

## Survey on Mental Health for Workers and Future Issues

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*NOTICE: This represents an English translation of an original report released in Japanese by the AIG Institute on April 24, 2019. In the event that there are any inconsistencies between the Japanese version and the English one, the Japanese version shall control and supersede the substance of the English translated version.*

### Overview

I set a hypothesis that there is a problem about employees' perceptions, including "a sense of resistance to psychiatry and psychosomatic medicine" as a factor that hinders the promotion of self-care by employees themselves as a first step for corporate mental health management. Based on this hypothesis, I planned a survey on mental health perception and behavior and conducted it on working men and women in their twenties to sixties to obtain the following findings:

- Approximately 90 % of the workers feel or have felt stressed about their work.
- Majority of people have experienced the early symptoms of "depression" such as insomnia.
- As a method of coping with their deteriorated mental health, many people assume that "coping by themselves while talking with their families" as the first option.
- In the case when their mental health is deteriorated, the workers have a clear tendency not to rely on their supervisors or seniors/colleagues in their offices to receive advice.
- About half of the people feel a sense of resistance against the medical examination by psychiatry and psychosomatic department, which is derived from their negative view on the medicine and cost required for the treatment, as well as such disease itself.
- There are a lot of people who positively evaluate a fact that their family members, subordinates, and colleagues visit a psychiatric department for consultation when they suffer from mental health problem, while they share a slightly negative view on the treatment taken without suspending their work.
- When the respondents were classified by cluster analysis, four clusters of "moderate conscience", "indifference", "high awareness" and "surfaced preconception" were found. Although it was the last cluster who has a strong preconception against psychiatric and psychosomatic medicine and mental illness, the composition ratio was relatively smaller as 18% of the total, which can be considered as minority.
- According to the relationship between the levels of stress the respondents receive and their clusters, an interesting tendency that the respondents who receive stronger stress are more clustered as "surfaced preconception" is suggested.
- A "layer of those who are suffered from dilemma" was found because they feel that psychiatry and psychosomatic medicine were "reliable", while they "will not rely" on psychiatry and psychosomatic medicine when they have mental health problems.

With this survey and AIG Institute Insight #2, "The framework and the present situation of

corporate mental health management" already published, this report raises three discussion points for the mental health management at the workplace such as (1) Re-construction of the care by line (care by the workplace manager) mainly for improvement of the workplace environment, (2) Elimination of barriers that prevent access to care by specialized doctors, and (3) Establishment of measures to maintain sound mental health in SMEs.

## Background and objective of the survey

The first step of the mental health management at companies is prevention based on "self-care", which means that the employees should learn about mental health and discover their mental health problems at earlier stages to stop deterioration. The main measures to promote prevention based on self-care can include (1) development of mechanisms and training programs that help employees to discover (risks of) their mental health problems at early stages, and (2) secured contacts (internal and external specialists) for advice when the employees notice their mental health problems.

However, even if such a mechanism is established, if the employees who have encountered their mental health problems are "not motivated to talk with doctors or counsellors", it will not function effectively. In other words, in order to make the preventive measures based on self-care effective, **(3) removal of barriers before actions to talk with psychiatrists and counselors**, will be another, extremely important measure.

There are, of course, some physical barriers (no people to consult with, or no time to consult, for example) exist, but more importantly, the presence of psychological barriers is suggested. This means that even if someone notices their mental health problem and knows that they can get support from a psychiatrist, they may feel uneasy about or concerned with taking counseling services or discouraged to visit the psychiatry. Eventually, they may decide not to take any counseling services due to their psychological statuses.

Therefore, in order to verify such a hypothesis, we conducted perception survey on mental health.

## Outline of the survey

- (1) Subject of the survey: Men and women in their twenties to sixties employed by companies
- (2) Survey methodology: Online survey for internet survey monitor members
- (3) Study period: November 22-29, 2018
- (4) Survey items: See the questionnaire attached to this document.
- (5) Number of valid responses: 1,400

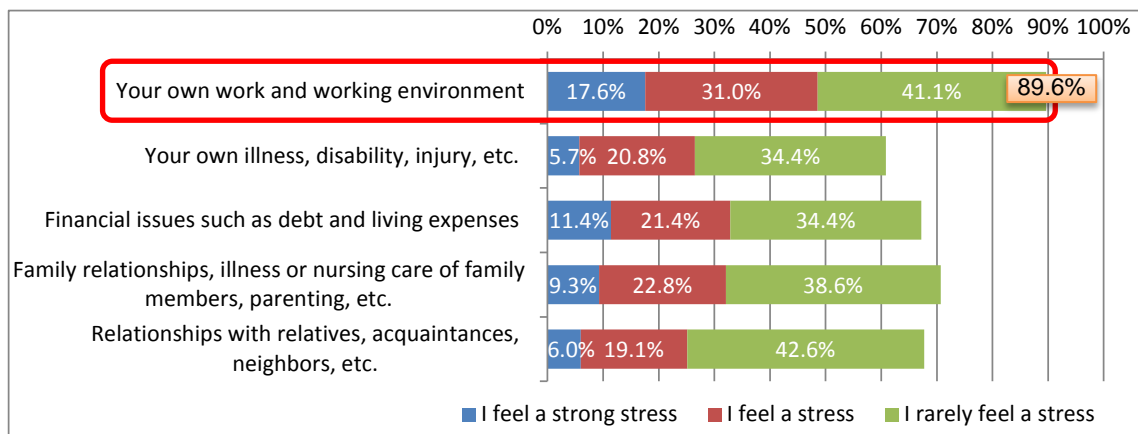
Out of 1,723 responses obtained, 104 responses as the selection of "Stop to answer the questionnaire" in Question 1 were excluded. Also, 219 responses as the selection of the same answer choice for the rest of all the questions were excluded as inappropriate answers.

Major findings

(1) **Approximately 90% of the total number of people feel or have felt stressed about their work.**

89.6% or nearly 90% of the total respondents said that they feel or have felt stressed about their work or working environment. This is a much higher number than stress on their own illness or financial problems. Also, about 70% of the people feel the "stress in their family relationships", which are said to indirectly affect the mental health at the workplace.

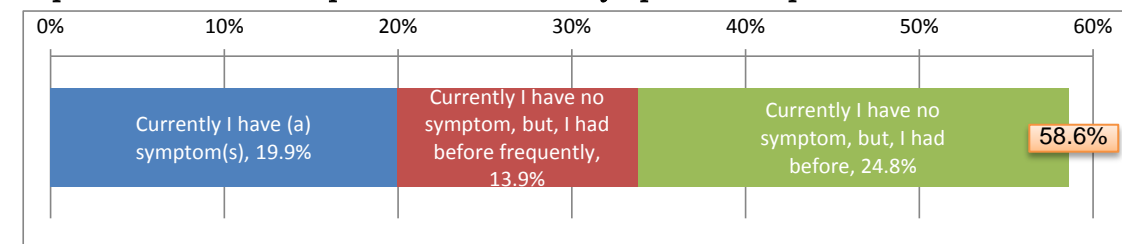
The ratios of "to feel or have felt stressed"



(2) **Majority of people have experienced the early symptoms of "depression", such as the continuation of insomnia and depressed mood.**

The initial symptoms of "depression" such as a continued depressed mood, the loss of interest and motivation, insomnia were specifically presented, and a question about the experiences of the respondents was asked. 58.6% or more than a half of the respondents said that they had experienced any of such symptoms.

Responses about their experiences of "initial symptoms of depression"



(3) **Many people assume that "self-support + talking with their family members" as a method of coping with their mental health problems. Psychosomatic medicine and psychiatry have been relied upon, but not the first choice to solve their problems. Their supervisors are not relied on as someone they could talk to about their problems.**

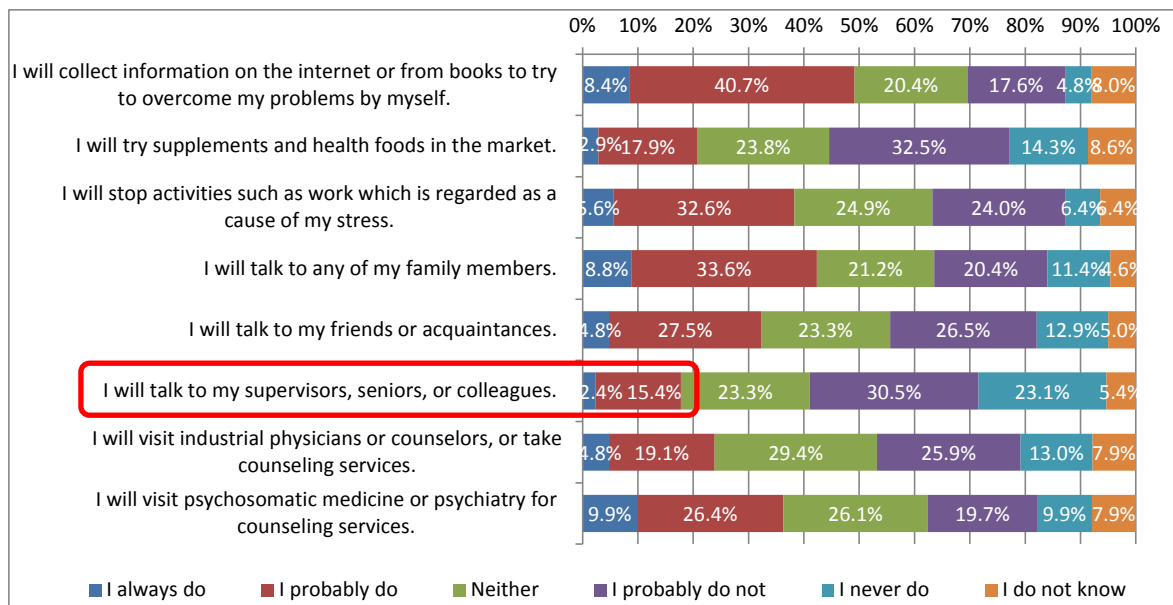
To a question, "In the future, what kinds of actions would you take if you encounter a mental health problem such as depression?", the most of the respondents answered that while "they

collect information by themselves", they assume that they would "talk to their family members".

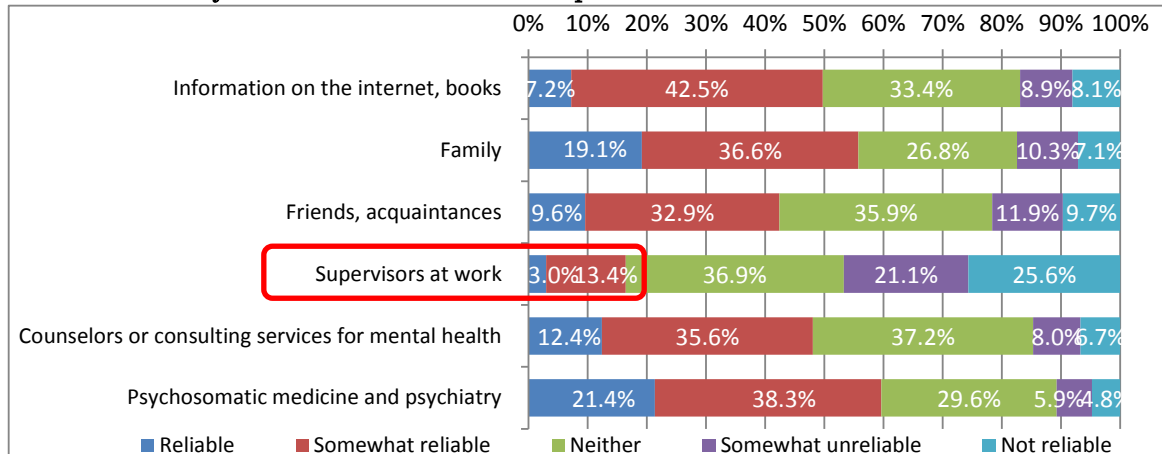
While more respondents feel that they can rely on psychosomatic medicine and psychiatry, they choose them as the second or third options as solutions.

There are an extremely small number of people who assume that they would "talk to their superiors, seniors, and colleagues" or feel that their supervisors are "reliable". In contrast, a bigger number of people clearly express their concerns that they "will not talk to their supervisors" or their supervisors are not "reliable". Even though there are many people who feel stress at work, it is suggested that their supervisors at work are not regarded as someone they could talk to when they have mental health problems.

**How to cope with mental health problem**



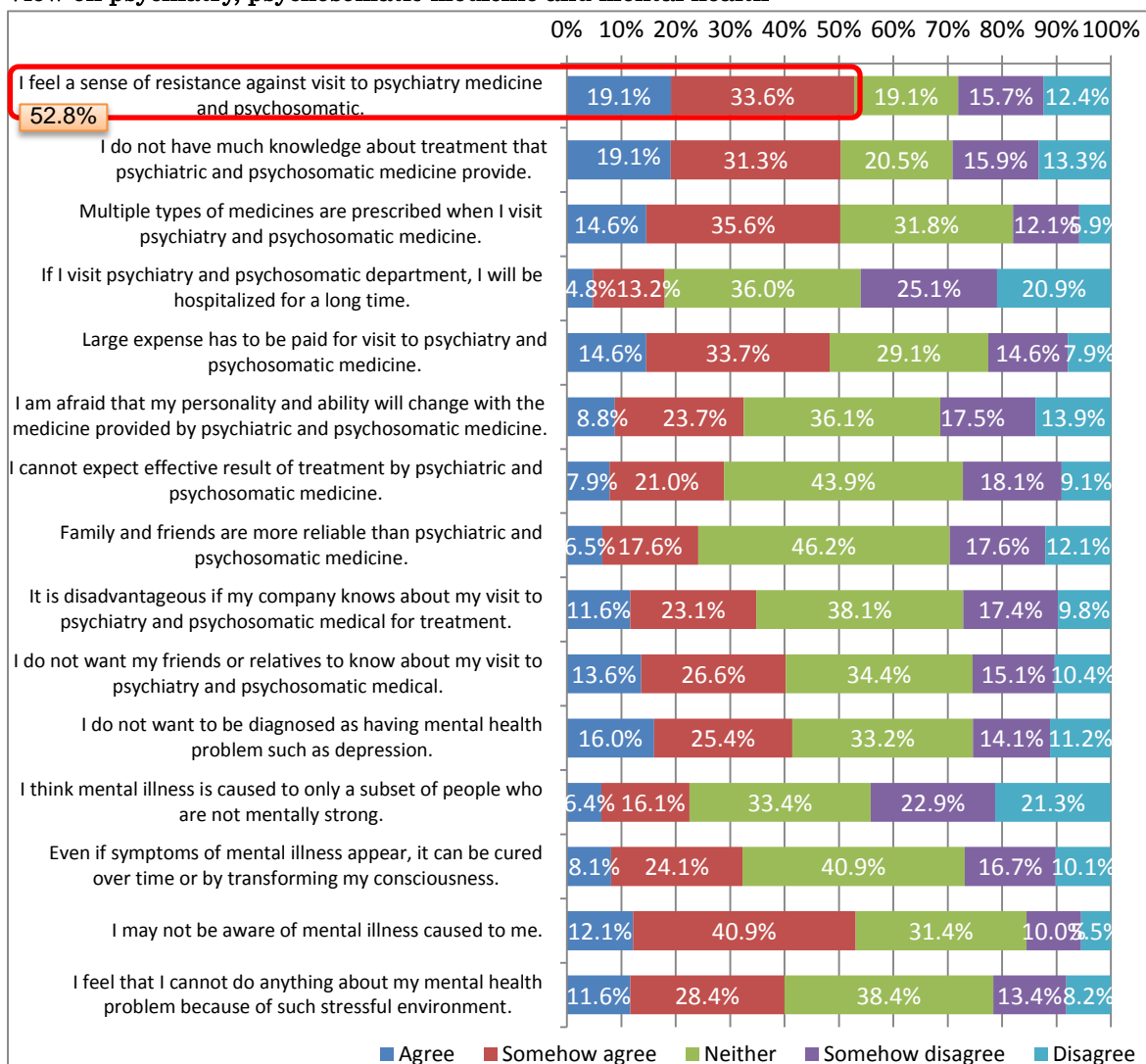
**Who or what to rely on in case of mental health problem**



**(4) About half of the people feel a sense of resistance against visit to psychiatry and psychosomatic medicine possibly because they have a negative view on “medicine”, “expense”, “diagnosis itself”.**

To a question about preconception against and negative views on mental health, psychiatry, and psychosomatic medicine, more than half of the total of people answered that they feel resistance to psychiatric and psychosomatic checkups (52.8%). "I do not know what kind of treatment would be given," "A lot of medicine would be prescribed," "It costs a large amount of money," exemplify the factors of such a sense of resistance, which lead to a suggestion that there is a lack of information about and preconception against psychiatry and psychosomatic medicine. In addition, many respondents gave their answers such as "I do not want to be diagnosed as having a mental health issue", or "I do not want my acquaintances and relatives to find that I have visited psychiatry.", which represents that they emotionally want to prevent people they know from finding that they took some medical consultation for their mental health.

**View on psychiatry, psychosomatic medicine and mental health**

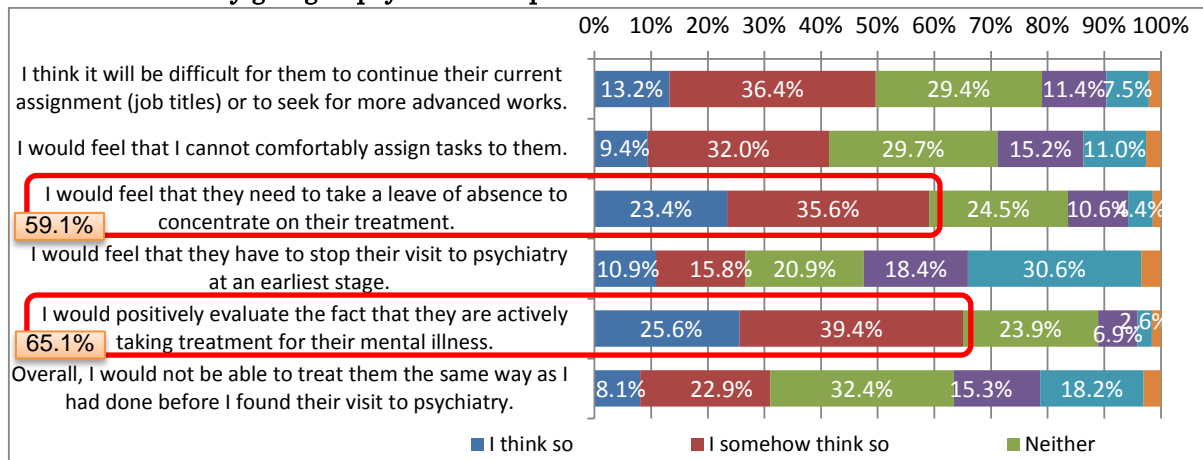


**(5) For a mental health problem, majority of people support visits of their family members to psychiatry and have positive views on the visits of their subordinates and co-workers to the psychiatry, while another large number of people share their relatively negative views on the treatment without stopping to work.**

82.8% of the respondents said that they would agree (the total of “strongly agree” and “slightly agree”) if any of their family members requests for their advice regarding visiting a psychiatric department because of their mental health problems. In addition, 65.1% or approximately 2/3 of the respondents said that the visit of their subordinates or colleagues to psychiatry to treat their mental illness would be positively evaluated.

On the other hand, 59.1% or nearly 60 % of the respondents said that their subordinates or colleagues should take a leave of absence to concentrate on their treatment, and over 40% of the respondents said that it would be difficult for them to rely on their workmates if they continue to work. This indicates that not a small number of people have their concerns with their staff members or colleagues who take treatment while they continue to work and hope that they should concentrate on their treatment, taking a leave of absence.

**Perceptions and feelings when finding subordinates and colleagues taking treatment for their mental illnesses by going to psychiatric department**



**Results of factor analysis and cluster analysis**

The results of this questionnaire were used for factor analysis and cluster analysis. Also, regarding perceptions about mental health, psychiatry and psychosomatic medicine, the profiles of the respondents were analyzed.

**(1) Factor analysis based on the tendencies of answers to the questions**

A response to each question by respondent was used for factor analysis, and questions with more similar tendencies found in their responses were grouped. As a result, the following nine factors were found.

- a-1 : Relying on family and acquaintances → A factor of relying on family and acquaintances when mental health problem is perceived.
- a-2 : Rely on a specialist → A factor of relying on a specialist such as psychiatry in the case of mental health problem.
- a-3 : Relying on oneself → Factor of trying to support oneself in the case of a mental health problem.
- b-1 : Preconception against the psychiatry department → A factor of negatively perceiving or viewing psychiatry.
- b-2 : Concern with what other people think → A factor of not wanting to let other people know visits to a psychiatry for treatment.
- b-3 : Lack of knowledge about psychiatry → A factor of unsecured feeling due to lack of knowledge about psychiatry
- b-4 : Preconception against depression → A factor of thinking that depression is caused to people who have mental vulnerability and can cure it by strengthening their mentality.
- c-1 : Preconception against depression of other people → A factor of thinking that people with depression cannot be relied on for work.
- c-2 : Evaluation of treatment → A factor of positively evaluating a fact that their workmates take treatment to cure their mental illness.

### \* The nine factors discovered and the questions related to each factor

Item	Relying on family etc.	Rely on a specialist	Relying on oneself	Communality	
	Factor a1	Factor a2	Factor a3		
q5s3	<b>.846</b>	-.114	-.032	.638	Q5-3. Friends, acquaintances
q4s5	<b>.688</b>	.006	.040	.496	Q4-5. I will talk to my friends or acquaintances
q5s2	<b>.620</b>	-.072	.108	.403	Q5-2. Family
q5s4	<b>.541</b>	.202	-.139	.378	Q5-4. Supervisors at work
q4s6	<b>.500</b>	.245	-.013	.402	Q4-6. I will talk to my supervisors, seniors, or colleagues
q4s4	<b>.498</b>	.069	.148	.353	Q4-4. I will talk to any of my family members
q4s8	-.102	<b>.789</b>	.016	.575	Q4-8 I will visit psychosomatic medicine or psychiatry for counseling services
q4s7	.043	<b>.699</b>	.050	.537	Q4-7 I will visit industrial physicians or counselors, or take counseling services
q5s6	.002	<b>.696</b>	.009	.488	Q5-6. Psychosomatic medicine and psychiatry
q5s5	.130	<b>.629</b>	-.023	.469	Q5-5. Counselors or consulting services for mental health
q4s3	.089	<b>.236</b>	.195	.154	Q4-3. I will stop activities such as work regarded as a cause of my stress
q4s1	-.036	.003	<b>.824</b>	.663	Q4-1. I will collect info on the internet etc. to overcome my problems by myself
q5s1	.105	-.007	<b>.485</b>	.275	Q5-1. Information on the internet, books
q4s2	.002	.065	<b>.456</b>	.229	Q4-2. I will try supplements and health foods in the market

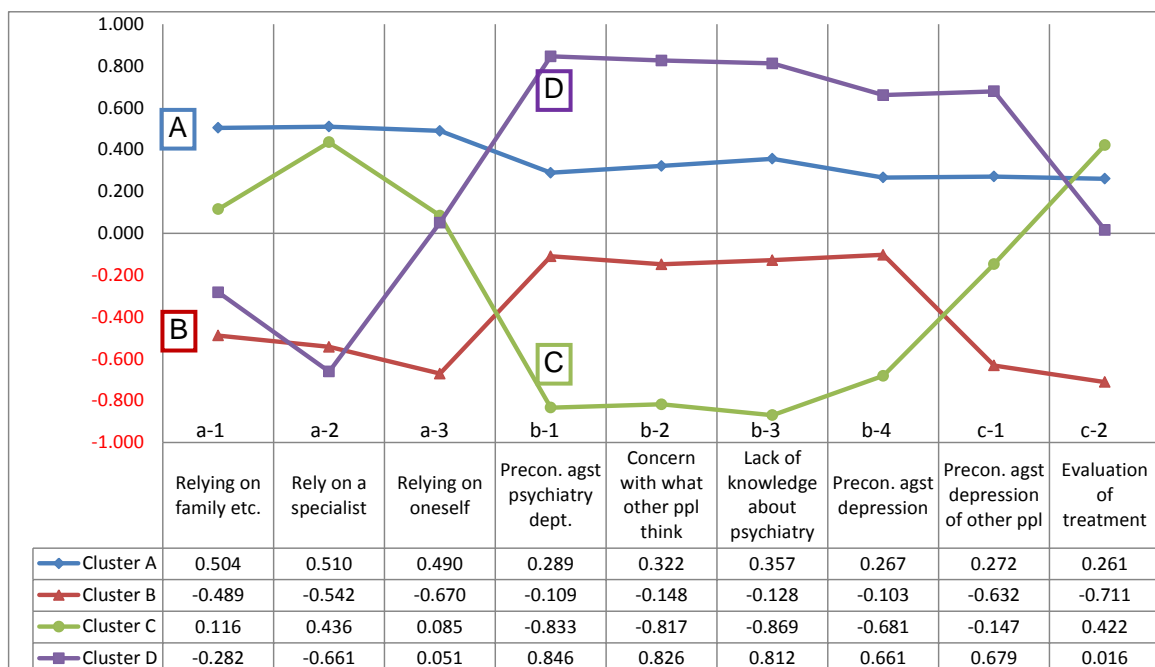
Item	Precon. agst psychiatry dept.	Concern with what other ppl think	Lack of knowledge about psychiatry	Precon. agst depression	Communality	
	Factor b1	Factor b2	Factor b3	Factor b4		
q6s6	<b>.655</b>	.168	-.047	.011	.541	Q6-6. I am afraid that my personality and ability will change with the medicine provided by psychiatric and psychosomatic medicine
q6s4	<b>.636</b>	-.019	.013	.077	.459	Q6-4. If I visit psychiatry and psychosomatic department, I will be hospitalized for a long time
q6s5	<b>.622</b>	.063	.091	-.035	.483	Q6-5. Large expense has to be paid for visit to psychiatry and psychosomatic medicine
q6s7	<b>.533</b>	.014	.119	.045	.413	Q6-7. I cannot expect effective result of treatment by psychiatric and psychosomatic medicine
q6s3	<b>.498</b>	-.022	.247	-.078	.380	Q6-3. Multiple types of medicines are prescribed when I visit psychiatry and psychosomatic medicine
q6s15	<b>.220</b>	.196	-.087	.054	.122	Q6-15. I feel that I cannot do anything about my mental health problem because of such stressful environment
q6s10	-.065	<b>.800</b>	.157	-.030	.714	Q6-10. I do not want my friends or relatives to know about my visit to psychiatry and psychosomatic medical
q6s9	.171	<b>.708</b>	-.118	.000	.559	Q6-9. It is disadvantageous if my company knows about my visit to psychiatry and psychosomatic medical for treatment
q6s11	.022	<b>.432</b>	.188	.221	.511	Q6-11. I do not want to be diagnosed as having mental health problem such as depression
q6s14	-.023	<b>.182</b>	.124	.173	.141	Q6-14. I may not be aware of mental illness caused to me
q6s1	.145	.074	<b>.632</b>	-.023	.574	Q6-1. I feel a sense of resistance against visit to psychiatry medicine and psychosomatic
q6s2	.244	-.011	<b>.416</b>	.102	.414	Q6-2. I do not have much knowledge about treatment that psychiatric and psychosomatic medicine provide
q6s13	-.090	.052	.034	<b>.641</b>	.408	Q6-13. Even if symptoms of mental illness appear, it can be cured over time or by transforming my consciousness
q6s12	.171	.035	-.069	<b>.575</b>	.444	Q6-12. I think mental illness is caused to only a subset of people who are not mentally strong
q6s8	.265	-.049	.115	<b>.336</b>	.326	Q6-8. Family and friends are more reliable than psychiatric and psychosomatic medicine

Item	Precon. agst depression of other ppl		Communitality	Evaluation of treatment
	Factor c1	Factor c2		
q9s2	<b>.888</b>	-.020	.780	Q9-2. I would feel that I cannot comfortably assign tasks to them
q9s1	<b>.694</b>	.027	.493	Q9-1. I think it will be difficult for them to continue their current assignment (job titles) or to seek for more advanced works
q9s6	<b>.463</b>	-.233	.214	Q9-6. Overall, I would not be able to treat them the same way as I had done before I found their visit to psychiatry
q9s4	<b>.207</b>	.012	.044	Q9-4. I would feel that they have to stop their visit to psychiatry at an earliest stage
q9s5	-.059	<b>.666</b>	.428	Q9-5. I would positively evaluate the fact that they are actively taking treatment for their mental illness
q7	-.106	<b>.500</b>	.235	Q7. If any of your family members (spouse, sibling, parent, child, relative, etc.) asks for your advice about their visit to psychiatry for treatment for their potential mental health problem, how do you feel about it?
q9s3	.387	<b>.454</b>	.444	Q9-3. I would feel that they need to take a leave of absence to concentrate on their treatment

**(2) Cluster analysis based on factor scoring**

The following four clusters were found after the factor scores of the individual factors identified by the factor analysis in (1) above-mentioned had been calculated for each respondent, and cluster analysis had been performed based on such values.

**\* Cluster analysis results by respondent based on the response tendency to each question**



**① Cluster A (420 respondents applicable) : Moderate conscience**

All average factor scores are positive, and the average factor score for "rely" of each factor from a-1 to a-3 is the highest in all the clusters. Although there is some degree of



preconception against psychiatry and depression, this cluster has a certain interest in and knowledge of mental health and is ready to actively take actions for treatment if needed.

② **Cluster B (371 respondents applicable) : Indifference**

All average factor scores are negative, especially the factor of "relying" from a-1 to a-3, and the factor of "preconception against other people's depression" of c-1 and c-2 have lowest scores. This cluster has less interest in their own and other people's mental health and is less motivated to take actions for mental health problems.

③ **Cluster C (355 respondents applicable) : High awareness**

This is a cluster that shows a moral and exemplary response trend. It has lower scores about preconception against psychiatry and depression, and it is obvious that it tends to strongly support psychiatrist's specialty and treatment in the psychiatry department. However, its enthusiasm is smaller than Cluster A in terms of actions to cope with their own mental health problems. A little uneasiness remains with this cluster regarding whether their high awareness would really motivate them to take specific actions or not.

④ **Cluster D (254 respondents applicable) : Surfaced preconception**

This is a cluster that has a strong preconception about psychiatry and depression. It is assumed that they do not have sufficient understanding about mental health, although the level of insufficiency is lower than other clusters (over 18% of the total). In case if this cluster encounters mental health problems or anyone they know have mental health problems, they have a higher risk of causing issues.

(3) **Distribution and deviation of cluster by attribute**

For each attribute such as the respondent's age and gender, the respondents belonging to each cluster were aggregated to analyze the trends of deviation to certain clusters by attribute based on the gaps between the distribution of the aggregation and the overall distribution.

① **Deviation due to age and gender**

The cluster distributions by the age as well as the gender of the respondents were compared against the overall distribution, and the following trend was found:

- The percentage of Cluster B (indifference) is higher among younger generations, and as the age gets older, the ratio of Cluster C (high awareness) increases.
- Cluster D, which represents those who lack understanding, does not necessarily include more aged people. Rather, it has higher ratios of thirties and forties in the prime of life. In addition, women have a stronger tendency to belong to Cluster D than men.
- Perceptions about mental health tend to shift from Cluster B (indifference) to D (preconception) to C (understanding) as the age increases.

Cluster deviated distribution ratio by age and gender (index when the total cluster composition ratio is 100)

		Cluster A Moderate conscience	Cluster B Indifference	Cluster C High awareness	Cluster D Surfaced preconception
Male	Age 20-29	95	196	49	41
	30-39	109	128	69	87
	40-49	82	79	122	129
	50-59	94	85	129	92
	60-69	85	112	134	59
	<b>Subtotal</b>	<b>94</b>	<b>111</b>	<b>103</b>	<b>89</b>
Female	Age 20-29	91	132	69	112
	30-39	92	97	90	131
	40-49	125	54	122	95
	50-59	113	92	91	104
	60-69	105	83	108	104
	<b>Subtotal</b>	<b>106</b>	<b>89</b>	<b>97</b>	<b>111</b>
Male + Female	Age 20-29	92	160	60	81
	30-39	100	112	80	111
	40-49	104	66	122	112
	50-59	102	88	111	98
	60-69	95	98	121	82
	<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

② Deviation due to experience of stress

When the cluster distribution of each stress level the respondents felt was compared with the overall distribution, it was discovered that more people did not feel much stress in Cluster C (high awareness), and less people did not feel stress in Cluster D (surfaced preconception). As stress becomes stronger, the trend of increase starts at Cluster A (moderate conscience) and then moves to Cluster B (indifference) and eventually to Cluster D.

This is a surprising result, suggesting that people who feel stress are more likely to have a strong preconception about mental illnesses or psychiatric departments. In part, it may be possible to refer to the opposite correlation, that is, preconception about mental health may discourage people to take sufficient actions, resulting in continued situations that give strong stress, while it may not explain everything.

In any case, it would be fair to say that this point suggests an important point of view for mental health management in companies.

Cluster deviated distribution ratio per stress score\*

	Cluster A Moderate conscience	Cluster B Indifference	Cluster C High awareness	Cluster D Surfaced preconception
Low(0-3)	100	87	121	90
Mid(4-6)	112	94	99	90
High(7-9)	83	119	91	112
Very High(10-15)	99	105	78	124
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

\* For the five stress factors asked in Q2 in the questionnaire, points were given as stress is "felt strongly" = 3, "felt" = 2, "rarely felt" = 1, "not felt" = 0, and they were aggregated.

## Analysis of "conflicting layer" that cannot take actions while it relies on psychiatry

As an awareness of the issues held through this survey, I was interested in a layer of people who felt a sense of resistance to access to psychiatric departments. In fact, even though some respondents felt that "psychiatric and psychosomatic medicine is reliable (Q5)" for their mental health problems, they were not going to visit psychiatry and psychosomatic medicine" (Q4). Their understanding and behavior do not match, and that is why I would call them "**conflicting layer**", and I tried to analyze their attribute distribution and response tendency to other questions.

### (1) Attribute distribution of "conflicting layer"

The next table shows the attribution distribution of "conflicting layer".

Based on the age and the gender, we can see that "conflicting layer" is more found among men at older ages. On the other hand, although "conflicting layer" is relatively smaller among women, it is understood that there is a strong presence of "negative layer" which does not rely on psychiatry and is less motivated to see doctors.

Interestingly, according to the distribution by stress score, "conflicting layer" is larger among people who feel a moderate level of stress, and people who feel a stronger level of stress can be grouped in "positive layer" who rely on and actually visit specialists and "negative layer" who does not rely nor visit specialists. This is due to the fact that under strong stress, people would reach a stage where they have to make decisions about their own mental health problems. In other words, "conflicting layer" might be "moratorium layer" who is not ready to make "final decisions" about their mental health problems.

### \* Distribution of "conflicting layer" by age and gender

Gender	Age	Composition Ratio			Index		
		Positive	Conflicting	Negative	Positive	Conflicting	Negative
Male	20-29	38.3%	23.5%	38.3%	105	87	104
	30-39	35.6%	27.7%	36.7%	98	103	100
	40-49	40.5%	26.6%	32.9%	112	98	90
	50-59	40.8%	32.2%	27.0%	112	119	74
	60-69	28.7%	38.3%	33.0%	79	142	90
	<b>Subtotal</b>		<b>37.4%</b>	<b>29.5%</b>	<b>33.0%</b>	103	109
Female	20-29	29.1%	28.2%	42.7%	80	104	116
	30-39	29.2%	24.3%	46.5%	80	90	127
	40-49	44.0%	23.2%	32.7%	121	86	89
	50-59	37.8%	25.0%	37.2%	104	93	101
	60-69	34.7%	23.2%	42.1%	96	86	115
	<b>Subtotal</b>		<b>35.2%</b>	<b>24.6%</b>	<b>40.2%</b>	97	91
Male + Female	20-29	33.2%	26.1%	40.8%	91	97	111
	30-39	32.2%	25.9%	42.0%	89	96	114
	40-49	42.3%	24.8%	32.8%	117	92	89
	50-59	39.4%	28.9%	31.7%	109	107	86
	60-69	31.7%	30.7%	37.6%	87	114	102
	<b>Total</b>		<b>36.3%</b>	<b>27.0%</b>	<b>36.7%</b>	100	100

\* For Q4-8, "I will visit psychosomatic medicine or psychiatry for counseling services.", the respondents who had selected "I always do." or "I probably do." were categorized as "positive layer". The respondents who had selected "I probably do not.", "I never do.", "Neither", "I do not know." to this question and selected "Reliable." Or "Somewhat reliable." For Q5-6 "Psychosomatic department and psychiatry" were categorized as "conflicting layer" and another group of respondents who had selected "Neither", "Somewhat unreliable", "Unreliable" were categorized as "negative layer". The same hereinafter.

**\* Distribution of "conflicting layer" by stress score**

	Composition Ratio			Index		
	Positive	Conflicting	Negative	Positive	Conflicting	Negative
Low(0-3)	36.7%	25.8%	37.5%	101	96	102
Mid(4-6)	33.3%	31.3%	35.3%	92	116	96
High(7-9)	36.5%	27.3%	36.2%	101	101	99
Very High(10-15)	43.0%	17.2%	39.8%	119	64	108
<b>Total</b>	<b>36.3%</b>	<b>27.0%</b>	<b>36.7%</b>	<b>100</b>	<b>100</b>	<b>100</b>

**(2) Perception on mental health of "conflicting layer"**

Next, I will share the characteristics of perceptions and values for mental health problems, psychiatric and psychosomatic medicine, etc. in "conflicting layer".

What stands out in "conflicting layer" is the sense of resistance and anxiety that comes from lack of knowledge; "I feel a sense of resistance against visit to psychiatry medicine and psychosomatic.", "I do not have much knowledge about treatment that psychiatric and psychosomatic medicine provide." In addition, this layer shows the highest ratios of the answers that suggest fear or preconception about mental health problems; "I do not want to be diagnosed as having mental health problem such as depression.", "Even if symptoms of mental illness appear, it can be cured over time or by transforming my consciousness.". On the other hand, their expectation for the effect of the treatment by psychiatry and psychosomatic medicine exceeds that is held by "positive layer", which exactly indicates antinomic conflict.

Overall, "conflicting layer" has a conflict between their "negative views on mental health illness" and "a positive views on the effects of treatments by specialists", and they think that "good results may follow their visits to specialists, but, I do not want to receive counseling service because I do not want to be diagnosed that I have mental health illness".

**\* Response tendency of "conflicting layer" about perception about mental health**

	Ratio of "Agree" "Somehow agree"				Index		
	Average	Positive	Conflicting	Negative	Positive	Conflicting	Negative
I feel a sense of resistance against visit to psychiatry medicine and psychosomatic.	52.8%	39.4%	62.2%	59.1%	75	118	112
I do not have much knowledge about treatment that psychiatric and psychosomatic medicine provide.	50.4%	41.7%	59.5%	52.1%	83	118	104
Multiple types of medicines are prescribed when I visit psychiatry and psychosomatic medicine.	50.2%	49.0%	49.2%	52.1%	98	98	104
If I visit psychiatry and psychosomatic department, I will be hospitalized for a long time.	18.0%	16.3%	17.7%	19.8%	91	98	110
Large expense has to be paid for visit to psychiatry and psychosomatic medicine.	48.3%	45.3%	48.4%	51.2%	94	100	106
I am afraid that my personality and ability will change with the medicine provided by psychiatric and psychosomatic medicine.	32.5%	29.5%	34.7%	33.9%	91	107	104
I cannot expect effective result of treatment by psychiatric and psychosomatic medicine.	28.9%	25.4%	23.3%	36.4%	88	81	126
Family and friends are more reliable than psychiatric and psychosomatic medicine.	24.1%	17.7%	24.6%	30.2%	73	102	125
It is disadvantageous if my company knows about my visit to psychiatry and psychosomatic medical for treatment.	34.8%	38.0%	34.4%	31.9%	109	99	92
I do not want my friends or relatives to know about my visit to psychiatry and psychosomatic medical.	40.2%	39.6%	42.6%	39.1%	98	106	97
I do not want to be diagnosed as having mental health problem such as depression.	41.4%	39.2%	46.8%	39.7%	95	113	96
I think mental illness is caused to only a subset of people who are not mentally strong.	22.5%	21.7%	23.5%	22.6%	96	105	100
Even if symptoms of mental illness appear, it can be cured over time or by transforming my consciousness.	32.3%	33.3%	35.4%	29.0%	103	110	90
I may not be aware of mental illness caused to me.	53.1%	59.1%	57.4%	44.0%	111	108	83
I feel that I cannot do anything about my mental health problem because of such stressful environment.	40.0%	43.7%	42.1%	34.8%	109	105	87

## Issues for discussions led by research and analysis

The results of this survey found that most people, regardless of their gender or age, work with stress every day, and majority of the respondents have experienced mental health problems.

In addition, despite a large number of people who are stressed by their work and working environments, it became clear that their supervisors who are supposed to be responsible for stress management and can influence for improvement are not always relied as someone they could talk to for their advice. As reasons, it is suggested that they are concerned with “potential disadvantage once their mental health problems are known to their companies”, and not a small number of their supervisors or colleagues think that “their subordinates or colleagues should take a leave of absence to concentrate on treatment because it would be hard to rely on them for work once treatment for their depression is noticed.”.

Moreover, because the supervisors at work are not experts of the mental care, it is necessary to consult with occupational physicians, psychiatrists or psychotherapists, but a certain number of respondents hesitate to access specialists because of their negative views such as "I do not know what kind of treatment I will be given" "excessive medicines will be provided", "the cost of treatment will be expensive" or a preconception about depression such as “depression is a disease caused to people who are not strong enough and can be cured by enhancing their mental strength.”. In addition, despite the positive evaluation of the therapeutic effects by psychiatric and psychosomatic medicine, certain people (conflicting layer) try to avoid their visits to such medical services because "I do not want to be diagnosed that I have mental health illness.”.

In addition to the results of this survey, based on insight obtain from “Framework and Current Environment of Corporate Mental Health Management in Japan AIG Institute #2 (<http://www-510.aig.co.jp/about-us/institute/insight/2018-11-26.html>), I would like to define the next three points as key discussion points about mental health management at work.

### ① **The need to reconstruct "line care" with a focus on improving the workplace environment**

It is suggested that "care by line" positioned between "self-care" by workers themselves and "care by specialists" in and outside the company is not working well, contrary to its importance.

- Because supervisors at work are not experts for mental health and are certain stakeholders, it is difficult to talk with them about mental health problems, and hesitation is contextually formed about relying on them.
- “Care by line” includes actions to prevent problems because the workplace environment would be improved in addition to advice from supervisors, but, not many companies have not implemented it yet.

Mental health problems arise from reciprocal actions between factors of individual employees and factors in the workplace environment. "Care by line" should not represent a format where supervisors would give their advice to approach “factors of individual employees”. It should represent another format where supervisors would leverage their

administrative authorities to improve “factors of the workplace environment”.

Specific initiatives and case studies regarding improvement of workplace environment for the first defense line for mental health are available at “the workplace environment improvement tool” (<http://kokoro.mhlw.go.jp/manual/>) in the mental health portal site of Ministry of Health, Labor and Welfare.

## ② Removal of barriers to access to medical care by (internal and external) specialists

In the event of a mental health problem, not a small number of people hesitate to access industrial physicians and external psychiatric and psychosomatic physicians, and considering this, it is required to remove physical and mental barriers.

Among workers who can be most active at work and are exposed to big stress and most likely to have highest mental risks, a layer of people who have preconception about mental health exists at a higher rate. Also, “conflicting layer” cover a range of people, mainly middle-aged men, who will not access medical services because they do not know the actual status of treatment, even if they understand effectiveness of treatment by specialized doctors. This suggests that training programs and information sharing are required as “risk communication” for mental health risks with attentions to different perceptions (diversity) about specialized doctors or mental health illness.

In addition, currently, if you wish to be interviewed by industrial physicians for consultation based on the result of stress check, then, it will be reported to your company, which structurally leads to a negative incentive to access to industrial physicians, therefore, initiatives to allow workers to individually, optionally, and anonymously talk with industrial physicians or to arrange regular conversations for all employees to have with physicians would be effective to remove barriers that block access to “industrial physicians for advice” (and to consider financial support for required expenses from administration organizations to promote public health).

## ③ Development of effective mental health measures for small and medium enterprises

As a part of the so-called “work style reform”, was amended and the Occupational Health and Safety Act for the protection of workers' mental and physical health, was amended and enacted in April, 2019. While progress has been made on mental health management in the workplace, such as strengthening the authority of industrial physicians, obligation of execution is limited to relatively large companies with more than 50 employees, and only obligation of to make best efforts is imposed to small and medium-sized companies, which is the same as before.

From the standpoint of solving the serious issue of insufficient human resource, as well as another viewpoint of implementing “health management” which has attracted attention recently, it is turning more and more important for small and medium-sized companies to improve their workplaces for their employees to more comfortably work, including the enhancement of the mental health management program. Even for large companies and for the stable operation of the supply chain, progresses of “work style reform” including mental health measures by small and medium-sized companies who are their business

partners should not be ignored.

However, it is difficult for small and medium-sized enterprises to downsize the mental health management program designed for large enterprises because of an assumption that occupational physicians and sanitary committees are available, and small and medium-sized companies tend to end up in only introducing the stress check just for formality without completely executing such program.

I would like to remind you of the focus on the approach to improve workplace environment for the first defense line for mental health mental as ① above-mentioned. In a small and medium-sized companies where managers have visibility over the entire whole workplace and can more easily take leadership for workplace reforms, compared to large companies where offices and departments are subdivided, there is a possibility that efforts to improve the workplace environment can be carried out faster and more appropriately than large companies.

The development of specific mental health management programs for small and medium-sized businesses, with a focus on improving the workplace environment, will be an extremely beneficial initiative for majority of workers working in small and medium-sized enterprises, as well as for the sustainable growth of Japanese economies.

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[Reference material] Questionnaire

**Q1** In this questionnaire, you will be specifically asked about whether you feel stress (including interpersonal and financial problems, health conditions, etc.), your experience of mental and physical symptoms that are said to be the initial symptoms of "depression" and how you cope with them, and your view on "depression". Some questions address the initial symptoms of "depression", but they are not supposed to judge whether you have "depression" or not. If you acknowledge them and are ready to continue to answer this questionnaire, please select "Start to answer the questionnaire."

(Answer choices: Start to answer the questionnaire, Stop to answer the questionnaire.)

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In this questionnaire, you will be asked about your perception and view on mental health.

**Q2. How much mental stress do you currently feel about each subject below?**

(Answer choices : I feel a strong stress. I feel a stress. I rarely feel a stress. I do not feel a stress.)

1. Your own work and working environment
2. Your own illness, disability, injury, etc.
3. Financial issues such as debt and living expenses
4. Family relationships, illness or nursing care of family members, parenting, etc.
5. Relationships with relatives, acquaintances, neighbors, etc.

**Q3. The following symptoms are said to be the initial symptoms of "depression", which is one of the mental health problems.**

- Melancholic feeling continues.
- I see no interest in work or hobby and do not feel happy.
- I do not fall asleep at night, I wake up early in the morning and cannot go back to sleep.
- I have no motivation for anything. I cannot concentrate.

**Have you ever experienced any of those mental and physical symptoms?**

(Answer choices : Currently I have (a) symptom(s). Currently I have no symptom, but, I had before frequently. Currently I have no symptom, but, I had before. I have no experience.)

**Q4. In the future, what kinds of actions would you take if you encounter a mental health problem such as depression? If you currently have any of these symptoms, please describe what kinds of actions you planned when it occurred.**

(Answer choices : I always do. I probably do. Neither. I probably do not. I never do. I do not know.)

1. I will collect information on the internet or from books to try to overcome my problems by myself.
2. I will try supplements and health foods in the market.
3. I will stop activities such as work which is regarded as a cause of my stress.
4. I will talk to any of my family members.
5. I will talk to my friends or acquaintances.
6. I will talk to my supervisors, seniors, or colleagues.
7. I will visit industrial physicians or counselors, or take counseling services.
8. I will visit psychosomatic medicine or psychiatry for counseling services.

**Q5. When you have a mental health problem, please answer whether you feel the following persons or things are "reliable as cure for the problem".**

(Answer choices : Reliable, Somewhat reliable, Neither, Somewhat unreliable, Not reliable)

1. Information on the internet, books
2. Family
3. Friends, acquaintances
4. Supervisors at work



5. Counselors or consulting services for mental health
6. Psychosomatic medicine and psychiatry

**Q6. Share your candid thoughts on the following options related to mental health problems.**

(Answer choices : Agree, Somehow agree, Neither, Somehow disagree, Disagree)

1. I feel a sense of resistance against visit to psychiatry medicine and psychosomatic.
2. I do not have much knowledge about treatment that psychiatric and psychosomatic medicine provide.
3. Multiple types of medicines are prescribed when I visit psychiatry and psychosomatic medicine.
4. If I visit psychiatry and psychosomatic department, I will be hospitalized for a long time.
5. Large expense has to be paid for visit to psychiatry and psychosomatic medicine.
6. I am afraid that my personality and ability will change with the medicine provided by psychiatric and psychosomatic medicine.
7. I cannot expect effective result of treatment by psychiatric and psychosomatic medicine.
8. Family and friends are more reliable than psychiatric and psychosomatic medicine.
9. It is disadvantageous if my company knows about my visit to psychiatry and psychosomatic medical for treatment.
10. I do not want my friends or relatives to know about my visit to psychiatry and psychosomatic medical.
11. I do not want to be diagnosed as having mental health problem such as depression.
12. I think mental illness is caused to only a subset of people who are not mentally strong.
13. Even if symptoms of mental illness appear, it can be cured over time or by transforming my consciousness.
14. I may not be aware of mental illness caused to me.
15. I feel that I cannot do anything about my mental health problem because of such stressful environment.

**Q7. If any of your family members (spouse, sibling, parent, child, relative, etc.) asks for your advice about their visit to psychiatry for treatment for their potential mental health problem, how do you feel about it?**

(Answer choices : Strongly agree, Somewhat agree, Neither, Somewhat disagree, Strongly disagree)

**Q8. Why do you feel so? Please describe any reason.**

(Free text)

**Q9. How do you feel if you know that your subordinates or colleagues are going to psychiatry for treatment for their mental illness?**

(Answer choices : I think so, I somehow think so, Neither, I somehow do not think so, I do not think so, I have no idea.)

1. I think it will be difficult for them to continue their current assignment (job titles) or to seek for more advanced works.
2. I would feel that I cannot comfortably assign tasks to them.
3. I would feel that they need to take a leave of absence to concentrate on their treatment.
4. I would feel that they have to stop their visit to psychiatry at an earliest stage.
5. I would positively evaluate the fact that they are actively taking treatment for their mental illness.
6. Overall, I would not be able to treat them the same way as I had done before I found their visit to psychiatry.

**Q10. Please feel free to describe what you feel and what you think about mental health, depression, psychiatric and psychosomatic medicine. Please write down if you do not have anything to share.**

(Free text)