness on topics including exercise, healthy eating, mental wellbeing and resilience. 	£13,200	50	Absenteeism	NA	–
2017	Knapp et al	UK	2.0:1	Simulated Model	Universal CBT programme: <ul style="list-style-type: none"> Employees were offered 12 1-hour CBT sessions and other support. 	£6,986	1,000	Absenteeism, presenteeism, turnover		Simulated model drawing on workplace wellbeing programme offering CBT intervention to employees of a Welsh City Council.

Year	Author	Country	ROI	Report type	Intervention	Cost	Size of trial	Reported benefit	Original Source	Source methodology
2014	PwC	Australia 2.3:1	2.3:1	Simulated Model	7 stage programme: 1. Workplace physical activity programmes. 2. Coaching and mentoring. 3. Mental health first aid and education. 4. Resilience training. 5. CBT based return-to-work programmes. 6. Well-being checks or health screenings. 7. Encouraging employee involvement.			Absenteeism and presenteeism	PwC	Simulated model
2014	Black Dog Institute			Literature Review						
2016	SEEK			Literature Review						
2007	Hargrave & Hiatt	USA	1.4:1	Pre/post-treatment survey analysis and simulated model drawing on primary research previously conducted (Stewart et al, 2003).	EAP counselling: <ul style="list-style-type: none"> Measured the impact on depression of in-person EAP counselling for employees who screened positive for moderate or greater levels of depression. 	US\$2/emp./mth	>11,000	Presenteeism	NA – Primary study	NA
2013	Matrix [5]	Europe	0.4:1	Simulated Model	Stress management programme	£13,200	50	Absenteeism	NA	–
2016	David Hitt et al.	UK (Wales)	1.5:1	Case Study	Cognitive behaviour therapy (CBT) in the workplace to employees who are experiencing stress anxiety and depression.		141	Stress and anxiety	NA	In 2009, the City of Cardiff Council (employing 11,000 people) negotiated a partnership agreement with the department of liaison psychiatry, Cardiff and Vale University Health Board to provide psychological services, namely CBT, to its workforce.
2015	Cindy Noben et al.	Europe	10:1	Case Study	Preventative intervention targeted at nurses at elevated risk of mental health complaints. Found that nurses are at elevated risk of burnout, anxiety and depressive disorders.		413	Stress and anxiety	–	

Year	Author	Country	ROI	Report type	Intervention	Cost	Size of trial	Reported benefit	Original Source	Source methodology
2017	David McDaid, A-La Park and Martin Knapp	UK	1:1	Economic Modelling	Workplace interventions to prevent stress, depression and anxiety problems. The intervention modelled here is the universal provision of a workplace cognitive behavioural therapy (CBT) service offered to all employees who are identified by occupation health services as being stressed. The model looks at the impact of an intervention over a 2-year time period.		1000	Stress and anxiety	David Hitt, et al. (2016)	
2016	Dan Chisholm et al.	Global	4.3:1	Economic Modelling	Depression. Costs were estimated based on previous costing studies.		180.00	Stress and anxiety	–	OneHealth Tool. Simulated ROI. 2016-2030.
2015	Carolina Barbosa et al.	USA	1.7:1	Case Study	Intervention to reduce work-family conflict and stress. STAR intervention encompassed three components: participatory training sessions, computer-based training (CBT), and behavioural self-monitoring.		1427	Stress and anxiety	–	Work, Family, and Health Network intervention named STAR (support, transform, achieve, results) implemented in a Fortune 500 company in the USA.
2017	William N. Dowd et al.	USA	1.5:1	Case study	Intervention to reduce work-family conflict and stress. START intervention encompassed four components: participatory training sessions, additional outside activities (managers only), computer-based training (CBT), and behavioural self-monitoring.		1706	Stress and anxiety	–	Work, Family, and Health Network intervention named START (Support Transform Achieve Results Today) implemented in an extended care company in the USA. Same methodology as the study above.
2017	Josie S Milligan-Saville, Leona Tan, Aimée Gayed, Caryl Barnes, Ira Madan, Mark Dobson, Richard A Bryant, Helen Christensen, Arnstein Mykletun, Samuel B Harvey	Australia	9:1	Case study	Cluster RCT within Fire and Rescue New South Wales (FRNSW), Sydney, NSW, Australia.		141	Stress and anxiety	NA	In 2009, the City of Cardiff Council (employing 11,000 people) negotiated a partnership agreement with the department of liaison psychiatry, Cardiff and Vale University Health Board to provide psychological services, namely CBT, to its work-force.

Endnotes

1. McManus S, Bebbington P, Jenkins R, Brugha T. Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014 [Internet]. Leeds; 2016.
2. Health and Safety Executive, Annual Statistics (October 2019).
3. Mental health and employers: The case for investment, Monitor Deloitte, 2017.
4. Thriving at Work: The Stevenson-Farmer Review of Mental Health and Employers, DWP/DHSC, 2017.
5. The report calculates that poor mental health costs UK employers at £42 – 45 billion a year, compared to £33 - £42 billion in 2017. The 16% rise is calculated from the mid-points between the two.
6. Work-related stress, anxiety or depression statistics in Great Britain, HSE, 2019.
7. The occupational disease burden, HSE, Accessed in 2019.
8. Time to take ownership, Mental Health at Work, 2019.
9. Sickness absence data, ONS, 2009-2018.
10. Sickness absence data, ONS, 2009-2018.
11. Workplace Wellbeing Index, Mind, 2018/19.
12. Mental Health at Work, BITC, 2019.
13. Ian Hesketh, Cary L. Cooper, Leaveism at work, Occupational Medicine, Volume 64, Issue 3, April 2014.
14. Health and Wellbeing at Work, CIPD, 2018.
15. Why employers should make sure their staff know how to switch off, The British Psychological Society, 2019.
16. Workplace Wellbeing Index, Mind, 2018/19.
17. What is leaveism and how do I stop it, Guardian support, Accessed in 2019.
18. Westfield Health, Don't let leaveism get in the way of work-life balance, Accessed in 2019.
19. Leaveism, Ellis Whittam, Accessed in 2019.
20. 'Presenteeism' and 'leaveism': Bad for workers, bad for business, Safety and Health Magazine, 2019.
21. Leaveism and Presenteeism. What are they and how do they affect business?, Advogroup, 2018.
22. Employees with money worries are 50% more likely to report signs of poor mental health that affect performance at work, Money and mental health, 2018.
23. Seven portraits of economic security and modern work in the UK, Royal Society for the encouragement of Arts, Manufactures and Commerce, 2018.
24. Unsecured debt hits new peak of £15,400 per household – new TUC analysis, Trades Union Congress, 2019.
25. Employees with money worries are 50% more likely to report signs of poor mental health that affect performance at work, Money and mental health, 2018.
26. Employees with money worries are 50% more likely to report signs of poor mental health that affect performance at work, Money and mental health, 2018.
27. Britain's Healthiest Workplace, Vitality, 2018.
28. Mental Health at work, BITC, 2018.
29. Zero-hours work takes huge physical and mental toll, The Financial Times, 2019.
30. Employees with money worries are 50% more likely to report signs of poor mental health that affect performance at work, Money and mental health, 2018.
31. McDaid D, making the long-term economic case for investing in mental health to contribute to sustainability, 2011.
32. Mental Health Statistics, Young Minds, Accessed in 2019.
33. Anxiety on rise among the young, The Guardian, 2019.
34. Anxiety on rise among the young in social media age, The Guardian, 2019.
35. Research reveals over half of young Scots who feel lonely also experience depression, Mental Health Foundation, 2018.
36. Young people 'more anxious than ever', The Guardian, 2017.

Endnotes (cont.)

37. Young People Fear for their Emotional Health, Youth Employment UK, 2018.
38. National Apprenticeship Service, Supporting young apprentices, 2019.
39. Employers: Learning to work with young people, CIPD, 2014.
40. Mental Health at work, BITC, 2019.
41. Mental Health at work, BITC, 2019.
42. Health and Wellbeing at work, CIPD, 2019.
43. Mental Health at work, BITC, 2019.
44. Thriving at Work: The Stevenson-Farmer Review of Mental Health and Employers, DWP/DHSC, 2017.
45. Only One in Five UK employers has met first mental health core standard outlined in the Stevenson/Farmer review, Employer News, 2019.
46. The Mental Health at Work Commitment, Mental Health at Work, Accessed in 2019.
47. N Guharajan, Health Services Research, Health management at Unilever – return on investment: the Unilever singapore lamplighter program (2009 – 2015), 2016.
48. Improving employee health, nutrition & wellbeing, Unilever, Accessed in 2019.
49. Our employee health programme, Unilever, Accessed in 2019.
50. Simpson P, Reaping the benefits of a focus on wellbeing, Financial Times, 2017.

Authors



Elizabeth Hampson
Director
Monitor Deloitte
+44 7957 157224
ehampson@deloitte.co.uk



Anju Jacob
Manager
Monitor Deloitte
+44 20 7007 7993
anjujacob@deloitte.co.uk

Contributors: Maria Pardelha de Cruz,
Horatio Lyons and Hui Ying Chan.

We would also like to acknowledge the support received from Laura Parsons, Jill Spencer, Lorna Brocklesby, Richard Horton, Arti Kashyap-Aynsley, Tim Ackroyd, and Carolyn Lorian.

Contacts



Rebecca George OBE
Partner
Risk Advisory
+44 20 7303 6549
regeorge@deloitte.co.uk



Dimple Agarwal
Partner
Executive Group
+44 20 7303 4503
dagarwal@deloitte.co.uk



Sara Siegel
Partner
Consulting
+44 20 7007 7908
sarasiegel@deloitte.co.uk



Jackie Henry
Partner
Consulting
+44 2890 53 1197
jahenry@deloitte.co.uk



William Gosling
Partner
Consulting
+44 20 7007 8132
wgosling@deloitte.co.uk



Richard Coombes
Partner
Consulting
+44 20 7007 5074
richardcoombes@deloitte.co.uk



This publication has been written in general terms and we recommend that you obtain professional advice before acting or refraining from action on any of the contents of this publication. Deloitte LLP accepts no liability for any loss occasioned to any person acting or refraining from action as a result of any material in this publication.

Deloitte LLP is a limited liability partnership registered in England and Wales with registered number OC303675 and its registered office at 1 New Street Square, London EC4A 3HQ, United Kingdom.

Deloitte LLP is the United Kingdom affiliate of Deloitte NSE LLP, a member firm of Deloitte Touche Tohmatsu Limited, a UK private company limited by guarantee ("DTTL"). DTTL and each of its member firms are legally separate and independent entities. DTTL and Deloitte NSE LLP do not provide services to clients. Please see www.deloitte.com/about to learn more about our global network of member firms.

© 2020 Deloitte LLP. All rights reserved.

Designed and produced by 368 at Deloitte. J19141