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Safe Actions For Employee Returns

Mental Health and the Workplace

Mental health, wellbeing and illness are critical components of overall worker health and wellbeing. Workplaces should prioritize protecting employee's mental health and safety on an equal level as physical safety. Addressing mental health in the workplace requires continuous leadership and commitment from leaders, buy-in from managers, supervisors and employees, compassionate and flexible policies and programs, facilitating education, awareness and a strong understanding and respect for the complexities of mental health, wellbeing and illness.

The intersection of worker wellbeing and its impact on occupational safety is the foundational belief of the National Institute for Occupational Safety and Health's (NIOSH) Total Worker Health framework, as well as other literature on safety culture, building a psychologically safe workplace, and worker wellbeing.

There are six sections to this brief, all of which are equally important and foundational to workplace policies and programming addressing the overarching umbrella of mental health.

1. Understanding Mental Health and Mental Illness
2. The Relationship between Mental Health, Mental Illness, and the Workplace
3. The Impacts of COVID-19
4. Taking Action
5. Stigma and Other Barriers to Success
6. Measuring Success

Understanding Mental Health and Mental Illness

The differences between mental health and mental illness

Both mental health distress and mental illness, including general symptoms of depression, anxiety, substance use and stress as well as diagnosable conditions, are common, affecting individuals, their families, co-workers and the broader community. However, mental health and mental illness are not the same, though they are frequently conflated. Over the course of a lifetime, most people will not experience a diagnosable mental illness. At some point, however, most will experience mental health distress or challenges to their mental wellbeing.

Mental health (also referred to as mental wellbeing) is the foundation for emotions, thinking, communication, learning, resilience and self-esteem. Mental health is key to relationships, personal and emotional wellbeing, contributing to community or society, and effectively functioning in daily activities such as attending work or school. It also includes reacting to, adapting to, and coping with adversity.^{1,2,3} Some types of mental health distress include stress, grief, or feeling depressed or anxious. These differ from mental illness in that they are not diagnosed conditions; rather, they are temporary. Mental health distress can become a mental illness when ongoing signs and symptoms become chronic and interferes with or limits the ability to function in daily life.⁴

Mental illness (also referred to as mental disorders, diagnoses, or conditions) refers collectively to all diagnosable mental health disorders – health conditions involving significant changes in thinking, emotion, and/or behavior, and/or distress and problems functioning in social, work or family activities.⁵ There are many different mental illnesses, each of which has different symptoms that influence different people in different ways, ranging in degrees of severity. Over 46 million Americans – nearly 1 in 5 – live with a mental illness,⁶ and over 11 million Americans have a serious mental illness, which, in some cases, can result in functional impairment and impact life activities. Mental illness is the number one cause of disability in the United States.⁷

Though mental health distress can become mental illness, it is also possible for mental illness to develop on its own – it is not dependent on the presence of mental health distress. It is possible for people to experience low levels of mental health or mental health distress without having a mental illness. It is also possible for people to have a mental illness and be in excellent mental health (for example, a person with a diagnosed anxiety disorder can be in good mental health).⁸

Why do some people experience higher levels of mental health distress or mental illness than others?

Both individual and social or systemic risk factors (resulting from issues present in the overall system, e.g. economic vulnerability) play a role in causing mental distress. Mental health and mental illness are also shaped, to great extent, by the social, economic and physical environments in which people live.⁹ Some of these factors are addressed in depth below.

¹ <https://www.psychiatry.org/patients-families/what-is-mental-illness>

² <https://www.psychologytoday.com/us/blog/reaching-across-the-divide/201804/the-difference-between-mental-health-and-mental-illness>

³ <https://www.psychiatry.org/patients-families/what-is-mental-illness>

⁴ <https://www.cdc.gov/mentalhealth/learn/index.htm>

⁵ [ibid](#)

⁶ <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

⁷ <https://www.nimh.nih.gov/health/statistics/disability/us-leading-categories-of-diseases-disorders.shtml>

⁸ <https://www.psychologytoday.com/us/blog/reaching-across-the-divide/201804/the-difference-between-mental-health-and-mental-illness>

⁹ https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf?sequence=1

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Risk and Protective Factors

Risk and protective factors impact the likelihood or risk of developing a mental illness or experiencing mental health distress.

Factors that increase risk can be:

- Physical or biological (e.g. family history of mental illness, alcohol or drug use, other health conditions)
- Psychological (e.g. stress, trauma) or social (e.g. living in poverty, unstable housing, unemployment)

Protective factors oppose these and decrease the risk¹⁰ and can include:

- Physical or biological (e.g. healthy diet, exercise, lack of other health conditions, no substance use)
- Psychological (e.g. reliable support from family, good coping skills) or social (good relationships with family and friends, economic and financial security)

Individual Factors

Individual factors could include changes at work or school, illness, injuries, problems with relationships, family, money or housing, all of which can cause stress. Long-term or chronic stress can contribute to mental health distress and mental illness through effects on the heart, immune and metabolic functions, and hormones acting on the brain.¹¹ A family history of mental illness, alcohol or drug use, and other health conditions are also considered individual factors.

Social and Systemic Factors

Social and systemic factors contribute significantly to the occurrence of mental health distress and development mental illness. Examples include access to health care services, social norms and attitudes (e.g. discrimination, racism, etc.), socioeconomic variables and economic stability or vulnerability.¹²

The relationship between mental health, mental illness, substance use disorders (SUD) and the economy is bidirectional – mental health, mental illness and SUDs are known drivers of lower productivity, increased healthcare costs and higher mortality.¹³ Unemployment, stress (including stress caused by the workplace) and economic vulnerability are linked to increases in mental health distress and substance misuse. For example, a study done during the recession in 2008 found that for every 1% increase in unemployment in the United States, researchers observed an approximate 1% increase in suicide. A 4% increase in unemployment during that time was commensurate with a 4% increase in suicide.¹⁴

Mental health distress and mental illness also impact the global economy. The World Health Organization (WHO) has noted that depression and anxiety alone have an estimated cost to the global economy of \$1 trillion per year in lost productivity,¹⁵ with the direct impact on mental health in the United States costing \$500 billion of lost productivity annually.¹⁶ Many of these costs are indirect (associated with care seeking, lost productivity, disability, etc.) as opposed to direct costs (medication, medical visits, etc.), which is different than other chronic illness and conditions.¹⁷

¹⁰ <https://www.americanmentalwellness.org/prevention/risk-and-protective-factors/>

¹¹ <https://pubmed.ncbi.nlm.nih.gov/24514565/>

¹² <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

¹³ Davenport S et al., *Potential economic impact of integrated medical-behavioral healthcare: Updated projections for 2017*, Milliman, February 12, 2018, milliman.com.

¹⁴ <https://www.healio.com/psychiatry/suicide/news/online/%7B53327db4-7cc9-4833-9ae8-5da7ec016150%7D/unemployment-linked-to-roughly-45000-suicides-per-year>

¹⁵ *Mental health in the workplace*, World Health Organization, May 2019, who.int

¹⁶ <https://www.mhanational.org/sites/default/files/Mind%20the%20Workplace%20%20MHA%20Workplace%20Health%20Survey%202017%20FINAL.pdf>

¹⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5007565/>

Impacts of COVID-19

Prior to the COVID-19 pandemic, Mental Health America's 2017 Workplace Health Survey¹⁸ found that 63% of respondents reported that workplace stress resulted in a significant impact on their mental and behavioral health, with over one in three reporting that they engaged in unhealthy behaviors in response to that stress. The COVID-19 pandemic has emphasized the need to respond to the mental health crisis as it has disrupted the normal working lives of millions of Americans, increasing stress both at home and at work.

COVID-19 will have a material impact on the behavioral health of society.¹⁹ COVID-19 has caused the sharpest economic pullback in modern history and a record-breaking spike in unemployment – job loss is associated with increased depression, anxiety, distress and low self-esteem and may lead to higher rates of substance misuse, substance use disorder and suicide.²⁰

Mental health support is becoming a top concern for employers as more employees struggle with increased anxiety, loneliness and depression related to remote work and other stressors and impacts related to the pandemic. Mental health distress has increased as measures taken to slow the spread of the virus – such as physical distancing, business and school closures and shelter-in-place orders – lead to greater isolation and potential financial distress. Beyond the negative impact of a traditional economic downturn, COVID-19 presents additional challenges – fear of the virus itself, collective grief, prolonged physical distancing and associated social isolation.

Prevalence of mental health problems in natural disaster-affected populations is already found to be 2–3 times higher than that of the general population (varies from 8.6 – 57.3%).²¹ One example from the aftermath of Hurricane Katrina showed that the prevalence of serious mental illness had doubled, and nearly half of the respondents in the study have post-traumatic stress disorder (PTSD).²² The mental health distress and illness stemming from the pandemic will not disappear as the country recovers and people regain a sense of normalcy; it can be expected that the mental health impacts of the COVID-19 pandemic will continue to manifest in the coming weeks, months and years.

Some of these long-term impacts include a likely surge of people experiencing acute behavioral health problems and symptoms from mental illness. Some of these may be new symptoms and diagnoses; others may appear as existing conditions are exacerbated.²³ Some of these acute behavioral health problems may become chronic. Some populations will be more vulnerable than others, including frontline employees such as healthcare workers who may experience elevated levels of trauma and mental health impacts.²⁴ Employers should develop both short- and long-term plans to address and support employee mental health and wellbeing.

¹⁸ <https://www.mhanational.org/sites/default/files/Mind%20the%20Workplace%20-%20MHA%20Workplace%20Health%20Survey%202017%20FINAL.pdf>

¹⁹ <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/returning-to-resilience-the-impact-of-covid-19-on-behavioral-health>

²⁰ https://www.kff.org/report-section/the-implications-of-covid-19-for-mental-health-and-substance-use-issue-brief/#endnote_link_460419-1

²¹ Udomratn P. Mental health and the psychosocial consequences of natural disasters in Asia. *Int Rev Psychiatry*. 2008;20:441–4.

²² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3276074/>

²³ <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2764404>

²⁴ Ibid

The Relationships between Mental Health, Mental Illness and the Workplace

Supporting mental health in the workplace increases productivity, decreases costs (healthcare, absenteeism, etc.) to employers and contributes to the wellbeing of the community at large. It is becoming more common for employers to recognize that mental health is an unaddressed issue and work to address it accordingly.

However, supporting mental health in the workforce continues to challenge many employers.²⁵ Highlights from the 2019 Disability Management Employer Coalition Mental Health Pulse Survey²⁶ sent to employers sheds more light on the issue:

- 58% of respondents said that they handle mental health issues well when they know about them, but they could be more proactive in spotting signs of employees at risk and intervening early
- 50% say their organization does not provide training for managers on identifying mental health needs and making appropriate referrals for their employees
- 55% say they communicate about mental health reactively (only when asked or when a specific issue arises)
- 66% of respondents are not tracking prevalence of mental health issues in their workplace
- 59% say stigma is a barrier for employers seeking mental health care

The Impact of the Workplace on Mental Health

The workplace has significant impacts on employee mental health and wellbeing. One risk factor for developing mental illness or experiencing mental distress is experiencing stress, which can be exacerbated or caused by workplace conditions. Chronic exposure to stressful workplace conditions can lead to a variety of mental health conditions, including experiences of depression, anxiety, an inability to concentrate and emotional exhaustion.²⁷

Both the content and context of work can play a role in the development of mental health distress and illness. Key factors include²⁸:

- Workload (both excessive and insufficient work)
- Lack of participation and control in the workplace
- Monotonous or unpleasant tasks
- Role ambiguity or conflict
- Lack of recognition at work
- Inequity
- Poor interpersonal relationships
- Poor working conditions
- Poor leadership and communication
- Conflicting home and work demands
- Uncomfortable physical working conditions (extreme temperatures, lack of ergonomic best practices, poor scheduling, infrequent breaks)
- Fatigue at work (caused by long-term or chronic stress, poor working conditions, personal reasons; can also be a symptom of mental health distress and varying mental illnesses)

²⁵ https://www.who.int/mental_health/policy/workplace_policy_programmes.pdf

²⁶ <http://dmec.org/2019/05/30/2019-dmec-mental-health-pulse-survey-results/>

²⁷ <https://www.transamericacenterforhealthstudies.org/docs/default-source/wellness-page/from-evidence-to-practice--workplace-wellness-that-works.pdf?sfvrsn=2>

²⁸ https://www.who.int/mental_health/policy/workplace_policy_programmes.pdf

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Employers must address mental health in the workplace on both individual and systemic levels. Providing support for individuals, enhancing treatment coverage, and educating employees are critical actions. However, they will have limited impact if workplaces do not simultaneously work towards the reduction or elimination of stressors in the workplace themselves.²⁹ Organization-level measures (supervisor and manager training, stress management systems, etc.) can be sustained, evaluated and shifted according to workplace need.

The Impact of Employee Mental Health on the Workplace

It is important to acknowledge the impact of mental health on employee performance and broader functioning, as well as other healthcare conditions and costs. There is a link between mental health distress and increased safety risks – experiencing mental health distress can adversely affect risk recognition and actions of workers both off and on the job.^{30,31} Both moderate and severe mental health distress have been found to increase risk for workplace safety incidents.³² Some people may experience fatigue as a symptom of mental distress or have a co-morbid substance use disorder, increasing the risk for impairment in the workplace. Addressing stress, mental health distress and mental illness in the workforce can help lower risk for workplace incidents.³³

Furthermore, there is a strong business case for addressing mental health in the workplace. Mental health distress and mental illness have an impact on employers and their bottom lines directly through increased absenteeism, negative impact on productivity and profits and an increase in health care costs related to mental health and illness.³⁴ A Mental Health America workplace health survey between 2015 and 2017 found that 63% of respondents reported that their workplace stress resulted in a significant impact on their mental and behavioral health,³⁵ and more workers are absent from work due to stress and anxiety than due to physical illness or injury.³⁶

One study found that untreated depression costs \$9,450 per employee, per year.³⁷ Less than half of all costs of depression are attributed to the direct costs of treatment (45 - 47%). In fact, 48 - 50% of all costs is associated with costs to the workplace in terms of lost productivity, absenteeism and disability.³⁸ The Center for Workplace Mental Health found that over 80% of employees treated for mental illness report improved levels of work efficacy and satisfaction. WHO-led studies found that for every \$1 invested in mental health treatment, there is a return of \$4 in improved health and productivity³⁹ – when employees receive effective treatment for mental illness, results include lower total medical costs, increased productivity, lower absenteeism and decreased disability costs.⁴⁰

²⁹ https://www.researchgate.net/publication/263461563_Work-home_interaction_from_a_work_psychological_perspective_Development_and_validation_of_a_new_questionnaire_the_SWING

³⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5891372/#!po=85.4167>

³¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4935706/>

³² <https://link.springer.com/article/10.1007/s00420-010-0555-x>

³³ <https://www.onlabor.org/wp-content/uploads/2017/05/712.pdf>

³⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3062016/>

³⁵ <https://www.mhanational.org/sites/default/files/Mind%20the%20Workplace%20-%20MHA%20Workplace%20Health%20Survey%202017%20FINAL.pdf>

³⁶ <https://apps.who.int/iris/bitstream/handle/10665/42891/924156265X.pdf>

³⁷ <https://business.kaiserpermanente.org/insights/mental-health-workplace/stigma-at-work>

³⁸ <http://workplacementalhealth.org/getattachment/Making-The-Business-Case/Link-2-Title/working-well-toolkit.pdf?lang=en-US>

³⁹ https://www.who.int/mental_health/in_the_workplace/en/

⁴⁰ <http://workplacementalhealth.org/getattachment/Making-The-Business-Case/Link-2-Title/working-well-toolkit.pdf?lang=en-US>

Treatment Works

Treatment for mental illness and mental health conditions works – for example, treatment for depression works 80% of the time.⁴¹ Strengthening the mental health treatment system, increasing capacity and getting people the care they need early on in their mental illness could save up to \$48 billion annually in healthcare costs.⁴² However, accessing treatment for mental health conditions is a concern – only 43% of all people living with mental illness receive treatment for their condition,⁴³ and 10 million adults experiencing a mental illness still report having an unmet need.⁴⁴ Common barriers include cost and poor insurance coverage for accessing mental health care.⁴⁵ Coverage by employer healthcare plans, with support from supervisors, workplace policies, and leadership can help people get the support they need when they need it.

Addressing Mental Illness in the Workplace

With one in five Americans reporting a mental illness in 2018, and one in 25 reporting a serious mental illness, employers can reasonably assume that, even if not disclosed, employees living with mental illness are present in the workforce.⁴⁶ Efforts to address mental health and mental illness in the workplace should assume the presence of employees living with a mental illness, and develop policies, programs and procedures accordingly. Similarly, efforts towards building a psychologically safe workplace should assume the same and ensure that all language is inclusive, stigma-free and supportive.

The workplace must treat mental illnesses (diagnosable mental health conditions, including but not limited to anxiety disorders, major depressive disorder, bipolar disorders and schizophrenia)⁴⁷ in the same manner that they would treat an employee who has a physical illness or injury and abide by all applicable privacy regulations. Mental illnesses are covered under the Americans with Disabilities Act (ADA), meaning that employers must make reasonable accommodations for workers with such illnesses to perform their responsibilities.⁴⁸ Disclosure of any disability (including diagnosis of a mental illness) cannot be required, except in specific circumstances, although it can be required when requesting a job accommodation.⁴⁹ Disclosure is the employee's choice. Employees may elect to not disclose diagnosis of a mental illness for many reasons, including but not limited to fear of retribution, judgment from supervisors or colleagues or fear of lack of confidentiality.

Even if the workplace is generally considered to be psychologically safe (one that promotes employees' psychological wellbeing and actively works to prevent harm to employee mental health), supportive and non-judgmental, employees may still choose to not share that they have a diagnosed mental illness. Employee privacy must be respected and employees must not be pressured into disclosing that they or a loved one have experienced or are living with a mental illness. If an employee chooses to disclose well after the diagnosis, there must not be retribution or judgment for not disclosing earlier.

⁴¹ <http://workplacementalhealth.org/getattachment/Making-The-Business-Case/Link-2-Title/working-well-toolkit.pdf?lang=en-US>

⁴² Ibid

⁴³ https://www.thenationalcouncil.org/wp-content/uploads/2019/09/UFBH_FactSheet-1.pdf?dof=375ateTbd56

⁴⁴ <https://www.mentalhealthamerica.net/issues/state-mental-health-america>

⁴⁵ <https://www.thenationalcouncil.org/press-releases/new-study-reveals-lack-of-access-as-root-cause-for-mental-health-crisis-in-america/>

⁴⁶ <https://www.nami.org/mhstats>

⁴⁷ <https://www.shrm.org/hr-today/news/all-things-work/pages/mental-illness-and-the-workplace.aspx>

⁴⁸ Ibid

⁴⁹ <https://adata.org/factsheet/health>

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Taking Action

A Culture of Psychological Safety

A psychologically safe workplace is one that promotes employees' psychological wellbeing and actively works to prevent harm to employee mental health.⁵⁰ Employers must commit to a process in which mental health and resilience are built into every policy, procedure and program. Consistently prioritizing, discussing, educating and living a culture of psychological safety builds the resilience of the workforce from the ground up.

General characteristics of a psychologically safe workplace include^{51,52,53}:

- Leadership that is engaged with employees, asks questions and attentively listens to feedback, and demonstrates a strong understanding of what employees are saying
- Training managers and supervisors to avoid blaming and judgmental reactions when mistakes happen or when challenges occur
- Decision making processes that includes the employees
- Promoting a culture and aligning policies to reduce concern about repercussions when asking for help, being creative, or admitting mistakes – all of which can be perceived as risky if the workplace isn't psychologically safe

Leadership, supervisors, human resources and the rest of the workforce all have a role to play in creating and maintaining a culture of psychological safety. Organizations with a strong safety culture express safety as a value from top to bottom, and employees understand, engage in, and respond to the culture.⁵⁴ Education and awareness building promote supportive workplace cultures, as do strong, compassionate and flexible policies and procedures. Training of the workforce is also a supporter of a strong psychological safety culture.

While it is not the responsibility of an employer, HR professional, or supervisor to diagnose mental health conditions, all should be trained on a variety of topics, including:

- Basics of mental health and mental illness
- Recognizing signs and symptoms of stress, mental health distress and mental illness
- Responding to a mental health crisis
- Understanding how to help employees access services (HR, the EAP, etc.)
- Motivational interviewing and other active listening techniques
- Creating a culture of trust, support and confidentiality
- Understanding how stigma and fear of judgment negatively impact employees who may need to seek help

⁵⁰ https://www.workplacestrategiesformentalhealth.com/pdf/M7229_PHSMS_Booklet.pdf

⁵¹ <https://www.annualreviews.org/doi/full/10.1146/annurev-orgpsych-031413-091305>

⁵² <https://hbr.org/podcast/2019/01/creating-psychological-safety-in-the-workplace>

⁵³ <https://theawarenesscentre.com/how-psychological-safety-at-work-can-affect-mental-health/>

⁵⁴ https://www.thecampbellinstitute.org/wp-content/uploads/2020/01/Campbell-Institute_Research-Outlook_Measuring-and-Promoting-Safety-Culture.pdf

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Strengthening Prevention Interventions and Treatment Accessibility through the Workplace

Prevention and early detection of mental health issues is an essential component of any comprehensive approach to addressing mental health and illness. Actions to take include:

- Ensuring employer health care coverage including annual mental health screenings
- Focusing on organization-level policies and programs that reduce or eliminate common workplace stressors (stress management programs, evidence-based wellness programs, etc.)
- Providing education and learning opportunities about mental health for employees
- Explicitly providing mental health sick days so employees can prioritize tending to their mental health as soon as it is needed
- Providing a physically safe working environment
- Preventing fatigue in the workplace

Treatment for mental illness is possible and remission is likely with the right supports. Actions to take include:

- Ensuring workplace culture supports using paid time off and other leave for supporting mental health and mental illness
- Providing employer healthcare coverage that includes comprehensive, robust behavioral health treatment mechanisms and abides by parity requirements
- Implementing flexible return-to-work policies for employees returning after time off due to mental illness (for example, specifically alleviating stressors or triggers that may exacerbate or aggravate the condition; developing an individualized support plan; support for remote work)

Leadership, Supervisors and Prioritizing Mental Health

Leading by example and building a culture of psychological safety are critical. Leadership, supervisors and other managers have an essential role in addressing mental health impacts and encouraging social connectedness in the workplace. Strong social connections in the workplace improve mental health. A workplace with a strong culture of psychological safety is one that promotes workers' mental wellbeing, actively works to protect employee mental health, and does not harm employee mental health through negligent, reckless or intentional ways.

Building mental, emotional and psychological safety into every process (communications, trainings, policies, etc.) builds resilience in the workforce. Resilience can help protect employees from various mental health conditions, such as depression and anxiety. Resilience can also help offset factors that increase the risk of mental health conditions, such as being bullied or previous trauma.⁵⁵

⁵⁵ <https://www.mayoclinic.org/tests-procedures/resilience-training/in-depth/resilience/art-20046311#:~:text=Resilience%20and%20mental%20health,being%20bullied%20or%20previous%20trauma.>

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Human Resources

Employers have a unique ability and responsibility to manage their relationship with benefit providers, such as Employee Assistance Programs (EAPs) and health insurance plans to ensure employees have access to the help and support they need. Human Resources teams and supervisors can help make this difference a reality. When developing policies, consider a tiered approach – plan for the 20% of people who experience a mental illness and the 5% of people who experience severe mental illness in any given year, as well as developing policies and procedures that promote and support general mental health and mental wellbeing.

Some key components to a robust HR response include⁵⁶:

- Ensuring health benefits provide strong coverage of mental health or mental illness services and conform to parity laws, as well as other relevant regulations
- Ensuring the Employee Assistance Program (EAP) has excellent support mechanisms in place for supporting employees who are in need of mental health or mental illnesses related services
- Repeatedly sharing support resources (organizational, national, and local) with employees through multiple mediums and in digestible, easy-to-understand ways, with clear instructions on how to access them
- Ensure that medical leave policies and sick time explicitly cover mental health and mental illness related time off – consider adding in mental health days to encourage employees to prioritize their mental health and wellbeing, and seek support when needed

Employee Education and Awareness

Communication about mental health in the workplace is critical. Openly engaging, discussing and being proactive about mental health can help reduce stigma and remove barriers to seeking support. Employee education on brain wellness, mindfulness, resilience and other innovative sciences focused on mental health and mental illness, along with a focus on developing a culture of wellbeing and mitigation of chronic stress can positively impact workforce engagement and performance. An educated workforce can better protect themselves from the impacts of mental health and stress. Consider building a robust education and awareness plan that ensures employees understand these impacts, are aware of workplace resources and know they are supported.

Communicating on these topics in small, easy to understand pieces of information is encouraged, as is sharing on multiple channels (e.g. posters, infographics, social media, brown bag lunch, email communications, communications from leadership, etc.). All education messaging, including messaging about seeking support, should be repeated multiple times throughout the year, as many employees may not internalize or remember it if they think they do not need it.

Stigma and Other Barriers to Success

Stigma about mental health and illness is a significant barrier that prevents people who need support from reaching out. Negative stereotypes, implicit biases and attitudes about mental health and illness are pervasive throughout society and can be present in the workplace. However, research has shown that education and training related to mental health have more positive explicit and implicit views of people experiencing mental health distress or mental illness⁵⁷ – meaning stigma is something that can be addressed in the workplace. People who are struggling with mental health or a mental illness may be afraid that disclosing their condition could lead to losing their job, judgment from coworkers, damage to their reputation or create complications within their professional life.

⁵⁶ https://www.nsc.org/Portals/0/Documents/NSCDocuments_Advocacy/Safety%20at%20Work/covid-19/safer-playbooks/mental-health.pdf?ver=2020-06-10-094235-910

⁵⁷ <https://pubmed.ncbi.nlm.nih.gov/18852619/>

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People who are reaching out for support are in a vulnerable place. A judgmental or dismissive reaction from the source of support can cause further trauma and prevent the employee from seeking help from a different person or source. Employers must proactively address stigma in the workplace and set an example of acceptance and support to create a psychologically safe workplace, train supervisors on how to handle conversations about mental health and mental illness, and foster a culture where getting support for mental health needs is as common and accepted as seeking help for physical health needs.

When addressing stigma against people experiencing mental health distress or mental illness in the workplace, it is helpful to understand how employee mindsets can prevent them from coming forward when they are in need of support. Thinking proactively about these mindsets and working to improve them may help more employees come forward when they need to.

Some common fears include:⁵⁸

- “If I report that I am experiencing mental health distress or have a mental illness, I’ll be fired or experience other negative consequences at work”
- “My stress level is high and I’m really not doing well, but that’s just part of the job”
- “I don’t know where to find help – I don’t trust anyone here to help me”
- “This will pass – it’s normal, and I don’t need to see a doctor because I’m not sick”

Another barrier to success is that addressing mental health in the workplace requires a continuous effort. Mental health cannot be addressed by a one-and-done education session, or reduced to asking employees to contact their employee assistance programs. Organizations often have to triage multiple priorities and decide which ones to focus on first. While many agree that addressing mental health is important, more urgent issues may be dealt with first, pushing these long-term, intimidating and multi-faceted initiatives off indefinitely. It must be a continuous, conscious, deliberate choice to prioritize employee mental health and a culture of psychological safety.

Employers must not fall prey to mindsets like the ones following:

- “Mental health is a private issue, not one that concerns employers”
- “We can’t prioritize mental health – it will reduce productivity because more people will take time off or take advantage of the system”
- “Changing culture is hard and will take too long – we can’t prioritize it right now”

Creating a mental health task force with representation from across the workforce can help alleviate some of the stress, can ensure that a combination of voices are at the table to get the full picture and spread the responsibility across multiple teams and people. This helps hone strategies to stay relevant to the individual workforce, reinforces that the organization is committed to creating a culture of psychological safety and recognizes that prioritizing mental health now creates a healthier workforce in the future. Similarly, the needs of the workforce may change overtime, and having a taskforce connected with the day-to-day culture and activities of employees can help employers anticipate changes that need to be made and react in real-time.

⁵⁸ <https://www.mckinsey.com/business-functions/organization/our-insights/overcoming-limiting-mind-sets-to-improve-safety>

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Safe Actions For Employee Returns

Measuring Success

Success is not an easy concept to measure. A workplace must have multiple sources and types of data to measure if they want to successfully address mental health and illness. Varying frameworks may be helpful, including those developed to measure impact of wellbeing programs (see the Campbell Institute's [Beyond Safety: Leading Indicators for Health and Wellbeing](#) and [A Systems Approach to Worker Health and Wellbeing](#)).

Tracking types of claims via varying sources (EAP, healthcare claims, disability claims, etc.) and other proxies such as decreased turnover, increase in job satisfaction and participation in wellness programs can also offer opportunities to assess progress and success. However, it is important to note that these proxies cannot be used on their own. For example, if healthcare claims related to mental health and illness decrease, that is not necessarily a sign that programming is working and that there is less need. It could mean the opposite – that employees do not feel safe seeking support for mental health and wellbeing, and therefore are choosing not to. This is why assessing employee engagement and receiving qualitative feedback in addition to the quantitative measures is critical.

Assessing employee engagement is a critical factor in measuring success. Employers have several options to work with, including:

- In-house employee engagement satisfaction and engagement surveys
- Employee safety perception surveys designed to ask about psychological safety and other mental health concerns
- The World Health Organization Well-Being Index (WHO-5), one of the most widely used questionnaires that assesses subjective psychological wellbeing. The WHO-5 is a short questionnaire consisting of five simple and non-invasive questions, which tap into the subjective well-being of the respondents. The scale has adequate validity both as a screening tool for depression and as an outcome measure in clinical trials.⁵⁹
- The Satisfaction with Life Scale (SWLS)⁶⁰, a five question questionnaire focusing on general life satisfaction. Scores on the SWLS have been shown to correlate with measures of mental health, and be predictive of future behaviors such as suicide attempts.

As always, employee responses must be kept confidential or anonymous. De-identified responses can help an employer assess the general mental health and wellbeing of the workforce, as well as develop targeted interventions.

Next Steps

The idea of addressing mental health in the workplace can be intimidating. It can be tempting to postpone engagement on the topic, or to not delve in too deeply. However, remember that mental health is intrinsic to health, and psychological safety is intrinsic to workplace safety. Employees are any organization's greatest asset. Actively protecting, supporting and preventing harm to employee mental health and providing support for employees with a mental illness is critical to having a truly safe and supportive workplace.

⁵⁹ <https://www.karger.com/Article/Fulltext/376585>

⁶⁰ <https://www.midss.org/content/satisfaction-life-scale-swls>