

A gold-colored decorative line starts as a thick horizontal bar at the top left, then turns 90 degrees down, then 90 degrees right, and finally 90 degrees down again, ending in a thin vertical line.

# **EMPLOYEE MENTAL HEALTH AND WELL-BEING:**

## EMERGING BEST PRACTICES AND CASE STUDY EXAMPLES



## About HERO

The Health Enhancement Research Organization (HERO) is a national nonprofit dedicated to identifying and sharing best practices in the field of workplace health and well-being (HWB). HERO was established more than 20 years ago to conduct and share research, policy, leadership, and strategy to advance workplace HWB and provide leadership of the nation's workforce. Much of the good work that HERO does is achieved through the efforts of its volunteer committees. This report was produced by one such committee, the Workplace Performance Study Committee (WP) and their Workplace Mental Health and Well-being Workgroup.

## Contributors

Development of this report and content was led by HERO staff and members of the WP Workplace Mental Health and Well-being Workgroup. Contributors to the report are listed alphabetically below.

Jack Bastable, ILH, Vital Leadership

Tim Butler, MS, Retired, formerly SelectHealth

\*Heidi Greenberger, PhD, MPH, AbleTo Inc.

Jessica Grossmeier, PhD, HERO

\*Jill Hamilton, MEd, Hennepin County

\*Wolf Kirsten, MS, Global Centre for Healthy Workplaces

\*Nancy W. Spangler, PhD, OTR/L, Spangler Associates Inc.

Brad Smith, PhD, currently Cigna, formerly meQuilibrium

Sarah R. Smith, MHA, Pn1, Lockton Companies

Philip Swayze, MS, CWP, HUB International, East Region

Emily Wolfe, MSW, LCSW, HERO

*\*Notes lead authors*

**A special thanks to the late Ed Framer for his shared insights and contributions to the field of workplace health and well-being.**

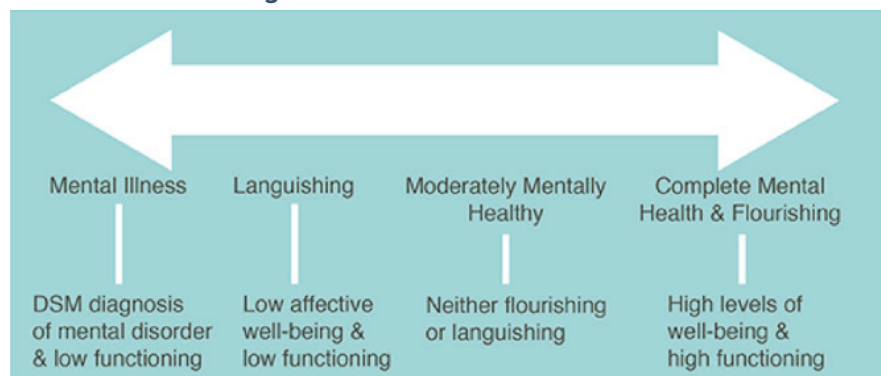
## Introduction

A team from HERO's Workplace Performance Study Committee aimed to understand ways employers have expanded the focus of health enhancement to include workplace mental health and well-being prevention and interventions. A number of organizations have documented the business case and rationale for addressing mental health. The high prevalence of stress-related and mental health conditions and substance use disorders in the workplace, and the common co-occurrence with other medical conditions, have a significant impact on work performance and organizational effectiveness. Through this brief report, we share the team's learnings about the emerging best practices for supporting mental health and well-being in the workplace, as well as real world case studies of best practices in action.

## Why focus on mental health and well-being?

The terminology "mental health and well-being" was selected based on reviewing definitions from other leading authorities. The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."<sup>1</sup> Researchers have looked at the concept of well-being as having components of happiness; life satisfaction; and emotional, social, and psychological flourishing.<sup>2-6</sup> We focus this brief on mental health and well-being to acknowledge the full continuum that employees may experience, from mental illness, to the absence of mental illness, to positive well-being and thriving (Figure 1)<sup>2, 3, 7, 8</sup> An individual may move from one end to the other of this continuum with fluctuations in work abilities occurring from time to time, or across a lifetime. Employers may benefit by considering supports for people in all areas of the continuum.

**Figure 1. Mental Health Continuum**



*Keyes, C.L. (2005 & 2007) as adapted by Bazyk, S. at EveryMomentCounts.org. Reprinted with permission.*

## Why is workplace mental health and well-being important?

Common mental health conditions such as anxiety and depression are prevalent among working-age adults and associated with worse physical health and impaired work productivity.<sup>9,10</sup> More than one in five adults aged 18 years and over will have any mental illness in a given year, and many more go undiagnosed, or live with symptoms.<sup>11</sup> Individuals with untreated mental health issues are not only at increased risk for adverse workplace outcomes such as absenteeism and presenteeism, but also for worse outcomes from common medical conditions such as diabetes, respiratory diseases, and musculoskeletal disorders, resulting in higher medical costs.<sup>12</sup> In addition, workplace loneliness, or a reduced sense of affiliation or connectedness, can negatively affect work performance and employee mental health and well-being.<sup>13-15</sup>

Employers have an opportunity to improve the mental health of the millions of working adults who spend more time “at work” than on any other activity while awake.<sup>16</sup> Numerous employers have been successfully addressing mental health and well-being in a variety of ways.

The **purpose** of this paper was to aggregate information about these workplace mental health and well-being best practices. Our **objective** was to summarize contemporary scientific, government, and business literature specific to employer mental health and well-being best practices and to provide examples from real world best-practice implementation.

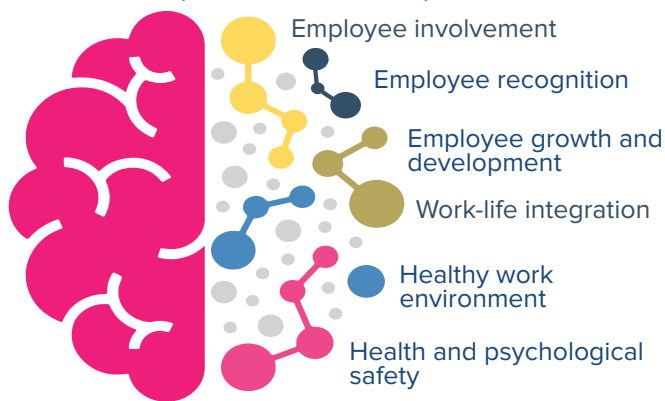
This review and synthesis yielded six workplace mental health and well-being best practices described below. In each section that follows, we highlight case-study examples of employers who have used the specific practice being discussed. Note, however, that many of the employers have used multiple practices, suggesting that a broad, comprehensive approach to mental health and well-being may have greater impact than a narrow or time-limited strategy. The appendix includes many additional case examples and an evidence summary table.

# 6 WORKPLACE MENTAL HEALTH AND WELL-BEING BEST PRACTICES



**1. RAISE AWARENESS ABOUT THE IMPORTANCE OF MENTAL HEALTH AND WELL-BEING**

**2. MANAGE PSYCHOSOCIAL RISKS RELATED TO WORK, ENVIRONMENT, AND CULTURE**



**3. ASSESS MENTAL HEALTH AND WELL-BEING NEEDS AND MEASURE INTERVENTION IMPACT**



**4. PROVIDE AND PROMOTE ACCESS TO EVIDENCE-BASED, HIGH QUALITY MENTAL HEALTH CARE**

Promote mental health care access options

Increase equitable and timely access to evidence-based mental health care

**5. INTEGRATE MENTAL HEALTH AND WELL-BEING INTO A COMPREHENSIVE WELLNESS PROGRAM INCLUSIVE OF:**



**Emotional Wellness**



**Spiritual Wellness**



**Intellectual Wellness**



**Physical Wellness**



**Environmental Wellness**



**Financial Wellness**



**Occupational Wellness**



**Social Wellness**



**6. PARTNER WITH LOCAL AND NATIONAL ORGANIZATIONS TO EXTEND AND SHARE MENTAL HEALTH AND WELL-BEING PRACTICES**



# 1 Raise Awareness About the Importance of Mental Health and Well-being

A vital step toward reducing the stigma surrounding mental illness in the workplace is raising awareness about a) the sheer prevalence of mental health issues among working-age adults; b) the link between mental and physical health, and their association with business outcomes; c) the organization's dedication to employee mental health and well-being; and d) resources available to support employees in need.<sup>17,18</sup>

**Top-down communication from management to employees** is one approach to raise awareness.<sup>17</sup> Mental health and well-being spokespersons and champions from leadership who curate events or programs that communicate executive endorsement of mental health and well-being programs can have a profound impact on how employees view and access resources. Making reference to improving or maintaining employee mental health, or simply caring for employees, in the business objectives, core values, or organizational mission statement is an additional way to communicate the importance the organization places on mental health and well-being.<sup>17</sup>

Organizations also raise awareness through encouraging and nurturing **employee communication about mental health and well-being by facilitating the conversation from employees to managers, and across the workplace**, and specifically communication from the organization about emotional well-being or mental illnesses, including information on specific conditions.<sup>18</sup> Video interviews of leaders sharing personal stories of how the company's health and wellness resources helped them in their individual health journeys can help de-stigmatize the use of mental health and well-being resources.

Employers also can raise awareness by **providing training for managers to improve their ability to recognize and address mental health and workplace stress-related issues**.<sup>17</sup> Brief training of leaders about mental health increases confidence in identifying workers who are struggling and in helping employees access supportive resources.<sup>19</sup> Leader-focused trainings to allow sharing of experiences and developing leader skills, knowledge, and confidence in addressing workplace mental health concerns have been identified as a priority.<sup>20</sup> Managers may incorporate simple accommodations to help employees whose work performance is affected by mental health symptoms.<sup>21</sup>

See the Case Study Reference Table (p.14) for a listing of case studies developed by other organizations that provide more information about specific employer actions.



## 2 Manage Psychosocial Risks Related to Work, Environment, and Culture

Psychosocial hazards (or risks) in relation to work have been defined as “aspects of the design and management of work, and its social and organizational contexts that may have the potential for causing psychological or physical harm.”<sup>22</sup> Exposure to psychosocial hazards in the workplace has been associated with work-related stress, anxiety and depression.<sup>23</sup> Examples of psychosocial hazards that have been linked to adverse mental health outcomes include lack of job control, low autonomy, low skill discretion, job strain, and effort reward imbalance.<sup>24</sup>

A number of frameworks and standards to manage workplace psychosocial risks exist internationally and in the U.S., and multiple countries have mandated psychosocial risk assessment and prevention.<sup>17, 24-30</sup> Several areas have been identified through which employers can address work processes and demands, as well as environmental and cultural aspects of the workplace to reduce psychosocial risks, including through:

**Employee involvement.** Examples include opportunities through which employees can control and participate in decision making for the organization, self-managed work teams, employee committees or task forces, and continuous improvement teams.

**Work-life Integration.** Examples include flexible work arrangements, assistance with childcare and eldercare, resources to manage personal financial issues, availability of benefits to family members/domestic partners, and flexible leave options beyond those required by law.

**Employee growth and development.** Examples include career development or counseling services; coaching, mentoring, and leadership programs; continuing education; internal opportunities for promotion and career advancement; skills training; and tuition reimbursement.

**Health and safety (including psychological safety).** Examples include provision of adequate health insurance, including mental health coverage, psychosocial risk assessments and health screenings; access to health/fitness/recreation facilities; training and safeguards that address workplace safety/security issues; and resources to help employees develop healthy lifestyles (e.g., stress management, weight loss, smoking cessation programs) and address life challenges (e.g., grief counseling, substance misuse programs, employee assistance programs, referrals for mental health services), and climates where it is safe to speak up without fear of retribution or shame.

**Diversity, inclusion and equity.** Examples include formalizing an organizational policy supporting diversity, inclusion, and equity within the workforce, and seeking opportunities for collaboration among diversity, inclusion, equity and mental health and well-being initiatives.<sup>26, 30, 31</sup>

**Employee recognition.** Examples include acknowledgement of contributions and milestones, fair monetary compensation and performance-based bonuses and pay-increases, employee awards and recognition ceremonies, and competitive benefits packages.

**Healthy work environment.** Examples include providing a dedicated space that is quiet where employees can engage in relaxation activities and providing alternate spaces that promote collaboration.

See the Case Study Reference Table (p.14) for a listing of case studies developed by other organizations that provide more information about specific employer actions.



## 3 Assess Mental Health and Well-being Needs and Measure Intervention Impact

Employee mental health and well-being needs and barriers can vary widely across organizations, industries, geography and more. As mentioned above, a key component of psychosocial risk management as it relates to employee mental health and well-being is **opportunity assessment**. Evaluation of psychosocial risk management data can yield valuable insights into the overall health of an organization, as well as segments of the organization that are at higher risk for suboptimal mental health and well-being.

Measurement should not stop after opportunity assessment. **Repeating measures from opportunity assessment over time in the same employee population is recommended** to monitor for changes, as well as to evaluate the potential impact of mental health and well-being initiatives after a sufficient period of implementation.<sup>17</sup> Measurement and outcomes evaluation not only provide tangible evidence of positive outcomes from mental health and well-being initiatives, they also indicate when a program is not working as planned.<sup>16, 17, 32</sup>

**Workplace outcomes** associated with mental health and well-being that are amenable to measurement and evaluation include employee satisfaction, absenteeism, presenteeism, overall productivity, activity impairment, disability trends, motivation and retention rates.<sup>16, 32</sup>

**Health utilization outcomes** associated with mental health and well-being that are easily measured include mental health program, therapy, and employee assistance program (EAP) utilization, as well as short-term disability incidence and cost.<sup>32</sup> Medical outcomes can also be evaluated, either in partnership with provider organizations, or by standardized employee health risk assessments. Depression, anxiety, and stress symptoms, and self-rated health metrics are examples of outcomes measurable in populations using validated scales.<sup>16</sup>



Using organizational level mental health and well-being related metrics can help employers make a strong business case for taking proactive steps toward earlier identification and effective change strategies for education and support for people with emerging struggles, as well as enhanced management for those with ongoing difficulties. These data help leaders establish strategies, policies, procedures and practices that are put in place **to manage and monitor psychosocial risk factors and stressors.**

See the Case Study Reference Table (p.14) for a listing of case studies developed by other organizations that provide more information about specific employer actions.



## 4 Provide and Promote Access to Evidence-based, High Quality Mental Health Care

High quality mental health care is effective to improve the mental health conditions that impact so many members of the U.S. workforce, and their families, each year.<sup>11</sup> **Quality mental health care** has been defined as care that is safe, effective, patient centered, timely, efficient and equitable.<sup>33</sup> Effective and safe care is service based on scientific knowledge provided to those who may benefit, and avoiding harm. Patient-centered care is respectful of individual preferences, needs and values. Timely mental health care includes care that can be accessed with fewer waits or harmful delays. Efficient care avoids waste. Equitable mental health care does not vary in quality because of personal characteristics such as ethnicity, geographic location, gender, or socioeconomic status.<sup>33</sup>

Employers provide **access to high quality mental health care** through health plans, EAPs, and partnerships with mental health care providers. Health plans should include mental health and substance use disorder prevention and treatment services.<sup>17</sup> It is also recommended that employers provide access to alcohol and other substance use screening, followed by brief intervention and referral for treatment when appropriate.<sup>17</sup> Employers may ease access to mental health care through reduced co-pays for mental health counseling, and encouraging health systems to adopt collaborative care models in primary care.<sup>34</sup>

Through **promotion of mental health care access options**, employers have the opportunity to reduce stigma, increase timeliness of access, and increase equity. They also extend, promote, and support enrollment into mental health care programs to all workers, including hard to reach workers (e.g., contract workers, night shift workers, part-time workers, telecommuters).<sup>17</sup> Promotion may be accomplished through efforts to raise awareness (as described under #1, p. 6) and through other methods including via human resources and the intranet.

To **increase equitable and timely access to evidence-based mental health care**, many employers also provide and promote access to mental health care delivered via telehealth by licensed clinicians over the telephone or secure video,<sup>35-37</sup> as well as digital behavioral health tools.<sup>16</sup> Providing access to the same level of high quality care to all employees independent of location or job title is one step towards improving equity; recognition that different employee groups may benefit from different promotion strategies to ensure equitable access is important.<sup>38</sup>

See the Case Study Reference Table (p.14) for a listing of case studies developed by other organizations that provide more information about specific employer actions.



## 5 Integrate Mental Health and Well-being into a Comprehensive Wellness Program

Individuals with mental illness are at increased risk for adverse physical health conditions and outcomes, making integration of wellness initiatives into employee mental health and well-being strategy vital.<sup>39</sup> There are eight dimensions of wellness linked to mental health and well-being: emotional, spiritual, intellectual, physical, environmental, financial, occupational, and social.<sup>40</sup> The following examples demonstrate how organizations are incorporating mental well-being programming into broader wellness.

**Emotional wellness** activities support effective coping with life, and the creation of successful relationships. Free or subsidized lifestyle coaching/counseling or self-management programs that equip employees with stress management skills are recommended.<sup>17</sup> Employers may provide 'mental health days' as a benefit to support employee emotional well-being.<sup>41</sup>

**Spiritual wellness** activities include those that promote a sense of purpose and meaning in life.<sup>39</sup>

**Intellectual wellness** activities include finding ways to expand work knowledge and skills, e.g., providing training for career development and career coaching. Enrichment programs that allow employees to strengthen skills in areas unrelated to work, such as those focused on hobbies or the arts, also support intellectual wellness.

**Physical wellness** activities acknowledge the need for physical activity, healthy diet and sleep. Discounted access to fitness classes, group physical activity excursions and challenges (e.g., step-count contest) are examples of physical wellness activities.

**Environmental wellness** at work promotes good health through pleasant, stimulating workplace environments. Examples include access to clean air, natural sunlight, artwork, living plants, noise dampening materials, etc.

**Financial wellness** includes satisfaction with one's current and future financial conditions. On-site, one-on-one, financial well-being coaching with financial advisors are ways employers have promoted financial wellness. Topics may include budgeting, debt reduction, financial investing, and financial goal setting (e.g., increase savings).<sup>42</sup>

**Occupational wellness** includes personal satisfaction and enrichment derived from one's work. Training supervisors to mentor employees in developing and reaching career goals is one way to promote occupational wellness.

**Social wellness** includes developing a sense of connection, belonging and support. It can be promoted through workplace design (e.g., places that are easy to gather), or through activities. One example is an organization that has a "FUN Squad" used to plan company-wide events to encourage fun and connectedness among employees. Peer-to-peer support through employee affinity groups can also enhance social connectedness.

It is recommended that organizations have a **budget/dedicated funding and a strategic plan that includes goals and measurable organizational objectives** for a comprehensive worksite health and well-being program. Use of incentives to increase participation in health promotion programs may promote participation.<sup>17</sup> Making health and well-being programs available to family members is also recommended.

See the Case Study Reference Table (p.14) for a listing of case studies developed by other organizations that provide more information about specific employer actions.



## 6 Partner with Local and/or National Organizations to Extend and Share Mental Health and Well-being Practices

Employers can extend the reach of their mental health and well-being initiatives by partnering with local and/or national organizations to enhance the wealth of resources available to the organization. Locally, employers can promote mental health and well-being for employees by leveraging resources available through public health departments, parks and recreational agencies, and community centers.<sup>12</sup> Businesses may also choose to support community programs that indirectly reduce mental health risks (e.g., affordable housing, healthy/safe outdoor space for physical activity in neighborhoods).<sup>12</sup> Nationally, employer engagement with

trusted mental health and well-being organizations might include bringing vetted and quality-assured online resources to the fingertips of employees in the organization (e.g., educational media, support pages, and well-being resources).<sup>43, 44</sup>

Another benefit of partnership with national and local mental health and well-being organizations is giving employees the opportunity to volunteer through fundraising, peer support, or other activities.<sup>17</sup> Decades of research has linked volunteerism to improved mental health and well-being outcomes.<sup>30</sup> To this end, employers contribute meaningfully to the learning ecosystem of national and locally based mental health organizations, not only through organized volunteerism, but by sharing their own experiences through anonymized aggregate data or case studies.

See the Case Study Reference Table (p.14) for a listing of case studies developed by other organizations that provide more information about specific employer actions.

## **Workplace Mental Health and Well-being Implementation is a Continuum**

Developing and maintaining organizational mental health and well-being best practices is an ongoing process that takes time. Organizational factors such as size, nature of work, and budget will play a role in which best practices can be implemented and when. The magnitude of initiatives may change as an organization grows, or as the needs of employees change.

If you are just beginning to integrate mental health and well-being initiatives at your organization and not sure where to start, just get started. Identify one best practice that is achievable. Measure progress. Evaluate success.

If your organization already has best practices in place, keep going to strengthen your efforts. Optimize initiatives to meet employee needs. Measure progress. Evaluate success. Share results with other employers.

## Summary and Conclusion

Implementing and maintaining mental health and well-being initiatives in the workplace is a shared responsibility. All levels of the organization contribute to success.

- Leadership demonstrating support and care shows the organization's commitment to the importance of employee mental health and well-being.
- Identification of psychosocial hazards in the workplace is an important step to identify opportunities to improve employee mental health and well-being.
- Ongoing review and evaluation of mental health and well-being initiatives at all levels of the organization ensure resources remain relevant and effective.
- Providing and promoting access to high quality behavioral health care, including through remotely delivered evidence-based pathways, ensures that employees have access to their preferred type of care when they need it.
- Integrating these services into a comprehensive wellness program may concurrently promote improved total health outcomes.
- Community partnerships extend the reach and resources of organizations, and provide new opportunities to collaborate and be part of the solution.

In this brief we highlight recommended practices with real-world implementation examples. While success from these strategies has been inferred from employee experience, it is important to note that real world data to document outcomes from implementation of these strategies across organizations and settings are needed. Continued efforts by organizations to measure and share successes and failures in implementing workplace mental health and well-being initiatives will strengthen future best practices recommendations.

## Case Study Reference Table

Case Study Sources	Case Study #	Employer Name	Best Practices Example Number						Page Number
			1	2	3	4	5	6	
<a href="#">Allianz Australia</a>	46	<a href="#">Unilever</a>	X						21
<a href="#">American Heart Association CEO Roundtable</a>	48	ADP	X	X	X				57
	49	Dignity Health	X			X	X		66
	50	American Heart Association	X		X	X		X	59
	51	Bank of America	X			X			61
	53	Dow Chemical			X				68
	54	Johnson & Johnson	X	X	X	X	X		75
	55	Booz Allen Hamilton		X		X	X		63
	56	Macy's				X	X		83
	57	Philips			X		X		89
	58	Quest Diagnostics	X		X		X	X	92
	59	Merck	X			X	X		84
	60	Kaiser Permanente	X		X	X	X	X	78
	61	Humana			X	X	X		72
	62	KKR	X			X			80
	63	Levi Strauss & Co.		X			X		82
64	Express Scripts	X						70	
<a href="#">American Psychiatric Association Foundation Center For Workplace Health</a>	4	<a href="#">HealthPartners</a>	X		X	X		X	--
	5	<a href="#">Garmin</a>	X	X	X		X	X	--
	7	<a href="#">Ernst and Young</a>	X	X	X		X	X	--
	8	<a href="#">University of Michigan</a>	X	X	X	X	X	X	--
	12	<a href="#">Polk County Florida</a>				X			--
	13	<a href="#">RK</a>	X	X				X	--
	15	<a href="#">University of Iowa</a>	X		X		X		--
	17	<a href="#">State of Tennessee</a>	X		X	X			--
	20	<a href="#">Sprint Corporation</a>	X		X	X	X		--
	21	<a href="#">Union Pacific Railroad</a>	X					X	--
	25	<a href="#">American Express</a>	X					X	--
	26	<a href="#">Tier One Performance Solutions</a>	X		X			X	--
	27	<a href="#">Puget Sound Energy</a>			X				--
	32	<a href="#">Caterpillar</a>			X				--
33	<a href="#">Barry Wehmiller</a>		X			X		--	
47	<a href="#">New Brunswick Power Corporation</a>			X				--	
<a href="#">American Psychological Association</a>	Multiple case studies	Updated Annually	X	X	X	X	X	X	--
<a href="#">Arogya World</a>	11	<a href="#">WIPRO</a>	X	X	X		X		--
	24	<a href="#">Reliance Industries WISH Program</a>	X		X	X			--
<a href="#">Mental Health Commission of Canada</a>	40	BestEd	X	X			X		48
	65	The Region of Urbania		X					44
	66	TRC		X					46
	22	Good Health				X			42
<a href="#">National Academy of Medicine</a>	68	Virginia Mason Kirkland Medical Center		X					--
<a href="#">OneMind At Work</a>	Multiple case studies	--	X	X	X	X	X	X	--
<a href="#">World Economic Forum's Global Agenda Council on Mental Health</a>	14	Bank of England	X	X			X	X	10
	18	Bell Canada	X		X			X	12
	29	BHP Billiton	X		X	X			14
	6	British Telecom	X	X					16
	1	Kind & Wood & Mallesons	X	X	X	X	X	X	18

Note: This case study chart is not representative of a comprehensive view of what each employer provides to their employees, but rather a snapshot of select case study examples. All case study links accessed September 2020.

# Workplace Mental Health and Well-being Best Practices Summary Table

Best Practice	Activity Types	Activity Examples
<b>Raise Awareness About the Importance of Mental Health and Well-being</b>	Communication from senior management to employees	<p>Email and Town Hall communications about:</p> <ul style="list-style-type: none"> <li>• The prevalence of mental health issues/conditions (decrease stigma; it's common!)</li> <li>• The link between mental and physical health</li> <li>• The organization's dedication to employee mental health</li> <li>• Resources available</li> </ul> <p>Include references to improving or maintaining employee health and safety in the business objectives, core values, or organizational mission statement</p>
	Provide training for managers that improves their ability to recognize and reduce workplace stress-related issues and accommodate workers with impaired work performance	<ul style="list-style-type: none"> <li>• Mental Health First Aid Training</li> <li>• Mental Health Awareness Training, including common accommodations</li> </ul>
	Provide opportunities for employee participation in organizational decisions regarding workplace issues that affect job stress	<ul style="list-style-type: none"> <li>• Form a job stress management team with representatives from all levels / divisions of the organization to help identify stressors</li> </ul>
<b>Manage Psychosocial Risks Related to Work, Environment and Culture</b>	Employee Involvement	<ul style="list-style-type: none"> <li>• Self-managed work teams</li> <li>• Employee committees or task forces</li> <li>• Continuous improvement teams</li> <li>• Participative decision making</li> <li>• Employee suggestion forums, such as a suggestion box and monthly meetings</li> </ul>
	Work-life Integration	<ul style="list-style-type: none"> <li>• Flexible work arrangements, such as flextime and telecommuting</li> <li>• Assistance with childcare</li> <li>• Eldercare benefits</li> <li>• Resources to help employees manage personal financial issues</li> <li>• Availability of benefits for family members and domestic partners</li> <li>• Flexible leave options beyond those required by the Family and Medical Leave Act</li> </ul>
	Employee Growth and Development	<ul style="list-style-type: none"> <li>• Continuing education courses</li> <li>• Tuition reimbursement</li> <li>• Career development or counseling services</li> <li>• Skills training provided in-house or through outside training centers</li> <li>• Opportunities for promotion and internal career advancement</li> <li>• Coaching, mentoring, and leadership development programs</li> </ul>

## Workplace Mental Health and Well-being Best Practices Summary Table cont'd

Best Practice	Activity Types	Activity Examples
	Health and Safety (including psychological safety)	<ul style="list-style-type: none"> <li>• Training and safeguards that address workplace safety and security issues</li> <li>• Efforts to help employees develop a healthy lifestyle, such as stress management, weight loss and smoking cessation programs</li> <li>• Adequate health insurance, including mental health coverage</li> <li>• Health screenings</li> <li>• Access to health/fitness/recreation facilities</li> <li>• Resources to help employees address life problems, for example, grief counseling, alcohol abuse programs, Employee Assistance Programs and referrals for mental health services</li> <li>• Work climates that promote speaking up</li> </ul>
	Diversity, Inclusion, and Equity	<ul style="list-style-type: none"> <li>• Formalize an organizational policy supporting diversity, inclusion, and equity within the workforce</li> <li>• Integrate mental health and well-being and inclusion, diversity and equity initiatives</li> </ul>
	Employee Recognition	<ul style="list-style-type: none"> <li>• Fair monetary compensation</li> <li>• Competitive benefits packages</li> <li>• Acknowledgement of contributions and milestones</li> <li>• Performance-based bonuses and pay increases</li> <li>• Employee awards</li> <li>• Recognition ceremonies</li> </ul>
	Provide dedicated space that is quiet where employees can engage in relaxation activities	<ul style="list-style-type: none"> <li>• Employee relaxation lounge</li> <li>• Employee collaboration zone</li> </ul>
<b>Assess Mental Health and Well-being Needs and Measure Intervention Impact</b>	Opportunity [baseline] Assessment of the organization's mental health	<ul style="list-style-type: none"> <li>• Evaluation of previously/routinely collected aggregated baseline data EAP utilization, employee engagement and workplace culture, absence and disability trends, mental health and pharmacy benefits use, and other workplace and/or health outcomes data.</li> <li>• Conduct employee health risk appraisals (HRAs) or health assessments (HAs) and provide individual feedback plus health education resources for follow-up action</li> </ul>
	Ongoing evaluations of health and well-being programming that use multiple data sources to inform decision-making	<ul style="list-style-type: none"> <li>• Planned post-implementation outcomes assessment.</li> <li>• Have a strategic plan that includes goals and measurable organizational objectives for the worksite health and well-being program</li> </ul>
<b>Provide and Promote Access to Evidence-based High Quality Mental Health Care</b>	Provide a health plan with insurance benefits that include mental health and substance use disorder screening, prevention and treatment	<ul style="list-style-type: none"> <li>• Ensure that mental health and substance use programs and care are accessible and affordable to meet diverse employee needs.</li> <li>• Encourage collaborative care.</li> </ul>
	Extend access to key components of the program to all workers, including hard to reach workers (e.g., telecommuters, contract workers, night shift workers, part-time workers)	<ul style="list-style-type: none"> <li>• Evidence-based tele-behavioral health care</li> <li>• Evidence-based digital mental health programs</li> </ul>

This report is a product of HERO's WP Committee and its Mental Health and Well-being Workgroup. HERO staff and members of the WP Mental Health and Well-being Workgroup led the development of this report. The findings and conclusions in this report are those of the contributors and do not necessarily represent the official position of the organizations listed.



## References

1. World Health Organization. Promoting mental health: concepts, emerging evidence, practice (Summary Report) Geneva: World Health Organization; 2004.
2. Keyes CL. Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*. 2005;73: 539–548.
3. Keyes CL. Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist*. 2007;62: 95-108.
4. Kahneman D, Diener E, Schwarz N. (Eds). *Well-being: Foundations of Hedonic Psychology*. 1999. Russell Sage Foundation.
5. Fredrickson BL, Losada MF. Positive affect and the complex dynamics of human flourishing. *American Psychologist*. 2005;60(7): 678.
6. Lamers SM, Westerhof GJ, Bohlmeijer ET, ten Klooster PM, Keyes CL. Evaluating the psychometric properties of the mental health continuum short form (MHC SF). *Journal of Clinical Psychology*. 2011;67(1): 99-110.
7. Mental Health Continuum. Every moment counts. Website: [https://everymomentcounts.org/view.php?nav\\_id=33](https://everymomentcounts.org/view.php?nav_id=33). Accessed September 1, 2020.
8. Mental Health Continuum. Beyond blue. Website: <https://beyou.edu.au/resources/mental-health-continuum>. Accessed September 1, 2020.
9. Greenberg PE, Fournier A-A, Sisitsky T, Pike CT, Kessler RC. The economic burden of adults with major depressive disorder in the United States (2005 and 2010). *Journal of Clinical Psychiatry*. 2015;76: 155-162.
10. Wulsin L, Alterman T, Bushnell PT, Li J, Shen R. Prevalence rates for depression by industry: A claims database analysis. *Social Psychiatry and Psychiatric Epidemiology*. 2014;49: 1805-1821.
11. National Institute of Mental Health. Any mental illness. Website: [https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part\\_154785](https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_154785) Accessed September 1, 2020.
12. Centers for Disease Control and Prevention (CDC). Mental Health in the Workplace. Mental health disorders and stress affect working-age Americans. Website: <https://www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/mental-health/index.html>. Accessed September 1, 2020.
13. Ozcelik H, Barsade SG. No employee an island: Workplace loneliness and job performance. *Academy of Management Journal*. 2018;61(6), 2343-2366.
14. Johnson SS. The Art of Health Promotion: Linking Research to Practice. *American Journal of Health Promotion*. 2018;32(5): 1304-1318.
15. Foundation for Art & Healing; The Unlonely Project. Fact sheet: Loneliness in the workplace. Website: <https://www.artandhealing.org/workplace-loneliness-fact-sheet/>. Accessed September 1, 2020
16. The American Heart Association Center for Workplace Health Research and Evaluation. Mental health: A workforce crisis. 2018. Website: <https://ceoroundtable.heart.org/wp-content/uploads/2018/12/MENTAL-HEALTH-FULL-REPORT-FINAL-20181212.pdf> ccessed September 1, 2020.
17. Goetzel RZ, Roemer EC, Holingue C, et al. Mental health in the workplace: A call to action. *Proceedings from the Mental Health in the Workplace-Public Health Summit*. *Journal of Occupational and Environmental Medicine*. 2018;60(4): 322–330.
18. American Psychological Association. Creating a Psychologically Healthy Workplace. <https://www.apaexcellence.org/resources/creatingahealthyworkplace/>. Accessed September 1, 2020.
19. Dimoff JK, Kelloway EK. With a little help from my boss: The impact of workplace mental health training on leader behaviors and employee resource utilization. *Journal of Occupational Health Psychology*. 2019;24(1): 4.
20. Shann C, Martin A, Chester A. Improving workplace mental health: A training needs analysis to inform beyond Blue's Online Resource for Leaders. *Asia Pacific Journal of Human Resources*. 2014;52(3): 298-315.
21. U.S. Department of Labor. Office of Disability and Employment Policy. Maximizing productivity: Accommodations for employees with psychiatric disabilities. Website: <https://www.dol.gov/odep/pubs/fact/psychiatric.htm>. Accessed September 1, 2020.
22. Cox T, Griffiths A, Rial-Gonzalez E. Research on work related stress. Luxembourg: Office for Official Publications of the European Communities. 2000.
23. Cox T, Griffiths A, Leka S. Work Organization and Work-related Stress. In K. Gardiner & J. M. Harrington (Eds), *Occupational Hygiene* (3rd ed). 2005. Oxford: Blackwell Publishing.

24. Psychosocial Hazards in Work Environments and Effective Approaches for Managing Them. WorkSafe. New Zealand Government. April 2019. Website: <https://worksafe.govt.nz/research/psychosocial-hazards-in-work-environments-and-effective-approaches-for-managing-them/> Accessed May 25, 2020.
25. American Psychological Association. Creating a psychologically healthy workplace. Website: <https://www.apaexcellence.org/resources/creatingahealthyworkplace/>. Accessed September 2, 2020.
26. Mental Health Commission of Canada. Psychological health and safety in the workplace-prevention, promotion and guidance to staged implementation. Reaffirmed 2018. Website: [https://www.csagroup.org/article/cancca-z1003-13-bnq-9700-803-2013-r2018/?utm\\_referrer=https%3A%2F%2Fwww.google.com%2F](https://www.csagroup.org/article/cancca-z1003-13-bnq-9700-803-2013-r2018/?utm_referrer=https%3A%2F%2Fwww.google.com%2F). Accessed September 2, 2020.
27. Leka S, Jain A. Health impact of psychosocial hazards at work: An overview. World Health Organization (WHO) 2010. Website: <https://apps.who.int/iris/handle/10665/44428> Accessed September 2, 2020.
28. World Health Organization. PRIMA-EF: Guidance on the European framework for psychosocial risk management: A resource for employer and worker representatives. World Health Organization. 2008. Website: [https://www.who.int/occupational\\_health/publications/PRIMA-EF%20Guidance\\_9.pdf?ua=1](https://www.who.int/occupational_health/publications/PRIMA-EF%20Guidance_9.pdf?ua=1). Accessed September 2, 2020.
29. Eurofound and EU-OSHA. Psychosocial risks in Europe: Prevalence and strategies for prevention. 2014. Website: <https://osha.europa.eu/en/publications/reports/psychosocial-risks-eu-prevalence-strategies-prevention>. Accessed September 2, 2020.
30. Allianz. Awareness into action. A holistic approach to cultivating mentally healthy workplaces in Australia. 2019. Website: [https://www.allianz.com.au/images/internet/aalaus/Allianz\\_Awareness\\_Into\\_Action.pdf](https://www.allianz.com.au/images/internet/aalaus/Allianz_Awareness_Into_Action.pdf) Accessed September 2, 2020.
31. One Mind at Work. Mental Health In the Workplace. CHRO Insights Series. September 2019. Website: <https://onemindatwork.org/wp-content/uploads/2019/09/OMI-CHRO-Interview-Series-2019-FINAL.pdf>. Accessed September 2, 2020.
32. Deloitte Insights. The ROI in workplace mental health programs: Good for people, good for business. November 2019. Website: <https://www2.deloitte.com/ca/en/pages/press-releases/articles/significant-roi-for-workplace-mental-health-programs.html>. Accessed September 2, 2020.
33. Institute of Medicine 2006. Improving the quality of health care for mental and substance-use conditions. Washington, DC: The National Academies Press.
34. Minnesota Health Action Group. Working well in Minnesota. Insights and actions to help Minnesota employers advance mental health in the workplace. Website: <https://mnhealthactiongroup.org/wp-content/uploads/2017/12/AG-Mental-Health-Purchaser-Guide.pdf>. Accessed September 1, 2020.
35. Dent L, Peters, A, Kerr PL, Mochari-Greenberger H, Pande RL. Using telehealth to implement cognitive-behavioral therapy. *Psychiatric Services*. 2018;69(4): 370-373.
36. Varker T, Brand RM, Ward J, Terhaag S, Phelps A. Efficacy of synchronous telepsychology interventions for people with anxiety, depression, posttraumatic stress disorder, and adjustment disorder: A rapid evidence assessment. *Psychological Services*. 2019;16(4): 621-635.
37. Lerner D, Adler DA, Rogers WH, et al. A randomized clinical trial of a telephone depression intervention to reduce employee presenteeism and absenteeism [published correction appears in *Psychiatr Serv*. 2015 May 1;66(5):554]. *Psychiatric Services*. 2015;66(6): 570 577.
38. Association for Behavioral Health and Wellness & AbleTo. Telebehavioral health to increase access to timely care and promote equity. Website: [https://www.ableto.com/wp-content/uploads/2020/06/ABHW\\_Telehealth-White-Paper\\_FINAL.pdf](https://www.ableto.com/wp-content/uploads/2020/06/ABHW_Telehealth-White-Paper_FINAL.pdf). Accessed September 2, 2020.
39. World Health Organization. Mental health action plan (2013-2020). 2013. Website: [https://www.who.int/mental\\_health/publications/action\\_plan/en/](https://www.who.int/mental_health/publications/action_plan/en/) Accessed September 1, 2020.
40. Substance Abuse Mental Health Services Administration. Learn the 8 dimensions of wellness. Website: <https://store.samhsa.gov/product/Learn-the-Eight-Dimensions-of-Wellness-Poster-/SMA16-4953>. Accessed September 1, 2020.
41. Employer Assistance and Resource Network on Disability Inclusion (EARN). EARN's mental health toolkit: Resources for fostering a mentally healthy workplace. Website: <https://askearn.org/mentalhealth/>. Accessed September 1, 2020.
42. Consumer Financial Protection Bureau. Financial wellness at work. Website: <https://www.consumerfinance.gov/data-research/research-reports/financial-wellness-at-work/>. Accessed September 1, 2020.
43. National Alliance on Mental Illness. Website: <https://www.nami.org/home>. Accessed September 1, 2020.
44. National Academy of Medicine. Website: <https://nam.edu/>. Accessed September 1, 2020

