

# Research Report

## Workplace mental health in rural non-farm businesses

**Authors:** Dr Maria Wishart and Professor Stephen Roper

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**Contact:** [Maria.Wishart@wbs.ac.uk](mailto:Maria.Wishart@wbs.ac.uk)

## Abstract

This report explores rural firms' attitudes towards, and experiences of, workplace mental health issues. It examines whether the experiences, attitudes and practices of firms with regard to mental health issues vary depending upon their location in rural or urban areas.

Our analysis indicates two broad differences between the rural and urban firms in our sample. Firstly, rural firms' experiences of mental health issues appear to be less intense than those of urban firms. Rural firms generally report lower levels of mental health-related issues, which they tend to attribute to different causes than urban firms, and they seem to approach the management of them differently. Secondly, and perhaps relatedly, rural firms appear to be less engaged with a range of initiatives and practices designed to address workplace mental health than their urban counterparts.

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## Executive summary

Workplace mental health issues are widespread, yet prior research shows that many employers are unaware of their extent and impact. Previous studies suggest that addressing these issues could drive significant improvements in productivity and employee wellbeing. This paper uses a data set of 1,546 private sector non-farm Midlands businesses, 398 rural and 1,148 urban, collected between January and April 2021 to explore rural firms' attitudes towards, and experiences of, workplace mental health issues. We examine whether the experiences, attitudes and practices of firms with regard to mental health issues vary depending upon their location in rural or urban areas.

Our analysis indicates two broad differences between the rural and urban firms in our sample. Firstly, rural firms' experiences of mental health issues appear to be less intense than those of urban firms. Rural firms generally report lower levels of mental health-related issues, which they tend to attribute to different causes than urban firms, and they seem to approach the management of them differently. Secondly, and perhaps relatedly, rural firms appear to be less engaged with a range of initiatives and practices designed to address workplace mental health than their urban counterparts.

At a more detailed level, we identify five key areas of divergence between rural and urban firms:

**Rural and urban firms experience, and approach, sickness absence differently.** We find clear differences between rural and urban firms in their approach to, and experience of, sickness absence. Rural firms were significantly less likely to measure sickness absence, and to have experienced long-term sickness absence. These are statistically significant findings. We also see that rural firms are slightly less likely to report repeated sickness absence and to say that they felt the impact of sickness absence. Rural firms were also significantly less likely to record the reasons for sickness absence than urban firms.

**Rural firms are less likely to have experienced mental health-related sickness absence in 12 months leading up to the study.** This may be linked to the sector differences within the samples, with the rural sample having higher proportions of construction, wholesale, retail and hospitality firms which may in turn mean more part time and casual employees, or to the fact that rural firms are less likely to record the reasons for absence. Of those firms reporting mental health-related sickness absence, although similar proportions of rural and urban firms had experienced long-term mental health sickness absence, a greater proportion of rural firms reported repeated mental health-related sickness absence. Rural firms in our sample were less likely to attribute mental health sickness absence to physical problems or to Covid.

**Rural firms experience different forms of presenteeism and adopt a different approach to dealing with it.** Rural and urban firms in this sample are equally likely to have experienced presenteeism (when employees are working when they are unwell and shouldn't be at work, or regularly working over and above their contracted hours) in the 12 months prior to the study, however fewer rural firms reported that staff were working while ill. Urban firms were more likely to report presenteeism due to client or manager pressure or job insecurity than rural firms, and were more likely to report that they are taking steps to address presenteeism.

**Rural firms approach workplace mental health differently than urban firms.** Rural firms are less likely to have a mental health plan or a mental health and wellbeing lead at board level than urban firms. Rural firms are also much less likely to seek advice on mental health issues from within their own organisations than urban firms. Rural firms in this sample were also slightly less likely to report their mental health approach and to have a budget for mental health activities.

**Rural firms' adoption of practices focused on workplace mental health differs from that of urban firms.** Rural firms are more likely than urban firms to say that they make workplace adjustments for those returning from mental health-related absence, but less likely to offer access to counselling support. Rural firms are less likely to evaluate their mental health initiatives. However, in common with urban firms, less than half of rural firms offer training for line managers in dealing with these issues, despite a strong reliance on practices that depend on these managers, such as having open conversations with employees.

Our findings suggest that policy initiatives aimed at improving workplace mental health should acknowledge the different approaches to, and experiences of, firms in rural locations in order to offer appropriate support to employers and employees. In particular, policies that encourage a more structured approach to workplace mental health in rural firms may be appropriate.

## Introduction

Mental health issues can have significant impacts on individuals and on the firms that employ them. People with long-term mental health issues often find it harder to gain employment and those in employment can also struggle to cope emotionally, may require more sickness absence than others, and can find that they experience problems both inside and outside work<sup>1</sup>. These issues are widespread. Research by Business in the Community (2018) found that 61 per cent of employees have experienced mental health issues where work was a

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<sup>1</sup> Stevenson, D and Farmer, P. (2017) Thriving at work: The Stevenson / Farmer review of mental health and employers. London: HM Government

contributing factor, and that 11 per cent of employees who disclosed a mental health problem subsequently faced disciplinary action or dismissal<sup>2</sup>. Around 300,000 people are estimated to lose their jobs in the UK every year because of mental health issues<sup>3</sup>. **Error! Bookmark not defined.**

Prior research has found the costs to UK employers of workplace mental health issues to be considerable. In 2007, a report by the Sainsbury Centre for Mental Health<sup>3</sup> estimated that the total cost to UK employers of workplace mental health problems was around £26bn every year. This figure was revised upwards in a 2020 study by Deloitte<sup>4</sup>, to between £42bn and £45bn. This estimate includes the cost of mental health-related absence, which is put at around £7bn, but also of presenteeism (when employees are working when they are unwell and shouldn't be at work, or regularly working over and above their contracted hours) at around £28bn and of reduced turnover at around £9bn. Analysis carried out in early 2020<sup>5</sup> by the Enterprise Research Centre found a strong and significant association between mental health-related sickness and productivity, with productivity down by 18.3 per cent in firms reporting such absence and by 24.5 per cent in firms reporting that mental health impacted on their performance. While these studies suggest that addressing workplace mental health issues could drive improvements in output as well as increasing employee wellbeing, they also find that employers are surprisingly unaware about the extent and prevalence of mental health issues in their organisations. It is also clear that they are often unaware of available sources of support to help them to address these issues<sup>5</sup>.

Reliable sources suggest that the Covid-19 pandemic has provoked a significant increase in mental health issues. For example, government statistics<sup>6</sup> show that the proportion of adults reporting psychological distress increased from around 20 per cent in 2019 to nearly 30 per cent during the first lockdown in England in April 2020, and that this level has fluctuated since but remains elevated. The

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<sup>2</sup> Business in the Community, October 2018, "Mental Health at Work 2018 report - Seizing the Momentum" [Online] available at: <https://www.bitc.org.uk/wp-content/uploads/2019/10/bitc-wellbeing-reportmentalhealthatworkreport2018fullversion-oct2018.pdf>

<sup>3</sup> Sainsbury Centre for Mental Health (2007) POLICY PAPER 8: Mental Health at Work: Developing the business case. London: Sainsbury Centre for Mental Health

<sup>4</sup> Deloitte (2020) Mental Health and Employers. Deloitte

<sup>5</sup> ERC (2020) Workplace mental health and Covid-19: experiences of firms in the Midlands Available at: <https://www.enterpriseresearch.ac.uk/wp-content/uploads/2020/11/ERC-ResReport-Workplace-mental-health-and-Covid-19-experiences-of-firms-in-the-Midlands.pdf>

<sup>6</sup> UK Government Covid19 mental health and wellbeing surveillance: report [online] Available at: <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far> Last accessed 2 Aug 2021

Centre for Mental Health<sup>7</sup> estimates that up to ten million people in the UK – 20 per cent of the population – will require either new or additional mental health support as a direct consequence of the crisis. And ONS data shows that the proportion of adults reporting depression in Great Britain doubled to 20 per cent during the summer of 2020 compared to the pre-pandemic proportion, and was still around 17 per cent in August 2021<sup>8</sup>.

While broader issues related to Covid-19 have undoubtedly affected businesses in all areas, prior studies have also identified factors associated with rurality that may provoke or exacerbate mental health issues, often related to living and working in more isolated settings<sup>9</sup>. This potential difference matters, because in the UK, rural firms account for 24 per cent of all registered businesses, 13 per cent of those employed by registered businesses and nearly 16 per cent of value added (House of Lords, 2020). Understanding whether the ways in which rural firms' experience workplace mental health differ from those of their urban counterparts will be of interest to a variety of stakeholders, including businesses themselves, and organisations providing mental health support to employers and employees. It may also have implications for policymakers considering the strategies and interventions necessary to address these issues.

Prior research indicates that people working within the farming sector may be at higher risk of mental health issues than those in other sectors. This has been attributed to a number of factors including the physical environment in which they work as well as the economic uncertainty often associated with farming<sup>10</sup>. The distinctiveness of the farming sector merits focused consideration, in terms of data collection and analysis, which is beyond the scope of this report. We therefore confine ourselves here to the analysis of non-farm rural firms.

To explore rural firms' experiences of workplace mental health issues, we use a data set collected between January and April 2021, comprising survey data from 1,546 private sector Midlands firms, 398 rural and 1,148 urban. Responses are weighted to provide a representative view of businesses. The survey focused on employer attitudes towards, and experiences of, mental health issues and on the practices that they had adopted in response to these issues.

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<sup>7</sup> Centre for Mental Health. (2020). Covid-19 and the nation's mental health Forecasting needs and risks in the UK: October 2020. Retrieved from: <https://www.centreformentalhealth.org.uk/publications/covid-19-and-nations-mental-health-october-2020> Last accessed 2 Aug 2021

<sup>8</sup> ONS (2021) Coronavirus and depression in adults, Great Britain: July to August 2021 [online] Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusanddepressioninadultsgreatbritain/latest>

<sup>9</sup> Kelly, D., Steiner, A., Mazzei, M., & Baker, R. (2019). Filling a void? The role of social enterprise in addressing social isolation and loneliness in rural communities. *Journal of Rural Studies*, 70, 225-236.

<sup>10</sup> Fraser, C. E., Smith, K. B., Judd, F., Humphreys, J. S., Fragar, L. J., & Henderson, A. (2005). Farming and mental health problems and mental illness. *International Journal of Social Psychiatry*, 51(4), 340-349.

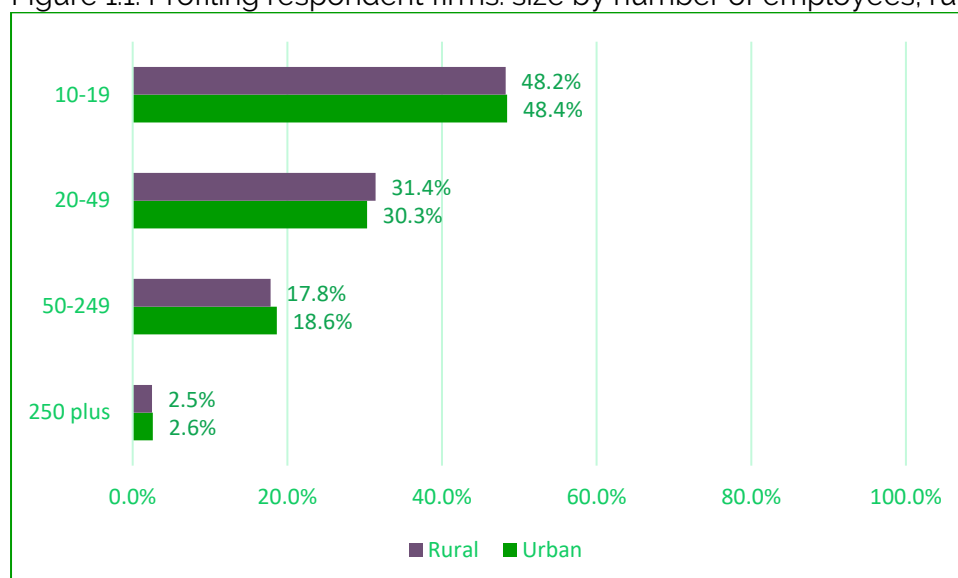
The report proceeds as follows. In the next section, we offer details on the characteristics of the Midlands firms we surveyed, including their responses to the Covid-19 crisis. We then explore rural firms' experience of general and mental health-related sickness absence before considering firm-level attitudes towards mental health issues, and the activities that they implement to support workplace mental health. We conclude with implications for policy and practice.

## 1. Characteristics of the sample

### 1.1. Profile of respondent firms

The profile of respondents by size, sector and business age are presented in Figures 1.1 to 1.3. We excluded the smallest firms, i.e., those with less than 10 employees because smaller firms are less likely to have Human Resource functions or dedicated staff, and having fewer employees may also be less likely to experience issues related to staff sickness and mental health. The size and business age profiles of rural and urban firms is similar. The rural firms sample has a greater proportion of construction, wholesale/retail and hospitality firms while the urban sample has more services firms. Figure 1.4 shows that rural firms are more likely to be family owned and to use zero hours contracts than urban firms. Figures 1.5 and 1.6 present reported changes in employee numbers and turnover in the preceding 12 months, and show that rural firms were more likely to have reported static employee numbers. There are no notable differences in reported turnover changes between the rural and urban samples.

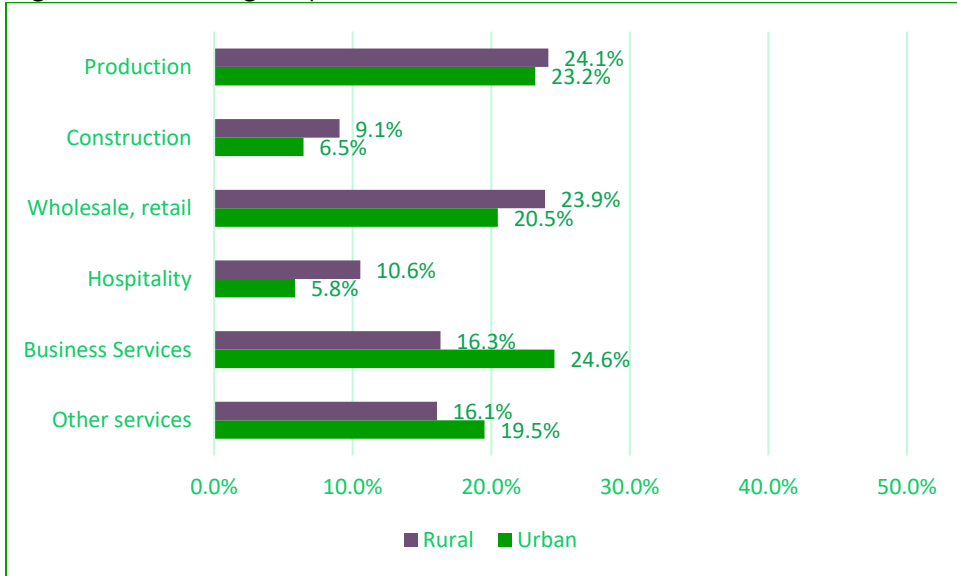
Figure 1.1: Profiling respondent firms: size by number of employees, rural vs urban



Base: 1,546 firms, 398 rural and 1,148 urban

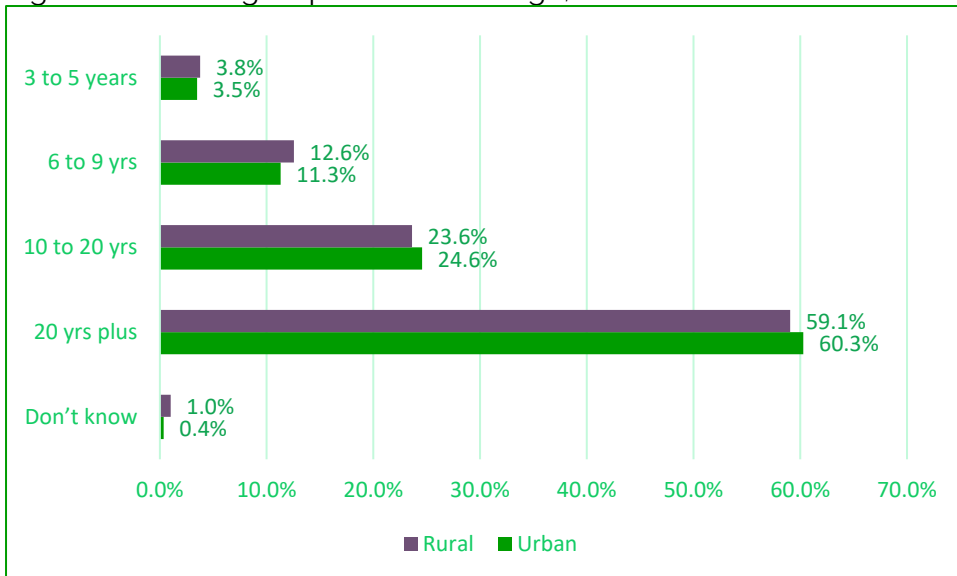


Figure 1.2: Profiling respondent firms: sector, rural vs urban



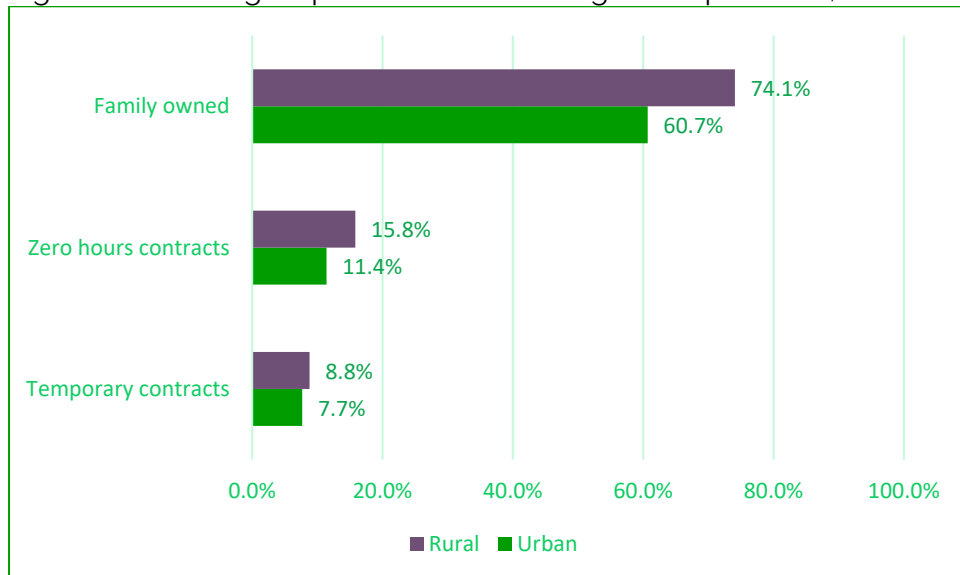
Base: 1,546 firms, 398 rural and 1,148 urban

Figure 1.3: Profiling respondent firms: age, rural vs urban



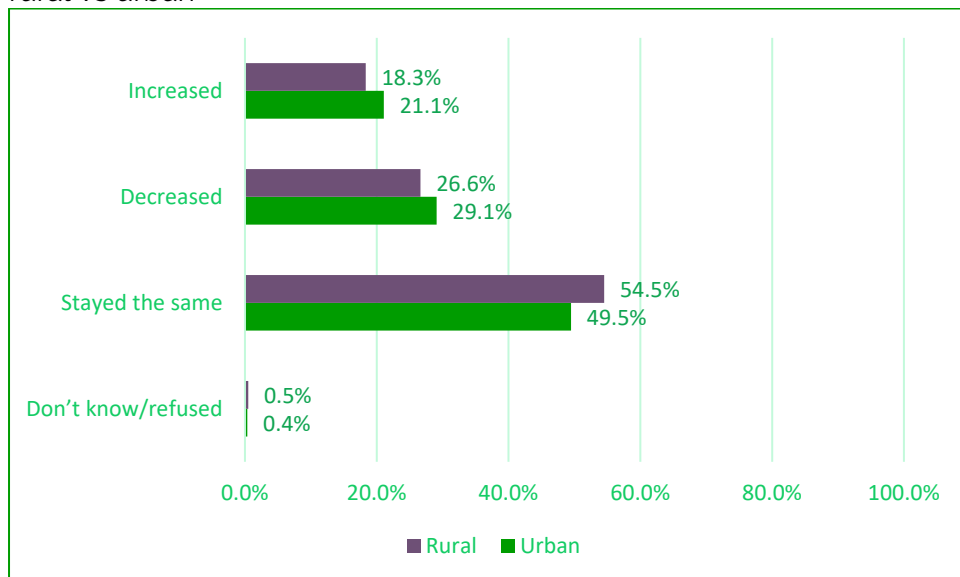
Base: 1,546 firms, 398 rural and 1,148 urban

Figure 1.4: Profiling respondent firms: management practices, rural vs urban



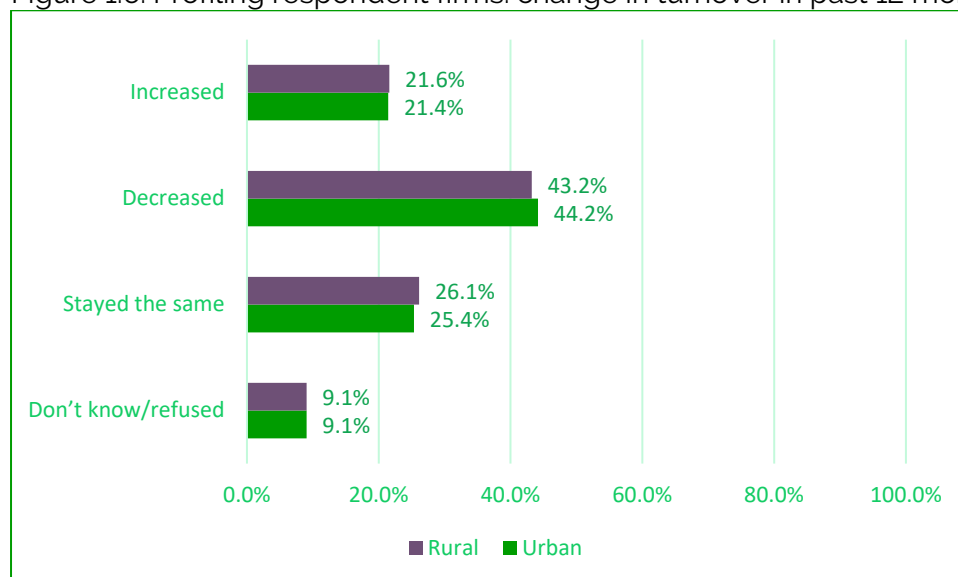
Base: 1,546 firms, 398 rural and 1,148 urban

Figure 1.5: Profiling respondent firms: change in employee numbers in past 12 months, rural vs urban



Base: 1,546 firms, 398 rural and 1,148 urban

Figure 1.6: Profiling respondent firms: change in turnover in past 12 months, rural vs urban



Base: 1,546 firms, 398 rural and 1,148 urban

## 1.2. Reported impacts of Covid-19 on respondent firms

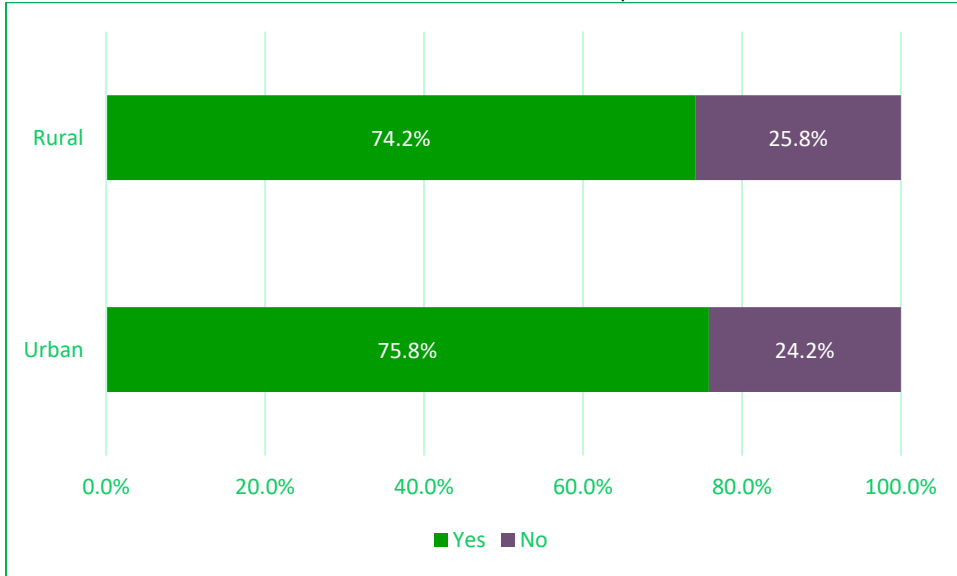
Data collection for this study took place between January and April 2021, during the Covid-19 pandemic, and it included periods of lockdown. Clearly, the pandemic affected the ways in which firms operated, and the ways in which employees worked. For this reason, we report on some of the effects of the pandemic on firms and their operations.

As shown in Figure 1.7, rural firms and urban firms are equally likely to report having changed their business model as a consequence of the Covid-19 pandemic. However, as shown in Figure 1.8, urban firms were more likely than rural firms to report having moved to virtual meetings and to have introduced working from home. It is possible that these statistically significant differences indicate that more rural businesses may have been operating this way before the pandemic than urban firms, and this may be a consequence of sparser settings and longer journeys to work.

Turning to the specific impact that the pandemic had on technology use Figures 1.9 to 1.11 show the reported changes in technology use that respondent firms reported and on the effects of these changes that they noticed. Around a third of both rural and urban firms said that they had made changes to their use of digital technologies because of the pandemic, as shown in Figure 1.9. A greater proportion of urban firms reported increased usage of a number of specific technologies, with the largest difference between rural and urban firms evident in the reported increase in use of cloud computing and CRM systems

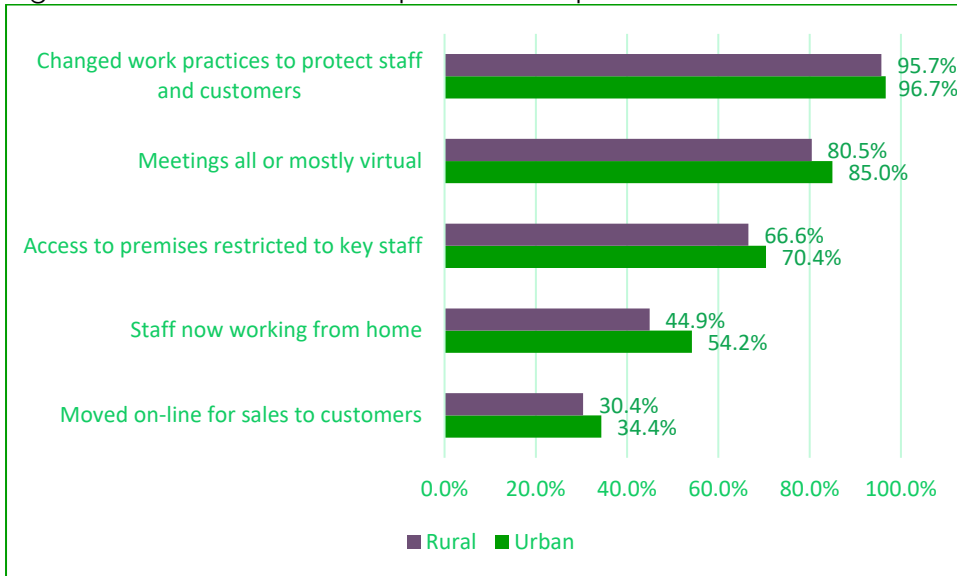
(Figure 1.10). Rural firms were less likely to report an impact on employee wellbeing of their increased use of technology (Figure 1.11).

Figure 1.7: Proportion of firms reporting that the way their business operates changed over the last 12 months as a result of the Covid-19 pandemic, rural vs urban firms



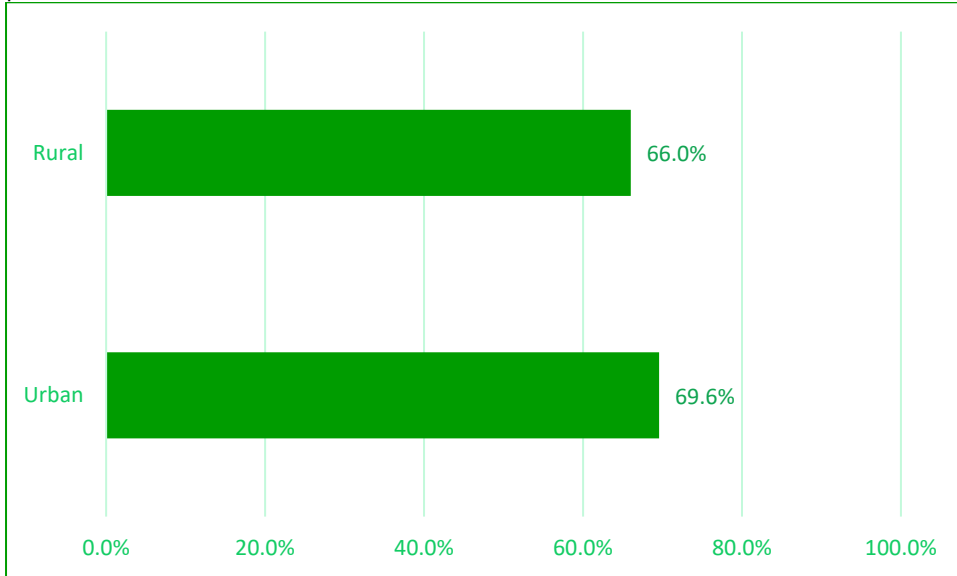
Base: 1,546 firms, 398 rural and 1,148 urban

Figure 1.8: How the Covid-19 pandemic impacted on the business, rural vs urban firms



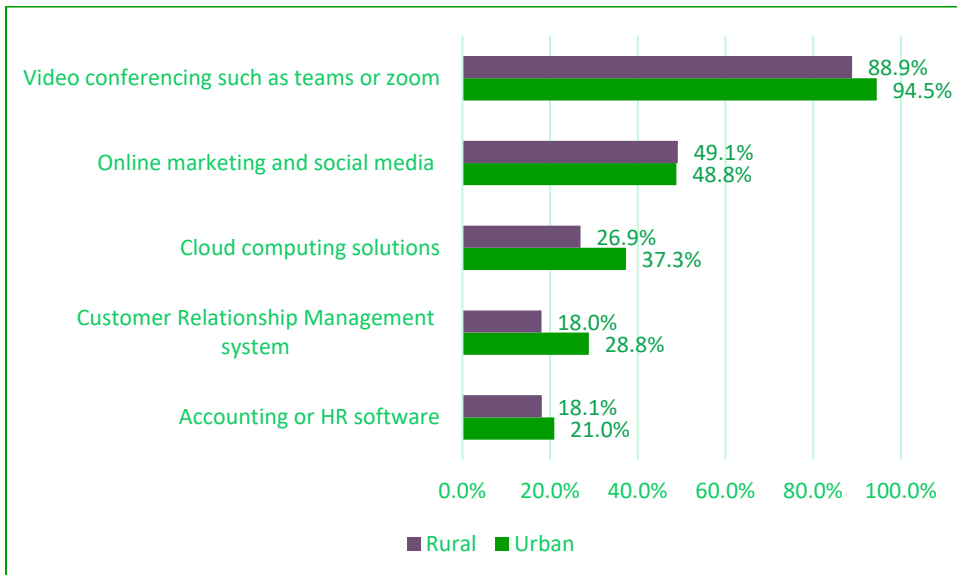
Base: 1,136 firms, 280 rural and 856 urban

Figure 1.9: Firms that made any changes in their use of digital technologies because of the pandemic, rural vs urban



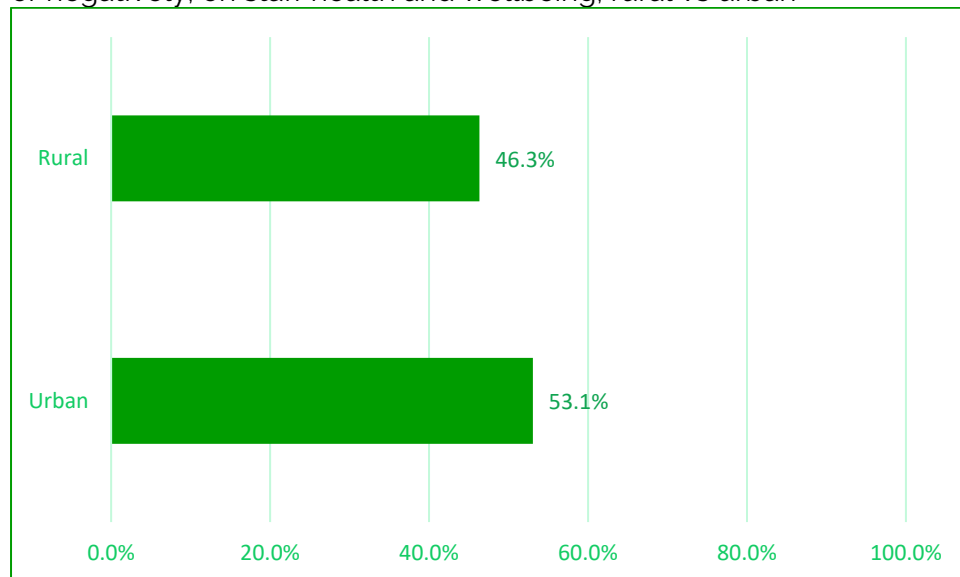
Base: 1,546 firms, 398 rural and 1,148 urban

Figure 1.10: Firms reporting higher usage of these technologies due to Covid-19, rural vs urban



Base: 1,055 firms, 267 rural, 788 urban

Figure 1.11 Firms reporting that changes in technology use had an impact, either positively or negatively, on staff health and wellbeing, rural vs urban



Base: 1,055 firms, 267 rural, 788 urban

## 2. General and mental health-related sickness absence in rural firms

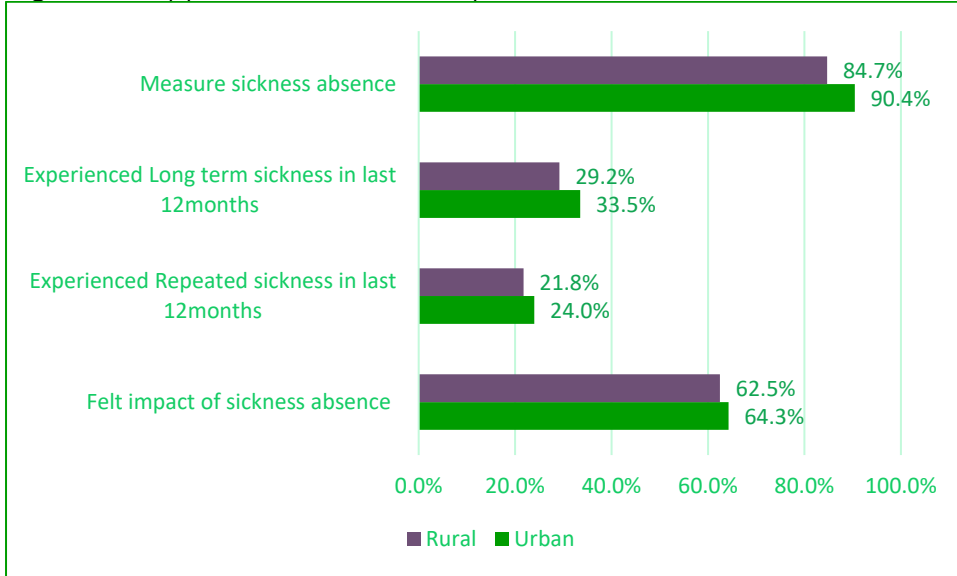
Analysis of data related to sickness absence measurement and reporting shows some clear differences between rural and urban firms. As shown in Figure 2.1, overall, compared to their urban counterparts, rural firms were significantly less likely to measure sickness absence, and to have experienced long-term sickness absence. These are statistically significant findings. We also see that rural firms were slightly less likely to report repeated sickness absence and to say that they felt the impact of sickness absence.

Rural firms were significantly less likely to record the reasons for sickness absence than urban firms as shown in Figure 2.2. Perhaps for this reason, rural firms were also less likely to have experienced mental health-related sickness absence in the past 12 months. Both these differences are statistically significant. The difference in recording suggests that, in this sample, rural firms approach the management of sickness absence differently than urban firms. It is possible that this difference is linked to the sector differences within the samples, with the rural sample having higher proportions of construction, wholesale, retail and hospitality firms which may in turn mean more part time and casual employees.

Although similar proportions of rural and urban firms had experienced long-term mental health sickness absence, rural firms reported more repeated mental health-related sickness absence, and this is a statistically significant difference (Figure 2.3). Rural firms attributed similar levels of mental health sickness absence to in work and out of work

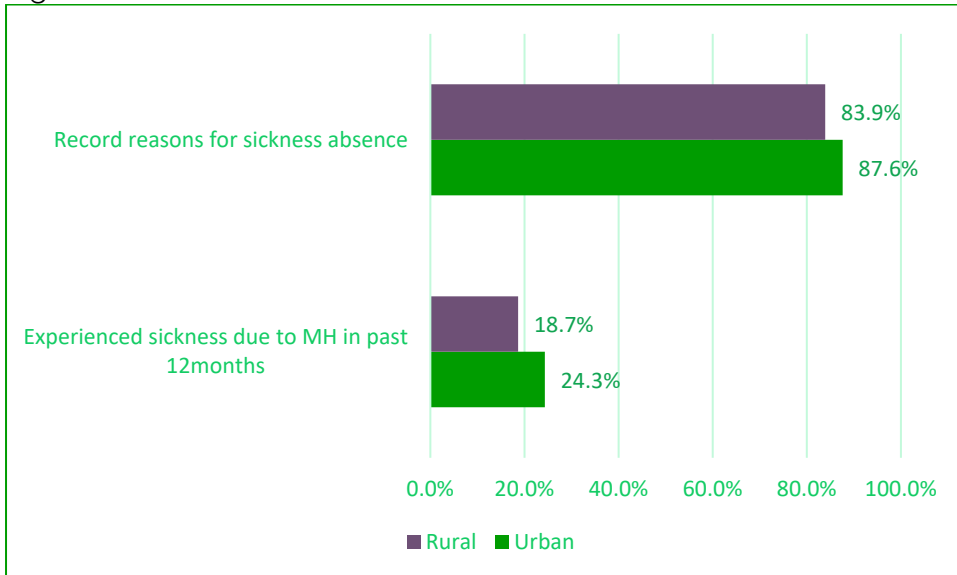
issues as urban firms, but lower levels to physical problems and Covid, as shown in Figure 2.4.

Figure 2.1: Approach towards, & experience of, sickness absence, rural vs urban firms



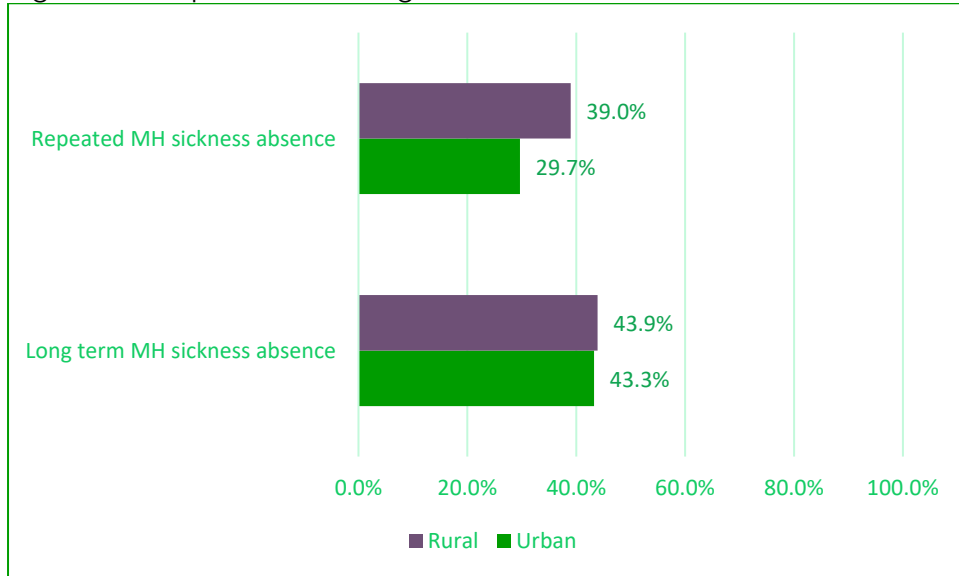
Base: 1,546 firms, 398 rural and 1,148 urban

Figure 2.2: Prevalence of mental health-related sickness absence, rural vs urban firms



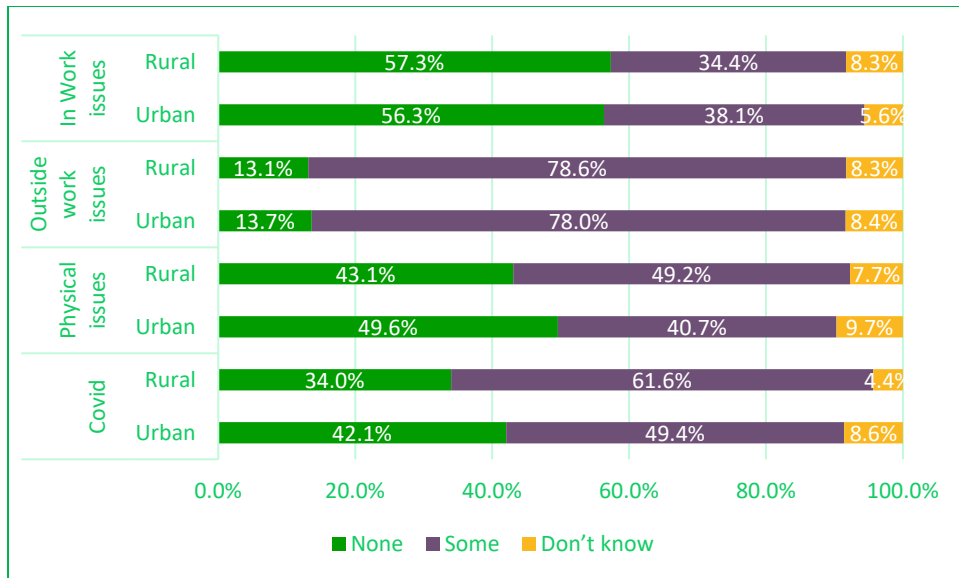
Base: 1,546 firms, 398 rural and 1,148 urban

Figure 2.3: Repeated and long-term mental health sickness absence, rural vs urban firms



Base: 337 firms, 69 rural, 268 urban

Figure 2.4: Proportion of mental health sickness attributed to different causes, rural vs urban firms



Base: 337 firms, 69 rural, 268 urban

Overall, our analysis indicates underlying differences between rural and urban firms in their approach to sickness absence monitoring, and in their experience of mental health-related sickness absence. Our data suggests that rural firms are less likely to adopt a formal approach to measuring sickness absence, and are less likely to report mental

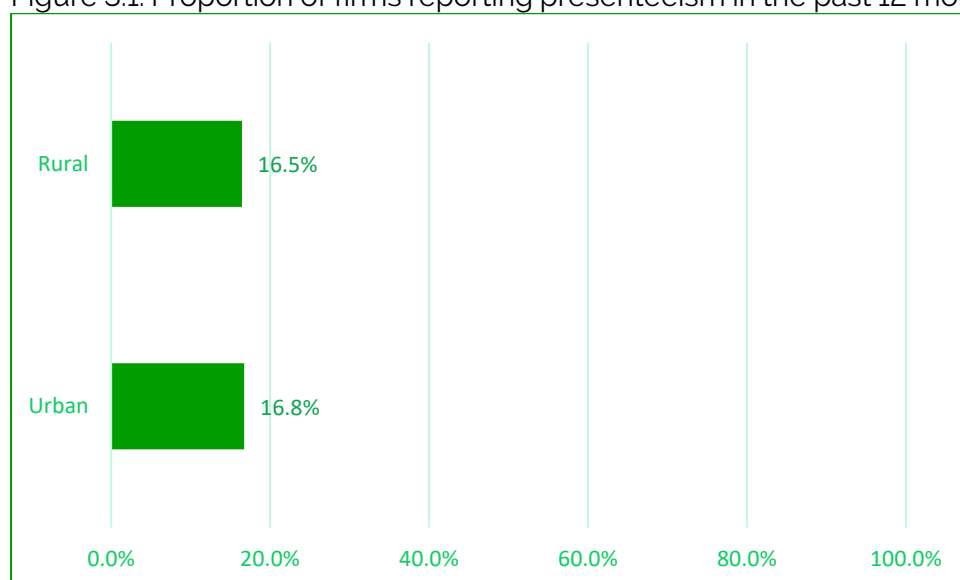


health-related sickness absence. Those rural firms that did experience mental health-related absence were more likely than urban firms to report repeated absence.

### 3. Presenteeism in rural firms

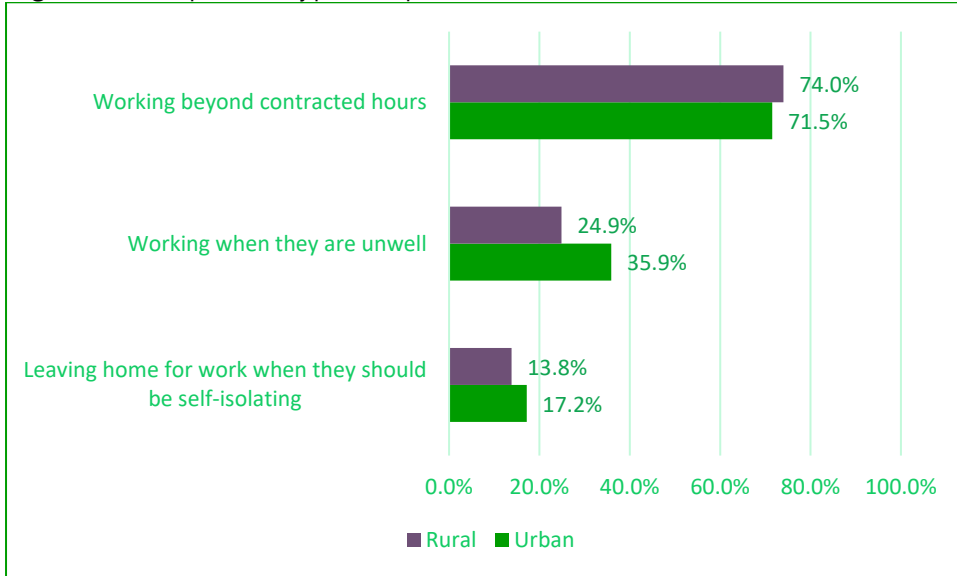
Similar proportions of rural and urban firms reported some level of presenteeism (16.5 per cent vs 16.8 per cent) as shown in Figure 3.1. As noted earlier, presenteeism is when workers are present at work but not performing as expected because of ill-health, or working beyond contracted hours. Analysis of the firms reporting presenteeism in our sample indicate differences that merit further investigation. For example, in the reported types of presenteeism, rural workers are less likely to work when unwell (Figure 3.2). We also see some differences in reported causes of presenteeism, with urban firms more likely in particular to cite job insecurity and pressure from managers. (Figure 3.3). In this sample, urban firms are more likely to be taking steps to prevent presenteeism than rural firms (Figure 3.4).

Figure 3.1: Proportion of firms reporting presenteeism in the past 12 months, rural vs urban



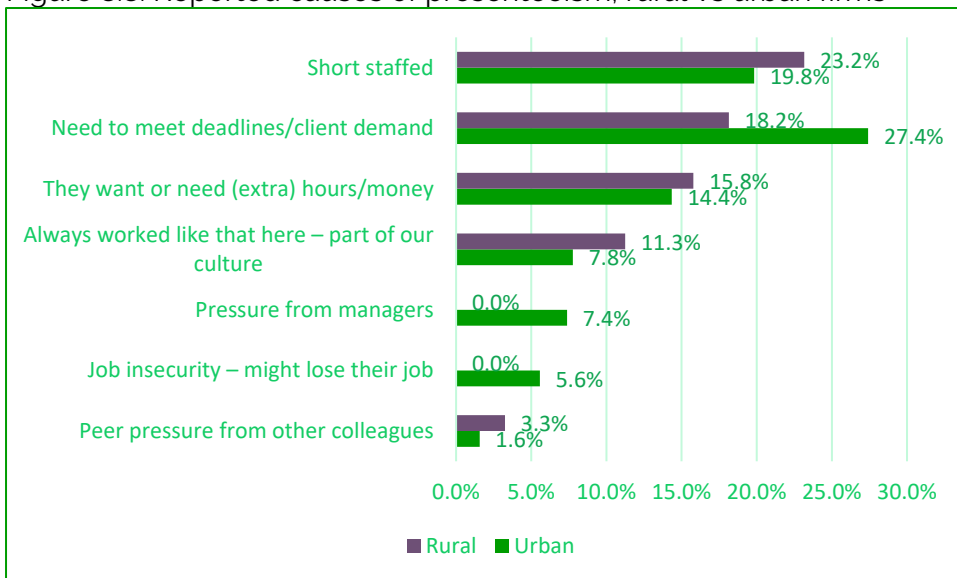
Base: 1,546 firms, 398 rural and 1,148 urban

Figure 3.2: Reported types of presenteeism, rural vs urban firms



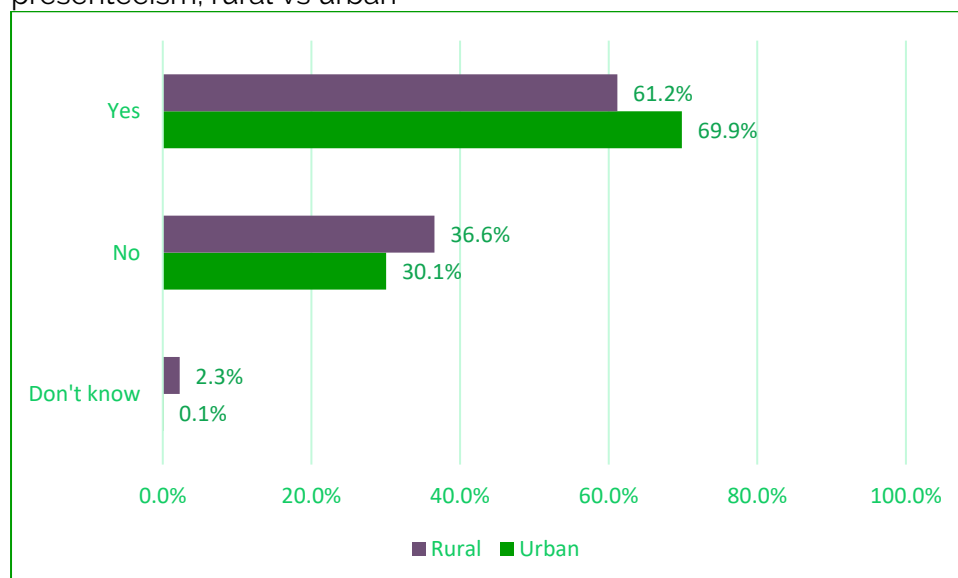
Base: 265 firms, 66 rural, 199 urban

Figure 3.3: Reported causes of presenteeism, rural vs urban firms



Base: 265 firms, 66 rural, 199 urban

Figure 22: Proportion of firms reporting that they are taking steps to address presenteeism, rural vs urban



Base: 265 firms, 66 rural, 199 urban

Overall, while rural and urban firms in our sample are equally likely to have experienced presenteeism in the 12 months prior to the study, we see fewer rural firms reporting staff working while ill. Urban firms are more likely to report presenteeism due to client or manager pressure or job insecurity than rural firms, and are more likely to report that they are taking steps to address presenteeism.

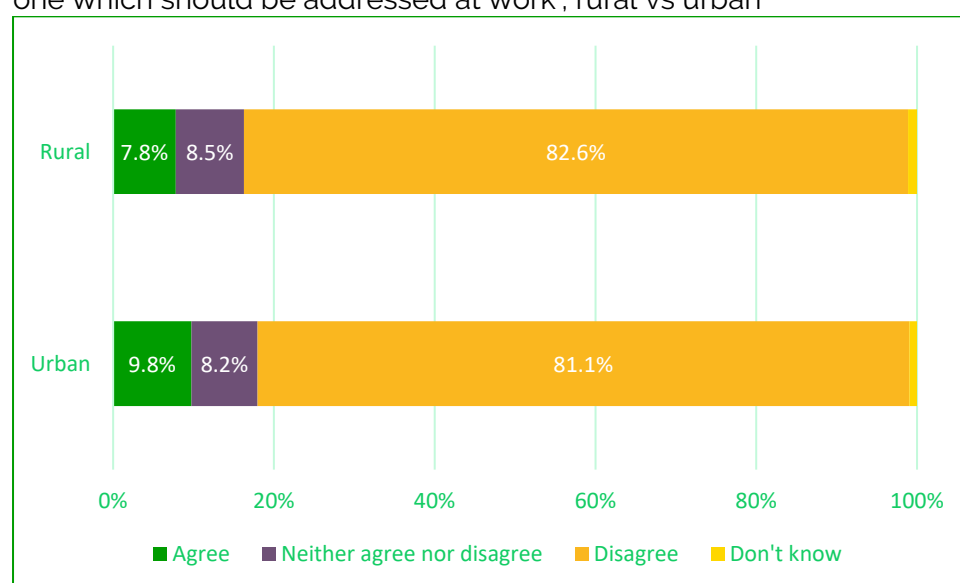
## 4. Workplace mental health: rural firm attitudes and activities

### 4.1. Rural firm attitudes and approaches towards workplace mental health issues

Our data indicates that rural and urban employers are equally likely to express the view that they, as employers, have some responsibility for addressing mental health issues in their employees, irrespective of where the issues originate. Figure 4.1 shows that more than 80 per cent of employers, both rural and urban, disagreed with the statement '*mental health is a personal issue and not one which should be addressed at work*'. Given the increase in mental health issues driven by the Covid-19 pandemic, we asked employers whether the crisis had prompted them to introduce new mental health-related initiatives. Urban firms were more likely than rural firms to say that they had introduced more mental health-related initiatives as a consequence of the crisis (Figure 4.2) while rural firms were more likely to say that they had not or that they would do so if necessary.

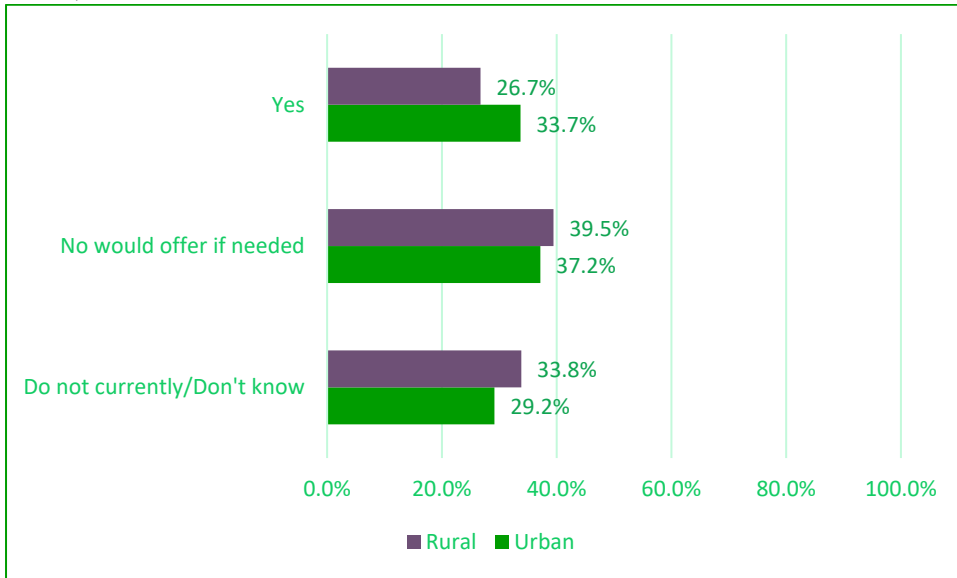
We also observe differences between rural and urban firms' approach to workplace mental health. Rural firms are less likely to have a health and wellbeing lead at board level than urban firms, a statistically significant finding. Fewer rural firms reported that they have a mental health plan and that they use data to monitor employee wellbeing than urban firms (Figure 4.3). Although around 90 per cent of both rural and urban firms with a mental health plan said that they had implemented and communicated it to all staff, urban firms were 10 per cent more likely to have based the plan on employee feedback (Figure 4.4). Rural firms are also much less likely to seek advice on mental health issues from within their own organisations than urban firms (Figure 4.5).

Figure 4.1: Firm agreement with the statement 'mental health is a personal issue and not one which should be addressed at work', rural vs urban



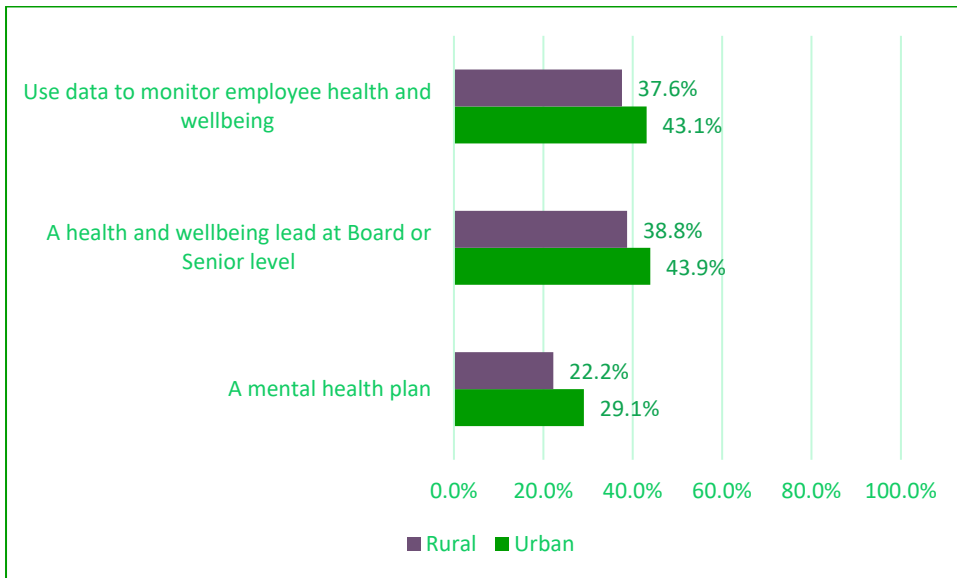
Base: 1,546 firms, 398 rural and 1,148 urban

Figure 4.2: Firms that offered new mental health initiatives in response to the Covid-19 crisis, rural vs urban



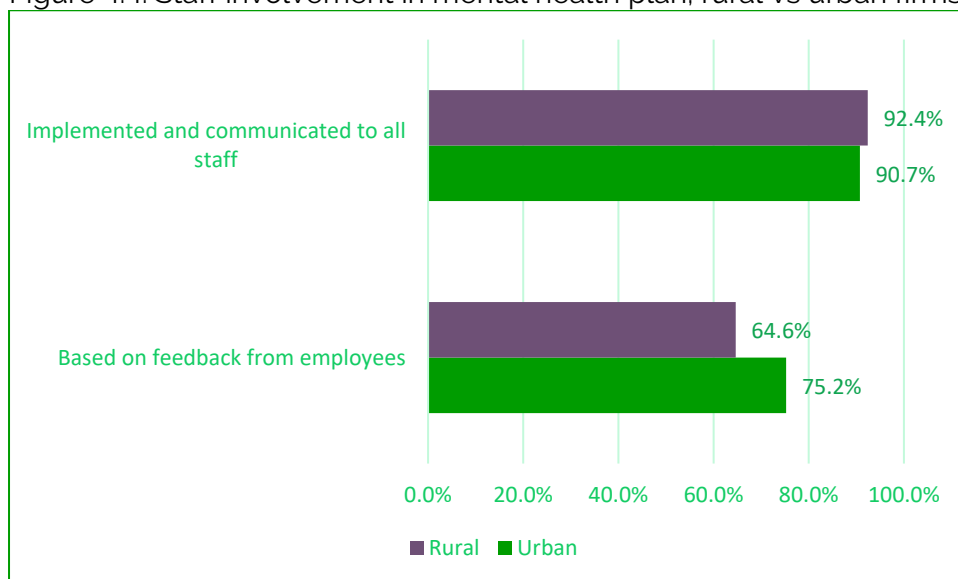
Base: 1,546 firms, 398 rural and 1,148 urban

Figure 4.3: Approach to mental health in the workplace, rural vs urban firms



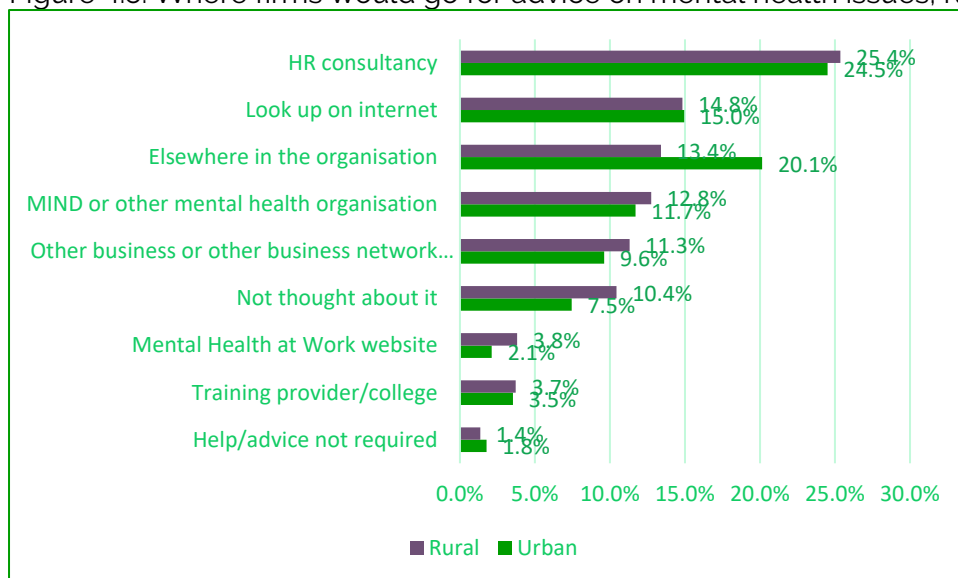
Base: 1,546 firms, 398 rural and 1,148 urban

Figure 4.4: Staff involvement in mental health plan, rural vs urban firms



Base: 428 firms, 100 rural, 328 urban

Figure 4.5: Where firms would go for advice on mental health issues, rural vs urban



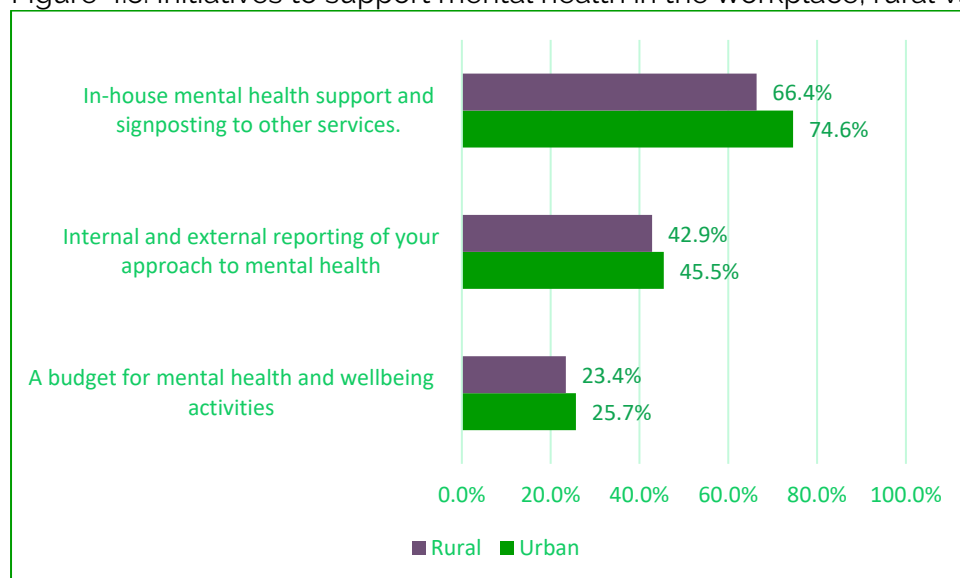
Base: 1,546 firms, 398 rural and 1,148 urban

## 4.2. Rural firm initiatives and practices focused on mental health

We identify differences between rural and urban firms for three key initiatives focused on mental health in the workplace in Figure 4.5. Urban firms are significantly more likely than rural firms to offer in-house mental health support and to signpost employees towards other services for mental health issues. This is a statistically significant finding which indicates a different approach towards workplace mental health. Rural firms in this sample were also slightly less likely to report their mental health approach and to have a budget for mental health activities. However, we observe little difference in terms of the mental health-related activities that firms report have taken place in their organisations over the past 12 months (Figure 4.6). For rural and urban firms, there is relatively high uptake of activities focused on employee wellbeing, such as workload reviews and stress audits. Training for employees returning to work, and general mental health awareness training is also reported by a significant proportion of firms. However, for rural and urban firms alike, the proportion of firms that offer training for line managers, who are usually the ones tasked with managing workplace mental health, is relatively low, at around 45 per cent for rural and 47 per cent for urban firms.

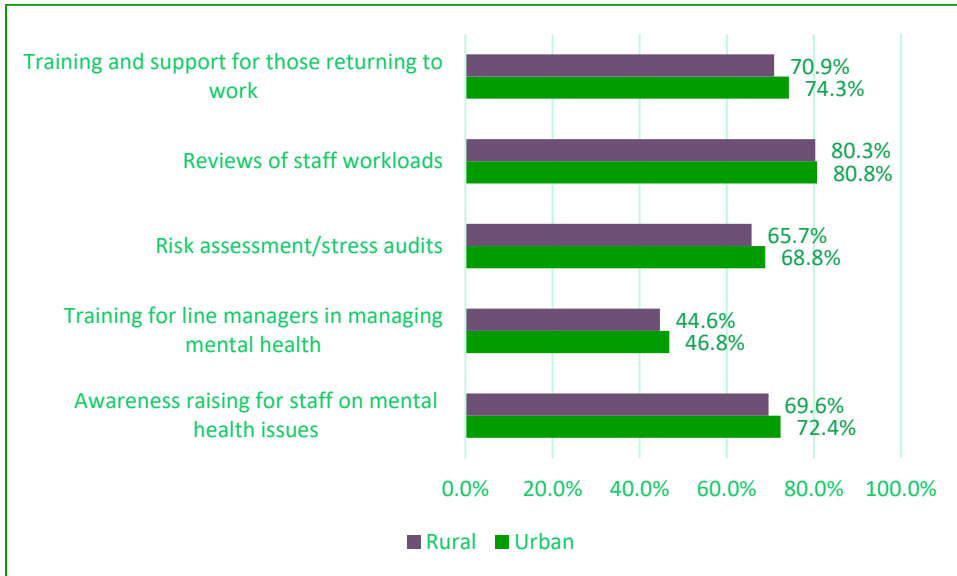
We compare the proportion of rural and urban firms that report having adopted a range of practices focused on mental health and wellbeing in the workplace in Figure 4.7. Rural firms are more likely than urban firms to say that they make appropriate workplace adjustments to those who need them to support their mental health. This is a statistically significant finding. Urban firms, on the other hand, in a significantly significant finding, are more likely to provide access to counselling support for those employees that need it (Figure 4.8).

Figure 4.5: Initiatives to support mental health in the workplace, rural vs urban firms



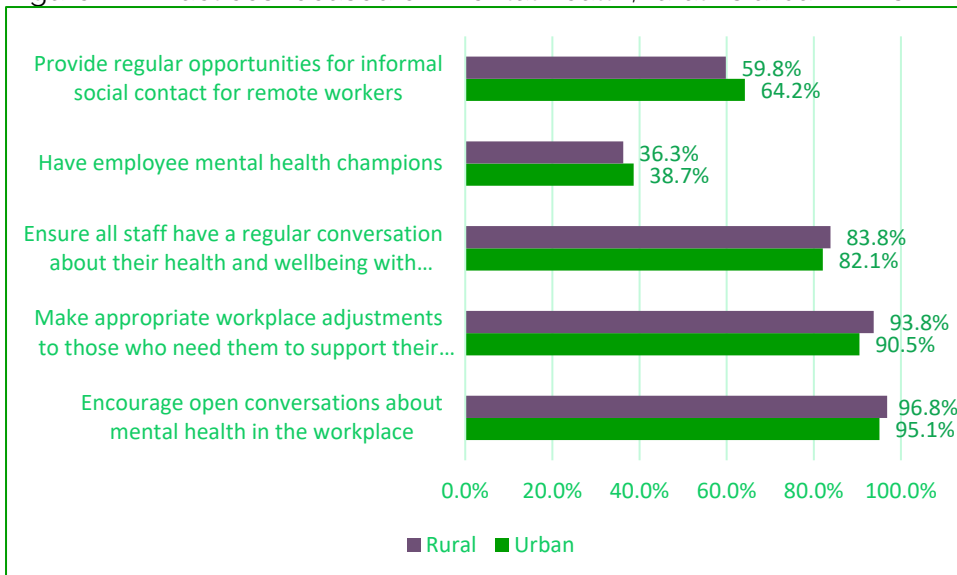
Base: 839 firms, 204 rural, 635 urban

Figure 4.6: Mental health-related activities undertaken in the previous 12 months, rural vs urban firms



Base: 839 firms, 204 rural, 635 urban

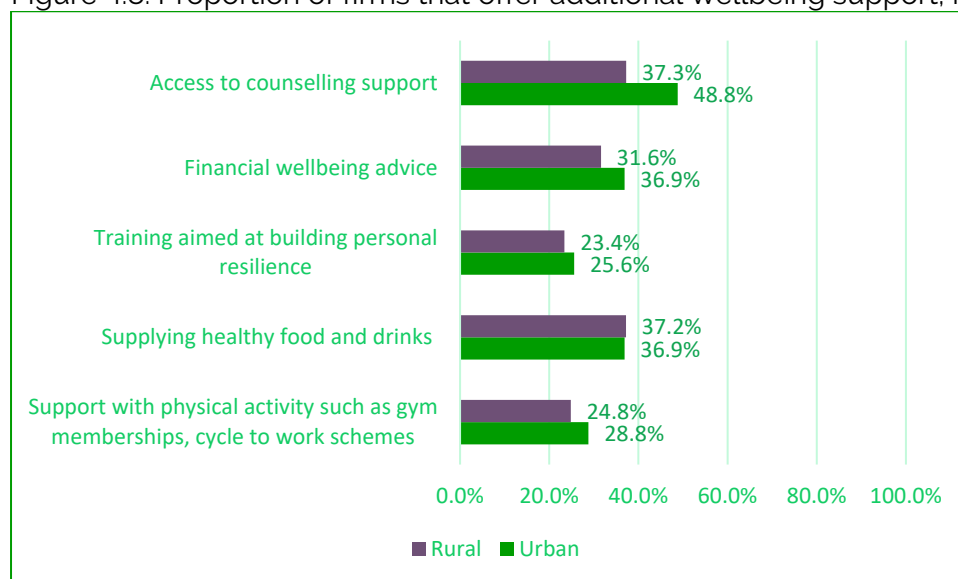
Figure 4.7: Practices focused on mental health, rural vs urban firms



Base: 839 firms, 204 rural, 635 urban



Figure 4.8: Proportion of firms that offer additional wellbeing support, rural vs urban

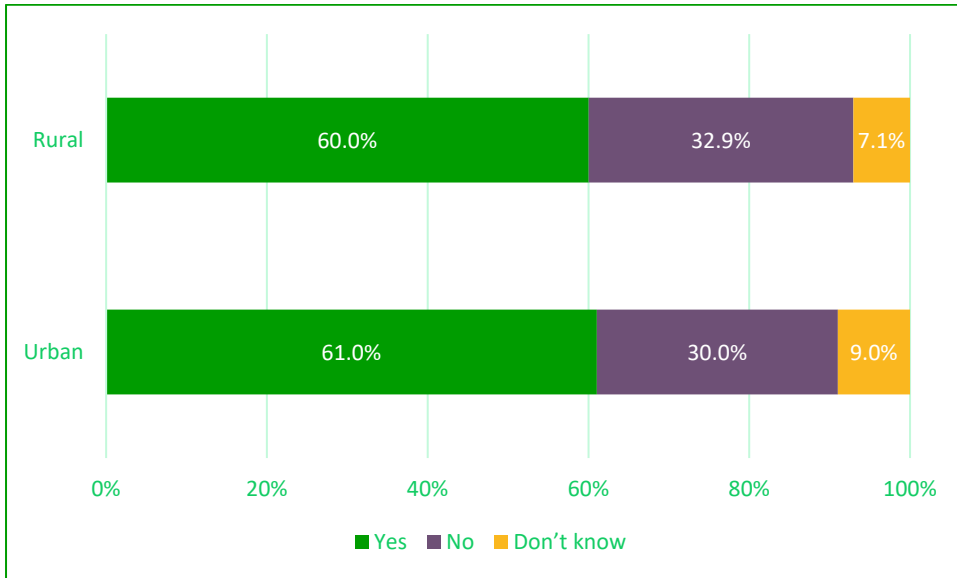


Base: 1,546 firms, 398 rural and 1,148 urban

### 4.3. Rural employer evaluation and impact of mental health initiatives, activities and practices

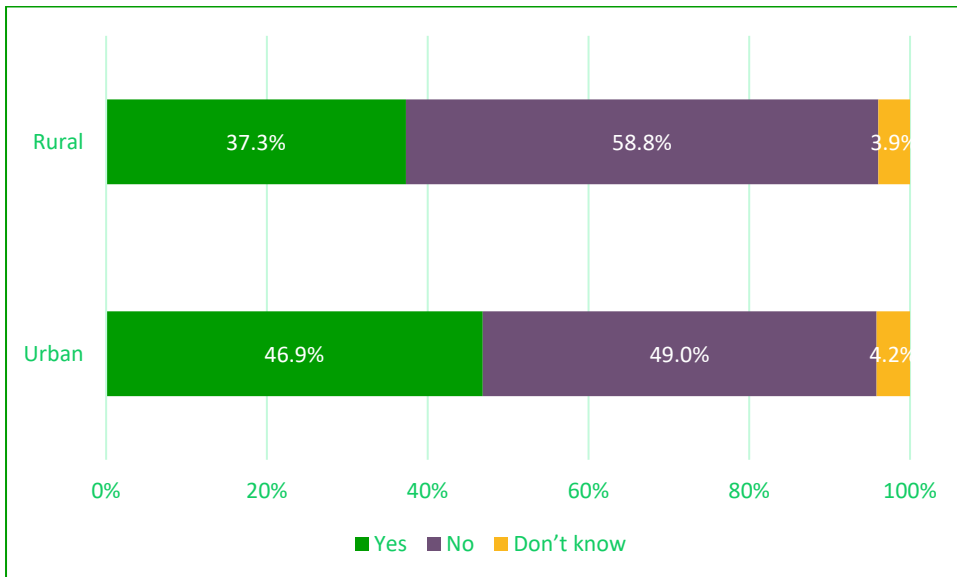
Rural and urban firms are equally likely to express the desire to provide more mental health support (Figure 4.9) but urban firms are considerably more likely than rural firms to formally evaluate the impact of their mental health initiatives and activities (Figure 4.10), a statistically significant finding that suggests more urban firms adopt a structured approach towards the development and implementation of these activities. Figure 4.11 shows the reported impacts of mental health and wellbeing activities. Overall, there is little difference between rural and urban firms in terms of the benefits claimed. However, urban firms are significantly more likely to report that their activities improved staff recruitment than their rural counterparts.

Figure 4.9: Proportion of firms that would like to provide more mental health support, rural vs urban



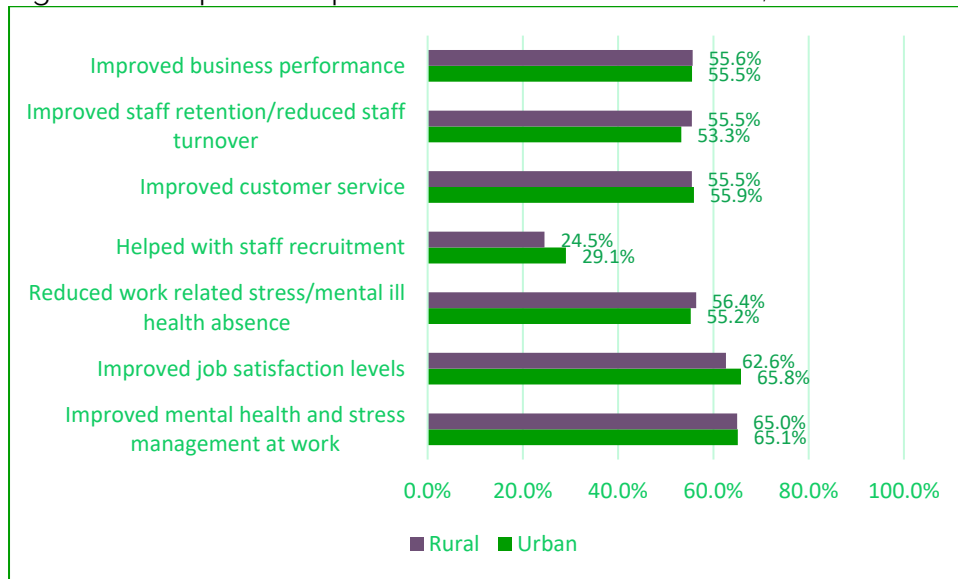
Base: 1,546 firms, 398 rural and 1,148 urban

Figure 4.10: Proportion of firms that evaluate the impact of their mental health activities, rural vs urban



Base: 1,133 firms, 283 rural 850 urban

Figure 4.11: Reported impacts of mental health activities, rural vs urban firms



Base: 1,133 firms, 283 rural 850 urban

To sum up, rural and urban employers are equally likely to believe that they have some responsibility for addressing mental health issues in their employees, irrespective of the origin of the issues. However, when it comes to their approach to workplace mental health we see key differences. Rural firms are less likely to have a mental health plan or a mental health and wellbeing lead at board level than urban firms. Rural firms are also much less likely to seek advice on mental health issues from within their own organisations than urban firms.

When it comes to initiatives and practices to address mental health issues, urban firms are significantly more likely than rural firms to offer in-house mental health support and to signpost employees towards other services for mental health issues. Rural firms in this sample were also slightly less likely to report their mental health approach and to have a budget for mental health activities. We observe little difference in terms of the mental health-related activities that firms report have taken place in their organisations over the past 12 months. Notably, less than half of rural and urban firms offering training for line managers in dealing with these issues, despite a strong reliance on practices that depend on these managers, such as having open conversations and making workplace adjustments for those returning to work after mental health-related absence. Rural firms are more likely than urban firms to say that they make adjustments in this way, but less likely to offer access to counselling support. Urban firms are more likely to evaluate their mental health programmes than rural firms.

## 5. Conclusions

We set out to examine the differences between rural and urban firms' attitudes towards, and experiences of, workplace mental health issues, and their adoption of practices and initiatives to address these issues. Prior research shows that mental health issues can have significant impacts on individuals and on the firms that employ them. Reliable sources indicate that the Covid-19 pandemic has had a significant negative effect on mental health in the UK, and previous studies have also identified factors associated with rurality that may provoke or exacerbate mental health issues, often related to living and working in more isolated settings. Understanding the ways in which employers in rural areas experience mental health issues has implications for the strategies and interventions that are put in place to address them, and will permit policy makers, support organisations and mental health experts to develop nuanced approaches relevant for rural areas.

Covid-19 appears to have had a slightly smaller impact on rural firms, and although rural firms and urban firms are equally likely to report having changed their business model as a consequence of the pandemic, urban firms were more likely than rural firms to report having moved to virtual meetings and to have introduced working from home. This may reflect different working patterns pre-pandemic in rural firms. This may also be why rural firms were less likely to report employee wellbeing impacts of increased use of technology.

We find clear differences between rural and urban firms when it comes to sickness absence measurement and reporting, with rural firms significantly less likely to measure sickness absence, and to have experienced long-term sickness absence. Rural firms were also slightly less likely to report repeated sickness absence and to say that they felt the impact of sickness absence, and were significantly less likely to record the reasons for sickness absence than urban firms. The differences suggest that, in this sample, rural firms approach the management of sickness absence differently than urban firms. Rural firms were less likely to have experienced mental health-related sickness absence in the past 12 months. We also see different patterns of mental health-related sickness absence, with rural firms reporting more repeated mental health-related sickness absence, and attributing lower levels of absence to physical problems and Covid than urban firms. It is possible that sector differences account for these variations, since the rural sample has higher proportions of construction, wholesale, retail and hospitality firms which may in turn mean more part time and casual employees. This in turn may influence sickness absence patterns.

Turning to presenteeism, while similar proportions of rural and urban firms reported some level of presenteeism there are some differences in the reported types of presenteeism, with rural workers less likely to report for work when unwell. We also see some differences in reported causes of presenteeism, with urban firms more likely in particular to cite job insecurity and pressure from

managers. Urban firms are more likely to be taking steps to prevent presenteeism. These findings indicate clear differences between rural and urban firms which merit further investigation, particularly in the light of the relatively small sample size of rural firms who reported presenteeism.

We observe key differences between rural and urban firms' attitudes towards, and approach to, workplace mental health. Although rural and urban employers are equally likely to express the view that they, as employers, have some responsibility for addressing mental health issues in their employees, urban firms are more likely than rural firms to say that they introduced more mental health-related initiatives as a consequence of the crisis. Rural firms are less likely to report having a health and wellbeing lead at board level, having a mental health plan and that they use data to monitor employee wellbeing than urban firms. They are also much less likely to seek advice on mental health issues from within their own organisations than urban firms. These differences indicate that rural firms may have a tendency to be less structured and formal in their approach towards workplace mental health issues.

Focusing on initiatives and practices to address mental health issues, again we note differences, with urban firms significantly more likely than rural firms to offer in-house mental health support and to signpost employees towards other services for mental health issues. Rural firms in this sample were also slightly less likely to report their mental health approach and to have a budget for mental health activities. Rural firms are more likely than urban firms to say that they make appropriate workplace adjustments to those who need them to support their mental health, while urban firms are more likely to provide access to counselling support for those employees that need it. For rural and urban firms alike, the proportion of firms that offer training for line managers, who are usually the ones tasked with managing workplace mental health, is below 50 per cent which is perhaps concerning given their reliance on these managers to deliver the workplace practices that they adopt.

Rural and urban firms are equally likely to express the desire to provide more mental health support but urban firms are considerably more likely than rural firms to formally evaluate the impact of their mental health initiatives and activities which suggests again that more urban firms may be more likely to adopt a structured approach towards the development and implementation of these activities.

Our findings indicate underlying differences between rural and urban firms' approaches towards workplace mental health which may have policy implications. For rural firms, policies that foster and enable a more structured approach to workplace mental health may be appropriate, to encourage greater visibility of the extent and impacts of these issues. This in turn may encourage firms to adopt the initiatives and practices necessary to support their employees, including training



for line managers, relevant in-house support and signposting to external resources.

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For further information about NICRE:

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