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Addressing mental health and organisational performance *In Tandem*: A challenge and an opportunity for bringing together what belong together

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Mental health is the "foundation of wellbeing and effective functioning for both the individual and the community" [read: team or organisation](WHO, 2005) and is central to human behaviour across all domains, including the workplace. Organisational performance is a compound concept that reflects the function and outputs of an organisation, from its profitability and productivity to its competitive advantage (Neely, 2005). By definition, an organisation's output depends on how effectively it functions, including how effectively its people, or human capital, functions. This means that mental health and organisational performance are inherently interconnected (Peccei & Van de Voorde, 2016).

Despite a widespread understanding that "good health is good for business," organisations and managers still tend to think of mental health and organisational performance as disconnected (Van De Voorde, Paauwe, & Van Veldhoven, 2012). While businesses and governments treat organisational performance as an established priority, especially during economically challenging times, they give lower priority to mental health and address it in an ad hoc manner (Hasle, Seim, & Refslund, 2019; Jensen, 2000). However, scholars increasingly agree that health and wellbeing play a role in both individual performance and broader organisational performance and vice versa (Guest, 2018; Pfeffer, 2019). We also see persuasive calls to explore whether wellbeing is of benefit to, or comes into conflict with, achieving positive organisational performance. Most recently, experts have stressed the need to develop research and models that integrate mental health and organisational performance concerns into human resources management (HRM) practices. Overall, theory recognizes mental health and organisational performance goals as connected, but practice disjoints them, and businesses and governments tend to prioritize organisational performance at the expense of mental health.

This guest editorial aims to articulate the increasingly relevant issue of the interconnection between mental health and organisational performance, to discuss the possible forces behind it, and to incentivize the reader to explore potential solutions to it. We discuss how mental health interconnects with organisational performance in both research and practice, and present examples of healthy workplaces that integrate the concern for mental health and organisational performance into their structures, processes, and mental models. Our core proposition is that organisations have the power and responsibility to enable inherently healthy workplaces by supporting mental health and organisational performance *in tandem*, instead of in a disjointed manner.

To understand how mental health interconnects with organisational performance, we examine organisational behavior at a micro level and organisational structures on a broader level. For example, a recent analysis of sickness presenteeism describes it as an individual act that aims to balance the limitations of a health condition against an employee's performance demands to satisfy that employee's responsibilities toward both work and health (Karanika-Murray & Biron, 2019). As such, presenteeism includes both the employees' reaction of going to work sick instead of staying at home to recover and the managers' actions to balance employees' mental or physical health with their performance (work tasks, deadlines, demands, etc.).

When mental health *is* in focus, the tendency is for 'Band-Aid,' individual-focused wellness solutions (exercise, food choices, massage, etc.) rather than for fundamental changes in work conditions such as job design or organisational-level interventions (Lamontagne, Keegel, Louie, Ostry, & Landsbergis, 2007). This results in a lack of practical insight and HR-occupational health dialog, weakened business cases, and the potential to truly integrate mental health and organisational performance in theory and management practice remains unfulfilled (Guest, 2018; Van De Voorde et al., 2012).

There are many reasons why mental health takes a back seat in organisational management and daily operations. These may relate to cost and outcomes; organisational structures and ownership; management of change vs. daily operations; and attitudes, skills, and mental models, among other things.

First, because organisational performance is immediate and yields tangible outcomes for businesses and the economy, organisations grant it higher priority and thus overshadows mental health in the competition for resources (Pfeffer, 2019). To oversimplify, organisations typically bear the primary and immediate cost of organisational performance, whereas employees carry the primary and immediate cost of mental health, for example in terms of work-life balance (Karanika-Murray & Cooper, 2020).

Second, there are legislative and regulatory environments governing both mental health and organisational performance in different contexts. In Denmark, for instance, the Ministry of Employment deals with health legislation while the Ministry of Industry, Business and Financial Affairs is in charge of performance, innovation, and growth. In terms of organisational structures, we see the same separation in the HR and occupational health functions of both public administration and private businesses (Jensen, 2000). This separation tends to miss the intersections and dependencies between areas like mental health and organisational performance, and as such, misses the opportunities for collaboration across the two fields.

Third, in preventative interventions, scholars tend to prefer primary interventions, which focus on work processes and daily activities within the work system rather than tertiary interventions, which focus on the individual (Murphy, 1988; Rosskam, 2009). However, most primary intervention studies fail to consider the work and production system or the organisational performance (Westgaard & Winkel, 2011), thus ignoring the potential balance between mental health and organisational performance. Therefore, there is an implicit bias against changes that benefit both mental health and organisational performance in more substantives ways.

Fourth, many organisations and managers lack the knowledge or skills for dealing with mental health at work and relating it to organisational performance, especially in smaller and resource-constrained organisations (European Agency for Safety and Health at Work, 2010). Traditional management training tends to focus on organisational performance, and though there is some additional training on mental health issues, the two areas area rarely discussed in conjunction. As a result, managers who need or want to support employee mental health typically rely on peripheral training and unintegrated methods, even as they retain a systematic focus on organisational performance. In cases where managers seek to better understand and learn how to management workplace mental health issues, they may find this process too restrictive and difficult to navigate, as well as too time-consuming and distracting from day-to-day work (Ipsen, Gish, & Poulsen, 2015).

We propose to search for the key to approaching mental health and organisational performance *in tandem* in the reasons for their separation. Here, we highlight the opportunities and potential of

intervention science. Because interventions are essentially change initiatives, their success and sustainability depends on their comprehensiveness and their integration into daily operations (Ipsen & Jensen, 2012; Nardelli & Broumels, 2018). Essentially, any organisational change initiative that aims to improve outcomes related to organisational performance has to attend to mental health and any organisational intervention for mental health reasons has to attend to organisational concerns and targets, if an organisation wants to secure resources and anchor long-term sustainable change. Based on this principle, organisational interventions present an opportunity to instigate better alignment between mental health and organisational performance.

Companies and enterprises around the world are starting to see these opportunities and implement new ways of working and organising work that take both mental health and organisational performance into account (Pfeffer, 2019). Pioneering organisations across industries offer some inspiring examples of a combined focus on organising and managing both mental health and organisational performance. Companies like Pentia in Denmark (cphpost.dk, 2017), SAS Institute (Pfeffer, 2019), Patagonia (Scott, 2019), Hilton, and Cisco Systems (Fortune, 2019) offer examples of initiatives focused on shorter working weeks, longer weekends, less overtime/overwork, and more generous (parental) leave—initiatives that correlate with improvements in both mental health and organisational performance among their employees. The research on these programs is forthcoming, but preliminary reports are extremely positive.

The role of leadership in interventions is already acknowledged (Taris & Nielsen, 2019), and managing interventions that are complementary to both areas may also require new leadership approaches and new mental models—ones that deliver interventions which acknowledge the inseparability of mental health and organisational performance. One relevant concept in this context is intervention leadership, or "the process whereby a leader (at any level of seniority) tailors behaviors and applies resources to influence the intervention participants, support the intervention processes and achieve the intervention aims" (Ipsen, Karanika-Murray & Hasson, 2018). Supporting the development of intervention leadership that addresses mental health and organisational performance in tandem (and that will affect work-related changes) will require that organisations meet the demands of supporting and implementing such changes.

More research into the inseparability of mental health and organisational performance is needed if we want to improve employee health, wellbeing, *and* organisational performance. Future research should have three aims: (1) to expand on the case for re-coupling mental health and organisational performance; (2) to describe new structures and processes that can address the need for mental health and organisational performance to consider in tandem; and, (3) to examine the mechanisms that describe the interrelationship between mental health and organisational performance. To achieve these goals, we believe that we must collaborate across disciplines, including management, occupational health, work psychology, mental health, and intervention science. We suggest combining classic principles and recent developments in organisational change with intervention science as a first step. By focusing on the complementarity of mental health and organisational performance, we can create a chain of benefits for both employers and employees, but also for families, the workforce, healthcare, and society as a whole. The aim is to bring together what belongs together—to make mental health and organisational performance partners that lead to optimal human and organisational functioning.

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