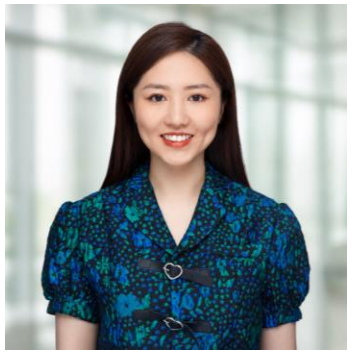
Procuring Wellbeing for Workforce Resilience

KPIs:

- 86% participants reported improved mental state, with male employee participation rose from 18% to 41%
- Employee satisfaction increased by 18% and participant retention is 35% higher



Which SPP thematic track does your case study align with? People

Where does your case study sit within the procurement lifecycle?

Develop talent and shape industry norms

What was the core challenge you were facing, and what was the context?

As a healthcare communications SME, HackHealth faces workforce risks including burnout, talent attrition and disruption to client delivery. Work-related stress and fatigue had become material workforce risks.

Hackhealth's late-2024 internal survey showed that 67% of respondents experienced work-related stress, yet 81% said stigma or cost would discourage them from seeking help. Mental health remains largely unaddressed in China's advertising industry. The waken-up call when a highly talented young creative employee resigned after a three-month period of burnout in Q4 2024. The initiative was also designed to strengthen the firm's management of social and human-capital risks. particularly in Employee Health & Wellbeing and Occupational Health & Safety.

What approach did you take to tackle the challenge?

HackHealth integrated employee wellbeing into its social / human-capital management, establishing a five-stage mechanism: Prevention → Identification → Support → Intervention → Monitoring. EAP is one core tool within this mechanism. Launched in early 2025, it offered four free components to all employees and their families:

1. 24/7 confidential counseling hotline by licensed professionals;
2. Create a 'safe room' that hosts confidential counselling sessions;
3. A quarterly resilience and stress-management workshop
4. manager training on recognizing burnout and making private, non-pressuring referrals

By end-2025: 150+ sessions, 86% improved mental state. As of Q1 2026, the program is ongoing : 200+ sessions

Who was involved and how did you build buy-in (or not)?

- Start at the top: the CEO and CFO were involved from the outset. They understood the workforce and delivery risks and were prepared to allocate budget.
- Follow through the ranks: Operations, line managers, and employees received appropriate onboarding and internal communications, especially the managers were well briefed and empowered;
- Framing the case clearly is crucial: employee wellbeing as a core competency and as a Social / Human Capital priority.
- Show evidence: the case showed how poor employee mental health hurts the business with documented financial data on severance, recruiter fee, replacement training cost, loss of workdays (estimated over 1.2mio RMB/year)

What was the outcome, and how did you measure the impact?

Four measurable outcomes delivered:

- Service utilization: more than 150 counseling sessions in the first 12 months, averaging 50 minutes (above 35-minute benchmark).
- Male participation rose from 18% to 41% overcoming stigma by Q4 2025.
- Participant wellbeing: 86% reported improved mental state, validated via pre/post PHQ-9 and GAD-7.
- Organizational impact: satisfaction +18% vs 2024; retention of participants 35% points higher than non-participants.

Data came from anonymised provider reports, HRIS and the annual survey, with no individual health data shared with managers.

This initiative contributed to the firm's broad efforts to be awarded an EcoVadis silver medal in Mar 2025, placing the firm within the top 15% of companies rated during the period globally.

This is a community-sourced case study
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Please note: The Guide has benefited from the input of individuals, companies, and organizations.
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What was the cost or investment required, and what have been the expected (or unexpected) business trade-offs or benefits?

It is the most valuable Investments on human capital. Though the program required a dedicated budget for third-party EAP provider; safe room setup; quarterly workshop facilitation fees, as well as dedicated time from senior management, HR team and line managers. However, the reported benefits are disproportionately large: reducing burnout-related medical leave and turnover; improved employee wellbeing so they're able to achieve sustainable personal growth as well as team and business stability; eventually strengthen employer brand in a competitive market like Shanghai/China that helps attract top talent to join us.

What were the key success factors?

- Face the challenge head-on. Address the challenge openly and directly. Build company-wide, top-to-bottom alignment and a willingness to act
- Secure buy-in from senior management
- Create a compassionate culture in which discussing stress and emotional difficulties is normalised rather than stigmatised
- Dependable and professionally qualified EAP provider delivering the programme with care

What was the "ugly truth" you encountered & what would you do differently next time?

Cultural resistance around such a sensitive topic was initially underestimated. Despite careful planning, engagement during the first three months was below both our target and the external benchmark, particularly among male employees. One-to-one conversations indicated that concerns about confidentiality and "losing face" " (Chinese way of saying pride & dignity) discouraged some employees from seeking support. We learned that communications must normalise stress and help-seeking without portraying either as weakness.
In retrospect, we would involve voluntary male peer ambassadors earlier, explain confidentiality boundaries before launch and train managers to make private, non-pressuring referrals.

How would you recommend those with fewer resources approach this?

A resource-constrained team can begin with three steps: (1) check whether its existing health insurance includes confidential EAP access; (2) use independently vetted digital self-assessment tools that meet local privacy and clinical governance requirements; and (3) train three to five peer volunteers in listening, awareness and professional referral. Peer volunteers must not provide clinical care. A 10-person team could begin with one designated HR owner contributing approximately five hours per month and a modest external-counselling budget based on local market rates.
The key principle is to start small, protect confidentiality and remain consistent.

For whom would you recommend this initiative?

Recommended for service-sector SMEs with 50-200 employees in advertising, consulting, IT, customer service, healthcare and other professional services, particularly organizations with high-pressure, deadline-driven teams. Especially relevant where employees face client-facing or emotionally demanding work. Smaller teams (under 50) should first explore insurer-provided services; peer volunteers may support awareness and navigation but should not replace professional care.