Recognising the Red Flags of Workplace Mental Health

Organisations have a responsibility towards their staff.

The expression *mens sana in corpore sano*, usually translated as “a healthy mind in a healthy body”, is truer than ever during this pandemic. In particular, prolonged confinement and reduced socialisation have brought mental health issues to the fore.

Recently, one of my clients told me that just before the pandemic, one of his colleagues showed up for work looking extremely distressed. He started emptying his office, giving a number of small decorative items to an assistant. Nobody had the courage to ask him why he was acting like this. The next day he didn’t show up for work, nor did he answer his phone. After a few days, the firm contacted his daughter, who sadly discovered that the man had killed himself at home.

The man’s suicide had an impact on everyone who knew him. My client said that many people in the organisation felt guilty for not having recognised – or perhaps ignored – their colleague’s signs of mental distress. Instead of dealing with the discomfort of this person’s strange behaviour, they chose to play ostrich, refusing to face facts.

Although this example may be an extreme case, for many people, mental health isn’t an easy subject to talk about, at home or at work. Many employers are unaware of how widespread mental health problems are. Even when they are aware, they don’t know how to deal with such issues. Far too often, discussing a person’s mental state is taboo. But from an organisational perspective, not paying attention to the mental health of employees can be very costly. Globally, the total productivity costs of mental distress reach **US$1 billion** per year.

**Shedding light on a problem that isolates its victims**

For too long, we have swept the topic of mental illness under the carpet, hoping that it will just go away. But given the **heightening of mental health issues** in these trying times, we need much more openness, transparency and understanding.

According to the World Health Organization, **one in four people in the world** will be affected by mental disorders at some point in their lives. Mental ill health can range from feeling “a bit down” to common symptoms such as anxiety and depression, to more severe (but thankfully rare) conditions such as psychotic episodes, bipolar disorder or schizophrenia. Even if you don’t struggle with mental health issues yourself, you probably know someone who does.

Despite the range of available treatments, nearly two-thirds of affected people never seek help from a health professional, mostly due to fear of stigma. Many view suffering from a mental disorder as a personal failure. They feel embarrassed and worry

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that others may think that they are crazy. Some may also find it difficult to articulate what’s going on inside them.

**Keeping an eye open for signs**

The earlier a mental problem is detected and treated, the better. Diagnosis, however, is not always easy. Generally, it’s the big or sudden changes that are noticeable. Gradual change often goes detected. A red flag should go up, however, when we can observe any of the following in our colleagues:

- Withdrawing from other people
- Losing interest in activities that previously seemed to be enjoyable
- A deterioration in work output, motivation level and focus
- Difficulties in making decisions or finding solutions to problems
- Significant changes in mood, energy or eating habits
- Substance abuse

**Treatment and coping mechanisms**

If we think that a person has mental health issues, a number of steps can be taken. The best plan of action is to help them seek out qualified psychological and medical care. It is often possible to arrange virtual consultations.

Treatment for mental health issues often includes a combination of medication, psychotherapy and advice about healthy living skills (so the person can learn to help themselves). It is important to remind our colleague that seeking help is a sign of strength, not of weakness.

Of course, when they start suspecting that they have a problem, some may say: “This can’t be happening to me. Mental health problems happen to other people.” Alternatively, they may engage in self-blame. In fact, close family members may also blame themselves. This blame game must be avoided. Remember that a mental health problem is not a life sentence. Many affected people learn to cope with their symptoms.

**Organisational responsibility**

Given the long-term investment organisations make in their human capital, they need to take a proactive stand vis-à-vis mental health issues. They should send clear signals to their employees that they value them as people, not as cogs in a machine.

However, this kind of communication is only going to be credible if the leadership of the organisation has created a **transparent, safe and supportive culture**. If not, employees are unlikely to open up to their managers when they struggle. There should be a clear safety net that enables employees to discuss problems, including mental health ones. Organisations that deal with mental health issues head-on usually have a zero-tolerance policy for discrimination based on mental health status.

The basic principle is this: Mental health problems should be regarded the same as physical ones. Clear policies should be in place regarding sick leave and especially, the return to work. For example, an employee may need some form of flextime or job restructuring. In some cases, the best course of action might be to assign the person a new manager with a different leadership style.

In many instances, developing a plan that enables people to stay at work is more effective than suggesting a leave of absence. Being able to contribute, particularly in a supportive environment, can speed up recovery. With the greater emphasis on virtual work since the pandemic, **virtual support** is more important than ever.

**When the workplace is the problem**

It is also possible that our workplace is precisely what is driving us crazy. In fact, mental health is very much determined by the degree to which we fit into the ‘system’ without showing signs of stress. To put it more dramatically, there are times when the only appropriate response to an unbearable reality is to go insane.

The boisterous anti-war film *King of Hearts* (1966) tells the story of a World War I soldier sent to a French village to disarm a bomb left by the retreating German army. He encounters a strange town occupied by psychiatric patients who have escaped the local hospital after the villagers deserted the place. They immediately crown the new visitor their King of Hearts. Gradually, the soldier prefers the acceptance of the insane locals over the insanity of the war raging outside. It is a moral tale that organisational leaders would be wise to take to heart.

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