SAPIEN LABS

Mental Wellbeing, Work and Productivity

Rapid Report

A publication of the Mental Health Million project,
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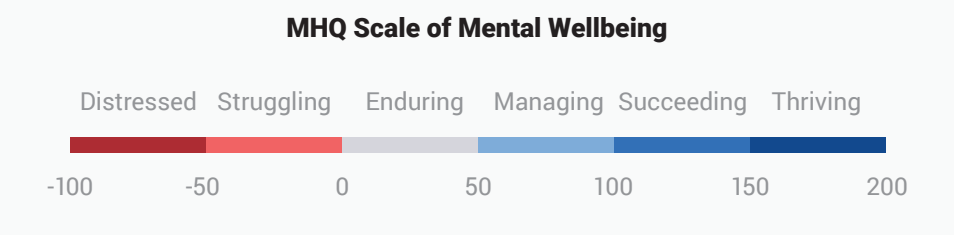
Introduction

Work is an integral part of life that occupies the majority of our waking time. For example, the 2020 American Time Use Survey, revealed that working adults spend an average of 7.6 hours of their day working, with only time spent asleep being higher (ATUS, 2020). The environment in which people work, the people that they interact with, and the roles and responsibilities that they undertake, all contribute heavily to an individual's mental wellbeing. At it's best, work provides people with a strong sense of identity, brings purpose, and offers economic stability (Modini et al., 2016). But with an increasing focus on productivity and always needing to be available, especially as more people are working remotely, rates of stress and burnout have been on the increase (Indeed, 2021).

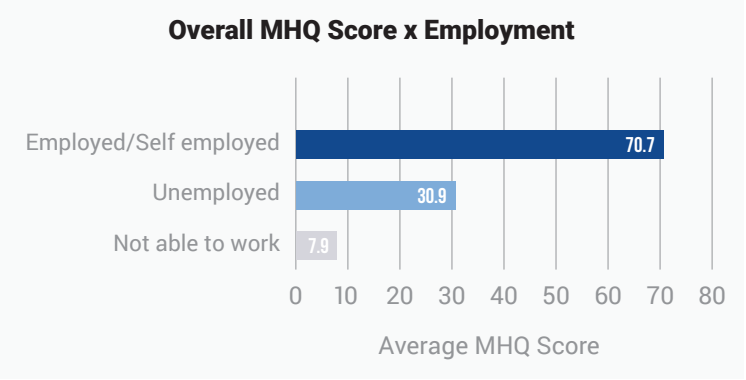
As companies become more aware of the challenges of mental wellbeing, there is an increasing need to understand the relationship between work and mental wellbeing so that they can ensure a more mentally healthy and fulfilled workforce.

In this rapid report, we provide an overview of the way that work and mental wellbeing interact based on 168,000 responses from the Mental Health Million Project in 2021, an on-going large-scale mental wellbeing surveillance initiative that maps trends in mental wellbeing of the Internet enabled world across the globe (Newson and Thiagarajan, 2021). The Mental Health Million project uses a comprehensive assessment of mental wellbeing called the MHQ that assesses 47 elements of mental function on a life impact scale to position individuals on a spectrum from Distressed to Thriving (Newson and Thiagarajan, 2020), as well as a host of demographic and life experience factors.



Mental Wellbeing and Employment

Employment provides multiple life benefits from income to a sense of purpose, and for many, a sense of self-identity and self-worth.



Indeed, the data among working age adults (aged 18-64) reveals a strong relationship between employment and mental wellbeing. Average MHQ scores were 70.7 for those employed compared to 30.9 for those who were unemployed and 7.9 for those who are unable to work. Overall, 45% of unemployed adults are distressed or struggling with their mental wellbeing, compared to only 23% of those who are employed. Those unable to work experience even greater difficulties with 58% distressed or struggling with their mental wellbeing. Conversely, 41% of employed adults are succeeding or thriving in their mental wellbeing compared to only 22% of those unemployed and 13% of those unable to work.

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The specific elements of mental wellbeing that differed most significantly between those employed and those unemployed were Drive and motivation, Outlook and optimism, Self-worth and confidence and Planning and organization. These differences in outlook were also accompanied by substantially higher Feelings of sadness, distress and hopelessness, Suicidal thoughts and intentions and Unwanted, strange or obsessive thoughts in the unemployed. Those unable to work have similarly high levels of these challenges as the unemployed along with greater Physical health issues, Experience of pain and lower Energy levels.

Major dimensions of difference between the Employed and the Unemployed

Drive and motivation

Outlook and Optimism

Self-worth and confidence

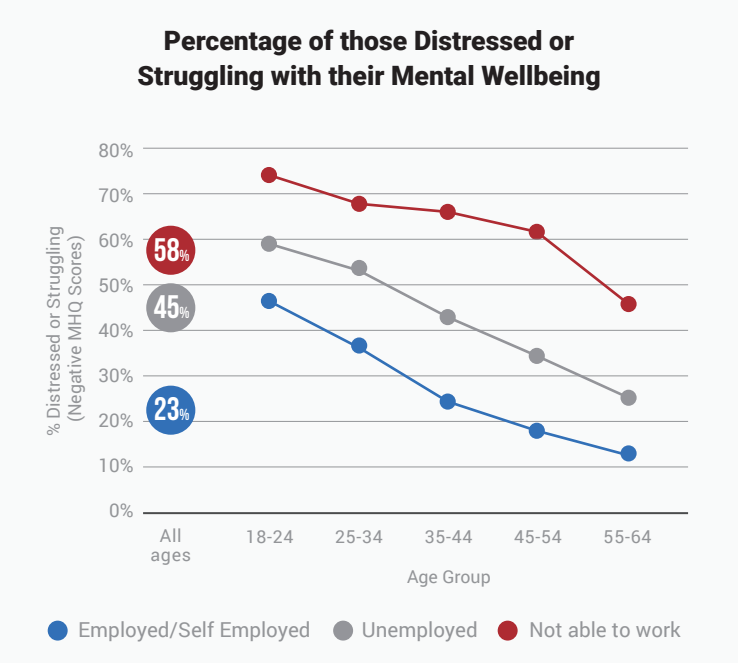
Planning and Organization

Feelings of sadness, distress and hopelessness

Suicidal thoughts and intentions

Unwanted, strange or obsessive thoughts

We note that while this trend is consistent across all age groups, younger adults fare far worse across all categories pointing to a widespread crisis in the mental health of young adults (see Newson et al., 2021 for our Mental State of the World Report). Among 18-24 year olds, a full 46% of those employed were distressed or struggling with their mental wellbeing (a similar percentage is also found for those studying; not shown here). Furthermore, the specific issues of younger adults are different and therefore a one size fits all solution to overcoming these mental wellbeing challenges is often not the most efficient solution for employers.



Altogether, these data suggest that employment and jobs are a key social driver of mental wellbeing in the global internet enabled world. However, while work seems quite important, if we are to thrive, it is not a guarantee that we will not suffer mental health challenges as other life factors are also known to be important to our overall mental wellbeing (Newson et al., 2021). In addition, work itself can also bring its own stresses and difficulties depending on a person's particular work environment (Theorell et al., 2015; Aronsson et al., 2017).

Mental Wellbeing and Productivity

Evidence has long suggested that poor mental health leads to productivity loss (Kessler and Frank, 1997; Lim et al., 2000; Hemp, 2004; Burton et al., 2008; Alonso et al., 2011; Evans-Lacko and Knapp, 2016; Bubonya et al., 2017), and economic loss (Marcotte and Wilcox-Gök, 2001; Stewart et al., 2003; Trautmann et al., 2016; Whiteford, 2021). However, these studies have examined a limited range of mental health symptoms, often focusing on mood disorders such as depression and anxiety, and typically consider mental health challenges as an all or nothing phenomenon, rather than looking across the spectrum of mental wellbeing in the general population. The data reported here provide a novel insight into the relationship between mental wellbeing and productivity by incorporating a comprehensive range of mental health symptoms spanning 10 mental health disorders and covering the spectrum of mental wellbeing risk status.

This data demonstrates the specific relationship at the population level between mental wellbeing and productivity across the spectrum from ***Distressed*** to ***Thriving***, where days missed increased exponentially as MHQ scores decreased. Among the employed, those with high MHQ scores (Thriving) missed on

average only 0.4 days of work per month while those with the lowest MHQ scores (Distressed) missed on average 11.5 days of work a month.

Productivity is not all about missed days of work, however. When it comes to being present but being less productive – also called presenteeism – a similar picture emerges with employed adults who are *Distressed* having on average 14.3 low productivity days per month in contrast to only 3.2 low productivity days for those who are *Thriving*. Altogether, assuming low productive days may range from a 20% to 50% loss of productivity on average, *Distressed* mental wellbeing results in an estimated range of 12 to 17 days of lost productivity per month while those who are *Thriving* see lulls in productivity impacting just 1.27 days per month.

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The exponential structure of this relationship suggests that the productivity gains in terms of days of work are highest at the lowest end of the MHQ scale. An Increase by 10 MHQ points for those on the low end of the scale can result in an additional 1.5 to 3 days of work on average, while an increase at the top end of the scale would add only an additional half day of work. However, this also highlights that everyone, even those thriving, see some lulls in productivity as part of one's natural fluctuations.

What are the individual factors that drive these changes in productivity?

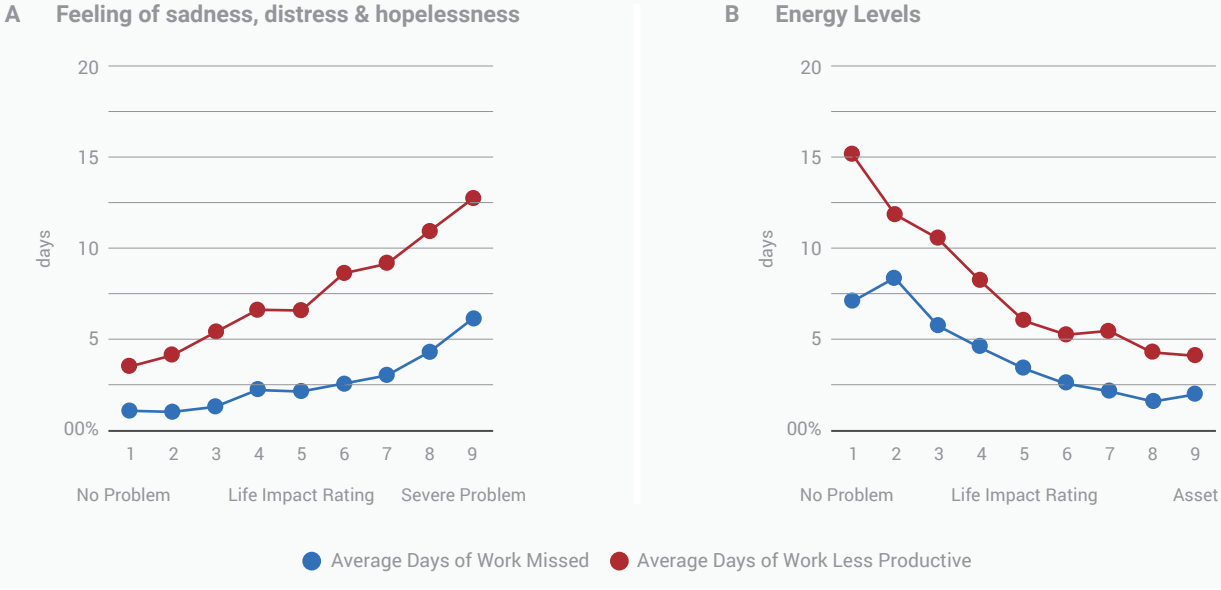
While overall raw MHQ scores are more highly correlated to productivity than any individual element (with a correlation of 0.5), the most significantly positively contributing or protective factors among the employed were Energy and Emotional resilience (correlations of -0.26 and -0.24 respectively for the employed, and -0.35 and -0.30 when including those unemployed and not able to work). Detracting from productivity were Feelings of sadness, distress and hopelessness, Guilt and blame, Confusion or slowed thinking, Experience of pain, Repetitive actions or compulsions, Suicidal thoughts or intentions,

Unwanted, strange or obsessive thoughts and Traumatic flashbacks (correlations of 0.23 to 0.27). For younger adults ages 18-24 Obsessive, strange or unwanted thoughts were a far more significant factor.

Individual MHQ factors correlated with productivity in the employed (and employed, unemployed & not able to work combined)

For example, the graphs below show the average number of days lost or unproductive for different life impact rating selections for the most significant detracting and protective factors, Feelings of sadness, distress or hopelessness and Energy levels.

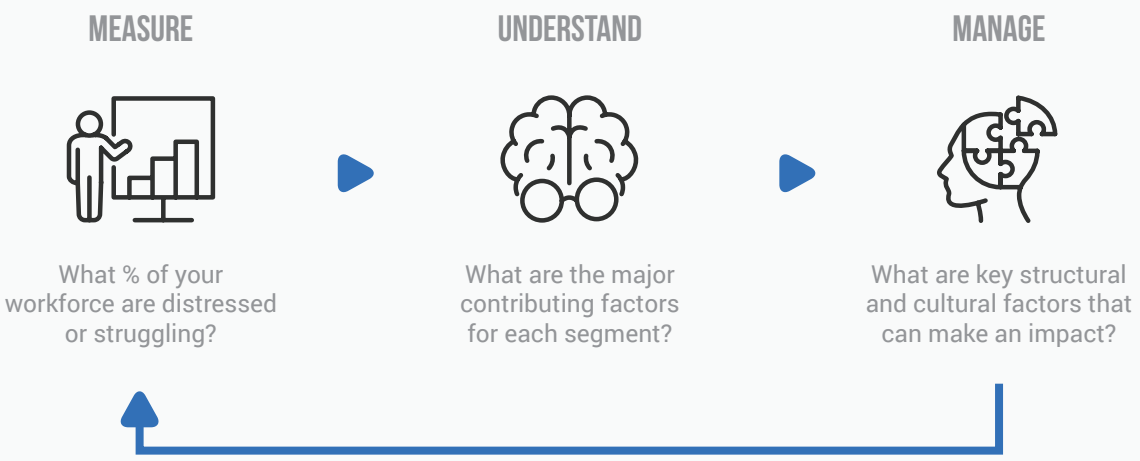
Change in productivity for different ratings on the two most correlated elements



How can companies move the needle?

The reasons people experience any of these contributing challenges are complex and can be substantively different in the aggregate across different demographics such as age group, and job roles. While some of the challenges can arise from aspects of work life, lifestyle factors, relationships and life traumas outside of work are typically substantial contributors. It is important for every organization to measure and understand the mental profile of its workforce and the specific factors that are driving mental distress and struggles. This will help address some of the key underlying challenges more strategically and effectively and track whether initiatives are moving the needle. Often the answers may be structural in nature such that significant gains can be made with small changes to policy or work factors that ease the stressors driving a negative spiral of mental wellbeing and productivity. For example, a workplace that is poorly connected with public transport might result in a cascade of stresses for hourly workers such as struggling to pick up children and so on. This might be solved best by a company bus rather than therapy. Conversely, positive company cultures that encourage social connection and a sense of purpose can have a positive impact on mental wellbeing resulting in a positive feedback loop with productivity.

Taking a preventative approach to mental wellbeing



As the changing economic and social landscape increases pressure on the current and future workforce, it is imperative that organizations take a proactive preventative approach to mitigate mental health challenges.

Increasingly, research is pointing to poor or unproven outcomes across the vast array of mental wellness apps and programs available for the workplace today (Larsen et al., 2019; Song and Baicker, 2019; Lagan et al., 2021). The Mental Health Million data shows that half of people ***Distressed*** or ***Struggling*** do not seek help largely because they don't think it will help or don't know what kind of help to look for (Newson, 2021). As the changing economic and social landscape increases pressure on the mental health of the current and future workforce, it is imperative that organizations take a proactive preventative approach to mitigate mental health challenges. We advocate for data driven leadership that goes beyond the simple implementation of post facto, band aid solutions. Such an approach must be informed by an understanding of key drivers specific to the organization, in order to develop strategic and targeted policies and interventions that address them. More importantly, organizations who are committed to positively shaping the mental wellbeing of their workforce, will reap the benefits of a thriving workforce who collectively drive positive organisational outcomes.

References:

Alonso, J., Petukhova, M., Vilagut, G., Chatterji, S., Heeringa, S., Üstün, T.B., et al. (2011). Days out of role due to common physical and mental conditions: results from the WHO World Mental Health surveys. *Mol Psychiatry* 16(12), 1234-1246. doi: 10.1038/mp.2010.101.

Aronsson, G., Theorell, T., Grape, T., Hammarström, A., Hogstedt, C., Marteinsdottir, I., et al. (2017). A systematic review including meta-analysis of work environment and burnout symptoms. *BMC Public Health* 17(1), 264. doi: 10.1186/s12889-017-4153-7.

ATUS (2020). Available: https://www.bls.gov/tus/ [Accessed].

Bubonya, M., Cobb-Clark, D.A., and Wooden, M. (2017). Mental health and productivity at work: Does what you do matter? *Labour Economics* 46, 150-165. doi: https://doi.org/10.1016/j.labeco.2017.05.001.

Burton, W.N., Schultz, A.B., Chen, C.Y., and Edington, D.W. (2008). The association of worker productivity and mental health: a review of the literature. *International Journal of Workplace Health Management* 1(2), 78-94. doi: 10.1108/17538350810893883.

Evans-Lacko, S., and Knapp, M. (2016). Global patterns of workplace productivity for people with depression: absenteeism and presenteeism costs across eight diverse countries. *Soc Psychiatry Psychiatr Epidemiol* 51(11), 1525-1537. doi: 10.1007/s00127-016-1278-4.

Hemp, P. (2004). Presenteeism: at work--but out of it. *Harv Bus Rev* 82(10), 49-58, 155.

Indeed (2021). *Employee Burnout Report* [Online]. Available: https://www.indeed.com/lead/preventing-employee-burnout-report [Accessed].

Kessler, R.C., and Frank, R.G. (1997). The impact of psychiatric disorders on work loss days. *Psychol Med* 27(4), 861-873. doi: 10.1017/s0033291797004807.

Lagan, S., D'Mello, R., Vaidyam, A., Bilden, R., and Torous, J. (2021). Assessing mental health apps marketplaces with objective metrics from 29,190 data points from 278 apps. *Acta Psychiatrica Scandinavica* 144(2), 201-210. doi: https://doi.org/10.1111/acps.13306.

Larsen, M.E., Huckvale, K., Nicholas, J., Torous, J., Birrell, L., Li, E., et al. (2019). Using science to sell apps: Evaluation of mental health app store quality claims. *npj Digital Medicine* 2(1), 18. doi: 10.1038/s41746-019-0093-1.

Lim, D., Sanderson, K., and Andrews, G. (2000). Lost productivity among full-time workers with mental disorders. *J Ment Health Policy Econ* 3(3), 139-146. doi: 10.1002/mhp.93.

Marcotte, D.E., and Wilcox-Gök, V. (2001). Estimating the employment and earnings costs of mental illness: recent developments in the United States. *Soc Sci Med* 53(1), 21-27. doi: 10.1016/s0277-9536(00)00312-9.

Modini, M., Joyce, S., Mykletun, A., Christensen, H., Bryant, R.A., Mitchell, P.B., et al. (2016). The mental health benefits of employment: Results of a systematic meta-review. *Australas Psychiatry* 24(4)**,** 331-336. doi: 10.1177/1039856215618523.

Newson, J., Pastukh, V., Sukhoi, O., Taylor, J., and Thiagarajan, T. (2021). "Mental State of the World 2020, Mental Health Million project", (ed.) S. Labs.).

Newson, J., and Thiagarajan, T. (2021). Dynamic Dataset of Global Population Mental Wellbeing.

Newson, J.J., and Thiagarajan, T.C. (2020). Assessment of Population Well-Being With the Mental Health Quotient (MHQ): Development and Usability Study. *JMIR Ment Health* 7(7), e17935. doi: 10.2196/17935.

Song, Z., and Baicker, K. (2019). Effect of a Workplace Wellness Program on Employee Health and Economic Outcomes: A Randomized Clinical Trial. *JAMA* 321(15), 1491-1501. doi: 10.1001/jama.2019.3307.

Stewart, W.F., Ricci, J.A., Chee, E., Hahn, S.R., and Morganstein, D. (2003). Cost of Lost Productive Work Time Among US Workers With Depression. *JAMA* 289(23), 3135-3144. doi: 10.1001/jama.289.23.3135.

Theorell, T., Hammarström, A., Aronsson, G., Träskman Bendz, L., Grape, T., Hogstedt, C., et al. (2015). A systematic review including meta-analysis of work environment and depressive symptoms. *BMC Public Health* 15**,** 738. doi: 10.1186/s12889-015-1954-4.

Trautmann, S., Rehm, J., and Wittchen, H.-U. (2016). The economic costs of mental disorders: Do our societies react appropriately to the burden of mental disorders? *EMBO reports* 17(9), 1245-1249. doi: 10.15252/embr.201642951.

Whiteford, H. (2021). The Productivity Commission inquiry into mental health. *Australian & New Zealand Journal of Psychiatry*, 00048674211031159. doi: 10.1177/00048674211031159.