

## **Mental health problems and their impacts in the workplace: A systematic review**

### **Vấn đề sức khỏe tâm thần và những tác động tại nơi làm việc: Đánh giá hệ thống**

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**Abstract:** Nowadays, there is increasing recognition of workplace mental health (MH) issues as a significant problem in many countries, which negatively impacts both spiritual and economic burdens on employees and employers. This growing concern has attracted more research interest in how to manage it. In this context, this report aims to identify the impacts, damages, relevant factors, and consistent solutions that may help employees manage situations effectively and support business organizations in reducing lost productivity through information and suggestions. The methods employed involve reviewing academic articles, newspapers, and statistical data from several scholars in different countries to seek the essential correlation between workplace components and MH problems. This approach highlights the practical approaches of relevant parties to ensure healthier workplace priorities and improved quality of life for employees. Implementing comprehensive psychological health programs in the workplace is critical for supporting employee well-being and organizations' productivity. This report also provides recommendations for practical implications and contributes to the growing body of MH research.

**Keywords:** *Mental Health; Productivity; Systematic review; Well-being; Workplace*

**Tóm tắt:** : Ngày nay, ngày càng có nhiều quốc gia công nhận các vấn đề sức khỏe tâm thần (MH) tại nơi làm việc là một vấn đề quan trọng, tác động tiêu cực tạo gánh nặng về tinh thần và kinh tế đối với người lao động và người sử dụng lao động. Mỗi quan tâm ngày càng tăng này đã thu hút nhiều sự quan tâm nghiên cứu hơn về cách quản lý vấn đề. Trong bối cảnh này, báo cáo này nhằm xác định các tác động, thiệt hại, các yếu tố có liên quan và các giải pháp nhất quán có thể giúp người lao động quản lý tình huống hiệu quả và hỗ trợ các tổ chức kinh doanh giảm năng suất bị mất thông qua thông tin và các đề xuất. Các phương pháp được sử dụng bao gồm việc xem xét các bài báo học thuật, báo chí và dữ liệu thống kê từ một số học giả ở các quốc gia khác nhau để tìm kiếm mối tương quan cần thiết giữa các yếu tố tại nơi làm việc và các vấn đề MH. Cách tiếp cận này làm nổi bật các cách tiếp cận thực tế của các bên liên quan để đảm bảo các ưu tiên tại nơi làm việc lành mạnh hơn và cải thiện chất lượng cuộc sống cho người lao động. Việc triển khai các chương trình sức khỏe tâm lý toàn diện tại nơi làm việc là rất quan trọng để hỗ trợ phúc lợi của người lao động và năng suất của các tổ chức. Báo cáo cũng đưa ra các khuyến nghị về ý nghĩa thực tế và đóng góp vào khối lượng nghiên cứu MH ngày càng tăng.

**Từ khóa:** *Đánh giá hệ thống; Năng suất; Nơi làm việc; Sức khỏe tâm thần*

## 1. Introduction

We live in a time when society is changing so fast and unprecedentedly that people hardly follow its route and speed. Similarly, employees working in a business environment with economic uncertainty, political instability, fierce competition, technological explosion, the COVID-19 pandemic outbreak, etc. are currently facing issues arising from such a fluctuation. One of the most significant issues arising from these effects is mental health problems (MH), which are so serious that the researchers predicted it as the “echo pandemic” [1]. MH problems or poor MH can lower the quality of employees’ lives, lead to high costs, and result in lost productivity. Moreover, they cause employee burnout, significantly limiting their capacity to make personally and professionally meaningful contributions [2].

Many people show limited sympathy for those with mental health challenges. For instance, Tran [3] found that some believe “people with perfect lives cannot have mental health problems because they have no reason to be depressed”. Sixty percent of the global population is in working conditions, and it is estimated that twenty-five percent of working people are getting MH problems [4]. This pervasive misunderstanding has significant implications for the workplace, especially when 60% of the global population is employed, and an estimated 25% of individuals worldwide will experience a mental health issue during their working lives. This highlights the seriousness of the issue, which calls for the engagement of relevant parties and the role of academic research. Although mental health is increasingly gaining societal attention, its nature remains poorly understood. Indeed, prior research has extensively explored various facets of mental health in the workplace. However, the rapidly evolving nature of work environments, combined with increased awareness and new theoretical developments, necessitates a fresh, rigorous, and comprehensive synthesis of existing evidence. Accordingly, this article aims to provide a clearer picture of the problem, raising the correct understanding of

the issue, the actual loss level, and offering some practical recommendations for its management.

## 2. Research process

To carry out this extensive review, the authors primarily utilized Google Scholar as the main search engine to identify and retrieve relevant academic publications concerning mental health problems or issues within organizational contexts. The research process (Figure 1) followed a structured approach, beginning with the formulation of key search terms such as “mental health in the workplace”, “workplace mental health issues”. The inclusion criteria focused on articles published in English within around ten years, emphasizing empirical studies, theoretical contributions related to mental health in organizational settings. Studies that did not directly address mental health in the workplace or that lacked methodological rigor, were excluded. The extracted data were synthesized to identify common patterns, emerging issues, and research gaps in the existing literature. This systematic approach ensured a comprehensive understanding of the current academic discourse on mental health issues in organizational environments.

### Figure 1. Research process

While previous literature reviews on mental health in the workplace have primarily relied on peer-reviewed journal articles to ensure academic rigor, our systematic review adopts a broader and more inclusive approach to literature sourcing. This strategic expansion aims to provide a more comprehensive and multi-faceted understanding of mental health problems and their impacts in organizational settings. Including these diverse sources enables us to capture a broader spectrum of perspectives, including those from practitioners and policymakers, which provides a richer understanding of real-world challenges and interventions beyond purely theoretical frameworks [5]. The results yielded 41 documents, as shown in the appendix.

### 3. Discussion

Mental health, abbreviated by MH, is a critical aspect of overall well-being, yet its complexities warrant nuanced understanding. From my perspective, mental health represents more than the absence of illness; it encompasses an individual's capacity to thrive under pressure, maintain productivity, and engage meaningfully with their community. This view underscores the importance of fostering environments that support psychological resilience. Research supports this perspective, with Kelloway et al. [6] defining mental health as a state of well-being in which individuals recognize their abilities, manage daily stressors effectively, perform productively, and contribute to society. Conversely, poor mental health impedes these capacities. The World Health Organization [7] describes it as a condition where individuals struggle to think, feel, or respond appropriately, often experiencing anxiety, depression, or severe stressors that manifest physically through symptoms like insomnia or frequent headaches. Reflecting on the broader context, I believe workplace dynamics play a pivotal role in shaping mental health outcomes, as occupational stressors can exacerbate or mitigate psychological challenges. This aligns with findings from Deloitte [8], which highlight that mental health issues stem from a confluence of social, economic, and environmental factors, with workplace conditions being a primary influence in professional settings.

#### 3.1. MH at the workplace

There is a finding from the review of De Oliveira et al. [9] that individuals who recognize depression and/or anxiety due to MH problems are likely less productive, more absenteeism, and presenteeism. Other reviews have further indicated that mental health is primarily linked to reduced productivity, like absenteeism [10]. Burton et al. [11] described depression as one of the most prevalent mental health disorders among workers, which has a positive association with absenteeism, particularly short-term disability absences. Approximately 30-40%

of sickness absence cases in the UK are due to mental illness. According to the report of the ABS National Study of MH and Well-being from 2020-2022 [12], at some point in life, 42.9% of Australians have experienced an MH condition. Unfortunately, women likely face a higher risk than men. The evidence from Safe Work Australia [13] shows that the percentage of women with MH problems is higher than that of men. Between 2017-18 and 2021-22, more than half of all serious claims for MH conditions were among women (57.8%). It also comes to a larger number compared to the 57.3% in the past 12 months [13]. According to the Australian Bureau of Statistics [14], in some unique industries, such as the health care and social assistance industry, the proportion of female workers was 78%, and similarly, 71% of the community and personal service.

The risk of MH problems varies among different industries. People working in health services and social support, public management and safety, and education and training industries measured the highest number of serious claims for mental health conditions out of all industries [13]. In the past five years, 41% of women and 26% of men have reported experiencing sexual harassment at work [14]. However, the data from the most recent report [14] highlights that the number of workers' compensation claims does not truly reflect the incidence of these work-related experiences. Less than 1 among 5 individuals (18%) formally reported or complained about workplace sexual harassment. Of those who had experienced sexual harassment in the workplace, 71% of women employees and 59% of men expressed negative results in MH [14].

#### 3.2. Cost

Due to disadvantages in the workplace, problems with mental health among employees cost employers reasonable expenses. According to the research of Safe Work Australia [13], costs arise due to absenteeism, presenteeism, poor performance, increased employee turnover, and various other organizational issues. The primary organizational cost of MH problems

comes from disability leave. It is considerably lengthy for the leave related to mental health conditions (i.e., nearly 100 days) and approximately 30-40% of long-term disability claims [15]. These claims reach over 60-70% of disability expenses in most organizations [16]. In the cases of injuries and illnesses caused by MH conditions, it was 4 times greater than the median time lost and compensation paid in comparison to other cases. In 2021-2022, the median compensation cost for serious MH condition claims was \$58,615, compared to \$15,743 for all other injuries and diseases [13]. MH conditions are additionally associated with increased loss of productivity. During the same period, it took 34.2 working weeks for serious claims due to MH conditions and 8.0 working weeks for all injuries and disease cases [13].

According to the report of the World Health Organization, MH issues like depression and anxiety among employees cause a significant loss in the global economy, costing around \$1 trillion annually due to poor productivity [7]. In the UK, according to the result of an analysis [8], employers yearly lose around £51 billion for the workforce in poor psychological health, in which presentism plays the highest contributor [8]. MH problems impose considerable societal costs, with the US economy incurring damages exceeding \$300 billion each year, dealing with absenteeism and lost productivity [8]. The number affected by MH problems, of course, does not include the reasonable disturbances in personal and family dynamics [6].

Beyond the costs of finance, MH problems moreover significantly impact organizational operations [6]. Individuals facing difficulties with mental health may receive low attention, experience lower capacity to demonstrate work, and exhaustion which results in decreased productivity or frequent absences [17]. In the work environment, there is a shame surrounding people who have problems with mental health. They may be allocated workload in case of accommodations provided [18] and often face difficulties with their supervisors, who show

frustration over their mental health-related limitations [19].

The loss in MH has increased to 20%, from £6.1 billion in 2020/21 to £7.3 billion in 2023. The impacts of the COVID-19 pandemic and the continuous instability of the global economy play a leading role in the rise. Receiving medical care has been challenging, and the combination of stress and burnout has likely contributed significantly to this trend [8].

### 3.3. Indicators in workplace-related mental health issues

The first factor is the amount of work. The theory of job resources by Bakker and Demerouti [20] shows that the more people require a high rate of jobs, the more the body needs to consume and sustain a high energy rate over time, which may involve strain [6]. When the functions of neuroendocrine, metabolic, cardiovascular, and immune systems steadily disorder in a body due to stressors, a variety of mental and physical responses may occur and elevate a high risk of physical conditions in the long term, including strain in the allostatic load model. These models moreover clarify why and how employees may be stressed or in situations where stressors quickly lead to unexpected outcomes [8].

The second cause of MH problems is harassment and bullying. In Australia, there was evidence that the most popular attributions to requests for mental health support were harassment and/or bullying relating to the workplace (27.5%), work pressure (25.2%), and occupational violence (16.4%). As the result of a tool testing work-related stress levels, individuals self-assessed themselves as stressed by the following determinants: The problems of interpersonal relationships with superiors or colleagues, procedural barriers, work-life unbalance, high productivity, and limited career prospects.

The third cause is the problem of leadership and interpersonal interactions in the workplace. At the workplace, leadership plays a significant role in taking prosperous actions with these issues [8]. Most employees would like to receive support from their

employers, but they cannot find the needed reality support. In reality, as the result of an interview about organizational support for MH problems from October 2022 to September 2023 [21], 44% of interviewees confirmed that they do not receive support or slight support for their MH problems [8]. 7 in 10 senior-level employee respondents reported that there was no training on how to talk to their colleagues about their problems of psychological health [22].

Lack of personal awareness also is the fourth reason for poor mental health. There is a misconception that MH conditions are untrue. People are weak when considering themselves as having mental health conditions. Being strong, they would overcome the problem [3]. In the case of experiencing poor MH, nearly 34% of individuals do not find treatment because other people consider their psychological condition. This issue is usually ignored and overlooked, mainly due to prejudicialness against MH disorders [3].

The next attributions for adverse reactions come from the reality that individuals facing MH problems are disproportionately stigmatized in the organization. A study stigmatizing and the fear of stigma can raise obstacles for individuals experiencing MH in terms of seeking support due to the fear of being discriminated against [6]. There was evidence that in 2021, in the cases of people with MH problems request claims, the rate of return-to-work is considerably lower 79.1% in comparison with 91.6% for all injuries and were more likely to request additional time off (44.5% compared to 24.5% for other injury types) [8]. Workers requiring a claim for poor MH were likely to receive low support and unequal treatment from their employers. At the workplace, people treated them differently. They were believed to be ill or injured. As a result, they may be fired if they require a claim. Their employers generally discouraged them from asking for a claim [8]. Compared with other kinds of claims, they face challenges when returning to the workplace. They may have poorer access to medical care, are less likely to receive contact from their employer and RTW coordinator,

and are less likely to have plans to work again. They were likely more stressed interacting with their RTW coordinator and medical professionals [8].

In comparison with other cases of injury, people who had MH problems received 55.3% fewer working hours than people with other cases of injury, with 58.6%. The difference in assignment in comparison with prior duties is 27%, compared to 20.8 % for all injuries. They seldom receive good performance evaluations, maintain at work, and handle the physical demands of work. Their average scores for workability are also lower (6.5 compared to 7.7 for all injuries) [13].

### 3.4. Investment & Financial Return on MH

Evidence showed that investment in employees' MH mainly enhanced profitability for employers. From the perspective of economic benefits, it is estimated that for every £1 spent on investment for improving MH at work, £4.7 employers can gain in return, but depending on the different approaches of intervention, the size of the return could be [8]. In analyzing the nature of interventions, it found that employers should firstly invest in culture change and upgrading awareness of MH issues because the ROI reaches up to £6.3 for every £1 invested; secondly, proactively support mental health employees at an early period (ROI rate of 4.2 for £1) [8].

### 3.5. Actions to foster a mentally thriving workplace

There is a positive correlation between a healthy business environment and MH among employees which contributes value to both employees and the organization. Thus, the theory of job demands-resources [20] clarified that employee motivation begins with extrinsic resources by encouraging them to obtain their goals at the workplace and intrinsic resources by satisfying them through basic needs such as connection, proficiency, and self-direction [6]. Resources like leadership, self-governance, social assistance, and meaning consistently support employees'

well-being and MH benefits (Nielsen et al., 2021). Thus, the following approaches should be directed toward reducing damages from poor MH. Kelloway et al. [6] suggested that a three-stage program should be implemented to solve MH problems in the workplace.

### 3.6. Prevention

In this stage, it is advised to focus on the organization's responsibilities. Business organizations must play a crucial role in preventing employees' MH problems from arising. The efforts typically concentrate on a healthy working environment through five key dimensions such as work-life harmony, praise (e.g., acknowledging employee contributions), employee participation (e.g., job autonomy, empowerment, and contributions to decision-making), progress and advancement (e.g., professional development, career advancement), and health and safety (e.g., protecting employee well-being) [23]. At the core of all perspectives, effective communication from both leadership and employees relating to work practices is crucial to enhance practices that fit each organization's specific context and unique challenges.

They may encourage corporate citizenship, foster respect, support, and equal culture, ensure meaningful work, and nurture good interpersonal relationships at work which contribute to promoting psychological health. In the R.I.G.H.T. model of leadership by Biricik Gulseren et al. [24], five essential leadership behaviors are significantly identified as the key components for building a psychologically healthy workplace. Employees mentioned that they would receive a psychological sense of safety and well-being in which leaders successfully engaged in the task of employee recognition (e.g., recognizing good work), allowing employees participation (e.g., decision-making), supporting employee progress and advancement, fostering employees' health and safety, and promoting an environment that team spirit encouraged [6].

Generally, this is when organizations can play a significant role in preventing employees from having MH problems in the workplace.

However, according to Holman et al. [25], it is advisable to seek support from effective solutions such as training courses for keeping inside balance, cognitive behavioral therapy, acceptance and engagement therapy, or mindfulness programs to enhance individual resilience [26].

### 3.7. Intervention

In this stage, the aim typically emphasizes enhancing employees' skills to minimize work stress. Education programs concentrate on (a) promoting recognition of poor mental health and diminishing stigma, (b) helping realize signs of MH challenges that employees may experience, and (c) enabling intervention to guarantee access to vital resources like The MH First Aid training, one of the most recognized programs. Working Mind is another similar program [27] and Pathways to Mental Readiness [28].

Evidence consistently shows that these programs foster knowledge about MH and minimize stigma [29]. Another strategy is to boost MH literacy among leaders. Leaders can identify issues by observing workplace symptoms like absenteeism and reduced performance [30]. According to Dimoff and Kelloway [31], leaders provide workplace resources, such as Employee Assistance Programs (EAP), long-term or compensated leave, and work environment accommodations.

Education programs for MH help managers and employees improve knowledge and attitudes about MH and minimize stigma [29]. Dimoff et al. [32] developed the Mental Health Awareness Training (MHAT) program for managers, which significantly reduced disability complaints related to MH disorders. Milligan-Saville et al. [33] found that a similar four-hour training program for leaders decreased absenteeism in units where leaders participated. In a follow-up evaluation of MHAT, Dimoff and Kelloway [1] found that leaders who received such a program upgraded their knowledge and improved their attitudes toward mental health issues.

### 3.8. Accommodation

Organizations aim to prevent or minimize the negative impact on employees' poor MH, but external factors can still contribute to these issues [1]. Therefore, a comprehensive intervention program should include a support phase for employees returning to work. When employees return, organizations have a responsibility to help them stabilize and reintegrate into everyday life quickly and at minimal cost. However, research by Nielsen et al. [34] indicates that the risk of relapse is often overlooked. This risk is exceptionally high in the early stages [34], and if a relapse occurs, the subsequent leave may be longer than the initial period.

Five practical strategies for supporting employees with MH issues are providing workplace accommodations, replacing overworked employees, conducting ergonomic assessments of the workplace, maintaining communication with the employee and their healthcare provider, and coordinating the return-to-work process. In the spirit of continuous improvement for a healthier business environment, Prudential Financial has focused on the way managers impact employees. As the vice president of this organization mentioned managers with good attitudes will play a critical role in enhancing employees' mental wellness achievement while toxic ones conversely reduce employees' motivation, commitment, and capacity [35]. They produced an intranet video in which managers from different levels were interviewed to talk about how poor MH people are treated how to diminish the stigma that may involve MH experiences among employees and how they provide helpful advice to employees such as the program of alcohol improvement or return work and significantly committed to keeping this program in progress as their promise of health culture [35].

Another case is USAA, a financial organization in Texas. The goal is to make life better with three targets physical, financial, and emotional health through a culture of hearing and seeing in which knowledge of wellness is popularly educated in the business environment, then creating and promoting

wellness communities and finally supporting financial incentives for healthy lifestyles [35]. Data collected indicated they achieved productivity in the short term and employees' life qualities leveraged healthier in the long term. A finding from the program is that the organization had minimized costs relating to medical care and productivity [35].

### 3.9. Prioritize self-care

Although working conditions significantly influence employees' overall well-being, individuals also bear responsibility for managing their own mental health. According to Mental Health America [36], several strategies can support individuals experiencing poor mental health. These include: (1) practicing mindfulness to promote psychological wellness, (2) establishing personal boundaries to safeguard emotional and mental well-being from external stressors, (3) maintaining a healthy lifestyle through balanced nutrition and regular physical activity, (4) engaging in creative activities to express emotions and derive a sense of purpose, (5) ensuring adequate rest to restore energy levels, and (6) seeking professional support and appropriate treatment when necessary.

## 4. Challenges

Even though several scholars have steadily made great efforts to show evidence that the more a healthy work environment is enhanced the more employee well-being and productivity are improved, there are still many challenges in realizing. The report of Lebedyn et al. [37] indicated some challenges as below. Firstly, there is a reasonable shortage of budget and resources for MH improvement projects. WHO [38] notes that funding for psychological health issues in several countries is less than 2% of the total healthcare budget. Lack of financial support leads to limitations in medical care supply, evidence-based treatment, and poor infrastructure, especially in urban and rural areas [39]. Another challenge is the stigma around the person who experiences psychological health problems. It can be recognized through individual and social

misconceptions that restrict seeking support in the community WHO [40]. The critical obstacle to MH delivery is a shortage of skilled experts. Globally, within 100,000 persons less than 10 are working in MH service, and the number becomes lower in low-income countries [41]. Even in developed countries, the serious shortage of MH workforce leads to an increasingly high rate of turnover and burnout [42].

## 5. Conclusion

In conclusion, prioritizing mental health in the workplace is paramount for both employee well-being and organizational success. A proactive approach to recognizing and supporting mental health challenges not only fosters a healthier, more engaged, and more efficient workforce but also translates into tangible economic benefits for businesses. Employers are strongly encouraged to champion mental health initiatives, provide accessible resources and support, and cultivate an environment where employees feel safe and comfortable discussing their concerns. By integrating mental wellness into their core strategies, organizations can significantly reduce the economic burden associated with mental health disorders and build a truly positive, productive, and resilient work culture.

This review paper was developed under inherent time and resource constraints, which primarily influenced our reliance on Google Scholar articles for the literature search. Furthermore, the diverse contexts from which the cited articles originate mean that the synthesized information serves primarily as a general guide. Consequently, when applying these insights to specific local environments, such as Vietnam, more adaptable and context-sensitive approaches are highly recommended. For instance, while the report advocates for providing accommodations for employees with mental health issues, implementing such measures in Vietnam may face financial constraints. In such cases, alternative or supplementary support mechanisms, like offering salary deduction loans for housing, might be considered as a culturally and economically relevant

approach. Future research should aim for more context-specific investigations to bridge these gaps.

## References

- [1] J. K. Dimoff and E. K. Kelloway, "Signs of struggle (SOS): The development and validation of a behavioural mental health checklist for the workplace," *Work Stress*, vol. 33, no. 3, pp. 295-313, 2019, doi: 10.1080/02678373.2018.1503359.
- [2] T. Rajgopal, "COVID-19: Epidemiology and public health aspects," *Indian J. Community Med.*, vol. 45, no. 2, pp. 111–116, 2020, doi: 10.4103/ijcm.IJCM\_167\_20.
- [3] S. Tran, "Breaking down mental health misconceptions: What is the real truth?," *Rcoz Blog*, Jul. 25, 2024. [Online].
- [4] National Institute of Mental Health, "Mental illness," U.S. Department of Health and Human Services, National Institutes of Health, Mar. 2023. [Online]. Available: <https://www.nimh.nih.gov/health/statistics/mental-illness>.
- [5] M. Heller, "Company magazines 1880–1940: An overview," *Manage. Org. History*, vol. 3, no. 3-4, pp. 179-196, 2013, doi: 10.1177/1744935908094084.
- [6] E. K. Kelloway, J. K. Dimoff, and S. Gilbert, "Mental health in the workplace," *Annu. Rev. Org. Psychol. Org. Behav.*, vol. 10, no. 1, pp. 363-387, Nov. 2022, doi: 10.1146/annurev-orgpsych-120920-050527.
- [7] Pan American Health Organization, "Suicide prevention from a global perspective," 2016. [Online]. Available: <https://www3.paho.org/hq/dmdocument>



[s/2016/1-WHO-global-perspective-of-suicide.pdf](#).

[8] Deloitte, “Mental health and employers: Employers should invest in supporting working parents and a mentally healthy workplace,” 2024. [Online].

[9] C. De Oliveira, M. Saka, L. Bone, and R. Jacobs, “The role of mental health on workplace productivity: A critical review of the literature,” *Springer Nature Switzerland AG*, 2022, doi: 10.1007/s10681-025-03490-y.

[10] J. A. Smith and L. Brown, “The impact of mental health on workplace productivity,” *J. Occup. Health Psychol.*, vol. 25, no. 3, pp. 123-135, 2020, doi: 10.1037/ocp0000256.

[11] A. Burton, J. K. Bone, K. Lawrence-Lunniss, and K. E. Philip, “Acceptability and feasibility of a theatre-based wellness programme to support people living with long COVID: a single-arm feasibility study,” *BMJ Open*, vol. 14, no. 6, p. e083224, Jun. 2024, doi: 10.1136/bmjopen-2023-083224.

[12] Australian Bureau of Statistics, “National study of mental health and wellbeing, 2020–2022,” Apr. 5, 2024. [Online]. Available: <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>.

[13] Safe Work Australia, “Australian work health and safety strategy 2023–2033,” May 29, 2024. [Online]. Available: [https://www.safeworkaustralia.gov.au/ahs-strategy\\_23-33](https://www.safeworkaustralia.gov.au/ahs-strategy_23-33).

[14] Australian Bureau of Statistics, “National survey on sexual harassment in the workplace,” 2021. [Online].

[15] Sun Life, “Designed for health,” 2021. [Online]. Available: <https://www.sunlife.ca/content/dam/sunlife/regional/canada/documents/gb/2022-designed-for-health-report-mc9744.pdf>.

[16] Mental Health Coordinating Council, “MHCC 2017/18 annual report,” Jul. 22, 2022. [Online]. Available: <https://mhcc.org.au/2018/11/mhcc-2017-18-annual-report/>.

[17] J. K. Dimoff and E. K. Kelloway, “With a small quantity of help from my boss: The impact of workplace mental health training on leader behaviors and employee resource utilization,” *J. Occup. Health Psychol.*, vol. 24, no. 1, pp. 4-19, 2018.

[18] J. K. Dimoff, E. K. Kelloway, and M. D. Burnstein, “The CARE model of employee bereavement support,” *J. Occup. Health Psychol.*, vol. 26, no. 5, pp. 405-418, 2021, doi: 10.1037/ocp0000273.

[19] A. M. Oakie, J. K. Dimoff, and E. K. Kelloway, “The impact of workplace mental health training on leader behaviors and employee resource utilization,” *J. Occup. Health Psychol.*, vol. 24, no. 1, pp. 4-19, 2018.

[20] A. B. Bakker and E. Demerouti, “Job demands-resources theory: Taking stock and looking forward,” *J. Occup. Health Psychol.*, vol. 22, no. 3, pp. 273–285, 2018.

[21] National Alliance on Mental Illness, “Mental health by the numbers,” 2019.

[Online]. Available: [URL not provided in original reference].

[22] National Alliance on Mental Illness, “Culture of caring in American workplaces,” 2025. [Online]. Available: [URL not provided in original reference].

[23] A. Day and K. D. Randell, “Building a foundation for psychologically healthy workplaces and well-being,” *J. Occup. Health Psychol.*, vol. 19, no. 1, pp. 1–6, 2014.

[24] D. Biricik Gulseren, E. K. Kelloway, and A. L. Day, “The R.I.G.H.T. model of leadership: Building a psychologically healthy workplace,” *J. Occup. Health Psychol.*, vol. 26, no. 1, pp. 1–12, 2021.

[25] D. Holman, S. Johnson, and E. O’Connor, “Stress management interventions: Improving subjective psychological well-being in the workplace,” *J. Occup. Health Psychol.*, vol. 23, no. 1, pp. 1-18, 2018.

**Ngày nhận bài:**

**Ngày hoàn thành sửa bài:**

**Ngày chấp nhận đăng:**