

Breaking the Silence: Leveraging the Health Belief Model to Foster Mental Health Services in the Workplace

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Abstract:

This conceptual paper discusses the application of the Health Belief Model (HBM) to value and enhance the utilization of mental health services in the workplace. By extending the HBM with relevant organizational and social support variables, this article attempts to identify salient factors affecting the engagement of working professionals with services related to mental health. The paper presents the theoretical foundation, suggests a comprehensive conceptual model, and generates helpful inputs for continued exploration and practical applications.

Introduction:

According to a report from Medi Buddy and the Confederation of Indian Industry (CII), a staggering 62% of Indian workers are experiencing burnout, which is triple the global average of 20%. This alarming statistic sheds light on the serious issue of workplace stress in India. In mid-2024, a young professional in her twenties, who worked at EY, tragically lost her life due to overwhelming workplace stress. Her demanding job came with long hours and high-performance expectations, which took a heavy toll on her mental health. This heartbreaking incident has ignited widespread conversations about the critical need for mental health support in corporate settings, emphasizing the duty of organizations to prioritize employee well-being. Her story serves as a powerful reminder of the dangers of neglecting mental health concerns in the workplace and highlights the necessity to create supportive policies and nurturing work environments. Mental well-being at work has become a key focus for organizations around the world. Research shows that mental health challenges not only affect individuals but also have a significant impact on overall organizational performance and productivity. For illustration, the World Health Organization (WHO) conducted a study estimating that mental disorders like depression and anxiety result in nearly \$1 trillion in global economic losses each year due to decreased productivity (WHO, 2017). The widespread nature of mental health issues among workers underscores the urgent need for effective workplace mental health programs. Despite growing awareness, the utilization of these services remains low due to various barriers (LaMontagne et al., 2014). Recently, mental health in the workplace has obtained significant attention, especially following several high-profile cases and reports. The WHO has identified mental health disorders as a major and leading source of disability worldwide, noting their profound impact on productivity and overall well-being (WHO, 2021). Additionally, a Deloitte report in 2020 indicates that compromised emotional well-being costs UK managers as much as £45 billion annually, a rise of 16% since around 2017, due to absenteeism, and employee turnover (Deloitte, 2020).

Consultancy studies and corporate surveys have also emphasized the critical need of mental well-being and health services. A poll conducted by American Psychological Association (APA) revealed that 89% of employees feel that workplace stress affects their mental health, and over half of them report needing mental health support at work (APA, 2021). High-profile corporate initiatives further emphasize the vital role of mental health services. For example, tech giants like Google and Microsoft have put in place comprehensive mental health programs, providing employees with resources like counselling, mental health days, and wellness apps (Google, 2024; Microsoft, 2024). These initiatives not only support employee well-being but also lead to a positive organizational environment and enhanced productivity. Employer-based mental health care is now widely acknowledged as being more essential to promoting worker well-being and productivity. It generally covers:

1. **Employee Assistance Programs (EAPs):** They offer advice and help to personnel confronted with special or work-connected challenges.
2. **Mental Health Benefits:** Offsets for counselling, therapy, and psychiatric attention within health protection packages.
3. **Training and Awareness Programs:** Training employees and supervisors on issues concerning mental illnesses, diminishing shame, and stimulating a supportive environment.
4. **Workplace Policies:** Establishing policies that focus on mental well-being, including providing flexible working schedules, stress reduction programs, and clear guidelines for responding to mental health emergencies.
5. **Peer Collaboration Networks:** Establishing peer assistance networks in which employees can discuss their issues and provide informal support to each other.
6. **Access to Resources:** Ensuring effortless access to mental health resources such as hotlines, online materials, and professional referrals.

Such services are important for creating a positive work environment where workers feel nurtured, and this can, in turn, enhance retention rates and overall organizational performance. Ho & Fong (2023) added that Collaborative initiatives between stakeholders—policymakers, workplace agencies, and health professionals—are necessary to reduce potential risk factors and achieve overall health for all. In spite of these advantages, most workplaces fail to effectively deliver mental well-being services due to some stigma, lack of resources, and inadequate management support. It is pertinent to realize the underlying constructs that affect employees' participation in these services in order to develop effective involvements. This paper applies the Health Belief Model (HBM) to examine employees' perceptions and behaviors toward mental health services and suggests an expanded model that incorporates organizational and social support variables to provide a more comprehensive explanation. It is a psychological model for examining health behaviors of emotional well-being. It indicates that individuals are better inclined to take up measures concerning their health if they:

1. Think that there is a high risk of a health issue.
2. Realize that the problem has severe consequences.
3. Consider that a specific action will lower their risk intensity of the issue.
4. Consider the benefits of the action to outweigh any costs or obstacles.
5. Receive prompts, such as advice or reminders, encouraging them to act.

It's used to design health interventions and promote behaviours like vaccination, healthy eating, or regular exercise. This study adopts HBM in the workplace, as the model may be utilised to Raise awareness of health risks of mind, Highlight the severity of mental health issues, Promote the aids of looking out help, reduce blockades to get into mental health services and Provide reminders and encouragement to use available resources. This study extends the HBM by integrating additional factors like workplace support, work culture, self-efficacy, and past experiences to better capture the complexities of service utilization related to mental well-being in organizational settings.

Research Objectives:

1. To explore the main perceptions that shape employees' engagement with workplace mental health services with the Health Belief Model.
2. To enhance the HBM by incorporating support factors that have an effect on the usage of mental health services.
3. To create a comprehensive conceptual framework that explains the factors affecting the adoption of workplace mental health services.
4. To provide suggestions for expanding the use of mental health services, from the extended model.

Literature Review

Literature review assesses influences on mental health service use, grounded on the Health Belief Model (HBM) with insertion of work setting-specific variables.

The Health Belief Model (HBM) is one of the best and popular theories in health psychology to predict and explain health behaviours. It suggests that people's health behaviours are determined by the way they perceive variables of threat, benefits, obstacles, and self-efficacy (Carpenter, 2010; Rosenstock et al., 1988). It enjoys wide adoption in numerous health areas, such as the treatment of alcoholism (Bardsley & Beckman, 1988), diabetes control (Bond et al., 1992), and disaster preparedness (Inal et al., 2017). Notably, while the HBM has been in application extensively, some studies have indicated limitations and suggested changes. For example, a meta-analysis revealed that benefits and obstacles were constantly the powerful predictors, while other constructs showed lesser predictive power (Carpenter, 2010). Furthermore, studies have explored the possibility for variable ordering within the HBM, proposing complex relationships such as moderated mediation and serial mediation between its constructs (Jones et al., 2014). The Health Belief Model persists to be a valuable resource for explaining health behaviours, although its application may need to be tailored for specific contexts. For instance, it has been modified to study the use of children's medicine (Bush & Iannotti, 1990) and environmental actions like recycling (Lindsay & Strathman, 1997). The creation of specialized instruments, like the Hearing Beliefs Questionnaire (Saunders et al., 2013), illustrates the model's versatility and ongoing relevance in health studies and interventions. Building on this, the review explores additional workplace-specific variables that influence service utilization, supported by empirical studies and theoretical discussions. The review investigates the various factors influencing the mental health services consumption in the professional setting, extending the traditional Health Belief Model (HBM) with additional workplace-specific variables. Each variable's relevance is supported by empirical studies and theoretical discussions.

1. Perceived Risk

Perceived risk is what one perceives as the probability of experiencing a mental health condition. As Champion and Skinner (2008) so aptly stated, high perceived risk level is linked with increased motivation towards preventive health action. Perception of the perceived risk of occupational mental health may motivate the employee to seek mental health intervention. The Health Belief Model (HBM) of Becker (1974), as originally formulated, suggests that individuals are more inclined to engage in health-directed behaviors, including accessing the mental health services, if they perceive themselves at risk of negative outcomes for their health. An important element of the HBM, which is known as perceived susceptibility, serves as a key motivator for action in behavior. Individuals who become cognizant of increased vulnerability to mental health challenges are prone to pursue preventive or interventional assistance pro-actively. In direct congruence, Andersen's Behavioral Model of Health Service Use (1995) emphasizes the role of perceived needs for health, including the acknowledgment of personal risk, in determining the reliance on health services. The model concurs that individuals who possess an awareness of an increased likelihood of dealing with psychological health difficulties have high chance to seek services correspondingly, supporting the stipulated relationship between the perception of risk and service use. In addition, the literature on mental health literacy emphasizes the relative significance of the perception of risk. Jorm (2012) established that individuals with greater awareness of mental health conditions and who are attuned to personal vulnerabilities exhibit greater propensity in terms of taking up mental health services. Sensitization to risk effectively prods individuals to take pro-active measures towards pre-emption or elimination of potential mental health problems. This is attested to by the research done by Mojtabai et al. (2011), which demonstrates that people who perceive a higher risk and severity of mental health disorders tends to consult professionals. From their findings, people who are aware of both their susceptibility and the potential consequences of mental disorders are likely to use the services of mental health, thereby substantiating this claim. This literature uniformly indicates that perceived risk plays a pivotal role in deciding to hunt for mental health services, validating the assertion that consumers perceiving higher risk of mental health challenges are more inclined toward consumption of mental health services.

Proposition 1: Higher perceived risk of mental health issues is positively related with the utilization of mental health services.

2. Perceived Severity

Perceived severity is the extent of the consequences of any mental health situation. Janz and Becker (1984) found that people who perceive a condition to have severe consequences are more accustomed to take preventive action. For example, serious concerns about the effect of mental health on work performance can encourage employees to seek help. Evidence shows that people who perceive their mental health issues to be serious are likely to seek help significantly. To be specific, young adults with moderate depression, heightened impairment from depression, and a perceived decrease in mental health over the previous year were more likely to utilize psychological health services (Cadigan et al., 2018). Similarly, Latino Americans with more probable psychiatric disorders had a greater chance of using mental health services (Chang & Biegel, 2017). This is also evident from evidence that people with diagnosed mental health conditions and symptoms indicating post-traumatic stress disorder or severe psychological distress had the highest usage of mental health services (Brackbill et al., 2013). On top of that, health insurance coverage, self-perceived need for mental health services, and other-identified needs also predict the usage of services significantly (Chang & Biegel, 2017). While perceived severity enables service usage, the stigma of mental health can disrupt this process. Nevertheless, evidence reveals that when people perceive their symptoms as severe, they are more likely to attempt to overcome stigma and obtain appropriate care (Corrigan et al., 2012). This confirms that perceptions of severity at times overcome the dampening influence of stigma.

Proposition 2: Greater perceived severity of mental health issues is positively connected with the utilization of mental health services.

3. Perceived Benefits

The perceived benefits are the views of those individuals concerning the efficacy of taking steps towards minimizing the gravity of mental health concerns. According to research done by Rosenstock (1974), people are more apt to take health-promoting actions when they are convinced that such actions will bring personal gains. In the case of a workplace, the perceived benefits of mental health services have a marked effect on their utilization rates. Empirical evidence shows that firms that implement mental health programs and effectively communicate the benefits of such programs attain higher participation. For example, Goetzel et al. (2014) demonstrated that professionals who were informed of the benefits of occupational mental health programs were more inclined to participate in them. Workers have reported improved well-being and job satisfaction when they view mental health resources as beneficial. Research has proven that workers who view significant benefits from Employee Assistance Programs (EAPs)—such as confidentiality, professional advice, and better work-life balance—are more likely to access these programs (Attridge, 2009). For example, a survey showed that employees who viewed the benefits of EAPs were 70% more likely to access help when needed.

Proposition 3: Increased perceived benefits of mental health services are linked to higher utilization.

4. Perceived Barriers

The perceived barriers include the potential negative consequences linked with accessing mental health services, such as cost, time, or stigma. Such barriers need to be broken within the workplace in order to enable service Utilization may be hindered by perceived obstacles, including elevated expenses, insufficient availability, and unfavorable attitudes. To mental health treatment, were robust predictors of low usage rates. Barriers to seek mental health treatment are stigma, health literacy, cultural beliefs, lack of limited resources and inadequate training of health workers (Andary et al., 2023). Additionally, fear of stigmatization, lack of awareness, financial constraints, and geographical inaccessibility limit utilization of services, especially in low- and middle-income countries (Muhorakeye & Biracyaza, 2021). Even in developed countries, acceptability barriers are more prevalent than accessibility or availability issues (Wang, 2006). Research by Corrigan et al. (2004) exhibited that stigma significantly affects individuals' preparedness to pursue mental

health care. Interestingly, digital mental health tools show promise in overcoming some access barriers. An AI-enabled self-referral chatbot led to increased referrals, particularly among minority groups who face additional obstacles (Habicht et al., 2023). However, adoption of digital mental health solutions has been slow due to organizational and policy-level concerns (Ganapathy et al., 2021). Dewa and Hoch (2015) demonstrate that removing impediments to mental health access among depressed workers was associated with significant decreases in workplace productivity losses - up to 49% when all three types of barriers (need recognition, attitudinal, and structural) are removed (Dewa & Hoch, 2015). Lower perceived barriers are indeed linked to increased utilization of mental health services. All these studies emphasize that organizations must actively work to reduce these barriers to augment the occupational health services access. This suggests that lowering barriers can lead to increased service utilization and improved workplace outcomes.

Proposition 4: Lower perceived barriers to mental health services are linked to increased utilization.

5. Cues to Action

Cues to action are exterior stimuli that encourage individuals to take steps, including reminders or suggestions. Several studies support the proposition that more cues to action, namely- advices and reminders, are positively attached to the use of mental health care. Carpenter (2010) did a meta-analysis of the Model of Health Belief, highlighting that cue to action, including cues or encouragement from peers or supervisors, significantly improve the odds of seeking health care provisions. Similarly, Vogel et al. (2007) found that consistent exposure to mental health-related prompts (e.g., workplace reminders or campaigns) encourages individuals to participate in help-seeking behaviours. Additionally, research by Greenhalgh et al. (2017) established that communication efforts and regular prompts significantly improve mental health service uptake, particularly in environments that actively promote mental health awareness. Some studies suggest that cues to action can positively influence mental health service use. For example, Ftanou et al. (2024) found that consumers appreciated the guidance and therapeutic support provided by digital mental health services, indicating that reminders and advice may encourage engagement. Moradi et al. (2022) demonstrated that cues to action, integrated through an educational intervention based on the Health Belief Model, significantly enhanced neck pain prevention behaviours among school teachers in Tehran.

Proposition 5: More cues to action (e.g., reminders, advice) are positively linked to the use of mental health services.

6. Workplace Support

Workplace support includes the presence and availability of resources to boost mental well-being and health. Research by LaMontagne et al. (2014) indicates that supportive work environments with good and open mental health resources encourage employees to seek help. This support can come from management, HR policies, and peer networks. Similarly, Dollard and Bakker (2010) found that workplaces offering psychological safety and support are often characterized with increased usage of services of mental health care. Research by Corbière et al. (2009) also indicated that strong managerial and peer support significantly contributes to employees' willingness to access mental health care, reducing barriers to service uptake. A study by Harnois and Gabriel (2000) emphasized the significance of the human resource (HR) policies in promoting workplace mental health. Research by Leka et al. (2008) identified a positive correlation between organizational commitment and employees' disposition to take advantage of mental health services. Several studies affirm that greater workplace support is favourably connected with the uptake of mental health services.

Proposition 6: Greater workplace support is favourably connected to the uptake of mental health services.

7. Work Culture

Work culture encompasses the collective attitudes, beliefs, and practices related to mental health within an organization. Studies by Danna and Griffin (1999) show that a positive work culture, which reduces stigma and promotes mental health, can significantly increase service utilization. Conversely, a negative culture can act as a barrier. Similarly,

research by LaMontagne et al. (2014) highlights that workplaces encouraging mental health and minimize stigma makes an environment where employees are more comfortable accessing psychological support. Clement et al. (2015) in his systematic review had found that workplace environments with low mental health stigma are connected to higher involvement in mental health services. A supportive workplace culture, guided by positive psychology principles, creates an environment for a thriving and engaged workforce (Radu, 2023). Singh et al. (2024) reported that workplace sustainability practices, including comprehensive mental health initiatives, foster an environment that prioritizes and supports the mental well-being of employees.

Proposition 7: Positive work culture (low stigma) is positively correlated with the utilization of mental health services.

8. Self-Efficacy

Self-efficacy pertains to an individual's belief of their capacity to make a move and accomplish desired outcomes. As stated by Bandura (1997), enhanced self-efficacy correlates with a greater probability of engaging in health-promoting activities. In professional settings, nurturing self-efficacy can motivate employees to access mental health services. Multiple research studies confirm a positive association between higher self-efficacy and the utilization of mental health resources. Study performed by Schomerus et al. (2009) revealed that people with higher self-efficacy are more adept at overcoming obstacles to seeking assistance and are more proactive in using mental health services. Likewise, Vogel et al. (2007) highlighted that self-efficacy positively affects individuals' readiness to seek counselling, as those who believe in their capacity to manage mental health issues are more inclined to take steps to access care. The study by Zielińska-Więczkowska (2016) stated that higher self-efficacy and an internal health locus of control are associated with better health behaviours. Tinsley et al. (1982) showcased that self-efficacy influences intentions to look out for help. Self-efficacy has been recognized as an crucial factor in psychological wellness interventions. Several studies highlight its significance in improving the uptake and effectiveness of such programs. A review found that wellness programs enhancing self-efficacy improve resident physicians' well-being (Eskander et al., 2020). Similarly, interventions targeting self-efficacy have been effective in promoting men's mental health, boosting resilience, self-esteem, and work performance (Seaton et al., 2017). Smart technology-assisted mindfulness programs also support self-regulation skills, improving psychological well-being (Mitsea et al., 2023). Overall, fostering self-efficacy enhances engagement and mental health management, ultimately promoting greater use of mental health services.

Proposition 8: Higher self-efficacy is favourably related to the use of mental health services.

9. Past Experiences

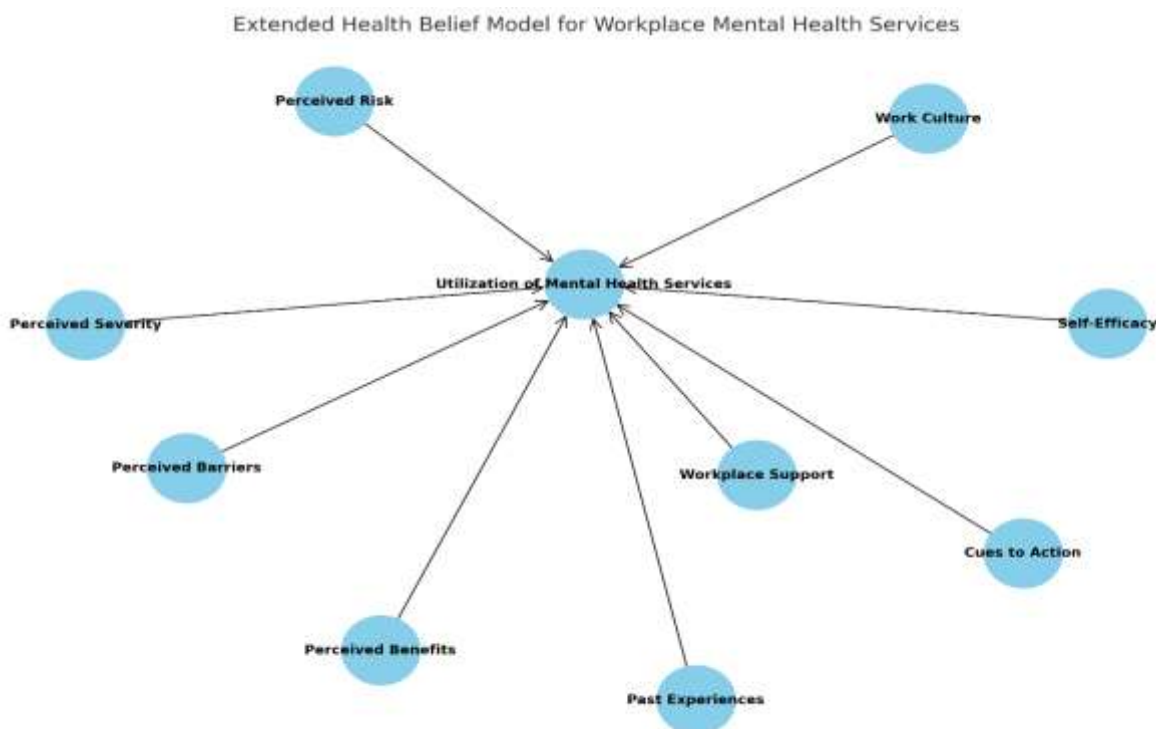
Past experiences with mental health issues and services can mould current behaviours and attitudes. Research suggests that past experiences with psychological health care influence future utilization. Diala et al. (2000) revealed that African Americans' attitudes toward services became less positive after use, affecting future engagement. Shipherd et al. (2010) identified negative healthcare experiences as a key barrier for transgender individuals. Gaebel et al. (2014) emphasized the importance of trust relationships, continuity of care, and reduced stigma to increase service utilization. Although positive experiences should generally facilitate engagement, demographic variables and trust also enacts a notable role in the process. Likewise, a study by Mojtabai et al. (2011) identified that positive experiences in mental health service seeking increase the likelihood of continuation or reinitiation of treatment. Moreover, a study by Corrigan et al. (2014) indicates that people with previous beneficial experiences with psychological health services are likely to report reduced stigma and have increased rates of subsequent service use. Overall, these studies emphasize the magnitude of high-quality mental health services to encourage sustained engagement. O'Donnell et al. (2016) emphasized that staff who had positive experiences with mental health services delivered by their organizations reported willingness to seek additional assistance in the future if needed. The study stressed the value of supportive organizational policies to ensure positive experiences. Mental health care should improve by focusing on building trust and removing population-specific barriers. Studies indicate that positive previous experiences can facilitate future help-seeking behavior, whereas negative experiences can deter help-seeking behavior. An awareness of such experiences may allow interventions to be crafted to enhance the access to psychological health provisions.

Proposition 9: Positive past experiences with mental health services are positively associated with their utilization.

This literature review, in turn, underscore the noteworthiness of a range of dimensions, both conventional and workplace-specific, to sway the consumption of psychological health services. By expanding the Health Belief Model to workplace-specific variables such as workplace support, organizational culture, self-efficacy, and prior experiences, the study presents an integrated model for awakening and increasing the access of occupational mental health care

Conceptual Model

The following figure illustrates the extended "Health Belief Model" applied to occupational mental health services. It captures the affiliation between various independent variables and the dependent variable, influencing the use of mental health resources.



Extended Health Belief Model

The model graphically represents the various factors affecting the decision-making process tied to the adoption of mental health services at the workplace.

Independent Variables:

- Perceived Risk
- Perceived Severity
- Perceived Benefits
- Perceived Barriers
- Cues to Action
- Workplace Support
- Work Culture
- Self-Efficacy

- Past Experiences

Dependent Variable:

- Utilization of Mental Health Services

PROPOSITIONS

- The likelihood of seeking mental health services increases when individuals perceive a higher risk of mental health problems.
- The use of mental health services is positively associated with the perceived intensity of mental health issues.
- People are more likely to utilize mental health services when they recognize greater potential benefits.
- Fewer perceived obstacles to accessing mental health services correlate with increased usage.
- The uptake of mental health services is positively influenced by more prompts to action (such as suggestions and reminders).
- Increased support in the workplace is favourably linked to the use of mental health services.
- A positive work environment (with low stigma) correlates positively with mental health service utilization.
- Higher confidence in one's ability to manage mental health is favourably associated with seeking mental health services.
- Favourable previous encounters with mental health services are positively linked to their continued use.

The Extended Health Belief Model- Overview & Justification

The Expanded Health Belief Model (EHBM) is a modification of the standard Health Belief Model (HBM) by adding workplace-related factors to explain the participation in mental health services in the workplace more adequately. While the HBM prioritizes on individual-level perceptions of health risks and benefits, the EHBM adds organizational factors affecting workers' attitudes and behaviors regarding mental health services.

Key Factors in EHBM

1. **Perceived Risk** – Employees who self-identify as at risk of mental health issues demonstrate a preference to seek help.
2. **Perceived Severity** – Awareness of the impact on job performance and well-being increases service utilization.
3. **Perceived Benefits** – Belief in the potency of mental health support encourages help-seeking behavior.
4. **Perceived Barriers** – Stigma, cost, and accessibility hinder utilization; workplace policies can mitigate these.
5. **Cues to Action** – Workplace reminders and HR initiatives promote engagement with mental health resources.
6. **Workplace Support** – Managerial and peer support foster psychological safety and service utilization.
7. **Work Culture** – Organizations with a stigma-free culture see higher participation in mental health programs.
8. **Self-Efficacy** – Employees confident in navigating obstacles are more likely to seek help.
9. **Past Experiences** – Positive past interactions with mental health services increase future utilization.

Justification for the EHBM

The EHBM allows for the bridging of individual decision-making and workplace determinants. The standard HBM does not include extraneous organizational contributors that are imperative for the adoption of mental health services. By adding workplace-related factors such as support systems, organizational culture, and experiences, the model offers a comprehensive framework for organizations to develop effective interventions. Overcoming barriers, self-efficacy, and an enabling workplace can lead to surge in reliance on mental health services, thus developing a healthier workplace and more efficient workforce.

Implications for Practice:

The holistic model seeks to confront both the organizational and individual factors which promote utilization of mental health services in the workplace. Organizations should make building a supportive culture a priority, strengthening communication in relation to resources in order to support mental health, and delivering successful social support mechanisms. Leadership commitment and public support of mental health initiatives are predictors of stigma reduction and encouraging employees to seek help.

Future Research Implications:

Future studies can be conducted to empirically test the extended model to determine its effectiveness. For the prediction of utilization of mental health services, longitudinal studies can be informative regarding the impacts of organizational culture change and social support on workers' utilization of such services over time. Further, comparisons of the effectiveness of particular interventions, such as mental wellness education programs and peer support networks, can be informative regarding the optimal means of enhancing psychological well-being in the workplace.

Conclusion:

The extended "Health Belief Model" provides a full conceptual model of determinants for the uptake of work mental health care by employees. By the incorporation of organizational culture and social support variables, the model provides useful data which is crucial to enhance effective measures for encouraging mental well-being at work. It is important to address particular individual and organizational factors to establish a supportive culture that encourages staff to access help and enhance overall mental well-being. It's important for all areas of business and sectors to show greater commitment to understanding the social and deeper causes of mental health issues, and to take meaningful steps that help individuals with emotional challenges succeed at work. Building on the insights offered by this study, there's an opportunity to develop workplace environments and initiatives that genuinely care for and enhance the emotional well-being of those working in the corporate space.

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