MENTUPP

Consultation report -

Component A

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ZYRA PER SHENDET MENDOR	ZSMKOS	10	Beneficiary
LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE ROYAL CHARTER	LHSTM	11	Beneficiary
CONSORCIO MAR PARC DE SALUT DE BARCELONA	IMIM	12	Beneficiary
NATIONAL SUICIDE RESEARCH FOUNDATION	NSRF	13	Beneficiary
INTERNATIONAL ASSOCIATION FOR SUICIDE PREVENTION	IASP	14	Beneficiary
PINTAIL LTD	PT	15	Beneficiary
GRIFFITH UNIVERSITY	AISRAP	16	Beneficiary
MATES IN CONSTRUCTION (AUST) LTD	MIC	17	Beneficiary

D2.2 Consultation report - Component A

Version History

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1.0 (06.11.20)	Initial submission to EC
2.0 (30.03.21)	Changed MINDUP to MENTUPP throughout the deliverable

1 Executive Summary

The D2.2 deliverable includes the results from an expert consultation study that was designed with the aim of investigating the experiences and needs of SMEs concerning the promotion of employee wellbeing and the prevention and management non-clinical mental health problems in SME workplaces.

The survey was distributed among experts with at least 5-years professional experience within the three sectors that MENTUPP is focusing on (ICT, healthcare and construction), more general SME organisations, academic experts in the field, occupational health specialist groups, advocacy groups or labour union groups. Based on this broad group of experts we were able to collect insights from many different perspectives.

In short, the survey results show that experts assess that workplace activities in relation to wellbeing and mental health, are for the most part not very well developed, and that deficiencies exist especially with regard to a systematic approach to reducing stigma and to promoting employees mental wellbeing. Many experts do not know if workplaces conduct needs assessments to promote mental wellbeing.

The experts assess that workplaces need support for improving the promotion of employee mental wellbeing and the prevention of mental health problems. This includes information about how to create mentally healthy working conditions, how to establish policies about creating mentally healthy workplaces, and how to strengthen people management skills among senior/HR staff. Information about factors contributing to work stress and burnout, as well as how to carry out a needs assessment to inform an organisational approach to promoting wellbeing are also needed. Further needs were expressed through a wide variety of additional comments focussing on all organisational levels and covering aspects such as financial resources, access to mental health professionals and the need for a commitment from managers and supervisors.

Despite the assessment of workplaces being in need of support, the experts also described a wide variety of activities that in their opinion have shown to work well and are accepted by workplaces. In particular, seminars or trainings offered either by third parties or directly in the workplace, the importance of workplace conditions like flexibility in working hours, promoting awareness about mental health or supporting management style for mental health at work, were specifically mentioned.

Finally, the majority of experts assess that businesses have negative outcomes related to poor employee mental health, in particular regarding absenteeism and presenteeism but also concerning difficulties to return to work and job turnover. In addition, experts also point to additional consequences of poor mental health at work in form of, for example; interpersonal conflicts, misunderstanding, discrimination and stigma.

The results of this survey thereby confirm and specify the challenges and potentials for improving mental health and wellbeing at work. Together with knowledge from the systematic reviews currently being conducted in WP2 and WP5 these results will inform the development of sector tailored intervention tools addressing non-clinical mental health problems and mental wellbeing in WP2.

2 Introduction & Background

MENTUPP aims to improve mental health and wellbeing in SME workplaces by developing, implementing and evaluating a comprehensive, multilevel intervention targeting both clinical (depressive, anxiety disorders) and non-clinical (stress, burnout, wellbeing, depressive symptoms) mental health issues, as well as combating the stigma of mental (ill-) health.

The particular aim of WP2 is to develop tools addressing the MENTUPP Component A interventions for wellbeing, stress, burnout and non-clinical depressive and anxiety symptoms. The focus is on primary level interventions.

The role of this deliverable in the project is, along with a revision of the extant scientific literature, to contribute to the evidence-base for the development of intervention tools to be used as part of the broader MENTUPP study. As MENTUPP focusses on developing and testing mental health interventions for SMEs, it is crucial to known about the specific needs in SMEs or how interventions should be designed so that they can be implemented, despite the lack of resources that are more likely available in larger companies. The knowledge from experts in the field will be used in addition to the evidence about implementation collected in WP5, who is currently conducting a systematic review about implementation of mental health interventions in the workplace.

The needs identified by the experts, advice on available interventions, as well as barriers and facilitators for implementing interventions, will help us to optimise the MENTUPP tools.

Results from this study provide insights and assessments on the promotion of employee wellbeing and non-clinical mental health needs of employees and employers in addition to identifying any gaps. Furthermore, the survey provides information on potentially effective sector- and gender-specific interventions.

3 Approach

The Delphi process was the result of work by WP2, 3, 4, 5 and 8, with support from WP7 and 10, and was led by WP3 and UCC. A shared need for information from an expert consultation was identified across WP2, 3, 4, and 5 and so to optimise resources and minimise demands on experts' time it was agreed to merge this into one consultation process. WP2, 3, 4, and 5 all separately identified the knowledge gaps they needed to answer for their area in the expert consultation, and designed questions accordingly. Weekly meetings were held throughout March, April, and May 2020 to review progress, chaired by WP3 and attended by all the involved WPs. A sub-group of WP 2, 3, and 4, with input from WP5, formulated the agreed content into a cohesive questionnaire which was piloted to members of the consortium and external experts for feedback before a final version was sent to all members of the consortium and signed off in June. An information sheet was also designed, led by EAAD in WP3, with support from the other WPs and WP10, to provide experts with information about MENTUPP and the expert consultation process. The ethics application was submitted to the Social Research Ethics Committee in UCC in June and approval was received at the end of August 2020. This process was led by UCC with support from WP2 and WP3. WP8 agreed to carry out the data analysis and provided guidance on data analysis, storage, and the process for sending out the questionnaire in multiple languages.

WP3 partners were responsible for contacting partners in the intervention countries (WP7) and providing all the information about the Delphi questionnaire so that intervention country partners

could identify and reach out to between 5 and 25 experts in each intervention country. The experts had to meet the following inclusion criteria of a minimum of 5 years of experience in one of the following: 1) sectors of ICT, healthcare or construction, 2) be a member of an SME organisations, 3) academic experts, 4) occupational health specialist groups, 5) advocacy groups or 6) labour union groups. Exclusion criteria were to be part of the MENTUPP consortium. The research officer in each intervention country (WP7) was responsible for organising a translation into the local language where applicable, based on a template created by WP3.

At the beginning of September, a Qualtrics license was acquired by UCC and the questionnaire was uploaded to the Qualtrics online platform (www.qualtrics.com) by WP3 and distributed to the intervention partner countries, who were responsible for sending out the Delphi questionnaire link and reminders. Local language questionnaires were sent to experts who could not respond in English as a Word document, and local research officers were also responsible for translating these answers and entering the data into the Qualtrics questionnaire link directly in English.

The final date for questionnaire response was 5th Oct 2020. WP3 reviewed the responses in Qualtrics and sent the data file to WP8 for analysis. All data analyses were carried out by WP8, and the results interpreted by WP 2, 3, 4, and 5.

4 Results

In this section, we report about the results from the Delphi-study most important for WP2. All of these questions were under the topic “Workplace activity with regards to wellbeing and mental health”. The majority of the questions were assessed using Likert scales where answer-categories were divided into degree of agreement to a statement, i.e. I agree “To a large extent”, “Somewhat”, “To a small extent”, “Not at all”. However, since we approached a variety of experts with different backgrounds, we also included the answer category “Don’t know”.

The detailed results for each of these answer categories can be seen in the attached report (Appendix 1). In this section, we will provide an overview by focusing on the central tendencies. In addition, we also report on the free-text comments on the open questions.

4.1 Workplaces involvement in activities about wellbeing and mental health

4.1.1 Answers to the closed questions

In the first block of questions, we asked the experts to what extent, in their opinion, is the average workplace involved in activities important for improving mental health and wellbeing at the workplace, i.e. for all employees.

Overall, most questions were answered rather negatively, meaning that the most likely answer for most of the six questions in this section was “to a small extent”. Only for the question about workplaces “creating a mentally healthy workplace (e.g., flexible working conditions)” did the majority of the respondents (51.6%) answer “to a large extent” (14.5%) or “somewhat” (37.1%).

For four questions most respondents answered either “to a small extent” or “not at all”. The most negative answers were given to the question about workplaces having “a strategic and coordinated approach to reduce stigma related to mental health problems”. To this question more than three quarters (75.8%) gave a rather negative answer, as almost half of the respondents answered “not at

all" (48.4%) and additional 27.4% answered "to a small extent". Also, the question about workplaces having a "strategic and coordinated approach to promote employees' mental wellbeing" was answered rather negatively by more than 70% of the respondents (53.2% answered "to a small extent" and 17.7% answered "not at all"). The question about workplaces offering "Psychological support services to employees (e.g., counselling support and stress management)" was answered by more than half of the respondents with either "to a small extent" (33.9%) or "not at all" (24.2%). However, a considerable proportion of the respondents (37.1%) gave more positive answers to this question (24.2% answered "somewhat" and 12.9% answered "to a large extent"). Providing psychological support services to employees might therefore be an activity that, in particular, is handled differently between countries or between sectors or both. In addition, for the question about workplaces offering "training for managerial/HR staff on promoting wellbeing in the workplace" the answers were more spread. While the majority (54.9%) answered "to a small extent" (33.9%) or "not at all" (21%), 29% answered "somewhat" and 6.5% answered "to a large extent". Again, this indicates that there might be rather large differences either between countries, between sectors or both.

We also asked to what extent workplaces conducted "Needs assessments among employees to inform an organisational approach to promote mental wellbeing". Here more than 40% of the respondents answered, "Don't know". This is by far the largest use of this answer-category within the six questions in this section. For the other five questions only between 2% and 10% answered "Don't know"; most of the time this category was used by less than 5% of the respondents. The fact that 40% of the experts do not know if workplaces use needs assessments for a more organisational level approach to promote mental wellbeing, indicates that needs assessment do not play a large role in many workplaces. This is important to note, as regular needs or risk assessments (also of the psychosocial work environment) are required by law (EU Framework Directive on Safety and Health at Work). Among those experts who felt they could assess workplace activities in this area, the largest group (33.9%) answered "to a small extent", while about 25% answered either "somewhat" (17.7%) or "to a large extent" (8.1%). The results therefore point at large differences in the assessments, where 40% of experts have no knowledge of workplaces doing risk assessments, while a third of experts assess that workplaces do them to a small extent and a quarter of the experts assess that workplaces do these kind of needs assessments somewhat or to a large extent. None of the experts used the answer category "not at all". So, the results point at very divided assessments between either no knowledge about it or the assessment that workplaces to a small or to a higher extent are active in this area. In addition, these pronounced differences in the assessment might be due to differences between countries, between sectors or both.

Overall, the experts' assessments point to a number of deficiencies with regard to workplace involvement in activities for mental health and wellbeing at work. In particular, the involvement of workplaces in a strategic and coordinated approach for reducing stigma about mental health and for promoting employees' mental wellbeing is assessed as being low. The assessment about workplaces involvement in psychological support services to employees and in training for managerial/HR staff on promoting wellbeing are more mixed, but still more than half of the respondents assess that workplaces activities in these areas are not very advanced. More than 40% of experts answered that they don't know to what extent workplaces conduct needs assessments among employees to inform an organizational approach to promote mental wellbeing and among those who know about this aspect, most answer "to a small extent". The only question that is assessed rather positive by the

experts is the question about workplaces creating a mentally healthy workplace for their employees by e.g. offering flexible working conditions.

4.1.2 Additional comments from experts

In addition to these six questions, we asked experts to add comments regarding workplaces being involved in activities in relation to wellbeing and mental health. The comments support the rather negative assessments found in the closed questions. Most comments either point out that there are no mental health related activities in the workplace (5 comments) or that little attention goes to promotion and prevention of mental health and that more attention and organizational solutions are needed (3 comments). Four comments point out that the existing programmes mainly focus on stress-management and should be expanded to general mental health promotion and one comment mentions that organizations should follow the law on health and safety at work. Only three comments point out that workplaces do offer certain programmes concerning mental health promotion, e.g. group interventions, MATES in Construction intervention programme or improving mental health literacy among managers.

4.1.3 Summary

Overall, the experts assessed both in the closed questions and in their additional comments that workplace activities about wellbeing and mental health for the most part are not very developed. They assessed that workplaces to a certain extent improve mentally health in the work setting by offering flexible working conditions, but they also assess a number of deficiencies especially with regard to a systematic approach to reducing stigma and to promoting employees' mental wellbeing. Many experts do not know if workplaces conduct needs assessments to promote mental wellbeing.

4.2 Workplaces' needs for access to materials about mental wellbeing and mental health

4.2.1 Answers to the closed questions

In the next section, we asked experts to assess workplaces access to information, tools or advice on mental health at work. We asked them "To what extent do you think workplaces would benefit from/ would like more/require increased availability of information, about the following topics. Again, answer categories were "To a large extent", "Somewhat", "To a small extent", "Not at all" and "Don't know".

Overall, most experts assessed that workplaces would benefit from access to more information, tools and advice about mental health at work. For four out of five questions, half or more than half of the experts answer that workplaces "to a large extent" would benefit from addition materials.

More than 90% of the experts answered that workplaces would benefit from more information about "how to create mentally healthy working conditions". To this question experts assessed that workplaces would benefit either "to a large extent" (59.7%) or "somewhat" (32.3%). In addition, for three other questions, more than 80% of experts assessed that workplaces would benefit from more materials about mental health at work either "to a large extent" or "somewhat". This was assessed for materials about "How to establish policies about creating mentally healthy workplaces" (87.1%), "How

to strengthen people management skills among senior/HR staff in order to detect and handle mental health problems" (85.5%) and for materials about "Factors contributing to work stress and burnout" (82.2%). It was also assessed that workplaces would benefit from materials about "How to carry out a needs assessment to inform an organisational approach to promoting wellbeing", but here the answers were more diverse. Again, most experts answered either "somewhat" (41.9%) or "to a large extent" (33.9%), but 19.4% also answered "to a small extent". This somewhat lower assessment might be connected to the fact (reported above) that 40% of the experts are lacking knowledge about workplaces conducting needs assessments to promote mental wellbeing, which might also indicate a lack of knowledge about how useful needs assessments are and if workplaces might benefit from learning more about them.

Nevertheless, the results clearly point out that experts assessed that workplaces would benefit from access to information, tools or advice on mental health at work.

4.2.2 Additional comments from experts

In addition to these five questions, we asked experts to add any other needs that workplaces might have when it comes to improving the promotion of employee mental wellbeing and the prevention of employee stress, burnout, depression and/or anxiety.

The comments covered a large spectrum of additional needs on all organisational levels. Most comments (7 comments) pointed at the need for more financial resources. A further five comments pointed out that it would be good to gain information on good results or successes in other companies. There were also five comments about the need for a commitment from managers and supervisors. Other comments highlighted that there was a need for having access to mental health professionals (e.g. occupational mental health professionals) (4 comments) or in general more human resources personnel (2 comments).

Several comments were about how mental health at work should be approached. Four comments indicated more awareness concerning mental health in the workplace, and four other comments called for systematic changes in the culture of organisations. Three comments pointed at the need for employees' commitment. Two comments each called for improved working conditions (e.g. no precarious work anymore, better hygienic conditions), the need for action plans and the need for (group) activities that tackle stress or relaxation.

The remaining comments were each given by only one person and covered a broad range of areas including the need to make changes at the national policy level, but also the need for small hands-on interventions in the workplace. One comment called for an integrated intervention that links mental health to working ability. Three single comments addressed the needs for employees covering the need for equal treatment of all employees, a personal approach in the workplace to be able to differentiate between employees, and supporting individual employees by peer support through mentoring programmes.

4.2.3 Summary

Overall, the experts assessed both in the closed questions and in their additional comments that workplaces need support for improving the promotion of employee mental wellbeing and the prevention of employee stress, burnout, depression and/or anxiety.

Experts assessed that workplaces would particularly benefit from more information about "how to create mentally healthy working conditions". In addition experts also assessed that workplaces would benefit from more knowledge about how to establish policies about creating mentally healthy workplaces, how to strengthen management skills among senior/HR staff and from information about factors contributing to work stress and burnout. It was also assessed that workplaces would benefit from materials about how to carry out a needs assessment to inform an organisational approach to promoting wellbeing, but here the answers were more diverse, which might also be due to a lack of knowledge about needs assessments.

The additional comments included a large spectrum of additional needs on all organisational levels covering aspects such as financial resources, access to mental health professionals and the need for a commitment from managers and supervisors, more awareness concerning mental health in the workplace, systematic changes in the culture of organisations as well as a need for information about good results in other companies.

4.3 Experience with existing tools

4.3.1 Detailed descriptions of comments

In an open question, the experts were asked about what methods/policies/interventions, if any, work well and are accepted in terms of promoting employee mental wellbeing and preventing, detecting, and managing employee stress, burnout, depression, or anxiety.

The experts described a wide variety of activities that after their opinion have shown to work well and are accepted by workplaces.

A large proportion of experts (24 comments) expressed that interventions that work well and are accepted are those that are offered by third parties in e.g., seminars, trainings or other forms of mental health initiatives. The activities they referred to range from hiring a mental health professional to tackle mental health related topics in the workplace (8 comments), to referring to a mental health professional outside the workplace (5 comments) to offering trainings about Mental Health First Aid (2 comments). Experts also pointed at some more sector specific interventions, for example from the health care sector, where one expert described good experiences with Balint Group i.e., discussion groups where professionals who therapeutically work with patients/clients (e.g. doctors, nurses, counsellors, psychologists) can reflect upon their clinician-patient relationship in a confidential environment. Another expert referred to MATES in construction, a comprehensive peer support program that focusses on suicide prevention in the construction industry.

Thirteen experts referred to interventions provided directly in the workplace. Experts assessed that these types of activities work well and are accepted when proper assessment, organizational change

and follow-up of mental health related topics are realized. Among these interventions three experts mentioned continuous training of staff, logistic changes (e.g. relax room) (2 comments), staff-meeting in which mental health issues can be discussed (2 comments) and the organisation of a yearly 'Health day' to promote healthy habits (1 comment).

Twelve experts drew attention to the importance of workplace conditions or context like flexibility in working hours, promoting awareness about mental health or supporting management style for mental health at work.

Ten experts emphasised the importance of manager/supervisor commitment to interventions for mental health interventions to work. This could be expressed though a number of different activities by managers/supervisors for example an open-door policy, where management is approachable at any time, the development of management skills in senior staff, role modelling, an assertive managing style or a people-oriented style.

Five experts pointed out that also general skills in for example communication, conflict handling or self-motivation can have a positive effect on mental health.

Each of four experts commented that interventions that aim to enhance employees' knowledge and peer-related interventions work well and are accepted.

The remaining comments were given by only one or two experts each and covered a variety of aspects concerning for example the involvement of all stakeholders, the role of laws to clarify the responsibility in the workplace, the provision of counselling resources to fund initiatives, and the availability of evidence-based psychiatric interventions works for diagnosed disorders.

4.3.2 Summary

In summary, most comments regarding the experience with existing tools were about seminars or trainings offered either by third parties or directly in the workplace. Experts also drew attention to the importance of workplace conditions or context like flexibility in working hours, promoting awareness about mental health, or supporting management style for mental health at work. The importance of manager/supervisor commitment to interventions for mental health interventions to work was especially emphasized, but experts also mentioned the important role of general skills in for example communication, conflict handling or self-motivation for mental health at work.

4.4 Business outcomes related to poor mental health at work

4.4.1 Answers to the closed questions

Experts were asked to assess, to what extent they perceive a number of different business outcomes to be related to poor employee mental health. For all four business outcomes the vast majority of experts (75% or more) assessed that these outcomes where related to poor employee mental health either "to a large extent" or "somewhat". Absenteeism was the outcome that was assessed as being most related to poor employee mental health (85.4% answered either "to a large extent" or

"somewhat"), followed by presenteeism (79% answered either "to a large extent" or "somewhat"). The other two outcomes, difficulties to return to work after absence and job turnover (employees resigning or being dismissed), were both assessed by 77.4% to be either "to a large extent" or "somewhat" related to poor employee mental health.

4.4.2 Additional comments from experts

Here, experts had the opportunity to point to additional business outcomes that are related to poor employee mental health. Four comments mentioned interpersonal conflicts, which could result in poor teamwork and a negative atmosphere at work, and four other comments drew attention to misunderstanding, discrimination and stigma. Two comments each were pointed at the following additional business outcomes: accidents caused by poor working quality or 'no-care' attitude, substance abuse (e.g. alcohol) and lower productivity. Two single comments pointed at difficulties in recruitment and disability pensions.

4.4.3 Summary

In the summary, the majority of experts assess that businesses to a large extent or somewhat have negative outcomes related to poor employee mental health, especially with regard to absenteeism and presenteeism but also with regard to difficulties to return to work and job turnover. In addition to these outcomes experts also point to additional consequences of poor mental health at work in form of for example interpersonal conflicts, misunderstanding, discrimination and stigma as well as accidents caused by a 'no-care' attitude, substance abuse and lower productivity.

5 Impact & Conclusion

The results from the Delphi survey largely confirm, but also specify the needs and challenges workplaces face when trying to improve their activities for the promotion of employee wellbeing and the prevention of non-clinical mental health conditions. We will use the results to tailor the already started development of the intervention tools in WP2 even more, i.e. to focus on providing sufficient information but also providing training so that workplaces can improve their knowledge and competencies about mental health and wellbeing at work. Together with the knowledge from the systematic literature reviews about organizational level mental health interventions in the three sectors (ICT, healthcare and construction) (WP2) and the literature review about mental health intervention implementation (WP5), the expert consultation study provides us with valuable knowledge that helps us to design intervention tools that fit to workplaces' needs and support them in their efforts to promote employee wellbeing and prevent non-clinical mental health conditions.
The findings from this study will inform the development of the intervention tools to be developed by WP2 and then to be rolled out by WP7 in the pilot phase and by WP9 in the trial phase. We will disseminate the findings of the study to all partners in November so that the knowledge can be used in the final stage of the tools-development process. Deliverable 2.2 addresses TASK 2.1 within the MENTUPP DoA: *Task 2.1 Establishing working relationships with SMEs (UCC, THL, NRCWE).*

6 Appendices

Appendix 1: The Expert Consultation Report

MENTUPP

Expert Consultation Report

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Full Name	Short Name	Beneficiary Number	Role
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1 Abstract

An expert consultation was carried out across 8 European countries and Australia, over a 3-week period between September and October 2020. The overarching aim of this consultation was, along with a revision of the extant scientific literature, to provide the evidence-base for the development of online tools to be used as part of the broader MENTUPP project. In this consultation, experts representing academic experts, small- and medium-sized enterprise (SME) or specific sector groups, labour groups, occupational health associate groups, and advocacy groups, provided their insights and assessments on the promotion of employee wellbeing and the specific non-clinical and clinical mental health needs of employees and employers in addition to identifying any gaps. Experts were also asked about the level of stigma and gaps in anti-stigma programs in relation to mental health in the workplace, gender-specific needs, the impact of the COVID-19 pandemic, and acceptability of interventions.

The survey was sent to 146 experts and 62 responded before the deadline, with a response rate of 42%. Results showed generally high agreement between the wide range of experts regarding a current unmet need for tools and materials to promote mental health and support employees with mental health difficulties in the workplace, and agreement on the types of materials required to meet this gap. There were more diverse answers regarding stigma and anti-stigma programs and gender-specific needs. There was a clear consensus regarding the negative impact of the COVID-19 pandemic on mental health symptoms and company capacity to promote wellbeing. Specific challenges regarding acceptability of the intervention were also raised.

The results of this report provide clear support for the MENTUPP project and approach and highlight specific challenges and needs to be taken into account when planning the intervention.

2 Introduction & Background

Depression and anxiety are the most prevalent disorders in the workplace in the EU (1) and cost the global economy $1 trillion each year in lost productivity (2). While the aetiology of mental disorder is complex, stress in the workplace is widespread, affecting 22% of the European workforce (3), and psychosocial job stressors, such as lack of decision latitude, job strain and bullying in the work environment can lead to depressive symptoms (4), and have been linked to suicidal ideation/behaviour (5).

Despite mental health issues being prevalent in the workplace, they are highly stigmatised, leading to discrimination in the workplace and the concealment of common mental disorders from employers (6). Stigma is a key factor in the under recognition and low treatment rates of mental illness (7,8) leading to indirect costs in the workplace (9).

Certain workplaces, due to company size or sector, have specific challenges. For example, healthcare employees and managers are regularly confronted with the stress of their patients, but are also subject to stress due to long working hours, understaffing, and excessive workload (10). Meanwhile, in construction, common psychosocial stressors include short term contracts and job uncertainty, long work hours and mental overload (11). In a 5-year study in England and Wales, the greatest number of

suicides was among construction workers, while the greatest proportional number of deaths in healthcare workers (12). Other challenges come from new and fast growing sectors such as Information and Communications Technology (ICT), where time pressure, work interruptions, multi-tasking and poor work/life balance are common, leading to stress, anxiety, burnout and worse self-reported health (13,14).

Small- and medium-sized enterprises (SMEs), defined in Europe as employing 250 people or less and having a maximum annual turnover of 50 million euros (15), employ a large faction of the workforce, accounting for 92.8% of the EU's non-financial economy in 2015 (16). SME employees and managers are exposed to a variety of work-related psychosocial factors which could put them at risk of depression and/or anxiety, including long working hours, low job control, and job insecurity (17), with SMEs particularly struggling in the wake of the COVID-19 pandemic (18). Studies among SME owners and managers have showed high percentages of stress, fatigue, presenteeism and depressed mood (19–21).

There is a growing body of literature providing evidence that psychosocial interventions can be effective in promoting mental health in the workplace (22–24), but there is a dearth of research regarding interventions specifically in SMEs. Interventions normally designed for large companies are not well adapted to SME needs and resources (20). SMEs do not generally have the resources to promote mental wellbeing that larger organisations have (25,26) or understand the business benefits of mental health promotion (27) and are significantly less likely to implement health promotion programs (28).

With this in mind, the MENTUPP project aims to improve mental health and promote wellbeing in the SME workplace by developing, implementing and evaluating a comprehensive, multilevel intervention targeting both clinical (depressive, anxiety disorders) and non-clinical (stress, burnout, wellbeing, depressive symptoms) mental health issues, as well as combating the stigma of mental (ill-) health. The intervention will be specifically tailored to SMEs in construction, healthcare and ICT and assessed in a multi-country Cluster Randomised Controlled Trial. The primary aim is to improve mental health in the workplace, with a secondary aim to reduce depression and suicidal behaviour.

To provide an evidence base for this intervention, a review of the extant literature reveals a lack of research specifically in SMEs, and a lack of knowledge specific to the sectors and countries of the MENTUPP intervention. Where there is insufficient scientific data, expert consensus can be used to inform the best approach to use (29). The Delphi process is a step-by-step process by which a consensus can be formed based on the opinions of a range of experts (see Figure 1), and has successfully been used to answer questions in mental health research on a wide range of topics (30). In this study, we carried out a first round Delphi process, collecting information in an expert consultation and allowing for the possibility of reaching a further consensus if needed, by carrying out a future round or rounds of the process.

Thus, this expert consultation was designed with the aim of investigating the experiences and needs of workplaces and SMEs with regards to the promotions of employee wellbeing, the prevention and

management of clinical and non-clinical mental health problems, and the reduction of stigma around mental health problems. Regarding this aim, our specific research questions are:

1. What is the current state of affairs in workplaces with regards to these topics?

2. What is the impact of the COVID-19 pandemic on mental health in workplaces?

3. What are the experiences in workplaces with existing interventions, policies and best practice around mental health and reducing stigma?

4. What needs do workplaces have in order to improve their activities to promote employee mental health and reduce stigma?

5. Which barriers and facilitators exist for the implementation of interventions in workplaces and specifically in the sectors of construction, health and ICT?

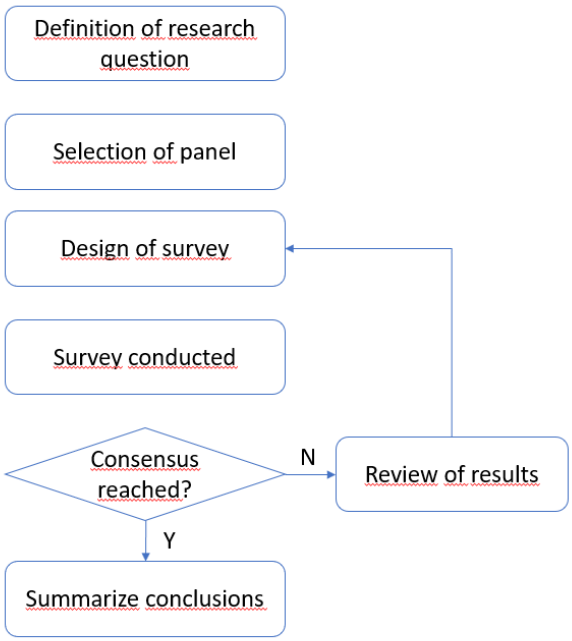

Figure 1. Delphi process

3 Method

3.1 Participants

The survey was distributed among academic experts, representatives of SMEs in general, representatives of the construction, healthcare or ICT sectors, or representatives of occupational health association groups, labour groups and advocacy groups. Only experts with at least 5 years of experience in their domain were targeted for this survey. Experts who were part of the MENTUPP consortium or under the age of 18 years were excluded.

The experts were recruited in the nine countries that will participate in the MENTUPP pilot trial and the cluster Randomised Controlled Trial (Albania, Australia, Finland, Germany, Hungary, Ireland,

Kosovo, the Netherlands, and Spain) and thus represent a diverse range of countries in terms of geography and income. To identify participants for this survey, different strategies were used including: networking (meaning recommendation by other experts in the field), identification through organization websites, and database search.

The research officers were asked to send the survey to at least 5 and up to 25 experts within their country. This range was chosen to take into account the different sizes of the participating countries and to ensure that the survey was completed in every country by a heterogeneous group of experts.

3.2 Ethical approval

Ethical approval for this study was received from the University College Cork Social Research Ethics Committee on 24/08/2020. All participants received information about the study and signed an informed consent before starting the survey.

3.3 Materials

A semi-structured Delphi-survey was designed, with a mix of open and closed questions, see Appendix 1. The survey questions were formulated based on the knowledge gaps identified following a review of the current literature. Questions were piloted with MENTUPP consortium members and external experts until a final version was agreed. The survey focused on seven topics as presented in Table 1 below:

Table 1: Survey Topics

Seven topics of the Delphi survey
General questions about you and your background
Workplace activity with regards to wellbeing and mental health
Impact of COVID-19 on mental health at work
Interventions aimed at the individual employee with regards to mental health
Anti-stigma activities
Gender-specific needs
Acceptability of workplace-based interventions

3.4 Procedure

The survey was sent out by research officers within each country to experts between 15th September 2020 and 5th October 2020. Before starting the survey, the selected experts received an information sheet and an informed consent form. Participation was completely voluntary and only proceeded when informed consent was given. The survey was estimated to take approximately 20 to 30 minutes to complete. Participants were able to save their answers and resume their survey at a later moment.

Multiple reminders were sent by the research officers within each country to encourage participants to start and/or complete the survey in time.

The survey platform 'Qualtrics' (www.qualtrics.com) was used to administer the English version of the survey to experts. For experts who didn't speak fluent English, the survey was translated into six additional languages (Albanian, Albanian for Kosovo, Dutch, German, Hungarian and Spanish) through a forward translation procedure. Every translation was reviewed by a native speaking research officer of the respective country. Local language surveys were not administered via Qualtrics but via Word or paper format. Experts then sent the completed local language survey to the research officer of their country and the research officers translated the answers into English and entered the responses into the Qualtrics software.

3.5 Analyses

Survey responses were analysed using descriptive statistics. For each item, the frequencies, the percentages, the median response, and the interquartile range (IQR; the distance between the 25th and the 75th percentiles) were calculated to determine the levels of agreement on the items. For the calculation of the median response and the IQR, the response category "don't know" was disregarded.

Free-text comments on the open questions were coded and collated using Dedoose, a software tool to analyse qualitative data, which resulted in a reduced number of answer categories. The different answer categories on the open questions were then summarised bullet wise, followed by the number of experts making this comment in brackets. Some answer categories are further specified in sub bullets.

4 Results

Across the nine countries, 146 experts were invited to take part in the Delphi survey. Of these, 62 participated, representing a 42% response rate. Detailed tables with results from each question can be found in Appendix 2.

4.1 Participants

The first section of the survey gathered demographic data about the participants and details of their field of expertise of the participants.

There was a slight majority of male participants, with the majority of participants between 40 and 49 years but ranging from 20-29 to 70+. In terms of participant country, 38.7% responded from Eastern Europe (Albania and Kosovo), 14.5% from Central Europe (Hungary), 8.0% from Anglo cultures (Australia and Ireland), 16.2% from Germanic Europe (Germany, The Netherlands), 8.1% from Nordic Europe (Finland) and 14.5% from Latin Europe (Spain). The data regarding the demographics of the participants are summarized in Table 2.

Table 2: Demographic characteristics of the participants

Personal characteristics of the participants	Frequency	Percentage
Gender		
Female	26	41.9 %
Male	34	54.8 %
Other	2	3.2 %
Age		
Between 20 to 29 years	3	4.8 %
Between 30 to 39 years	15	24.2 %
Between 40 and 49 years	20	32.3 %
Between 50 and 59 years	14	22.6 %
Between 60 and 69 years	7	11.3 %
70 years or older	3	4.8 %
Country		
Albania	16	25.8 %
Australia	2	3.2 %
Finland	5	8.1 %
Germany	4	6.5 %
Hungary	9	14.5 %
Ireland	3	4.8 %
Kosovo	8	12.9 %
Spain	9	14.5 %
The Netherlands	6	9.7 %

In Table 3, the expertise of the participants can be seen. The majority had 11-20 years of experience, and represented one of the sectors of construction, health or ICT, with healthcare being the sector with the greatest representation among those three sectors. With regards to SMEs, 6.5% came from an SME organisation and 17.7% of experts had specific expertise in mental health in SMEs.

Table 3. Field of expertise of the participants

Field of expertise of the participants	Frequency	Percentage
Type of representative		
Representative of construction, health or ICT sector	31	50 %
Academic expert	14	22.6 %
Representative of organisation providing services for SMEs or represent of a group of SMEs	4	6.5 %
Labour group, occupational health specialist association group, or advocacy group representative	5	8.1 %
Other	8	12.9 %
Years of expertise		
5 to 10 years	19	30.6 %
11 to 20 years	26	41.9 %
More than 20 years	17	27.4 %
Area of expertise		
SMEs	10	16.1 %
Mental health in SMEs	11	17.7 %
Construction sector	9	14.5 %
Healthcare sector	30	48.4 %
ICT sector	15	24.2 %
General	10	16.1 %

4.2 Workplace activity with regard to wellbeing and mental health

The second section of the survey focused on workplace activity with regard to wellbeing and mental health. Overall, the experts assessed that workplaces activities about wellbeing and mental health for the most part are not very developed. They assessed that workplaces to a certain extent create mentally healthy workplaces by offering flexible working conditions (14.5% to a large extent and 37.1% somewhat), but they also assessed a number of deficiencies, especially with regard to a systematic approach to reducing stigma and to promoting employees' mental wellbeing. Many experts (40.3%) did not know if workplaces conduct needs assessments to promote mental wellbeing.

Next, the experts assessed that workplaces need support for improving the promotion of employee mental wellbeing and the prevention of employee stress, burnout, depression and/or anxiety. Experts assessed that workplaces would particularly benefit from more information about "how to create

mentally healthy working conditions" (59.7% to a large extent, and 32.3% somewhat). In addition, experts also assessed that workplaces would benefit from more knowledge about how to establish policies about creating mentally healthy workplaces, how to strengthen people management skills among senior/HR staff and from information about factors contributing to work stress and burnout. There was also agreement that workplaces would benefit from materials about how to carry out a needs assessment to inform an organisational approach to promoting wellbeing, but here the answers were more diverse, which might also be due to a lack of knowledge about needs assessments.

In an open question, the experts were asked about what methods/policies/interventions, if any, work well and are accepted in terms of promoting employee mental wellbeing and preventing, detecting, and managing employee stress, burnout, depression, or anxiety. In summary, most comments regarding the experience with existing tools were about seminars or trainings offered either by third parties (24 experts) or directly in the workplace (13 experts). Experts also drew attention to the importance of workplace conditions or context like flexibility in working hours, promoting awareness about mental health or supporting management style for mental health at work (12 experts). The importance of manager/supervisor commitment to interventions for mental health interventions to work was especially emphasised, but experts also mentioned the important role of general skills in for example communication, conflict handling or self-motivation for mental health at work.

Finally, the majority of experts thought that businesses to a large extent or somewhat have negative outcomes related to poor employee mental health, especially with regard to absenteeism and presenteeism, but also with regard to difficulties to return to work and job turnover. In addition to these outcomes, experts also pointed to additional consequences of poor mental health at work in the form of, for example, interpersonal conflicts, misunderstanding, discrimination and stigma as well as accidents caused by a 'no-care' attitude, substance abuse and lower productivity.

4.3 Impact of COVID-19 on mental health at work

This block of questions focused on the impact of the COVID-19 pandemic on mental health at work. There was a high degree of consensus between experts that the COVID-19 pandemic has had a negative impact on mental health at work, with 77.4% of experts assessing that job stress and burnout have increased and 69.4% assessing that levels of depression, anxiety, and/or suicidal behaviour have increased. Experts were also in agreement that there has been a decrease in the capacity of workplaces to promote mental wellbeing (51.6%), a decrease in the capacity of workplaces to support employees with mental health conditions (48.4%) and a decrease in the capacity of managers to look after their own mental health needs (45.2%). Only the level of stigma surrounding mental health issues was felt to have stayed the same (50%).

Open text comments provided further information around the mainly negative impact of the pandemic. The top five negative impacts described were: 1) uncertainty about the future (13 experts), 2) negative social impact on employees (8 experts), 3) anxiety or fear of infection (7 experts), 4) rise in mental health problems (6 experts), and 5) more difficult working conditions (5 experts). Other comments highlighted the financial uncertainty faced by SMEs. While three quarters (56 of 74) of the

responses focused on the negative impact of the pandemic, 8 responses referred to pandemic-related changes which have had a neutral impact: 7 referred to neutral changes in the workplace such as changes in working processes, and one expert referred to the need for general role adjustment in each person's private life.

There were also 10 responses which found a silver lining to the pandemic. 5 experts highlighted positive experiences with working remotely, and 2 experts highlighted technological and digital growth. 1 expert each highlighted knowledge enhancement, a positive impact on mental health awareness and less pressure from daily life as ways COVID-19 has impacted positively.

In summary, there is clear consensus that COVID-19 had increased levels of non-clinical and clinical mental health problems, and reduced company capacity to manage these issues.

4.4 Interventions aimed at employees with mental health difficulties

This section focused on interventions for employees experiencing mental health difficulties. Results show that there is, in general, little support in the workplace for employees with mental health difficulties, and a high level of unmet need in terms of programs to prevent and treat mental health difficulties in employees. There exists general consensus that materials and tools of any type aimed at employees with mental health difficulties are lacking.

With regards to tools and materials for employees, more than 70% of experts assessed that the following would be useful: information about depression or anxiety and how to cope, interventions based on cognitive behavioural therapy (CBT), frameworks to guide addressing mental health issues with employee, frameworks to guide accessing health services, and frameworks to guide planning return after mental-health related absence. Between 60% and 70% of experts assessed that information about suicide and how to access help, face to face workshops on detecting and managing depression and/or anxiety, online tools to detect and manage depression and/or anxiety, interventions based on mindfulness or relaxation techniques and peer support interventions would be helpful. Online workshops aimed at detecting and managing depression/anxiety, and interventions based on other therapies, were assessed as useful by 56.5% and 32.3% of experts, respectively.

When ranked, experts rated materials providing 'information about depression or anxiety and how to cope', 'face-to-face workshops on detecting and managing depression and/or anxiety', and 'interventions based on CBT' as the top three types of tools most likely to be taken up by staff. Meanwhile, 'frameworks to guide planning return after mental-health related absence', 'information about suicide and how to access help', and 'frameworks to guide accessing health services' were ranked as the least likely to be taken up by staff, meaning that despite these being rated as useful in the previous question, experts viewed that these would be less likely to be taken up by staff.

There was general consensus that managers lack the knowledge and skills to detect a mental health condition in an employee, have a conversation about this or make adjustments to facilitate job retention or return to work.

With regards to tools and materials for supervisors, more than 60% of experts assessed that information about depression or anxiety and how to cope, information about suicide and how to

access help, guidelines on what to do if an employee is experiencing mental health issues, face to face workshops with healthcare professionals, guidelines on handling an employee's return following mental health related absence and peer-to-peer support would be useful.

4.5 Anti-stigma activities

This section of the survey concentrated on levels of stigma surrounding mental health difficulties, and existing anti-stigma activities and tools. The experts involved in the survey reported a lot of unmet need regarding the implementation of workplace-based anti-stigma and anti-discrimination programs; however, opinions were varied. For example, with regards to being able to speak openly about stress and mental health issues, most experts disagreed that there was open communication, but the answers were somewhat mixed. Workplaces do seem to take steps avoiding stigma and discrimination, according to 62.8% of the experts (but only to a small extent according to 46.8%, and not at all according to 16% respectively). Only 9.7% of experts stated that there are major steps taken against stigma and discrimination in the workplace.

Experts considered that employees were most likely to hide mental health difficulties, with the most common underlying reasons for hiding them being the fear of job loss, stigmatisation, rejection by colleagues and discrimination in general.

Of note, the experts agreed on various well-defined needs and strategies to target stigma and discrimination, with a high degree of agreement that the following were useful either to a large extent or somewhat: workshops on mental health given by an expert-through-experience (79.0%), counselling funded by work (77.4%), awareness campaigns (77.4%), and workshops on mental health given by a professional (75.8%).

Finally, experts assessed that managers would agree to the following statement about anti-stigma programs: 74.7% of the experts reported that managers may find that anti-stigma program have a positive impact ("to a large extent" and "somewhat" answers were taken together). 72.6% reported that managers may find in ''somewhat'' and ''to a large extent'' that anti-stigma program can increase wellbeing, and 69.4% may find that anti-stigma program also increase productivity.

4.6 Gender-specific needs

The results regarding gender-specific needs showed a lack of consensus between experts. This section comprised three open text questions which gathered many responses. Here, we have summarised the top two answers for each of the three questions, and in each case the top two results show contrasting views.

In response to the first open text question asking if there is any gender difference in terms of help-seeking behaviours related to mental health issues, 22 experts highlighted a large gender difference in terms of help-seeking behavior, with females more likely to ask for help and seek help sooner, while 9 experts asserted there was no gender difference. In response to the second question, asking whether there are any gender-specific aspects that should be considered when supporting an employee's mental health, 17 experts felt gender-specific aspects should be considered when supporting an employee's mental health while 10 experts felt that support is important for everyone regardless of

gender, so there shouldn't be gender differences. Finally, in response to the question on whether there are specific aspects to take into account in male-dominated or female-dominated workplaces in terms of creating a mentally healthy workplace, 23 experts felt that specific needs should be considered in male/female dominated workplaces, while 4 felt that support should not focus on gender specific needs but on making workplaces better in general for everyone.

Further responses to the above questions showed more differences in opinion. On the one hand were comments supporting gender differences, such as "Support for men should be written in male language so that men with a traditional masculine identify are reached (1 expert)"; Different language should be used in support for males (1 expert)", "Men tend to hide their problems and solve their problem themselves (1 expert)", and "especially older males are reluctant to seek help (1 expert)". These comments contrasted with others such as "Gender neutrality should be used in all support and communication (1 expert)" or "Gender inequalities in employment, working conditions, and work life balance are important to consider; both genders need to be treated equally (2 experts)". There were also relevant comments highlighting the extra pressure women may be under outside the workplace due to the additional household responsibilities traditionally assigned to females, as well as comments highlighting the need to support minorities, particularly those who are LGBTQI+.

4.7 Acceptability of workplace-based interventions

Experts assessed various concerns on the part of both managers and employees which could be a barrier to the acceptability of workplace-based interventions. A majority of experts felt a lack of resources for implementation, as well as employees using work time or resources to access interventions, would be concerns to a large extent, while hesitancy on the part of staff to participate, and feelings that the workplace is not responsible for employees' mental health or an appropriate setting for such interventions were rated by a majority as somewhat of a concern.

There was consensus that information on the economic benefits and testimonials from managers who have implemented mental health interventions may influence managers to a large extent in deciding whether or not to implement interventions in the workplace, while information on social benefits, scientific information were deemed somewhat important, as well as a simple implementation requiring minimal manager, HR and employee time.

Meanwhile, a majority of experts (69.4% in each case) felt that confidentiality, discrimination or stigma, and career progression or job security, could prevent employees from participating in mental health interventions.

There was lower consensus regarding the acceptability of online tools aimed at individual employees. A majority neither agreed nor disagreed that it could be uncomfortable to access online tools while at work, that access would be easy or that access on a smartphone would be easier. There was a wide spread of responses regarding possible negative repercussions for employees and businesses, and level of access to online tools, which would be interesting to further analyse by sector.

5 Discussion

This survey is the first to the authors' knowledge to gather information regarding mental health interventions in SMEs across Europe and Australia in seven languages. The results provide a clear impression of an unmet need in terms of mental health interventions in the workplace focusing on wellbeing, non-clinical and clinical mental health difficulties, and associated stigma.

In terms of wellbeing and reducing stress, the results from the consultation largely confirm, but also specify the needs and challenges workplaces face when trying to improve their activities for the promotion of employee wellbeing and the prevention of non-clinical mental health conditions. Of note, the fact that 40% of the experts do not know if workplaces use needs assessments for a more organizational level approach to promote mental wellbeing, points to needs assessment not playing a large role in many workplaces. This is important to note, as regular needs or risk assessments, including of the psychosocial work environment, are required by law by the EU Framework Directive on Safety and Health at Work (31).

The results regarding wellbeing and reducing stress will be used within the MENTUPP project to tailor the relevant intervention tools even more, i.e. to focus on providing sufficient information but also providing training so that workplaces can improve their knowledge and competencies about mental health and wellbeing at work. Together with knowledge from systematic literature reviews about organizational level mental health interventions in the three sectors (ICT, healthcare and construction), and a literature review about mental health intervention implementation, the expert consultation study provides valuable knowledge that can help design intervention tools that fit to workplaces' needs and support them in their efforts to promote employee wellbeing and prevent non-clinical mental health conditions.

Concerning mental health difficulties, results showed companies do not have the tools, knowledge, or skills to support employees experiencing these issues, agreeing with previous data showing a lack of capacity in SMEs to manage the return to work of those on sick leave due to mental health problems (32). The survey results concur with data on the difficulties people who suffer mental health difficulties can have in staying in the workforce, with depression the leading cause of disability around the world (33,34). Given the financial and social impact of this, supporting employees and managers in this area is an urgent need. The findings of this survey complement findings from a systematic review of the existing scientific literature and provide valuable information on how best the MENTUPP tools to support employees and managers with mental health difficulties can be developed for the SME workplace, with a focus on psychoeducational materials and workshops.

Concerning stigma regarding mental health difficulties, experts concurred that this is prevalent in the workplace, and currently there is a lack of well-known anti-stigma activities. However, the experts supported the importance of in-person interventions in tackling stigma, and the online solutions were also positively ranked by them. The findings support the tools planned and being produced for the Anti-Stig Harbour within the MENTUPP project.

With reference to the impact of the COVID-19 pandemic, experts' impressions point to this being overwhelmingly negative, leading to an increase in mental health symptoms and a decrease in the capacity of workplaces to support employees, and managers to manage their own mental health. These results underscore the need for interventions to be implemented which can adapt to the current pressures of the pandemic, in terms of content and method of delivery. While face-to-face workshops were more highly rated than online workshops by experts to tackle mental health difficulties and stigma, online workshops were also rated positively, and their role will be substantial in light of the pandemic.

The results in the gender section perhaps drew the most diverse answers, with many gender-specific needs and challenges highlighted by experts, while a significant minority asserted there should be no difference between genders. There were many interesting points made by only one or two experts which could reflect conditions specific to certain sectors or countries, such as "In Albanian workplaces, employees stick to gender roles and men and women socialise separately" or "Women more often work in settings with client and patient contact; in these settings there are more absences from work due to mental health issues". These answers would warrant a further analysis by sector and country. However, while there is discrepancy over to what extent gender-specific tools should be employed, the answers all share a common theme of the importance of ensuring there is no negative impact from gender. Based on these answers, while there is no consensus on whether the intervention should be gender-specific, it can be taken that it is important to ensure there is no gender bias in the language used, as well as to take into account different communication styles and levels of help-seeking behaviours when designing the intervention.

The results regarding acceptability of the intervention contrast with the clear expert perception of need for mental health interventions defined by the experts, showing that for a variety of reasons managers and employees may find aspects of a workplace-based intervention not acceptable. This supports prior research showing that SMEs are less likely to implement health promotion programs (McCoy et al., 2014) and suggests that it is necessary to invest in "selling" the business benefits of the intervention to improve take up.

Despite variation in the country and background in which the experts have their expertise, the results from the experts provide a clear indication of which tools and materials would be most useful in supporting employees and managers in the promotion of wellbeing and tackling mental health difficulties in the workplace, as well as potential issues in the acceptability of the interventions. The highest agreement between experts was reached in the section on the impact of the COVID-19 pandemic on work. These results provide clear guidelines to meet the overreaching aim of this Delphi consultation for these areas, which was to develop the corresponding MENTUPP tools. However, several areas showed a lower degree of consensus, such as with regards to gender-specific needs, or a lack of knowledge on the part of experts, such as the 40% unaware of whether legally required needs assessments are carried out. These results warrant further detailed analysis to understand if these results reflect between-country, cultural, or sector-specific differences. Based on this more detailed analysis, it can be decided if a further round of the Delphi survey is needed or if, instead, there are

country- or sector-specific needs to take into account in these areas which means reaching a consensus between the experts would not be a reasonable aim.

Overall, the results provide an extensive dataset of expert opinion from across Europe and Australia, providing, along with reviews of the existing literature, an evidence base for informing the interventions currently being developed for MENTUPP. The strengths of this expert consultation include its implementation in 9 countries in different geographical, cultural, and economic regions, and translation into 6 languages, as well as the semi-structured design allowing for the capture of a range of data. However, there were some important limitations. Expert consultations, while providing valuable information, are low in the hierarchy of evidence. However, for the specific objectives of this survey, it has provided useful guidance in specific areas where scientific literature is lacking. The response rate, at 42%, was relatively low. While the diverse pool of participants answering the survey is a strength, it is also a limitation in terms of trying to gain consensus between experts when their individual roles, sectors or countries may reflect different realities. Additionally, the distribution of participants per country was uneven, with Albania providing a quarter of the total experts, and three countries (Germany, Australia and Ireland) not meeting the minimum threshold of 5 experts per country. This, in addition to the overrepresentation of the health sector as compared to the ICT or construction sectors, may further have skewed the results.

6 Conclusion

These results demonstrate that there is expert consensus that current tools, materials and support are lacking for employees and managers to be able to promote wellbeing and cope with mental health difficulties in the workplace. Similarly, expert opinion is that employees often hide their mental health difficulties due to stigma, and appropriate anti-stigma programs are needed. The strong negative impact of the COVID-19 pandemic, as highlighted by the experts in this report, make the MENTUPP project more timely than ever. The results of this expert consultation support the approach taken within the MENTUPP program and provide specific details which can be used to ensure the intervention is appropriate across the different countries and sectors. Specific challenges highlighted regarding the acceptability of the intervention and mode of delivery will be considered in order to ensure the success of the project.

7 References

1. World Health Organization. Mental health and well-being at the workplace - protection and inclusion in challenging times (2010) [Internet]. 2010 [cited 2020 Oct 6]. Available from: https://www.euro.who.int/en/publications/abstracts/mental-health-and-well-being-at-the-workplace-protection-and-inclusion-in-challenging-times-2010

2. World Health Organization. Mental health in the workplace [Internet]. World Health Organization; 2019 [cited 2020 May 6]. Available from: https://www.who.int/mental_health/in_the_workplace/en/

3. European Agency for Safety and Health at Work. OSH in figures: stress at work - facts and figures [Internet]. Luxembourg: European Communities; 2009. Available from: https://osha.europa.eu/en/publications/osh-figures-stress-work-facts-and-figures

4. Theorell T, Hammarström A, Aronsson G, Träskman Bendz L, Grape T, Hogstedt C, et al. A systematic review including meta-analysis of work environment and depressive symptoms. BMC Public Health [Internet]. 2015 Dec 1 [cited 2018 Jun 14];15(1):738. Available from: http://www.ncbi.nlm.nih.gov/pubmed/26232123

5. Milner A, Witt K, LaMontagne AD, Niedhammer I. Psychosocial job stressors and suicidality: a meta-analysis and systematic review. Occup Env Med. 2018;75(4):245–53.

6. Yoshimura Y, Bakolis I, Henderson C. Psychiatric diagnosis and other predictors of experienced and anticipated workplace discrimination and concealment of mental illness among mental health service users in England. Soc Psychiatry Psychiatr Epidemiol [Internet]. 2018;53(10):1099–109. Available from: 10.1007/s00127-018-1561-7

7. Patel V, Koschorke M, Prince M. Closing the Treatment Gap for Mental Disorders. In: Routledge Handbook of Global Public Health. UK: Taylor & Francis; 2011. p. 385–93.

8. Henderson C, Evans-Lacko S, Thornicroft G. Mental illness stigma, help seeking, and public health programs [Internet]. Vol. 103, American Journal of Public Health. American Public Health Association; 2013 [cited 2020 Oct 6]. p. 777–80. Available from: /pmc/articles/PMC3698814/?report=abstract

9. Birnbaum HG, Kessler RC, Kelley D, Ben-Hamadi R, Joish VN, Greenberg PE. Employer burden of mild, moderate, and severe major depressive disorder: Mental health services utilization and costs, and work performance. Depress Anxiety [Internet]. 2010 Jan 1 [cited 2020 Oct 6];27(1):78–89. Available from: https://onlinelibrary.wiley.com/doi/full/10.1002/da.20580

10. NIOSH. Exposure to stress: occupational hazards in hospitals [Internet]. DHHS (NIOSH) Publication. 2008 [cited 2020 Oct 6]. Available from: www.cdc.gov/niosh.

11. Salanova M, Cifre E, Llorens S, Martínez IM, Lorente L. Psychosocial Risks and Positive Factors among Construction Workers. In: Burke RJ, Clarke S, Cooper CL, editors. Occupational Health and Safety (Psychological and Behavioural Aspects of Risk) [Internet]. 1st ed. Routledge; 2011. p. 295–320. Available from: http://www.want.uji.es/wp-content/uploads/2017/10/2011_Salanova-Cifre-Martínez-Llorens-Lorente-Psychosocial-risks-and-positive-....pdf

12. Meltzer H, Griffiths C, Brock A, Rooney C, Jenkins R. Patterns of suicide by occupation in England and Wales: 2001–2005. Br J Psychiatry. 2008;193(1):73–6.

13. Müller-Thur K, Angerer P, Körner U, Dragano N. Work with digital technologies, psychosocial demands/ stress and health implications: Are there any correlations? Arbeitsmedizin Sozialmedizin Umweltmedizin. 2018;53(6):388–91.

14. Dragano N, Lunau T. Technostress at work and mental health: concepts and research results. Curr Opin Psychiatry [Internet]. 2020 Jul 1 [cited 2020 Oct 6];33(4):407–13. Available from: https://journals.lww.com/10.1097/YCO.0000000000000613

15. European Union Commission. Commission Recommendation of 6 May 2003 Concerning the Definition of Micro, Small and Medium-Sized Enterprises (Text With EEA Relevance) (Notified Under Document Number C(2003) 1422). Off J Eur Union [Internet]. 2003 [cited 2020 Feb 14];26(124):36–41. Available from: https://eur-lex.europa.eu/eli/reco/2003/361/oj

16. Eurostats. Small and medium-sized enterprises: an overview - Product - Eurostat [Internet]. 2018 [cited 2019 Nov 28]. Available from: https://ec.europa.eu/eurostat/web/products-eurostat-news/-/EDN-20181119-1

17. Yeh WY, Yeh CY, Chen CJ. Exploring the public-private and company size differences in employees' work characteristics and burnout: Data analysis of a nationwide survey in Taiwan. Ind Health [Internet]. 2018 [cited 2020 Oct 6];56(5):452–63. Available from: /pmc/articles/PMC6172177/?report=abstract

18. SME Policy Responses - OECD [Internet]. [cited 2020 Apr 14]. Available from: https://read.oecd-ilibrary.org/view/?ref=119_119680-di6h3qgi4x&title=Covid-19_SME_Policy_Responses

19. Benavides FG, Benach J, Diez-Roux A V., Roman C. How do types of employment relate to health indicators? Findings from the Second European Survey on Working Conditions. J Epidemiol Community Health. 2000 Jul;54(7):494–501.

20. Cocker F, Martin A, Scott J, Venn A, Sanderson K. Psychological distress, related work attendance, and productivity loss in small-to-medium enterprise owner/managers. Int J Environ Res Public Health [Internet]. 2013 Oct 15 [cited 2018 Nov 5];10(10):5062–82. Available from: http://www.ncbi.nlm.nih.gov/pubmed/24132134

21. CMHA. Going it Alone: The mental health and well-being of Canada's entrepreneurs [Internet]. 2019 [cited 2019 Nov 28]. Available from: https://cmha.ca/wp-content/uploads/2019/06/GoingitAlone-CMHA-BDCReport-FINAL-EN.pdf

22. Wagner SL, Koehn C, White MI, Harder HG, Schultz IZ, Williams-Whitt K, et al. Mental health interventions in the workplace and work outcomes: A best-evidence synthesis of systematic reviews [Internet]. Vol. 7, International Journal of Occupational and Environmental Medicine. 2016 [cited 2019 Oct 15]. p. 1–14. Available from: http://www.ncbi.nlm.nih.gov/pubmed/26772593

23. Naidu V V, Giblin E, Burke KM, Madan I. Delivery of cognitive behavioural therapy to workers: A systematic review [Internet]. Vol. 66, Occupational Medicine. 2016 [cited 2019 Oct 15]. p. 112–7. Available from: http://www.ncbi.nlm.nih.gov/pubmed/26409057

24. Wan Mohd Yunus WMA, Musiat P, Brown JSL. Systematic review of universal and targeted workplace interventions for depression. Occup Environ Med [Internet]. 2018 Jan [cited 2018 Apr 10];75(1):66–75. Available from: http://www.ncbi.nlm.nih.gov/pubmed/29074553

25. Hannon PA, Garson G, Harris JR, Hammerback K, Sopher CJ, Clegg-Thorp C. Workplace health promotion implementation, readiness, and capacity among midsize employers in low-wage industries: A national survey. J Occup Environ Med. 2012 Nov;54(11):1337–43.

26. Dawkins S, Martin A, Kilpatrick M, Scott J. Reasons for Engagement: SME Owner-Manager Motivations for Engaging in a Workplace Mental Health and Wellbeing Intervention. J Occup Environ Med [Internet]. 2018 [cited 2019 Oct 8];60(10):917–27. Available from: http://www.ncbi.nlm.nih.gov/pubmed/29851735

27. Hughes MC, Patrick DL, Hannon PA, Harris JR, Ghosh DL. Understanding the Decision-Making Process for Health Promotion Programming at Small to Midsized Businesses. Health Promot Pract. 2011;12(4):512–21.

28. McCoy K, Stinson K, Scott K, Tenney L, Newman LS. Health promotion in small business: A systematic review of factors influencing adoption and effectiveness of worksite wellness programs. J Occup Environ Med [Internet]. 2014 Jun [cited 2020 Feb 14];56(6):579–87. Available from: http://www.ncbi.nlm.nih.gov/pubmed/24905421

29. Minas H, Jorm AF. Where there is no evidence: Use of expert consensus methods to fill the evidence gap in low-income countries and cultural minorities. Int J Ment Health Syst [Internet].

2010 Dec 21 [cited 2020 Oct 6];4:33. Available from: /pmc/articles/PMC3016371/?report=abstract

30. Jorm AF. Using the Delphi expert consensus method in mental health research. Aust N Z J Psychiatry. 2015;49(10):887–97.

31. European Commission. COUNCIL DIRECTIVE of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work. Off J Eur Communities [Internet]. 1989 [cited 2020 Oct 30];L 269(September 2000):1–15. Available from: https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=celex%3A31989L0391

32. Koopmans PC, Roelen CAM, Groothoff JW. Sickness absence due to depressive symptoms. Int Arch Occup Environ Health. 2008 May;81(6):711–9.

33. Reddy MS. Depression: The Disorder and the Burden. Indian J Psychol Med [Internet]. 2010 Jan [cited 2020 Oct 30];32(1):1–2. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3137804/

34. Friedrich MJ. Depression Is the Leading Cause of Disability Around the World. JAMA [Internet]. 2017 Apr 18 [cited 2020 Oct 30];317(15):1517. Available from: https://jamanetwork.com/journals/jama/fullarticle/2618635

8 Appendices

8.1 Appendix 1: The Expert Consultation

A) General questions about you and your background

1. Please indicate your gender:

a) Male
b) Female
c) Other/prefer not to say

2. Please indicate your age:

a) 20-29 years old
b) 30-39 years old
c) 40-49 years old
d) 50-59 years old
e) 60-69 years old
f) 70 years or older

3. Please indicate the country that you will refer to when providing your answers: (Drop-down list: *Albania, Australia, Finland, Germany, Hungary, Ireland, Kosovo, The Netherlands, and Spain***)**

4. Please mark the statement that best describe your expertise.

a) I represent an organisation representing the construction, health or information and communication technologies (ICT) sector
   Please briefly describe what type of organisation that is_____
b) I am an academic expert
   Please briefly describe your academic background and your area of research with relation to mental health at work:_____
c) I represent an organisation providing services for SMEs or representing a group of SMEs
   Please briefly describe what type of organisation that is_____
d) I am a labour group, occupational health specialist association group, or advocacy group representative
   Please describe shortly the type of organisation you represent_____
e) Other, please state: _____

5. How many years of previously mentioned expertise do you have?

5-10 years
11-20 years
+20 years

6. Please indicate if you have expertise in any specific area listed below (multiple boxes can be checked):

a) SMEs
b) Mental health in SMEs
c) Construction industry
d) Health care sector
e) IT and communication
f) My experience is general and not related to any of these sectors

Please provide us with your valuable opinion and answer this survey based on your relevant occupational experiences as you have detailed above. Please always respond to the questions in terms of the country you are based in (as indicated above), and any specific sector you represent, if applicable.

B. Workplace activity

Please respond to the following questions in the context of the period before the current pandemic. There will be space at the end of this section to add comments related to the COVID-19 pandemic.

1. **Workplace activities**
    a. **In your opinion, to what extent does the average workplace** (*To a large extent/Somewhat/ To a small extent/Not at all/ Don't know)*
        i. Create mentally healthy workplaces by, for example, providing flexible and supportive working conditions and/or avoiding stressful working conditions, such as long working hours, excessive workload or poor supervisory support
        ii. Have a strategic and coordinated organisational approach to promote employees' mental wellbeing
        iii. Carry out needs assessments among employees to inform an organisational approach to promote mental wellbeing.
        iv. Provide training for managerial/HR staff on promoting wellbeing in the workplace
        v. Provide psychological support services to employees (for example, counselling support and stress management training)
        vi. Have a strategic and coordinated organisational approach to reduce stigma related to mental health problems.

Comments: Please add any comments you would like to make with regard to workplace activities that address the promotion of mental wellbeing and the prevention, detection and management of stress, burnout, depression or anxiety:_____(*open text*)

2. **Access to information/tools/advice**

a. To what extent do you think workplaces would benefit from/ would like/ more/require increased availability of information, about the following topics (*To a large extent/Somewhat/To a small extent/Not at all/Don't know)*

- **i.** How to create mentally healthy working conditions
- **ii.** Factors contributing to work stress and burnout
- **iii.** How to establish policies about creating mentally healthy workplaces
- **iv.** How to carry out a needs assessment to inform an organisational approach to promoting wellbeing
- **v.** How to strengthen people management skills among senior staff/HR staff in order to detect and handle mental health problems

b. Do workplaces have any other needs when it comes to improving the promotion of employee mental wellbeing and the prevention of employee stress, burnout, depression and/or anxiety? *(open text_____)*

3. Experience with existing tools/interventions and challenges

a. Based on your experiences what methods/policies/interventions, if any, work well and are accepted in terms of promoting employee mental wellbeing and preventing, detecting, and managing employee stress, burnout, depression, or anxiety? *(open text)*_____

b. Can you suggest up to 5 key barriers that you are aware of or have experienced when implementing methods/policies/interventions aimed at promoting employee mental health?

1._____
2._____
3._____
4._____
5._____

c. Can you suggest up to 5 key things that you are aware of which have helped when implementing methods/policies/interventions aimed at promoting employee mental health?

1._____
2._____
3._____
4._____
5._____

4. Consequences

a. Based on your experiences to what extent do you perceive the following business outcomes to be related to poor employee mental health? *(To a large extent/Somewhat/To a small extent/Not at all/Don't know)*

i. Absenteeism
ii. Presentism in terms of lower productivity
iii. Difficulties in returning to work following absence
iv. Job turnover (employees with poor mental health resigning or being dismissed)
v. Other _____

5. **COVID-19: Impact of the COVID-19 pandemic on mental health at work**
   a. **To what extent do you think COVID-19 has impacted on: (***have increased/stayed the same/have decreased/don't know)*

      i. levels of job stress and burnout
      ii. levels of depression, anxiety and/or suicidal thoughts or behaviour
      iii. the capacity of workplaces to promote employee wellbeing
      iv. the capacity of workplaces to support employees with mental health conditions
      v. the capacity of business owners/managers to look after their own mental health needs
      vi. Stigma (negative attitudes/behaviours around mental health issues) surrounding mental health issues
      vii. Do you know of any challenges specific to SMEs? _____

   b. Please provide further details on the impact of COVID-19 on your area of expertise.*(open text:_____)*

C. Supporting the individual employee with mental health needs

Please respond to the following questions in the context of the period before the current pandemic.

1. **Support for employees**
   a. To what extent are the following measures of support available for employees showing signs of mental health difficulties such as depression, anxiety or self-harm/suicidal thoughts or behaviour?: *(To a large extent/Somewhat/To a small extent/Not at all/Don't know)*
      i. support for mental health issues supplied directly within the workplace
      ii. occupational health support supplied by a third party
      iii. support provided by healthcare insurance organised through the business
      iv. support from labour organisations
      v. Other, please state:_____

b. How do you estimate the current level of unmet need for programs aimed at preventing and treating mental health difficulties in employees? *(High/Medium/Low/No need/ Don't know)*

c. To what extent are the following materials/tools available, within the workplace, for employees with mental health issues such as depression, anxiety or suicidal thoughts or behaviour? (*To a large extent/Somewhat/To a small extent/Not at all/Don't know, (and tick box on side - would this be useful?)*

- **i.** materials providing information about depression or anxiety and how to cope
- **ii.** materials providing information about suicide and how to access help
- **iii.** face-to-face workshops on detecting and managing depression and/or anxiety
- **iv.** online workshops on detecting and managing depression and/or anxiety
- **v.** online tools to help to detect and manage depression and/or anxiety
- **vi.** interventions based on cognitive behavioural therapy, to help change negative thoughts and behaviours
- **vii.** interventions based on mindfulness or relaxation techniques
- **viii.** interventions based on other therapies (please specify_____)
- **ix.** peer-support interventions
- **x.** framework to guide addressing the issue with their employee
- **xi.** framework to guide accessing health services
- **xii.** framework to guide planning a return to work following mental-health related absence (recovery)
- **xiii.** Other, please state_____

d. Based on your knowledge or experience, can you suggest what types of tools are most likely to be taken up by staff in your sector who are experiencing mental health problems? Please list in order of preference:

1.
2.
3.
4.
5.

2. Support for managers

a. In your experience, to what extent do supervisors have the knowledge and skills to: *(To a large extent/Somewhat/To a small extent/Not at all/Don't know)*:

- **i.** detect a mental health condition in an employee
- **ii.** have a conversation with an employee about their mental health condition
- **iii.** make adjustments to facilitate job retention or return to work

b. To what extent do you think supervisors need the following materials/tools? *(To a large extent/Somewhat/To a small extent/Not at all/Don't know and tick box on side - would this be useful?)*

- **i.** Materials providing information about depression and anxiety
- **ii.** Materials providing information about suicide and how to assist someone who is suicidal
- **iii.** Guidelines on what to do if an employee is experiencing a mental health issue
- **iv.** Guidelines on handling an employee's return to work following mental-health related absence
- **v.** Guidelines on managing presentism
- **vi.** Face-to-face workshops with healthcare professionals
- **vii.** Online workshops with healthcare professionals
- **viii.** Links with associations who can provide guidance
- ix. Peer-to-peer support
- **x.** Other, please state.

D. Anti-stigma Activities

Please respond to the following questions in the context of the period before the current pandemic.

1. **Levels of stigma** (negative attitudes/behaviours around mental health issues)
   - **a.** To what extent have employees the chance to speak openly about their work stress, burnout feelings or mental health problems in the workplace? *(Strongly agree/agree/neither agree nor disagree/disagree/strongly disagree/don't know)*
   - **b.** To what extent do workplaces?: *(To a large extent/Somewhat/To a small extent/Not at all/Don't know)*
     - i. Have a visible approach to reduce bullying and discrimination related to mental health issues in the workplace.
     - ii. have policies on sharing information about employees' mental health problems in order to protect employees' privacy rights
     - iii. have policies to protect employees against discrimination and bullying due to their mental health problems
   - **c.** Based on your professional assessment, what is the most common employee attitude regarding openly expressing mental health problems? (*1- Hiding 2 3 4 5 - Full Transparency)*
   - **d.** Based on your professional assessment, what is a manager's/supervisor's most common attitude toward employee mental health problems? *(1- rejection 2 3 4 5 – Full acceptance)*
   - **e.** Based on your professional assessment, if someone with a mental health problem openly expresses this in the workplace:

i. What are the most common risks? *(Open text_____)*
ii. What are the most common benefits?*(Open text_____)*

2. **Activities to reduce stigma** (negative attitudes/behaviours around mental health issues)
   a. To what extent do you think workplaces need further tools to reduce stigma towards mental health problems in the workplace? *(To a large extent/Somewhat/To a small extent/Not at all/Don't know)*
      i. Printed materials about mental health
      ii. Online information materials
      iii. Counselling provided or funded by the workplace
      iv. Awareness campaigns
      v. Workshops about mental disorders and stigma led by a professional (e.g., psychologist)
      vi. Workshops about mental disorders and stigma led by a person with lived experience
      vii. Website about how to reduce stigma in the workplace
      viii. E-mail or chat options to discuss stigma
      ix. Other: Please state_____

   b. To what degree do you think managers would agree with the following statements about programs to reduce stigma (negative attitudes/behaviours around mental health issues)?
      (*To a large extent/Somewhat/To a small extent/Not at all/Don't know*)

      i. Anti-stigma programs can have a positive impact on the wellbeing of employees with mental health problems.
      ii. Anti-stigma programs can increase the wellbeing of the entire staff at a workplace
      iii. Anti-stigma programs can increase the productivity in the workplace

3. **Acceptability of anti-stigma interventions**
   a. What, if anything, do you consider to be the main barrier when conducting a mental health anti-stigma activity? (open text)

4. Are you aware of any mental health anti-stigma activities in your country? If yes, please list the name of the program(s):

E. GENDER

1. To what extent do you assess that there are gender differences in terms of help-seeking behaviours related to mental health issues in your area? *(open text)*

2. Do you think there are gender-specific aspects that should be considered when supporting an employee's mental health? *(open text)*

3. Do you think that specific aspects need to be considered in male dominated workplaces and female dominated workplaces in terms of creating a mentally healthy workplace? *(open text)*

F. ACCEPTABILITY

In this section, we would like you to assess factors which may influence the acceptability of an intervention in the area you are an expert for in terms of:

1. Acceptability for managers/supervisors

a. To what extent do you think that managers/supervisors might have the following concerns when it comes to implementing mental health interventions within the workplace? (*To a large extent/Somewhat/To a small extent/Not at all/Don't know)*

i. Thinking that the workplace is not responsible for employees' mental health
ii. Thinking that staff will hesitate to participate in interventions in the workplace
iii. Concern about lack of resources for implementation
iv. Concern about employees accessing interventions during work time or using work resources
v. The workplace is not the appropriate setting for such interventions
vi. Other, please state_____

b. To what extent do you think the following may influence managers/supervisors when deciding whether or not to implement mental health interventions within the workplace:(*To a large extent/Somewhat/To a small extent/Not at all/Don't know)*

i. Information on the economic benefits it could bring to the workplace
ii. Information on the social benefits it could bring to the workplace
iii. Testimonials from managers/supervisors who have implemented mental health interventions and noted positive changes within the business
iv. Scientific research on the benefits of mental health interventions
v. Simple implementation which requires minimal manager/HR time
vi. Minimal requirement of employee time
vii. Relevance to COVID-19 pandemic
viii. Other, please state

2. Acceptability for employees

a. Based on your experience to what extent do you think the following issues may prevent an employee from participating in mental health interventions within the workplace setting?(*To a large extent/Somewhat/To a small extent/Not at all/Don't know)*
   i. Concerns about confidentiality
   ii. Concerns about discrimination/stigma
   iii. Concerns about career progression/job security
   iv. Thinking that the workplace should not get involved when employees have mental health problems
   v. Other, please state_____

3. Acceptability of online tools for interventions aimed at individual employees

Please rate the following statements about accessing tools online in terms of agreement *(Likert 1-5 strongly agree, agree, neither agree nor disagree, disagree, strongly disagree):*

   vii. Employees may feel uncomfortable accessing online mental health interventions while being at work
   viii. Accessing an online intervention while in the workplace could have negative repercussions for the employee
   ix. Employees accessing an online intervention through the workplace could have negative repercussions for the employers/business/SME
   x. Employees in the area have easy access to a computer during working hours
   xi. It would be easier for employees to access an intervention through their personal smartphone.

4. Is there anything else you would like to tell us about mental health in the workplace or about implementing activities to support mental health in the workplace? Please add whatever you think is relevant. If you have specific knowledge about one of the three sectors (ICT, health, construction) please provide us with additional information with regard to these sectors and/or if you have specific knowledge about SMEs please provide us with additional knowledge with regard to SMEs (*open text*_____*)*

8.2 Appendix 2: Full results

8.2.1 Participant demographics and expertise

Personal characteristics of the participants	Frequency	Percentage
Gender		
Female	26	41.9 %
Male	34	54.8 %
Other	2	3.2 %
Age		
Between 20 to 29 years	3	4.8 %
Between 30 to 39 years	15	24.2 %
Between 40 and 49 years	20	32.3 %
Between 50 and 59 years	14	22.6 %
Between 60 and 69 years	7	11.3 %
70 years or older	3	4.8 %
Country		
Albania	16	25.8 %
Australia	2	3.2 %
Finland	5	8.1 %
Germany	4	6.5 %
Hungary	9	14.5 %
Ireland	3	4.8 %
Kosovo	8	12.9 %
Spain	9	14.5 %
The Netherlands	6	9.7 %

Field of expertise of the participants	Frequency	Percentage
Type of representative		
Represent of construction, health or ICT sector	31	50 %
Academic expert	14	22.6 %
Represent of organisation providing services for SMEs or represent of a group of SMEs	4	6.5 %
Labour group, occupational health specialist association group, or advocacy group representative	5	8.1 %
Other	8	12.9 %
Years of expertise		
5 to 10 years	19	30.6 %
11 to 20 years	26	41.9 %
More than 20 years	17	27.4 %
Area of expertise		
SMEs	10	16.1 %
Mental health in SMEs	11	17.7 %
Construction sector	9	14.5 %
Healthcare sector	30	48.4 %
ICT sector	15	24.2 %
General	10	16.1 %

Expertise of experts at country-level	Albania	Australia	Finland	Germany	Hungary	Ireland	Kosovo	Spain	NDL
Type of representative									
Represent of construction, health or ICT sector	8	1	0	4	4	0	6	5	3
Academic expert	4	1	2	0	0	2	0	3	2
Represent of organisation providing services for SMEs or represent of a group of SMEs	0	0	0	0	3	0	1	0	0
Labour group, occupational health specialist association group, or advocacy group representative	1	0	1	0	0	1	0	1	1
Other	3	0	2	0	2	0	1	0	0
Years of expertise									
5 to 10 years	5	1	3	1	2	0	3	2	2
11 to 20 years	7	1	2	1	5	1	2	3	4
More than 20 years	4	0	0	2	2	2	3	4	0

8.2.2 Workplace activity with regards to wellbeing and mental health

8.2.2.1 Activities in the average workplace

Activities in the average workplace	To a large extent (4)	Some-what (3)	To a small extent (2)	Not at all (1)	Don't know	M[1] (IQR)[2]
Create a mentally healthy workplace (e.g., flexible working conditions)	9 14.5%	23 37.1%	23 37.1%	6 9.7%	1 1.6%	3 (1)
A strategic and coordinated approach	5 8.1%	11 17.7%	33 53.2%	11 17.7%	2 3.2%	2 (1)

to promote employees' mental wellbeing						
Needs assessments among employees to inform an organisational approach to promote mental wellbeing	5 8.1%	11 17.7%	21 33.9%	0 0%	25 40.3%	2 (1)
Training for managerial/HR staff on promoting wellbeing in the workplace	4 6.5%	18 29%	21 33.9%	13 21%	6 9.7%	2 (1)
Psychological support services to employees (e.g., counselling support and stress management)	8 12.9%	15 24.2%	21 33.9%	15 24.2%	3 4.8%	2 (2)
A strategic and coordinated approach to reduce stigma related to mental health problems	4 6.5%	9 14.5%	17 27.4%	30 48.4%	2 3.2%	1.5 (1)

[1]M = Median. Central tendency, indicating what most experts believe

[2]IQR = Inter Quartile Range. The difference between the upper and lower quartile denotes the spread of the answers, with lower numbers denoting higher consensus.

Additional comments from experts (numbers in brackets following the comment denote the number of experts who made this comment):

- There are no mental health related activities in the workplace (5)
- Mental health promotion programs exist in the workplace, but are mainly focussing on stress-management and should be expanded to general mental health promotion (4)
- Certain programs concerning mental health promotion (not focussing on stress) are offered in the workplace e.g. group interventions, mates in construction or improving mental health literacy among managers (3)
- Little attention goes to promotion and prevention of mental health. Organizations need to create an environment where attention towards mental health grows and organizational solutions to ensure this (3)
- Organizations should follow the law on health and safety at work (1)

8.2.2.2 Needs of workplaces to access information, tools or advice

Needs of workplaces to access information, tools or advice on	To a large extent (4)	Some-what (3)	To a small extent (2)	Not at all (1)	Don't know	M (IQR)
How to create mentally healthy working conditions	37 59.7%	20 32.3%	3 4.8%	1 1.6%	1 1.6%	4 (1)
Factors contributing to work stress and burnout	34 54.8%	17 27.4%	9 14.5%	1 1.6%	1 1.6%	4 (1)
How to establish policies about creating mentally healthy workplaces	31 50%	23 37.1%	6 9.7%	0 0%	2 3.2%	4 (1)
How to carry out a needs assessment to inform an organisational approach to promoting wellbeing	21 33.9%	26 41.9%	12 19.4%	0 0%	3 4.8%	3 (1)
How to strengthen people management skills among senior/HR staff in order to detect and handle mental health problems	32 51.6%	21 33.9%	8 12.9%	1 1.6%	0 0%	4 (1)

Other needs of workplaces with regard to improving the promotion of employee mental wellbeing and the prevention of employee stress, burnout, depression and/or anxiety:

- More financial resources (7)
- Gaining information on good results/successes in other companies (5)
- Commitment of managers/supervisors (5)
- Having access to a mental health professional (e.g. occupational health professionals) (4)
- More awareness concerning mental health in the workplace (4)
- Systematic changes in the culture of organisations (4)
- Commitment of employees (3)
- More human resources (2)
- (Group) activities that tackle stress or relaxation (2)
- An action plan (2)

- Improved working conditions (e.g. no precarious work anymore, better hygienic conditions) (2)
- An integrated intervention that links mental health to working ability (1)
- Changes at the national policy level (1)
- Small hands-on interventions for in the workplace (1)
- Peer support through mentoring programs (1)
- Equal treatment of all employees (1)
- A personal approach in the workplace: being able to differentiate between employees (1)

8.2.2.3 Experience with existing tools/interventions and challenges

Methods, policies, interventions, that work well and are accepted in terms of promoting employee mental wellbeing and preventing, detecting, and managing employee stress, burnout, depression, or anxiety:

- Interventions by third parties (e.g., seminars, trainings, mental health initiatives, etc.) work well and are accepted (24)
    - Hiring a mental health professional to tackle mental health related topics in the workplace (8)
    - Referring to a mental health professional outside the workplace (5)
    - Mental Health First Aid (2)
    - MATES in construction (1)
    - Balint Group network (i.e., a specific networking platform to join clinical psychologists and patients) (1)
- Interventions provided directly in the workplace work well and are accepted when proper assessment, organizational change and follow-up of mental health related topics is realized (13)
    - Continuous training of staff (3)
    - Logistic changes (e.g., relax room) (2)
    - Staff-meeting in which mental health issues can be discussed (2)
    - 'Health day': once a year promoting healthy habits (1)
- Workplace conditions/context (e.g., flexibility in working hours, promoting awareness about mental health or supporting management style) is important for methods/policies/interventions to work well (12)
- Methods/policies/interventions need the commitment of managers or supervisors in order to work well and be accepted (10)
    - Open-door policy, where management is approachable at any time (1)
    - Development of management skills in senior staff (1)
    - Role modelling (1)
    - Assertive managing style (1)
    - People-oriented style is important (1)

- Interventions that aim to enhance general skills (i.e., skills not specifically related to mental health) (e.g., communication skills, conflict handling, self-motivation, etc.) work well and have a positive effect on mental health (5)
- Interventions that aim to enhance employees' knowledge work well and are accepted (4)
- Peer-related interventions work well and are accepted (4)
- All stakeholders should be gathered for a method/policy/interventions to work well and be accepted (2)
- Laws related to mental health responsibility in the workplace are important concerning the acceptance of initiatives (2)
- Provision of counselling resources to fund initiatives (2)
- Rewards for employees, both financial and material rewards (e.g., Vitality Bonus) (2)
- Availability of evidence-based psychiatric interventions works for diagnosed disorders (1)
- Focusing on the benefits that can be achieved when employees and employers are mentally healthy (1)
- Keeping a practical and factual approach (1)

Key barriers when implementing methods/policies/interventions aimed at promoting employee mental health:

- Mental health issues are not regarded as a priority in the business (19)
- Financial or budgetary issues (e.g., lack of funding, costs are too high, etc.) (12)
- Fear for possible negative effects on career (e.g., job loss, loss of status, etc.) (11)
- Fear to open up about mental health, due to fear of prejudice by others (11)
- Insufficient knowledge about mental health methods/policies/interventions (11)
- Problems related with time-management (11)
- Stigma (11)
- Lack of commitment from managers/supervisors (10)
- The approach is too generic or insufficient (9)
- Confidentiality issues by employers or mistrust from employees (9)
- Lack of policy addressing mental health (8)
- Experiencing internal resistance (e.g., resistance to change and accept help) (8)
- Lack of available and/or competent professionals (6)
- An organisational culture that is not focused on mental health (6)
- Loss of productivity when focusing on mental health issues (5)
- Disinterest from employees (5)
- General disinterest (5)
- Lack of organisational structures that provide mental health (5)
- Mental health issues are not recognized (4)
- Hierarchy in the organisation (4)
- Societal impact that sets an unhealthy norm (e.g., crying is weak, stress is normal, …) (4)
- Results are holding off (3)
- Competing needs and interests concerning mental health (3)

- Problems concerning privacy (e.g., lack of discretion) (2)
- Self-stigmatization (2)
- Bureaucratic approach to mental health (1)

Key facilitators when implementing methods, policies and interventions aimed at promoting employee mental health:

- Strengthen the commitment of managers/supervisors (14)
- Build informal, personal relations through which stigma reduces and conversation about mental health issues can occur (13)
- Develop and follow strict guidelines on conversations on mental health (e.g., in weekly meetings, through gatekeepers, by communication with HR responsible, conversations with supervisor, linked with business goals) (11)
- Invest in trainings, programs or psychoeducation on communication, mental health, relaxation or healthy lifestyle (11)
- Enable flexibility in the workplace concerning working hours and adaptation of tasks if needed (11)
- Develop positive awareness in company's culture (11)
- Increase knowledge through e.g. scientific literature, education and facts (11)
- Collaborate with mental health organisations (9)
- Build interest in promotion and prevention of mental health through media campaigns (7)
- Assess mental health issues through assessments (6)
- Invest in clear and honest communication (6)
- Create a safe environment (e.g., balanced workload, stable workplace, psychological safety, diversity) (6)
- Organise peer support (e.g., buddy-systems) (6)
- Perform interventions directly in the workplace (6)
- Invest in long-term strategic planning of mental health promotion (5)
- Approach mental health issues with care (5)
- Encourage self-disclosure in employees by e.g. talking in smaller groups, sharing personal benefits (5)
- Formalize mental health by reminding employees about their rights in the workplace (5)
- Stimulate the interest of employees (5)
- Stress the financial benefits of mental health interventions (4)
- Stress the influence of mental health problems on work places and society (4)
- Invest in time management and planning of mental health interventions (4)
- Align the needs of all actors (e.g., stakeholders, overall organization) (4)
- Collaborate with labour or trade unions to facilitate implementation of mental health promotion and prevention (4)
- Learn from positive experiences of other companies and from previous successes (3)
- Organize social activities with the work community to enhance interrelations (3)
- Provide financial support through funding or extra resources for the organisation (3)

- Facilitate early detection of mental health problems (2)
- Refer employees towards mental health professionals outside the company (2)
- Provide logistic facilities (e.g., fruit day or relax rooms) (2)
- Moderate conflicts and work towards consensus (2)
- Provide economic or other rewards for employees (2)
- Induce role modelling by management (1)

8.2.2.4 Business outcomes related to poor employee mental health

Business outcomes related to poor employee mental health	To a large extent (4)	Some-what (3)	To a small extent (2)	Not at all (1)	Don't know	M (IQR)
Absenteeism	26 41.9%	27 43.5%	7 11.3%	0 0%	2 3.2%	3 (1)
Presenteeism	26 41.9%	23 37.1%	11 17.7%	0 0%	2 3.2%	3 (1)
Difficulties to return to work after absence	29 46.8%	19 30.6%	11 17.7%	2 3.2%	1 1.6%	3 (1)
Job turnover (resigning or being dismissed)	24 38.7%	24 38.7%	9 14.5%	3 4.8%	2 3.2%	3 (1)

Other business outcomes that are related to poor employee mental health:

- More interpersonal conflicts resulting in poor team work and a negative atmosphere (4)
- Misunderstanding, discrimination and stigma (4)
- Accidents caused by poor working quality or 'no-care' attitude (2)
- Lower productivity (2)
- Substance abuse (e.g. alcohol) (2)
- Difficulties in recruitment (1)
- Disability pensions (1)

8.2.3 Impact of COVID-19 on mental health at work

Impact of COVID-19 on	Have increased (3)	Stayed the same (2)	Have decreased (1)	Don't know	M (IQR)
Levels of job stress and burnout	48 77.4%	9 14.5%	4 6.5%	1 1.6%	3 (0)
Levels of depression, anxiety and/or suicidal behaviour	43 69.4%	10 16.1%	1 1.6%	8 12.9%	3 (0)
The capacity of workplaces to promote mental wellbeing	13 21%	14 22.6%	32 51.6%	3 4.8%	1 (1)
The capacity of workplaces to support employees with mental health conditions	10 16.1%	19 30.6%	30 48.4%	3 4.8%	1 (1)
The capacity of managers to look after their own mental health needs	12 19.4%	15 24.2%	28 45.2%	7 11.3%	1 (1)
Stigma of mental health issues	10 16.1%	31 50%	7 11.3%	14 22.6%	2 (0)

Negative impact due to COVID-19:

- Uncertainty about the future of the workplace or own career at the workplace (13)
- Negative social impact on the employees through e.g. isolation, feeling lonely or feeling detached (8)
- Anxiety or fear due to possible infection by COVID-19 virus (7)
- Rise in mental health problems (6)
- More difficult working conditions (e.g., working more hours due to difficulties in demarcating work hours from other hours, working more hours without any compensation or in conditions with high protection measures) (5)
- Financial worries on a business level (e.g., increase in costs through spending on materials and on a personal level, financial income) (4)
- Insecurity and worries about the future of the business and of jobs (3)
- Negative impact on employees' physical health (e.g., exhaustion) (2)
- Negative impact of remote work: diminished capacity to support employees (2)
- Higher risks and costs for SMEs (e.g., dismissals) due to less employees (2)
- Managing employees who struggle with isolation and balancing private and professional life (2)

- Employees who have to leave to manage personal affaires due to COVID-19 challenges (2)
- Increased tension between co-workers on topics such as who can work from home (2)
- The rights of psychiatric clients were violated (1)
- Especially in small enterprises, workers should be covered by representatives of a union (1)
- Difficulty to ensure qualitative staff when it is necessary to increase the workforce in order to maintain competitive capacity and to maintain capacity of growth (1)
- No support for occupational health professionals who worked full time since the start of the pandemic (1)
- Technical difficulties (1)

Neutral changes due to COVID-19:

- The workplace underwent several neutral changes (e.g., change in working processes, working hours, hygienic rules or only focusing on essential services) (7)
- Need for general role adjustment in private life of both employees and managers (1)

Positive impact due to COVID-19:

- Positive experience with working remote (5)
- Technological and digital growth thanks to necessary changes (2)
- Knowledge enhancement due to COVID-19 impact (1)
- Positive impact on mental health awareness (1)
- Less pressure from daily life (1)

8.2.4 Interventions aimed at employees with mental health difficulties

8.2.4.1 Available measures of support for employees with mental health difficulties

Available measures of support for employees with mental health difficulties	To a large extent (4)	Some-what (3)	To a small extent (2)	Not at all (1)	Don't know	M (IQR)
Support supplied directly within the workplace	6 9.7%	12 19.4%	24 38.7%	17 27.4%	3 4.8%	2 (2)
Support supplied by a third party	9 14.5%	18 29%	23 37.1%	10 16.1%	2 3.2%	2 (1)
Support provided by health insurance through the business	4 6.5%	16 25.8%	20 32.3%	15 24.2%	7 11.3%	2 (2)
Support from labour organisations	4 6.5%	10 16.1%	20 32.3%	22 35.5%	6 9.7%	2 (2)

Other available measures of support for employees showing signs of mental health difficulties:

- Informal support from the close social network (family, friends, colleagues, etc.) (4)
- Public health care services (4)
- Financial support for mental health treatment (1)

8.2.4.2 Level of unmet need for programs to prevent and treat mental health difficulties in employees

	High (4)	Medium (3)	Low (2)	No need (1)	Don't know	M (IQR)
Current level of unmet need for prevention and treatment programs for employees	28 45.2%	22 35.5%	6 9.7%	0 0%	6 9.7%	3,5 (1)

8.2.4.3 Available materials and tools for employees with mental health difficulties

Available materials and tools for employees with mental health difficulties	To a large extent (4)	Some-what (3)	To a small extent (2)	Not at all (1)	Don't know	M (IQR)
Information about depression or anxiety and how to cope	8 12.9%	9 14.5%	16 25.8%	23 37.1%	3 4.8%	2 (2)
Information about suicide and how to access help	3 4.8%	10 16.1%	15 24.2%	29 46.8%	3 4.8%	1 (1)
Face-to-face workshops on detecting and managing depression and/or anxiety	3 4.8%	10 16.1%	18 29%	23 37.1%	5 8.1%	2 (1)
Online workshops on detecting and managing depression and/or anxiety	2 3.2%	10 16.1%	16 25.8%	23 37.1%	8 12.9%	2 (1)
Online tools to detect and manage depression and/or anxiety	4 6.5%	11 17.7%	17 27.4%	22 35.5%	5 8.1%	2 (2)

Interventions based on cognitive behavioural therapy	2 3.2%	9 14.5%	15 24.2%	26 41.9%	7 11.3%	1,5 (2)
Interventions based on mindfulness or relaxation techniques	4 6.5%	15 24.2%	17 27.4%	18 29%	3 4.8%	2 (2)
Interventions based on other therapies*	1 1.6%	7 11.3%	6 9.7%	8 12.9%	13 21%	2 (2)
Peer support interventions	6 9.7%	9 14.5%	22 35.5%	16 25.8%	6 9.7%	2 (2)
Frameworks to guide addressing mental health issues with employee	5 8.1%	8 12.9%	14 22.6%	25 40.3%	6 9.7%	2 (2)
Frameworks to guide accessing health services	7 11.3%	7 11.3%	27 43.5%	13 21%	5 8.1%	2 (1)
Frameworks to guide planning return after mental-health related absence	7 11.3%	8 12.9%	15 24.2%	21 33.9%	8 12.9%	2 (2)

***Interventions based on other therapies:**

- Group therapy (4)
- Acceptance and Commitment Therapy (1)
- 'Anger' therapy (1)
- 'Anti-stress' therapy (1)
- Animal assisted therapy (1)
- Dialectical Behaviour Therapy (1)
- Employee Assistance Program (1)
- Solution Focused Therapy (1)
- A multimethod approach (1)

Other materials or tools that are available within the workplace for employees with mental health issues:

- Collegiality reports (1)
- Managing bullying (1)
- Health assessments by own staff (1)
- Organizational psychologists to conduct systematic assessments in the workplace (1)

Would the following materials or tools be useful for employees?	Yes	No
Information about depression or anxiety and how to cope	44 71%	6 9.7%
Information about suicide and how to access help	38 61.3%	8 12.9%
Face-to-face workshops on detecting and managing depression and/or anxiety	40 64.5%	8 12.9%
Online workshops on detecting and managing depression and/or anxiety	35 56.5%	15 24.2%
Online tools to detect and manage depression and/or anxiety	38 61.3%	12 19.4%
Interventions based on cognitive behavioural therapy	44 71.0%	4 6.5%
Interventions based on mindfulness or relaxation techniques	42 67.7%	6 9.7%
Interventions based on other therapies	20 32.3%	5 8.1%
Peer support interventions	43 69.4%	4 6.5%
Frameworks to guide addressing mental health issues with employee	44 71.0%	4 6.5%
Frameworks to guide accessing health services	44 71%	4 6.5%
Frameworks to guide planning return after mental-health related absence	46 74.2%	2 3.2%

For the item **"Types of tools for employees with mental health difficulties that are most likely to be taken up by staff"** experts were asked to make a ranking of the five most preferred tools. The table below presents for each tool the frequency of rank orders (e.g., materials providing information about depression or anxiety received rank 1 from 11 respondents). The column "total" is the weighted sum of ranking with a higher score indicating that more participants preferred that tool. The column "rank" is the final ranking of each tool with "materials providing information about depression or anxiety and how to cope" being ranked as the tool that is most likely to be taken up by the staff.

Types of tools that are most likely to be taken up by the staff	Rank 1 (freq.)	Rank 2 (freq.)	Rank 3 (freq.)	Rank 4 (freq.)	Rank 5 (freq.)	Total	Rank
Materials providing information about depression or anxiety and how to cope	11	6	3	6	4	104	1
Information about suicide and how to access help	0	6	1	2	5	36	10
Face-to-face workshops on detecting and managing depression and/or anxiety	14	4	3	1	4	101	2
Online workshops on detecting and managing depression and/or anxiety	3	8	2	3	3	62	5.5
Online tools to detect and manage depression and/or anxiety	2	4	9	3	3	62	5.5
Interventions based on cognitive behavioural therapy	0	5	9	9	4	69	3
Interventions based on mindfulness or relaxation techniques	3	2	4	6	4	51	8
Peer support interventions	4	5	4	6	4	68	4
Frameworks to guide addressing mental health issues with employee	7	2	3	2	4	60	7
Frameworks to guide accessing health services	1	1	4	1	3	26	11
Frameworks to guide planning return after mental-health related absence	3	3	0	6	5	44	9

8.2.4.4 Knowledge and skills of managers

Knowledge and skills of managers to	To a large extent (4)	Some-what (3)	To a small extent (2)	Not at all (1)	Don't know	M (IQR)
Detect a mental health condition in an employee	10 16.1%	7 11.3%	29 46.8%	14 22.6%	2 3.2%	2 (1)
Have a conversation about employee's mental health condition	8 12.9%	10 16.1%	28 45.2%	16 25.8%	0 0%	2 (2)
Make adjustments to facilitate job retention or return to work	8 12.9%	9 14.5%	27 43.5%	14 22.6%	4 6.5%	2 (1)

8.2.4.5 Needs of managers

To what extent need managers the following tools or materials	To a large extent (4)	Some-what (3)	To a small extent (2)	Not at all (1)	Don't know	M (IQR)
Materials providing information about depression or anxiety and how to cope	29 46.8%	17 27.4%	6 9.7%	4 6 %	2 3.2%	4 (1)
Materials providing information about suicide and how to access help	24 38.7%	15 24.2%	9 14.5%	6 9.7%	3 4.8%	3 (2)
Guidelines on what to do if an employee is experiencing mental health issues	40 64.5%	10 16.1%	2 3.2%	6 9.7%	2 3.2%	4 (1)
Guidelines on handling an employee's return following mental health related absence	37 59.7%	11 17.7%	2 3.2%	7 11.3%	2 3.2%	4 (1)
Guidelines on managing presentism	27 43.5%	14 22.6%	4 6.5%	7 11.3%	7 11.3%	4 (1)
Face-to-face workshops with	27	19	6	6	1	3

healthcare professionals	43.5%	30.6%	9.7%	9.7%	1.6%	(1)
Online workshops with healthcare professionals	23 37.1%	17 27.4%	8 12.9%	8 12.9%	2 3.2%	3 (2)
Guidance from linked associations	23 37.1%	20 32.3%	9 14.5%	6 9.7%	0 0%	3 (2)
Peer-to-peer support	26 41.9%	17 27.4%	8 12.9%	6 9.7%	1 1.6%	3 (2)

Would the following materials or tools be useful for supervisors?	Yes	No
Information about depression or anxiety and how to cope	42 67.7%	4 6.5%
Information about suicide and how to access help	42 67.7%	4 6.5%
Guidelines on what to do if an employee is experiencing mental health issues	42 67.7%	5 8.1%
Guidelines on handling an employee's return following mental health related absence	40 64.5%	5 8.1%
Guidelines on managing presentism	37 59,7%	4 6,5%
Face-to-face workshops with healthcare professionals	41 66.1%	4 6.5%
Online workshops with healthcare professionals	35 56.5%	8 12.9%
Guidance from linked associations	37 59.7%	6 9.7%
Peer-to-peer support	39 62.9%	4 6.5%

Other materials or tools supervisors need according to experts:

- Information on LGBTQI+ (1)
- Knowledge and skills on how to promote employee's mental health at work (1)
- Problem-Centred Interventions (1)

8.2.5 Anti-stigma activities

8.2.5.1 Levels of stigma and common attitudes of employees and employers

Level of stigma	Strongly agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly disagree (1)	Don't know	M (IQR)
Employees can speak openly about their work stress, burnout feelings or mental health problems	7 11.3%	9 14.5%	11 17.7%	20 32.3%	9 14.5%	6 9.7%	2 (2)

To what extent do workplaces	To a large extent (4)	Some-what (3)	To a small extent (2)	Not at all (1)	Don't know	M (IQR)
Have a visible approach to reduce bullying and discrimination related to mental health issues in the workplace	6 9.7%	12 19.4%	29 46.8%	10 16.1%	5 8.1%	2 (1)
Have policies on sharing information about employees' mental health problems in order to protect employees' privacy rights	8 12.9%	14 22.6%	22 35.5%	15 24.2%	0 0%	2 (2)
Have policies to protect employees against discrimination and bullying due to their mental health problems	5 8.1%	13 21.0%	25 40.3%	16 25.8%	0 0%	2 (2)

Common attitudes of employees and employers	Hiding (1)	(2)	(3)	(4)	Full transparency (5)	M (IQR)
What is the most common employee attitude towards openly expressing mental health issues?	28 45.2%	22 35.5%	8 12.9%	2 3.2%	0 0%	2 (1)

Common attitudes of employees and employers	Rejection (1)	(2)	(3)	(4)	Full acceptance (5)	M (IQR)
What is a manager's most common attitude towards employees openly expressing mental health issues	11 17.7%	16 25.8%	24 38.7%	6 9.7%	3 4.8%	3 (1)

The most common risks of employees openly expressing mental health problems:

- Job loss through dismissal (16)
- Stigmatization (16)
- Being rejected by colleagues or subgroups in the workplace (13)
- Discrimination in general (i.e., being treated differently because of mental health problems) (10)
- Getting unsupportive responses that may increase mental health problems (e.g., not be taken seriously, minimalization, inappropriate advice, misunderstanding) (8)
- Becoming less valuable in the organization's point of view (5)
- Negative influence on later career path (4)
- Bullying (2)
- Colleagues and managers might experience mental health problems as too much to handle (1)
- Being personally exposed (1)

The most common benefits of employees openly expressing mental health problems:

- Getting support from colleagues or managers in the workplace (16)
- Colleagues and managers will be more understanding (11)
- Facilitating help and/or receiving suggestions for help seeking (9)
- Creating a possibility to adjust working conditions according to the employee's needs (9)
- De-stigmatization of mental health issues in the workplace (8)
- Addressing the problem and facilitating a solution (7)

- Sense of relief for the employee expressing mental health problems (6)
- Getting treatment faster (5)
- Manager is stimulated to make decisions (3)
- Creating an open work context (2)
- Better work life balance (1)

8.2.5.2 Needed activities to reduce stigma

Needed activities to reduce stigma	To a large extent (4)	Some-what (3)	To a small extent (2)	Not at all (1)	Don't know	M (IQR)
Printed materials about mental health	16 25.8%	16 25.8%	20 32.3%	7 11.3%	2 3.2%	3 (2)
Online information materials about mental health	23 37.1%	17 27.4%	13 21%	6 9.7%	2 3.2%	3 (2)
Counselling provided or funded by work	32 51.6%	16 25.8%	6 9.7%	4 6.5%	2 3.2%	4 (1)
Awareness campaigns	33 53.2%	15 24.2%	8 12.9%	4 6.5%	1 1.6%	4 (1)
Workshops on mental health given by a professional	25 40.3%	22 35.5%	9 14.5%	3 4.8%	2 3.2%	3 (1)
Workshops on mental health given by an expert-through-experience	33 53.2%	16 25.8%	7 11.3%	4 6.5%	1 1.6%	4 (1)
Website about how to reduce stigma in the workplace	22 35.5%	12 19.4%	15 24.2%	10 16.1%	2 3.2%	3 (2)
E-mail or chat options to discuss stigma	18 29%	16 25.8%	15 24.2%	9 14.5%	0 0%	3 (2)

Other tools that workplaces need to reduce stigma towards mental health problems:

- Creating a culture where mental health issues can be openly discussed (1)
- Identification of environmental determinants of mental health related to working and employment (1)
- Implementation of action protocols by supervisors and managers (1)
- Inclusive leadership (1)

- Training in the workplace (1)
- Material from Workers' Unions (1)
- Broader workshops about mental health (not limited to mental disorders and stigma) (1)

8.2.5.3 Acceptability of anti-stigma interventions

Degree to which managers would agree with following statements about anti-stigma programs	To a large extent (4)	Some-what (3)	To a small extent (2)	Not at all (1)	Don't know	M (IQR)
Anti-stigma programs have a positive impact	21 33.9%	25 40.3%	14 22.6%	0 0%	2 3.2%	3 (1)
Anti-stigma programs can increase wellbeing	21 33.9%	24 38.7%	13 21%	1 1.6%	3 4.8%	3 (1)
Anti-stigma programs can increase productivity	22 35.5%	21 33.9%	13 21%	3 4.8%	3 4.8%	3 (2)

Main barriers when conducting mental health anti-stigma activities:

- Shame based on stigma (11)
- Lack of knowledge (11)
- Thinking that such activities are not relevant (5)
- Lack of time (4)
- Organizational culture (3)
- Denying or actively avoiding the subject (3)
- Lack of trust in potential benefits (2)
- Lack of funding (2)
- Indifference/Lack of will to conduct mental health anti-stigma activities (2)
- Lack of support by managers (2)
- Conflicting differences (2)

List of anti-stigma programs commented by experts:

- 'I AM WHOLE'-campaign: https://www.whole.org.uk/
- 'Accenture Allies Programmme': https://www.accenture.com/gb-en/company-accenture-allies-programmes
- Mielekäs työ by Mielenterveyspooli (translation: Mental Health Pool): https://mielenterveyspooli.fi/
- Hyvän mielen työpaikka (translation: Brain Work): https://www.ttl.fi/oppimateriaalit/en/
- MATES in Construction: https://mates.org.au/

- Samen Sterk zonder Stigma (translation: Strong Together without Stigma): https://www.samensterkzonderstigma.nl/
- Per la Salut Mental, dóna la cara by Obertament: https://obertament.org/ca
- See change by Green Ribbon: https://seechange.ie/green-ribbon/
- 'Health Day': https://www.who.int/westernpacific/news/events/world-health-day
- 'World Mental Health Day'
- 'World Suicide Prevention Day'
- Finnish Institute for Occupational Health
- German Depression Foundation
- DIXIT TV: https://dixit.gencat.cat/en/01dixit/01que_es/
- Confederación Salud Mental España: consaludmental.org
- Anti-stigma programs for people with HIV and drug abusers

8.2.6 Gender-specific needs

Gender difference in terms of help-seeking behaviours related to mental health issues:

- There is a huge gender difference in terms of help-seeking behaviour: females are more likely to ask for help and seek help sooner, whereas males are less likely to seek and allow help (22)
- There is no gender difference (9)
- Females are more likely to talk openly about mental health at the workplace whereas males don't (5)
- For men it is less cultural accepted to seek help, whereas for women the threshold to seek help is lower (3)
- Gender differences differ from setting to setting: men working in male dominated settings (blue collar jobs, construction) are less likely to seek help than men working in health care (2)
- Men tend to hide their problems and solve their problem themselves (2)
- Especially older males are reluctant to seek help (1)
- Gender differences are reducing over time (1)
- Members of the LGBT have the highest threshold to seek help (1)
- Mental health issues are more serious in men (e.g., psychotic illness) requiring hospital treatment without previous treatment (1)
- Perhaps there are differences on their gender roles within their families (1)
- There are more gender differences in the countryside than in big cities: in big cities men are more likely to be open about their problems (1)

Gender-specific aspects that should be considered when supporting an employee's mental health:

- Gender-specific aspects should be considered when supporting an employee's mental health (17)
- Mental health support is important for everyone regardless of gender, so there shouldn't be gender differences (10)
- Men commit suicide more often whereas women attempt suicide more often (3)

- Men should be guided on how to ask and seek for help (3)
- Gender inequalities in employment, working conditions, and work life balance are important to consider; both genders need to be treated equally (2)
- Women require more commitment (1)
- Women experience a lot of pressure at home (1)
- Women may have depression due to hormones (e.g., postpartum depression or menopause) (1)
- Gambling is more common in men (1)
- It's important to focus on other more specific target groups: parents of young children, older men, LGBT, etc. (1)
- In Albanian workplaces, employees stick to gender roles and men and women socialise separately (1)
- Materials are perhaps more suitable for women and used more often by them (1)
- Men and LGBT need more discretion (1)
- Needs differ between work sectors (1)
- Peer support and relying on mental health champions are especially important to convince men (1)
- Support for men should be written in male language so that men with a traditional masculine identify are reached (1)
- Support in men should focus on tackling the misconception the mental health issues refer to weakness and a lack of strength (1)
- Seeking help does not denote weakness but rather recognition of the problem (1)
- Support in men should focus on opening up about mental health issues (1)
- Support in men should focus on recognizing a psychological problem (1)
- Gender neutrality should be used in all support and communication (1)
- Women report more depression, anxiety, burnout and stress (1)
- Women more often work in settings with client and patient contact; in these settings there are more absences from work due to mental health issues (1)

Specific aspects that need to be considered in male dominated workplaces and female dominated workplaces in terms of creating a mentally healthy workplace:

- Specific needs should be considered in male/female dominated workplaces (23)
- Support should not focus on gender specific needs but on making workplaces better in general; everyone needs help (4)
- Female employees that take care for family and kids should receive additional (financial) support and attention (2)
- In male dominated workplaces stigmatising attitudes towards females and specific needs of females should be targeted (2)
- In male dominated workplaces, stigma and hiding problems should be targeted (2)
- Tackle abuse from managers and irresponsible colleagues (1)
- Within male or female dominated workplaces there can be differences in needs also (1)

- Certain problems are more likely to arise in either male or female dominated workplaces (1)
- Different language should be used in support for males (1)
- Female dominated workplaces should consider inequality in terms of wages, work overload, household responsibilities (1)
- Women face more daily life challenges (1)
- Female dominated workplaces should consider the marital status, the economic situation, and the hormonal influences in women (e.g., menopause) (1)
- Females are better in helping others (1)
- It's important to step aside from feminine and masculine roles and to consider the needs of people regardless of gender (1)
- Male dominated workplaces should focus in particular on help-seeking behaviour (1)
- Males have poorer communication skills (1)
- Those in minority (e.g., LBGT who might feel discriminated) should receive support to feel accepted and welcome in the community (1)
- Women are more emotion-focused, males are more task-focused, these aspects can be considered separately and then combined (1)

8.2.7 Acceptability of workplace-based interventions

8.2.7.1 Acceptability for managers/supervisors

Possible concerns of managers related to implementing mental health interventions	To a large extent (4)	Some-what (3)	To a small extent (2)	Not at all (1)	Don't know	M (IQR)
Workplace is not responsible for employees' mental health	22 35.5%	25 40.3%	10 16.1%	4 6.5%	1 1.6%	3 (1)
Staff will hesitate to participate in interventions in the workplace	18 29%	33 53.2%	7 11.3%	2 3.2%	2 3.2 %	3 (1)
Lack of resources for implementation	33 53.2%	21 33.9%	6 9.7%	1 1.6%	0 0%	4 (1)
Employees will access interventions during work time or using work resources	32 51.6%	19 30.6%	8 12.9%	0 0%	2 3.2%	4 (1)
Workplace is not an appropriate setting for such interventions	17 27.4%	34 54.8%	6 9.7%	4 6.5%	0 0%	3 (1)

Other concerns that managers might have when it comes to implementing mental health interventions in the workplace:

- Concerns about a reduction in performance (3)
- Lack of knowledge about mental health (2)
- Workload for supervisors (1)
- Uncertainty about the responsibilities of the workplace (2)

The extent to which the following topics may influence managers in deciding whether or not to implement interventions in the workplace	To a large extent (4)	Some-what (3)	To a small extent (2)	Not at all (1)	Don't know	M (IQR)
Information on the economic benefits	41 66.1%	13 21%	4 6.5%	2 3.2%	1 1.6%	4 (1)
Information on the social benefits	23 37.1%	21 33.9%	14 22.6%	1 1.6%	1 1.6%	3 (2)
Testimonials from managers who have implemented mental health interventions	37 59.7%	14 22.6%	6 9.7%	0 0%	4 6.5%	4 (1)
Scientific information on the benefits of an intervention	16 25.8%	25 40.3%	13 21%	4 6.5%	3 4.8%	3 (2)
Simple implementation that requires minimal manager/HR time	30 48.4%	23 37.1%	6 9.7%	1 1.6%	1 1.6%	3,5 (1)
Simple implementation that requires minimal employee time	27 43.5%	26 41.9%	4 6.5%	2 3.2%	2 3.2%	3 (1)
Relevance to COVID-19 pandemic	16 25.8%	24 38.7%	15 24.2%	3 4.8%	3 4.8%	3 (2)

Other topics that may influence managers or supervisors when deciding whether or not to implement mental health interventions in the workplace:

- Clear boundaries and demarcated responsibilities (2)
- Economic incentives (1)

8.2.7.2 Acceptability for employees

Issues that may prevent employees from participating in mental health interventions	To a large extent (4)	Some-what (3)	To a small extent (2)	Not at all (1)	Don't know	M (IQR)
Confidentiality	43 69.4%	16 25.8%	2 3.2%	0 0%	1 1.6%	4 (1)
Discrimination or stigma	43 69.4%	16 25.8%	3 4.8%	0 0%	0 0%	4 (1)
Career progression or job security	43 69.4%	12 19.4%	6 9.7%	0 0%	0 0%	4 (1)
Workplace should not get involved with employees' mental health problems	16 25.8%	31 50%	10 16.1%	3 4.8%	0 0%	3 (1)

Other issues that may prevent an employee from participating in mental health interventions:

- Fear of the unknown and lack of trust (2)
- Mental health interventions are led by incompetent persons (1)

8.2.7.3 Acceptability of online tools aimed at individual employees

Acceptability of online tools aimed at individual employees	Strongly agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly disagree (1)	M (IQR)
Uncomfortable to access while being at work	15 24.2%	29 46.8%	9 14.5%	7 11.3%	2 3.2%	3 (2)
Accessing online intervention while being at work might have negative repercussions	9 14.5%	18 29%	14 22.6%	17 27.4%	4 6.5%	2 (2)
Accessing online intervention while being at work might have negative repercussions for the employers/business/SME	5 8.1%	13 21%	21 33.9%	15 24.2%	8 12.9%	2 (2)

Employees have easy access to a computer during working hours	15 24.2%	20 32.3%	19 30.6%	6 9.7%	2 3.2%	3 (2)
Employees have more easy access to a smartphone	20 32.3%	23 37.1%	15 24.2%	4 6.5%	0 0%	3 (2)

8.2.8 Additional comments

- Other needs concerning mental health in the workplace
    - More focus on mental health promotion is desirable (1)
    - More focus on alcohol and drug dependency is desirable (1)
    - Occupational medicine is desirable (1)
    - More information, on-site and online trainings, websites, and conferences are needed about LGBTQI+ employees (1)
    - Promote training in detection and involvement of senior (older generations) positions, where knowledge about mental health is less present compared to younger generations (1)
- Current problems concerning mental health
    - A large taboo concerning the mental state of employees exists (1)
    - A deep lack of knowledge and of concern about mental illness exists (1)
    - Time to take care for people decreases, because administrative tasks increase (1)
    - There are insufficient personnel to focus on tasks related to mental health in the workplace (1)
- Other programs/initiatives that exist, concerning mental health in the organizational setting
    - The occupational doctor/organizational psychologist addressing mental health issues in employees (1)
- Role of certain organizational structures on mental health (e.g., matrix organization)
    - There is a positive effect of project and matrix organizations on well-being (1)
    - Workers' mental health is strongly related to employment and working conditions. Interventions should take place at the organizational level, not at the individual level only (1)
- IT sector
    - Tremendous pressure to deliver with little room for error, even though error is inevitable. Preparing employees and providing them with tools and mechanisms to deal with these situations can increase employee’s mental health (1)