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LIFESTYLE

Mental health need not be so depressing: What companies can do for employee wellbeing

December 30, 2020, 5:41 PM IST / Dr Muneer in The Medici Way, Lifestyle, TOI

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Dr Muneer

Muneer is a global expert columnist, writing on topical issues looked through management frameworks. He wears multiple hats including that of a social evangelist as the co-founder of the non-profit Medici Institute that was mentored by the late Dr Kalam, management consultant and startup

Jeffrey Pfeffer & M Muneer

The pandemic seems to have accelerated the attention towards mental health issues at workplaces, going by the number of expert columns that appear in media today. It has been gaining attention ever

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entrepreneur. His expertise is in strategy execution having worked with global brands across borders. Current passion is in driving governments to execute what they promise. He is the managing director of CustomerLab Solutions, an innovative consulting firm in partnership with leading minds of the world and also that of a US-based deep-tech startup. He pioneered the setting up of thought leadership seminar industry in India in the late 1990s and had been instrumental in delivering cutting-edge knowledge to the C-suite, in partnership with Times Group. LESS

since the World Economic Forum featured mental health as a global challenge last year.

The CEO of Blackrock, the investment firm with \$6.5 trillion in assets under management, has people looking into mental health challenges and implications for companies and society. More and more CEOs are turning their focus to mental health, recognising the significant social and economic issue it has become.

A WHO report finds that 18% of global depression cases emanate from India. An Economic Times survey of 200,000 professionals in India found that about half of them suffered extreme stress at work. An ASSOCHAM study shows 43% of private sector employees in India are afflicted with mental

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health issues. Adjusted for population size, India ranks first in the incidence of mental disorders.

Some 42 million Americans have a mental, behavioural, or emotional disorder. A report from Mental Health America found that almost 20 million Americans have a substance abuse problem, and nearly 9 million reported having serious thoughts of suicide.

The workplace is a major source of mental illness especially this year with anxiety over career stability and financial pressures. Nearly 80% of employees find jobs to be stressful now and 75% say they don't have good friends at work place. Trillions of dollars are lost in lost productivity. Employers should educate themselves and their staff about its pervasiveness. Learning

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about mental health issues is a necessary first step to improving mental health in the workplace.

Also, companies need to stop treating mental illness as something distinct (and less important) than other forms of illness and provide more comprehensive coverage as part of their medical benefits, working to reduce the stigma associated with any form of mental illness.

Enterprises and mental healthcare providers need to employ treatments that use the latest findings from neuroscience research that promise to make the treatment of conditions such as anxiety and depression much more effective.

Unfortunately, many people with serious mental illness do not receive care. About a third of adults in the U.S.

with major depression do not receive treatment, and the figures are comparable for other forms of serious mental illness. Without treatment, mental illness is unlikely to get better.

In India, not many companies and insurance providers cover mental health as part of the normal policies.

Companies seem not to have realised that they bear a lot of the costs of workers affected by stress and depression. It is imperative that employers address mental health issues – both through the medical benefits they provide and by building cultures of physical and mental health in workplaces through management practices that promote wellbeing.

Employers and Government Need to Do More

Government of India

should pass a mental health parity law in a similar way the US government had done, mandating equal coverage for mental and physical illness. The big differences in coverage and access need to be closed. Even in the USA, a 2015 data show, behavioural care was between 4-6 times more likely to be provided out-of-pocket than medical or surgical care, and insurers paid 20% more for the same types of care than they paid addiction or mental health specialists. Clearly, employees have more difficulty accessing mental health care and pay more for it, which deters many people from seeking a remedy.

Partly there is also the stigma associated with mental health problems. Another difference comes from the sense that mental illness is not a “real” illness like cancer or heart disease. But that

is completely incorrect:
Neuroimaging studies
done in Stanford show
real changes in the
physiology of the brain
associated with
depression.

Making access to care
more costly and difficult
for insured employees,
and stigmatising mental
health issues, lead people
to try and hide problems
and not get care,
perpetuating the
problems and their
associated costs.

In the new WFH era,
many companies are at
least seeking external
experts such as Pre2Doc
and MHFA-India to
educate employees
about mental health
issues, encouraging them
to seek help if they need
it, and become a support
to colleagues who might
be struggling with
mental illness or
addiction. More
employers should take
such proactive approach

to get mental health out of the shadows and treat like the real illness that it is.

Most employers have underemphasised mental health and its treatment in part because they have not understood the scope of the problem, as people try to hide mental disorders, in part because they don't think of mental health as "real" health,

and also because they see mental health treatment as something that is likely to be unbounded in scope and ineffective. That is why recent advances in developing a precision psychiatry approach to diagnosing and treating depression, for instance, are so important.

Stanford psychologist Leanne Williams in her paper published data from a number of studies relating mood disorders

such as anxiety and depression to particular dysfunctions in brain circuitry as identified by neuroimaging. She also showed how to use neural circuit dysfunction to guide treatment.

When neuroimaging-derived diagnoses are matched with appropriate treatments, patient improvement rates are much higher.

Unfortunately, there remains a large gap between these scientific advances and their application in clinical practice. In some sense this is not surprising. The implementation of clinical guidelines remains challenging in all branches of medicine, and there is no reason to expect that mental health practitioners would be any different.

The problem is compounded in mental health by expenses, insurance coverage, and

access. Nonetheless, the research findings make it clear that there are more and less effective treatment regimens depending on the specifics of the brain circuit dysfunctions. More effective, and more cost-effective, treatment is possible with the evidence available today. Companies, through their group insurance providers, can and should push for using the most current, evidence-based protocols in treating mental health problems, just as they already do with respect to interventions focussed on physical health.

Mental illness is enormously costly, both to society and employers. Yet, it remains stigmatised, underinsured, and woefully undertreated. Research advances make the effective treatment of disorders such as anxiety and depression much

more possible. For reasons both economic and humane, employers and governments should act swiftly on these insights and make lives less depressing for citizens.



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