



Addressing workplace mental health: An integrated approach

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Why I'm here today

- Mental health is a major concern for your companies
- What can you do to address it?



My background and expertise

The Boston Hospital Workers Health Study: Using a longitudinal database to assess the health impact of work organization in hospitals

Healthcare workers are the fastest-growing segment of the U.S. labor force. Their working conditions, however, may be putting their own health at risk, which also impacts their families, employers, and patients. Protecting and promoting the safety and health of these workers is both an occupational health priority and a public health imperative.

PI: Erika Sabbath, ScD

The Boston Hospital Workers Health Study is a collaboration between our Center and Partners HealthCare, the largest private employer in Massachusetts. Using Partners' extensive longitudinal database of employee records, our research seeks to identify pathways between the organization of work at hospitals and outcomes for workers, their patients, and the healthcare enterprise.



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What is health?

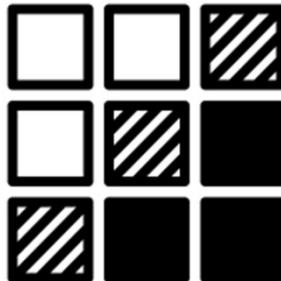
Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.



What is mental health?

A state of successful performance of mental function, resulting in:

- Productive activities
- Fulfilling relationships with other people
- Ability to adapt to change and cope with challenges





Key premises for today

1. Mental health problems are common in working populations
2. Work itself contributes to employee mental health
3. Evidence-based practices and implementation can address both these issues
4. There is no mental health without physical health



Premise #1

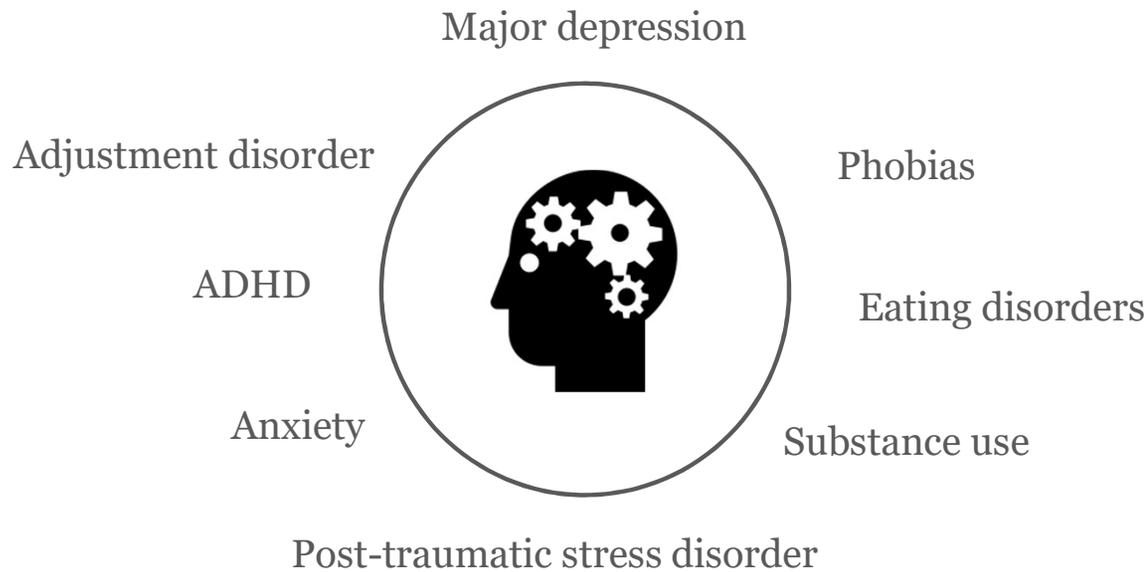
Mental health disorders are common in working populations, with implications for employers, employees, and society



Answer: About 20%



Common mental disorders in working populations



Costs of mental health disorders

A Leading Cause of Lost Work Hours



Major Depressive Disorder



Associated with
27 lost work days
each year per
employee with MDD



per employee with MDD



Bipolar Disorder



Associated with
66 lost work days
each year per
employee with bipolar



per employee with bipolar disorder



Downstream effects of mental health disorders



For employers



For workers



For society

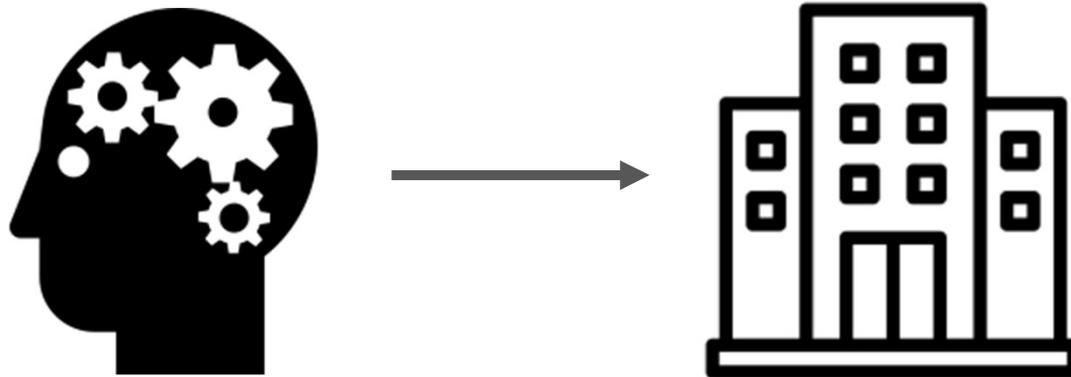


Premise #2

Work itself contributes to employee mental health

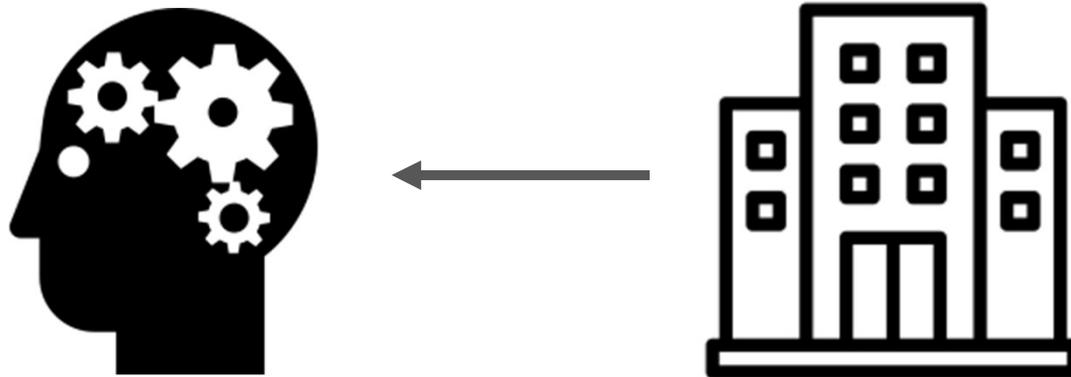
Usual perception

Mental health is an individual problem that is felt at the organizational level



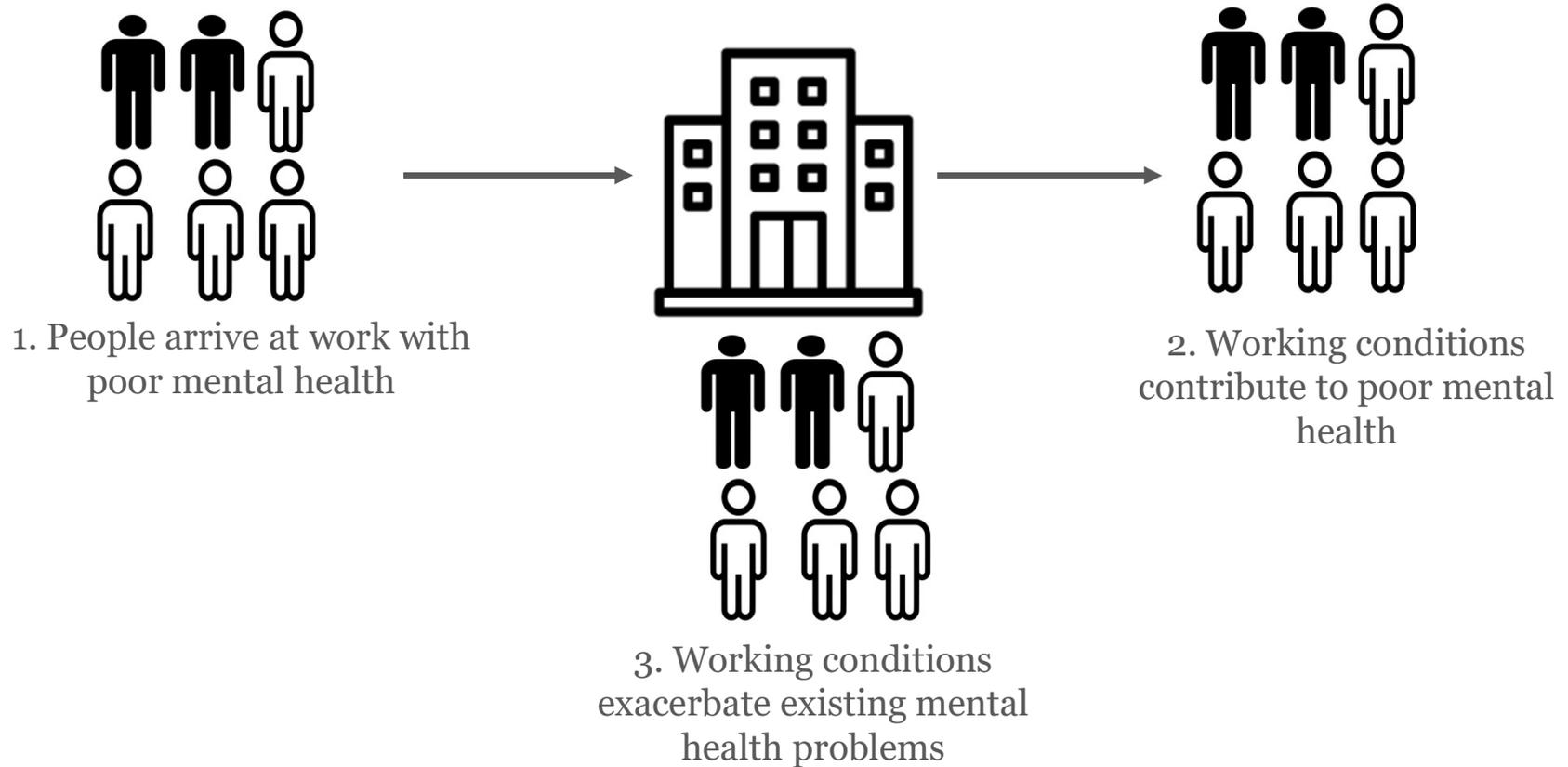
What if the inverse were also true?

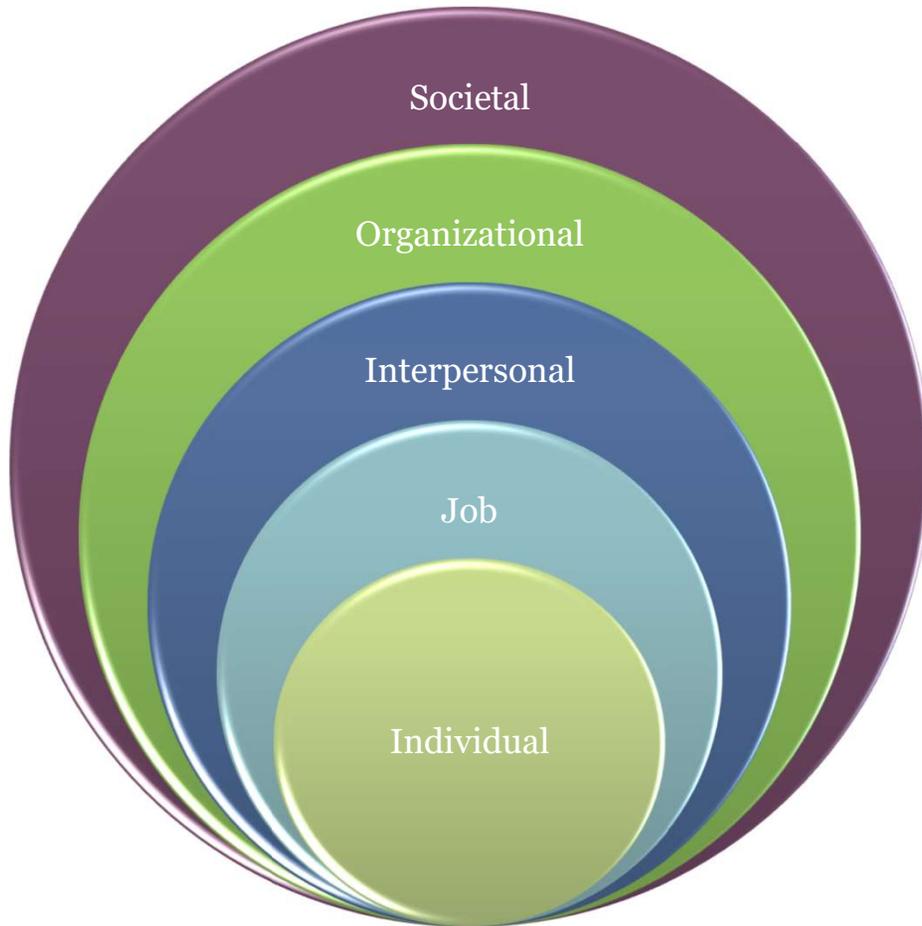
Mental health is an organizational problem that is felt at the individual level





Intersection of mental health and the workplace





Mental health at work is determined at many levels



Drivers of workplace mental health

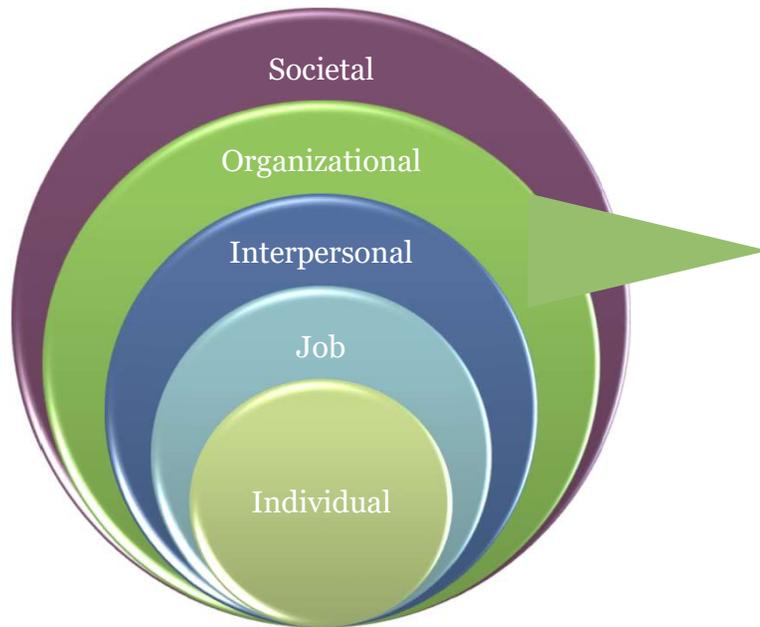


Societal level:

- Unemployment rate
- Industry
- Mental health services access



Drivers of workplace mental health



Organizational level:

- Organizational policies and practices
- Organizational change
- Employee benefits



Drivers of workplace mental health



Interpersonal level:

- Bullying
- Sexual harassment
- Collegiality and support



Drivers of workplace mental health



Job level:

- Working hours
- Job demands and control over work
- Physical working conditions



Drivers of workplace mental health



Individual level:

- Mental health history
- Age, sex, race, etc.



What is public health?

The set of activities a society undertakes to monitor and improve the health of its collective members.

Focus on PREVENTION of disease and PROMOTION of health

The Levels of Prevention

Disease process

Susceptible

Primary prevention:
Prevention



Asymptomatic

Secondary prevention:
Screening



Symptomatic

Tertiary prevention:
Treatment



Levels of prevention and workplace programs



PRIMARY

Change working conditions to prevent people from developing mental health problems



SECONDARY

Screening and early response to employee mental health concerns; improving coping skills



TERTIARY

Treatment and support for workers with mental health concerns, mitigating impact on company

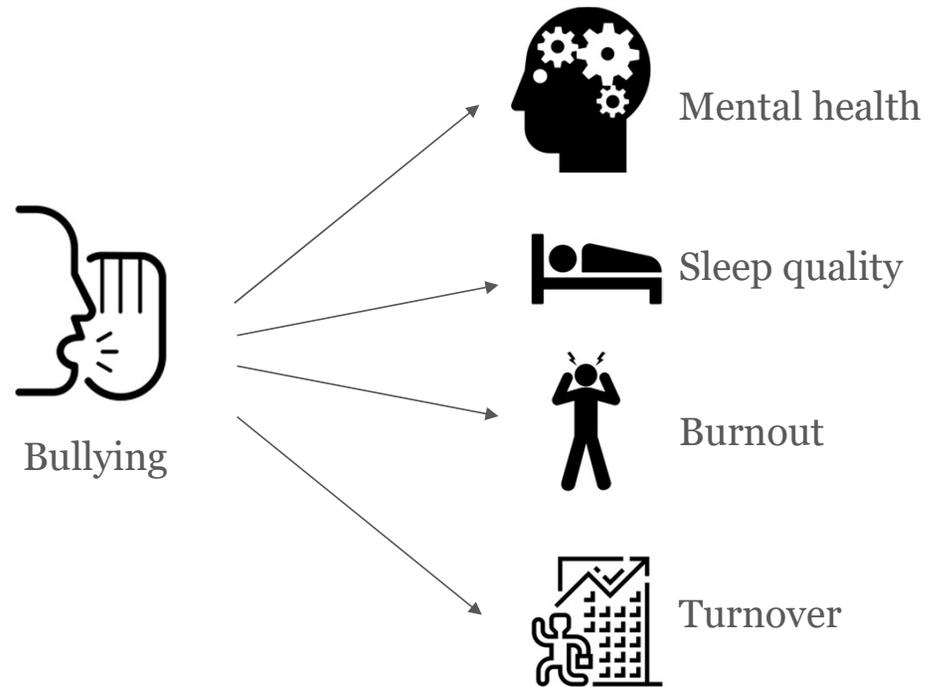




A: Primary prevention

- Upfront investment cheaper than treatment
- Affects many outcomes (in addition to mental health)

Example: workplace bullying





Is tertiary prevention bad?

No, but...



Two approaches to workplace interventions



“Change the work”



“Change the worker”

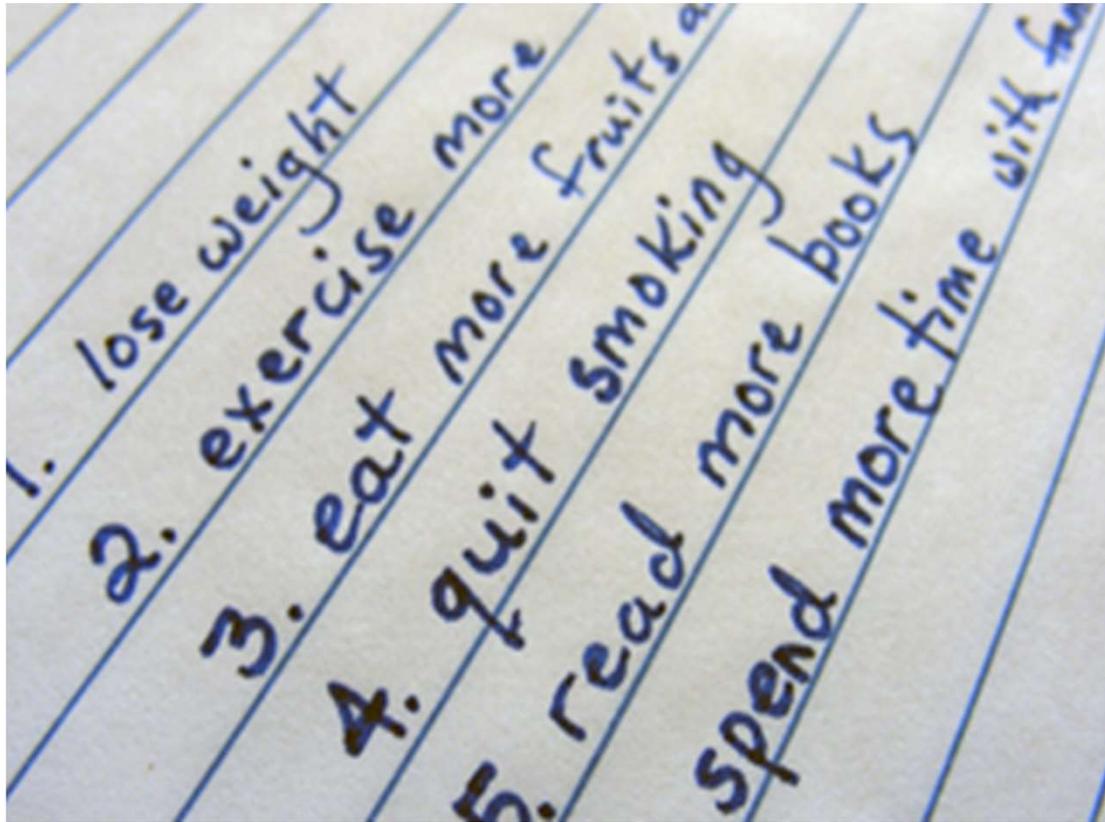


Usual approach: “Change the worker”





Limitations of “change the worker”





More effective approach: “Change the work”





Why focus on “change the work”?

“[Changing] the organizational environment will affect every single employee, whether they know it or not, whether they have a health condition or not, and it is those organizational changes that have the greatest opportunity for primary prevention”



Premise #3

Evidence-based practices can address employee mental health concerns that intersect with the workplace

Work stress reduction program

Primary prevention



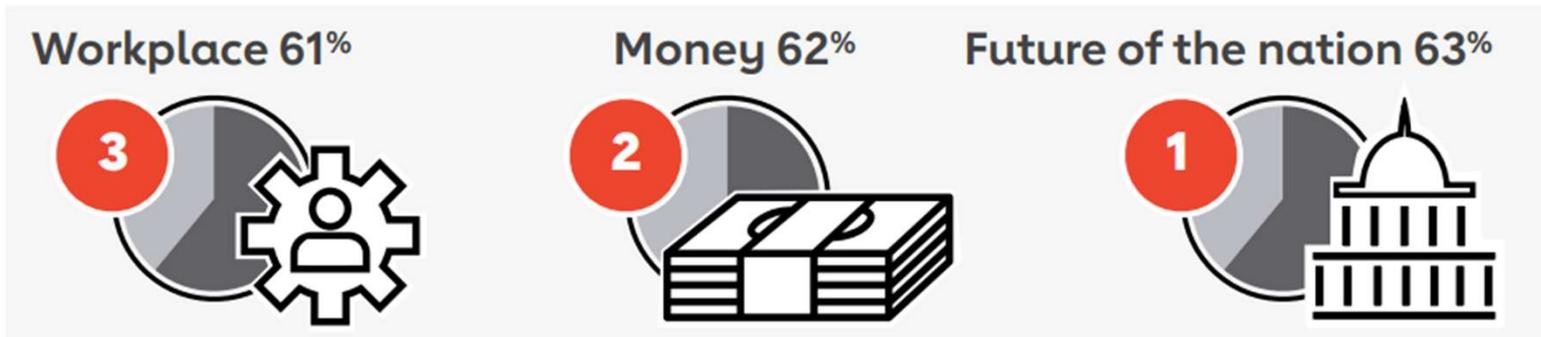
Secondary prevention



Tertiary prevention



Leading causes of stress among adults





Two approaches to reducing job stress

1. Changing the job to be less stressful
2. Improving stress tolerance and management

Both are important!

But #2 is unlikely to be effective without #1



The intervention context

- Participants: Health care workers at a large hospital
- High levels of stress, burnout, and mental health concerns
- Participatory intervention with workers and other key stakeholders

What does “participatory” mean?



The program

- Goal: identify work stressors and address them on a unit-by-unit basis
- Main categories of stressors and proposed solutions:
 - High psychological demands → improving team work and staffing, ergonomics
 - Low feelings of reward → improving communications and recognizing each other's work
 - Little control over work → Job enrichment, training, consulting staff in decisions
 - Low social support → making work meetings more effective
- Prioritized by feasibility and impact
 - Some could be done with few resources (recognizing contributions)
 - Others required management buy-in or resources (improving patient bell system)



Findings: Lower stress, better mental health three years later

Worker outcomes

- Lower psychological demands
- More control over decisions
- More supportive teams
- Work feels more rewarding
- Lower physical demands
- Better sleep
- Less burnout
- Lower psychological distress

Employer outcomes

- Less burnout
- Higher quality of work



Implications for organizations

- Involving workers makes a difference
- Customizing program by concerns of a workgroup (no one-size-fits-all)
- Combination of low-cost and higher-cost elements
- Feeling that employer cared and was willing to invest in key solutions
- Changing ergonomic practices improved mental health

Workplace flexibility and worker well-being

Primary prevention



Secondary prevention



Tertiary prevention





The context

- Technology company (white-collar workforce)
- Program to reduce work-family conflict, improve supervisor support, and reduce workplace stress
- Surprise mid-intervention: company merger
- Workgroups randomized to receive intervention or not



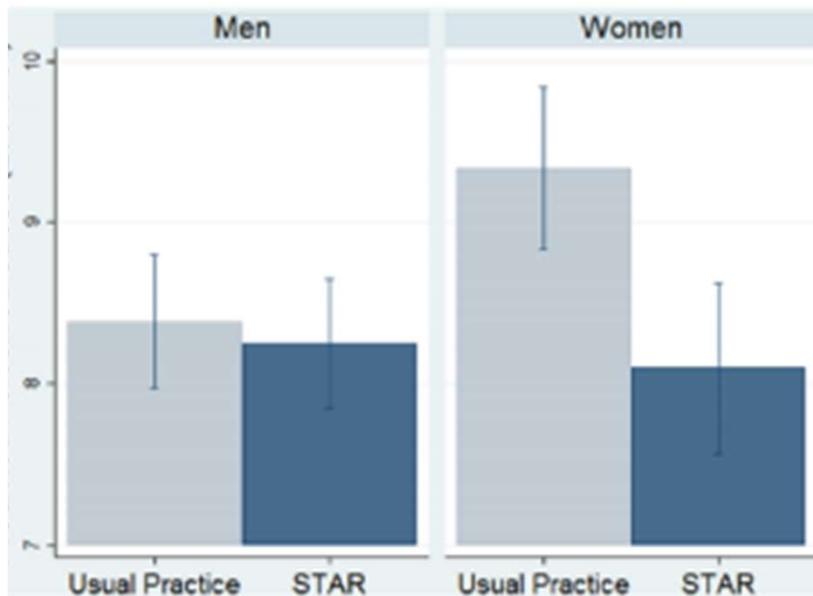
The program

- 8 hours of participatory training: Teams and managers identified stressors and solutions to increase worktime control and focus on outcomes, rather than face-time
 - Meetings were time-wasters → making meetings optional
 - Being “always on” was stressful → less instant messaging during workday
 - Periods of high demand → more advance planning
 - Work was inflexible → making work-from-home (or work-from-anywhere) more accessible
- 4 hours of online supervisor training: support for employees’ personal lives and work-family conflict

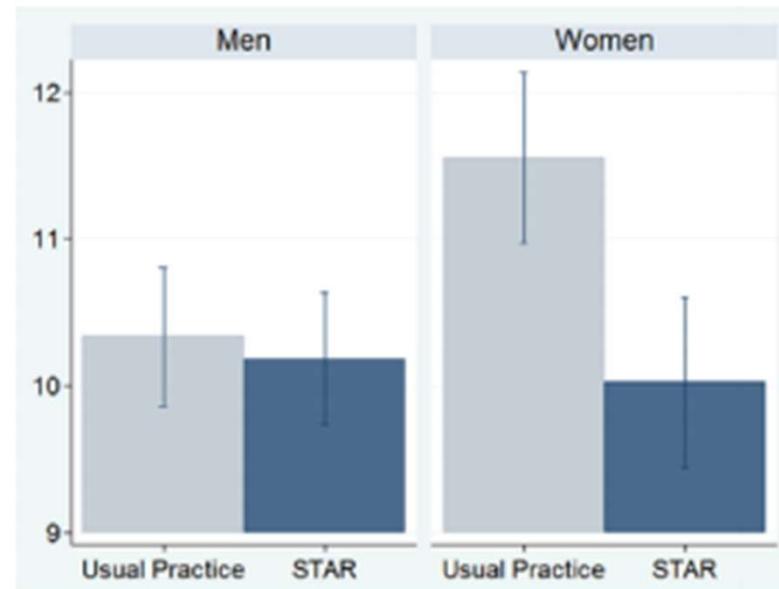


Findings: Better worker wellbeing

Lower stress



Lower psychological distress



Findings: Employer-relevant outcomes

Job satisfaction





Implications for organizations

- Increasing employee control over work-time improves worker wellbeing
- Organizational buy-in was key
- Customization of the intervention within workgroups
- Note on intervention's effectiveness in nursing homes

Mental health awareness training for managers

Primary prevention



Secondary prevention



Tertiary prevention





The context and the program

- Conducted in Australian fire department
- All training provided by psychiatrist or licensed psychologist
- First phase: mental health education
- Second phase: helpful and unhelpful responses to employees with mental health concerns

Source: Milligan-Saville et al., *Lancet Psychiatry*, 2017



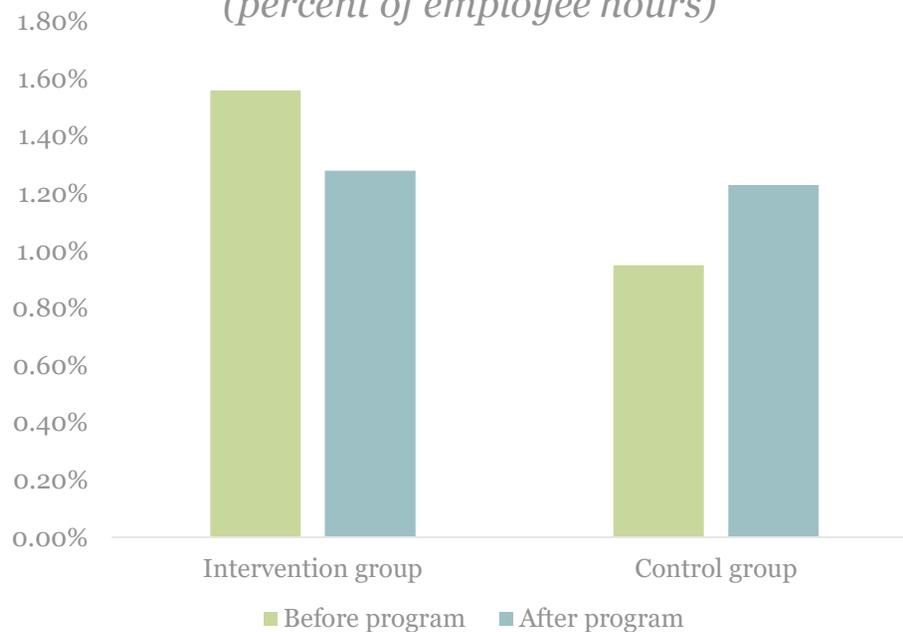
The program (continued)

- Third phase: RESPECT principles for managers
 1. **R**egular contact is essential
 2. **E**arlier the better
 3. **S**upportive and empathetic communication
 4. **P**ractical help, not psychotherapy
 5. **E**ncourage help-seeking
 6. **C**onsider return-to-work options
 7. **T**ell them the door is always open
- Follow-up call from EAP in 2 months following training (to answer questions and troubleshoot)



The findings: absence decreased

*Hours of work-related sick leave
(percent of employee hours)*



Intervention managers had...

- Higher levels of mental health knowledge
- Higher levels of knowledge about their role in employee mental health
- More confidence in communicating with employees about mental illness

Return on investment

- 912 CAD per manager trained
- 9105 CAD in lost work time savings among employees of trained managers
- Tenfold ROI for every dollar invested



Implications for organizations

- Secondary prevention—focusing on early detection and care, rather than symptom reduction
- Face-to-face nature of training was likely important—this was more effective than online trainings
- Early and frequent contact between manager and employee mattered

Returning to work after mental health absence

Primary prevention



Secondary prevention



Tertiary prevention





The context

- Many employees are out of work on disability due to mental disorders
- Most solutions involve counseling the employee without changing underlying working conditions
- Traditional return-to-work programs have shown little effectiveness or ROI



The problem...

- Most published evidence relies on individual worker behavior change
- Little evidence for how to change the *workplace* to improve re-integration
- Why this gap?



Premise #4

Workplace mental health programs will be ineffective if other aspects of working conditions are not also addressed



An integrated approach: Broadening beyond mental health-specific programs

Physical: Is there equipment? Is it in good working condition?

Job Demands: Is there time to use equipment?
Patient health first.



Organization of Work: Equipment prescribed in plan of care? Have authority – knowledge – skill to use equipment?

Psychosocial: Supervisors and co-workers support to use equipment?

Integrated approach: Combining strategies

A management system approach to worker safety, health, & well-being shaped by employee input & participation



- Starts with providing a safe work environment
- Builds on traditional health protection & promotion efforts
- Emphasizes policies & practices that create:
 - Organizational changes promoting safety & health
 - Positive working conditions
- Aims to improve employee & employer outcomes



The Guidelines

- Executive Summary
- Leadership & Collaboration
- Planning
- Implementation
- Evaluation & Improvement
- Tools & Resources

Includes case examples, tips, checklists



Implementing an Integrated Approach

Weaving Worker Health, Safety, and Well-being
into the Fabric of Your Organization

(Voluntary) Canadian standard for psychological health



CAN/CSA-Z1003-13/BNQ 9700-803/2013
National Standard of Canada
(reaffirmed 2018)

**Psychological health and
safety in the workplace —**
Prevention, promotion, and guidance
to staged implementation

Disponible en français
*Santé et sécurité psychologiques
en milieu de travail —
Prévention, promotion et lignes
directrices pour une mise en
œuvre par étapes*



Commissioned by the
Mental Health Commission of Canada



Assembling the Pieces

An Implementation Guide to the National
Standard for Psychological Health
and Safety in the Workplace



Other resources on our website

<http://centerforworkhealth.sph.harvard.edu/>

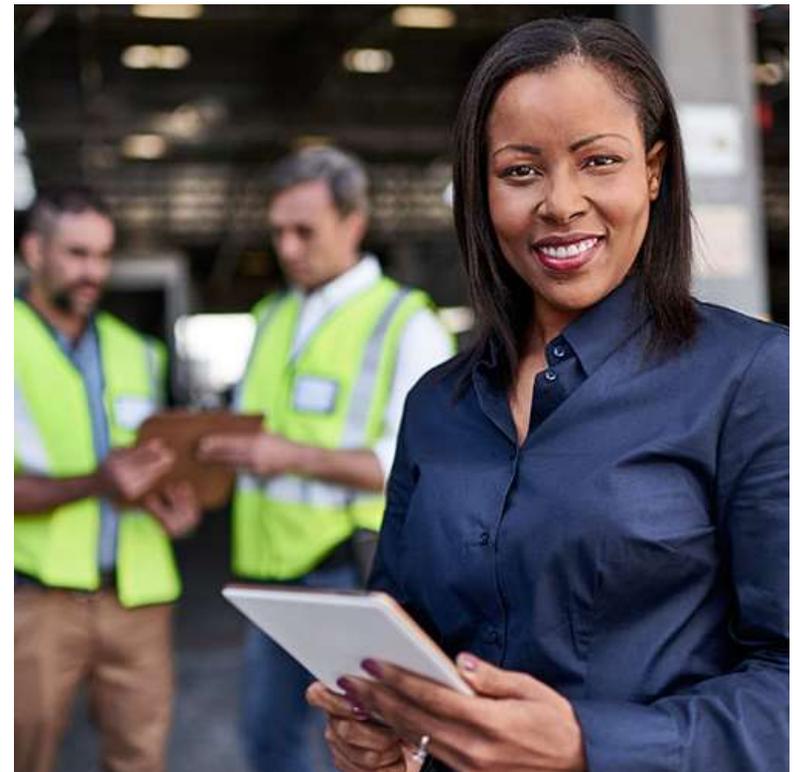




Work Health and Well-being: Achieving Worker Health

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- Learn how to apply Total Worker Health®
- May 13 - 15, 2020 in Boston, MA
- <https://www.hsph.harvard.edu/ecpe/programs/work-health-and-well-being/>



Partnering for a healthier workforce

- Our team has deep experience in collaborating with employers to improve worker health through upstream “change the work” interventions
- Harnessing data you already collect
- External funding potential (especially for multi-site or multi-workgroup companies)

Get in touch! Erika.Sabbath@bc.edu



Protect and promote worker safety, health, and well-being

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