Workplace Mental Health Program, Policies, Practices and Climate (PPPC): A review of the literature

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Mental Health in the Workplace

• Mental health disorders are common
  • $44.7 million American adults with Any Mental Illness (AMI) (NIMH, 2016)

• A negative work environment can lead to poor physical and mental health
  • 63.2 % labor force participation rate (BLS, 2019)

• Depression and anxiety have a significant economic impact
  • $1 trillion per year in lost productivity in the global economy (WHO, 2017)
  • $100 billion in workplace costs for major depressive disorder (Greenberg et al. 2015)

• Harassment, bullying, and incivility are common problems at work
Workers with mental health diagnoses are vulnerable

• Stress is associated with adverse health: (Ganster and Rosen, 2013)
  • Obesity
  • Cardiovascular disease
  • Metabolic disease

• Higher rates of safety and psychological outcomes (WHO, 2017)
  • Depression, suicide, anxiety, burnout, poor lifestyle choices

• Higher risk of workers compensation claims (Schwatka et al., 2017 and 2018)

• Stigmatization (WHO, 2017)
Organizations are affected by poor mental health

- Absenteeism
- Presenteeism
- Decreased productivity
- Safety
- Increased healthcare and disability costs
- Increased turnover (Kelloway, 2016)

WHO, 2017

Mescher, 2017
Common mental health risk factors at work

- Inadequate health and safety policies
- Poor communication and management practices
- Limited participation in decision making
- Low control over one’s area of work
- Low levels of support for employees
- Inflexible working hours
- Unclear tasks or organizational objectives
- Poor job-fit
- Lack of cohesion, poor teamwork
- Bullying, harassment, incivility, retaliation

WHO, 2017

Safe work Australia, 2018
Organizations can create a healthy workplace

• Poor organizational outcomes and mental health risk factors can be reduced in organizations that promote mental health

“A healthy workplace can be described as one where workers and managers actively contribute to the working environment by promoting and protecting the health, safety and well-being of all employees.”

• Return on investment (ROI)
  • WHO study estimated a ROI of $4 for every $1 put into scaled up treatment for common mental disorders (WHO, 2017)
  • Meta-analysis of workplace wellness programs showed ROI of $3.27 on medical costs and $2.73 on absenteeism (Baicker, 2010)
World Economic Forum 3-prong approach to mental health interventions at work

• Primary
  • Protect mental health by reducing work-related risk factors

• Secondary
  • Promote mental health by developing the positive aspects of work and the strengths of employees

• Tertiary
  • Address mental health problems regardless of cause

WHO, 2017
Total Worker Health® well-suited framework for mental health in the workplace

• THW® is a holistic approach
  • “defined as policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness preventions efforts to advance worker well-being.”

• TWH® acknowledges risk factors at work that contribute to poor health previously considered unrelated to work

• TWH® approach seeks to improve well-being to:
  • Benefit workers, employers and the nation
  • To protect safety
  • To enhance health and productivity
Employee Assistance Programs (EAPs) are usually tertiary prevention

- EAP’s offered at 97% of large employers
- 87% EAPs outsourced
- ROI of $3-$10 for every $1
- 5-8% of employees use them
  - Should be ~ 25%
- Inadequate primary and secondary prevention
- Less common in small and medium sized businesses

**Table 1: Core EAP Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>% of Employers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify, intake, refer and provide care.</td>
<td>85%</td>
</tr>
<tr>
<td>Provide web-based education and self-help materials.</td>
<td>80%</td>
</tr>
<tr>
<td>Refer employees to HR/management.</td>
<td>68%</td>
</tr>
<tr>
<td>Train employees and provide leadership.</td>
<td>60%</td>
</tr>
<tr>
<td>Consult with HR/manager on employee performance issues</td>
<td>63%</td>
</tr>
<tr>
<td>Monitor/manager case and follow-up services.</td>
<td>61%</td>
</tr>
<tr>
<td>Promote EAP services to employees and families.</td>
<td>41%</td>
</tr>
<tr>
<td>Analyze and report data on effects of EAP on organization.</td>
<td>34%</td>
</tr>
<tr>
<td>Evaluate fitness for duty.</td>
<td>22%</td>
</tr>
</tbody>
</table>
How to assess mental health at work?

• “Mental Health in the Workplace: A Call to Action” (Goetzel, 2017)
  • Called for methods to assess mental health at work

• What is known about the effect of employer activities to protect the mental health of employees?

• Current interventions and programs are weakly supported by empirical data (Kelloway, 2016)
  • Mostly cross-sectional studies and self-report surveys
  • Paucity of high quality, strong intervention studies
Literature search aims

• To determine what validated employer mental health workplace assessments exist related to organizational supports such as policies, practices and programs

• To determine what validated employee mental health culture surveys exist related to perceptions of workplace supports and their perceived impact on mental health
Databases used

- Search relevant databases for citations and abstracts
  - PubMed
    - One of the largest database of citations and abstracts in the biomedical sciences
  - PsycINFO
    - Psychology, behavioral and social sciences
    - Current and comprehensive coverage, high quality
  - Health and Psychosocial Instruments (HaPI)
    - Focuses on behavioral measurement instruments, especially Organization Behavior and Education
# Search strategy for PubMed

<table>
<thead>
<tr>
<th>Database, Concept, and Filters</th>
<th>Population/Patient</th>
<th>Measure</th>
<th>Exposure/Intervention</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>PubMed Title and Abstract</td>
<td>Work[tiab] or Workplace*[tiab] or employer*[tiab] or business*[tiab] or organization*[tiab] or industry*[tiab] or industries*[tiab]</td>
<td>Survey[tiab] or surveys[tiab] or Questionnaire*[tiab] or</td>
<td>Program[tiab] or programs[tiab] or Policy[tiab] or Policies[tiab] or</td>
<td>“Mental health”[tiab] or &quot;mental disorder&quot;[tiab] or &quot;mental disorders&quot;[tiab] or depression[tiab] or depressive[tiab] or anxiety[tiab] or &quot;bipolar disorder&quot;[tiab] or &quot;mood disorder&quot;[tiab] or</td>
</tr>
<tr>
<td>Full text, English Language, Human, Ages 19-64</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Search strategy for PsycINFO and HaPI

<table>
<thead>
<tr>
<th>Database, Concept and Filters</th>
<th>Population/Patient</th>
<th>Measure</th>
<th>Exposure/Intervention</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>PsycINFO and HaPI Keywords</td>
<td>Work or Workplace* or employer* or business* or organization* or industry or industries</td>
<td>Survey or surveys or Questionnaire* or scale* or assessment* or instrument* or measure*</td>
<td>Climate* or Culture*</td>
<td>&quot;mental health&quot; or &quot;mental disorder&quot; or &quot;mental disorders&quot; or depression or depressive or anxiety or &quot;bipolar disorder&quot; or &quot;mood disorder&quot;</td>
</tr>
</tbody>
</table>
Citation Screening

• Titles reviewed in their entirety for relevance with emphasis on the following terms:
  • Questionnaire, Instrument, Survey, Measure, Tool
• Disagreements were resolved through discussion and consensus
• Interrater concordances was high, so opted not to do Cohen’s Kappa
Eligibility Criteria

• **Inclusion**
  • Abstracts with validated workplace assessments of mental health regarding policies, programs and practices
  • Abstracts with validated mental health culture surveys

• **Exclusion**
  • Assessments that are not validated
  • Assessments not used in the workplace
  • Non working population
  • Not full text
  • Not human
  • Not English language
Results for Programs, Policies and Practices

Records identified through database searching (n = 2130)
PubMed = 2079
PsycINFO = 41
HAPI = 10

Additional records identified through other sources (n = 0)

Records after duplicates removed (n = 2130)

Records screened (n = 39)

Records excluded (n = 2091)

Abstracts assessed for eligibility (n = 39)

Abstracts excluded, with reasons (n = xx)

Studies included for working group review (n = xx)

Adapted from PRISMA, Moher, 2009
Results for Climate and Culture

- Records identified through database searching (n = 175)
  - PubMed = 150
  - PsychINFO = 22
  - HaPI = 3

- Additional records identified through other sources (n = 2)

Records after duplicates removed (n = 178)

- Records screened (n = 15)
- Records excluded (n = 163)

- Abstracts assessed for eligibility (n = 15)
- Abstracts excluded, with reasons (n = xx)

Studies included for working group review (n = xx)
# Data Extraction Template for Abstracts

<table>
<thead>
<tr>
<th>#</th>
<th>Author(s)</th>
<th>Year</th>
<th>Assessment</th>
<th>Title</th>
<th>Measure</th>
<th>used to find this article</th>
<th>Link to Assessment</th>
<th>Hypotheses/research questions – Background</th>
<th>Validated?</th>
<th>Validated Articles</th>
<th>Papers Using Assessment</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>V. Sinclair; K. Wallston</td>
<td>2004</td>
<td>Brief Resilient Coping Scale (BRCS)</td>
<td>Development and Psychometric Evaluation of the Brief Resilient Coping Scale</td>
<td>Resilience and coping skills</td>
<td>derbilt.edu/project/sinclair/pdf/brief resilient coping.pdf</td>
<td>4-item measure to capture tendencies to cope with stress in adaptive manner. May be useful to identify individuals needing intervention designed to enhance resilient coping skills</td>
<td>Yes</td>
<td></td>
<td></td>
<td><a href="https://www.ncbi.nlm.nih.gov/pubmed/23012574">https://www.ncbi.nlm.nih.gov/pubmed/23012574</a></td>
<td></td>
</tr>
</tbody>
</table>

**Center for Health, Work & Environment**

**colorado school of public health**

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Future directions

• Stand up a working group to review full text articles
• Develop a workplace assessment tool for organizational programs, policies and practices that support mental health
• Develop an employee mental health culture survey for perceptions of workplace supports and their perceived impact
• Pilot the workplace assessment tool and culture survey
  • Focus on businesses that are Health Links Certified Healthy Workplace™
Strengths

• Systematic and comprehensive approach
• Librarian support
• Assessed the current state of research on this topic
• Will identify experts on this topic
• Begins to address a demonstrated need
• Will identify future research needs
• Will determine methodologies used in past assessments and studies
Limitations

• Search did not include other common biomedical/bioscience databases like EMBASE, Ovid, Web of Science, Google Scholar

• Search terms were broad

• Did not search the grey literature

• Relying only on published literature

• Filters were required to make the screening process more manageable

• Could have missed relevant citations outside of our selection and exclusion criteria
Acknowledgements

• Lilian Hoffecker, PhD, MLS, Research Librarian, Strauss Health Sciences Library, University of Colorado Anschutz Medical Campus
Questions?
References


References

References


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Health Links Certified Health Workplace™

• Provides assessments of organizations to promote TWH® on six benchmarks:
  • Organizational Support
  • Workplace Assessment
  • Health programs and policies
  • Safety programs and policies
  • Engagement
  • Evaluation

• Consultation and advisory service

• Report cards and recognition
Issues Relevant to Advancing Worker Well-being Through Total Worker Health®

Control of Hazards and Exposures
- Chemicals
- Physical Agents
- Biological Agents
- Psychosocial Factors
- Human Factors
- Risk Assessment and Risk Management

Organization of Work
- Fatigue and Stress Prevention
- Work Intensification Prevention
- Safe Staffing
- Overtime Management
- Healthier Shift Work
- Reduction of Risks from Long Work Hours
- Flexible Work Arrangements
- Adequate Meal and Rest Breaks

Built Environment Supports
- Healthy Air Quality
- Access to Healthy, Affordable Food Options
- Safe and Clean Restroom Facilities
- Safe, Clean and Equipped Eating Facilities
- Safe Access to the Workplace
- Environments Designed to Accommodate Worker Diversity

Leadership
- Shared Commitment to Safety, Health, and Well-Being
- Supportive Managers, Supervisors, and Executives
- Responsible Business Decision-Making
- Meaningful Work and Engagement
- Worker Recognition and Respect

Compensation and Benefits
- Adequate Wages and Prevention of Wage Theft
- Equitable Performance Appraisals and Promotion
- Work-Life Programs
- Paid Time Off (Sick, Vacation, Caregiving)
- Disability Insurance (Short- & Long-Term)
- Workers’ Compensation Benefits
- Affordable, Comprehensive Healthcare and Life Insurance
- Prevention of Cost Shifting between Payors (Workers’ Compensation, Health Insurance)
- Retirement Planning and Benefits
- Chronic Disease Prevention and Disease Management
- Access to Confidential, Quality Healthcare Services
- Career and Skills Development

Community Supports
- Healthy Community Design
- Safe, Healthy and Affordable Housing Options
- Safe and Clean Environment (Air and Water Quality, Noise Levels, Tobacco-Free Policies)
- Access to Safe Green Spaces and Non-Motorized Pathways
- Access to Affordable, Quality Healthcare and Well-Being Resources

Changing Workforce Demographics
- Multigenerational and Diverse Workforce
- Aging Workforce and Older Workers
- Vulnerable Worker Populations
- Workers with Disabilities
- Occupational Health Disparities
- Increasing Number of Small Employers
- Global and Multinational Workforce

Policy Issues
- Health Information Privacy
- Reasonable Accommodations
- Return-to-Work
- Equal Employment Opportunity
- Family and Medical Leave
- Elimination of Bullying, Violence, Harassment, and Discrimination
- Prevention of Stressful Job Monitoring Practices
- Worker-Centered Organizational Policies
- Promoting Productive Aging

New Employment Patterns
- Contracting and Subcontracting
- Precarious and Contingent Employment
- Multi-Employer Worksites
- Organizational Restructuring, Downsizing and Mergers
- Financial and Job Security

November 2015
Total Worker Health® is a registered trademark of the US Department of Health and Human Services

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Mental health diagnoses are common in the tech sector

- Technology workers and entrepreneurs are vulnerable to mental health conditions

Do you currently have a mental health disorder?

417 out of 417 people answered this question

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>191</td>
<td>46%</td>
</tr>
<tr>
<td>No</td>
<td>112</td>
<td>27%</td>
</tr>
<tr>
<td>Possibly</td>
<td>82</td>
<td>20%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>32</td>
<td>8%</td>
</tr>
</tbody>
</table>
Anxiety and mood disorders are most common

If possibly, what disorder(s) do you believe you have?
160 out of 417 people answered this question

<table>
<thead>
<tr>
<th>Rank</th>
<th>Disorder</th>
<th>Count/ Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Anxiety Disorder (Generalized, Social, Phobia, etc)</td>
<td>58 / 36%</td>
</tr>
<tr>
<td>2</td>
<td>Mood Disorder (Depression, Bipolar Disorder, etc)</td>
<td>48 / 30%</td>
</tr>
<tr>
<td>3</td>
<td>Attention Deficit Hyperactivity Disorder</td>
<td>13 / 8%</td>
</tr>
<tr>
<td>4</td>
<td>Post-traumatic Stress Disorder</td>
<td>13 / 8%</td>
</tr>
<tr>
<td>5</td>
<td>Stress Response Syndromes</td>
<td>13 / 8%</td>
</tr>
<tr>
<td></td>
<td>Show more (8)</td>
<td>32 / 20%</td>
</tr>
</tbody>
</table>

OSMI, 2018
Mental health issues affect productivity

Do you believe your productivity is ever affected by a mental health issue?
56 out of 417 people answered this question

- Yes: 41 / 73%
- Not applicable to me: 8 / 14%
- No: 4 / 7%
- Unsure: 3 / 5%

If yes, what percentage of your work time (time performing primary or secondary job functions) is affected by a mental health issue?
41 out of 417 people answered this question

- 1-25%: 18 / 44%
- 26-50%: 13 / 32%
- 51-75%: 9 / 22%
- 76-100%: 1 / 2%

OSMI, 2018