

Psychological support at work: the case for the board

[company name] · [date]

Prepared by [full name], HR department

What the company sees and what it doesn't

Working days lost each month per person to reduced mental health

1.0 day

sickness absence

Time off work. It shows up in attendance records, in the rota and in costs.

2.6 days

presenteeism

Working while unwell. No report shows it, yet it costs more.

3.6 days in total. The company counts only the time missing from its records, yet most of the loss builds up in hours that are actually worked.

Polish Productivity Study 2026, Mindgram and Experience Institute. CAWI survey, 16 June – 3 July 2026, n = 2,302 working Poles aged 18–65, 7 sectors. Loss measured with the WPAI questionnaire (self-reported), above the level of people with no DASS-21 symptoms, weighted data, Mindgram's own calculation. Averages for the whole sample, not for your company.

What it costs [company name]

Estimate from “Spreadsheet: the cost of presenteeism and absence in your company”. For discussion, not an audit.

Cost per day	gross salary × 12 / working days
Absence	employees × days lost to absence × 12 × cost per day
Presenteeism	employees × days lost to presenteeism × 12 × cost per day
Total	absence + presenteeism → per employee → FTE equivalent

Our result	
Absence per year	PLN [amount]
Presenteeism per year	PLN [amount]
Total per year	PLN [amount]
Per employee	PLN [amount]
Equivalent to	[number] FTE

By default the spreadsheet uses 1.0 and 2.6 days lost per person per month (Polish Productivity Study 2026) and PLN 355 per working day (GUS median). Enter your own data: headcount, salary and working days.

What employees expect

54%

think employers **should be legally required** to provide psychological support.

1 in 3

think their organisation **takes enough care** of its employees' mental health.

50%

see free mental health care as **just as important as private medical care**.

25%
vs 12%

25% want direct access to a psychologist. **12%** get it from their employer.

Polish Productivity Study 2026, Mindgram and Experience Institute. CAWI survey, 16 June – 3 July 2026, n = 2,302 working Poles aged 18–65, 7 sectors.

When a problem needs a psychologist and when it needs organisational change

Individual support

The problem affects individuals, often outside work.

- A personal crisis: divorce, a loved one's illness, bereavement.
- Insomnia, anxiety or low mood lasting for weeks.
- Addiction, or suspected addiction.
- Returning after a long absence.
- A child or teenager in crisis at home.

Changing how work is organised

The problem keeps coming back in the same place.

- A whole team reports being overloaded.
- Staff turnover concentrated under one manager.
- Overtime is the norm, not the exception.
- Conflict, unclear roles, signs of bullying.
- The problem began after a restructuring or a system change.

Psychological support won't fix badly organised work. Reorganising work won't help someone who is grieving. A company needs both, along with data that shows where the problem lies.

What we DON'T do

BOUNDARY

We don't replace a doctor

The programme offers support, not treatment. In medical situations it refers people to a doctor. It is no substitute for treatment, or for sick leave when someone needs it.

BOUNDARY

We don't collect data on individuals

The company receives aggregated reports only. Nobody at the company knows who uses the programme or what for. Without this rule the programme is pointless, because no one will trust it.

BOUNDARY

We don't promise less sick leave

Absence depends on many factors the programme cannot influence. What we promise is support for people and a clear view of what they come to us with.

These three boundaries are worth spelling out to the board. Promises you can't keep cost more than the programme.

What rollout looks like

1

A message from the board

The first email is signed by a board sponsor, not by HR. It explains why now and who can use the programme.

2

Access for everyone

QR codes on the shop floor, in changing rooms and in canteens. People without a work email hear about it in the same week as office staff.

3

Managers go first

They get to know the programme before their teams. They know what to say and how to respond when someone asks for help.

4

Aggregated quarterly report

Topics and trends for the board, with no data on individuals. The findings feed back into the organisation.

The full list of steps: “Communication checklist for a psychological support programme”.

What the board can expect after a year

DATA

A company-wide mental health report

A picture of the organisation's mental health over time, quarter by quarter. Today the company has no such data.

INSIGHT

The issues people come with

Stress, sleep, money, family, conflict. Aggregated, with no names. A basis for decisions about how work is organised, not only about benefits.

REPORTING

ESRS S1 compliance in ESG reporting

Documented action on the mental health of your own workforce, ready to include in the sustainability report.

No numerical promises. We don't assume in advance how much absence will change or what the return will be. After a year we will have data we don't have today.

The decision we're asking for

Annual budget

PLN [amount]

Start date

[date]

Board sponsor

[full name]

Owner in HR

[full name]

First report to the board

[date]

What happens after the decision

- Choosing a provider and signing the contract: [number] weeks.
- Board sponsor's message on launch day.
- Managers briefed before launch.
- First aggregated report after the first quarter.
- Board review after a year: data, issues, decisions on how work is organised.

Sources

- 1 *Polish Productivity Study 2026*, Mindgram and Experience Institute. CAWI survey, 16 June – 3 July 2026, n = 2,302 working Poles aged 18–65, 7 sectors. Instruments: DASS-21 (mental health) and WPAI (productivity loss). Slides 2 and 4. More: mindgram.com/en/for-hr/reports/polish-productivity-study-2026
- 2 *Spreadsheet: the cost of presenteeism and absence in your company*. Estimation model: employees × days lost per the study × 12 × cost per day, the same as the board calculator (mindgram.com/en/methodology). Valued with the human capital approach, which gives an upper bound. Slide 3.
- 3 Reilly MC, Zbrozek AS, Dukes EM. *The validity and reproducibility of a work productivity and activity impairment instrument*. *Pharmacoeconomics* 1993; 4(5): 353–365. WPAI questionnaire.
- 4 Lovibond SH, Lovibond PF. *Manual for the Depression Anxiety Stress Scales*. 2nd ed., Psychology Foundation, Sydney 1995. DASS-21 scale.
- 5 ESRS S1 “Own workforce”, Commission Delegated Regulation (EU) 2023/2772 of 31 July 2023 (European Sustainability Reporting Standards). Slide 8.