



Master of Public Health

Master de Santé Publique

Uncovering Persistent Challenges in Promoting Mental Health faced by Multinational Companies: A Qualitative Exploratory Study

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Acronyms:

COVID-19	Coronavirus Disease 2019
GICS	Global Industry Classification Standard
HR	Human Resources
HSE	Health, Safety, Environment
D&I	Diversity and Inclusion
ILO	International Labor Organization
KPI	Key Performance Indicators
LMIC	Low and Middle-Income Country
MSCI	Morgan Stanley Capital International
SME	Small and Medium sized Enterprises
UN	United Nations
WHO	World Health Organization

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Abstract

Purpose: The aim of this study is to identify the barriers and facilitators impacting the implementation of mental health promotion programs in large multinational companies.

Background: Mental health is a global concern impacting individual well-being and public health. In recent years, it has been increasingly recognized by multinational companies as crucial for fostering a healthier work force and therefore driving economic growth. Research links poor mental health to increased risks of diseases and diminished work performance. And conversely, work-related factors influence mental health. This bidirectional relationship between work and mental health demonstrates the importance for businesses to promote mental health at work.

Methods: In this qualitative study, 13 semi-structured interviews were completed to explore mental health promotion practices in large multinational corporations. Participants were recruited through collaboration with International SOS, and interviews were conducted virtually. Thematic analysis was utilized to identify recurring themes, and ethical guidelines were followed to protect participant confidentiality.

Results: Thirteen interviews with key stakeholders of the mental health agenda within their organizations, revealed a growing awareness of mental health's impact on health and business. Participants describe misconceptions about mental health, hesitancy regarding responsibility and company reputation, alongside cultural differences as the primary barriers to promoting mental health at work. Despite challenges, participants expressed optimism and stressed the importance of providing benefits, creating psychologically safe environments, and utilizing a gradual approach when implementing mental health actions.

Discussion: Participants stress a significant shift in expectations to address mental health in the workplace post-COVID which has led to pressure to deliver mental health actions quickly. The pace of delivering such interventions is leading to concerns around quality and authenticity, underscoring the need for a slower, evidence-based approach to ensure employee engagement and efficacy of these actions.

Conclusion: By partnering, businesses and public health professionals have the opportunity to foster healthier, more productive work environments resulting in significant public health improvements and economic gains.

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Introduction

In recent years, the importance of mental health has garnered increasing attention due to its profound implications for individual well-being and public health. According to a global study of 29 countries, researchers estimate that one in two people will develop a mental disorder by the age of 75¹ and the most recent Global Burden of Disease report (2019) names mental disorders as one of the leading causes for disability². The influence that mental health can have on the quantity and quality of participation in daily life is, in and of itself, noteworthy. Studies show that individuals with mental health challenges report decreased performance and satisfaction in their meaningful daily activities such as basic self-care tasks, functional mobility, participating in social activities as well as paid and unpaid work^{3,4}. But beyond individual quality of life, poor mental health is linked with higher rates of non-communicable diseases such as diabetes, cardiovascular disease, and certain types of cancers⁵⁻⁷.

Following the peak of the COVID-19 pandemic, the impact on mental health has been lasting and profound. These impacts have expanded beyond the health sector and been a turning point for businesses in recognizing the critical influence of mental health⁸. With approximately 3.6 billion people employed worldwide⁹, and the average full-time worker spending many of their waking hours at work, mental health has become an essential occupational health consideration for public health professionals and employers alike. While some research is available around the design, implementation and outcomes of general health and wellbeing programs in the workplace, there is limited academic research relating to the assessment, implementation, and outcomes of mental health promotion, specifically¹⁰.

Undoubtedly, mental health impacts the overall health and productivity of employees, yet there is still significant variation in the maturity of mental health promotion initiatives among large multinational companies. Despite a growing understanding of the challenges associated with addressing mental health in the workplace, they persist. This paper will report on the current mental health promotion practices in large multinational companies, the challenges encountered with such promotion, and the underlying factors contributing to the enduring difficulties in the implementation of such actions.

Background

Mental health issues in the workplace are not just prevalent but have proven consequential for business. According to the World Health Organization (WHO), depression and anxiety disorders alone cost the global economy an estimated \$1 trillion annually in lost productivity¹⁰. Specifically, studies demonstrate that those with poor mental health have higher rates of work absences (absenteeism) and decreased productivity when present at work (presenteeism), especially as it relates to depression and anxiety¹¹. In addition, those experiencing higher rates of stress and burnout also experience higher rates of anxiety and depression¹² and are associated with decreased work performance¹³.

Research not only supports the impact that mental health has on work, but how work impacts mental health. Job related factors such as job demands, work schedule, interpersonal relationships at work, and organizational culture play crucial roles in the mental health of employees. For example, those with high job demands and limited support of career development are at a higher risk for experiencing increased stress and anxiety⁸.

These health, productivity, and economic outcomes related to mental health have led to a global call for action; with organizations such as the UN and WHO creating special initiatives to address what they are calling a “global priority”¹⁰.

The global trend towards remote work has contributed to the blurring of boundaries between professional and personal life¹⁴. As employees increasingly struggle to maintain work-life balance and manage the stressors associated with work, large companies across the world have begun to adapt their policies and practices to address these evolving challenges. For example, Unilever, a British company, is known to have been a pioneer in addressing workplace mental health. Beginning in 2001 with the results of pilot study of the state of employee health, the company has built a comprehensive, mental well-being framework that has led to decreases in the frequency of occupational illness¹⁵. Business journals in the United States recently reported that 66% of large companies are investing more in mental health and wellbeing, increasing budgets from an average of 5% to 25%¹⁶. And a recent scoping review, demonstrates the implementation and current monitoring of workplace mental health supports in South Africa¹⁷.

Large companies adopting mental health policies and programs are becoming more common worldwide and are seen as pivotal players in the promotion of mental health and wellbeing. The literature now highlights the responsibility and opportunity to promote mental health, not only for ethical reasons but also for the tangible benefits that result, including expense consolidation, organizational performance, and employee satisfaction^{11,13}.

Implementation at Work

Policy guidelines, whether from governmental bodies, international organizations (i.e. WHO, ILO) or internal company directives, often lay the groundwork for the development and implementation of such mental health programs in the workplace. These policies establish the framework in which companies operate, outlining expectations and providing guidance on how to support employee well-being. Mental health programs often emerge as a response to these policies, aiming to address the needs and challenges identified within the organization¹⁸. These programs can take various forms, including employee assistance programs, mental health education and training sessions, access to counseling services, and initiatives to reduce stigma surrounding mental health issues¹⁰.

In addition to concrete programming, mental health and business professionals are now emphasizing the importance of creating psychologically safe environments as an essential component to fostering a workplace culture that supports mental health initiatives. Psychological safety refers to an environment where employees feel safe to express themselves without fear of negative consequences and where they trust that their contributions will be valued and respected¹⁹. In such environments, employees are more likely to openly communicate personal and professional challenges and seek assistance when needed. Creating this type of environment plays an essential role in preventing the exacerbation of mental health concerns (i.e. stress, anxiety or depression)¹⁹.

Current Challenges

According the WHO guidelines for mental health at work¹⁰ there continue to be significant public health research gaps on the subject including the following: 1) the volume and quality of evidence for under-researched populations and at-risk workers (informal sector, SMEs, LMICs etc.), 2) the available sociodemographic subgroup analyses to understand if interventions have differential effects based on recipient characteristics like gender, age, race, and occupational status, 3) Implementation research to understand the acceptability, accessibility, and uptake of interventions, 4) research on the effectiveness and feasibility of delivering preventive interventions across multiple levels of delivery (e.g., organizational, managerial, individual), and 5) the availability research on the impact of organizational mental health interventions and work-related outcomes (i.e. risk and protective factors such as bullying and parental leave).

As the WHO points out, the success of any health initiative, but particularly for mental health, relies on ongoing evaluation and feedback mechanisms to assess effectiveness and make necessary adjustments. Given that structured and serious mental health initiatives at work are fairly new, there are few companies with a system in place to comprehensively measure and report the outcomes of these actions²⁰. It is common for companies to utilize measures such as participation rates (in any programming offered), employee satisfaction surveys and absenteeism rates to understand the impact that mental health or mental health promotion programs are having on the work force. However, these indicators do not provide a complete picture of the impact mental health is having on work performance and vice versa. In addition, this information is typically interpreted and used internally to the company and not published for the public.

Despite a clear growth in recognition of the importance of workplace mental health, there are many organizations who have not yet begun to implement actions to address it. According to the academic research that is available, this difficulty in implementation arises due to various obstacles. One research study on general workplace health promotion programs report primary barriers as cost, and the complexity of such implementation²¹. While another scoping review reports primary barriers as leadership buy-in, and resource constraints (time and financial) ²².

The challenges faced by organizations could be a result of the complex, subjective, and sensitive nature of mental health. Given that mental health care is often individualized, it can be challenging to find evidence-based approaches that provide clear guidance on how to translate research findings into actionable practices in a diverse group setting.

While existing public health studies shed light on some barriers, they are few, and only begin to scratch the surface of this topic, current actions, and their outcomes. Behind these identified challenges lie potentially concealed, or underlying obstacles yet to be revealed through research or publications. This points to the need to conduct a more thorough examination of the barriers affecting the execution of mental health promotion endeavors in multinational companies. Such investigations will serve to guide the development of future recommendations, tools, and benchmarks for promoting mental health and wellbeing in the workplace.

Purpose of this study

The aim of this study is to contribute the effective implementation of mental health promotion programs in the workplace via the following objectives:

- Uncover the factors driving the challenges faced with mental health promotion actions in the workplace.
- Identify the current approaches and actions to workplace mental health promotion.
- Identify the perceived benefits and challenges of the current approaches and actions towards mental health promotion in the workplace.
- State recommendations that can address the reported driving factors and contribute to the scientific body of knowledge on the implementation of mental health programs in the workplace.

Methods

This is an exploratory cross-sectional qualitative study using a convenience sample to gather in-depth insights into workplace mental health initiatives. The methodology was designed to capture the nuances and complexities of participants' experiences through conducting qualitative interviews. These conversations aimed to identify attitudes, behaviors, and experiences related to mental health promotion in large multinational companies.

Data Collection

Participant recruitment for this study involved a multi-stage process. Initially, potential participants were identified through collaboration with colleagues at International SOS, who provided contacts within their client companies deemed appropriate for discussions related to workplace mental health initiatives across a variety of business sectors. Of note, at the time of this study, all potential participants worked for companies with a business relationship with International SOS, though not all companies benefited from International SOS services relating to mental health and wellbeing. Following this, personalized email invitations were sent to these contacts, providing an overview of the discussion topics and requesting their participation in a brief, qualitative interview.

Upon confirmation of interest from participants, video call invitations were sent via email, utilizing the Microsoft Teams platform for the interview sessions. The interviews, ranging from 20-60 minutes each, were conducted virtually by the researcher and completed in English. Importantly for 11 out of 13 interviews, English was not their native language. With the verbal consent of participants, the conversations were audio-recorded for transcription purposes.

Semi-structured interviews were conducted with each participant to explore their experiences with mental health promotion in the workplace. The semi-structured interview guide was developed through a combination of a review of the literature and personal observations derived from the researcher's internship experience. The anecdotes collected through informal conversations with senior health consultants, public health physicians, and global advisors on mental health within International SOS, provided the context for shaping the research and interview questions.

The interview guide consisted of open-ended questions organized into thematic sections, covering topics such as existing policies or programs related to mental health, challenges encountered in implementation, and suggestions for improvement (See Appendices). The interview guide was designed to be flexible and adaptable to the unique perspectives and experiences of each participant. While the structure provided a framework for the interviews, there was also room for spontaneous exploration of emergent themes and ideas that arose during the conversations.

Data Analysis

The transcribed, anonymized, data were imported into Atlas.ti software, a qualitative data analysis software, for coding and analysis. Topical and interpretive codes were developed based on recurring themes and patterns identified within the transcripts. These codes were applied to the data, allowing for the organization and categorization of key themes and concepts related to workplace mental health promotion in large multinational companies (See Table 1- Appendices)

Using Atlas.ti, thematic analysis was carried out on the transcripts to identify and explore overarching themes and patterns across the 13 interviews. The coded data were reviewed, and emergent themes were further refined to ensure comprehensive interpretation of the data.

Ethical Considerations

Ethical considerations were taken in the development of the interview guide, particularly regarding the sensitivity of the topic of mental health. Questions were phrased in a non-intrusive and non-judgmental manner to ensure participant comfort and confidentiality. Additionally, participants were assured of their right to refrain from answering any questions, and reassured

at both the start and finish of each conversation that the transcripts and any information used would be completely anonymized and kept confidential.

Particular attention was given to ensuring the anonymity of individuals and companies mentioned during the interviews. Prior to uploading the transcripts to the AI software, all names, or potential identifiers were modified. For example, for each time a company was mentioned, or a company specific initiative this was changed to “our company” or “our program” to be general and ensure confidentiality. Additionally, each interview was numbered 1-15 when analyzed to further ensure privacy. Lastly, all job roles were slightly modified, again to eliminate any potential identifying information.

Results

A total of thirteen qualitative interviews were conducted in this exploratory study. There were 15 participants in total as all interviews were 1:1 apart from one interview that was conducted with three individuals per their request (all of whom work for the same company). Of the participants, nine were female and six were male. Within their respective organizations, five participants held roles in the Health Safety Environment department (HSE), three within Human Resources (HR), four for Health and Wellbeing and one for regional management. Twelve out of the thirteen participants were located in Europe with only one based in North Africa. Six were based in France, three in the Netherlands, three in Switzerland and two in based in the United Kingdom (See Table 2- Appendices). For consistency, the interview conducted with the group of three will be considered “one” participant from this point forward to ensure clarity when discussing themes.

All participants currently hold senior roles, including titles of manager, director, chief and VP, within large multinational companies across various industries including consumer staples, industrial, energy, financial etc.²³ (See Table 3- Appendices). These participants were chosen for their leadership and expertise in health and wellbeing management within their respective roles and organizations. Their roles reflect a range of operational and strategic responsibilities, including those of which affect workplace mental health. All insights shared were based on their professional experiences and expertise and not as a representation of the official stance or policies of their respective organizations.

Awareness

All thirteen participants displayed a high level of awareness of the impact mental health has on health and business and could identify current company actions addressing mental health or wellbeing. Seven out of thirteen participants (2,5,8,10,11-13) were able to provide descriptions of such company led mental health programs, the history in which led to implementation and future opportunities for expansion.

Current Actions & Measurement

Some commonly reported mental health actions included some type of employee engagement survey, employee assistance programs (EAP), webinars, and trainings such as mental health first aiders²⁴. Ten of thirteen participants (1-5, 9-13) report the importance of having data to justify the implementation of mental health actions in the workplace. Participants report that results from such surveys, in addition to absenteeism rates, are commonly used to demonstrate to leadership the need for action whether new or in addition to current programs.

That being said, three participants (1,5,10) emphasize the importance of completing proper risk assessments to ensure validity of such results.

[Often times] “You’re receiving something subjective...without having the ability to verify the objectivity of the data that you receive. And then you give generic advice to all, and they want the same assessment again. Then, without evidence, you are making a cause and effect relationship or correlation without having a good scientific basis...”
(Participant 10)

Tenets

Throughout the interviews, participants expressed their beliefs on the essential elements needed to promote mental health in the workplace. These tenets can be summarized in the following four categories: covering basic employee needs, creating psychologically safe environments, the importance of a prevention mindset, and using a step-by-step approach.

Overall, participants demonstrated a general sense of optimism regarding the future of mental health promotion in the workplace. They note a drastic improvement just in the ability to speak about this issue in the context of work. Despite the obstacles and barriers faced by those working in the space of wellbeing in large multinational companies, there is a recognition that there has already been a great change.

“This was taboo before. We were not talking that much about health issues; and now? Someone comes and tell us about their illness or difficulties to [be able to] adjust or to organize [their work] due to parenting, due to caring for someone, due to many things.”
(Participant 3)

1. Covering the basics

Few participants stressed the importance of taking care of the “basics” (5,6,8,13). These participants specifically mentioned benefit packages as a duty and foundation to supporting the mental health and overall wellbeing of their staff. Specifically, participants name benefits such as access to quality healthcare plans (including occupational health), proper compensation for the job, flexible working hours, and support with unexpected life events (e.g. the loss of a loved one or moving) as essential for laying the groundwork for an employee to be well at work.

Participants expressed the importance for employees to be aware of the services available to them, including any actions provided related to mental health and wellbeing. Communication was reported by eight participants as an important element for engaging employees (2,3,7,8,10-13). Perhaps more impactful is how mental health actions are communicated, how often, and the mode in which mental health is promoted. Participants describe that considering how to engage a group of employees may optimize their participation and benefit from the services provided.

“So, what's very important is that you begin with who is your audience, right, who's your end user? Because I see companies making mistakes on this. They roll out programs or they do a training session, and the content is just not quite relevant to the group. Also, cultural differences definitely need to be taken into communication if you roll out global programs.” (Participant 13)

2. Creating psychologically safe environments:

Ten of thirteen (2-8,11-13) participants at some point referenced the importance of creating a comfortable and psychologically safe working environment as a priority when promoting mental health in the workplace. Participants stress that without psychological safety, mental health initiatives will not successfully be implemented as employees must feel comfortable sharing personal and professional thoughts and feelings in order to engage in such programs.

“I think it starts here, because it will allow people to overcome the mental health stigma from their side. And then when this is overcome, I think reporting the risk and the impact to the business will be more clear. I think this will allow the decision makers to have a better visibility about the problem and where they want to tackle it.” (Participant 10)

“You create kind of Second Life in the company. And I think creating the second life in the company is very important... it's all about bonding with other staff. And by bonding and creating all these synergies and team events, etc., the morale will be much better. So indirectly, you're promoting mental wellbeing.” (Participant 12)

Almost all participants (1-8, 10-13) reference the importance of training managers and equipping them with tools to be able to properly identify socioemotional concerns early, as well as how to set workplace norms around open communication.

“I equip managers to remove the barriers and the stigmas about talking with their employees about ‘how do you feel’. It’s very general “wellbeing” focused, with some twist on what mental health means. But in general, they will be making sure that they’re conversing about issues often seen as ‘too intimate’ or ‘too personal’ to bring to work” (Participant 5)

Specifically, participants emphasize the importance of considering and supporting employees through personal experiences that at some point affect everyone, and certainly would impact work attendance, performance, and satisfaction.

“There are elements that aren’t ‘wellbeing’ but they are the whole lifecycle of a person, you know? What sort of policies have I got around grief, for example? I know people who have not been able to attend funerals of their loved ones because they are not married or a direct relative. It is the ‘rules’ but [to me] that shouldn’t play a role...I think having some policies that allow you to be human are important” (Participant 6)

“I was off for six weeks. In those six weeks. No one reached out to me. They knew I was off, but no one reached out to me to ask me how I was doing. These are things that I think we need to get better in. And yes, it's probably a full-time job for someone to reach out...But it does build a bond with the company. It shows a level of compassion, and it shows that the company is genuinely interested in you as a person. ... I think about if I

would be a new employee...If I don't feel that my line manager is interested in the fact that I'm sick, then do I want to stay with this company?" (Participant 2)

3. Prevention and promotion

Some participants emphasize the importance of viewing mental health through the lens of prevention, in addition to promotion. Though the goal of mental health initiatives may be to improve the mental health of employees, participants highlight that they can, and should be viewed as a means to prevent exacerbation of mental health concerns as well. One participant articulated the connection between mental health and wellbeing and occupational safety.

"So, managing all this mental and health wellbeing is also about risk management in the work environment. You cannot dissociate it from wearing a hard hat or putting on gloves, etc. So, these are physical, these are external safety measures...but you cannot ignore the internal safety measures" (Participant 12)

Another participant working in HSE uses a safety analogy to highlight that mental health is about identifying and mitigating risk as you would any other occupational health hazard.

"It's like saying 'We have stairs, therefore there's a risk of falling down the stairs.' I'm not saying it's all bad. It's just a risk assessment to know where we can get hurt. When we have probability of harm, we should treat it before it becomes a reality" (Participant 1)

4. Step-by-step approach:

A common attitude held by participants was that having clear, organized approach to implementation was essential to create successful mental health actions (2,3,5,8-11,13). This included having clear objectives, KPI's, timelines/calendars, and a clear roadmap demonstrating the long-term plan.

"I think the nice thing is small, incremental changes over a period of time is just as adequate. Right? So, you don't have to do something dramatic in a short period of time. But there is some evidence that shows that this is actually just as efficient. It's almost like you want to change the company's culture, or the mindset. But that cannot change overnight. So slow, small steps. I believe that is the secret... You don't want to overwhelm people, because that's not going to reach your target. (Participant 13)

Participants linked this step-by-step approach with an important concept: authenticity. Participants highlight that employees can sense the difference between actions created with thought and intention, versus actions created out of necessity or requirement.

“What happens if you push things together quickly? I think that's question of authenticity. You lose that authenticity over it. And employees are not stupid, they know very well that this is what you're doing. It's not going to change the culture; we know very well that it doesn't happen like this. If you just put random things together in put it all in one big box, nobody takes it seriously because everybody realizes it” (Participant 13)

Barriers

When discussing mental health promotion practices in the workplace, a number of barriers were described. When analyzing the data, the most commonly cited challenges fell into three categories: perceptions about mental health, a hesitancy to commit to mental health actions, and culture across multiple levels (organizational and national). These categories encapsulate the primary barriers as perceived by high-level stakeholders in multinational companies who work on mental health and/or wellbeing.

1. Perceptions around Mental Health

Across a majority of interviews, it was clear that mental health lacked clear definition within large, multinational organizations, particularly amongst leadership; often in charge of confirming budget, roles or programs. Nine out of thirteen participants (1,4-6, 9-13) noted that mental health is often misunderstood as being synonymous with severe mental disorders and their worst consequences.

“I think people use the term mental health interchangeably with mental illness. I think sometimes that's completely unintentional. I think sometimes it's also ignorance. But I think it should be a part of any wellbeing approach to define what that actually means and what it looks like because... we want to tackle those biases early on, otherwise people will form all sorts of judgements” (Participant 11)

“I think when we talk about these kinds of subjects, we are straightaway thinking about, you know, the extreme situations; burnouts, people not coming to work anymore, people leaving the company, harassment situations etc.” (Participant 1)

Despite who holds these perceptions of mental health in the workplace it is clear that there are general assumptions being made about how mental health promotion is received, particularly by those in leadership positions. Participants made it clear that these beliefs shape how companies label and prioritize their mental health initiatives. For some, wellbeing was reported as more digestible for leadership and employees alike. For many, significant consideration of these perceptions are taken into account in order to maximize uptake or support of such actions (1,3,4,7,11,13).

“The name (referring to specific mental health action) came from me searching for an alternative name to ‘mental health’ because we could not simply launch a tool or initiative that would have mental health in its name. Because many markets will then not be engaged” (Participant 5)

Twelve out of thirteen participants (1, 3-7, 9-13) stressed the critical importance of leadership buy-in and vision. Specifically, these participants highlight that the level of understanding leaders have regarding mental health and its impacts on the workforce, greatly influences their level of buy-in. And without leadership buy-in, it is difficult to ensure that mental health is a sustained priority.

“Every time we come up with a mission, the conversation is ‘why would we care?’ My CEO told me last time ‘why would I care about helping people with their divorce?’... so that lack of understanding, which may seem intuitive, but admittedly not many of our leaders have... it’s the first big obstacle.” (Participant 5)

“Personal feelings or personal principles can, in the top management, block actions from others or good decisions” (Participant 8)

One participant reflects that leaders often wait until something must be done in response to grave circumstances before truly understanding the impact that mental health has on the workplace, and the impact the workplace has on mental health.

“It’s sort of like, how bad do you want this to be before we can do something about it? ... And we want to be in a situation where that’s not us. We would rather say: this is how we are taking care of people” (Participant 11)

2. Hesitancy to commit

Ten out of thirteen participants (1,3-8,10-12) highlighted uncertainty regarding the responsibility required for initiating actions to mental health. Of these participants, some express there is lack of clarity on who is responsible for leading these initiatives (i.e. HR versus HSE, vs D&I), while others express that there is a concern (mostly from leadership perspectives) regarding the amount of work this will create for those who take responsibility.

“Who is going to take on that responsibility right? Who is going to decide that I am going to be the one to be responsible for mental health? We all have so many things to do. And so, it makes it really hard to move forward” (Participant 7)

Additionally, there was a common thread of not feeling confident regarding the ability to maintain control of what, and exactly how much to do to address mental health. Often participants reported the desire to support their employees through their actions, but questioned how to determine the stopping point once they begin addressing this topic.

*“But where do I draw the line? What is the right investment to get the results?”
(Participant 5)*

When do we stop? Where is the line? (Participant 3)

Beyond the potential internal consequences, participants highlight the potential external consequences of assessing or addressing mental health. Five out of thirteen interviewees (1,4,8,10,11) expressed a common concern from leadership that implementing mental health actions could expose the weaknesses of a company or reflect poorly on the organization. Participants shared a narrative that exposing mental health problems in an employee population could harm a company’s reputation and therefore limit the possibilities to recruit or maintain talent.

“I think people don’t want to flag the risk of having mental health problems at work because at the end, it’s in the reputation of the company and you’re exposing yourself,

basically. This is the most dangerous, because in these types of places, managers want to ignore any talk about mental health. If it's not 'broken' don't fix it type of thing"
(Participant 10)

Related to these reports of hesitancy around responsibility and reputation, the topic of privacy and keeping a very clear boundary between personal matters and professional life was a recurring theme when discussing barriers. Seven out of thirteen participants made specific references to the fact that mental health is private and personal (1,3-5, 8,11,12). These discussions highlighted that this perception around boundaries stems from a concern around interfering with personal matters as it can have legal, financial, health and administrative/logistic consequences for a company.

"We give the tools, but we don't interfere with inquiry. And I don't think we should interfere. We should never interfere. I think this is a mistake. Why? Because then you get into kind of a weird situation where you start to be too involved and you suddenly don't know if you are doing things right or wrong, and you can harm more than you can fix" (Participant 12)

3. Cultural considerations

Cultural and societal norms significantly shape the perspectives individuals and communities hold towards mental health²⁵. These perspectives appear to be influencing the approach taken by companies when addressing mental health.

Organizational culture specifically refers to the shared values, beliefs, and practices within one company that influence employee behavior and attitudes towards mental health. This includes how mental health initiatives are prioritized and implemented²⁶.

Specific mentions of organizational norms creating obstacles for mental health promotion were noted by seven out of thirteen participants (1,2,5,9,11-13). Specifically, participants mentioned that the common decentralized structure of large multinational companies shapes global versus site-specific norms and agendas.

"We are struggling to have a global structure in terms of mental health and risk assessments and action plans. And I think that that's one of the main problems is that we don't really know if it's possible to do something that has any worth for anyone"

around the world. That's really the question we are asking ourselves right now.”
(Participant 1)

“We have a decentralized structure where there are different business units within the corporate structures we have. So, creating a common agenda, an overarching subject is sort of a challenge” (Participant 9)

Strong organizational values around productivity and billability also appear to be a common barrier to promoting and engaging in mental health initiatives in these types of companies.

“The biggest barrier we face is that the message that goes from top management to middle management is that you need employees to be billable. And that is a big challenge to get middle management to convey the message and to talk about (mental health) in a positive way... And then from the employees, back. When I talk to them, when I ask them if they are joining the webinars, the message is ‘no we don’t have time to do because x, y z... some of these people will not join any of the sessions we’re doing because they feel its distracting them from their work and it’s taking up part of their time.”
(Participant 2)

“It’s a financially driven environment. They tend to equate people with money, time, and resources rather than being individuals with lives and emotions and feelings and strengths and ebbs and flows of energy. And so actually it’s been much harder in this kind of environment to find the right type of language... productivity is still the language.”
(Participant 11)

Sociopolitical norms encompass broader societal and political beliefs and policies that can influence organizational behavior and practices. These norms are shaped by the collective social and political context of a society^{27,28}.

Based on these interviews, it was apparent that the presence, or lack, of policy around mental health in the workplace shaped organizational action. It was reported by seven participants (1,2,4,9,11-13) that compliance with governmental regulations was a driver in initiating mental health actions in the workplace. Some companies citing the ISO 45003²⁹ used to ensure best practice.

“Given my experience with stakeholders I've worked with throughout my career, [the barrier] is when it still feels like at its absolute core that ‘nobody is making me do this’. You still meet some people who say ‘sorry, we don't talk about that here’. And I'm like, I can't believe I'm still having this conversation. But they are the same people that if I said it's your legal responsibility, then they would do something about it” (Participant 11)

In addition to compliance with federal or local policies, national culture and social norms also are playing a role in the implementation process of mental health actions. Eight participants (1-4,7,8,12,13) discussed how the cultural context within varying countries guides such actions.

“But even then, looking at the different countries there is a lot of variation between them. Looking at Australia and the UK, they wanted to take this very far and they wanted to have a whole program around this, mental health weeks, webinars, workshops. They were organizing a lot of things. And then we had other countries, in Eastern Europe mainly, saying things like ‘well we are providing water for our employees... that should be sufficient.’ It was a big difference in what we saw.” (Participant 2)

Referring to the US: “I was told for it to be suitable you must refer to it as “resilience” and I was just like WOW, ok. It is a big cultural difference between countries on how you can approach it. For example, my Japanese colleague advised that you could not talk about mental health at all in Japan.” (Participant 6)

Kolb defines globalization as a multidimensional concept but is defined as the growing interdependence of the world's economies, cultures, and populations, brought about by cross-border trade in goods and services, technology, and flows of investment, people, and information³⁰.

Importantly, nine participants (1,3,5,6,8,10-13) described that addressing mental health was a global “trend” within the community of large multinational companies.

Participants interestingly highlight that the pressure to meet quotas or follow trends lead companies to begin addressing or adopt actions to promote mental health. However, the perception is that the actions taken in response to this trend often happen too quickly, and occasionally with approaches that lack sound methodology.

“Once again for me honestly this [mental health promotion] is more like a trend to reach, like an objective. I get a bit lost, is it a competition? or are we really talking about the employees? I think there is conflict. [leadership] want to do their best and I agree with that... but let’s focus on step by step.” (participant 8)

A noteworthy theme that arose amongst five participants (3,4,11-13) described the COVID-19 pandemic as a catalyst to focus on addressing mental health within organizations, across the globe. There is a sense that companies are still navigating this relatively new territory.

“It’s something very new, it came up with COVID. I think it almost didn’t exist before, I mean, I am talking about top level, it was not a concern at all.” (Participant 12)

“The possibility to address mental health as a subject in itself came maybe one or two years ago only. I think this corresponds to the end of the COVID crisis. Now the frontier between private and work lives is very blur. We had to take that into consideration, the individual situation of each and everyone, including all aspects of health, not only mental health.” (Participant 3)

Discussion:

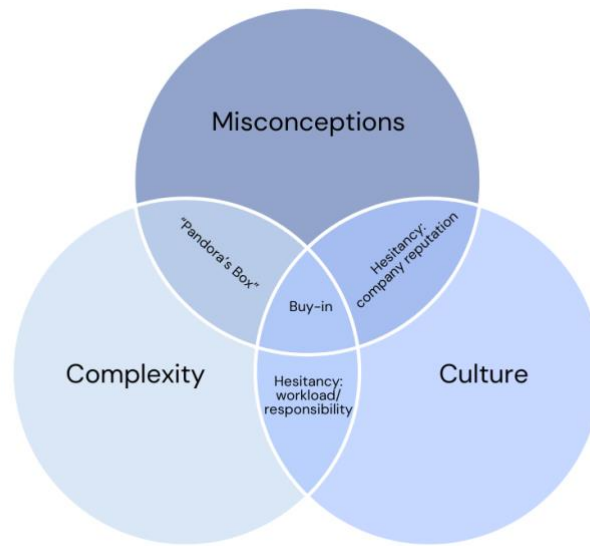
The primary objective of this study was to identify the underlying factors driving challenges with promoting mental health in large, multinational companies. The results of this study confirm that the challenges persisting in the implementation of mental health initiatives are more complex than the commonly cited issues faced in workplace health promotion including leadership buy in, complexity of implementation and limited resources^{21,22}. What emerged from this study is a clear set of tenets, perceived by key stake holders in the mental health and wellbeing agenda, as fundamental for fostering mental health at work: prioritizing employee benefits, cultivating psychological safety, taking a preventative approach in addition to promotion, and implementing a gradual, step-by-step strategy. These tenets, identified by participants, serve as guiding principles for mental health promotion. That being said, participants identify misconceptions about mental health, hesitancy related to workload and company reputation, and cultural factors as the primary barriers influencing the implementation such efforts. Additionally, results of this study unveil the cascading impact that COVID-19 has

had on individual and group perceptions of mental health, and therefore the implementation of mental health actions.

While research across the health and business sectors clearly identify the importance of leadership buy-in to the success of mental health promotion^{22,31–33}, this study adds a deeper understanding to why this may still be a challenge. A majority of participants specifically expressed frustration with widespread misunderstandings of the definition of mental health and its implications in the workplace. Without a clear definition of mental health, there leaves great variance between individuals' knowledge and attitudes on the topic. Misconceptions around this definition perpetuates stigma and has an influence on how decision-makers prioritize mental health issues. Per the results of this study, these misconceptions may be contributing to the concerns around company reputation. The metaphor of "Pandora's box" was frequently mentioned, reflecting the anxiety about the unknown consequences of tackling mental health issues, and a negative connotation with the outcomes of "opening the box" by making mental health a topic of conversation.

Current research names complexity as a primary barrier in implementing general workplace health initiatives²¹. The results of this study not only reflect that there is an awareness of this complexity, but that this complexity generates hesitancy. Participants in this study were able to articulate that addressing mental health not only is complex in terms of workload, but additionally in its implementation across a variety of cultural contexts. In the culture of multinational companies where efficiency and productivity are often valued, the level of difficulty involved in the implementation of any company wide action may influence the uptake of such initiatives. In the case of mental health, some companies within specific industries and/or countries may be more likely to initiate actions if there are regulatory bodies who will be enforcing such actions, whereas other countries may be more driven by the strong national norms. These results highlight the nuanced and interconnected relationships between the barriers faced in promoting mental health (See Figure 1).

Figure 1: Relationships between primary barriers in promoting Mental Health



Beyond these findings, additional perspectives emerged that highlight the broader context and concerns associated with promoting mental health in the workplace. The results of this study demonstrate a significant post-COVID shift in organizational attitudes towards mental health, reflecting an increased focus on employee well-being^{34,35}. This finding is consistent with existing literature, which indicates a heightened awareness of mental health issues due to the pandemic's widespread impact³⁶. However, this study expands upon this understanding by identifying specific challenges and opportunities that arise in the wake of this increased focus.

For instance, some participants noted that while the pandemic has accelerated the adoption of mental health initiatives, there is often a disconnect between the intention to promote mental health and the actual implementation of effective programs. This challenge is particularly relevant to multinational companies where diverse cultural contexts and varying levels of mental health literacy complicate the ability to standardize mental health interventions. These findings suggest that to move beyond awareness, organizations must not only develop culturally sensitive and contextually tailored mental health strategies, but strategies that are effective and sustainable long term.

While participants generally expressed positive viewpoints on mental health having it's time to shine, a sentiment arose within these interviews that the pandemic created a pressure to deliver on mental health. When discussing barriers, three participants brought up the notion that in response to this cultural shift post COVID, the expectation to find solutions has taken precedence over the quality of these actions. However, in almost every interview, participants

expressed a sense of external pressure. High level managers, and directors in the wellbeing space note the pressure to prove they were addressing mental health via some type of action. In some cases, participants report that the expected pace of delivery can lead to “copy and paste” interventions such as the use of pre-made webinars, or promotion programs (education, training), often implemented without a proper needs assessment. Similarly, participants describe that employee satisfaction or engagement surveys, with few added questions around wellbeing, are often used to collect information and make inferences on employee wellbeing or mental health. These narratives illustrate that COVID-19 raised concerns about mental health and increased the demand for action leaving companies with a lingering sense of urgency. The pace in which actions are expected to be delivered may be an underreported barrier that is arising as mental health programs are becoming more commonplace.

Moreover, participants in this study reflected that for the business sector, these expectations to act on mental health may be leading to setting goals that are not driven by genuine concern for employee well-being. Instead, findings revealed that there is a belief that companies often prioritize mental health to stay relevant, attract talent, meet quotas, and maintain productivity. Consequently, this can result in superficial initiatives that employees perceive as inauthentic. Participants noted that employees can sense when actions are driven by external pressures rather than genuine concern, leading to potential disengagement and ineffective programming.

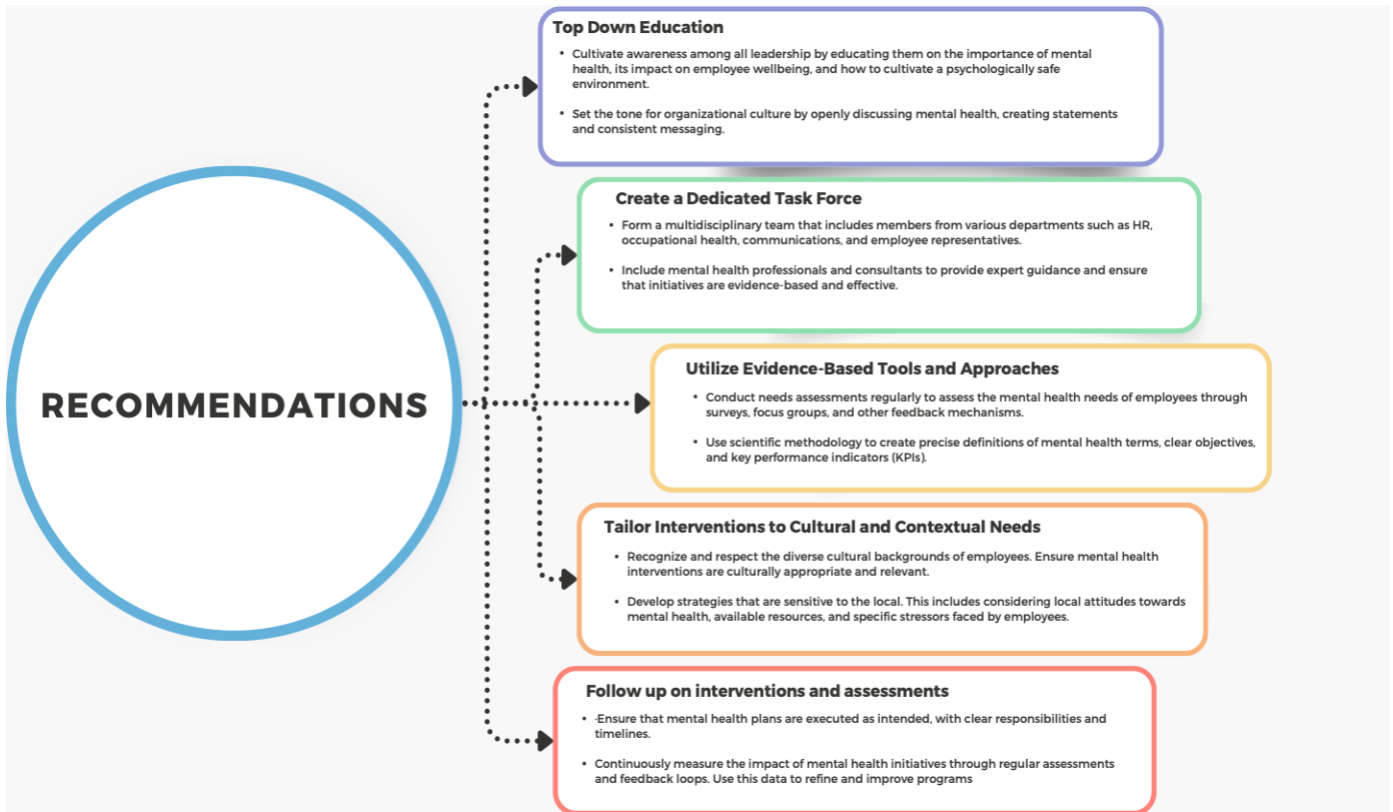
This concept of authenticity emerged as a crucial determinant of the success of mental health initiatives in this study. While there is some research that outlines the connection between authenticity of managers and fostering improved wellbeing³⁷, participants emphasized that genuine commitment from top leadership is key to fostering employee trust and engagement around the topic of mental health. Some participants expressed that active participation by leadership can have great impact. One participant described an experience where an executive shared a personal experience with mental health leading to other employees stepping forward to sharing their stories. These stories opened discussion around solutions that were based on real problems employees were facing. This provides an example of how authenticity means not just ‘talking the talk but walking the walk’. Leadership have the opportunity to set the tone to create a supportive environment that encourages employee participation and engagement. These findings contribute an emerging idea to the existing body of literature by highlighting the nuanced ways in which authenticity, or the lack thereof, affects the perceived effectiveness of mental health programs.

An important consideration is that this spotlight on mental health has only existed for a relatively short period of time leaving little time for academics, public health and business professionals to develop any sort of standards related to these types of interventions. It appears that large companies are exploring the options of what this looks like within their particular cultural contexts. However, participants in this study report that there is not always an intentional methodology or protocol used to address mental health in the workplace. Some participants were able to identify that having clear objectives, KPI's, and roadmaps are fundamental in the success of mental health actions. It appears that finding the time to create such plans is difficult, and for those already taking this approach, it is time consuming.

Interestingly, only one participant brought up the need for scientific methodology. However, this one perspective provided a depth of insight and a potential missing piece in mental health promotion at work. The evidence based public health model highlights the steps needed for proper intervention: a needs assessment, a targeted intervention plan based on assessment, and a means to measure the outcome of interventions; all of which are expected to be evidence-based³⁸. It is customary for any health intervention across any setting (hospital, community health programs etc.) to be created and implemented following a particular standard of rigor. For multinational companies, using evidence-based assessments with the support of public health professionals can ensure that results received are representative of a population and that the analysis of results can accurately report on the relationships between indicators observed. Additionally, such trained health professionals are expected to analyze these results and deliver interventions using content that reflects current best practices. This highlights a potential gap in mental health promotion in the workplace. Without appropriate scientific methodology, or public health involvement, creating sustainable and effective mental health actions is likely difficult. And, as mentioned previously, without sufficient participation or data, garnering leadership buy-in and employee participation may be difficult.

Promoting mental health in the workplace, especially within large multinational companies, requires a comprehensive and strategic approach. Based on the findings of this study and supported by existing research, the following recommendations are provided to guide the implementation of mental health promotion. Importantly, addressing all recommendations contributes to the implementation and communication of authentic mental health promotion.

Figure 3: Recommendations for a Strategic and Methodological Approach to Mental Health Promotion in the workplace



Limitations:

While this study offers valuable insights into the experiences and perspectives of professionals involved in promoting mental health and wellbeing in the workplace, several limitations should be acknowledged. Regarding the sample, the number of participants was relatively small and selected from clients at the researcher's internship site which may introduce selection bias and limit the generalizability of the findings. Though fluent, English was not the native language for the majority of participants, potentially impacting their ability to fully express thoughts, feelings or beliefs. Additionally, the cultural background of the individual participants, the cultural background of the country they were based in, and the specific organizational culture all could have influenced the results and hence limit applicability of these findings to different regions of the world. Importantly, perspectives shared were based on professional experiences within the context of multinational companies, however, were not reflective of company specific challenges.

Regarding logistics, time constraints influenced scheduling interviews as well as the interviews themselves. The interviews were often kept to a strict schedule often lasting 30 minutes or less, potentially limiting the breadth of information shared. For the information that was shared, there were many interesting themes discussed that were not able to be fully explored in this paper due to page limits. Lastly, the thematic analysis, though robust, is inherently subjective, therefore introducing researcher bias. Despite these limitations, the study provides important insights into workplace mental health promotion and highlights some specific themes warranting further research.

Conclusion:

The results of this study explore the critical challenges and nuances involved in promoting mental health in the workplace. The findings highlight significant barriers such as lack of clear definitions, hesitancy to commit to comprehensive mental health programs, and the pervasive influence of organizational, and local culture. These challenges, compounded by the global cultural shift post-COVID-19, underscore the need for authentic and evidenced-based approaches in mental health promotion initiatives.

Uncovering the factors driving difficulties in promoting mental health in the workplace serves to highlight the areas needing targeted intervention by businesses to improve the health, and therefore the productivity of their workforce. Simultaneously, this opens the door for public health professionals to provide their expertise and to effect large scale change.

With their expansive resources, influence, and reach, multinational organizations possess a unique capacity to enact meaningful change and foster supportive environments conducive to their employees' mental well-being. These companies have the opportunity extend their influence beyond organizational walls through inter and cross-sectoral partnerships, advocating for policies and practices that promote mental health at a societal level. By leveraging their collective voice and resources, such companies can drive systemic change, contributing to environments where mental health is valued, protected, and prioritized across all societal domains.

While the findings of this study ultimately align with themes in existing research, they emphasize the complexity and depth of this topic. Future research endeavors should focus on exploring barriers more deeply to inform strategies used to improve mental health promotion. More importantly, there is a pressing need for more public health research on the development of mental health promotion programs for the work environment, as well as research that

measures the outcomes of such programs. Having a clear guide on how to create and measure such programs will only serve to support their implementation. Additionally, data collected from such research can provide important insight into the health of a workforce, as well as provide actionable items for companies to optimize their overall performance.

As society continues to evolve, the importance of investing in mental health will only grow. By bridging the gap between public health and the private sector, we can create a healthier, more supportive work environment that benefits employees, organizations, and society as a whole.

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Appendices

Semi-Structured Interview Guide

RQ1: How do companies currently address mental health?

IQ1: What does mental health at work mean to you?

IQ2: Can you provide examples of existing mental health programs or actions?

IQ3: How is the impact of mental health programs measured in your experience?

IQ4: Can you describe how an employee at your company can locate/ access these resources or services?

RQ2: What are the barriers to implementing mental health promotion in the workplace?

IQ1: Can you share examples or anecdotes of the successes you/r organization has experienced in implementing mental health programs?

IQ2: Can you share examples or anecdotes related to the challenges you/r organization has experienced in implementing mental health programs?

IQ3: What do *you* perceive as the main barriers or challenges with implementing mental health actions in the workplace?

RQ3: What are the perceived solutions to successful mental health promotion in the workplace?

IQ1: In your opinion, what strategies could help to overcome these barriers?

IQ2: How do you think leadership buy-in (or support) could be strengthened?

Figure 2: Evidence-Based Public Health Framework³⁹

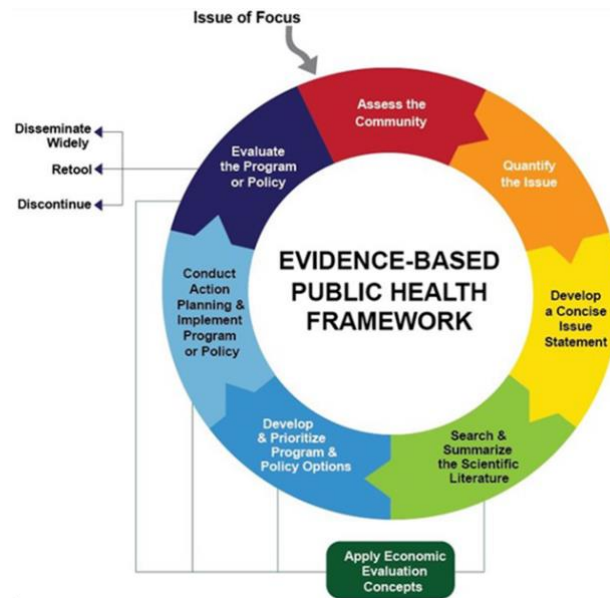


Table 1: Codes used for thematic Analysis

Topical	Code Name	Definition
	Current Actions	Apply code when the participant describes general information regarding the current mental health programs or services (initiatives, campaigns, services or resources)
	Measurement	Apply code when the participant describes the methods used to assess the impact or effectiveness of mental health programs (data collection and use)
	Barriers	Apply code when the participant describes challenges hindering the implementation of mental health programs (i.e. logistic, cultural or environmental barriers)
	Successes	Apply code when participant describes elements of mental health promotion that are going well (i.e. well received, achieving good outcomes or are valued by company)
	Buy-in	Apply code when participant describes the role of leadership in promoting mental health
Interpretive	Code Name	Definition
	Awareness	Apply code to capture the awareness of mental health promotion in said company as well as awareness of the importance of mental health in general
	Company Culture	Apply code to capture how the participant views the company's culture impacts the perspective on mental health (i.e. stigma, fear of repercussions, complexity)
	Sociopolitical Culture	Apply code to capture when participant identifies cultural norms (religion, culture, politics) as a factor in the approach to mental health
	Attitudes	Apply code to capture the individual attitude of the participant towards the implementation of mental health in their workplace, or when describing others attitudes towards mental health in the workplace
	Good Quotes	Apply this code for helpful quotes, narratives, or vignettes that can be used in the presentation

Table 2: Study Demographics

Characteristic		n
Total interviews		13
Total Participants	1 interview conducted with 3 participants	15
Gender	Female	9
	Male	6
Department	HSE	5
	HR	3
	Health and Wellbeing	4
	Regional Management	1
Geographic Location	Europe	12
	France	6
	Netherlands	3
	Switzerland	3
	United Kingdom	2
	North Africa	1
Role Distribution	Manager	6
	Director	5
	Chief	1
	VP	1
Industries	Consumer staples	5
	Industrial	2
	Financial	2
	Materials	1
	Manufacturing/Construction	1
	HealthCare	1
	Energy	1

Industry descriptions are taken from Morgan Stanley Capital International (MSCI) Global Industry Classification Standard's (GICS) 11 primary industry sectors. GICS provides a classification standard to help create clear and consistent industry definitions²³

Table 3: Participant's (Professional) Demographics

Participant #	Department/Role	Industry
1	HSE	Consumer Staples
2	HSE	Industrial
3	HR	Financial
4	HSE	Industrial
5	HR	Consumer Staples
6	Health and Wellbeing	Materials
7	HSE	Consumer Staples
8	Regional Manager	Consumer Staples
9	HSE	Manufacturing/Construction
10	Health and Wellbeing	Consumer Staples
11	Health and Wellbeing	Financial
12	HR	HealthCare
13	Health and Wellbeing	Energy

Industry descriptions are taken from Morgan Stanley Capital International (MSCI) Global Industry Classification Standard's (GICS) 11 primary industry sectors. GICS provides a classification standard to help create clear and consistent industry definitions²³

Abstract in French:

Objectif: Cette étude vise à identifier les barrières associées aux actions de promotion de la santé mentale au sein des grandes entreprises multinationales.

Contexte: La santé mentale est une préoccupation mondiale affectant le bien-être individuel et la santé publique. Ces dernières années, les entreprises multinationales ont de plus en plus reconnu son importance pour favoriser une main-d'œuvre plus saine et, par conséquent, stimuler la croissance économique. La recherche établit un lien entre une mauvaise santé mentale et des risques accrus de maladies ainsi qu'une diminution des performances au travail. Inversement, les facteurs liés au travail influencent la santé mentale. Cette relation bidirectionnelle entre le travail et la santé mentale montre l'importance pour les entreprises de promouvoir la santé mentale au travail.

Méthodes: Dans cette étude qualitative, 13 entretiens semi-structurés ont été réalisés pour explorer les pratiques de promotion de la santé mentale dans les grandes entreprises multinationales. Les participants ont été recrutés à travers le fichier client de International SOS, et les entretiens ont été menés virtuellement. Une analyse thématique a été utilisée pour identifier les thèmes récurrents, et les lignes directrices éthiques ont été suivies pour protéger la confidentialité des participants.

Résultats: Les treize entretiens avec des individus issus d'entreprises multinationales ont révélé une prise de conscience croissante de l'impact de la santé mentale sur la santé et les affaires. Les participants décrivent des idées fausses sur la santé mentale, des hésitations concernant la responsabilité et la réputation de l'entreprise, ainsi que des différences culturelles comme les principaux obstacles à la promotion de la santé mentale au travail. Malgré les défis, les participants ont exprimé leur optimisme et ont souligné l'importance de fournir des avantages, de créer des environnements psychologiquement sûrs et d'adopter une approche progressive lors de la mise en œuvre d'actions en faveur de la santé mentale.

Discussion: Les participants soulignent un changement significatif dans les attentes de prise en charge de la santé mentale en milieu de travail post-COVID, ce qui a exercé à une pression pour mettre en œuvre rapidement des actions en matière de santé mentale. La rapidité de la mise en œuvre de ces interventions suscite des préoccupations quant à leur qualité et à leur authenticité, soulignant la nécessité d'une approche plus lente et fondée sur des preuves pour assurer l'engagement des employés et l'efficacité de ces actions.

Conclusion: En collaborant, les entreprises et les professionnels de la santé publique ont l'opportunité de favoriser des environnements de travail plus sains et plus productifs, entraînant des améliorations significatives de la santé publique et des gains économiques.