

MENTAL HEALTH AT CORPORATE WORKPLACE, FROM STIGMA TO AWARENESS AND TECHNOLOGICAL AID – AN UNCHECKED CRISIS

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Abstract

Purpose – Aiming to educate corporate policymakers and HR solutions about the significance of mental health in the workplace, as well as the associated causes and social stigma, this review was conducted. In the event of a crisis, it informs the management of organisations of the negative impact of the issue and suggests measures to lessen it.

Methodology - Google Scholar was used to conduct a literature analysis of numerous research and news reports on the significance of workplace mental health.

Results – It was common knowledge that mental health at work had a direct impact on the bottom line of businesses. Increasing numbers of young people are taking their own lives due to feelings of hopelessness and isolation, according to recent media coverage. Without treatment for mental illness, a person's family and community will suffer, as well as the entire world at large.

Conclusions – Through the framework of Jorm (2000), a ray of hope in identifying such scenarios at the initiation can be seen. Organizational social programmes, such as outings and competitions, as well as digital mental health apps and technology can all aid in the fight against this problem. An employee's sense of belonging and usefulness is bolstered by the demand of the present time.

Keywords: mental health awareness in the corporate workplace, best practices for better workplace mental health, promoting positive workplace mental health, workplace mental health literacy, causes and promoters of mental health disruptions, and digital mental health apps and technology.

INTRODUCTION

An individual's excellent health is defined by the World Health Organization (WHO) as a state in which they are free from disease or impairment and can fully enjoy their lives possible. First, the corporate world must realise its obligations to employees extend beyond evidence-based medical therapy for people with depression, but rather a responsibility beginning with preventive care by the corresponding reduction of workplace psychological issues such as stress and anxiousness through factors that can be

controlled by the employers, such as the workplace environment. It was Charlie Chaplin's figure in *Modern Times* (1936) who first exposed the industrialised world to nervous breakdown and problems. Years of management and psychology advancements have brought us no closer to solving problems like overburdening employees.

Despite increased global awareness of the magnitude of the problem in recent years, the World Federation for Mental Health concedes that investment in mental well-being has not

kept pace with this increase in awareness. Approximately one billion people worldwide suffer from a mental illness, which could also vary from drug addiction to schizophrenia to dementia and everything in between. Anxiety and depression, two of the most common mental illnesses, cause the global economy to lose US\$ 1 trillion per year as a result of the decreased production efficiency they cause. When poor mental health was first identified as a problem in 2010, it was estimated to be costing the world economy approximately \$25 trillion per year in terms of poor health and lower productivity, with the cost expected to rise to \$6 trillion by 2030 if the pattern holds.

Substantial research efforts have illustrated the pharmacoeconomic efficiency of medical and psychiatric interventions for the prevention and treatment of common mental disorders, but widespread adoption and translation of these findings into real advantages have been slow to materialise. It is possible to incur numerous costs associated with mental health treatment, including those associated with social services and primary, secondary, and tertiary care. If we attempt to estimate comprehensive health expenditures, the wide variety of services and therapeutic interventions providers may make things more difficult.

According to the World Health Organization's Mental Health Atlas 2017, countries were asked to estimate the total amount of money spent by their governments on mental health by using provincial, district and national statistics. According to the researchers, mental healthcare expenditures accounted for less than 2% of total federal health expenditures in 2010. Similarly, per the study, care and treatment for serious mental disorders is not enclosed by national health care or payment schemes in 27 percent of the 169 countries that responded. Although an integration of bilateral, multilateral, private, and philanthropic donations have helped to close the financing gap, direct investment for mental health has never exceeded one percent of total global development assistance for health. Following the publication of the Lancet Commission on Global Mental Health and Sustainable Development's findings in 2018, which called for a partnership involving academic institutions, UN agencies, development banks, the private sector, and civil society organisations in order to activate,

disseminate, and invest funds to morph mental health, stating that "When it comes to mental health, all countries can be thought of as developing countries," the Lancet Commission on Global Mental Health and Sustainable Development published its findings in 2018. (Lancet Commission on Global Mental Health and Sustainable Development).

Indian companies have just begun to address workplace stress and strain since the death, on July 29th, of Cafe Coffee Day owner V.G. Siddhartha. While it's accepted that those at the top of an organisation suffer a wide range of mental concerns, lower-level employees also have their own unique set of challenges, which cannot be rationalised as less frightening and that many feel unsure of how to cope with and whom to approach. "Mental health is the most critical health concern in the workplace, in addition to the fact that mental health disorders, including substance misuse, are a primary source of lost productivity and illness, workplace practices can exacerbate or enhance the mental health of workers" (Vikram Patel, professor and research fellow, school of global health and social medicine, Harvard Medical School). It has been 43 years after the Alma-Ata declaration, and little has changed: health investments are still low, and large investments are still made to meet armaments and military needs.

OBJECTIVE OF THIS STUDY

For this study, the focus will be on mental health breakdowns in the workplace, as well as the factors that contribute to them, as well as the people who are affected by them. In this paper, we reviewed articles related to causes of corporate mental health breakdown, best practices in this area, ways to increase the literacy about this issue among the employees and the management, and the role digital mental health apps play in lessening the burden on the already stretched health care facilities along with the role technology can play in providing in house mental health solutions to employees. A summary of our findings and solutions are presented.

METHODOLOGY

Searches on Google Scholar and PubMed were conducted with the keywords "mental health and its influence on society," "corporate financial strain of mental health failure of employees," and "remedies for corporate mental health," all with the help of technology and a focus on mental health at work.

THE NEGLECTED SUBJECT OF WORKPLACE MENTAL HEALTH

A company's bottom line suffers when its employees aren't in good emotional health in the office. Productivity loss, job desertion, sleep deprivation, reduced immunity, greater burnout rates, absences, anxiety, depression, and self-harm are all a result of stress and fatigue. "People with depressive symptoms have a fivefold influence on time lost from work and decreased turnover in a firm" (Jeffery Khan and Alan Langlieb, book 'Mental Health and Productivity in the Workplace: A Handbook for Organizations and Clinicians'). However, companies' wellness programmes typically focus on physical health issues like blood pressure, BMI, hypertension, glucose, and smoking cessation, rather than mental health issues like depression. Small perks include employee assistance programmes (EAPs) within which references to therapists and other resources, under the safety net of secrecy, can help lessen incidences of job burnouts, worksite violence, and job strain.

The number of people who commit suicide tends to rise during periods of economic hardship, according to experts, and Asians could be particularly vulnerable because their region has one of the world's highest rates of suicide, according to a recent Reuters report. As an example, during the Asian financial crisis years ago, the suicide rate in South Korea nearly doubled, with experts attributing the increase to stress brought on by job and income losses. In addition, debt and distress have influenced huge numbers of Indian farmers to face death over the past two decades, according to the World Health Organization. India is extremely vulnerable because the country's economic success over the past 15 years has exceeded hopes enormously, and many people are having severe difficulties admitting their lost income and social standing.

A number of recent suicides, many of which were caused by job losses, have brought

attention to the growing need for mental health services in the country as a whole. Unemployed software engineer, who worked as a nurse at a mental health outreach clinic in Chattarpur, south Delhi, was discovered dead in his north Delhi home. He had been working as a software engineer for a few years. Following her dismissal from her banking job in February, a 24-year-old accountant in Chennai, India's southernmost city, committed suicide by hanging herself. There are no precise assessments of the aftermath of the financial crisis on mental wellbeing yet, although non-governmental organisations and psychiatrists have reported an increase in calls and visits as the crisis continues.

Many people suffering from mental illnesses have stopped taking their medications or seeing their psychiatrists since they are unable to afford their therapy in the current economic climate. Nonetheless, the psychological difficulties experienced by members of the urban middle class as a result of a diminishing job market, layoffs, and salary reductions are only at the beginning of the story. WHO and India's Ministry of Health and Family Affairs collaborated on the study, which was carried out in 11 centres across India in partnership with prominent medical institutes. The conclusions of the study have not been made public as of yet. These figures are a result of India's epidemiological and demographic change, which is contributing to the emergence of noncommunicable illnesses as a serious public health problem.

While conventional family support systems are being phased out, new examples of environmental emotional support are becoming scarce and difficult to come across. An outpatient mental health outreach clinic in Chattarpur, a rural area in south Delhi, reveals the difficulties encountered. In the care of a father and son combo is a young psychiatrist. Neither can explain the symptoms in a clear manner, nor do they have previous medical records. In terms of media coverage, the COVID-19 epidemic has brought mental health in the workplace to the forefront, and if population size is considered, India may have the greatest occurrences of psychological illnesses in the office. Factors contributing to this rise in incidents are cut-throat competition in the corporate sector, 12-14 hours work shifts,

pressurising deadlines, neck-breaking workload, clashing personalities of team members, lack of appreciation, harassment, and tough boss at the helm. In a survey conducted by ET Contributors, it was found that about 42.5% of private sector employees in India suffer from depression or other anxiety disorder i.e., one in two employees. This epidemic of mental health breakdown will in the future snowball into challenges that will render much of the workforce incapacitated to function at an optimum level.

CAUSES AND HECKLERS OF CORPORATE MENTAL HEALTH

The problem of mental health problems in the workplace may be traced back to the beginning of the industrial revolution. As mass production and technological advances became the preferred way of bulk manufacture, it brought with it the constant pressure of outperforming the mechanical world. Even after decades of advancement in management, we have continued allowing repetitive non-mechanised work on the work floor, which includes workers of the retail industry and delivery industry. If solace was taken by the employees, it was because of their inability to educate themselves on the knowledge of underutilisation of their true potential. An example of this can be seen in the IT industry where engineers are just unedifying and used for routine coding only irrespective of their talents and majors. When looking back in history, industrialisation brought with it the factor of uncertainty, whose havoc is prominent now. In a time of the pandemic, there is a rise of layovers and cut-offs, which has brought to a standstill of plans and progress to rather an abyss of uncertainty. This has resulted in higher side rates and self-harm if the current media reports are any indication.

The stigma attached to such issues is deafening. Such is the stigma that employees are reluctant to talk about it much less seek treatment, out of fear that they might lose jobs or be outed as an outcast. Managers who want to address this issue don't know how to open the dialogue as they find themselves in uncharted waters and thus end up advising the opposite of what is required. Wherewith physical illness, which is generally received with sympathy and helpfulness, workplace mental breakdowns are faced with silence and shame for the justifiable

fear that it brings to the workplace. A common observation is that an employee suffering from a mental breakdown usually must deal with two issues – firstly, the disease itself and secondly, the misconceptions of society towards mental health issues. With generations succumbing to the social stigma towards mental health issues, it leads to the employee accepting and denying such illnesses which interns pushing themselves towards self-stigma resulting in loss of self-confidence and underperformance.

A most common heckler that is accepted and desired in the workplace is 'burnout'. It can be at all levels of management but is seldom talked off. What started in the seventies, with 70-80 hours of workweeks, high demanding jobs and impossible supervisors was coped with spouses taking on the less demanding domestic works, thus justifying as a solution to the 'burnout' issue. But with the increasing gender equality crusade, long gone are those thoughtless days, and now demands of both men and women to focus on home and put it on priority is causing additional taxing effort on the mental front. The effects of such demands are seen on women seeking careers but are still put under social demands based on gender. It is no surprise that the burnout rate in India is on a steady rise. Along with societal demands, another issue that women must face is the glass ceilings, clubs exclusive to men only and sexual harassment in the form of snide comments and acts from comrades daily. An example of this can be seen in the Payel Tadvil of Nair Hospital in early 2019, where the mental stress brought on by a dominant group resulted in another national wake-up call.

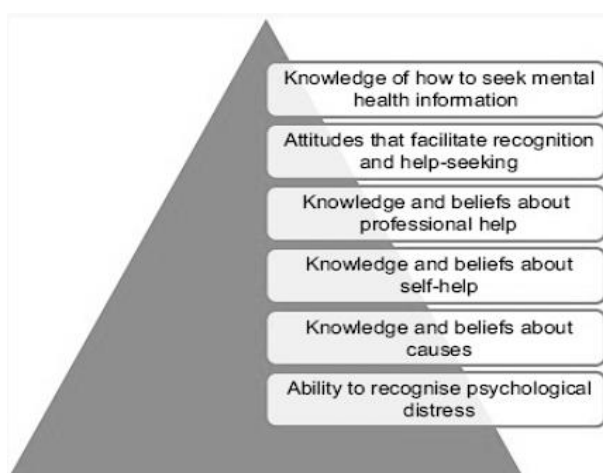
Despite the fact that it is the most sought-after source of respite, social media is a significant contributor to mental illness in the business sector. It's terrible to see that a diverse range of psychologically, physically, and socially renewing activities are being displaced by the hubristic, cloud-based captivity imposed by (over)smart technologies, which is particularly widespread among the younger generation. Psychologist Amelia Strickland (2014) stated in her research, "Numerous studies have found links between social media use and undesirable consequences such as increased sadness, anxiety, obsessive behaviour, loneliness, and narcissism."

Employees with mental illness at the workplace rarely turn towards their friends and family for support and help, let alone turn towards professionals and organisational support groups for help. Such has become the scenario that some of the youngsters cannot admit to themselves that they are the victims of such illness. With characters like the unfeeling office comedians with their jibes and the office grapevine milling out malicious humour and rumour make the situation worse. As people with depression and anxiety are less capable to cope with such innuendos, they start distancing themselves and ultimately gets tagged the recluse.

CORPORATE MENTAL HEALTH AWARENESS, IMPROVING MENTAL WELL BEING AT THE WORKPLACE AND BEST PRACTICES FOR BETTER WORKPLACE MENTAL HEALTH

The recent mental health awareness campaigns have yielded some positive results though there is a long way to go and hurdles to overcome. The Indian corporate is aware of the mental health issues prevalent in the workplace but is still illiterate about how to tackle them. It lacks a streamlined literacy track to recognise, help, facilitate and provide professional help based on the information collected and observed. Thus, corporate India can use the mental health literacy framework proposed by Jorm, 2000 (Table 1). It can help tackle the negative attitudes in the workplace toward such illnesses and bring about openness in the workplace wherein the employees can readily seek help without hesitation.

Table 1: - *Components of Mental Health Literacy*



To improve mental well-being at the workplace, industry benchmarked tools can be used to evaluate and control work-related mental health issues. Work-family conflict, associations with co-workers, performance pressure, and employment prospects are all examples of issues that should be taken into consideration when developing a career plan. Though different industry faces a different form of mental health issues the above remains constant throughout. Communication breakdown between employees and their superiors leads to misunderstanding. During the age of multi-tasking, it is often seen that employees perform tasks well beyond their skillset and superiors have a high demand of performance from them. Such unrealistic demands and expectations affect stress and employees' inability to deliver. Having difficult colleagues and non-team players also leads to stress and sometimes it must interfere before self-harm or sabotage occurs. Due to intense economic changes, some metamorphic changes take place within an organisation such as reorganisations, takeovers, mergers, rightsizing, and other changes which cause a sense of job insecurity amongst the employees thus bringing on stress and constant fear of job loss.

So the development of a mental wellbeing policy and programme for the workplace can aid in the management and coping of the challenges listed above, as well as the rise in the overall productivity of the organisation. With a healthy population comes increased production and given the importance of the private sector in a country's economy, it is past time to deliberate about mental wellbeing at the workplace in order to increase employee efficiency and output.

The best practices for tackling workplace mental health issues should encompass the development of quantitative metrics in the form of a scorecard and readily dissemination of information, developing workplace and employer level evaluations addressing mental health, developing an online open-access course regarding workplace mental health ignorer to increase awareness, and creating strategies for enhancing communications through formal or informal means. Due to the increased awareness of mental health concerns in today's society, it may be beneficial for businesses to collaborate with business schools to develop executive training programmes that are mainly focused on mental health management.

DIGITAL MENTAL HEALTH APPS AND TECHNOLOGY AS CORPORATE RESCUE TOOLS

It has been proven time and time again that community-based therapy, peer assistance, and peer networks can aid in the long-term recovery from mental illness. Several studies have looked at how medical leadership tends to manifest itself in practice or within relevant internet environments, as well as the emotional and affective labour that goes along with active participation in health. Activism is frequently mentioned when discussing the plethora of benefits of electronic technologies for health. Like Hochschild's assessments of the dissolving lines between caregiving or health-care work and "feeling management," these too ring true. As with many areas of a technology mediated social life, engagement in health is uneven.

Individuals suffering from mental illnesses may experience difficulties in social situations because of technological advancements such as virtual communities, mobile applications, and social networking sites. In some cases, technological advancements such as these may even intensify these problems in specific circumstances. Furthermore, the importance of skilled professionals in engaging those who are 'hard to reach' when it comes to health awareness and support is stressed. It is important to note that, while interpersonal care is usually connected with the mental healthcare user in the 1970s, this can be linked back at least to literary works of Jean-Baptiste Pussin there in late-18th century and procedures of employing recovered clients to collaborate in acute psychiatric divisions in the United States during the 1920s and 1930s, respectively. More and more emphasis are being devoted to the ways in which skilled professionals and health influencers can be of support to health care organisations, and this trend is expected to continue. Those who act with a degree of colloquial oversight to encapsulate specialised and non-specialised divides, to establish and sustain supportive social networks, and to structure and reshape the perspectives of others who are suffering from mental illness are collectively referred to as connectors, intermediaries, and influencers.

The ongoing pandemic has increased mental health needs significantly. With the absence of in-person care personnel, corporates are now turning to digital mental health applications and

technology for solutions. For an already strained and overburdened medical healthcare system, the digital mental health apps are playing a key role to provide remote assessment, guidance, support, or intervention thus, lowering the medical costs of individuals and organisations and providing systematic and de stigmatised help needed. Yet challenges are to be faced in the form of minimal data provided, less confidence of consumers on their quality, competency of digital mental health applications, lower digital access, literacy among groups having the highest health care inequities. As digital inequities include location, status, age, education, social support network and health literacy; they in alignment with social determinants of health results in an increase of digital health resilience and disparities which given the current health crisis will reduce the health care access for mental health patients. This issue though not a problem of the corporate yet is a concern as with work from home and return of employees to their native places there is a communication gap in abundance.

A simple way other than digital mental health apps would be for organisations to put technology at work by creating their mental health platforms irrespective of level and type of employee. Cloaked in anonymity, they can include –

- In order to help an employee, determine if he or she is suffering from a mental health problem, a diagnostics module is needed.
- Using AI, a preliminary advice module may offer simple dos and don'ts, as well as activities that could alleviate the particular forms of disturbances identified by the diagnostic configuration. The next section offers some ideas for psychotherapy that organisations might provide.
- One or two telephone counselling services would be recommended to the person depending on their diagnostic results as an interim bridge. Sequencing-wise, this might either come before or replace the initial guiding module.
- Psychiatrists and psychologists who specialise in the treatment of mental health issues - even while this bridge may theoretically be activated immediately following the AI diagnostic, the telephone counselling bridge is more commonly preceding it.

- Following-up on therapy sessions can be made easier with a module that offers low-intensity, online workouts.

PROMOTING POSITIVE WORKPLACE MENTAL HEALTH

Although mental health diagnostic modules have been used, one might think that the problem has been solved and is under the grip, but the reality is quite different. Since many people work in various positions within an organisation with varying levels of authority, it is inevitable that issues of monotonous work, poor working conditions, and safety hazards will arise. These issues will progress through toxic supervisors, co-workers, and team members, culminating in unreasonable deadlines and the "bell from hell" signalling the end of the lives of those who fall behind. All these factors on their own don't create mental breakdown but together are capable to wreak havoc on employees with prior high-strung, anxiety, depression or undergoing familial and other strains. Thus, it seems that the solution might lie in the sense of belongings and worthiness to the organisation. Purpose along with the removal of toxic superiors or team players and a positive social interactive dialogue might just remove the workplace handicaps interfering with the positive environment.

There are also some steps that HR can take to stop the vicious cycle of a negative workplace environment by reviving activities such as starting hobby centres, dramatics societies, and adventure clubs. Such things were pruned primarily as an effort to reduce the costs of the organisations. However, new research reveals that hobbies like art, dance, meditation, fitness, expressionistic journaling, and volunteer service can, at a very little cost, avert or serve in the recovery from mental illness. The last resort would be for HR to hire people who are skilled for the designated job and can handle the pressures and demands of it rather than hiring anyone just because the position must be filled.

CONCLUSION

Given the controversies surrounding the negative emotional impact of major social media platforms such as Facebook, Instagram, and Twitter, a greater emphasis should be placed on the community-oriented nature of health forums

in general. Similarly, when it comes to health influencers and the impact of the emotional labour they undertake, it is possible to say the same thing about how they affect public health. In order to produce more successful digital treatments in the online setting of mental health help, researchers must first identify the methods that peer mentors employ to acquire legitimacy, knowledge, and influence in the community. While organisations' dependence on free labour for mental health care may be viewed with scepticism, the fact that they do so presents a chance to intervene in a different way in the flow of negative affect and challenging emotional states.

With the emergence of scalable online mental health support comes the question of who will be capable of taking on the burden of aiding people who are suffering from persistent mental diseases in their local communities, on community forums, via other social networking sites. It relates to an expanding field of research on moderators and influencers by revealing that health influencers operate on psychological health platforms in ways that reflect authority and control, frame and reframe behaviours through empathetic practises, and establish and maintain long-lasting influences on the lives of others, among other findings. As a side note, health-care organisations are looking into the possibility of implementing automated and AI-driven support services. Due to the fact that these solutions test the boundaries about what is achievable by rallying social support over the Internet, there is a substantial area of study needed in this field as a result. It is not only possible to overcome the problem of low productivity by implementing or addressing mental health difficulties, but it is also possible to transform introverts and the mocked into highly appreciated contributors to the organization's core strengths.

It has always been observed that the real geniuses and the disrupters always needs a touch of enhancement or adjustment. It must be noted that as corporate wellness programmes will keep on evolving, it must include the mental health module and that the stigma related to it be dealt with a firm hand. After all, when an organisation deals with the mental health of its employees, it is making itself stronger for the long run along with productive and happier employees. Quoting Rob Siltanen for Apple's 'Think

Different' campaign: "Here's to the crazy ones. The misfits. The rebels. The troublemakers. The round pegs in the square holes. The ones who see things differently. They're not fond of rules. And they have no respect for the status quo. You can quote them, disagree with them, glorify, or vilify them. About the only thing you can't do is ignore them. Because they change things. They push the human race forward. And while some may see them as the crazy ones, we see genius. Because the people who are crazy enough to think they can change the world, are the ones who do."

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