Research Article

© 2024 Alberto Ruozzi-Lopez and Emilio Alvarez-Suescun.
This is an open access article licensed under the Creative Commons
Attribution-NonCommercial 4.0 International License
(https://creativecommons.org/licenses/by-nc/4.0/)

Received: 16 March 2024 / Accepted: 29 June 2024 / Published: 02 July 2024

Managing Mental Health Challenges in Organizations: An Exploratory Study of the Problems of Misunderstanding, Invisibility and Responsibility

Alberto Ruozzi-Lopez*

Emilio Alvarez-Suescun

Department of Management,
Complutense University of Madrid,
28223 Pozuelo de Alarcón,
Madrid, Spain
**Corresponding Author*

DOI: https://doi.org/10.36941/ajis-2024-0096

Abstract

Despite the increasing number of workers worldwide experiencing mental disorders, many organizations lack knowledge and understanding of how to support them effectively. We argue that this is partially a consequence of three problems surrounding the management of mental health in organizations: misunderstanding, invisibility, and responsibility. This study aims to overcome misconceptions attached to those problems by providing empirical evidence on three issues: a) experiencing mental health challenges leads to inevitably experiencing a disability? b) to what extent do organizations know about their employees' mental health challenges? c) do mental problems preclude employees from thriving at work and enjoying work-life balance? To do so, we analyze the disclosure of mental health conditions and the levels of anxiety, depression, disabilities, thriving at work, and work-life balance in a sample of 212 employees with and without a diagnosis of mental disorder. Our findings challenge some preconceived notions as they suggest that: a) suffering from a mental disorder does not always lead to higher disabilities, and, on the contrary, even non-diagnosed employees may experience high degrees of disabilities; b) mental health challenges are still notably invisible within organizations; and c) there seems to be an inverse relationship between the severity of mental problems and the degree of thriving at work and work-life balance. Accordingly, we propose future research avenues and practical recommendations to address the problems of misunderstanding, responsibility, and invisibility.

Keywords: *employees with mental disorders; disabilities; HRM policies; thriving at work; work-life balance; descriptive analysis*

1. Introduction

There has been a growing trend of mental disorders worldwide. In 2019 alone, 301 million people lived with anxiety, 280 million with depression, more than 730,000 committed suicide, and 15% of working-age adults had a mental disorder (World Health Organization & International Labour Organization, 2022). According to the latest Mental Health at Work report from the World Health

Organization,[1] anxiety and depression alone led to the loss of more than 12 billion working days, and the related productivity losses account for nearly a trillion dollars every year.

As Cooke *et al.* (2024) recently stated, the management of mental health at work is a more critical concern than ever for both current and future human resource managers due to the increased risks to employees' well-being and firms survival resulting from disruptive technological advancements, geopolitical tensions and increased polarization globally. However, in addressing this phenomenon, they face three fundamental problems: comprehending what it is and what it entails (misunderstanding), determining its scope within the organization (invisibility), and knowing which actions are most effective to implement (responsibility).

In turn, research on this topic within management and business literature faces a series of limitations, which hinder its ability to shed light on the abovementioned issues. First, many of them exhibit terminological confusion (i.e., misunderstanding problem), mixing up disorders, symptoms, disabilities, and other related concepts (Follmer & Jones, 2018). This terminological confusion may also be a consequence of the still high fragmentation within the literature about mental health and mental illness in organizations (Rosado-Solomon *et al.,* 2023), which relates to the failure to adopt the theoretical and methodological advancements developed in the field of health sciences.

Second, in addition to research design challenges or resource constraints, Hastuti & Timing (2021) argue that there are difficulties in accessing the population of employees with diagnosed mental disorders (i.e., invisibility problem), either because these employees do not reveal their health condition to their superiors or because organizations do not want to provide data about them. Indeed, according to the World Health Organization (WHO),[2] between 2014 and 2020, only 13% of Member States reported mental health-specific data for the public and private sectors in the last two years. Even more, international reports on workers' mental health, such as the OSH Pulse Survey of the European Union or the WHO data, do not cross data.

Third, there is little research on the impact that various organizational initiatives can have on the well-being of workers with diagnosed mental disorders and even less on comparing these impacts with those on non-diagnosed employees (i.e., responsibility problem). For example, in the case of thriving at work or work-life balance, studies focusing on employees with mental disorders are nearly non-existent.

Therefore, this paper aims to provide empirical evidence to understand the problems of misunderstanding, invisibility, and responsibility and propose a comprehensive agenda for future research. To accomplish this, we will attempt to address three research questions related to the aforementioned problems: a) experiencing mental health challenges leads to inevitably experiencing a disability? b) to what extent do organizations know about their employees' mental health challenges? c) to what extent do mental problems preclude employees from thriving at work and enjoying work-life balance?

To answer our questions, we descriptively analyze data obtained in October of 2022 through the Prolific platform about the disclosure of mental health conditions at work, and levels of anxiety, depression, disabilities, thriving at work, and work-life balance of 212 employees, of whom 108 had been diagnosed with some mental disorders and 104 had not. Our analysis reveals that: a) suffering from a mental disorder does not necessarily lead to disabilities, and, on the contrary, even non-diagnosed employees may experience high levels of disabilities; b) the incidence of mental disorders in organizations may be much higher than what managers may think; and c) employees with higher thriving at work and work-life balance experienced mild symptoms and low levels of disabilities, and vice versa.

---

[1] *https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work. Lastly accessed May 16th, 2024.*
[2] *https://iris.who.int/bitstream/handle/10665/345946/9789240036703-eng.pdf?sequence=1 Lastly accessed April 4th, 2024.*

2. Literature Review

Below, we depict the problems of misunderstanding, invisibility, and responsibility by drawing on insights from health and management literature.

2.1 The problem of misunderstanding

The problem of misunderstanding refers to the misconceptions about what mental issues and disabilities are, which, together with invisibility, makes it difficult for organizations to adequately support employees experiencing them. For most people, a person who has a mental disorder is disabled, so he/she is unable or unfit to work. Even in scientific literature on business management, and applied psychology, as well as in medical, legal, and cultural practices, the concepts of mental disorder and disability are generally overlap and used interchangeably (Follmer & Jones, 2018; Price, 2013; Santuzzi & Waltz, 2016; Vornholt *et al.,* 2018).

However, would we consider disabled or incapable of managing work activities individuals such as Michael Phelps, the most successful and decorated Olympian swimmer of all time (diagnosed with attention-deficit/hyperactivity disorder), Leonardo DiCaprio, Academy Award-winning actor (diagnosed with obsessive-compulsive disorder), Lady Gaga, the first artist to win an Academy Award, a BAFTA Award, a Golden Globe Award, and a Grammy Award in one year (diagnosed with post-traumatic stress disorder), Ludwig van Beethoven, one of the most outstanding composers in history (diagnosed with bipolar disorder), John Nash, mathematician awarded the Nobel Memorial Prize in Economics and the Abel Prize (diagnosed with schizophrenia), or Ted Turner, founder of Turner Broadcasting and CNN (diagnosed with bipolar disorder)?

The American Psychological Association (APA) defines *mental disorders* as “any condition characterized by cognitive and emotional disturbances, abnormal behaviors, impaired functioning, or any combination of these”.[3] Any disorder has its specific symptoms, which may manifest in a more or less severe manner.

In turn, disabilities are “activity limitations or participation restrictions that arise from the interaction (in the form of a mismatch) between a health condition (illness, disorder, and injury) and contextual (environmental and personal) factors” (World Health Organization, 2002, pp. 9-10). This conceptualization implies that a) disabilities are not a permanent state but rather an experience of limitations in functioning or participation at certain moments; b) disabilities arise when a person cannot effectively cope with the impact of symptoms in specific situations.

Therefore, disabilities are a phenomenon that occurs in many more cases than just when there is a diagnosed disorder. On the contrary, people with mental health problems may not experience disabilities when they have adequate resources to manage their symptoms or may even positively use them, as observed in the cases of the above-mentioned famous individuals.

We argue that the aforementioned terminological confusion leads to a problem of misunderstanding because it may make managers wrongly believe that every employee with a diagnosed mental disorder is disabled or the opposite, that is, that employees without a diagnosed mental disorder are not experiencing disabilities.

To explore the misunderstanding problem, we pose the following question:

- *Research question 1*: experiencing mental health challenges leads to inevitably experiencing a disability?

---

[3] *https://dictionary.apa.org/mental-disorder (last accessed March 22nd, 2024). As World Health Organization notes, the term "disorder" is not an exact term, but it is used to avoid even greater problems inherent in the use of terms such as "disease" and "illness".*

2.2 The problem of invisibility

The problem of invisibility refers to the notion that, in many cases, organizations are not aware of their employees' mental health challenges, that is, those situations in which they experience severe mental disorder symptoms (Rosado-Solomon *et al.,* 2023). This has relevant implications for organizations because many employees may already be suffering from symptoms like anxiety or depression and experiencing related disabilities but do not reveal them for fear of negative consequences.

Despite receiving more attention in recent years, mental health challenges are still surrounded by a significant amount of stigma, resulting in high levels of discrimination both inside and outside the labor market (Hastuti & Timming, 2021), increasing the fear of being treated or seen differently, which in many cases leads to trying to hide mental health issues to avoid possible negative consequences in working life (Cavanagh *et al.,* 2017; Vornholt *et al.,* 2018). Indeed, Follmer et al. (2024) recently found that the relationship between perceiving the need to ask for an accommodation and the actual requests of it among employees with mental disorders was mediated by the perceptions of public and self-stigma, revealing how those fears are a cause of invisibility that in turn precludes them from receiving adequate support within their employing organizations.

Even more, hiding symptoms and the associated insecurity negatively affect long-term well-being and performance, as they increase stress and divert attention at work (Hennekam *et al.,* 2020). Additionally, evidence on mental health at work is highly scattered (Rosado-Solomon *et al.,* 2023), and studies on the work experiences of employees with mental disorders are still notably scarce (Follmer & Jones, 2018), further perpetuating invisibility. To better explore this invisibility problem, we pose the following question:

- *Research question 2*: to what extent do organizations know about their employees' mental health challenges?

2.3 The problem of responsibility

Lastly, invisibility and misunderstandings lead to problems with responsibility. Due to ignorance or misconceptions, organizations do not recognize their responsibility as catalysts of positive or negative mental health outcomes. They assume that mental problems inevitably hurt work experiences and the management of work and non-work activities, as mental health issues are a personal condition in which organizations can do little, if any. This misconception may be partially explained by the fact that mental disorders may produce alterations in cognition, emotions, or behavior (Follmer & Jones, 2018) that can manifest in the form of concentration difficulties, fluctuations in available energy, and physical, memory, and concentration problems, which reduce work performance and well-being (Hennekam *et al.,* 2020).

Nonetheless, there is also ample evidence showing that the emergence and impact of mental issues on employees depend on several determinants, among them those related to work (Williams *et al.,* 2016; Follmer & Jones, 2018; Rosado-Solomon *et al.,* 2023; World Health Organization & International Labour Organization, 2022). On the one hand, the working conditions of modern organizations are partially responsible for the increase in mental problems (Kensbock *et al.,* 2022). The absence of adequate job resources -or insufficient levels in cases of severe disorders- can aggravate the impact of symptoms and promote the emergence of disabilities, especially when work overload and work pressure increase (Vornholt *et al.,* 2018). On the other hand, organizations can also significantly reduce their employees' symptoms and improve their mental health (World Health Organization & International Labor Organization, 2022). Employees with mental issues can benefit from the alteration of job demands and resources and the provision of accommodations to have better work experiences and improve their well-being while coping with work and non-work demands.

Accordingly, thriving at work and work-life balance are two of the most relevant variables when

studying how altering work characteristics affects workers' mental health (Sirgy & Lee, 2018; Goh et al., 2022). While thriving is the joint sense of vitality and learning at work (Spreitzer et *al.,* 2005), work-life balance refers to the perceived harmony between work and non-work activities according to actual life priorities (Kalliath & Brough, 2008; Brough *et al.,* 2014). Nonetheless, to our knowledge, there are no specific studies on the case of employees with mental disorders, and only a few for those who experience disabilities (Özbilgin *et al.,* 2011; Ryan & Briggs, 2019; Zhu *et al.,* 2019).

This lack of literature underscores the need for further research to understand the experiences of workers with mental issues and their impact on work experiences and work-life balance. Without this understanding, we risk perpetuating the misconception that organizations can do little to support these employees. To better explore the problem of responsibility, we pose the following question:

- *Research question 3:* to what extent do mental problems preclude employees from thriving at work and enjoying work-life balance?

3. Methodology

3.1 Sample

We collected our data using the Prolific platform in October 2022. Prolific offers a unique advantage by allowing researchers to utilize screeners, ensuring that the study reaches participants with the desired sample characteristics. In our study, we implemented two screeners: a) within the "employment status" screener, respondents were required to be employed, either full-time or part-time; and b) in the "long-term health condition or disability" screener, participants had to indicate suffering from a "psychological disorder/mental health condition." Data collection took place in October 2022 by sending a Google Forms questionnaire through the platform.[4]

To validate the accuracy of the questionnaire configuration and Prolific settings, we initially requested responses from a sample of 30 individuals with a diagnosed mental disorder and 30 without such diagnoses. After checking that everything was correct, we expanded both samples to reach a total of 110 employees with diagnosed mental disorders and 110 non-diagnosed ones. After deleting uncomplete and invalid answers, we obtained a final sample of 108 diagnosed and 104 non-diagnosed employees. Table 1 shows the main demographic characteristics of the sample.

Table 1. Demographic characteristics of the sample.

Demographic characteristics	Diagnosed employees (n=108)	Non-diagnosed employees (n=104)
Age		
-From 19 to 29 years	44 (40.74%)	56 (51.85%)
-From 30 to 39 years	40 (37.04%)	23 (21.30%)
-From 40 to 49 years	17 (15.74%)	16 (14.81%)
-50 years or more	7 (6.48%)	9 (8.33%)
Sex		
-Male	46 (42.59%)	64 (59.62%)
-Female	62 (57.41%)	40 (37.04%)
Type of employment contract		
-Full-time	79 (73.15%)	74 (68.52%)

[4] *In case of interest, the questionnaire sent to employees with diagnosed mental disorders can be seen and done at https://shorturl.at/dgX49 and the one sent to employees without diagnosed mental disorders at https://shorturl.at/dQRZ9.*

Demographic characteristics	Diagnosed employees (n=108)	Non-diagnosed employees (n=104)
-Part-time	29 (26.85%)	30 (27.78%)
Educational level		
- Non-university	43 (39.81%)	30 (28.85%)
- University	65 (69.19%)	74 (71.15%)
Relationship status		
- No relationship	38 (35.19%)	47 (45.19%)
- In a relationship	70 (64.81%)	57 (54.81%)
Region of residence		
-United Kingdom and Ireland	42 (38.89%)	22 (20.37%)
-United States	43 (39.81%)	2 (1.85%)
-Western Europe	10 (9.26%)	45 (41.67%)
-Eastern Europe	12 (11.11%)	34 (31.48%)
-New Zealand	1 (0.93%)	1 (0.93%)

Note: Western Europe includes Spain, Portugal, Greece, France, Belgium, and Netherlands; Eastern Europe includes Finland, Estonia, Latvia, Poland, Hungary, Czech Republic, and Slovenia.

3.2 Measures

Disclosure of mental disorders at work. We asked employees with a diagnosed mental disorder to answer the following question: “please, could you indicate if you have ever been diagnosed with a mental health condition by a professional? Choose the option that best suits to you”. The answer options were: “yes, and no one knows”, “yes, and some colleagues know about it but not my bosses”, “yes, and colleagues and bosses know it”, and “I prefer not to answer”.

Anxiety. We used the seven-item General Anxiety Disorder Scale (Spitzer *et al.,* 2006), in which respondents indicated how often they had been bothered by seven problems over the past 30 days. Items were measured using a five-point scale. The overall anxiety level results from summing items scores.

Depression. We used the nine-item Patient Health Questionnaire (Kroenke *et al.,* 2001). Respondents assessed how often they had been bothered by nine problems over the past 30 days using a five-point scale. The overall depression level results from summing items scores.

Disabilities. We used the shortened version of the WHODAS 2.0 (World Health Organization, 2010). This scale measures disability with twelve items reflecting difficulties individuals may have faced in the last 30 days in carrying out activities due to a health condition across six domains of functioning: cognition, mobility, self-care, getting along, life activities, and participation. The items were measured using a five-point scale. The overall disabilities level results from summing items scores.

Thriving at work. We used the ten-item scale of Porath *et al.* (2012). Respondents were asked to think about how they usually felt at work the last month. The overall thriving at work level result is the average of items scores, measured on a seven-point Likert scale.

Work-life balance: We used the four-item scale of Brough *et al.,* (2014), in which respondents reflected on their work and non-work activities (regular activities outside of work such as family, friends, sports, study, etc.) and their current life priorities, over the past three months. The overall work-life balance level is the average of item scores, measured on a seven-point Likert scale.

Table 2 shows descriptive statistics and Cronbach’s alphas of measures (except for disclosure, which does not apply). Apart from being widely validated in previous literature, the alphas of the measures are above the minimum recommended threshold of 0.75, suggesting their validity in our study.

Table 2. Cronbach's alphas and descriptive statistics of variables.

	Cronbach's α	Mean			SD	Values		Percentiles	
		Total sample	Diagnosed	Non-diagnosed		Min.	Max.	33.3	66.6
Anxiety	0.92	19.8	21,97	17,58	7.5	7	35	15	24
Depression	0.90	22.4	24,74	19,92	8.9	9	45	17	26
Disability	0.89	24.9	26,37	23,33	9.0	12	60	20	28
Thriving at work	0.93	4.8	4,83	4,88	1.2	1	7	4.4	5.5
Work-life balance	0.93	4.2	4,19	4,28	1.6	1	7	3.2	5.2

4. Findings and discussion

This exploratory study aims to shed light on the problems we have identified in managing mental health in organizations (i.e., misunderstanding, invisibility, and responsibility). To achieve this, we conducted a descriptive analysis using cross-tabulations that contain frequencies and percentages, as presented in Tables 3, 4, 5, and 6. We did not carry out any further statistical analysis.

4.1 Experiencing mental health challenges leads to inevitably experiencing a disability?

To explore this question, we analyzed the extent to which employees with and without mental problems experience high and low levels of disabilities (Table 3) and when those levels were paired with high or low levels of anxiety and depression (Table 4).

Table 3. Evidence for diagnosed and non-diagnosed employees.

Variables and levels	Diagnosed employees (n=108)	Non-diagnosed employees (n=104)
Disclosure of mental disorder		
– No one knows	58 (53.7%)	n.a.
-Only some colleagues know but no bosses.	22 (20.3%)	n.a.
– Bosses and colleagues know	27 (25.0%)	n.a.
Anxiety		
– Low	22 (20.4%)	51 (49.0%)
– High	45 (41.7%)	20 (19.2%)
Depression		
– Low	29 (26.9%)	43 (41.3%)
– High	47 (43.5%)	20 (19.2%)
Disabilities		
– Low	33 (30.6%)	39 (37.5%)
– High	38 (35.2%)	28 (26.9%)
Thriving at work		
– Low	41 (38.0%)	35 (33.7%)
– High	33 (30.6%)	42 (40.4%)
Work-life balance		
– Low	39 (36.1%)	35 (33.7%)
– High	43 (39.8%)	34 (32.7%)

Note: Groups were created based on percentiles 33.3 (low) and 66.6 (high). The intermediate group is not displayed. The percentages in each cell are calculated for that specific variable relative to the reference group (low, high), except for disclosure, which are calculated based on the total number of observations.

Table 4. Anxiety, depression, and disabilities.

Variables and levels	Diagnosed employees (n=108)		Non-diagnosed employees (n=104)	
	Disabilities		*Disabilities*	
	Low	High	Low	High
Anxiety				
– Low	17 (77.3%)	3 (13.6%)	30 (58.8%)	7 (13.7%)
– High	4 (8.9%)	29 (64.4%)	1 (5.0%)	12 (60.0%)
Depression				
– Low	18 (62.1%)	2 (6.9%)	27 (62.8%)	6 (14.0%)
– High	2 (4.3%)	29 (61.7%)	0 (0.0%)	11 (55.0%)

Note: Groups were created based on percentiles 33.3 (low) and 66.6 (high). The intermediate group is not displayed. The percentages in each cell are calculated for that specific variable relative to the reference group (low, high).

Our findings are consistent with prior literature on health sciences. On the one hand, as expected, Table 3 shows that a significant percentage of diagnosed employees suffered severe symptoms of anxiety (41.7%) and depression (43.5%) and scored high in disabilities (35.2%). We also found that most employees who had not been diagnosed with a mental disorder suffered from low levels of anxiety (49%) and depression (41.3%), and experienced low levels of disabilities (37.5%).

Additionally, some data may seem nonsensical to a layperson in medicine and psychology. We found that some of the diagnosed employees reported low levels of anxiety (20.4%) and depression (26.9%), and 30.6% of them experienced a low level of disabilities (Table 3). We also found that various of the non-diagnosed employees scored high in anxiety (19.2%), depression (19.2%), or reported a high degree of experienced disabilities (26.9%). These findings seem to indicate that being diagnosed with a mental disorder does not necessarily involve suffering from severe symptoms of anxiety and depression, and conversely, not having been diagnosed may entail experiencing high levels of symptoms.

In a similar vein, as shown in Table 4, more than half of the non-diagnosed employees who reported high levels of anxiety or depression also reported high levels of disabilities. Counterintuitively, also a tiny percentage of employees with low levels of anxiety or depression, either diagnosed or non-diagnosed, were still experiencing high levels of disabilities. This supports the notion that what impacts people's lives is not the mere presence of one or more mental disorders diagnosed by a professional but rather the symptoms and the disabilities they can cause and the personal and contextual factors -like work-related ones- that may promote or prevent them.

Our findings have two implications in the field of business and management. The first is that diagnosis alone is an insufficient predictor for conducting empirical research or organizational interventions related to mental health, as many people do not go to the doctor to be diagnosed, and a diagnosis reflects a health situation at a specific moment in time. In this regard, using symptoms (e.g., anxiety and depression) and disability may be better proxies for measuring mental health issues. Even more, while doing so, it is essential to use measures that allow to account for dynamism and heterogeneity, given that the non-measurement of severity and degree of disabilities and symptoms is a significant limitation in previous studies in the field of management about employees with mental disorders or that experience disabilities (Beatty *et al.,* 2019). The second is that a disability arises when a person facing a mental problem lacks sufficient personal and social resources or when environmental conditions exceed those supports, those being the situations in which organizations can play a more prominent role.

These implications are coherent with recent calls for adopting perspectives and methods from health-related fields that have a notably longer tradition in the study of mental health and disabilities in comparison with those of business and human resource management (Follmer & Jones, 2018; Cooke *et al.,* 2024).

4.2 To what extent do organizations know about their employees' mental health challenges?

To explore this question, we analyzed: a) the extent to which employees with diagnosed mental disorders disclose their mental health condition to their bosses and their levels of anxiety, depression, and disabilities for those who did and did not disclose (Tables 3 and 5); and b) the extent to which non-diagnosed employees experience high levels of anxiety and depression (Table 3).

As Table 3 shows, out of 107 employees diagnosed with a mental disorder who answered the question, only 25% indicated that their bosses knew about it. However, when analyzing the degree of symptoms of both groups (Table 5), we can see that there are significantly more employees who suffer from severe symptoms of anxiety and depression among those who do not disclose their health condition (45.0% vs. 33.3%, for anxiety, and 48.8% vs. 29.6%, for depression). The same applies to the level of disability, although with more minor differences (35% vs. 33.3%). This is coherent with the finding that those employees are among those showing the highest levels of perceived discrimination (Hastuti and Timming, 2021), motivating them to not disclose their health conditions due to fear (Vornholt *et al.,* 2018).

For non-diagnosed employees, as we already saw in the previous section, we found that almost one-fifth (19.2%) scored high in depression or anxiety, and more than a quarter (26.9%) in disabilities, suggesting that the problem of invisibility is indeed significant as well for this group.[5] Finding that a notable percentage of employees without any medical diagnosis are facing significant mental health challenges aligns with the assertion that there is a pandemic of mental disorders among workers and that nearly every employee will experience related symptoms at some point of their working life (Kensbock *et al.,* 2022).

Table 5. Disclosure and mental health variables for diagnosed employees.

Variables and levels	*Disclosure to bosses*	
	No	Yes
Anxiety		
– Low	14 (17.5%)	7 (25.9%)
– High	36 (45.0%)	9 (33.3%)
Depression		
– Low	18 (22.5%)	10 (37.0%)
– High	39 (48.8%)	8 (29.6%)
Disabilities		
– Low	24 (30.0%)	9 (33.3%)
– High	28 (35.0%)	9 (33.3%)

Note: Groups were created based on percentiles 33.3 (low) and 66.6 (high). The intermediate group is not displayed. The percentages in each cell are calculated for that specific variable relative to the disclosure group (no, yes).

Overall, coherent with previous literature and with the type of data lacking in most international reports, those findings suggest that the problem of invisibility is still pervasive within organizations and, more alarmingly, that it may be especially affecting those employees experiencing higher levels of symptoms or disabilities.

[5] *According to the scales used, even moderate levels in them suggest the presence of anxiety or depression in clinical terms.*

4.3 *Are mental disorders precluding employees from thriving at work and enjoying work-life balance?*

To explore this question, we analyzed: a) the extent to which employees with and without mental disorders exhibit high and low levels of thriving at work and work-life balance (Table 3); b) how those levels relate to high and low levels of anxiety, depression, and disabilities (Table 6).

Table 6. Work-life balance, thriving at work and mental health variables.

Variables and levels	*Anxiety*		*Depression*		*Disabilities*	
	Low	High	Low	High	Low	High
Thriving at work						
– Low	13 (17.1%)	37 (48.7%)	9 (17.8%)	42 (55.3%)	13 (17.1%)	34 (44.7%)
– High	40 (53.3%)	12 (16.0%)	43 (57.3%)	7 (9.3%)	38 (50.7%)	15 (20.0%)
Work-life balance						
– Low	17 (23.0%)	28 (37.8%)	18 (24.3%)	31 (41.9%)	17 (23.0%)	27 (36.5%)
– High	35 (45.5%)	21 (27.3%)	34 (44.2%)	19 (24.7%)	34 (44.2%)	20 (26.0%)

Note: Groups were created based on percentiles 33.3 (low) and 66.6 (high). The intermediate group is not displayed. The percentages in each cell are calculated for that specific variable relative to the reference group (low, high) of thriving at work and work-life balance.

According to Table 3, more diagnosed respondents experienced lower levels of thriving at work than non-diagnosed employees (38.0% vs 33.7%), and conversely, more non-diagnosed employees scored higher (40.4% vs 30.6%). However, almost a third (30.6%) of diagnosed employees perceived a high degree of thriving at work. For work-life balance, there were slightly more diagnosed employees who scored high (39.8%) in work-life balance than those who scored low (36.1%), as well as slightly more non-diagnosed respondents who perceived low levels (33.7% vs 32.7%). Furthermore, more diagnosed employees perceived that they could balance their work and non-work activities than non-diagnosed employees (39.8% vs. 32.7%).

Additionally, as shown in Table 6, we also noticed that an inverse relationship exists between the levels of thriving at work and work-life balance with anxiety, depression, and disabilities. Thus, most of the employees who reported higher levels of thriving at work and work-life balance consistently experienced the lowest levels of anxiety, depression, and disabilities, and most of the employees with lower levels of thriving at work and work-life balance also experienced the highest levels.

This supports the notion that organizations play an active role in hindering or promoting workers' mental health and that the still fragmented research on mental health and mental illness at work need to be integrated to obtain a better understanding of their work-related causes and consequences (Rosado-Solomon *et al.,* 2023). Even more, the complementarity between thriving at work and work-life balance shows that work characteristics can be barriers or facilitators in improving work experiences and the management of work and non-work activities. In the case of workers facing mental health challenges, this may be particularly relevant for facilitating adequate management of symptoms and adopting healthy adaptation strategies to integrate work, rest and well-being (Williams *et al.,* 2016).

Overall, our data suggest that whereas mental health challenges may lead to more difficulties in experiencing thriving at work or work-life balance, higher thriving and work-life balance promoted by organizations are still achievable and could help to reduce them.

5. Future Research Lines and Practical Recommendations

In this paper, we identified three interrelated problems—misunderstanding, invisibility, and responsibility—that pose a barrier for organizations to become forces capable of improving

employees' mental health. Our aim has been to help debunk the misconceptions surrounding those problems by providing new evidence from employees with and without diagnosed mental disorders. Given our exploratory approach, we now suggest future research lines and practical recommendations based on the evidence we have presented.

5.1 Future research lines for addressing the problems of misunderstanding, invisibility, and responsibility

Regarding the problem of misunderstanding, we saw that many times disorders, symptoms and disabilities are terms erroneously used interchangeably and that having (or not having) a mental disorder diagnosis does not provide insight into an employee's mental health status. Given that, future studies could address the following questions:

- What are the most appropriate measures of mental health issues in business and management studies?
- To what extent do general management and human resources management understand the various issues related to mental health?
- To what extent is this (mis)understanding associated with the level of awareness of this phenomenon?

The problem of invisibility is risky for organizations and workers because they may preclude managers from being aware of workers' mental health challenges and then not being able to make appropriate decisions to allocate resources to support them adequately. Future studies could address the following questions:

- Does disclosing mental issues to superiors' help improve employees' wellbeing and performance? Is disclosing mental issues to colleagues equally important?
- What different initiatives do managers implement to know their employees' mental health status?
- What work characteristics generate psychologically safe work environments in which employees feel free to share their mental health challenges with their superiors?
- What are the main psychosocial risk factors at work that make workers less prone to share those mental health issues with their superiors?

Lastly, when exploring the problem of responsibility, we found that employees with higher thriving at work and work-life balance experienced mild symptoms and low levels of disabilities, and vice versa. This seems to suggest that thriving at work and work-life balance could be beneficial for coping with mental disorder symptoms and related disabilities, so future studies could address the following questions:

- What is the causal relationship of thriving at work and work-life balance with levels of mental health: are there organizational resources that can reduce them, a consequence of implementing some support initiatives that have already reduced those factors, or both things?
- What job demands and resources are the best predictors of these employees' work-life balance and thriving at work? Do they differ from those generally found in previous literature for employees without mental health challenges?
- How may the impact of thriving at work and work-life balance differ depending on the type of mental disorders and severity of symptoms?
- To what extent are thriving at work and work-life balance more or less significant than other organizational initiatives to cope with mental challenges?

5.2 Practical recommendations for addressing the problems of invisibility, misunderstanding, and responsibility

Many organizations, especially the largest ones, are implementing various actions to enhance the well-being of their employees, for instance, meditation and yoga classes, psychological assistance services, team building activities, and stress management workshops, among others.

To overcome the problem of misunderstanding, managers should receive specific training on basic mental health concepts to enable them to understand the challenges organizations face and how to manage them. This is a first step toward achieving their active involvement in promoting employees' mental health as an organizational priority. Informed and caring managers will be able to lead a cultural change in their organization to create a work environment in which all employees feel safe to speak about their mental health issues. This will avoid the problem of invisibility and enable organizations to get more accurate appraisals of their employees' mental health challenges.

While co-creating a psychologically safe and inclusive work environment, organizations should implement specific initiatives to assume their responsibility for their employees' well-being tangibly. Among them, we highlight the following: a) conducting awareness-raising activities on mental health in the workplace among the employees, which would improve the understanding of the phenomenon and enhance the disclosure; b) using formal and informal agreements between superiors and employees to provide higher job flexibility, more adapted workload, or other resources (e.g., time, money, technology, knowledge) to facilitate work and non-work demands management; c) implementing formal policies that allow for adaptation of job characteristics to the different situations of employees; or d) developing health and wellness programs compatible with work demands, for example, not requiring additional efforts after work hours to enjoy them.

6. Conclusions

To address the problems of misunderstanding, invisibility, and responsibility surrounding the management of mental health challenges in organizations, we employed a descriptive approach using a sample of 212 employees with and without a diagnosis of mental disorder.

Our findings challenge some preconceived notions in practice and prior business and management literature: a) a diagnosed mental disorder does not inevitably lead to experiencing a disability, and employees without such diagnoses may experience disabilities; b) most employees with mental disorders do not disclose their condition to superiors, especially those with severe anxiety and depression; moreover, a significant percentage of non-diagnosed employees already experience high levels of these symptoms; c) both groups of employees can achieve high levels of work-life balance and thriving at work, which inversely relate to the degree of disabilities they experience.

In addition to providing a comprehensive overview of the problems surrounding mental health challenges in the workplace, this paper complements previous research and international reports by integrating insights from health sciences and presenting more recent data. We also contribute to the business and management literature by suggesting future research lines for academics and offering practical recommendations for managers based on the evidence we have analyzed.

This study is subject to the inherent limitations of a descriptive approach, as it constitutes an initial step towards a more in-depth analysis of the organizational factors that can mitigate the impact of mental health problems in the workplace. An additional limitation of this paper is that our sample size is relatively small, a consequence of the significant difficulties in accessing the population of employees with mental disorders. Despite this, our sample size is larger than that of most previous studies on this topic in business and management.

To conclude, given the current mental health crisis in society, we urge the fostering of collaborations among firms, international institutions, governments, universities, research centers, business associations, and trade unions. Such collaborations are essential to better understanding how to transform organizations into catalysts of mental health and applying that knowledge.

References

Beatty, J.E., Baldridge, D.C., Boehm, S.A., Kulkarni, M. and Colella, A.J. (2019), "On the treatment of persons with disabilities in organizations: A review and research agenda", *Human Resource Management*, *58*(2), 119–137, https://doi.org/10.1002/hrm.21940

Brough, P., Timms, C., O'Driscoll, M.P., Kalliath, T., Siu, O.-L., Sit, C. & Lo, D. (2014), "Work–life balance: A longitudinal evaluation of a new measure across Australia and New Zealand workers", *International Journal of Human Resource Management*, 25(19), 2724–2744, https://doi.org/10.1080/09585192.2014.899262

Cavanagh, J., Bartram, T., Meacham, H., Bigby, C., Oakman, J., & Fossey, E. (2017). Supporting workers with disabilities: a scoping review of the role of human resource management in contemporary organisations. *Asia Pacific Journal of Human Resources*, 55(1), 6–43. https://doi.org/10.1111/1744-7941.12111

Cooke, F. L., Dickmann, M., & Parry, E. (2024). Developing organizations' dynamic capabilities and employee mental health in the face of heightened geopolitical tensions, polarized societies and grand societal challenges. *The International Journal of Human Resource Management*, *35*(5), 767-778. https://doi.org/10.1080/09585192.2024.2307751

Follmer, K. B., & Jones, K. S. (2018). Mental Illness in the Workplace: An Interdisciplinary Review and Organizational Research Agenda. Journal of Management, 44(1), 325–351. https://doi.org/10.1177/0149206317741194

Follmer, K.B., Miller, M.J. and Beatty, J.E. (2024), "Requesting mental illness workplace accommodations: the roles of perceived need and stigma", Equality, Diversity and Inclusion, Vol. ahead-of-print No. ahead-of-print. https://doi.org/10.1108/EDI-06-2023-0195

Goh, Z., Eva, N., Kiazad, K., Jack, G.A., De Cieri, H. & Spreitzer, G.M. (2022), "An integrative multilevel review of thriving at work: Assessing progress and promise", *Journal of Organizational Behavior*, 43(2), 197–213, https://doi.org/10.1002/job.2571

Hastuti, R., & Timming, A. R. (2021). An inter-disciplinary review of the literature on mental illness disclosure in the workplace: implications for human resource management. *The International Journal of Human Resource Management*, *32*(15), 3302–3338. https://doi.org/10.1080/09585192.2021.1875494

Hennekam, S., Richard, S., & Grima, F. (2020). Coping with mental health conditions at work and its impact on self-perceived job performance. *Employee Relations*, *42*(3), 626–645. https://doi.org/10.1108/ER-05-2019-0211

Kalliath, T. & Brough, P. (2008), "Work-life balance: A review of the meaning of the balance construct", *Journal of Management and Organization*, 14(3), 323–327, https://doi.org/10.5172/jmo.837.14.3.323

Kensbock, J. M., Alkaersig, L., & Lomberg, C. (2022). The Epidemic of Mental Disorders in Business-How Depression, Anxiety, and Stress Spread across Organizations through Employee Mobility. *Administrative Science Quarterly*, *67*(1), 1–48. https://doi.org/10.1177/00018392211014819

Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of general internal medicine*, *16*(9), 606-613. https://doi.org/10.1046/j.1525-1497.2001.016009606.x

Özbilgin, M.F., Beauregard, T.A., Tatli, A., & Bell, M.P. (2011), "Work-Life, Diversity and Intersectionality: A Critical Review and Research Agenda", *International Journal of Management Reviews*, 13(2), 177–198, https://doi.org/10.1111/j.1468-2370.2010.00291.x

Porath, C., Spreitzer, G., Gibson, C. and Garnett, F.G. (2012), "Thriving at work: Toward its measurement, construct validation, and theoretical refinement", *Journal of Organizational Behavior*, 33(2), 250–275, https://doi.org/10.1002/job.756

Price, M. (2013). Defining Mental Disability. In J. D. Lennard (Ed.), *The Disability Studies Reader* (4° Edition, pp. 298–307). Routledge.

Ryan, A.M., & Briggs, C.Q. (2020), "Improving work-life policy and practice with an intersectionality lens", *Equality, Diversity and Inclusion*, 39(5), 533–547, https://doi.org/10.1108/EDI-01-2019-0049

Rosado-Solomon, E.H., Koopmann Wyatt Lee, J. & Cronin, M.A. (2023), "Mental Health and Mental Illness in Organizations: a Review, Comparison, and Extension", *Academy of Management Annals*, 17(2), 751–797, https://doi.org/10.5465/annals.2021.0211

Santuzzi, A. M., & Waltz, P. R. (2016). Disability in the Workplace: A Unique and Variable Identity. *Journal of Management*, *42*(5), 1111–1135. https://doi.org/10.1177/0149206315626269

Sirgy, M.J., & Lee, D.J. (2018), "Work-Life Balance: an Integrative Review", *Applied Research in Quality of Life*, 13(1), 229–254, https://doi.org/10.1007/s11482-017-9509-8

Spitzer R.L., Kroenke K., Williams J.W., and Löwe B. (2006), "A brief measure for assessing generalized anxiety disorder: The GAD-7", *Archives of Internal Medicine*, 166(10), 1092–1097, https://doi.org/10.1001/archinte.166.10.1092

Spreitzer, G., Sutcliffe, K., Dutton, J., Sonenshein, S., & Grant, A.M. (2005), "A socially embedded model of thriving at work", *Organization Science*, 16(5), 537–549, https://doi.org/10.1287/orsc.1050.0153

Vornholt, K., Villotti, P., Muschalla, B., Bauer, J., Colella, A., Zijlstra, F., ... Corbière, M. (2018). Disability and employment–overview and highlights. *European Journal of Work and Organizational Psychology*, *27*(1), 40–55. https://doi.org/10.1080/1359432X.2017.1387536

Williams, A.E., Fossey, E., Corbière, M., Paluch, T. and Harvey, C. (2016), "Work participation for people with severe mental illnesses: An integrative review of factors impacting job tenure", *Australian Occupational Therapy Journal*, *63*(2), 65–85. https://doi.org/10.1111/1440-1630.12237

World Health Organization. (2002). Towards a common language for functioning, disability and health: ICF. *International Classification*, *1149*, 1–22. Retrieved from https://shorturl.at/acm29 Lastly accessed the 18th of May of 2024.

World Health Organization. (2010), *Measuring Health and Disability: Manual for WHO Disability Assessment Schedule WHODAS 2.0*, edited by Üstün, T., Kostanjsek, N., Chatterji, S. and Rehm, J., Geneva, Switzerland. Retrieved from https://shorturl.at/M2rgN Lastly accessed the 18th of May of 2024.

World Health Organization, & International Labour Organization. (2022). Mental health at work: policy brief. Geneva, Switzerland. Retrieved from https://shorturl.at/6zI3O Lastly accessed the 18th of May of 2024.

Zhu, X., Law, K. S., Sun, C. (Timothy), & Yang, D. (2019). Thriving of employees with disabilities: The roles of job self-efficacy, inclusion, and team-learning climate. *Human Resource Management*, *58*(1), 21–34. https://doi.org/10.1002/hrm.21920