Can digital interventions help to improve mental health and reduce mental ill-health in small businesses?

20 December, 2017

EVERYMIND

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This White Paper was written by the Mental Health and Research team at Everymind for Insurance and Care NSW (icare). icare and Everymind would like to acknowledge all of the small business owners and employees who took the time to share their views through the online survey and through an in-depth interview.

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Glossary

Abbreviations

Abbreviation	
ABS	Australian Bureau of Statistics
CBT	Cognitive Behavioural Therapy
DASS	Depression, Anxiety and Stress Scale
EAP	Employee Assistance Program
GST	Goods and Services Tax
HPQ	Health and Performance Questionnaire
NSMHWB	National Survey of Mental Health and Wellbeing
NSW	New South Wales
ROI	Return on Investment
WHO	World Health Organization

Definitions

Concept	Meaning
Mental health	A positive concept that relates to the social and emotional wellbeing of individuals and communities. The concept is influenced by culture, but generally relates to the enjoyment of life, ability to cope with stress and sadness, the fulfilment of goals and potential, and a sense of connection to others.
Mental illness	Describes a clinically recognisable set of symptoms that significantly impact how a person feels, thinks, behaves and interact with others, sufficient to meet diagnostic criteria. There are different types of mental illness and they occur with varying degrees of severity. Examples include mood disorders (such as depression, anxiety and bipolar disorder), psychotic disorders (such as schizophrenia), eating disorders and personality disorders.
Mental health problem	Refers to symptoms such as changes in emotion or behaviour, not of sufficient severity to be diagnosed as a mental illness (e.g. generally refers to temporary distress or difficulty coping during periods of stress). These can resolve with time or when the individual's situation changes, but if problems persist or increase in severity they may develop into a mental illness.
Mental ill-health	Encompasses both mental health problems and mental illness.
Suicidal behaviour	A range of behaviours or actions which are related to suicide including: suicidal thinking, suicide attempts and death by suicide.
e-Mental health	A range of automated evidence-based digital programs used to provide psychological support directly to people experiencing mental ill-health, with or without the involvement of a clinician.

Executive Summary

Every person working in small business in NSW deserves to live and work with optimal mental health and wellbeing. To achieve this, we need to better understand the mental health needs of small business and prioritise evidence-based approaches that meet the specific needs of small business owners and workers.

Mental health in the workplace

There is a strong reciprocal relationship between work and mental health. On the one hand, strong evidence supports the positive influence of work on people's health and wellbeing.[1, 2] Besides being the primary source of income to maintain material standards of living, it also has an important role in providing a sense of purpose and identity, facilitating social connections and participation in the community. However, the workplace can also have a negative impact on the physical and psychological health of workers and there is a growing body of evidence showing a link between workplace stress and both physical and mental health problems.[3]

Workplaces are an important setting for action, with evidence suggesting that well-coordinated programs and approaches implemented in workplace settings can improve mental health and wellbeing, reduce mental ill-health and reduce suicidal behaviour. Research also suggests that workplace mental health approaches have direct benefits in improving productivity and reducing workplace injury claims, which can deliver substantial return on investment. To date, however, there is very limited evidence specifically exploring the mental health risks in small business, nor whether currently available evidence based workplace mental health approaches are suitable, translatable and effective within this sector. To inform targeted approaches for small business owners and workers, more research is needed.

The concern

Small business accounts for almost 98% of all actively trading businesses in NSW, but there is limited research on the mental health needs of small business to inform an evidence-based response.

While many workplace mental health programs have been developed and shown to be effective, most are designed for larger organisations.[4] The implementation of these programs often requires extensive infrastructure, such as access to human resources departments or occupational health services which may not be available in small businesses. Additionally, workplace mental health programs such as resilience building workshops, mental health awareness, and Employee Assistance Programs are costly to implement in small business, and are consequently infrequently utilised.[5]

There has been far less investment in research and programs specifically targeted at the mental health and wellbeing of small business owners and their employees. This is despite a number of unique risk factors faced by small business owners that can result in poor mental health, poor general health and family conflict. Some of these include financial pressures, high work demands, potential for longer hours, and increased pressure to work when sick.

Aims of this White Paper:

- to better understand the mental health needs specific to small business owners and employees, including the direct views and experiences of those who work in small business
- to assess the acceptability and feasibility of digital approaches to address mental health and mental ill-health within the small business sector.

The approach

Evidence from three key sources was used in the development of this White Paper:

1. a review of the academic and grey literature to assess what is currently known about small business and mental health
2. results from an online survey targeted at small business owners and workers (n = 442) to better understand the specific mental health needs of small business, and the types of support that may better address these needs
3. outcomes from a series of in-depth interviews (n = 20) to gain rich qualitative data from small business owners and workers, in their own words.

Identified challenges and opportunities for change

- **Small business owners and workers experience depression, anxiety and stress at concerning levels**, so opportunities to intervene early with evidence-based treatments and supports for these issues should be prioritised.
- **A number of stressors for small business owners were identified**, including the obligation to work when sick, financial stress, having multiple responsibilities (including responsibility for staff) and challenges obtaining a work-life balance. A number of stressors were associated with current symptoms of depression and anxiety, including working in isolation, financial stress, and worry about the impact of the business on others. Ways to modify or lessen the pressure from these stressors should form part of any mental health approach for small business.
- **Health-related productivity losses in small business are high**, with people often absent from work due to ill-health and/or working despite a health-related problem. The current data showed that those with symptoms of depression and anxiety were significantly more likely to report past month health-related absenteeism and presenteeism. The return on investment opportunities for small business owners who prioritise mental health should be measured and used to 'nudge' small business owners towards early and proactive approaches.
- **Small businesses can be under immense financial pressure**, so any intervention developed for this population needs to be cost-effective.
- **People working in small business can be time poor, often working long hours**, meaning that interventions need to be flexible, available after usual business hours and not seen as 'something extra' for small businesses to do.
- **The small business sector is very diverse, working across a wide variety of industries**, therefore any intervention must be broad enough and flexible enough to respond to their diverse and specifics need.
- **Stigma may be a barrier for small business owners and workers**, so interventions need to be accessible, anonymous and discrete.

- **Use of online approaches to improve mental health in small business should be explored**, given the evidence for e-health approaches, the frequent use of the internet by small business owners and employees and the fact that most indicated they were likely to look online first if they had an issue or concern. Data suggests that those with current symptoms of anxiety and depression are more likely to access support online then other sources.
- **Small business owners reported taking work home with them and had concerns about the impact on their families**. In the current study, concern about the impact of the business on family was associated with higher scores on the depression scale, indicating that mental health approaches for small business may be enhanced by also targeting their families.

About the White Paper

This White Paper was developed to better understand the mental health needs of small business owners and employees, and to assess the acceptability and feasibility of digital approaches to address mental health and mental ill-health within the small business sector.

This report was commissioned by icare and researched by Everymind – a leading national Institute dedicated to reducing mental ill-health, reducing suicide and improving wellbeing. The paper draws on evidence from three key sources summarised in Table 1 below, and further described in the methodology section.

Table 1. Sources of evidence used in this White Paper

Title	Source
A summary of the evidence	A review of the academic and grey literature was conducted to understand what is currently known about small business and mental health.
Results from the survey	Data was collected from small business owners and workers via an online survey (n = 422) to help better understand the specific needs of small business, issues affecting them, and the types and format of support that may better address their needs.
Results from the interviews	A series of in-depth interviews (n = 20) to gain rich qualitative data in their own words.

Methodology

Method 1: Literature review

A review of published research was conducted across academic and grey literature focused on mental health and small business, small business demographics, as well as current programs available targeting mental health in small business. Search engines PubMed and Google Scholar were used in addition to more general Google searches allowing to retrieve policy, departmental, or business documents not listed on the former academic search engines. Search terms across mental health and small business terminology were used and hand searched items were added where applicable. Given the limited research exploring mental health and small business specifically, a broader review of the evidence for workplace mental health approaches was also explored through the collection of existing reviews.

An analysis of the available evidence was conducted and summarised in each chapter to complement the data collected directly from small business owners and employees in this paper.

Method 2: Online survey and in-depth interviews with small business owners and employees

The research used a mixed methods design that included both quantitative (online survey) and qualitative approaches (key-informant interviews).

This research was approved by the Hunter New England Human Research Ethics Committee (Approval Number 17/05/17/5.07).

Recruitment and methodology

Online survey

The online survey took approximately 15-20 minutes to complete, and targeted a cross-section of those who currently work in the small business sector. The survey consisted of a number of widely validated scales, and a combination of multiple choice, rank order, Likert scale and open text questions. Participants were recruited via a range of different methods. The online survey was shared via paid (both generic and industry specific) and unpaid advertisements on social media, print and broadcast media. It was also shared through engagement with business chambers, COSBOA and small business networks, endorsement and promotion by key partners in the mental health sector, and via small business advocacy/special interest groups.

Semi-structured interviews

At the conclusion of the survey, all respondents were invited to participate in a face-to-face or telephone-based interview to provide a deeper exploration of their thoughts and perceptions regarding mental health and small business. This was conducted at a time elected by the participant that was suitable to them. Interviews were on average 40 minutes in length.

Primary outcome data

Online survey

The survey aimed to better understand the experience of mental ill-health among small business owners and employees and associated factors, including a range of personal, social, workplace and employment characteristics with the aim of informing workplace health policy and targeted mental health programs in the future. The questions fell into five broad categories outlined below. Note, that the data presented in this White Paper represent a subset of data that was collected in the survey.

Socio-demographic and workplace characteristics

These questions characterised the sample, providing basic demographics (e.g. age, gender, education), while also assessing differences in workplace characteristics (e.g. location, business type, size, health of business).

Current physical and mental health

Symptoms of current mental health problems were measured using the short form of the Depression Anxiety Stress Scale (DASS-21).[6] This 21 item self-report scale measures three underlying constructs: depression, anxiety and stress with seven items for each construct. Each item is measured on a four-point scale (0: did not apply to me at all, 1: applied to me to some degree, or some of the time, 2: applied to me a considerable degree or a good part of the time, 3: applied to me very much or most of the time). For visualisation, scores are then summated and broken into conventionally used strata to identify severity. This scale was chosen as it is widely used in the literature, and for two of the three constructs (depression and anxiety), there is national data available for comparison. Respondents were also asked to self-report their perception of their own current mental health, physical health, relationship with friends and family, and their capacity to perform everyday duties.

Factors that impact on mental health

This section included asking respondents about factors that may impact on their mental health, and primarily used previously reported scales. Participants were asked to indicate how stressful they perceived a range of aspects associated with working in small business[7] and their level of satisfaction with work.[8]

Economic impacts

Health-related productivity losses were measured using items from the World Health Organisation's 'Health and Work Performance Questionnaire' (HPQ).[9] Participants were asked to indicate the number of days within the preceding four-week period they had a full day off as a result of a health-related problem (i.e. absenteeism), and how many days they worked despite a problem with their health (i.e. presenteeism). The extent of productivity losses attributed to health-related presenteeism was further explored by participants self-reporting their own perceived productivity on days where they attended work despite a health-related problem.

Help-seeking behaviour and stigma

Help-seeking behaviour was measured using a number of different approaches. To assess future support, participants were asked to indicate the first place they would look for information or support if they were concerned about their own mental health. Participants were also asked to indicate the likelihood that they would access information or support in different formats (e.g. face-to-face, online) if they were concerned about their own mental health.

The perception of workplace stigma was measured by asking participants to indicate how comfortable they would be to disclose personal mental-ill health to others in the workplace, and whether they would feel comfortable working with someone if they knew they had been diagnosed with a mental illness.[10]

Feasibility and acceptability of online approaches to address mental health problems

This section of the report focused on identifying practical considerations for the use of programs delivered using the internet for those who work in small business. Primary outcome measures included determining access to the internet (accessibility, quality of coverage), usage of the internet (average hours per week, frequency of usage), and type of the devices used to access the internet. It also explored whether participants felt that online programs were logical methods of addressing mental ill-health, and where they felt would be the most comfortable location to access online treatment.

Semi-structured interviews

The qualitative component of the study involved conducting face-to-face or telephone-based semi-structured interviews with those who expressed interest after completion of the survey. A total of 20 individuals, including owner operators, and those who were employed by small businesses are included in the analysis. Interviews were designed to complement the survey data, providing a greater insight into attitudes, perceptions and challenges for those in small business. Basic demographic information was collected such as age, gender, industry worked in, as well as employment background and length of time they have worked in small business.

The interview questions asked about their perception of mental health and how it relates to the workplace, for example:

- What sort of impact do you think mental illness would have on a workplace?
- What elements of working in small business may positively or negatively impact mental health and wellbeing?
- What are some of the things that would stop someone working in small business from seeking help if they were experiencing a mental health problem?

The interview also asked about opinions on potential solutions to reducing mental ill-health and supporting mental health in small business, for example:

- What approaches are used in your workplace to reduce mental ill-health?
- What actions or strategies would be helpful in supporting the mental health of someone working in a similar industry to you?
- What would work best for people in small business to access support or programs targeted at mental health and preventing mental illness?

Data analysis

Online survey

Initial analysis of the survey data presented in this White Paper involved a descriptive analysis (i.e. the average or frequency of responses to each question). Pearson correlation was used to measure the association between individual perception of mental health, and their self-reported capacity to perform everyday duties, and the perception of their relationships with others.

To explore the factors associated with depression and anxiety scores on the DASS, we used a hierarchical logistic regression model, with a predetermined order of entry for all associative variables. All demographic variables were simultaneously entered at step one, followed by three groups categorised theoretically (workplace characteristics; health; stigma) independently added at step two. The model was arranged in a hierarchy to control for the effect of participant demographics.

The derivation of subscale scores for several of the workplace characteristics questions was guided by preliminary frequency distribution of responses, to ensure that all groups had sufficient n.

For all regression analyses, we report Adjusted Odds Ratios (AOR) with 95% confidence intervals (CI). The threshold for statistical significance was set at $p < 0.05$ for all analyses. All data analysis was completed using Microsoft Excel and the Statistical Package for Social Sciences (SPSS Version 24).

Missing data

Since the DASS consists of multiple independent subscales (e.g. depression and anxiety), participants' data were excluded if they missed more than one question from any of the three domains. In cases where participants met the inclusion criteria, domain scores were based on averaged (or prorated) responses for the available items.

Semi-structured interviews

All interviews were recorded and transcribed verbatim. All transcripts were read and coded by two independent coders. Qualitative data analysis software (NVivo) was used to conduct word frequency analysis which informed the key themes emerging from the data.

Section 1: Background

Why consider the workplace as a setting for action?

"It would certainly reduce the stress from the owner to know that there is this support available so they do feel a little bit more empowered when they are talking to their employees about these things as well. So I think it can only be a very positive thing." – Female, Professional services

The workplace as a setting for prevention

Evidence suggests that the workplace can either enhance or detract from a person's health and wellbeing, with the workplace often identified in national and state policies as an important setting for programs aimed at improving mental health and wellbeing, and reducing mental ill-health and suicide.[11, 12]

In general, the evidence suggests that workplace mental health programs have been associated with a number of direct benefits, including decreases in absenteeism, increases in productivity, and greater overall employee health and wellbeing. According to the Australian Human Rights Commission, creating a safe and healthy workplace makes good business sense.[13] Building and maintaining a mentally healthy workforce and creating a mentally healthy workplace maximises wellbeing and can increase productivity.

Some general benefits of implementing effective workplace mental health action include:[13]

- reducing costs associated with absences from work and high turnover of staff
- achieving greater staff loyalty and a higher return on training investment
- minimising stress levels and improving employee morale and wellbeing
- avoiding litigation and fines for breaches of health and safety laws
- avoiding the time and cost involved in discrimination claims
- avoiding industrial disputes.

To date, however, most workplace mental health programs have been designed for larger organisations[4] and there is very limited research exploring the mental health needs of small businesses. As a result, approaches for small business are often informed by research conducted with larger organisations, which limited the development and implementation of tailored approaches for the small business sector.

This creates a number of challenges. For example, workplace mental health programs that have been designed for larger organisations often require widespread infrastructure such as human resources departments which may not be available in small businesses. Additionally, workplace mental health programs such as resilience building workshops, mental health awareness, and Employee Assistance Programs are costly to implement in small business, and are consequently infrequently utilised.[5]

Factors associated with a mentally healthy workplace

Internationally, there has been a shift away from targeting individual risk factors in the workplace to a broader approach which identifies the key characteristics of a 'mentally healthy workplace'. A mentally healthy workplace is one where psychosocial risks are recognised and evidence-based action is taken to minimise the impact of these risks, while also promoting protective factors that can enhance overall wellbeing. However, there is limited research that specifically explores the psychosocial risks or protective factors for small businesses and therefore limited research on workplace approaches to address these risks.

A general review by the Black Dog Institute evaluated evidence-based workplace strategies for creating a mentally healthy workplace.[14] This review identified a number of risk and protective factors that may contribute to improvements in mental health and risks for mental ill-health in the workplace. These are summarised in Table 2 below, despite limited testing and applicability to the small business environment.

Table 2: Risk and protective factors contributing to mental health in the workplace

Factors	Examples of evidence-based risk and protective factors
Job design	Demands of the job; control in the work environment; resources provided; the level of work engagement; characteristics of the job and potential exposure to trauma.
Team or group factors	Support from colleagues and managers; the quality of interpersonal relationships; effective leadership and availability of manager training.
Organisational factors	Changes to the organisation; support from the organisation as a whole; recognising and rewarding work; how justice is perceived in an organisation; a psychosocial safety climate (i.e. a balance between demands and resources); positive organisational climate; a safe physical environment.
Conflict between home or work	The degree to which conflicting demands from home, including significant life events, interfere with work.
Individual factors	Genetics; personality; early life events; cognitive and behavioural patterns; mental health history; lifestyle factors; coping style.

Australian and international researchers have proposed that psychosocial safety climate – the balance between the level of demands and the resources available – is the 'cause of the causes' of work stress.[15] However, there is a lack of evidence from the small business sector specifically, indicating that more work to understand psychological safety within small business is required.

Effective workplace mental health interventions

There are a range of workplace programs that have been developed and evaluated in Australian businesses.[14] The types of interventions included in these programs commonly fall into one or more of the following four categories, with the most effective programs taking a comprehensive and multi-component approach:

1. Primary prevention – proactive interventions that aim to prevent mental ill-health by reducing individual and workplace risk factors and changing practices and behaviours that contribute to injury or illness.

2. Secondary prevention – interventions targeted at at-risk workers who may have higher exposure to risks in the workplace or individuals showing early signs of mental ill-health, including early identification of mental health problems and appropriate pathways to support.
3. Tertiary prevention – minimising the impact of mental ill-health (or psychological injury) through recovery and return to work practices [14]
4. Mental health promotion – interventions that focus on increasing healthy behaviours.

Table 3 below provide a summary of factors associated with a mentally healthy workplace across the four categories outlined above.

Table 3: Examples of strategies to improve mental health in the workplace

Category	Focus	Examples of effective interventions
Primary prevention	Reducing **individual** risk factors	Reducing drug and alcohol misuse; support healthy diet and physical fitness;[16] develop individual skills - financial management, stress management, communication skills;[14] management of physical injury and/or pain; provide support and flexibility for staff exposed to traumatic events at work or experiencing difficult life events.
	Reducing environmental **(including job specific)** risk factors	Fatigue; accidents and injury; excessive stress; bullying and harassment; disharmony; job design, including demands[17]and contro.l[18]
Secondary prevention	Identify and respond to problems early	Changes to the organisation; support from the organisation as a whole; recognising and rewarding work; how justice is perceived in an organisation; a psychosocial safety climate (i.e. a balance between demands and resources); positive organisational climate; a safe physical environment.
	Support for mental	Mental health literacy and Mental Health First Aid; support early identification, including self-identification, peer-identification and support, identification by supervisors or managers;[19, 20] Reduce stigma and promote culture of acceptance of mental illness; promote culture that help-seeking is a positive thing; promote a culture of offering support, expressing concern for work colleagues;[14, 21] supervisor training to increase skills in raising difficult, personal issues with staff in a helpful, non-threatening way.[22]
Tertiary prevention	Support recovery from illness and return to work	Manage return to work well, including identification and management of any workplace contributing factors;[24-26] make reasonable adjustments to the work environment; supervisor training to manage return to work;[27] facilitate access to support options for family and friends; address stigma in the workplace; Cognitive Behavioural Therapy based stress management (CBT)[28] Psychosocial return to work programs.[29]
Mental health promotion	Support good health	Workplace Health Promotion[30], Ensuring a good fit between the job and the person doing the job; preparing people well for the work they need to do; having a culture of fairness and equity; promoting mental health literacy (how to stay mentally healthy); good communication between managers and staff; increasing social connection and opportunities for peer-support.[14, 20]

There are a range of models that have been proposed in the literature and in policy within Australia.[31-33] All of these approaches suggest that an effective response to mental health and mental ill-health in the workplace includes concerted effort to:

(a) promote the positive aspects of work (mental health promotion),

(b) reduce risk of harm at work (primary prevention)

(C) respond early and well to mental ill-health (secondary and tertiary prevention).

Small business and mental health

Despite the size of the small business sector, far fewer mental health programs have been designed specifically with small business in mind. The evidence review revealed limited research into the implementation of mental health programs for small business nor the effectiveness of approaches in small business.

There are also a range of barriers which make it difficult to implement existing workplace mental health programs that were not designed specifically for small business. This includes:

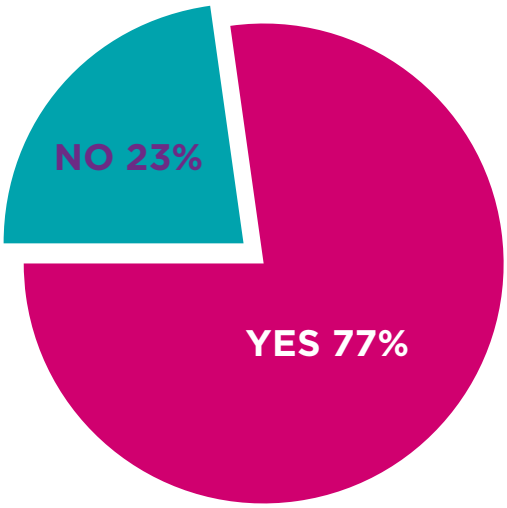
- a lack of formal departments, structures and expertise that exists in many larger organisations, which may include human resources departments, work health and safety teams, supervisors and managers, and formal Employee Assistance Programs to name a few
- time and logistical constraints, with many small businesses working long or irregular hours and often in isolation
- the considerable diversity within the small business sector, including the size of the business, the industry the business works within, the location of the business, the diversity of ages, and background of owners and their employees.

A number of barriers to the implementation of mental health programs in small business and the uptake of mental health specific resources have also been identified. Limited time and available resources as well as the stigma associated with mental ill-health, often means that mental health problems (and their consequences) remain undetected and undertreated.

Despite the challenges mentioned, there are a number of factors that may make small business an ideal setting for tailored mental health programs. Some advantages include:

- limited bureaucracy in decision-making, which can simplify the implementation process
- with fewer employees, more individual responses can be accommodated, and the sense of individual contribution could empower employees to become more actively involved.[34]

While there have been some attempts to address the unique needs of small business owners and workers through initiatives like Heads Up *(www.headsup.org.au)*, Business in Mind[5] and work occurring through state Small Business Commissioners *(www.smallbusiness.nsw.gov.au)*, there has been limited uptake of strategies across the small business sector in NSW.[35]



A majority of small business owners and all workers surveyed for this White paper believed that there is a need for more specialised support to address mental ill-health within the small business sector.

Understanding small business in NSW

Small businesses (classified as businesses with 0-19 employees) bring significant economic and employment benefits to NSW.

There are an estimated 710,000 small businesses that registered for GST in NSW, constituting around 98% of all active businesses. It is also estimated that 1.57 million people are currently employed within the small business sector, which collectively make an estimated contribution of $326 billion to the annual state sales and services income, and $47 billion in annual employee wages and salaries. Over 20,000 new businesses were created in 2016.

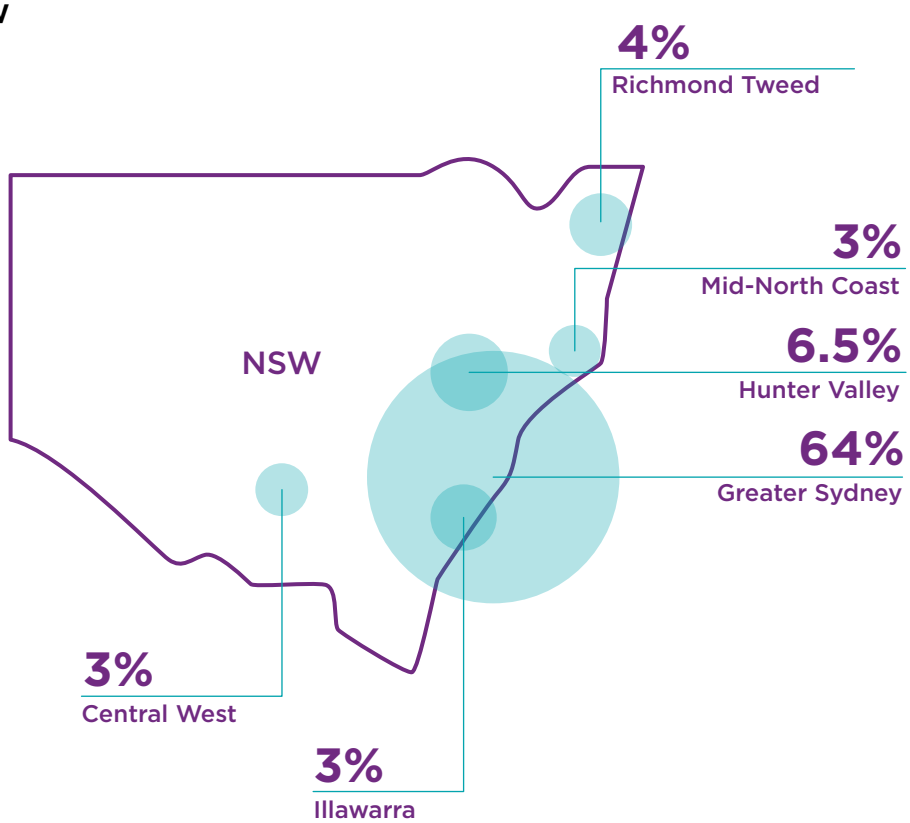
Most businesses in NSW are single owner/operator, followed by businesses with 1-4 employees.

About two-thirds (64%) of small business are located in the Sydney Greater Metropolitan region with the remainder (36%) based in regional NSW. Of the regionally located business, the highest proportion operate from the Hunter Valley (6.5%; see Fig. 1 below).

Locations of small businesses across NSW

Types of small businesses in NSW

- Construction (n = 98,750)
- Professional, Scientific and Technical services (n = 84,820)
- Rental, Hiring and Real Estate services (n = 73,000)
- Agriculture, Forestry and Fisheries (n = 55,350)
- Retail (n = 42,950)



Understanding our respondents

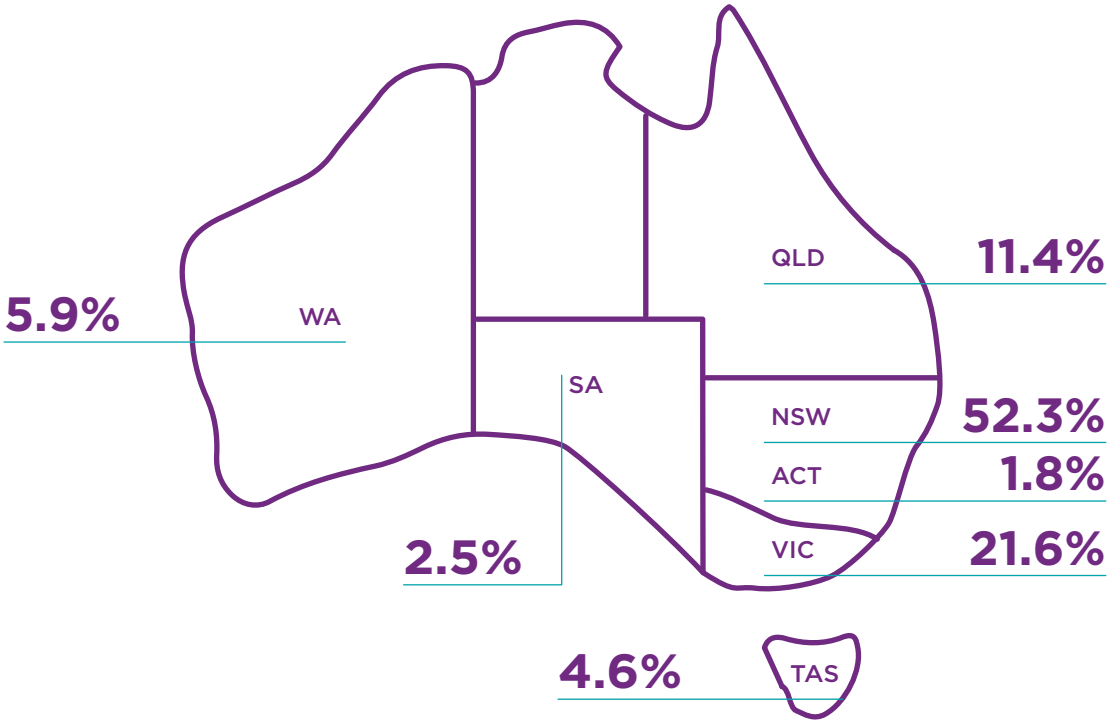
Participant demographics

17-24	5.0%
25-34	20.8%
25-34	30%
35-44	27.1%
55-64	14%
65+	2.9%

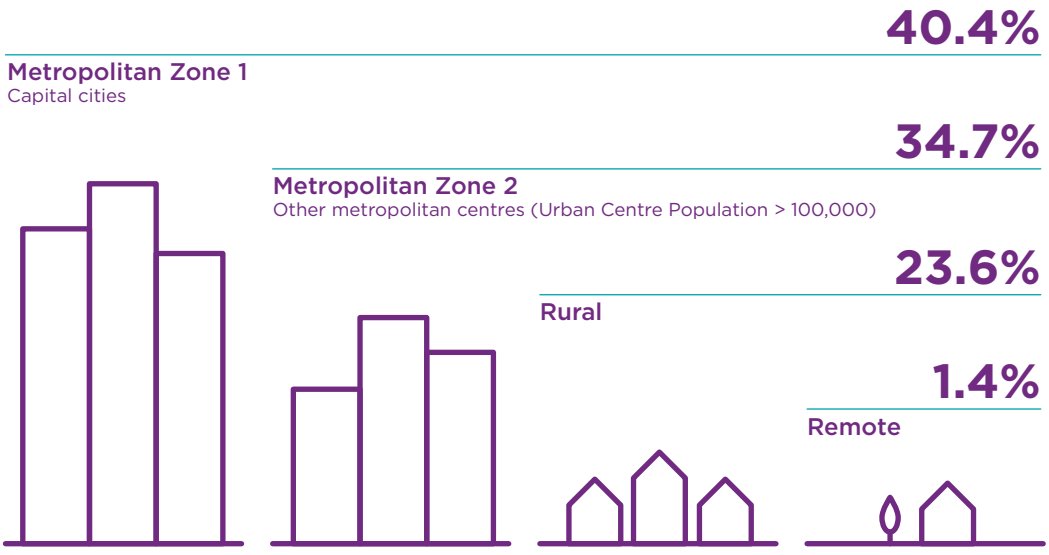
Education

No school qualification	1.1%
Year 10 or equivalent	7.3%
Year 12 or equivalent	9.3%
Trade / apprenticeship	4.8%
Certificate / diploma	29%
University or higher degree	31.7%
Post-graduate qualification	16.8%

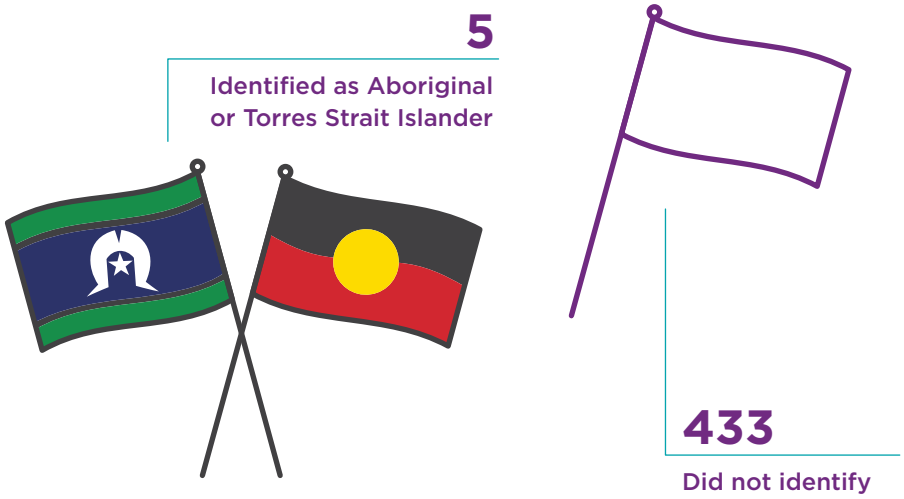
Living arragement



Area lived in (%)

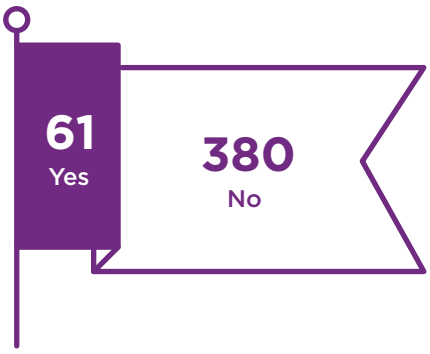


Aboriginal / Torres Strait Islander identification

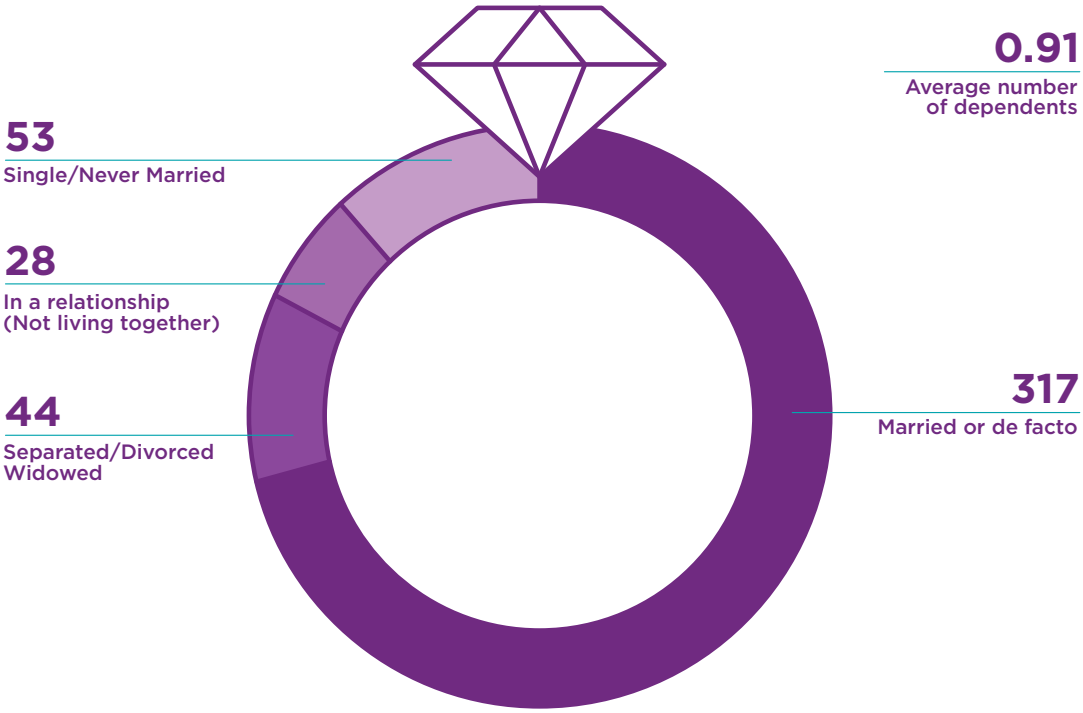


Gender

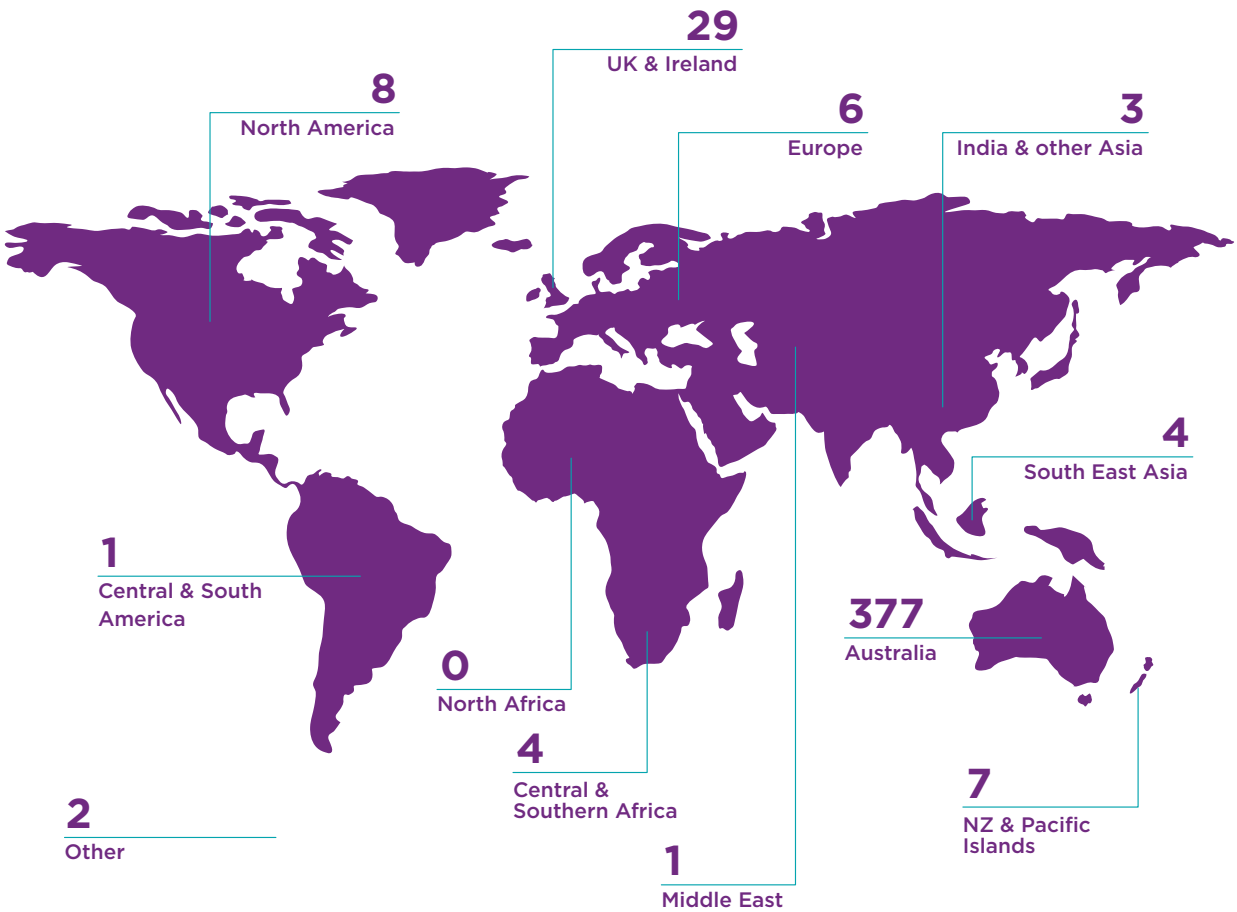
Culturally and linguistically diverse background



Marital status



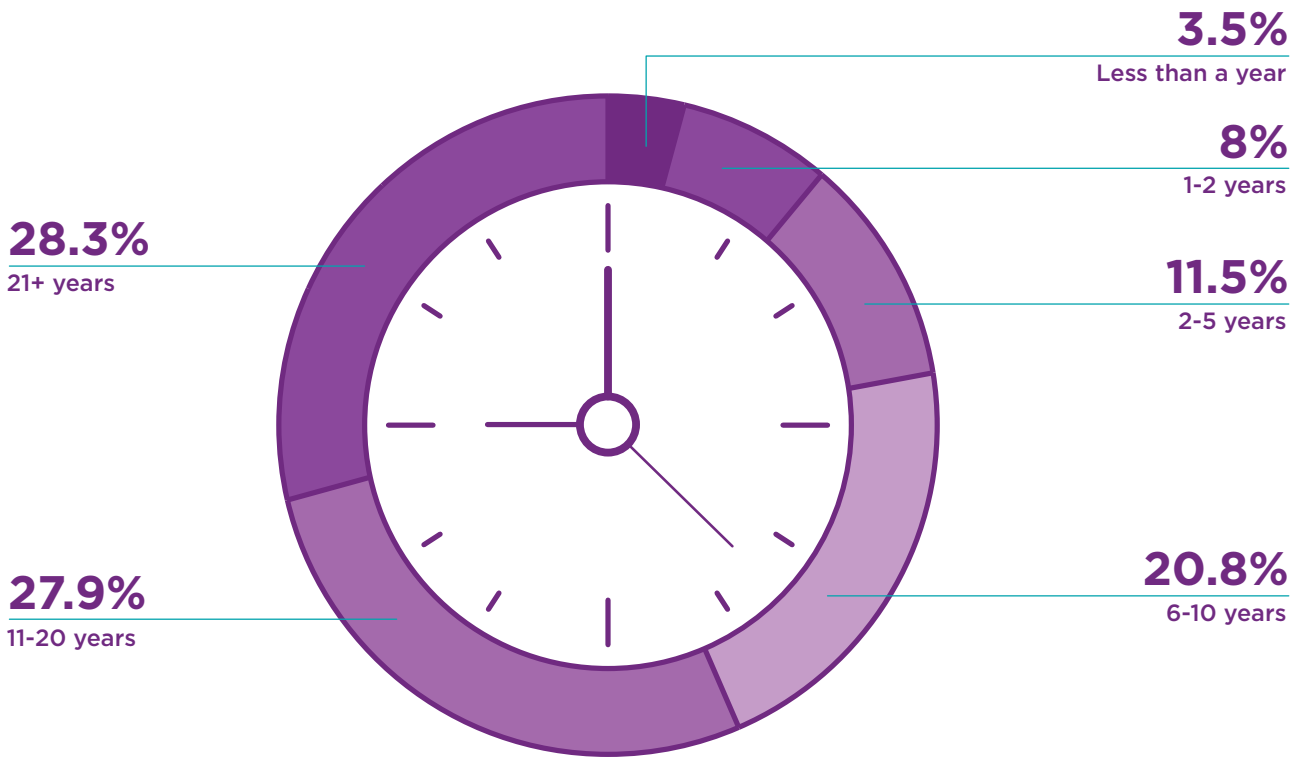
Birthplace



Business demographics

Agriculture, forestry and fishing	2.7%
Mining	0.5%
Manufacturing	2.7%
Electricity, gas, water and waste services	0.7%
Construction	4.1%
Wholesale trade	1.6%
Retail trade	10.5%
Accommodation and food services	2.5%
Transport postal and warehousing	3.6%
Information, media and telecommunications	3.9%
Finance and insurance services	4.3%
Rental, hiring and real estate services	1.4%
Professional and technical services	10.9%
Administrative	3.9%
Education and training	6.1%
Healthcare and social assistance	8.4%
Arts and recreation services	27.5%
Other services	4.8%

Years of experience in industry (%)



Business annual turnover

Less than $40,000	35.2%
$40,000-$59,999	25.6%
$60,000-$79,999	18.2%
$80,000-$99,999	12.4%
$100,000-$149,999	9.8%
More than $150,000	5.6%

Interview participant summary statistics

- 20 participants
- 10 females, 10 males
- Highly experienced with the average number of years in their chosen profession being 18.43 years
- The largest group of interviewees were from NSW (n = 12), followed by Victoria (n = 5), and one interviewee from each of Queensland, Western Australia and Tasmania
- Interviewees worked in a range of professions including:
    - professional or technical services such as law, engineering or information technology
    - manual professions such as agriculture or building/construction
    - entertainment
    - hospitality.

Section 2: Results

Mental ill-health and small business

"…Sole practitioners, I read that they have some of the highest rates of depression, because the expectations and pressure can be really great." – Male, Legal services

A summary of the evidence

Despite the considerable number of small businesses in NSW, there is very limited evidence about the extent or impact of mental ill-health on those who own, or work in, a small business. Using a widely used screening tool for mental illness, the Kessler 10 (K10), one recent study provided some evidence on the extent of mental health problems specific to the small business sector. With a small sample of small to medium sized business owners (n=217), the research found that almost 37% of respondents reported high or very high levels of psychological distress.[36]

In the absence of any robust prevalence studies looking at the extent of mental ill-health in the small business sector, an estimate of the number of people in small business potentially affected by mental ill-health was obtained by extrapolating from the most recently available State data from the general population. According to the NSW Mental Health Commission, 1.2 million people in NSW (17% of the population) will experience mild to severe mental illness each year and a further 1.7 million people (23% of the population) are believed to have an undiagnosed mental health problem.[37] With over 1.5 million people working in small business in NSW, approximately 600,000 people who work in small business may be affected by a diagnosed or undiagnosed mental health problem each year.

There is no health, without mental health

Mental health enables individuals to function well in life and at work. It is the foundation of wellbeing in both individuals and in the community, and is vital for success in the workplace. People with good mental health will perform better at work and have increased capacity to cope with workplace stressors.[38]

Mental ill-health (including mental health problems and mental illnesses) can affect people of all ages, genders and occupation categories, with the rates of mental illness generally peaking in those of working age.[39] It affects a person's thoughts and behaviours and can have a profound impact on the way someone is able to function at home and at work. In the workplace, this may impact on a person's ability perform their role and increases the risk of physical health problems and injury in the workplace.

Results from the survey

To explore mental ill-health among those who work in small business, the survey contained the DASS (Depression, Anxiety and Stress Scale)[6], a widely used scale that measures symptoms of depression, anxiety and stress within the preceding week. For illustrative purposes, we have included national estimates of depression and anxiety using the DASS scale to help contextualise the findings.[40] The data presented in this White Paper is not a representative sample, but a sample of 442 people who voluntarily completed the survey.

Depression

Symptoms of depression within the preceding week were high in the small business sample that completed the survey.

Similar to the national data, the majority of participants were within what is referred to as "normal" strata (45% for this sample; 63% for national data[40]), indicating a low risk of depression for many people. However, the proportion of participants who had scores that fell within the at-risk categories ("mild" to "extremely severe") was higher in this small business sample, with 19.6% in the "moderate", 9.5% in the "severe", and 10.1% in the "extremely severe" category as outlined in Figure 1.

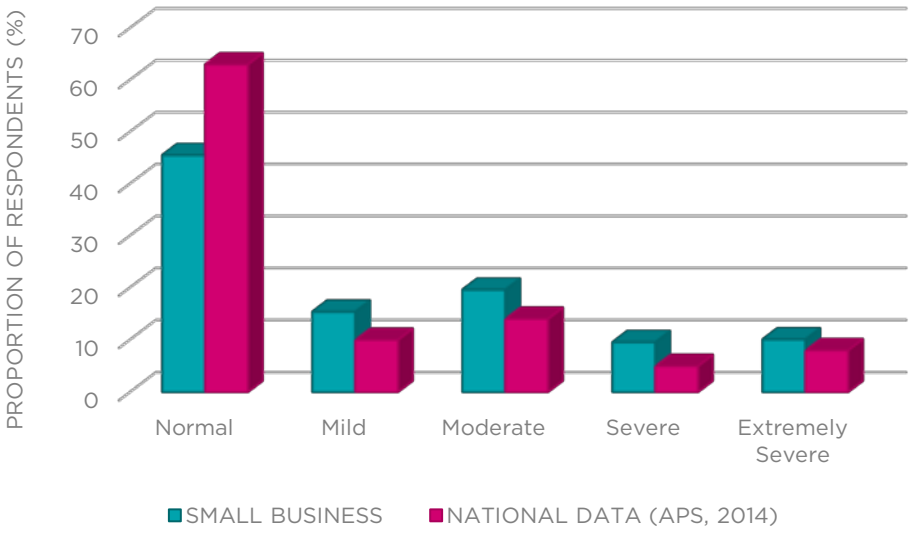


Figure 1: Stratified depression scores for men and women in our sample and national average as comparison

Anxiety

Current symptoms of anxiety were also high in the small business sample that completed the survey.

Similar to the national data, the largest proportion of respondents were within the "normal" strata (49% of our sample; 73% national data) indicating a low risk of anxiety for many people (see Figure 2). However, the proportion of participants who had scores that fell within the at-risk categories was higher in this small business sample. There was a much higher proportion of respondents who fall into the "extremely severe" category than would have been expected based on the national data,[40] with 16.4% of the survey respondents falling into this category compared to 9% found in the general population.

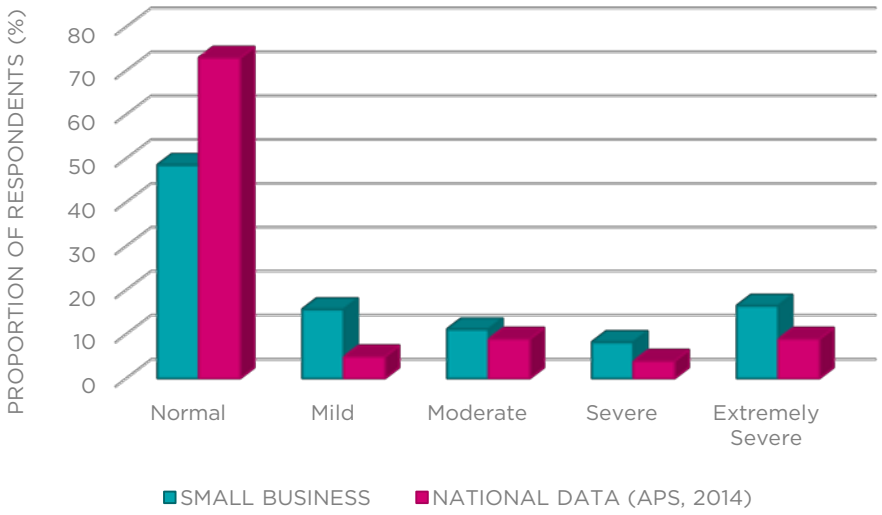


Figure 2: Stratified anxiety scores for men and women in our sample and national average as comparison

Stress

Symptoms associated with stress were quite high – with 57.6% of the sample falling outside of the "normal" range for stress (see Figure 3). *Note: national reference data for stress was not available.*

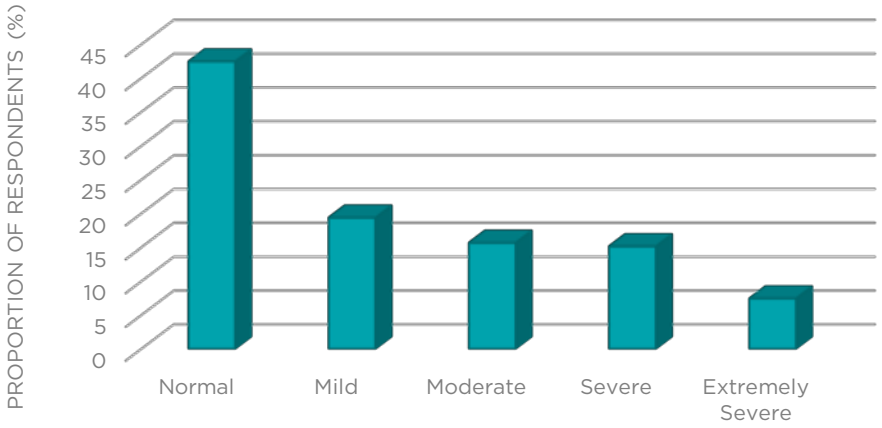


Figure 3: Stratified stress scores

"We're going job to job. Even if we are working right now, we're still stressing about the next job. For people in our industry it's one of the stresses that we have to learn how to deal with. Some people don't, and that's why we burn out and have breakdowns." – Male, Entertainment industry

Personal rating of mental and physical health

Participants were asked to self-report how they perceived their own mental and physical health, their relationships with friends and family, and their capacity to perform everyday duties (outlined in Figure 4). Most respondents rated their mental health as 'fair' (36.4%) or 'good' (27.3%) only, with many rating their mental health as poor (16.8%). There was a moderate to significant correlation between an individuals perception of their mental health and their physical health (r = 0.38), relationships (r = 0.57) and their ability to perform everyday duties (r = 0.63).

Figure 4. Self-reported perception of mental health (A), physical health (B), relationship with friends (C) and capacity to do everyday duties (D)

Results from the interviews

When interviewees were asked about how mental ill-health could present in the workplace, many described witnessing the impacts that depression and anxiety had on a small business. For example, one interviewee spoke about the struggle of working in her industry and how that negatively impacts on employees' mental health and wellbeing:

"We certainly work in an industry where we attract empathetic people and that can present its own challenges because obviously they're very caring and nurturing and sometimes we're faced with problems where there's no positive solution. So that can certainly trigger some issues, some depression and anxiety."

– Female, Health care and social assistance

The same interviewee then explained the impacts that mental ill-health had on employees in the industry:

"We've had people that have turned to substance abuse. We've had a number of – well one in particular – that has had a psychotic episode and unfortunately quite a number of suicides in our industry."

Another interviewee described how he had seen mental health problems present themselves in the workplace especially as a result of financial uncertainty:

"I think the main one that I've seen in my business life has been depression and probably alcohol abuse… also the financial strain."

– Male, Information technology and professional services

The same interviewee spoke of the impact that working in small business had on their own mental health and wellbeing, talking about the issues that increased stress or depression:

"So where the business might have a lean time or the cash flow is not great then that can be sort of a fairly depressing time… Especially when you've got kids at school and you've got to put meals on the table and pay school fees, and run the family and pay your mortgage and do all those sorts of things."

– Male, Information technology and professional services

While not specifically explored in the survey, a number of interviewees spoke of the impact of suicide on businesses and raised suicide as a key issue for some industries, like construction. For example:

"…We do have to highlight anxiety and depression because as you would probably know, and in this industry, there's a high amount of suicide."

– Female, Health care and social assistance

Workplace factors that could impact on mental health

"What we've experienced and from talking to people in the small business world, probably the number one stress is financial, is money….Then there's businesses that drag out paying you your invoices."

– Female, Professional and technicial services

A summary of the evidence

While the evidence on stressors specific to small business is limited, there have been some recent reports that have begun to establish aspects of working in small business that are considered to be the most stressful. A recent survey on those who work in small business in Western Australia showed a strong negative association between an individuals self-reported stress, their perception of their health, and their relationships with others.[7] Financial stressors, which included unpredictable income and cash flow were also identified as top drivers of business related stress. Difficulties in accessing professional (e.g. GPs) and non-professional sources of support (e.g. family and friends) were particularly pronounced for small business owners in regional Western Australian areas.[7]

Although the literature on stressors specific to small business is limited, a range of stressors that have been identified to date including:

- working long hours[41]
- a blurring of the boundaries between home and work, leading to poorer work-life balance[42]
- working in isolation
- financial stress due to unpredictable income[43]
- family and relationship problems[44]
- risk of business failure, with statistics showing that many start-up companies fail within the first two years of operation.[45]

Results from the survey

Stress and mental health are inexorably linked. One of the goals of this research was to identify specific aspects of working in the small business sector that people perceived to be the most stressful. Perceived stress was measured using a variety of tools, including:

- the direct assessment of a range of stressors
- a job-related tension scale
- questions about financial stress, the success or failure of the business, and aspects of working in small business that were considered satisfying.

Stressors

Respondents were asked to indicate the factors associated with working in small business that they felt were most stressful. Respondents were presented with a list of items and asked to rate the level of stress associated (ranging from 1: zero stress to 10: extreme stress).

Overall respondents found all aspects stressful to some degree (see Figure 5). **Factors rated as most stressful included: having multiple responsibilities; the obligation to work despite feeling unwell; financial stress; and for employers – the responsibility for employees.**

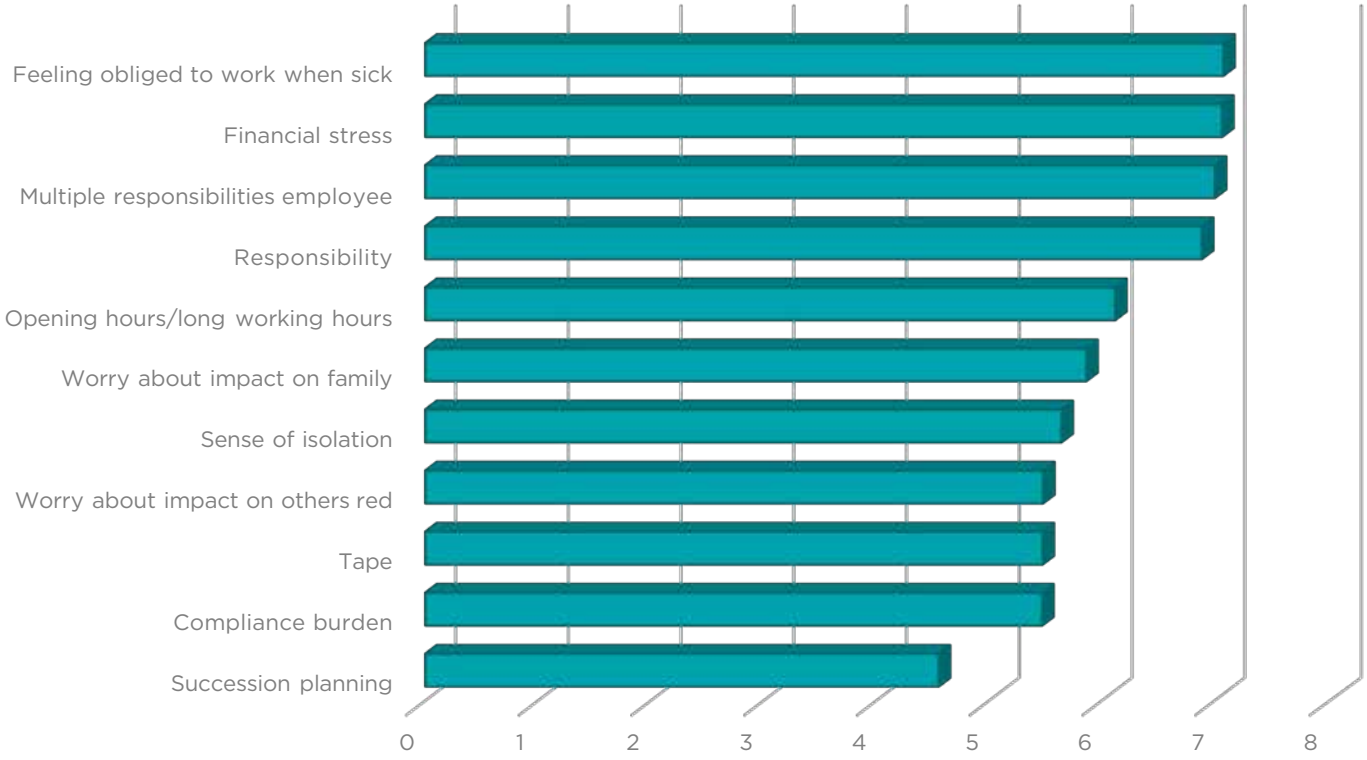


Figure 5. Perception of stressors

Job tension

The survey contained a series of questions that examined a more direct link between stress in the workplace and its association with an individuals health. Participants were asked to rate on a five-point scale (ranging from 1: strongly disagree to 5: strongly agree) the extent to which various aspects of working in small business impacted on their health (see Figure 6).

More than 85% of respondents indicated that they often 'take their job home', with almost 80% indicating that problems associated with their job had kept them awake at night.

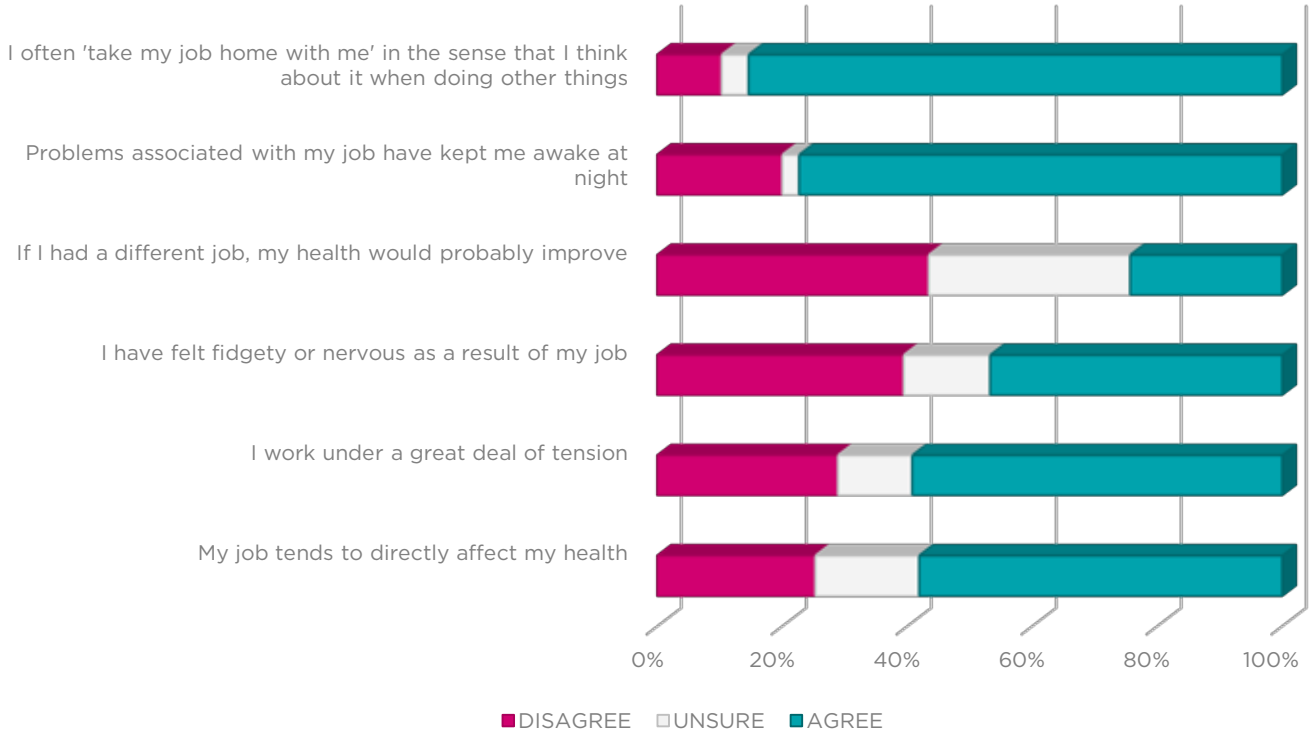


Figure 6. Job tension

Financial stress

Financial stress was indicated by the respondents, and in previous literature,[7] as one of the biggest stressors facing those in small business. One factor that can contribute to this financial stress is timely payment of invoices (either customers or other often larger businesses). Participants were asked to indicate when they typically receive payment of the invoices that they supply, with only about 50% of the sample indicating that they were typically paid on time. As shown in Figure 7, many indicated that invoices are typically paid after the due date, with 6% indicating they were typically paid more than 30 days after the due date.

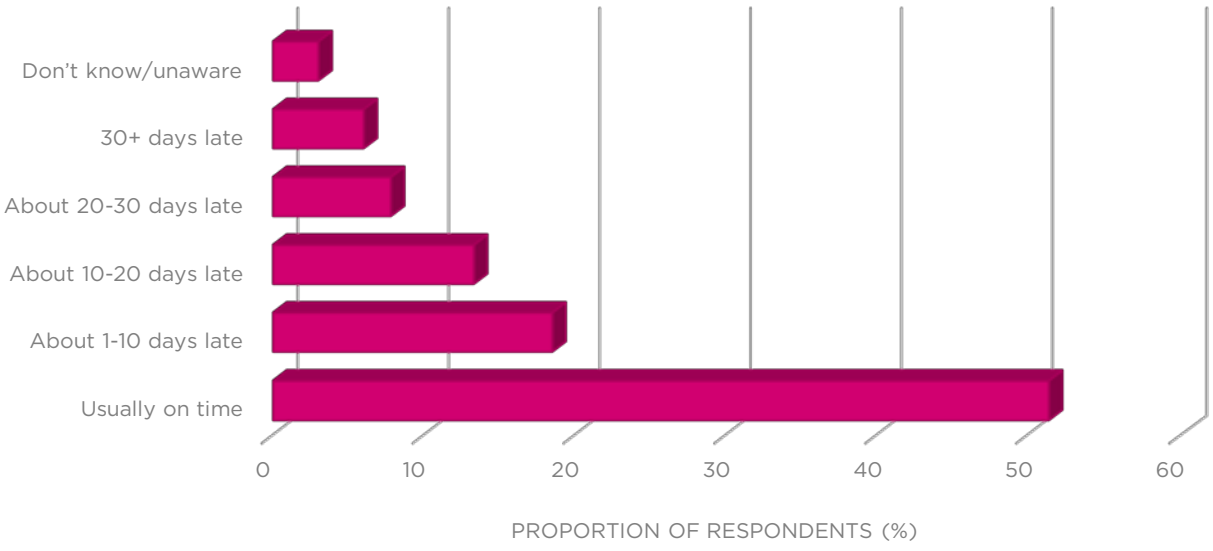


Figure 7. Typical payment of invoices

The success of the small business

Participants were asked to indicate what they perceived to be the current health of their business on a scale of 1 (“My business is about to fail”) to 10 (“Absolutely thriving”). The majority of participants indcated that their business was somewhere around the midpoint (see Figure 8), with an average rating of 6.3/10. Somewhat concerning, nine respondents indicated they thought their business was about to fail.

When asked to forecast whether they expected their number of employees to increase in size, stay the same, or decrease in size, more than 60% of respondents expected the business size to stay the same. There were approximately 10% of businesses who expected their business to decrease in size within the next 12 months.

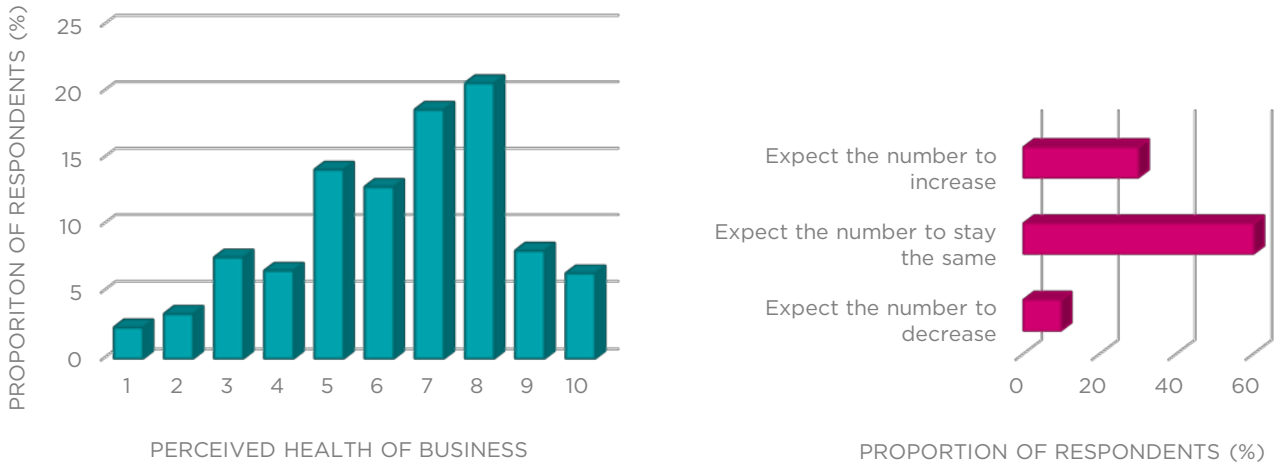


Figure 8. Perceived health of small business (A), and expected change in business size (B)

Time spent at work

Respondents were asked a series of questions to explore their typical working hours, including how many hours they work in an average day, how often they work weekends, and how many days they work in a usual four week period (see Figure 9).

More than 50% indicated that they work nine hours or more on a typical work day, 43% indicated that they work every weekend. Respondents varied in the number of days they worked per month, with a range of 2-28 days and an average of 19.33 days worked in a typical four-week period.

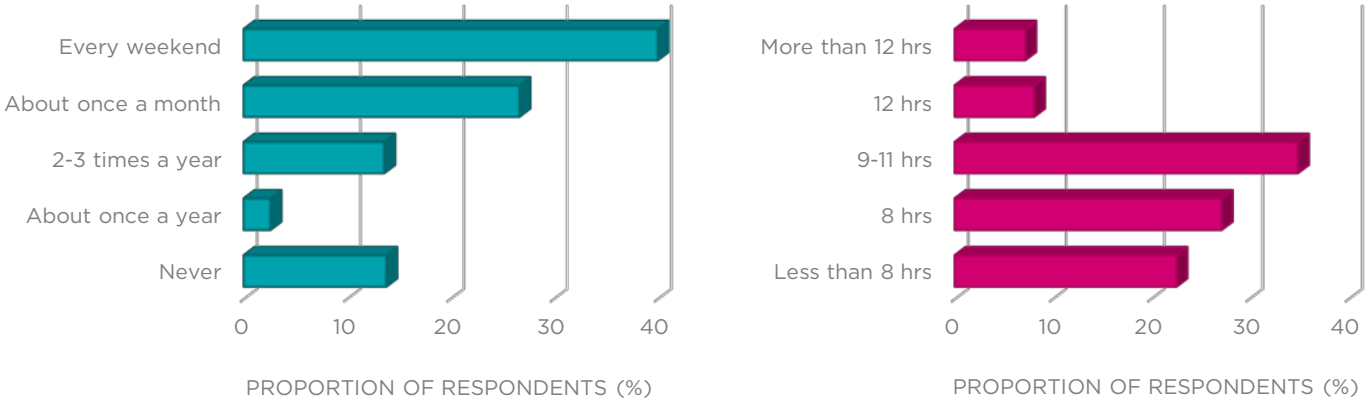


Figure 9. Hours worked on a typical day (A) and proportion of respondents who work weekends

Availability of support

Participants were asked to indicate: (1) whether they had someone to help if they do not have time to complete their tasks; and (2) whether someone was available to cover their tasks if they were unavailable. As shown in Figure 10, only a minority of participants reported that this type of support was available 'often'.

Most respondents indicate that additional support was only sometimes or seldom available. A considerable proportion also indicated that this type of support was never or almost never available.

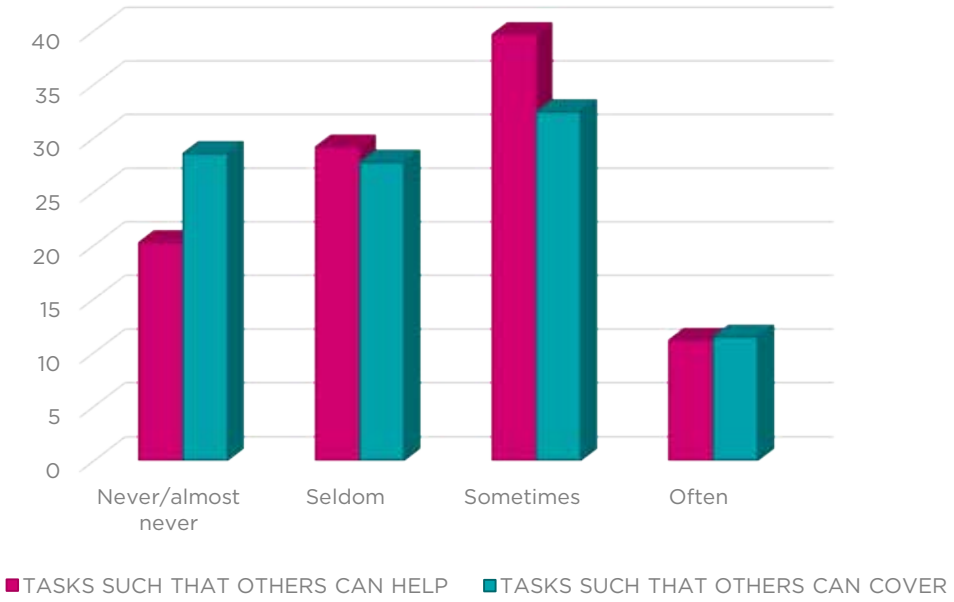


Figure 10. Availability of support

Satisfaction with work

Small business respondents were asked to indicate their level of satisfaction with various aspects of work on a five point satisfaction scale (ranging from 1: Very dissatisfied to 5: Very satisfied; see Figure 11). Most respondents tended to indicate that they were satisfied with the interest and skill in their job, the way their skills are used, the physical working conditions and the people that they work with. Respondents tended to be less satisfied with their work-life balance and their take-home pay.

Figure 11. Job satisfaction relating to various aspects of working in small business

Results from the interviews

When asked about stressors, interviewees reported the key outcomes from the survey data presented above. One interviewee described the stress of having multiple responsibilities:

"I think with small businesses, this is one downside that you're a part of everything, you are responsible for everything and it's really hard to switch off."

– Female, Education and training

Interviewees talked about the way that the businesses impacted on home and family life, and the challenge of attaining a healthy work-life balance. As one female interviewee mentioned:

"So it's negative in the fact that you are always continually thinking about all elements of your business and sometimes there is no break between that and participating in your family life."

– Female, Construction

Finances was also stated throughout the interviews as a stressor that people in small business face. For example, one interviewee explained:

"There's always another new pressure coming every day, whether it's the rent being due or the registration on the company vehicles being due, or the insurances being due as well as the occasional bad paying client. It's that roll-on effect of never being able to get their head above water."

– Male, Entertainment

One interviewee described how the responsibility of having employees contributed to the stress of running a small business:

"…as a small business owner you're not only responsible for your own family and the finances that you're dealing with, but you are responsible for the livelihood of every employee in your company. If they have bills to pay, mortgages, children too – the buck stops with you when you're a small business owner."

– Female, Construction

The costs to small business

"You don't have four weeks annual leave, you don't have allocated sick leave, and so unless you've got someone to run the show for you, you tend to struggle on with ill- health, and not look after your own interest. I think it's always a challenge for small business owners."

– Male, Law services

A summary of the evidence

Left untreated, mental ill-health can be associated with significant costs to NSW businesses. These costs may be more apparent in smaller businesses, as they often have less capacity and resources to absorb the costs associated with lower productivity. Additionally, people in small business may feel obliged to continue to work despite health problems in order for the business to survive and be successful, including managing multiple responsibilities such as employees and family.[45]

Conservative estimates suggest that mental illness costs Australian businesses $10.9 billion dollars every year.[46] These costs are primarily due to mental health-related absenteeism, presenteeism (less than optimal work performance as a consequence of a health-related problem), and compensation claims associated with mental health-related workplace injury. While the costs of productivity losses specific to small business are unknown, they are likely to be high. Recent research provided some preliminary evidence, which showed that of individuals working in small business with high or very high psychological distress, 38.7% self-reported at least one day absenteeism and 82.5% reporting at least one day presenteeism within the preceding month.[36]

Return on investment

Investment in employee health, and the successful implementation of an effective workplace action plan, can lead to a significant return on investment (ROI). A recent PwC report showed evidence to suggest that on average, Australian businesses can expect to see a $2.30 return on every $1.00 invested in implementing a single action.[46] For small businesses specifically, the expected ROI was substantially higher, with a conservative estimated $14.50 ROI for every $1.00 spent.[46] The potential benefits to the organisation are even greater, as these estimates do not include intangible benefits to employees, such as increases in workplace engagement and employee morale.[46] Most larger organisations have recognised the cost-benefit of investing in employee health, with an estimated 90% of organisations with more than 50 staff offering employees some type of wellness program.[47] Implementation in small business, however, is considerably lower.

While there is evidence to suggest significant return on investment, only few small businesses are currently engaged in effective workplace action. This was demonstrated in a recent report by SafeWork NSW, which used a benchmarking tool to measure the capability of organisations to create a mentally healthy workplace. The benchmarking tool consists of five segments of capability, ranging from segment one (a basic level of awareness in their role of creating a mentally healthy workplace) through to segment five (businesses that have an integrated and sustained approach to mental health and wellbeing, where mental health specific systems, policies and procedures are integrated and embedded in the organisation). The report shows baseline data on the proportion of businesses (based on size) currently operating within each of the five segments, which indicated that small business (defined as 5-19 employees) were more likely to be operating within the lower segments (S1 = 20.69%; S2 = 28.77%; S3 = 28.46%; S4 = 13.69%; S5 =8.39%) when compared to medium (20-199 employees) and large (>200 employees) organisations.[48] Micro-businesses (0-4 employees) were not included, despite the fact that they represent 88% of all businesses in NSW.

Results from the survey

The survey contained a series of questions that aimed to determine health related productivity losses.

Participants were asked to indicate how often, in the preceding four weeks:

- they had missed a whole day of work due to their physical or mental health (i.e. absenteeism)
- they went to work despite problems with their physical or mental health (i.e. presenteeism).

As shown in Figure 12, the data revealed that over one-third (38.1%) of people had missed at least one day of work due to problems with their physical or mental health, and over three-quarters (76.2%) reporting going to work despite problems with their physical or mental health.

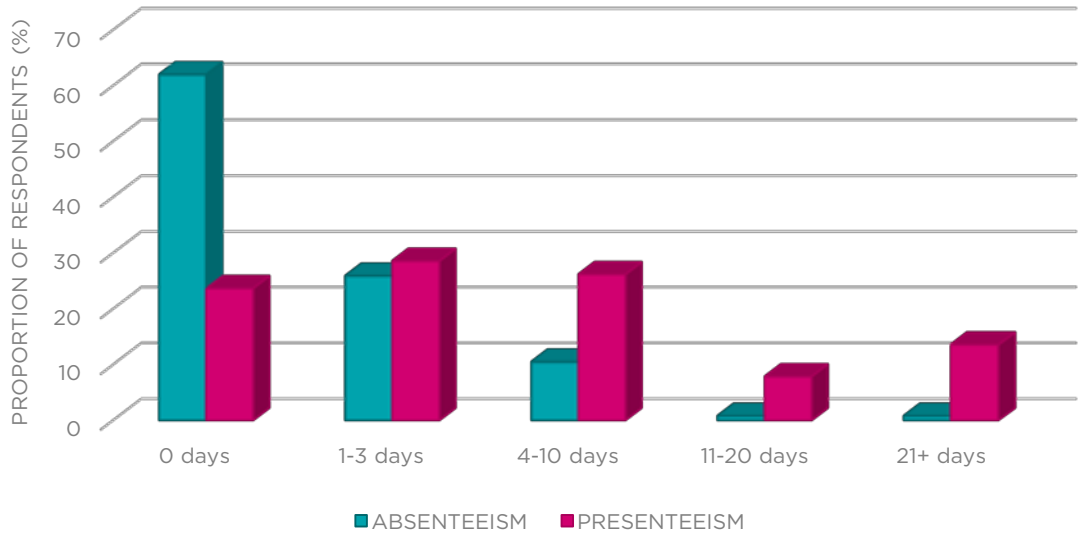


Figure 12. Absenteeism and presenteeism productivity losses attributed health related problems

To get an understanding of the lost productivity associated with presenteeism, participants were asked to indicate how productive (compared to their usual productivity) they were on days they worked despite a problem with their physical or mental health. The average response was 62.2%, indicating that respondents perceived they were 37.8% less productive on days they worked despite a health problem.

Results from the interviews

Absenteeism and presenteeism were regularly raised by interviewees when talking about their experiences. For example, one interviewee described the challenge of having an employee struggling with a mental health issue:

"Having employees that have these [mental health] issues, if they're not showing up for work, if they're really suffering, they're not putting their best foot forward and it can be very costly to the business. You could lose clients. You can financially lose out and obviously you can lose employees."

– Female, Health care and social assistance

When asked about how mental health problems could present themselves in the workplace, another interviewee described the impact that presenteeism has on work productivity:

"Depression, family break-ups, aggression, substance abuse, alcohol abuse, ridiculous work hours. Efficiency versus hours spent is a big thing. You see people, they've been working on a job for hours and hours, especially putting documentation together and realise that they're actually just stuck in a circle and they're not actually achieving anything even though they're getting frustrated and they think they're working really hard. That's a big one that people are struggling with."

– Male, Entertainment industry

Help-seeking behaviour and stigma

A summary of the evidence

Despite there being an abundance of effective treatments available for mental illness, help-seeking behaviour is generally low.[49] The Australian National Survey of Mental Health and Wellbeing explored the service use for mental illness and indicated that only 34.9% of people who met diagnostic criteria for an anxiety, affective (e.g. depression), or substance-use disorder reported seeking help from a professional service in the preceding 12 months.[50]

There are many factors that are often considered to contribute to the low uptake of professional help. One of the major barriers is awareness, including limited knowledge of the types of support available or an understanding of when help is needed. There are also a number of practical barriers that may reduce accessibility,[51] including:

- financial capacity – including ability to afford treatment, or to take the necessary time off work
- geography – with limited availability of local professional services in some areas, particularly in rural regions
- time to see a mental health professional during business hours.

Another commonly identified barrier is the stigma associated with mental illness.[52] Concerns about stigma may make some reluctant to seek help when needed, and can leave people feeling ashamed.[53]

There is very little known about help-seeking behaviours within the context of workplaces and especially small businesses. From the limited evidence available, it has been stated that people may not seek help for early problems with mental health or for mental illness at their place of work due to concerns of discrimination, which may include losing one's job or a loss of reputation.[52, 54]

Results from the survey

First place people in small business would go to seek help

The survey sought to identify the places that people working in small business would go to seek information or support if they were concerned about their own mental health. Participants were asked to rank from a list of possible places, the first place they would go to (see Figure 13).

The data indicated that people in small business would be most likely to go online (30.5%) for information and support, followed by talking to a family member (25.2%).

This data was also analysed using the mean ranking score to further explore the range of places where people would seek information and support (with lower mean scores indicating greater preference). When the data were analysed using this approach, the GP, families, and online approaches were preferred above all others.

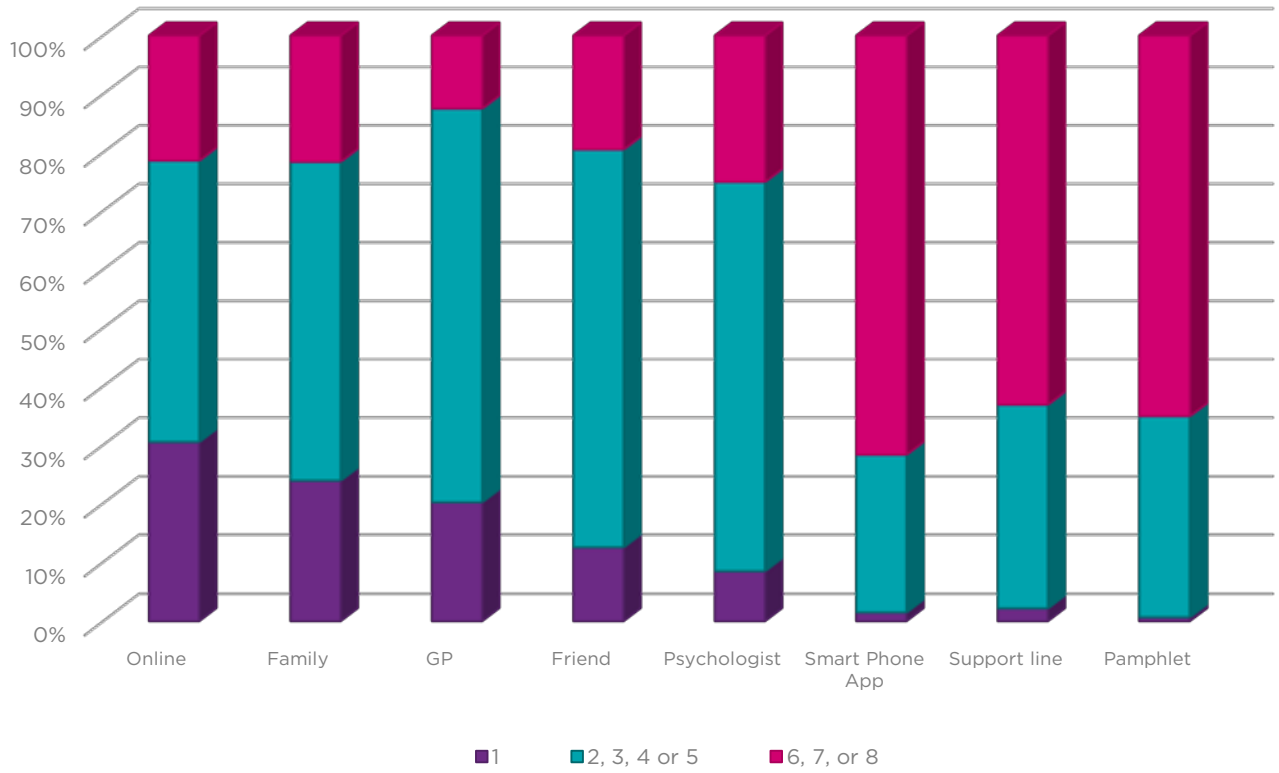


Figure 13. The first place participants would seek support if they were concerned about their mental health

"It's [online support] accessible 24 hours a day, and in the first instance people feel that it's a lot more anonymous than having to actually make an appointment and go and speak to somebody face-to-face."

– Male, Retail and agriculture industries

Likelihood of future help-seeking based on format

Participants were asked to indicate the likelihood that someone would access different types of support (from a list of five options) if they were concerned about their mental health (see Figure 14 below). Likelihood was assessed on a 5-point scale (1: 'very unlikely' to 5: 'very likely').

Participants indicated that they were most likely to access support using face-to-face or online formats in the future. Written information (e.g. pamphlet), phone and phone-based apps were rated as least likely to be used.

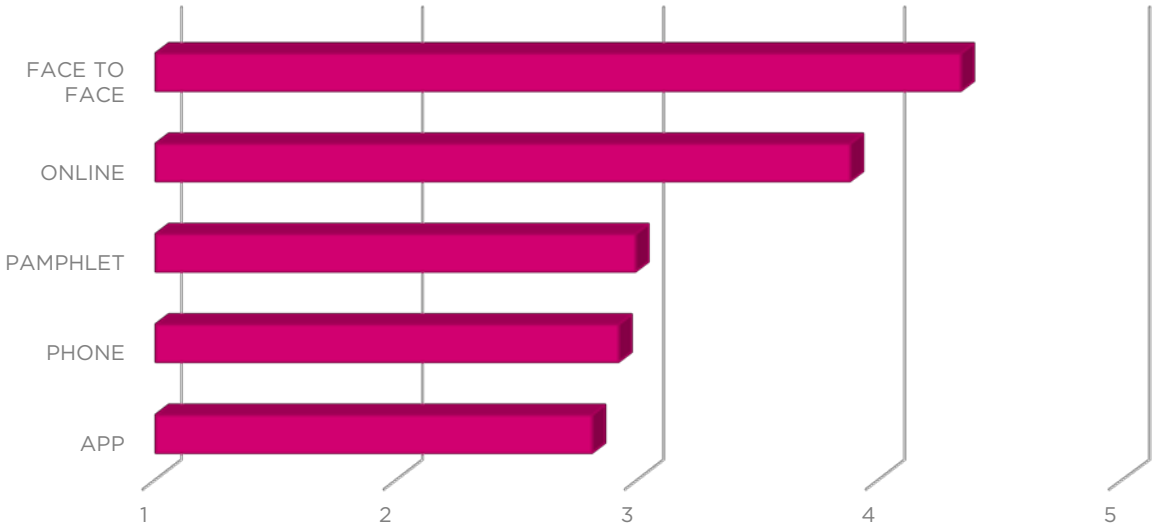


Figure 14. Likehood of accessing information
(rated on a scale from 1: 'very unlikely' to 5: 'very likely')

Stigma

"I would imagine that the factor preventing people [from seeking help] is more about stigma in society." – Female, Waste services

Respondents were asked to rate their level of agreement with three statements, to assess levels of stigma associated with mental illness (see Figure 15).

Taken together, the results indicate that people in small business are generally accepting of mental illness in others, but would hesitate to disclose their own mental illness to others at work.

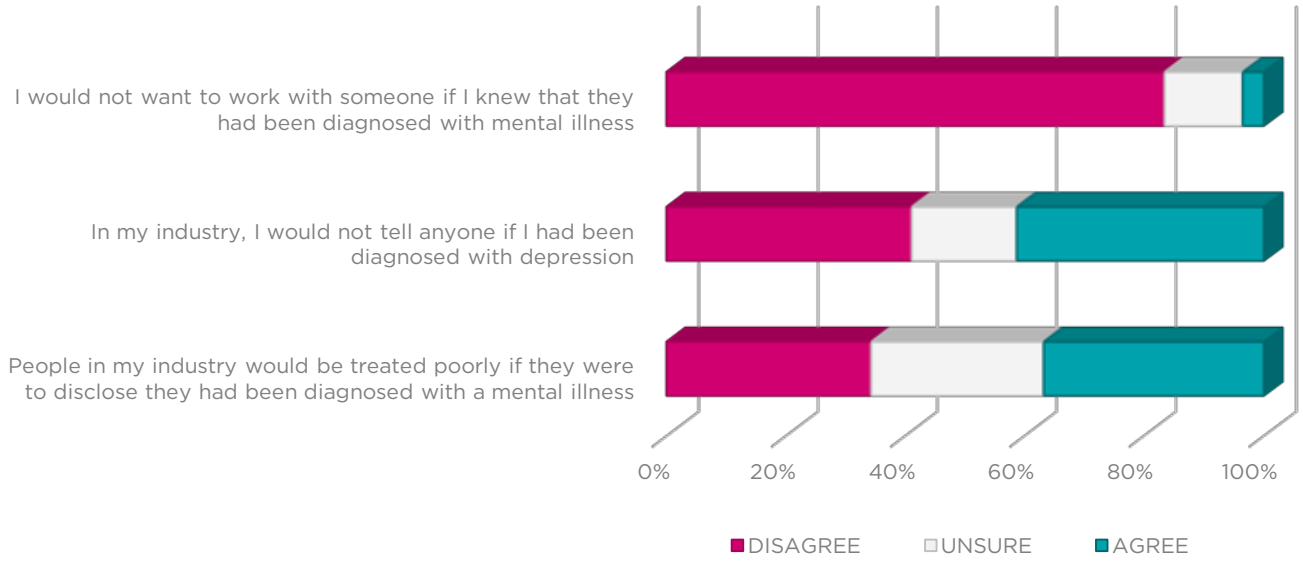


Figure 15. The perception of mental illness stigma in the small business sector

Results from the interviews

Interviewees were also asked about places where they would seek information and support with suggestions including visiting the GP, seeing a mental health professional, going online and talking to people that you trust, like family and friends.

One interviewee described encouraging colleagues to visit a GP as an avenue to accessing other professional help:

"I've been a big advocate for sending colleagues to GPs to get mental health plans, so they can at least start to see a psychologist. Talking to someone external from the company is really important." – Female, Entertainment

Others who were interviewed talked about the value of online support. One interviewee explained how seeking help online can provide someone with anonymity:

"Maybe if the only way an individual is going to reach out, if they can do it online and it can be faceless and nameless." – Female, Waste services

While online support was suggested as a place to receive anonymous support, others indicated a preference for human contact, particularly speaking with someone that they trust. For example, one interviewee described:

"Talking to my friends that do the same thing as me… a lot of us have an anxiety problem. I think we all started to realise we were having similar issues and to just be able to talk about it was good." – Male, Support services

Another interviewee explained the importance of regularly speaking with friends and family:

"Being able to discuss it with people, so maybe having a once a week check-in with a close friend, relative, or you know, person that I trust would be super important." – Female, Education and training

Another strategy that interviewees mentioned was meeting with others who work in small business to share similar experiences and provide support to one another. For example, this was described by one interviewee:

"Networks and things like that are one of the best ways to encourage people to get together, and be able to share all the challenges that they're all facing, because I find that's one of the best coping strategies, and you say 'Oh, he didn't pay this invoice for the last month', and 'Oh, yeah, I had that too, and the client did this' you know, not necessarily in the same business, but you've got the same challenges, and it's not only me." – Female, Education and training

Interviewees were also asked the factors that they thought may stop people working in a small business from seeking help for a mental health problem. One of the main factors raised were competing priorities and responsibilities as described by one interviewee:

"The hardest thing was trying to balance keeping the business alive and keeping me sane. There was a fine balance between making sure the business was okay, making sure that I was doing the things that I had to do to keep myself well, or get myself well, and alongside of that was of course making sure the family was okay."
– Male, Information technology and professional services

Interviewees also commented on the lack of time available to seek help if required:

"I think time is a big one. You are so busy and quite often you don't have time to have a problem." – Female, Health care and social assistance

Another factor raised was the stigma associated with mental illness, and concerns that a small business owner's work reputation may suffer if they admitted to having a mental health problem. For example, an interviewee explained:

"Within small business it's often you're working alongside a lot of small businesses, so I think it's a fear of getting a negative reputation… then it's being pulled off projects that you're really excited about because someone thinks you can't do it, because at one point you said 'I can't do this right now'." – Female, Entertainment industry

Other interviewees also described how stigma of mental illness could prevent someone in small business from seeking help:

"There is a stigma attached to it [mental health problems] and, yes, it is a real thing that needs to be recognised. That stigma could stop people from being willing to talk about it." – Female, Education and training

Feasibility of a digital approach for small business

"A lot of people don't want to admit that they need help because it's just embarrassing and it's upsetting probably, and they don't even want to talk about it. So probably online help is good." – Female, Professional services

A summary of the evidence

E-mental health refers to the use of information and communication technologies for treating mental ill-health, and providing mental health care.[55]

There have been rapid developments in online platforms for the identification, prevention and treatment of mental ill-health, with online health services shown to be highly effective, efficient and cost-effective.[56-58] Interest in the use of technology to provide mental health support has been increasing as it can overcome many of the barriers to help-seeking described by many people in the community, including those in small business. For example, it is available 24 hours a day and in almost any location. Online approaches to providing treatment may also be a way to access those populations less likely to use traditional services.[59]

There is a compelling body of research that demonstrates the effectiveness of online treatment for mild to moderate depressive and anxiety disorders,[60] stress,[61] insomnia,[62] and alcohol/other drug use problems.[63, 64] As such, online health programs are considered a key component of mental health reform in Australia.

The Australian Government's e-mental health strategy has outlined the need to implement e-mental health programs into various settings across Australia.[65] The strategy has funded four key initiatives to facilitate this: the eMHPrac project *(www.emhprac.org.au)* for use by primary care workers across Australia from 2014 to 2017; the Head to Health Digital Mental Health Gateway *(www.headtohealth.gov.au)* as a portal for the community to access e-mental health programs for anxiety and depression; eheadspace *(www.eheadspace.org.au/)*, which provides online counselling for young people, and MindSpot *(www.mindspot.org.au)*, a virtual clinic for treating depression and anxiety.

There are three key approaches to disseminating e-mental programs, summarised below.

1. Navigating people towards available open access and self-directed programs which are publicly available and free to access without the need for clinician input. Examples in Australia include MoodGYM, BluePages, My Compass and Thiswayup.
2. Integrating open access and unguided programs into a health system or other system where services are provided. This model has gained less traction in Australia than overseas, but evidence shows that they can be integrated into different layers of a service system.
3. Referring to or integrating clinician guided programs a service system. Examples in Australia that could be used in this way include: Thiswayup, MindSpot treatment courses, and SHADE which treats co-morbid depression, anxiety and substance use disorders.

The e-Mental Health Alliance have provided a summary of the types of online programs currently available in Australia, the target users and services provided, the settings that they have been evaluated in, and the current evidence base on their effectiveness.[66] The review highlights that there are a number of existing evidence based online programs available in Australia that have been associated with improvements in mood, anxiety and substance related problems.

While there is a compelling body of evidence to suggest that online platforms can be effective tools for addressing mental health within the workplace, what is less known, is whether they are feasible and acceptable by those who work in small business.

Results from the survey

Average use of the internet and accessibility

To measure feasibility of online approaches, the survey explored the amount of time and the frequency with which respondents used the internet. The data indicated that respondents already spend considerable time on the internet, with an average of 27.02 hours spent online each week. As shown in Figure 16, average weekly usage was higher in metropolitan areas, however weekly usage was still on average above 20 hours per week in rural and remote regions.

All participants indicated that they access the internet at least several times per week and almost all (98.7%) of them reported that they use the internet every day

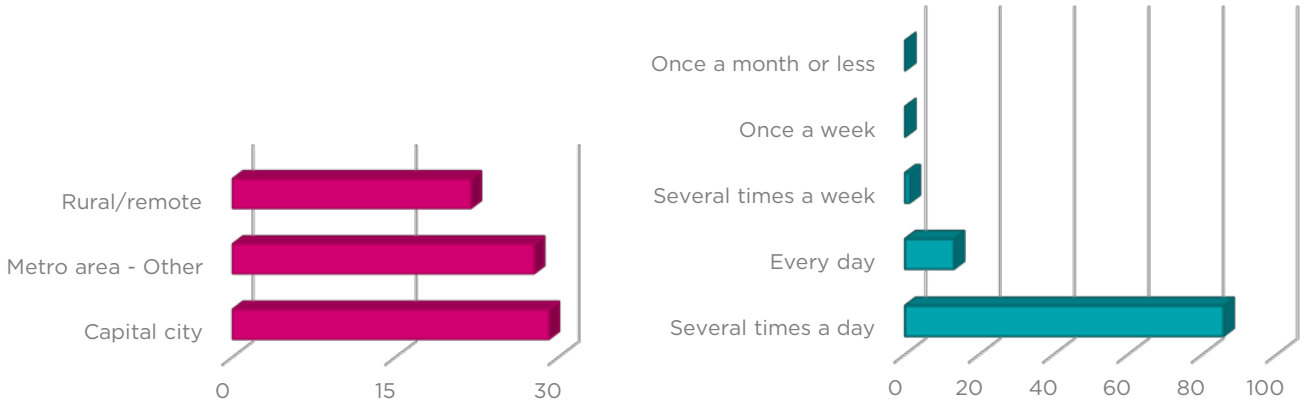
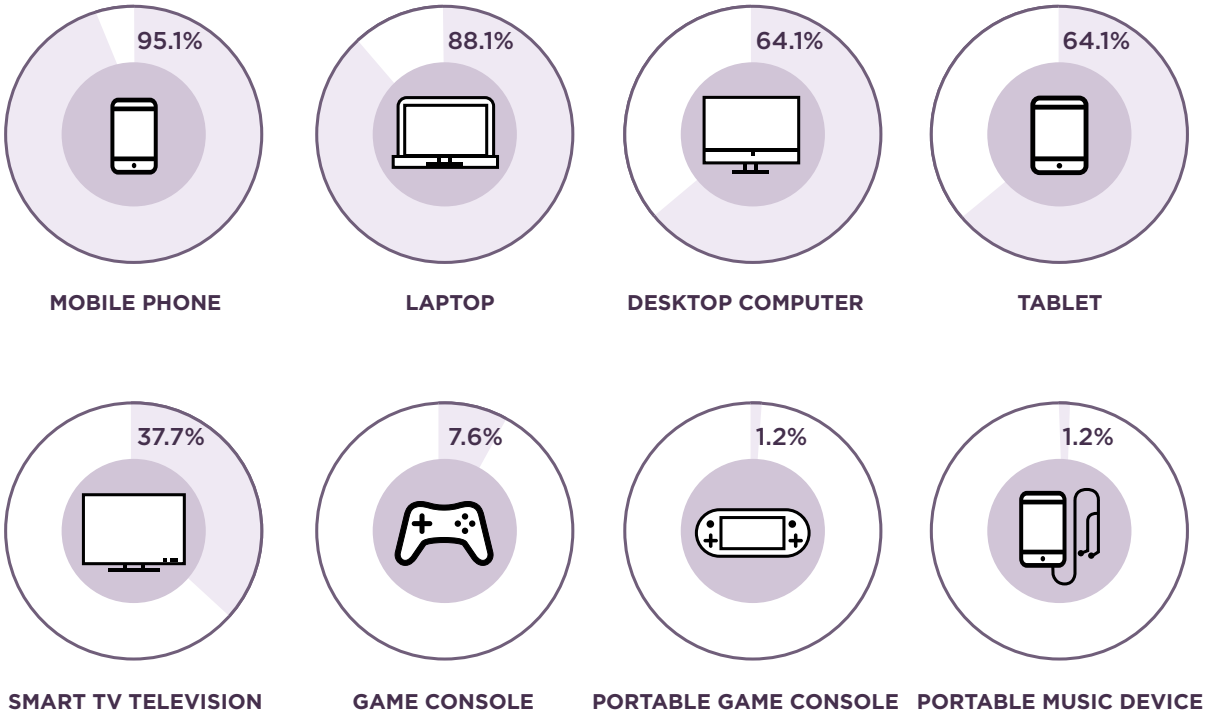


Figure 16. (A) Average usage of the internet per week by geographical location, and (B) Frequency of accessing the internet

Respondents indicated that they typically access the internet using a diverse range of devices. The most commonly used devices to access the internet were mobile phone and laptop computers.

This data suggests that any online intervention needs to be compatible across both mobile phone and computer platforms.

Internet usage



This was further supported by an additional question that asked people where they would feel most comfortable accessing a program (rated on a five-point scale). The majority of people indicated that they would feel most comfortable accessing a program using a personal computer (mean = 3.33), a smartphone (mean = 3.26), or a tablet (mean = 3.26), with the use of a work computer considered least desirable (mean = 1.82).

Acceptability of online treatments for specific concerns

Survey respondents were asked to rate how logical they thought online treatments were for several different issues on a scale of 1-10, where 1 was 'not logical at all' and 10 was 'very logical'. Although internet delivered treatment was within the 'somewhat logical' range on average, most respondents felt that it was most logical for the treatment of mental ill-health (see Figure 17).

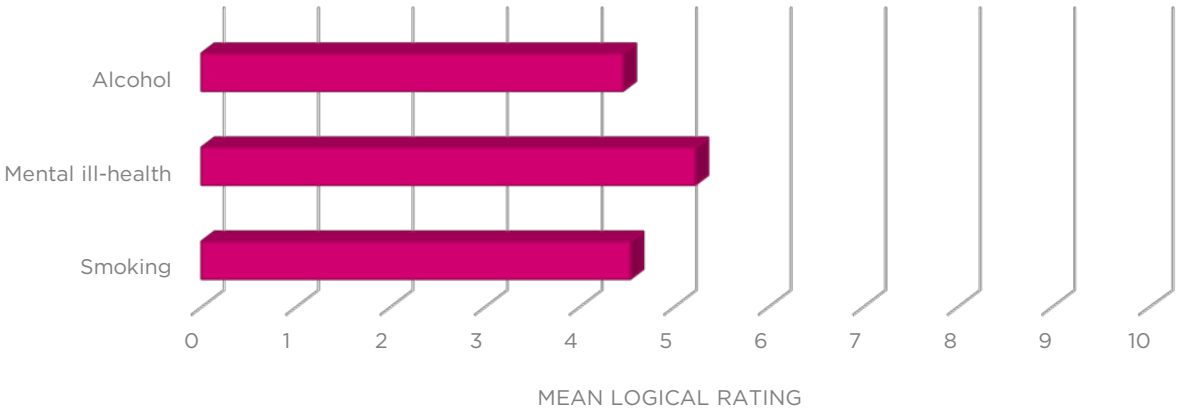


Figure 17. Respondent's average (+- SEM) perceptions of how logical online treatments are for smoking, mental ill-health, or alcohol or substance use problems

Results from the interviews

When discussing approaches to support the mental health and wellbeing of those in small business, online approaches were talked about as an option that may suit people. One interviewee described how an online approach could enable people to receive information anonymously:

"Online I think would be a bit of a buffer zone with the anonymity of internet where they could read, listen, or jump on podcasts." – Male, Retail and agriculture industries

Another interviewee explained the importance of bringing all relevant information and strategies to support the mental health and wellbeing of small business operators together through one online source:

"Having just one place that a business could go online to get some help. So having a lot of information in one area rather than having bits of information in 100 different areas." – Female, Health care and social assistance

Some interviewees also talk about the ability to network with other small business owners in an online format. One interviewee commented on the benefits, including accessibility and anonymity:

"…we have the amazing ability online now to connect with anyone all over the world. I think if small business owners knew that they could anonymously take part in peer group discussions, I think it would be enormously beneficial…… there's a bit of a buffer zone there with the anonymity of internet where they could read about, listen, listen in on, or you know, jump on podcasts." – Male, Entertainment industry

Pulling it together: Factors contributing to mental ill-health in small business

A summary of the evidence

While workplace mental health research specific to small business is limited, there is a compelling body of literature that shows workplace mental health programs in general are most effective when they adopt a multi-component approach.[67, 68] The success of comprehensive and multi-component approaches most likely reflect the multifactorial determinants of health, involving complex interactions between social, environmental and behavioural characteristics.[69] It is important for any workplace to acknowledge these complexities and to implement interventions that are also multidimensional if they wish to exert change on health behaviour. Within the small business sector there is very limited understanding about neither the extent of mental ill-health, nor the contribution of individual, social and workplace characteristics that might be amenable to change.

Results from the survey

The descriptive analysis, summarised in the preceding sections, showed that participants within the small business sample for this study scored higher than a comparative national general population on both the depression and anxiety subscales of the DASS. A hierarchical logistic regression was conducted to explore whether any factors were significantly associated with those who scored higher on the depression and anxiety subscales. The first step in this process involved binarising the two outcome variables (i.e. depression and anxiety), thereby grouping participant scores into low (e.g. normal or mild strata) or high risk (moderate, severe or extremely severe strata) across both outcome variables.

For the regression model, five conceptually-related sets of variables were used to examine associations with the two outcome variables: (1) demographic factors; (2) workplace characteristics; (3) health characteristics; (4) perception of workplace stigma; and (5) likelihood of accessing professional services by format. The structure of the model hierarchy was based on theoretical considerations a priori. Specifically, all group one (demographics) were added simultaneously at level one, with the other four groups (i.e. wor the aim of examining associations between symptoms of depression and anxiety, and workplace characteristics, participant health, the perception of workplace mental ill-health stigma, and preference for support after accounting for the effects of participant demographics.

Participant demographics

The relationship between demographics and both depression and anxiety are shown in Table 4. The data showed that within the sample, male participants were significantly more likely to score higher on the depression scale. Education was associated with both the depression and anxiety subscales, with those who reported high school qualification or less as their highest level of education significantly more likely to score higher on the depression and anxiety subscales. No significant associations were observed based on participant age or geographical classification of the area that they lived.

Table 4: The relationship between participant demographics and depression and anxiety

Demographics	Depression AOR (95% CI)	Anxiety AOR (95% CI)
Gender		
Male	1.65 (1.02, 2.66)*	0.72 (0.43, 1.19)
Female	Reference	Reference
Age		
17-34	1.27 (0.62, 2.59)	2.05 (0.96, 4.36)
35-54	1.17 (0.63, 2.19)	1.81 (0.92, 3.54)
55+	Reference	Reference
Highest level of education		
High school or less	2.15 (1.15, 4.05)*	2.68 (1.40, 5.14)**
TAFE (certificate / diploma / trade)	0.86 (0.52, 1.45)	1.26 (0.75, 2.13)
University (undergraduate/postgraduate)	Reference	Reference
Area lived		
Metro (capital city)	1.05 (0.59, 1.88)	1.11 (0.62, 2.02)
Metro (other)	0.59 (0.33, 1.08)	0.55 (0.30, 1.02)
Rural or remote	Reference	Reference

Note: **p<0.05; **p<0.01*. AOR = Adjusted Odds Ratio. 95% CI = 95% confidence interval.

Workplace characteristics

In the first parallel level two of the regression model, we explored the association between a range of workplace characteristics and both the depression and anxiety scores, after controlling for the contribution of participant demographics. We found no signification association with either outcome variable or the participants industry that they work in, the size of the business, the number of hours that they work on a typical shift or the number of years that they had worked in their current role. There were, however, significant associations with both outcome variables and a number of workplace stressors. Specifically, those with a higher perception of financial stress (including unpredictable income and cash flow), or greater concern about the impact of others connected to the business were significantly more likely to score higher on the anxiety subscale, whereas those who showed greater concern about the impact of the business on their friends and/or family were significantly more likely to score higher on the depression subscale. Those who perceived a sense of isolation as a stressor were more likely to score higher on both the depression and anxiety subscales. Full analysis of the data is represented in Table 5 below.

Table 5: The relationship between workplace characteristics and depression and anxiety

Workplace Characteristics	Depression AOR (95% CI)	Anxiety AOR (95% CI)
Industry		
Personal services	Reference	Reference
Business services	0.87 (0.39, 1.98)	0.84 (0.37, 1.92)
Social services	0.89 (0.36, 2.22)	0.55 (0.21, 1.44)
Distribution services	1.02 (0.43, 2.41)	0.88 (0.37, 2.14)
Manual services	0.89 (0.31, 2.51)	0.61 (0.20, 1.82)
Other	1.09 (0.28, 4.25)	1.23 (0.27, 5.68)
Business size (employee number)		
1	0.71 (0.33, 1.50)	0.94 (0.44, 2.00)
2-9	0.63 (0.31, 1.28)	0.65 (0.31, 1.36)
10-19	Reference	Reference
Typical shift length		
< 8 hours	1.10 (0.43, 2.82)	0.99 (0.37, 2.68)
8-11 hours	0.96 (0.44, 2.10)	0.91 (0.40, 2.05)
12 or more hours	Reference	Reference
Years in current job		
<3 years	0.83 (0.39, 1.77)	1.68 (0.77, 3.68)
3-10 years	0.81 (0.42, 1.60)	0.66 (0.32, 1.34)
>10 years	Reference	Reference
Workplace stressors		
Financial stress	1.12 (0.97, 1.30)	1.20 (1.02, 1.40)*
Multiple responsibilities	0.99 (0.83, 1.19)	1.00 (0.84, 1.21)
Isolation	1.27 (1.12, 1.45)**	1.19 (1.04, 1.36)*
Work when sick	1.00 (0.86, 1.16)	1.06 (0.89, 1.25)
Long hours	1.04 (0.88, 1.21)	1.11 (0.94, 1.31)
Red tape	1.11 (0.94, 1.31)	1.06 (0.89, 1.26)
Compliance burden	0.92 (0.78, 1.09)	1.02 (0.86, 1.22)
Succession planning	1.01 (0.88, 1.18)	1.01 (0.87, 1.16)
Worry about impact on others	1.03 (0.90, 1.18)	1.14 (1.00, 1.31)*
Worry about impact on family	1.16 (1.02, 1.31)*	1.09 (0.96, 1.31)
Perceived health of business	0.79 (0.68, 0.92)**	0.96 (0.83, 1.11)

Note: **p<0.05; **p<0.01.* AOR = Adjusted Odds Ratio. 95% CI = 95% confidence interval.

Health characteristics

In the second parallel level two group, we found a number of health characteristics associated with depression and anxiety, after controlling for the contribution of participant demographics (see results in Table 6 below). While we found no association between the depression or anxiety subscales and participant self-reported physical health or ability to perform everyday duties, those who scored higher on the depression subscale were significantly more likely to report poorer relationships with their family, close friends and acquaintances. There was also a clear significant association between both depression and anxiety subscales and self-reported workplace productivity, with those who scored higher on the anxiety subscale significantly more likely to report at least one day of health-related absenteeism within the preceding four-week period, and those who scored higher on depression and anxiety subscales significantly more likely to report at least one day of presenteeism within the preceding four-week period.

Table 6: The relationship between health characteristics and depression and anxiety

Health	Depression AOR (95% CI)	Anxiety AOR (95% CI)
Self-report ratings		
Physical health	1.01 (0.71, 1.43)	0.74 (0.52, 1.04)
Mental health	0.25 (0.16, 0.40)**	0.27 (0.17, 0.42)**
Relationships with others	0.56 (0.39, 0.79)**	0.72 (0.51, 1.02)
Ability to perform everyday duties	0.94 (0.65, 1.37)	0.97 (0.67, 1.42)
Health related absenteeism	1.47 (0.86, 2.51)	2.54 (1.47, 4.40)**
Health related presenteeism	1.90 (1.22, 2.96)**	1.97 (1.25, 3.12)**

Note: **p<0.05; **p<0.01*. AOR = Adjusted Odds Ratio. 95% CI = 95% confidence interval.

Stigma

The next level two analysis explored the association between DASS subscales for depression and anxiety and the perception of stigma in the workplace (see Table 7 below). Of the three measures, only one was significant, with those who were more likely to perceive that someone would be treated poorly if they were to disclose that they had been diagnosed with a mental illness significantly more likely score higher on both the depression and anxiety subscales. While not significant, there was a trend in the opposite direction, with those who scored highly on both the depression and anxiety subscales less likely to state that they would not want to work with someone if they knew that they had been diagnosed with a mental illness. Taken together, these results indicate that those who scored higher on both subscales were generally more accepting of others, but may also be less likely to disclose their own mental ill-health to others in the workplace over concerns of being treated poorly.

Table 7: The relationship between stigma and depression and anxiety

Stigma	Depression AOR (95% CI)	Anxiety AOR (95% CI)
People in my industry would be treated poorly if they were to disclose they had been diagnosed with a mental illness	1.29 (1.00, 1.67)*	1.56 (1.20, 2.04)**

In my industry, I would not tell anyone if I had been diagnosed with depression	1.21 (0.96, 1.55)	1.07 (0.84, 1.37)
I would not want to work with someone if I knew that they had been diagnosed with mental illness	0.81 (0.61, 1.07)	0.79 (0.84, 1.37)

Note: **p<0.05; **p<0.01.* AOR = Adjusted Odds Ratio. 95% CI = 95% confidence interval.

Preference for the format of treatment

The final level two analysis explored the association between DASS subscales of depression and anxiety and preference for obtaining or receiving support or information (see Table 8 below). Those who scored higher on both the depression and anxiety subscales were significantly less likely to indicate a likelihood of receiving support via a face-to-face format. Conversely, while not significant, there was a trend towards those who scored higher on the depression and anxiety subscales to indicate an increased likelihood of accessing online services.

Table 8: The relationship between format for treatment and depression and anxiety

Preferred format of delivery	Depression AOR (95% CI)	Anxiety AOR (95% CI)
Online	1.12 (0.91, 1.39)	1.11 (0.89, 1.38)
Face-to-face	0.77 (0.60, 0.98)*	0.74 (0.58, 0.94)*

Note: **p<0.05; **p<0.01.* AOR = Adjusted Odds Ratio. 95% CI = 95% confidence interval.

Results from the interviews

Many of the respondents discussed the complex linkages that can exist between mental ill-health and running and small business. For example, one business owner talked about how having a mental illness can increase workplace stressors, which in turn can exacerbate the illness.

"Depending on who it is in the small business, who is having a mental health issues, let's say depression, or anxiety just to be more specific, say in my case, and I have had this issue over the last two years in particular, straightaway your cash flow can suffer. If you're personally responsible for putting in the revenue, or going and generating new business, straightaway cash flow starts to suffer and then that presents its own set of problems that flow on from that." – Female, business services

Another interviewee spoke of the impact that working in small business had on their own mental health and wellbeing, talking about the issues that increased stress or depression:

"So where the business might have a lean time or the cash flow is not great then that can be sort of a fairly depressing time… Especially when you've got kids at school and you've got to put meals on the table and pay school fees, and run the family and pay your mortgage and do all those sorts of things." – Male, Information technology and professional services

Section 3: Discussion and recommendations

Discussion and recommendations

The workplace is often identified as an ideal setting to improve mental health and wellbeing, prevent mental ill-health and better support those who are living with mental illness. Evidence-based workplace programs have been associated with a range of social and economic benefits, but most have been designed for big businesses and little is known about whether these services translate to the small business environment. This paper highlighted a gap in the current evidence about the nature of mental health and mental ill-health in small business and only the limited number of service responses that are specifically tailored to the small business environment. The paper also highlighted that the need among small business owners and employees may be great, with research revealing that people in small business are exposed to a range of stressors as part of their work and many are experiencing significant levels of depression, anxiety and stress. Key conclusions from the paper are summarised in the sections below, with suggested recommendations for addressing the identified concerns and gaps.

Available research

An analysis of the literature highlighted that there is limited, quality evidence exploring the extent of mental ill-health, the associated factors, or their impact on the health, safety and productivity for those who work within the small business sector. While the psychosocial safety climate and other tools have been used with bigger business to get an overall picture of the psychological safety of a workplace, this has not been applied to the small business environment, so little is known. In addition, there are no robust studies that explore the prevalence of psychosocial risks or the prevalence of mental ill-health among small business owners and employees. The research used to inform this White Paper is one of the first pieces of Australian research to assess the nature of the problem, using a convenient rather than a representative sample.

The literature reviewed revealed that there are a limited number of programs developed specifically for small business and limited evidence, at best, about the effectiveness of workplace interventions for this sector. The benchmarking tool used in a recent report by SafeWork NSW highlighted that most small businesses in NSW are not currently engaged in effective workplace action[48], with their estimates likely to be an underestimate, given the exclusion of micro-businesses (which constitute approximately 90% of all NSW businesses). The current research provided a snapshot of a cross-section of people currently working in the small business industry, however, there is a need for more research, using a representative sample, to better our understanding of the mental health specific needs of those who work in small business in NSW and nationally.

Recommendations

Further research is needed that specifically targets the small business sector, icare and other partners in NSW could play a lead role in conducting, funding or advocating for research to guide development of current and future approaches. Some specific areas that require greater attention include:

- the development of an ongoing translational research agenda in NSW to address the current gaps in our understanding about the mental health and wellbeing of small business owners, employees and families
- a prevalence study, using a representative sample of small businesses owners and employees, to better understand the nature and extent of mental ill-health among those who work in small business and the contributing factors that may be amenable to change

- deep exploration and identification of the perceived psychological risks within the small business sector, and an analysis of inter-business differences and similarities that exist
- translation of existing evidence-based workplace mental health programs and evaluation of the effectiveness in a small business environment, as well as developing novel innovative approaches to addressing mental health specifically tailored for the small business sector.

Reaching small business in NSW and taking a comprehensive approach

Small businesses represent a considerable proportion of all actively trading businesses, making up almost 98% of businesses in NSW. The data shows that approximately 710,000 small businesses are registered in NSW, with extreme diversity in the type and size of the business. Almost 60% of small businesses in NSW are sole operators and a further 29% have less than four employees. More than 50% indicated that they work nine hours or more on a typical work day and 43% indicated that they work every weekend, indicating that flexibility is needed when considering engagement of small business owners and employees. People working in small business can be time poor, often working long hours and weekends, meaning that interventions need to be flexible, available after usual business hours and not seen as 'something extra' for small businesses to do. Small businesses can also be under immense financial pressure, so any intervention developed for this population needs to be cost-effective or clearly outline the value proposition for investment.

Of the limited academic research available on mental health programs for small business, most have assessed the effectiveness of only single interventions. While not specific to small business, evidence from larger businesses provide support for multi-component approaches. There is therefore a need to develop, implement and evaluate a multi-component mental health program to determine feasibility, acceptability and effectiveness in a small business environment.

Recommendations

There is a need for an active engagement strategy for small business in NSW to connect them to available supports through the insurance and care system, the health systems and business systems.

- Given that there are 710,000 small businesses registered in NSW alone, any program developed to address the mental health needs of those in small business should consider scalability at the design and testing phase. With 89% of all businesses in NSW defined as micro-businesses (i.e. 0-4 employees), there is a need to prioritise programs that meet the needs of this business type.
- Publicly available data from icare indicates that only a total of 296,000 businesses in NSW are being serviced through the Insurance and Care system. There is a need for an active engagement strategy for small business in NSW to increase uptake of insurance and other protections for owners and employees.
- Programs for small business should take a multi-component approach that seeks to improve overall health and wellbeing, prevent and respond early to mental ill-health and promote recovery through return to work and other practices. One-off or narrowly focused activities delivered in isolation have been ineffective in changing behaviour across other workplace settings and should be avoided in the small business sector.
- The development of mental health programs for small business in NSW should be co-designed with and led by the small business sector.

Addressing psychosocial risks and mental ill-health in small business

Based on an extrapolation from general population data in NSW, it is estimated that approximately 600,000 people who work in small business in NSW may be affected by mental ill-health every year. Data presented in this paper indicates that this may be an underestimate, given that symptoms of depression and anxiety observed in the current sample were higher than those reported in the general population. A number of stressors for small business owners were identified through the online survey and interviews, including the obligation to work when sick, financial stress, having multiple responsibilities (including responsibility for staff) and challenges obtaining a work-life balance. Further analysis of the data revealed that a number of stressors were associated with symptoms of depression and anxiety, including working in isolation, financial stress, and worry about the impact of the business on others. Ways to modify or lessen the pressure from these stressors should form part of a mental health approach for small business. Further analysis also indicated that being male was associated with higher levels of depression symptoms, an important consideration given that about 70% of people working in small business in NSW are male.

In addition to understanding the psychosocial risks experienced by small business and their experience of mental ill-health, the paper also indicated that health-related productivity losses in small business are high, with people often absent from work due to ill-health and/or working despite a health-related problem. The data explored in this paper showed that those with symptoms of depression and anxiety were significantly more likely to report past month health-related absenteeism and presenteeism. The return on investment of mental health programs for small business should be measured and used to 'nudge' small business owners towards early and proactive approaches.

Recommendations

Opportunities to modify psychosocial risks associated with mental ill-health and to intervene early with treatments and supports for depression and anxiety should be explored and prioritised, given the data presented in this paper. There are evidence-based treatments for depression, anxiety and other conditions available in Australia, through face-to-face or e-mental health programs.

- Opportunities to increase screening for mental health problems and better access to effective treatment should be prioritised in the small business environment, given that small businesses are far less likely to have formal Employee Assistance Programs where these types of supports may be brokered.
    - There are opportunities for icare to partner with Primary Health Networks to co-commission low-intensity psychological supports for small business, or to commission these separately to be offered through the Insurance and Care System in NSW.
    - Given that the regression analysis indicated that those with higher levels of anxiety and depression were less likely to seek out face-to-face supports, then some consideration to e-mental health treatments should be considered as part of the solution.
- Given the association between financial pressures as a stressor and symptoms of anxiety, screening and treatment for those experiencing financial distress should be examined. There may also be opportunities to explore the effectiveness of financial literacy programs and structural changes that reduce financial stress experienced by those is small business.
- The association between isolation and symptoms of depression and anxiety indicate the potential benefit of peer-to-peer programs (face-to-face or online) for small business. This is further supported by data that indicated that those with higher levels of depression and anxiety would be less likely to disclose their own illness but more likely to be supportive of others experiencing mental ill-health.

- Any approach to identifying and responding to mental ill-health in small business needs to appeal to men and their preferred option for support. This gives further support to online self-directed approaches and the suitability of peer-to-peer programs that have shown success like Mates in Construction and Mates in Mining.
- Family-focused interventions for those experiencing depression (e.g. *Partners in Depression*) may be appropriate for adaptation and trial with small business families, given the data presented in this paper. Other interventions to build the capacity of families to manage and respond to stress and interventions that connect small business families to other small business families may also hold promise.

Feasibility of digital approaches to support small business

The results presented in this paper provided a number of converging lines of evidence to support a digital approach to addressing mental health and mental ill-health within the small business sector. Respondents indicated that if they were concerned about their own mental health, the first place that they would seek information and support was online. They also indicated that they were most likely to access professional support using either face-to-face or online services, if they were concerned about their mental health. But regression analysis revealed that people who had higher levels of depression and anxiety were least likely to use face-to-face supports and while not significant, there was a trend towards online as a preferred format in this subgroup.

A digital approach to mental health may also help to overcome a number of potential barriers to accessing professional support identified in this research. The internet can provide a platform to offer evidence-based treatment and advice in a format that is readily available 24/7. This flexibility in access may alleviate the burden on those who are time poor, providing access when needed. The use of online approaches can also reduce the impact of stigma, by providing a format for individuals to access content anonymously and discretely.

Finally, the research provided evidence to support the feasibility of online approaches. Respondents indicated that they frequently access the internet, and spend considerable amounts of time online. Respondents accessed the internet using a range of devices, but suggested that they would feel most comfortable accessing online mental health programs/information from their home on a personal computer or using smartphone.

Recommendations

E-mental health approaches are a key part of the mental health reform agenda in Australia and should be used as an approach for small business.

- There would be value in offering one or more of the currently available (and tested) e-mental health interventions to small business owners and employees in NSW to improve universal access to available treatments.
    - Self-directed approaches may be most amenable to broader dissemination, but options for clinician assisted programs could be scoped.
    - Other incentives offered through icare could be considered to encourage small business operators towards self-screening and use of e-health interventions.
    - Offering these programs to small businesses currently experiencing adversity should be a priority. This would include businesses affected by financial distress, those facing business failure or those impacted by adversity of some kind – for example natural disasters, disrupted industries, or employees who have experienced a physical injury.

- E-mental health programs should form part of a comprehensive approach to addressing mental health and mental ill-health among those who work in small business in NSW. The focus should be on assisting small businesses to identify their specific needs and to easily access evidence-based prevention, treatment, training, information, and support programs to meet those needs.
    - Evidence suggests that a digital approach will be effective where it can also connect people to face-to-face supports and there is some data presented in this white paper to indicate that connections with business networks and primary health care services would be optimal.
    - The approach would be enhanced by identifying and using enablers that may 'nudge' small business owners towards applying and using available tools. This includes the insurance and care system, financial providers, business networks and health providers.

Limitations of this White Paper

This study provides some of the first empirical evidence regarding mental health and mental ill-health among those working in small business. However, there are some caveats that need to be considered when interpreting the data. Firstly, it is important to acknowledge the sample. While extensive effort was placed on trying to obtain a representative cross-section of the small business industry, the sample was relatively small, and the industry profile of the participants were only moderately correlated with a state-based industry profile. A second limitation relates to the recruitment protocol. We used an online approach to maximise recruitment reach. However, there is the remote possibility of selection bias, and the extent to which the results would differ if the participants were recruited via a different mechanism is unknown. One final consideration that applies to all cross-sectional research is that it does not allow the temporal sequence to be determined, and therefore associations found in the analysis may not reflect causal associations.

Conclusions

Three overarching conclusions can be drawn from examining the evidence and the experiences of small business owners and employees.

1. **Inaction is not an option.**

   Small business owners and workers are exposed to a range of stressors as part of their work and are experiencing significant levels of depression, anxiety and stress. This needs to be addressed as a priority to ensure improved health, mental health and productivity of small business owners and workers.

2. **A fit-for-purpose approach is needed.**

   The mental health needs of small business are unlikely to be resolved by any single policy, program, treatment approach, campaign or document alone. A multi-faceted approach, based on evidence, tailored for the specific needs of small business, and connected to natural enablers in the systems and networks that they interact with, will be the key to success.

3. **Digital interventions are a feasible option to be tested with small business.**

   E-mental health programs have been shown to be effective for the treatment of depression, anxiety and substance use disorders, as well as addressing key individual risk factors like poor sleep, stress and poor physical health. To date, these have not been integrated into the systems and services that small businesses access, but data suggests that dissemination of these approaches to small business is feasible.

Section 4: References

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