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# Workplace Mental Health Is a Business Asset. Treat It That Way



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**The most successful initiatives deliver employee well-being programmes as a strategic “product”, with four fundamental planning considerations.**

Mental health in the workplace is not a new topic. It is well documented by now that an investment of US\$1 into workplace mental health yields approximately **US\$4 in return**. Even though this dialogue is still only in its nascent stage in many countries, the economic argument that mental health **reduces costs of absenteeism and presenteeism** is familiar. Yet the typical solution involving occasional resilience webinars or sporadic employee resource groups does not create sustainable change, especially given the acute psychological stressors unleashed by Covid-19.

Employees are still anxious and burnt out, disgruntled managers complain that well-being initiatives are extra workload, and HR managers are frustrated after setting up support structures that very few use. While upskilling thousands of managers and employees across Asia and Europe in workplace mental health, our team of consultants and trainers have seen how companies waste resources when they approach employee mental

health programmes as simply a box to be ticked once a year.

The most successful initiatives are the ones that roll out with a comprehensive plan, align with business goals and company values and have buy-in across management. In other words, these employee well-being programmes are managed as a strategic “product”, integrating the following four fundamental considerations in the planning process:

### **1. Know your “customers”**

Many organisations have polished initiatives and even real support structures in place. However, they neither cater for employees’ progressive learning nor reach their target users.

What is missing is an understanding of employees’ preferences and needs in terms of mental health knowledge and skillsets. I’m not talking about a rote employee engagement or well-being survey, but rather a targeted, in-depth gap analysis between what the leaders think the organisation and employees need, and what employees *really* want. See where these intersect and diverge. What is the priority – shifting the attitude towards mental health or helping employees sort out their worries? What are the different emphases for different generations of employees? Do they have the skills to support their colleagues?

After talking to a sample of employees in a financial institution, our team discovered that being a parent was a key trigger of stress for executives. So, instead of a stress management workshop, we conducted a parenting workshop on how to take stock of children’s mental health through playful and non-verbal communication. In doing so, we helped the executives actively manage their immediate stressors and increased their mental health knowledge. Executives then saw the value of mental health training and requested more of it.

### **2. Align your leadership team**

Global initiatives are great – except when their rollout is not very global. Regional and local offices may not be supportive or may lack resources.

There needs to be a clear plan on how your cross-functional and geographical departments will work together. Where does the budget come from? Is there just one mental health champion trying to get things going?

Can – and will – local business decision makers sponsor and participate in programme designs? How does this fit with company culture and what exactly are company leaders’ responsibilities?

The Asia-Pacific operations of a large MNC we worked with had the scale of an SME, so the company needed to synergise resources. We worked with their HR teams from across the region to curate training topics that suited the majority of staff in mainland China, Hong Kong, Singapore, Japan and South Korea. The budget was shared – and partly came from the business. Yearly planning and budgeting responsibilities were clearly delineated.

### **3. Go “glocal”**

Some organisations have a long track record of implementing mental health initiatives, but these tend to originate from global headquarters and lack regional sensitivity.

Even in very diverse regions such as Asia, employees possess some common characteristics. Many grew up in competitive, achievement-focused environments with persistence as a cultural norm, making it difficult to draw the line between persistence and burnout. Suppressing emotions is common, and the need to maintain “face” for the family unit makes disclosing mental health conditions a source of shame for more than just the concerned individual. Well-being initiatives need to be culturally relatable for employees’ comfort. Yet culture is but one diversity factor; others could include age, gender, language and sexual orientation.

One US-based multinational realised its programmes were too US-centric, so we adapted them to the Asia-Pacific context. All the speakers shared stories that reflected Asian experience. Not only were their outward appearances relatable, but they also dispelled the myth that Asian colleagues aren’t open to sharing – they must first learn how to articulate their experiences given their stoic upbringing. The first Asia-Pacific hosted event drew the highest number of participants the company had seen in the region, creating more conversation and ensuring subsequent well-attended trainings.

### **4. Make it mandatory**

Training employees on a new product or technology is virtually always mandatory to ensure quality and accountability. Yet, mental health training is left to a handful of self-selecting employees to attend.

Ensure all employees have the same foundational knowledge. It will equip them with a common language, break down silos and strengthen communication and culture. It also prevents unnecessary team conflicts. Employees must understand the company's protocols and extent of responsibility regarding mental well-being support. Managers who have not been guided on what to do won't do it right.

For example, we recently came across a hardworking, long-standing employee who had found the courage to tell his manager that Covid-related stress and working from home with two small children had triggered depression in him. Immediately, his manager took his work away to give him time to recuperate, but passed it to a perceived rival. Now, not only was the employee depressed, but his anxiety shot through the roof, as he worried that the colleague might replace him in case of global redundancies. The manager's unfortunate attempt at intervention is a classic example of what can happen when sensitive, well-meaning people lack the training to handle mental health appropriately.

### **Mental health is not a product**

I have compared mental health initiatives to a new product that must be rolled out with care. The comparison, however, can only be taken so far. Unlike a product, mental health can literally mean the difference between life and death. Therefore, if business leaders are to treat workplace mental health with the seriousness it deserves, they must tackle it with at least the same acumen and rigour as they expend on any product strategy.

#### **Find article at**

<https://knowledge.insead.edu/leadership-organisations/workplace-mental-health-business-asset-treat-it-way>

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#### **About the author(s)**

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