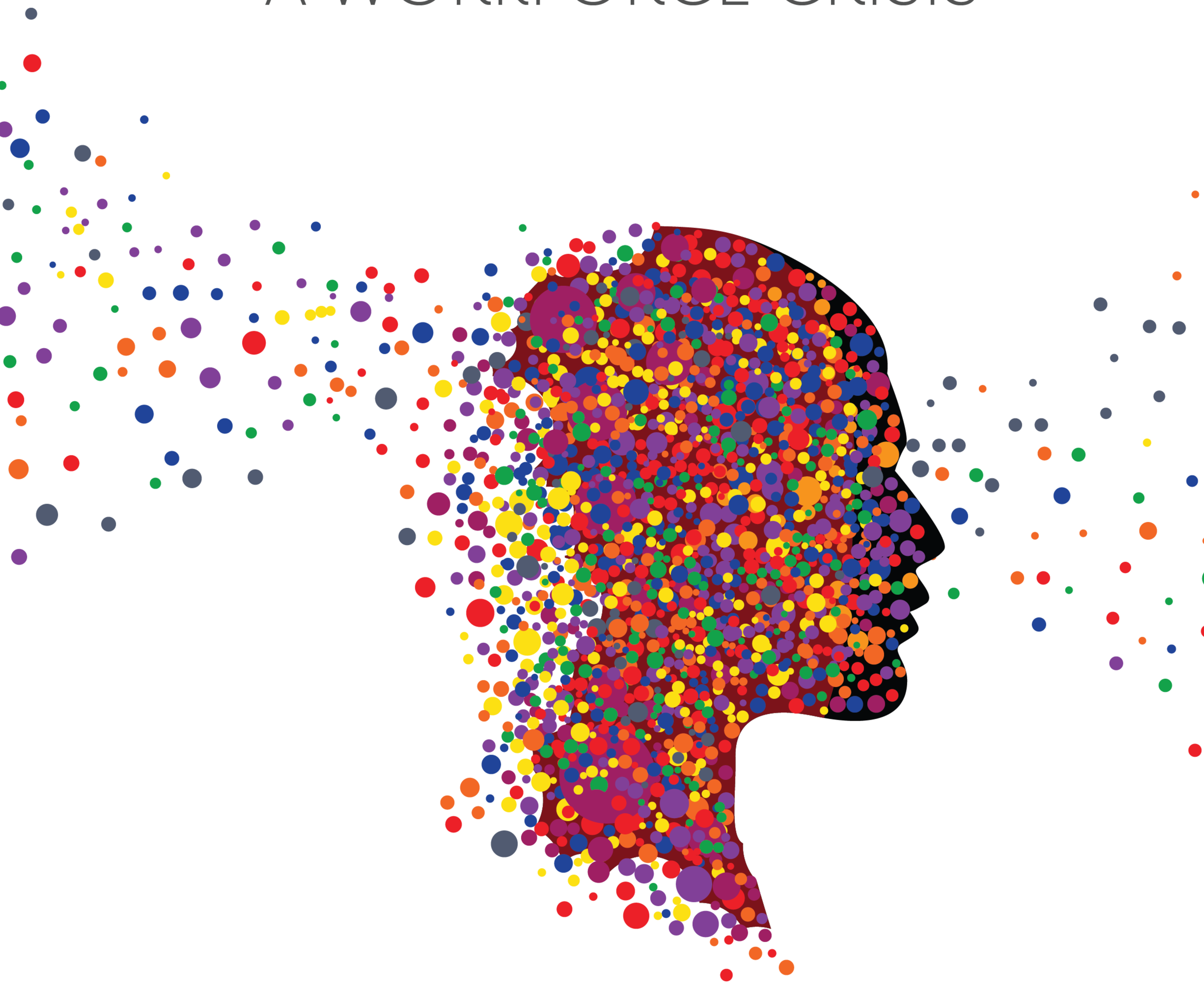
MENTAL HEALTH

A WORKFORCE CRISIS



American Heart Association.

CEO ROUNDTABLE

Commissioned by the
American Heart Association CEO Roundtable
and conducted by the **American Heart Association's**
Center for Workplace Health

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FOREWORD

Our nation is facing a mental health crisis. Media reports tell the story, from rising rates of depression and suicide to an alarming increase in random acts of violence. As employers dedicated to workplace health and well-being, we have an obligation to prioritize mental health on the same level and with the same laser focus as physical health. The American Heart Association CEO Roundtable is a leadership collaborative of 40-plus members and we collectively represent more than 10 million employees and their family members. We commissioned *Mental Health: A Workforce Crisis* to illustrate the need for employers to support employee mental health. This report is informed by unique insights from a nationwide employee survey and a synthesis of the evidence on the effectiveness of workplace mental health interventions.

Regardless of race, ethnicity, gender, religion, sexual orientation, education or income, mental health disorders do not discriminate. The problem is so pervasive in the United States that almost 45 million adults — or about one of every five — have a mental health disorder.[1]

As CEOs, we must lead by example and engage other business leaders in redefining workplace inclusiveness and powering a mental health movement. We cannot afford to let social stigma and discrimination hinder an individual's ability to achieve optimum health and employment.

Like chronic diseases, mental health disorders are treatable, and employers can use comprehensive strategies to cultivate supportive work environments.

This report provides actionable strategies for advancing workplace mental health from CEO Roundtable companies and an expert panel.

Our member CEOs share an unyielding commitment to help build healthier workplaces and communities. We hope this report will inspire employers to do more to provide mental health education, training and support across all levels of their organizations.



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EXECUTIVE SUMMARY

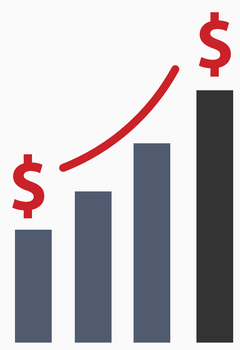
The Problem



Mental health challenges are a growing concern for employers worldwide.

Increasing Prevalence

Global rates of depression and anxiety have increased 15 percent to 20 percent during the last decade.[2]



Rising Costs

The World Economic Forum projects that mental health disorders will cost nations $16.3 trillion between 2011 and 2030, which represents a staggering loss in economic output.[3] In the United States, approximately one in five adults (almost 45 million) has a mental disorder.[1]

Depression alone is estimated to cost the American economy $210 billion annually, with 50 percent of that cost shouldered by employers.[4]



These costs are probably underestimated because roughly four in 10 adults with mental health disorders do not seek treatment.[5]

The American Heart Association CEO Roundtable (CEO Roundtable) commissioned this report to underscore the business imperative to employers for providing comprehensive, science-based support for employee mental health.

Key Insights



- **Mental health disorders are very common and rising.** This causes human suffering and depletes the economic vitality of communities and nations.



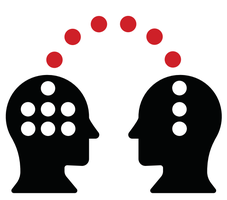
- **Employers have a unique opportunity to improve the mental health of the 157 million working U.S. adults**[6] who spend more time working than any other activity apart from sleeping.[7]



- **Clinically effective treatments for most mental health disorders exist in primary care,** including Cognitive Behavioral Therapy (CBT), which many employers subsidize with medical benefits.



- **Training leaders and managers to reduce the stigma** associated with mental health is a promising organizational approach to help create a psychologically healthy workplace. Overall, few studies have evaluated organizational-level programs to improve employee mental health outcomes and more research is urgently needed in this area.



- **Overall, many types of mental health interventions delivered in the workplace are effective at improving mental health outcomes,** although the size of the effect is small to medium. Stress management programs for individuals are especially effective at reducing stress and improving overall mental health.



- **The growing number of digital interventions** offered by third party vendors and insurance carriers to employees are promising ways to tailor programs for different populations based on their risk for mental health disorders.



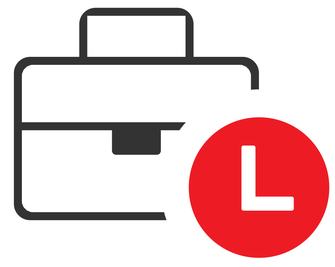
- **Employees expect their employers to support mental health** as strongly as physical health and offer policies, programs, and an environment that is mental health-friendly.

Employers have a compelling interest for promoting positive mental health in the workplace, because adults spend most of their waking hours at work.[7]

Poor mental health not only exacts a high toll on workforce health and well-being, it also negatively impacts productivity. The costs of depression and other mental health disorders are often underestimated because the indirect costs such as work absenteeism and poor performance at work (presenteeism) are costlier than the direct costs associated with medical care and prescription drugs[8] (see Employer costs associated with mental health disorders). Because depression often occurs with other expensive chronic conditions such as obesity, diabetes and heart disease, the economic burden on employers and the health care system are amplified (see Comorbid conditions).

Investing in mental health treatment in general has been shown to be cost-effective. Many evidence-based treatments can save $2 to $4 for every dollar invested in prevention and early intervention (see Table 4. Cost of mental health disorders and cost-effectiveness of treatments).[9, 10, 11] Interventions offered in the workplace have generally been targeted at reducing symptoms in individuals rather than modifying the work conditions that are risk factors for poor mental health such as job strain or unsupportive relationships between supervisors and employees.

Adults spend most of their waking hours at work.



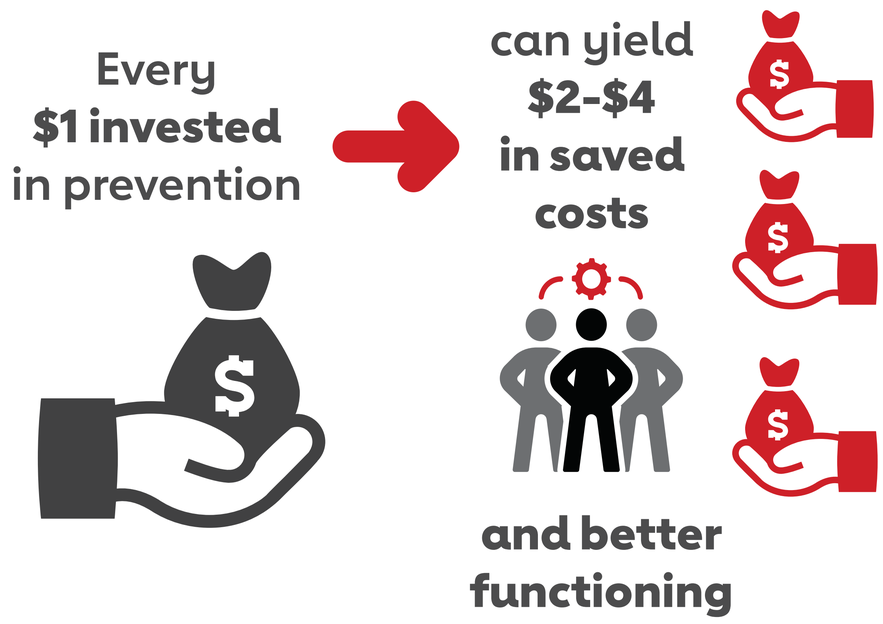
Costs are often underestimated



and include both direct and indirect expenses.

Cost-effective investments can improve outcomes.

Many evidence-based treatments offer valuable returns on investment.



Highlighted Findings

A national poll of U.S. employees conducted by Harris Poll for the CEO Roundtable found:

A Prevalence of Mental Health Disorders

76%



- Roughly three in four employees (76 percent) indicate they have struggled with at least one issue that affected their mental health.

42%



- About two in five employees (42 percent) answered yes when asked if they have ever been diagnosed with a mental health disorder.

63%



- Although many were willing to divulge their disorder in this confidential survey, 63 percent of those diagnosed with a disorder say they have not disclosed it to their employer.

Perceptions of the Employer's Role

9 in 10



- Nearly nine in 10 survey respondents agree that employers have a responsibility to support mental health. Although more than eight in 10 employees say their employers provide at least one mental health offering, they also say those employers can do more.

42%



- For example, 42 percent of employees would like their employers to provide more information about mental health benefits, accommodations, and resources.

40%



- 40 percent want their employers to train managers and supervisors to identify emotional distress among workers (see results from a national survey on Employees' Perceptions and Attitudes on Mental Health In the Workplace)



Mental health program summaries provided by 19 CEO Roundtable companies indicate that employers are implementing a range of science-based prevention programs to support workplace mental health and well-being (see Company Mental Health Program Summaries).



Recommended Actionable Strategies for Employers

The American Heart Association's Center for Workplace Health convened a panel of a dozen mental health experts to review information in this report, as well as published guidelines and standards for workplace mental health.[12] The panel, which consisted of individuals from academia, industry, a labor union, and consumer advocacy groups, evaluated the feasibility and impact of workplace mental health strategies documented in the occupational health, public health and epidemiology literature. Based on their review, this report sets out high-level strategies and tactics organized around seven workplace health pillars to guide employers who wish to create and sustain mental health-friendly workplaces.



Leadership

Leaders demonstrate visible and proactive actions to build a diverse and inclusive culture that supports a mental health-friendly workplace.



Policies and Environmental Support

Develop a broad Mental Health Plan for the organization that can be fully implemented, understood, and available to all employees.



Communication

Develop a plan to communicate clearly and often to employees about the organization's mental health policies, medical benefits, programs, education resources and training opportunities.



Programs and Benefits

Offer a comprehensive package of medical and behavioral health benefits and programs based on caring for and supporting employees.



Engagement

Involve all employees in all aspects of workplace decision-making.



Community Partnerships

Use community partnerships to promote the internal and external objectives of the Mental Health Plan.



Reporting Outcomes

Collect and analyze a variety of data to identify strengths and opportunities to continually improve the mental health and well-being of employees.

Each strategic area is supported by several evidence-informed tactics. For more information, see Actionable Strategies.

ACTIONABLE STRATEGIES

The American Heart Association convened a multi-stakeholder, cross-industry expert panel on December 13, 2018, in Washington, D.C. to propose high-impact actionable strategies for employers that have the potential to create a work environment supportive of mental health.

At the American Heart Association's request, the objectives of the panel were to:

- Identify current best-practice guidelines regarding mental health in the workplace
- Identify gaps in current guidelines on mental health in the workplace
- Recommend high-impact actionable strategies for employers to implement

The strategies and tactics were developed through a combination of systematic literature review, literature synthesis, and expert panel discussion and consensus. Panelists reviewed and provided feedback on five high-quality published guidelines for workplace mental health promotion[13,14,15,16,17] based on these three criteria.

Evaluation Criteria:



1) The potential for positive health impact



2) Operational feasibility for large, medium and small firms



3) Estimated implementation costs

The strategies and tactics are organized around the American Heart Association's seven pillars of workplace health contained in the Workplace Health Achievement Index[18], a voluntary online organizational scorecard and recognition program. These pillars or domains comprise: Leadership, Organizational Policies and Environmental Supports, Communications, Programs and Benefits, Engagement, Community Partnerships and Reporting Outcomes. Collectively these best practices can be thought of comprising an organization's overall "culture of health" for workplace health promotion programs.

A detailed description of the methods used for the expert panel process and panelist biographies can be found in Appendix C.

Table 1. Actionable Strategies for Employers

Pillar	Strategy	Tactics
Leadership 	**Leaders demonstrate visible and proactive actions to build a diverse and inclusive culture that supports a mental health-friendly workplace.** **What Success Looks Like** The enthusiastic support and involvement of leaders and managers is evident and employees understand their employers' commitment to creating a workplace that is mental health-friendly.	1. Develop a broad Mental Health Plan with input from all stakeholders. 2. Provide adequate resources to support plan implementation. 3. Consistently model positive mental health behaviors and enforce plan policies. 4. Train managers to encourage staff participation, provide constructive feedback on performance and mentor their teams. 5. Develop capable and supportive managers and supervisors by providing resources, education and training. 6. Reward and recognize employees for their performance and achievements.
Organizational Policies and Environmental Supports 	**Develop a broad Mental Health Plan for the organization that can be fully implemented, understood and available to all employees.** **What Success Looks Like** Policies for employee mental health are explicitly linked to the organization's mission and values. Organizational goals are aligned to promote employee mental health and hold supervisors accountable for a mental health-friendly workplace.	7. Integrate the Mental Health Plan into the organization's health, safety, and well-being strategy. 8. Align manager goals to promote the Plan and hold managers accountable for reaching stated goals. 9. Put in place processes to manage changes in the workplace (such as re-structuring and downsizing) to minimize adverse effects of change on employees' mental health.
Communications 	**Develop a plan to communicate clearly and often to employees about the organization's mental health policies, medical benefits, programs, education resources and training opportunities.** **What Success Looks Like** Employees demonstrate a high level of awareness and healthy utilization of the organization's Mental Health Plan and the availability of supporting resources.	10. Establish communication processes that address employees' education, awareness, and understanding of stigma, psychological illness, and safety relating to mental health. 11. Monitor and assess the mental well-being of employees using tools such as confidential surveys.

Table 1. (*Continued*): Actionable Strategies for Employers

Pillar	Strategy	Tactics
Programs and Benefits 	**Offer a comprehensive package of medical benefits and prevention programs that put employees at the center of care and support.** **What Success Looks Like** Employees participate in programs that have been designed based on an organizational needs assessment. Employees use high-value medical benefits based on their health and well-being needs.	12. Conduct a comprehensive needs assessment that explicitly includes mental health and informs program and benefits decisions. 13. Implement a variety of mental health promotion/awareness and prevention programs that take into consideration the diversity of the population. 14. Provide employees with affordable medical benefits that include no or low out-of-pocket costs for medications, counseling and treatment services.
Engagement 	**Involve employees in all aspects of workplace decision-making.** **What Success Looks Like** Employees have a voice in the development and improvement of the organization's Mental Health Plan. There is evidence of acceptance of employees with mental health.	15. Consider the unique, diverse needs of employees and the best way to engage them 16. Incorporate feedback from employees and relevant dependents into programs and policies by using various tools such as surveys and polls. 17. Identify internal champions who can drive positive changes in the policies, programs, benefits and culture that affect an employee's mental health. 18. Establish an integrated health, safety and well-being committee that meets regularly and is accountable to the C-suite. 19. Promote the acceptance of employees with mental health challenges within the organization through de-stigmatization and anti-discrimination efforts. 20. Help employees to understand the resources available to them to support their own mental health.
Community Partnerships 	**Use community partnerships to promote the internal and external objectives of the Mental Health Plan.** **What Success Looks Like** Employers document their engagement in local communities to support the mental health of their employees and their community.	21. Identify ways to align with community-based organization to improve mental health within the employer's communities. 22. Participate in multi-stakeholder coalitions to advocate for improved access, quality, and value of mental health services. 23. Partner with external organizations to leverage local community resources. 24. Share ideas with other organizations that have mental health best practices and evaluate if these approaches are a good fit for your organization.

Table 1. (*Continued*): Actionable Strategies for Employers

Pillar	Strategy	Tactics
Reporting Outcomes 	**Collect and analyze a variety of data to identify strengths and opportunities to continually improve the mental health and well-being of employees.** **What Success Looks Like** The benefits of a Mental Health Plan are sustained through continuous quality improvement based on robust data collection, analysis, and reporting.	25. Establish objectives and targets for improving employee mental health based on available data. 26. Create a comprehensive evaluation plan prior to implementation of the Mental Health Plan. 27. Evaluate the mental health, functional performance, and productivity impact of the plan. 28. Determine the cost-benefit and/or cost-effectiveness of the Plan. 29. Monitor changes in employee engagement using all available metrics. 30. Use all available outcomes data to review and evaluate overall Plan performance. Adjust and improve based on data insights.

Developing a Mental Health Plan

There is no consensus on the classification system for the components of workplace health and well-being promotion programs, however, there are some helpful frameworks that employers can use to guide the development, implementation, and evaluation of the effectiveness of their organization's Mental Health Plan.

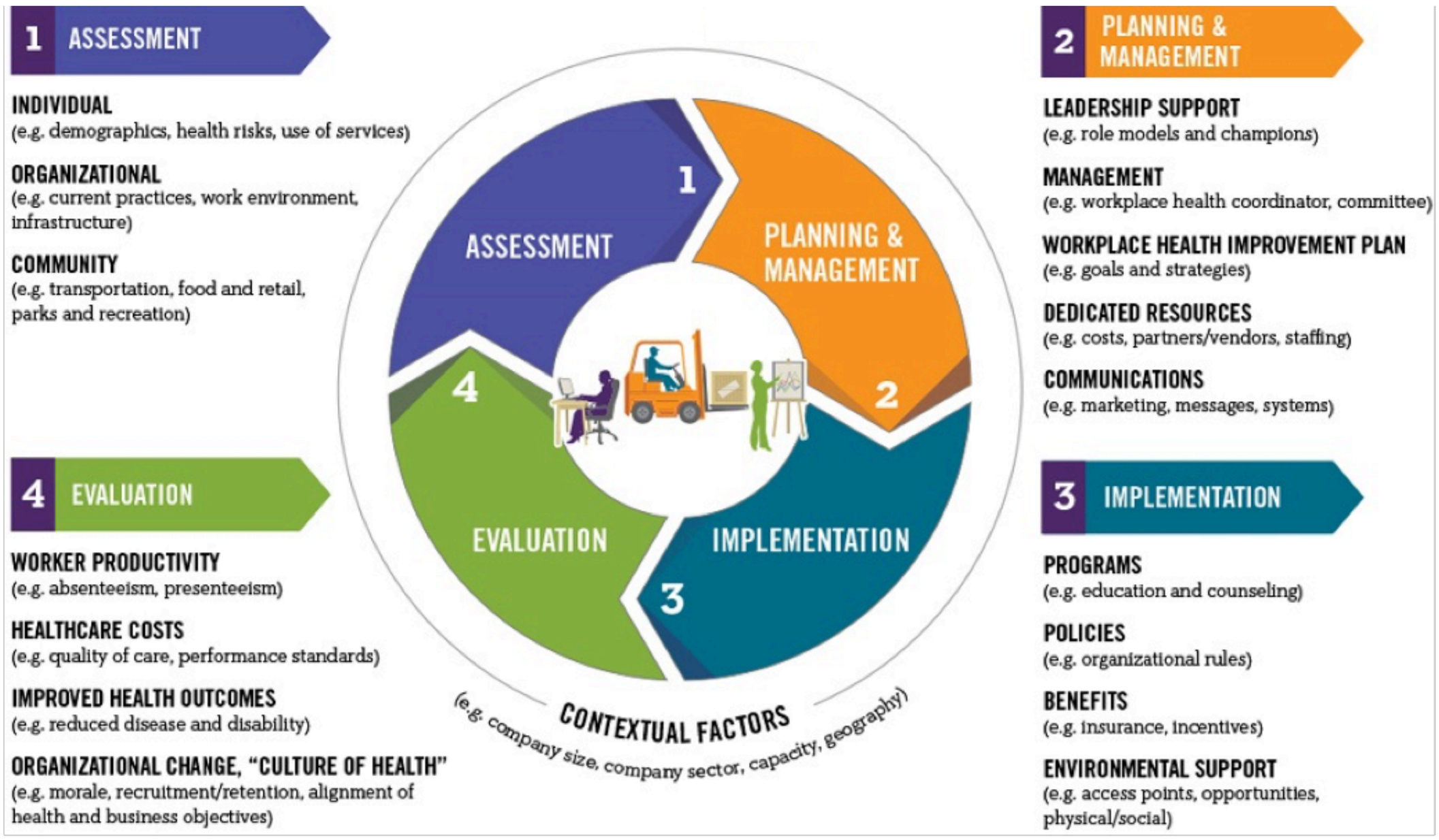
The Center for Disease Control and Prevention (CDC) **Workplace Health Model** (Figure 1) offers a comprehensive, systematic and stepwise approach: *Assessment, Planning & Management, Implementation, and Evaluation*.[19] This framework is similar to the Plan Do Check Act Model[20] used for continuous improvement in business process management, however, it reflects the components that are specifically relevant to workplace health, safety, and well-being. These process steps are relevant to developing a broad Mental Health Plan, which is a foundational strategy for creating a mental health-friendly workplace.

The process starts with a needs assessment of the organization using multiple data points to understand employee, organization, and community assets, strengths, and gaps. This step helps business managers understand the specific needs of employees, the business, and community partners with respect to a broad Mental Health Plan. For example, an evaluation of the work environment may highlight "hotspots" where emotional distress and turnover are more pronounced in the organization either by geographical location or business unit. This finding might inform the prioritization of efforts and the allocation of resources for activities like job redesign, work process improvements or supervisor training.

The planning and management phase evaluates organizational readiness to implement the Mental Health Plan by addressing five infrastructure needs that will be key to successful implementation:

- Leadership support for the plan
- Management capacity
- Allocation of dedicated resources to support implementation
- A communications plan
- Developing a plan where the goals and objectives are aligned with the organization's mission and strategy

Figure 1: Workplace Health Model



Source: CDC Workplace Health Resource Center[19]

During the implementation phase, managers execute the plan consisting of programs, policies, medical benefits, and environmental supports for a mental health-friendly workplace.

The final phase of evaluation comprises the organization collecting data informed by the evaluation plan to assess the effectiveness of the Mental Health Plan ("is it working?").

Typically, outcomes fall into four broad categories:

- **Worker productivity** (absenteeism and presenteeism)
- **Healthcare costs** (medical and pharmacy claims costs, quality of care, etc)
- **Mental and physical health outcomes** (for example, changes in functional performance or reduced symptoms of stress, depression and anxiety based on data collected from voluntary health assessments)
- **Broader indicators** that measure organizational culture and climate (for example, morale, employee retention, employee survey data about leadership and climate)

Readers will notice that the majority of the Workplace Health Achievement Index pillars, which are used in this report to present the actionable strategies, are located in the "plan" and "do" parts of the process. These important phases, however, are crucially informed by the needs assessment and evaluation phases, which allow employers to help answer questions like: Is the plan working? What changes are needed to improve effectiveness?

Evidence from the workplace health promotion literature indicates that plans that are comprehensively designed, fully implemented, and rigorously evaluated are associated with improved health, cost, and productivity outcomes over time.[21] Consequently, we recommend that employers follow the process steps outlined above.



Readers can find more information and resources about workplace health and well-being promotion topics from the following sources:

American Heart Association[22]

Centers for Disease Control and Prevention[23]

Health Enhancement Research Organization (HERO)[24]

Johns Hopkins - Institute for Health and Productivity Studies[25]

Integrated Benefits Institute[26]

American Psychiatric Association Foundation[27]

American Psychological Association[28]

Mental Health Commission of Canada[29]

OVERVIEW

Mental Health: A Workforce Crisis

Mental health disorders are on the rise worldwide, creating a crisis that goes beyond those who struggle and their families to affecting communities and society at large. In parallel, poor mental health — a state of suboptimal functional performance — is a growing concern for employers and employees (see Key Mental Health Definitions).

The symptoms of poor mental health can be emotionally, mentally and physically debilitating and negatively impact work performance, resulting in lost income and contributing to absenteeism and presenteeism (poor performance while at work). Comorbid conditions including heart disease, obesity and diabetes can exacerbate these factors (see Comorbid Conditions).



The economic burden of mental health disorders is staggering, costing the United States billions of dollars in health care and lost productivity.

Employers bear much of the financial burden.

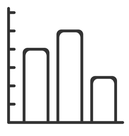
The economic burden of mental health disorders is staggering, costing the United States billions of dollars in health care and lost productivity. Employers bear much of the financial burden, which includes direct costs, such as medical services and drugs, and indirect costs, including absenteeism and presenteeism (see The Business Case for Employers Investing in Mental health Promotion: Employer costs associated with mental health disorders).

Evidence suggests that early intervention and prevention can have overall health and financial benefits. Employing positive mental health strategies, for example, can decrease health care claims and reduce morbidity by alleviating symptoms of depression, anxiety and stress (see Evidence Review).

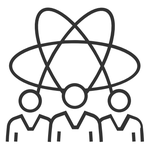
Purpose

The members of the American Heart Association CEO Roundtable commissioned this report on mental health in the workplace as a resource for employers, executives, benefits and human resource managers, those involved in implementing and maintaining employee health and well-being wellness programs. The objective of this report is to provide guidance to employers on effective mental health approaches, with an expert panel review of science-based strategies that cultivate a safe and supportive workplace culture.

To achieve the objective, this report will:



- **Describe the prevalence of mental health disorders** and their estimated costs to U.S. employers and society.



- **Synthesize the scientific peer-reviewed literature** on he effectiveness of workplace mental health interventions.



- **Describe employees' attitudes** toward, and experiences with, workplace mental health offerings.



- **Summarize approaches used** at CEO Roundtable companies that support mental health.

The American Heart Association applauds our partners that bring expertise in both workplace health and mental health. The urgency to stem the growing tide of poor mental health has yielded several reports in recent years, including:

- The U.S. Surgeon General's National Strategy for Suicide Prevention[30]
- Pain in the Nation from the Well Being Trust and Trust for America's Health[31]
- One Mind at Work's *The High Cost of Mental Disorders* report[32]

Mental Health: A Workforce Crisis builds on these and other reports with additional insights on workplace implications, program effectiveness, employee attitudes and perceptions, and the comprehensive approaches employers can take to optimize mental health on the job.

Key Definitions

The distinctions between mental health and mental health disorders can help inform well-being programming and benefit decisions for promotion, prevention and treatment.[15, 16]

Mental health



Mental health is defined as 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

Everyone has mental health, and everyone is likely to experience issues, problems or challenges throughout their lifespan that may negatively affect their mental health.[33]

Mental health disorders



Mental health disorders are specific health conditions characterized by:

- Alterations in thinking, mood and/or behavior
- Associated distress and/or impaired functioning

Mental health disorders contribute to a host of problems that may include disability, pain or death. Mental health disorders are diagnosed by a health care professional. Individuals diagnosed with a mental health disorder may receive treatment, including, but not limited to, prescription drugs, counseling and/or behavioral therapies.[33]

Mental health and mental health disorders co-exist. For example, a person can have, or be in a state of, poor mental health and not have a mental health disorder.[33,34] The reverse is also true. A person can have a mental health disorder and have, or be in a state of, good mental health. That is because mental health disorders can be episodic.[35]

Mental health stigma



In this report, we will discuss **mental health stigma** in the workplace. **Stigma refers to when a person is viewed in a negative way because they are struggling with issues related to mental health.**[36]

In the workplace, stigma can contribute to social isolation and prevent an employee from seeking needed support. Stigmatizing an employee can negatively impact his or her work performance, working relationships, career opportunities and overall well-being. In the workplace, mental health stigma and discrimination is probably a key barrier that employers can overcome to better support employees in need.

Behavioral Health



“Behavioral health is a key part of a person’s overall health. It is just as important as physical health. It includes your emotional, psychological, and social well-being. Behavioral health conditions include mental and substance use disorders. Mental disorders involve changes in thinking, mood, and/or behavior that may occur often, or less often. Substance use disorders occur when the use of alcohol and/or drugs (like opioids or tobacco) causes health problems or a disability.”[37]

Integrated Behavioral Health Care



"The care a patient experiences as a result of a team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.”[38]

Mental Health-Friendly Workplace



"Mental health-friendly workplace are those that value the health of their employees, including their mental health and well-being, and have specific practices and policies in place. Specific policies and practices can include valuing diversity, treating mental illness with the same urgency as physical illness, promoting a healthy work-life balance, and providing training for managers and supervisors on mental health issues in the workplace. In addition, mental health-friendly workplaces support employees in seeking treatment, safeguard employee health information, and provide employees referral resources such as EAPs.”[39]

Workplace Culture of Health



“Building a Culture of Health [in the Workplace] involves all levels of the organization and establishes the workplace health program as a routine part of business operations aligned with overall business goals. The results of this culture change include engaged and empowered employees, an impact on health care costs, and improved worker productivity.”[40]

Organizational Culture



“The organizational norms and expectations regarding how people behave and how things are done in an organization. This includes implicit norms, values, shared organizational expectations, and assumptions that guide the behaviors of members of a work unit.”[41] Organizational norms, values, and expectations are embodied in policies, practices, material resources, and organizational conditions.

Organizational Climate

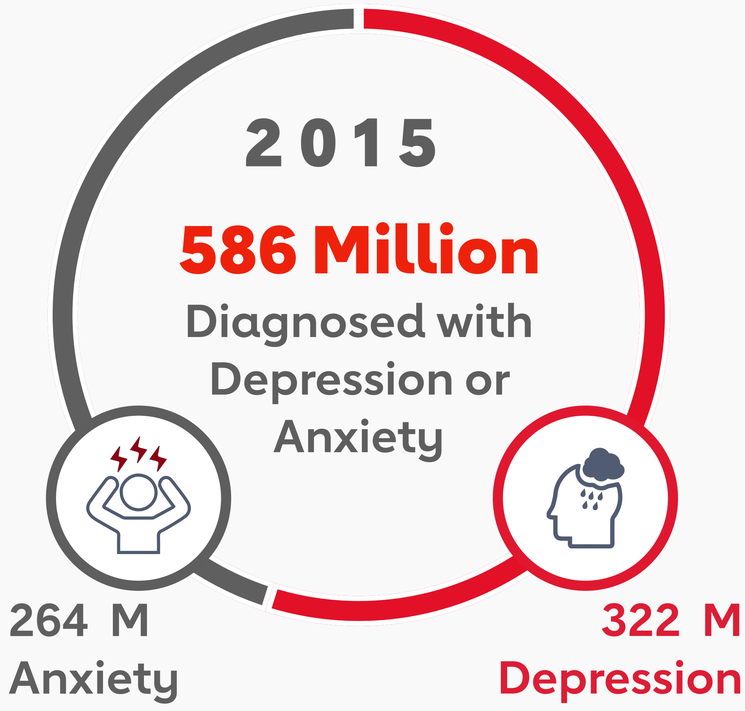


“Refers to the employees’ perceptions of and reaction to the characteristics of the work environment.”[41]

PREVALENCE OF MENTAL HEALTH DISORDERS

High toll of poor mental health: a global crisis

Globally, the prevalence of mental health disorders is high.[42, 43] Mental health disorders, including substance misuse disorders, are the leading cause of disability worldwide.[2] In 2015, approximately 586 million people were diagnosed with depression (322 million) or anxiety (264 million),[34] and the number of people with mental health disorders is on the rise.[34] From 2005 to 2015, depression increased 18.4 percent and anxiety increased 14.9 percent.[2] Depression also contributes to other mental health issues, such as suicide; however, suicide can and does happen in the absence of depression. Nearly 800,000 people die by suicide each year. In 2015, suicide accounted for approximately 1.5 percent of all deaths worldwide.[2] Although it occurs across generations, suicide significantly affects youth and is the second-leading cause of global deaths among 15- to 29-year-olds.[2]



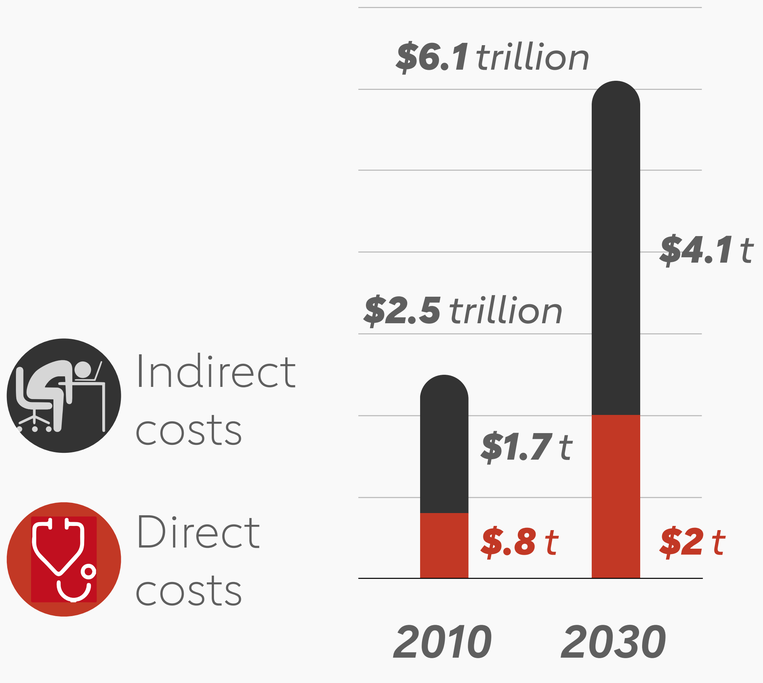
800,000
die by suicide each year



2nd leading cause of death among 15-29-year-olds

The estimated global cost of mental disorders in 2010 was $2.5 trillion. Of that total, $1.7 trillion (68 percent) was due to indirect costs (lost productivity from absenteeism and presenteeism) and $0.8 trillion (32 percent) was due to direct costs.[8] The annual cost of depression is expected to rise to a staggering $6.1 trillion by 2030. Between 2011 and 2030, the cumulative cost related to mental health is predicted to be $16.3 trillion,[3] higher than the estimated cost for cardiovascular disease ($15.6 trillion) and cancer ($8.3 trillion).[3, 8]

Estimated Annual Costs



Source: Figure 2 in Trautman 2016 [8]

U.S. mental health is poor and getting worse

In the United States, approximately 45 million adults (18 percent, or nearly one in five) suffer from "any mental illness" (AMI).[1] Table 2 below summarizes the estimated annual deaths and prevalence for a variety of mental health disorders.

Nearly one in five suffers from any mental illness.



An estimated 16 million individuals (7 percent) live with major depression disorder (MDD), and roughly 30 million (9 percent) with anxiety. Consistent with global trends, depression appears to be increasing in prevalence. Further, substance abuse disorders are quite common, with roughly one in ten adults with an opioid use disorder, nearly one-fifth with a drug addiction in the past year, and about two-thirds reporting alcohol abuse in the past year. Deaths from these substance abuse disorders have increased over the past two decades. Nearly 45,000 people died by suicide in 2016 and the number of suicides increased by nearly one-third since 2000. Men between the ages of 35 and 64 account for 40 percent of U.S. suicides. The number of men in this age group and their relative representation in the U.S. population are both increasing.

These sobering statistics illustrate the grave toll that mental disorders and substance misuse disorders have on the U.S. population.

Table 2. Deaths, prevalence and trends in mental health disorders in the United States

Mental Health Outcome	Annual Deaths (Adults 18+)	Estimated Population Prevalence	Trends
Depression (MDD)	NA	**16 million (7%)**	**11% increase** 2005-2015
Anxiety	NA	**30 million (9%)**	
Opioid Use Disorder	**18,200**	**8-12%**	**4x increase in deaths** (2002-2017)
Drugs	**72,306**	**19% past year** or 49.5% lifetime	**3x increase in deaths** (2002-2017)
Alcohol	**25,300**	**65.7% past year** or 80.9% lifetime	**47% increase in deaths** (2000-2015)
Suicide	**44,965**	**0.5%**	**31% increase in deaths** (2000-2015)

Sources: The State of US Health, 1990-2016 – USBOD, *JAMA*, (2018)[44] **Deaths** – Leading Causes, CDC (2018)[45] and NIDA, (2018)[46]
Prevalence- Vowles 2015[46], NIDA (2017)[47], NIMH (2018)[48] **Trends**- NIDA (2018)[49], CDC(2016)[45]

Effects of Depression and Living with Mental Health Disorders

Individuals who struggle with poor mental health may suffer from distressing symptoms that can impair their ability to participate in everyday activities. For example, major depressive disorder (MDD), can include symptoms of feeling worthless, suicidal ideation, loss of interest in activities, changes in sleep or appetite or difficulty concentrating.[50] These symptoms can negatively affect functionality at work and strain personal and work relationships. Those living with mental disorders are more vulnerable to adverse social, economic and health outcomes. For example, depression is associated with reduced educational attainment, lower earning potential, higher unemployment and increased work disability.[4,50]



The estimated annual cost of depression in the United States is $210 billion, with roughly 40 percent of the total costs associated with treatment of depression and 60 percent related to the cost of treating comorbid conditions such as diabetes and heart disease.[51] These costs are probably underestimated, because only 40 percent of U.S. adults with depression receive treatment.[5]



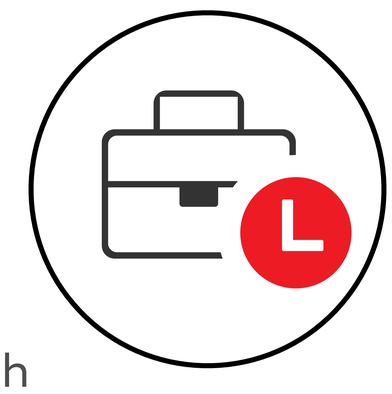
The high prevalence of mental health disorders around the world leads to human suffering and has significant associated costs that burden families and communities.

THE BUSINESS CASE FOR INVESTING IN MENTAL HEALTH

Employers should provide comprehensive mental health prevention and treatment programs because:

- Adults spend most of their waking hours at work.
- Mental health disorders and stress are common among the U.S. workforce.
- Many people have depression as well as other expensive chronic conditions including obesity, diabetes and heart disease.
- The cost of doing nothing is higher than investing in evidence-based prevention and treatment.
- Several evidence-based and cost-effective employer strategies are available.
- Effective treatments can lower total medical costs, increase productivity, (e.g. reduce presenteeism and absenteeism) and decrease disability costs.

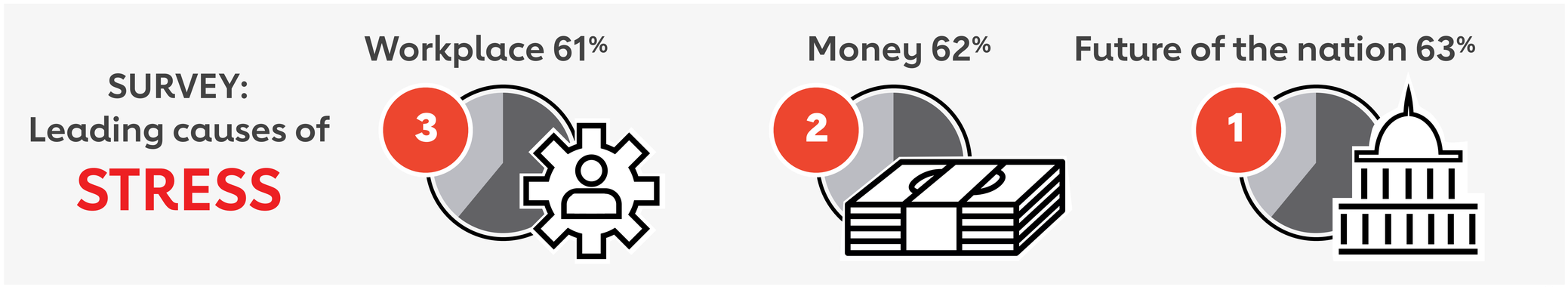
Mental health disorders in the workplace



An estimated 157 million U.S. adults are employed,[6] and the average American worker spends more time working (over eight hours daily) than any other activity apart from sleeping.[7] With roughly one in five American adults reporting a mental disorder each year,[1] the workplace is an important setting to address mental health and employers are important community stakeholders to promote mental health. Table 3 shows the estimated 12-month prevalence for mental disorders by clinical diagnosis.

Anxiety disorders are the most prevalent mental health disorders in the U.S. adult population, and rates are highest among women and among people ages 30 to 44. **Substance disorders** are the next most common; rates are highest among men and people aged 18 to 29. **Impulse control disorders** are the third-most common disorders with rates highest among men ages 18 to 29. Finally, **mood disorders**, which includes major depressive disorder (MDD,) are most common among women and people between the ages of 18 and 29.

According to a 2017 national survey by the American Psychological Association (APA), **the workplace was reported as the third-leading cause of stress** (61 percent), after money (62 percent) and the future of the nation (63 percent).[52]



Another national survey, conducted by Nielsen in 2016, found that 28 percent of employees say they often or always experience stress as a result of work.[53] Furthermore, work conditions that contribute to employee stress have been estimated to account for 120,000 annual deaths incurring annual health care costs of approximately $190 billion.[54]

Table 3. 12-month prevalence estimates for mental health disorders by diagnostic category

Condition	Total	Gender		Age			
	(%)	Female (%)	Male (%)	18-29 (%)	30-44 (%)	45-5 9 (%)	60+ (%)
Any anxiety disorder	**19.1**	**23.4**	**14.3**	**22.3**	**22.7**	**20.6**	**9.0**
Specific phobia	*9.1*	*12.2*	*5.8*	*10.3*	*9.7*	*10.3*	*9.6*
Social phobia	*7.1*	*8.0*	*6.0*	*9.1*	*8.7*	*6.8*	*3.1*
PTSD	*3.6*	*5.2*	*1.8*	*4.0*	*3.5*	*5.3*	*1.0*
Any mood disorder	**9.7**	**11.6**	**7.7**	**12.9**	**11.9**	**9.4**	**3.6**
Major depressive disorder (MDD)	*6.8*	*8.6*	*4.9*	*8.3*	*8.4*	*7.0*	*2.9*
Bipolar disorders	*2.8*	*2.8*	*2.9*	*4.7*	*3.5*	*2.2*	*0.7*
Dysthymia	*1.5*	*1.9*	*1.0*	*1.1*	*1.7*	*2.3*	*0.5*
Any impulse control disorder	**10.5**	**9.3**	**11.7**	**11.9**	**9.2**	**-**	**-**
ADHD	*4.1*	*3.9*	*4.3*	*3.9*	*4.2*	-	-
Intermittent explosive disorder	*4.1*	*3.4*	*4.8*	*8.3*	*4.6*	*2.1*	*0.9*
Conduct disorder	*1.0*	*0.4*	*1.7*	*1.4*	*0.8*	-	-
Oppositional-defiant disorder	*1.0*	*1.1*	*0.9*	*1.2*	*0.8*	-	-
Any substance disorder	**13.4**	**11.6**	**15.4**	**22.0**	**13.8**	**11.2**	**5.9**
Nicotine dependence	*11.0*	*10.5*	*11.6*	*11.6*	*11.2*	*10.0*	*5.6*
Alcohol misuse	*3.1*	*1.8*	*4.5*	*7.1*	*3.3*	*1.6*	*0.3*
Drug misuse	*1.4*	*0.7*	*2.2*	*16.7*	*1.2*	*0.4*	*0.0*

Note: Table is simplified and adapted from Table 5 in Lerner et al 2018.[32] Underlying data is from the 2007 National Comorbidity Survey Replication (NCS-R). Table lists the total percentages for key diagnostic categories and the top 3 individual diagnoses for additional context.

Comorbid conditions

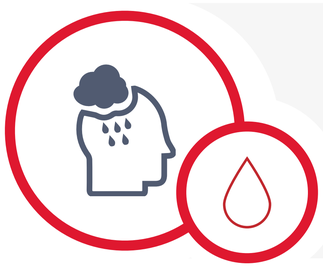
Mental health disorders are compounded when they co-exist with other chronic conditions or behavioral risk factors, such as tobacco use. As previously noted, approximately 60 percent of the total cost of depression is spent on treating these comorbid conditions, including heart disease, diabetes and obesity.[51]



Depression and heart disease

There is a strong link between heart disease and depression. Research has demonstrated depression is associated with adverse cardiovascular disease outcomes.[55] Furthermore, the more severely depressed people are, the more severe their cardiac events are.[56] In reverse, research has also demonstrated that roughly one in five people (22 percent) with heart disease struggle with depression[57] and that depression is roughly three times more common in patients after a heart attack.[55]

Study findings consistently link depression and heart disease, prompting the American Heart Association to issue a scientific advisory in 2008 recommending that physicians screen, refer and treat depression in people who are at higher risk for heart disease.[58] In one study, patients with heart disease and comorbid depression had significantly more ambulatory visits, emergency room visits, days in bed due to illness and functional disability.[59] In one study, heart disease patients with elevated depressive symptoms had 41 percent higher health care costs (excluding mental health costs) compared to heart disease patients with fewer depressive symptoms.[60]



Depression and diabetes

Depression is also associated with diabetes.[32] The prevalence of diabetes in the United States is roughly 5 percent,[61] and about 12 percent of those people with diabetes also have depression.[62,63] Despite the connection, approximately two-thirds of people with diabetes do not receive treatment for their depression.[64] Compared to people with unrecognized depression, people with diabetes who have diagnosed depression have annual average health care cost that are at least $3,000 higher; among people with diabetes and symptomatic depression, the annual average costs exceed $5,000 more than costs for people without diabetes or depression.[65]



Depression and obesity

Obesity rates in the United States remain high, with nearly 40 percent of adults classified as overweight or obese in 2015-2016.[66] There is significant variation in obesity levels between occupations, too, with employees in transportation, protective services and health care support showing the highest prevalence of obesity.[67]

The relationship between obesity and depression appears to be bidirectional: Individuals who are obese are more likely to have depression, and individuals with depression people are more likely to be obese.[68] In a large commercial claims database, the mean net health care expenditures for obesity was $1,907 per patient per visit. However, claims for obesity and heart failure were $5,275, or 1.7 times higher.[69]



Depression and tobacco use

Despite declines in tobacco use, roughly 40 million people in the United States still use tobacco products.[70] Not only is tobacco use associated with several chronic conditions, including heart disease, it is also associated with poor mental health. Among adults who use tobacco, 77 percent are in poor mental health; among adults with poor mental health, about one-third use tobacco.[71]

A 2014 meta-analysis found that numerous workplace interventions are effective at reducing tobacco use, including group therapy, individual counseling and pharmacotherapies.[72] The American Lung Association reports that smoking costs the U.S. economy over $300 billion annually. These costs come in the form of direct health care expenses, loss in workplace productivity and premature deaths.[73] Tobacco cessation interventions are both clinically and cost effective. Smoking cessation programs can save $1.26 per dollar spent.[74]

Employer costs associated with mental health disorders

People with untreated mental health disorders can struggle with physical, mental and emotional impairments that can worsen over time and lead to other health issues.[75]

Depression has a significant impact on people's ability to be optimally productive at work.[76] Approximately 50 percent of the annual cost of treating depression in the United States — $110 billion annually — is shouldered by employers.[51] Table 4 summarizes the total costs an employer bears in one year due to major depressive disorder (MDD.)

Table 4. The employer's one-year full cost of MDD: Example of the cost calculator in 2016 dollars

This example includes the following assumptions: average employee earnings of $70,000 annually, 10,000 employees, 55 percent female/45 percent male, 30 percent of employees with depression receive depression treatment.

Cost component	One-year cost per employee with depression	One-year total employer cost	Total cost as a percentage of $70M profit (%)
Incremental direct costs of medical and pharmacy claims			
Treatment for major and other depression	$924	$910	1.30
Treatment for medical and psychiatric disorders comorbid with depression	$951	$937	1.34
Treatment for disorders of employees with untreated diagnosed major depression	$4,157	$4,093	5.85
Treatment for diabetes with unrecognized, asymptomatic confirmed depression	$97	$95	0.14
Work disability days of employee claimants with diagnosed depression			
Short-term disability days	$410	$403	0.58
Long-term disability days	$128	$126	0.18
Absenteeism and presenteeism costs due to depression			
Absence days (Unrelated to disability claims)	$4,900	$4,824	6.89
Presenteeism (At-work productivity loss)	$4,550	$4,479	6.40
Absenteeism and presenteeism costs due to caregiving for depression			
Absence days (unrelated to disability claims) and presenteeism (at-work productivity loss)	$1,317	$1,297	1.85
Replacement costs			
Deaths due to suicide	$16	$15	0.02
Job Turnover	$63	$62	0.09
Total	**$16,613**	**$17,241**	**24.63**

Source: Adapted with permission from Lerner, (2018)[32] **Dollar amounts rounded up. Percentages rounded up to the first decimal point.**

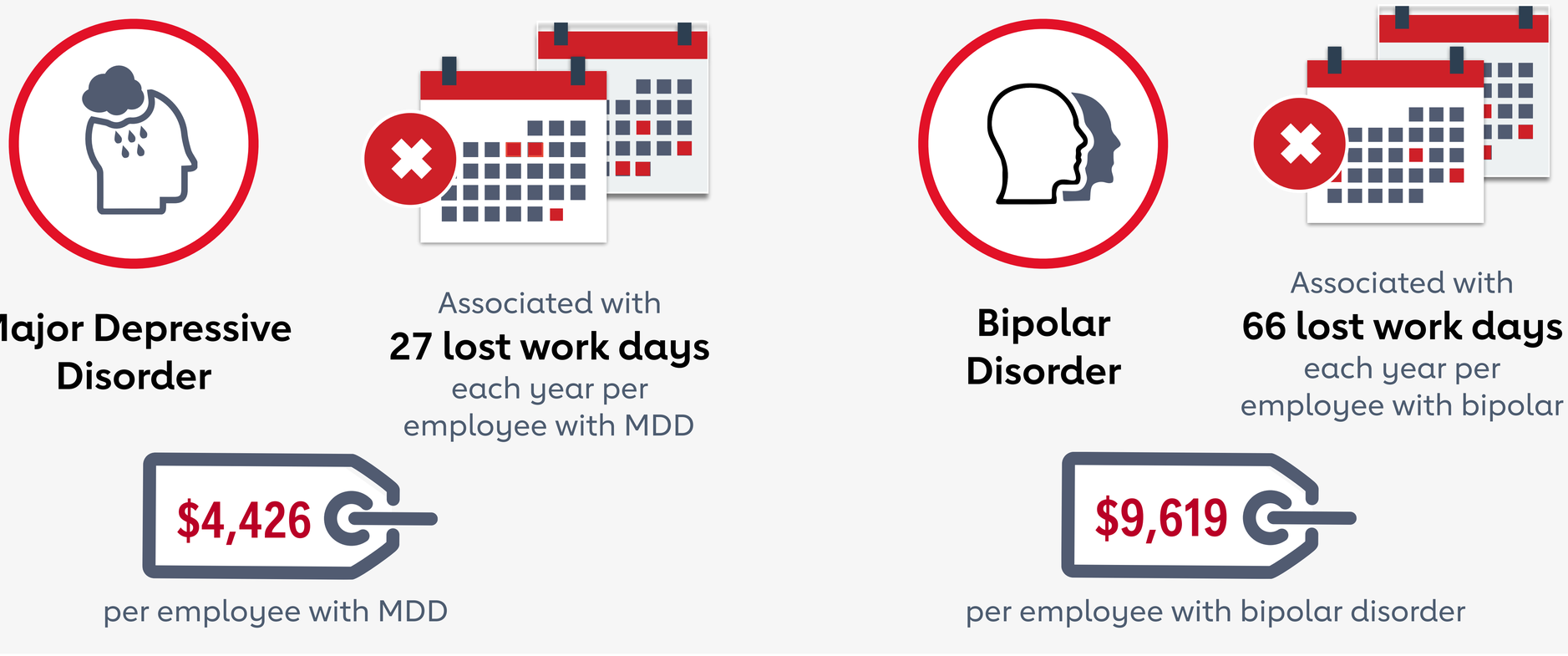
For an interactive version of the Depression Cost Calculator shown above, please refer to the One Mind at Work website.[77] The American Psychiatric Association Foundation website also offers alcohol and substance abuse calculators in addition to depression.[78]

The “Invisible Costs”

Total employer costs of mental health disorders is often underestimated because both direct and indirect medical costs contribute to the overall financial burden. **Direct costs** are “visible” costs that comprise medical claims and pharmacy costs, whereas **indirect costs** such absenteeism, presenteeism and work disability are more difficult to accurately quantify and are "invisible" in that these costs are not included in financial statements.

Depression and comorbid conditions are also associated with workplace safety. One study of chronic illnesses and their impact on workplace productivity and workplace accidents found that the leading cause of lost work hours, measured through absenteeism and presenteeism, was depression.[79] In another study of a nationally representative sample of U.S. employees, MDD was associated with 27 lost work days per employee per year with annual per capita cost of $4,426.[80] In contrast, bipolar disorder is associated with roughly 66 lost days of work per employee at an annual per capita cost of $9,619 per ill worker.[80] These exorbitant employer costs are also likely to be underestimated because stigma often prevents people living with mental health disorders from seeking early diagnosis, even though clinically effective treatments exist. [81,82, 83, 84]

A Leading Cause of Lost Work Hours



Sources: Lost work days depression and bipolar[80]

Table 5 summarizes the estimated economic burden for the mental health disorders and conditions commonly found in the workplace. The table also shows that the estimated economic efficiency of treatment programs is generally positive with a return on investment (ROI) ranging from roughly $2 to $4 saved for every dollar invested treatment. Effective treatments can lower total medical costs, increase productivity, reduce absenteeism and decrease disability costs.

Note: The ROI estimates below are from all programs, not programs specific to the workplace setting.

Table 5. Cost of mental health disorders and cost-effectiveness of treatments

Mental Health Outcome	Estimated Economic Burden	Estimated Cost-Effectiveness of Treatment
Depression (MDD)	**$210.5 bn** (2015)	**$2.3-$2.6 saved per $1 spent**
Anxiety	**$33.71 bn** (2013)	**$2.7-$3.0 saved per $1 spent**[3]
Opioids	**$78.5 bn** (2016)	
Drugs	**$193 bn** (2011)	**$3.77 saved per $1 spent**
Alcohol	**$249 bn** (2015)	
Suicide	**$93.5 bn** (2015)	**$2.43 saved per $1 spent**

Sources: $210.5bn- Greenberg[85]; $33.71bn- Shirneshan;[86] 78.5bn- Florence[87] ; $193bn- NDIC[88]; $249bn- Sacks[89]; $93.5bn- Stone[90]; $2.3-$2.6 Chisholm[10]; $2.7-$3.0 Chisholm[10]; $3.77- Aos[11]; 2.43- Richardson[9]

Note: The Estimate Cost Effectiveness of Treatment statistics are based on treatments such as psychosocial treatment, psychosocial treatment plus antidepressants, post-discharge follow-up calls, cognitive behavioral therapy, and drug counseling, to note a few. Exact treatments vary by statistic. Please refer to the appropriate references for more information.

Evidence-based mental health promotion and prevention programs are sound investments. Promotion and prevention programs, for example, can mitigate rates at which individuals develop symptoms and mental health disorders.[30] The economic benefit of mental health promotion also includes lowered use of health care and reduced morbidity and mortality.[91, 92, 93]

Investing in the prevention and treatment of mental health disorders can provide employers with longer-term cost benefits, as well as improved health outcomes. Data shows that overall the cost of doing nothing is higher than investing in evidence-based prevention and treatment strategies. There are some cost-effective options available as examined in the Evidence Review section.

ACCESS TO MENTAL HEALTH CARE

Access to affordable, high-quality healthcare and mental health interventions are crucial elements for reducing the high population burden from mental health and behavioral health disorders. However, several reports have documented the fragmented and underfunded nature of mental and behavioral health in the United States.[94,95]

Integrating Mental and Behavioral Health into Primary Care

The 2008 **Mental Health Parity and Addiction Equity Act** mandated certain health care plans to maintain equal coverage between physical and mental health treatments, known as "mental health parity."[96] Mental health parity was strengthened by the 2010 **Patient Protection and Affordable Care Act**, also known as the ACA, which required health insurance companies to offer mental health services as an "essential health benefit" in health insurance plans offered by employers and state and federal insurance marketplaces. Also, the ACA mandated that private insurers cover preventive services recommended by the US Preventative Services Task Force (USPSTF) with a grade of A or B with no cost-sharing (i.e., no deductible and no co-pay.)

The USPSTF is an independent, volunteer panel of national experts in disease prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services. Clinical preventive services that are given A or B grades are recommended by USPSTF based on a systematic evaluation of the published evidence of benefit and harms.

In 2016 the USPSTF published a recommendation in the *Journal of the American Medical Association* that the general adult population, including pregnant and postpartum women, should be screened in clinical settings (Table 6).[97]

Table 6. USPSTF Recommendation – Depression in Adults: Screening

Population	Recommendation	Grade
General adult population, including pregnant and postpartum women 	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	B

Sources: US Preventive Services Task Force[98]

Theoretically, these legislative measures and the USPSTF findings should translate to parity in mental health coverage for those employees in eligible plans. However, studies have shown that coverage is highly variable and inadequate in many states.[99] Furthermore, there are no mental health parity requirements in both the Medicaid and Medicare programs.

In addition to the barriers surrounding access to affordable mental health treatment, the nation also has a shortfall of mental and behavioral health practitioners to meet the demand for these services. The USPSTF recommendation states that screening should be implemented when there are "***adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.***"[98] However, the U.S. Department of Health and Human Services estimates that by 2025 there will be a national shortfall of almost 58,000 clinical, counseling, and school psychiatrists and 78,050 school counsellors. Across all practitioner categories, the total estimated shortfall by 2025 is over 250,000 mental and behavioral care providers.[95]

Other barriers to integrating services include:



- **Insufficient funding for early intervention and targeting upstream services** such as school-based screenings and treatment despite a growing evidence base
- **Patient stigma** against disclosing mental health status and seeking treatment
- **Lack of consistent high-quality treatment services**
- **Lack of financial incentive** for payers to integrate existing standalone fee-for-service medical and behavioral health operations
- **Increased administrative burden** associated with integration
- **Additional training required** for primary care and behavioral health providers
- **Insufficient funds to cover cost of providing integrated delivery,** which providers try to offset with limited federal and state grant funding

Sources: Bipartisan Policy Center 2019[95]; Commonwealth Fund 2014[94]

One of the most effective strategies for many employers is to ensure that their health insurance providers adhere to federal and state regulations regarding mental health parity and remove treatment limitations such as prior authorization requirements and fail-first/step therapies.[95] Other promising strategies for increasing access to services include providing onsite health clinics and telemedicine services.

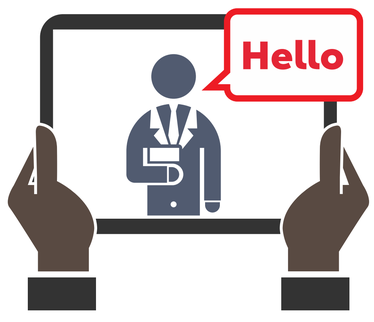
Onsite or Near Onsite Health Clinics



Employers have responded to the high prevalence of mental and behavioral health, and the general lack of clinical integration, by offering access to onsite or near onsite clinics. According to two national surveys conducted by the National Association of Worksite Health Clinics, 1 in 3 large employers (5,000 or more employees) in 2017 offered general medical worksite clinics, up from 1 in 5 in 2012. In contrast, 1.6 in 10 smaller employers (500 to 4,999 employees) provided a general medical clinic.[100]

Although onsite medical clinics remove barriers for employees such as time, transportation, and childcare, they could have a negative impact on stigma if employees do not feel comfortable or safe using clinics located at their workplace for fear of disclosing a mental or behavioral health problem. Conversely, offsite health clinics may afford greater confidentiality to employees, however, utilization may be challenging for many employees, especially those with time, financial, and childcare constraints.

Telehealth



Employers can increase access to confidential offsite services by purchasing telemedicine services for mental and behavioral health, either through their carrier or directly with a third party provider. Telemedicine is the use of telecommunications and information technologies to provide a range of healthcare services such as clinical care and health education. Telehealth is a broad term that encompasses telemedicine, eHealth, connected health, and mHealth. If implemented correctly, telehealth has the potential to be safe, timely, efficient and effective.

According to the 2017 American Heart Association's policy statement on the implementation of telemedicine in cardiovascular and stroke care, effective telehealth monitoring platforms exist for disease conditions like diabetes and evidence shows that telehealth monitoring has demonstrated benefits in heart failure and acute stroke. Many telehealth studies have also shown high rates of patient satisfaction.[101]

Rising healthcare costs, and other barriers to access, have increased the use of telehealth by employers. According to the National Business Group on Health Large Employers' 2018 Health Care Strategy and Plan Design Survey, 96% of large employers offered telehealth in 2018, up from 7% in 2012.[102] The 2017 Employee Benefits Survey of the Society for Human Resource Management, which includes small and medium employers, found that 34% of employers offer a telehealth benefit, including diagnosis, treatment or prescriptions by phone or video, up 11% from the previous year.[103] Although employers are increasingly offering access to telehealth for general and behavioral health services, uptake is generally in the single digits.[102] For telehealth programs to be effective and cost-effective at improving the mental health of a population, higher utilization rates are required.



Telehealth Case Study: Be Well at Work

Be Well at Work is a telehealth intervention, provided over the telephone by masters-level counselors, which uses a multi-pronged approach to target depression. The program emphasizes:

- **Ongoing assessment** using state-of-the-art tools to track each participant's progress, and provide guided feedback to the participant and his or her primary care team
- **Tailored strategies** to help the participant reduce patterns of thinking, feeling, and behaving that interfere with working
- **Modifying work routines** to eliminate barriers to working effectively and efficiently
- **Building skills and knowledge** to enable the participant to self-manage his or her own illness and future performance problems

Be Well at Work is evidence-based and was developed by The Program on Health, Work and Productivity, at Tufts Medical Center, with federal funding from the National Institutes of Health, the Centers for Disease Control and Prevention, and the Veterans Health Administration. After testing in four clinical trials involving more than 20 US companies, and the VA healthcare system, Be Well at Work is now being transitioned to real-world settings and is undergoing workplace and healthcare system implementation pilots.

- **A 50% reduction in absences**
- **A 50% reduction in at-work productivity loss** (presenteeism)
- **Improvements in time management** of 40% vs. 6.2% in usual care
- **Improvements in ability to perform mental tasks** and interpersonal tasks of 46% vs. 18% in usual care
- **Estimated savings of $3,100 per year per participant** in reduced absences (and $5,100 per year per participant in reduced presenteeism (based on median US salary of $33.8/yr)

Be Well at Work also outperformed usual depression care in achieving clinical outcomes such as a 50% reduction in depressive symptom severity and mental health improvements within four months to levels obtained with antidepressants.

Be Well at Work is an evidence-based, short-term program that focuses on functional improvement techniques. It is easily integrated into a system of care to work alongside existing medical care, behavioral healthcare, and Employee Assistance Programs.

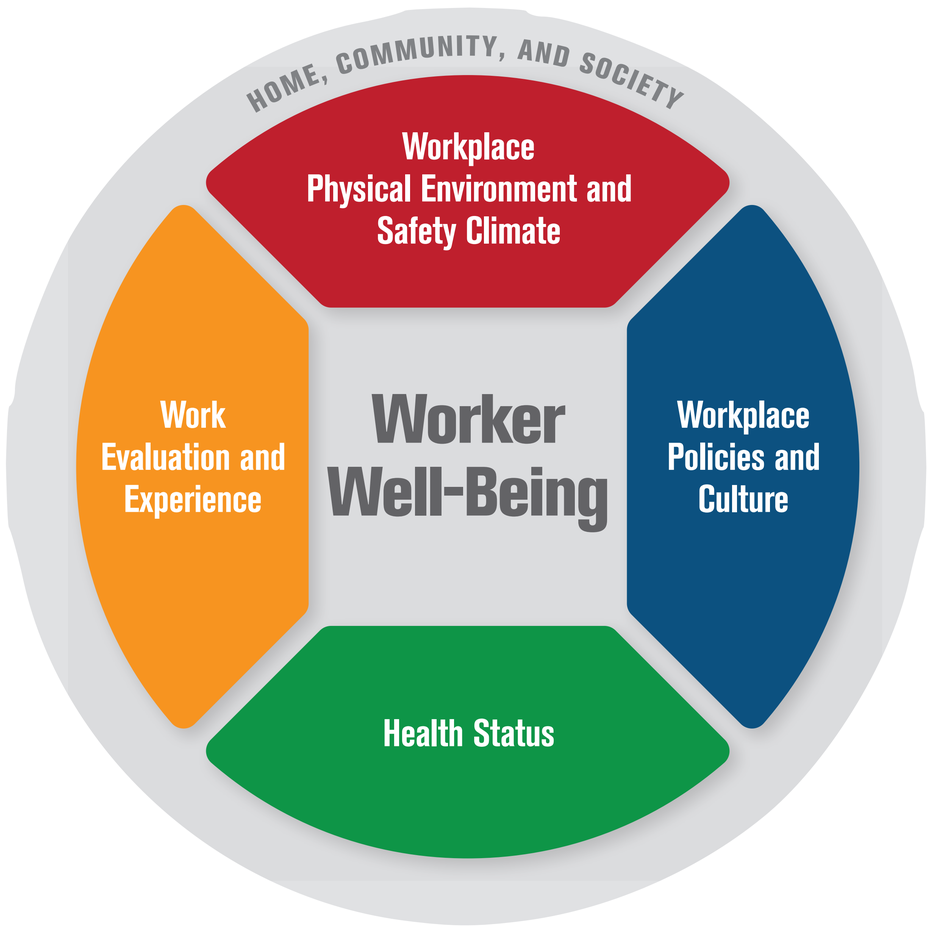
Sources: Lerner et al. (2012)[76], Lerner et al. (2015)[104], Adler et al. (2015)[105], Lerner et al. (2017)[106], Lerner et al. (2015)[107]

MENTAL HEALTH AND WELL-BEING

Mental health is a vital component of worker well-being

The National Institute for Occupational Health & Safety (NIOSH) published a framework (Figure 2) earlier this year to describe the many dimensions of worker well-being. In this framework mental health is included as an element in the domain of Health Status along with physical health, health-related behaviors and lifestyle, functionality/disability and injuries. Mental health concepts, which can be measured as outcomes, include overall mental health, stress, depression and anxiety. These are the main health outcomes that are included in this report. This report focuses on the mental health disorders that are most common in the workplace: depression, anxiety, substance misuse disorders (drugs and alcohol) and, increasingly, opioid misuse.[32] Although unmanaged stress is not considered a clinical disorder, it increases a person's risk of developing a mental health disorder, so it is included in this review.

Figure 2. Proposed worker well-being framework **(NIOSH 2018)**

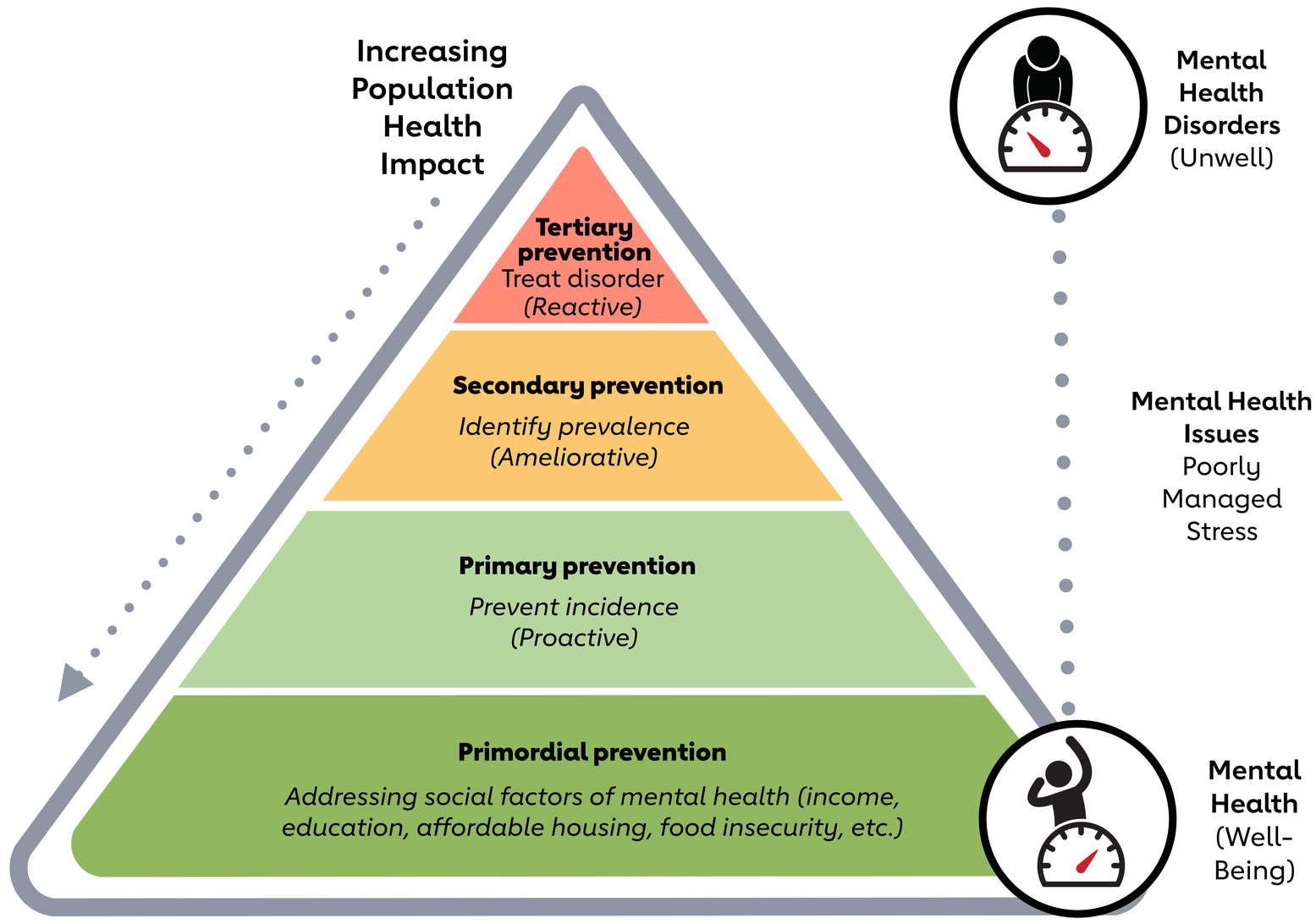


Several good frameworks have been developed to describe the elements of well-being, including the Gallup-Sharecare Well-Being Index,[108] and the Canadian Index of Well-Being.[109]

Mental health is a vital component of worker well-being

With mental health, it's not a case of having it or losing it. Rather, studies have shown that people can experience mental health symptoms on a continuum or spectrum.[110, 111] While individuals may not have all the symptoms that comprise a clinical mental disorder, they are likely to experience one or more symptoms of mental illness throughout their lifetime. Studies have also shown that a person believing in a continuum of symptoms is associated with fewer stigmatizing attitudes toward people living with mental illness.[112, 113] Where a person is on the spectrum can help inform what types of prevention or treatment programs can be used by health care teams, employers, and their vendors to optimally manage the mental health of their populations. Figure 3 shows the progression and indicates different approaches to prevention that employers can consider as part of a comprehensive approach to promoting and managing mental health in the workplace.

Figure 3: Continuum of mental health and levels of prevention



Sources: Adapted from The Health Impact Pyramid.[114] A Dictionary of Epidemiology – 4th Edition.[115]

Levels of prevention

Primordial prevention: Actions and measures employers can take, in partnership with community stakeholders, to address the social and environmental risk factors for mental health such as income, education, affordable housing, food insecurity and so forth.

Example: Employers can invest in worker training or offer college loan repayment support.

Primary prevention: Strategies to enhance protective factors and minimize risk factors. (This is also sometimes referred to as health promotion.)

Example: Employers' organizational culture can support mental health by:

- ***Having policies for workplace harassment and bullying***
- ***Training staff in these policies***
- ***Acting decisively when bullying or harassment occurs in order to create a mental health-friendly work environment***

Secondary prevention: Measures for early detection and prompt intervention to control disease and minimize disability.

For example, employers can use voluntary, confidential health risk assessments to screen for mental health indicators such as stress, depression, and anxiety.

Tertiary prevention: Efforts to reduce suffering and disability among those employees living with mental health disorders and preventing the recurrence of mental illness. This is the task of treatment and rehabilitation.

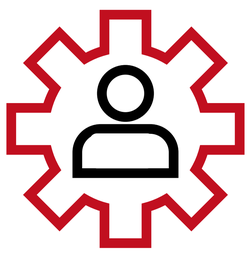
For example, employers can offer Employee Assistance Programs that offer short-term counseling and referral to appropriate clinical support services.

Protective and risk factors

A variety of factors influence mental health, including protective factors that reduce the chances of developing mental health disorders and risk factors — either amenable to change or not.[116] Workers can experience protective or risk factors at the individual, workplace or community level.[117] Understanding these factors and the levels at which they occur can also help employers develop effective policies, programs, environmental supports, and community partnerships.

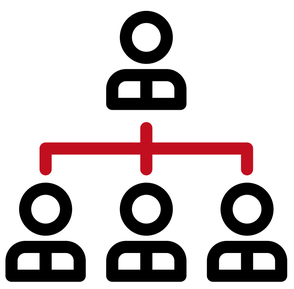
Table 7 below is adapted from the World Health Organization (WHO) and lists several known risk factors associated with mental health at the individual and organizational levels.[117] While some risks are not easily modified, like genetic risk, several other factors are amenable to change and can be targets for creating and maintaining a psychologically healthy and thriving workplace.

Individual strategies



Individual strategies focus on promoting protective factors and reducing risk factors at the employee level. For example, employers can offer digital mental health programs (web-based or apps) that aim to equip employees with knowledge and skills to manage work-related stressors more effectively.

Organizational strategies



Organizational strategies focus on promoting systemic strategies that create a safe, supportive culture, free from stigma. For example, companies can train supervisors to recognize the symptoms of poor mental health among their employees and equip them with knowledge, skills and confidence to detect the signs and symptoms of emotional distress and confidentially refer them to employee assistance programs and other mental health resources (also known as “mental health first aid”).

Note: The social factors or determinants of mental health, some of which are listed in Table 7, is an important health policy topic, however, it is not the focus of this report. Readers interested in this topic can read *The Social Determinants of Mental Health*, edited by Michael T. Compton and Ruth S. Shim for more information.[118]

Work exposures associated with mental health

Employers play an important role in determining the conditions that impact a mental health-friendly workplace. While employers cannot realistically shape factors like urbanization or malnutrition, many characteristics are amenable to modification.

In their study of the health effects of workplace exposures, Goh and colleagues[54] estimated that 155,000 annual excess deaths are associated with 10 work-related exposures (Table 8). We have adapted the table by adding workplace bullying and harassment, which also contribute to a toxic workplace.

Table 7. Protective and risk factors for poor mental health and mental health disorders

	Protective factors	Risk factors
INDIVIDUAL LEVEL		
Biological factors	Low genetic risk	High genetic risk
Behavioral factors	High physical activity	Physical inactivity Sedentary behavior
Psychological factors	Nurturing parenting High resilience	Early childhood neglect Adverse childhood experiences Low resilience
Social factors	Social support Good nutrition	Urbanization and poverty Malnutrition Inadequate housing Technological change
ORGANIZATIONAL LEVEL		
Work content		
Workload	Manageable workload	Excessive workload
Participation	Able to participate in decision-making	Inability to participate in decision-making
Job control	Able to choose how to complete work	Unable to choose how to complete work
Job content	Safe tasks Diverse tasks	Monotonous tasks Unsafe tasks Unpleasant/aversive tasks
Work context		
Recognition	Rewarded for performance	Lack of reward
Organizational role	Clearly defined role and responsibilities	Role conflict Role ambiguity
Interpersonal relationships	Supportive supervision Positive relationships with work colleagues	Unsupportive supervision Bullying, harassment or violence Isolated or solitary work
Working environment and conditions	Safe physical environment	Inadequate physical environment (e.g., noise, pollution, light, danger) Irregular working hours (e.g., shift work or excessive work hours)
Work culture	Supportive leadership Positive, frequent communication Clarity about workplace objectives and structure	Poor leadership Poor communication Lack of clarity about workplace objectives and structure
Home-work interface	Support at home and at work	Conflicting demands at home and work Lack of support for home at work Lack of support for work at home
Inequity (lack of fairness)	High perception of equity or fairness	Low perception of equity or fairness (e.g., workload, salary, or promotion) Poor management or organizational change (e.g., downsizing)

Source: Adapted from Mental Health Policies and Programs in the Workplace World Health Organization, (2005).[117]

Table 8. Workplace exposures and excess mortality and health care costs

Workplace Condition	Annual Excess Deaths	Annual Excess Health Care Costs ($ billion)
1. Unemployment	35,000	$15 B
2. No health insurance	50,000	$40 B
3. Shift work	13,000	$12 B
4. Long work hours	–	$13 B
5. Job insecurity	29,000	$16 B
6. Work-family conflict	–	$24 B
7. Low job control	17,000	$11 B
8. Low social support	3,000	$9 B
9. Low fairness	–	$16 B
10. High job demands	8,000	$46 B
11. Bullying and harassment	–	0.25

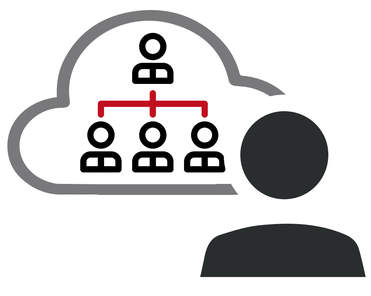
Source: Numbers 1-10 from *Dying for a Paycheck* by Jeffrey Pfeffer, Harper Business (2018).[119] Number 11 – estimate from Crumpton2014[120]

These work exposures have been shown to negatively impact health and well-being. For example, people who work 55 hours or more a week are at greater risk of stroke than people who work 35-40 hours a week.[121] Furthermore, job strain (high job demands and low job control) has been shown to increase the risk of stroke.[122]

Organizations and leaders can promote positive mental health by:



Developing a healthy organizational culture



Engaging leadership to model a mental health-friendly work culture



Using organization-level approaches that reduce work-related risk factors



Enhance work-related protective factors

KEY THEMES

"Every company has a culture. Not every company has a culture of health and well-being."

– Nico Pronk, President, Health Partners Institute[123]

The Role of Leaders in Mental Health Promotion

There is growing literature on the important role that leaders play in advancing cultures of health in the workplace across different organizational settings.[41] As the World Health Organization framework for risk and protective factors for mental health in this report indicates [see Table 7], positive leadership is an attribute of work culture that influences the environment in a way that may support mental health in the workplace. By contrast, it appears that negative leadership styles have the potential to adversely impact physical and mental health.

Studies show that behaviors of leaders and supervisors influence the actions and job performance of employees[124] **and that unsupportive managers are associated with poorer employee health and higher turnover.**[125,126] More recent evidence builds on previous studies to show that having an unsupportive supervisor is also associated with poor heart health. A 2018 analysis of Gallup-Sharecare Well-Being Index data found that not trusting your supervisor was associated with an increased adjusted odds of having many risk factors for cardiovascular disease (based on the American Heart Association's definition of ideal cardiovascular health called Life's Simple 7[127]). Among workers whose supervisor created a mistrustful environment, the odds ratios were the greatest (>20%) for having four or more Life's Simple 7 risk factors, that is, having poor heart health.[128]

Having an unsupportive supervisor at work



is correlated with increased heart health risk factors.

Although the workplace health literature points to several elements of workplace culture of health (COH) as important, there is sparse evidence on which elements are most strongly associated with employee physical and mental health outcomes.

Note: Recently, John Quelch from Harvard Business School has conceptualized COH as comprising four elements or pillars: healthy, products, healthy employees, healthy community, and healthy environment.[129] While the American Heart Association supports this approach, healthy products, communities, and environment were not part of the scope of this report.

A recent evaluation using 2013-2015 data from the National Healthy Worksite Program, a Centers for Disease Control and Prevention (CDC)-led initative, evaluated the effect of seven workplace COH elements (environmental supports, policy supports, programmatic supports, leadership support, coworker support, employee engagement, and strategic communications) on self-reported lifestyle risks (nutrition, physical activity, and tobacco use).[130]

Data were evaluated from 825 employees from 41 companies that participated at the start of the study in 2013 and at follow-up in 2015. At the start of the study, leadership support, coworkers support, and employee engagement were significantly associated with lifestyle risks. At follow-up, however, only leadership support was statistically significantly associated with lifestyle risk ($p<0.05$) and environmental and policy supports were marginally significant ($p<0.10$). Although the study design had many strengths, including measuring both employer and employee indicators and multilevel modeling, changes in mental health was not measured.



Perceptions of a "good" organizational climate were significantly associated with positive employee mental health outcomes such as lower levels of burnout, depression, and anxiety.

Studies on employee mental health outcomes have included measures of burnout. This burnout literature is predominantly set in healthcare settings (doctors, nurses, and social workers). In a 2015 systematic review of studies in healthcare organizations on the effect of organizational climate and employee health outcomes found that perceptions of a "good" organizational climate were significantly associated with positive employee mental health outcomes such as lower levels of burnout, depression, and anxiety.[131] In this study, coworker support was the strongest indicator, although leadership support was also related to the mental health outcomes of nurses. While this may be the case in healthcare settings, more research is needed to evaluate which dimensions of workplace culture of health elements have the strongest effect on a range of mental health outcomes.



The practical implications for employers is that paying attention to positive leadership and management styles, and stimulating a supportive atmosphere among employees, are actionable strategies for addressing employee mental health.

The Role of Federal Funding

Panelists pointed to low levels of dedicated federal research funding for high-quality workplace health research in the United States. Although U.S. adults spend most of their waking hours at work, the workplace setting is understudied and underfunded compared to other settings such as health care organizations and communities. According to one estimate, the National Institutes of Health (NIH) spent a scant 2% of its prevention research budget between 2010-2012 on funding human behavioral research in workplace settings.[132] By comparison, approximately 31% was spent on research in health care organizations and 8% in community settings excluding workplaces during the same period.

The National Institute for Occupational Safety and Health (NIOSH) received $335 million in the 2018 Omnibus spending bill to fund workplace health research largely focused on occupational safety and health (OSH).[133] In 2016, NIOSH funded six Centers of Excellence for its concept of Total Worker Health,[134] which it defines as "policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness prevention efforts to advance worker well-being." Approximately $6.3 million dollars were allocated to these Centers over 5 years (January 14, 2019; email correspondence, Office of the Director, Total Worker Health).

There are several reasons that could account for the low priority given by federal research funding organizations to workplace health research, including:

- Federal research agencies may believe that it is the responsibility of employers to fund workplace research
- Clinical research conducted in workplaces is difficult to translate to real-life settings
- The majority of National Institutes of Health funding is initiated by researchers and scores high during peer-review, which may account for the relatively low proportions of workplace-related mental health studies
- Some question whether randomized controlled trials are the best study design for workplace settings that have interactions across multiple levels
- Certain populations may be perceived as lower priority in funding decisions

Since federal research agencies do not adequately fund workplace health research, businesses often fund their own research, which has led to variability in the quality, amount and types of programs studied. For example, published studies are in larger organizations, which limits the application of the results for small and medium-sized companies.



The practical implications for employers is that they can consider advocating for increased federal funding for workplace health research and may even fund their own well-designed studies in partnership with academic institutions.

The Role of Innovation

Panelists discussed the merits and limitations of looking at peer-reviewed evidence to inform decisions about which program and policies to implement. They recognized that evidence obtained from formal research studies takes time to publish and even after dissemination it may be difficult to translate into scalable programs in worksites. For example, it is estimated that it takes 17 years for scientific knowledge or guidelines to be implemented into practice or real-life settings.[135] The practical implication of the "knowledge-to-action gap" for employers is to create innovative programs and policies to test in their own worksites and evaluate outcomes.

The need for balance between using evidence-based programs and innovation (especially the use of technology) is consistent with the view expressed by several organizations that issued a 2016 Joint Consensus Statement, including the American Heart Association, in response to wellness rules proposed the Equal Employment Opportunity Commission (EEOC)[136], which stated:

> *"In order for a wellness program design to be considered credible and effective, it must be informed by evidence of effectiveness. Program design must be guided by the most current level of scientific research available concerning best practices while also allowing space for employers to experiment or innovate with new strategies that support employee health and access to affordable health care, furthering our understanding of what works best."* [136]

The practical implications for employers is that they are encouraged to implement evidence-based programs where there is good evidence of effectiveness and to innovate and test new approaches where there are gaps in knowledge.

The Rising Toll of Caregiving

Factors including the aging American population, the increased prevalence of chronic health conditions, shorter hospital stays, and preferences for receiving care at home are resulting in an increased degree of reliance on families to provide informal, unpaid care to family members[137] with a range of disease conditions, including heart disease, stroke, and heart diseases that co-occur with mental and behavioral disorders.

According to a 2018 American Heart Association Policy Statement, informal caregiving for patients with CVD adds an additional 11% of medical and productivity costs attributable to cardiovascular diseases.[138] The report estimated that informal caregiving was $61 billion in 2015, which will increase to $128 billion in 2035. Including the cost of informal caregiving increases total CVD costs by 11% to $616 billion in 2015 and $1.2 trillion in 2035.

When considering mental health, an estimated 8.4 million adults provide unpaid assistance to individuals with emotional or mental health problems according to a 2015 report by National Alliance of Caregiving and AARP.[139] The paper reported that nearly half of higher-hour caregivers report high emotional distress. Furthermore, with an average household income of $45,700, informal caregivers also reported financial strain. Worryingly, 70% of employed caregivers had to modify their work conditions by reducing their hours, changing jobs, turning down a promotion, taking a leave of absence or even retiring early.

A recent study by Debra Lerner and colleagues addressed the topic for informal caregivers of individuals with schizophrenia and/or schizoaffective disorder and found substantial distress and lost workplace productivity in this population.[140] In a four-week period, currently employed informal caregivers were limited at work between 20% of the time on average (in relation to performing physical job tasks) to almost 30% of the time on average, respectively, for time management and mental and interpersonal job task performance. On average, at-work productivity decreased by almost 8%. In the same period, almost two-thirds missed work due to informal caregiving responsibilities and the average productivity loss due to work absences was 15%.



The practical implication of these findings for employers is that the rising burden of caregiving has a negative impact on workforce productivity and participation.

Flexible work arrangements and policies such as adequate sick leave and paid time off could allow employees to rest and recover from caregiving responsibilities to mitigate the adverse consequences of caring for family members with chronic conditions like mental health disorders, heart disease and stroke.

MEASURING MENTAL HEALTH

Voluntary health assessments can help employers better understand the mental health needs of their workforce by detecting symptoms of mental health disorders, such as depression and anxiety, and by measuring individual risk and assessing factors like stress.



Employers can use health risk assessments (HRAs) and/or biometric screenings to evaluate employee health and well-being. HRAs are voluntary assessments that rely on employee self-reporting of medical conditions and risk factors related to tobacco use, physical activity, diet and mental health. In turn, employers leverage de-identified and aggregated data from these assessments to implement health programs and measure improvement.

Numerous mental health assessment tools are available to employers, and the most credible tools are reliable and valid from a research point of view. **Reliability** refers to consistent results over time and **validity** refers to accuracy of measurement. Employers must weigh the benefits of brief screening tools having lower user burden and more lengthy diagnostic tools with higher validity.

Below, we offer suggested health risk assessment tools for depression, anxiety, stress and overall mental health. These tools have all been tested in different settings and different populations and have evidence of reliability and validity. We encourage employers to be familiar with these tools, as they are frequently layered into larger health assessments.

Applied in the workplace, **these tools are not meant to diagnose** but to provide feedback to the employer in the form of aggregate, de-identified employee data about what mental health support may be needed. Understanding employees' health needs can help employers design and implement effective programs and policies. Health assessments can also help link employees with appropriate professional medical care.



Depression

The American Heart Association recommends the Patient Health Questionnaire (PHQ-2) to initially screen for depression in patients in a clinical setting.[141] The PHQ-2 is a two-question validated "first-step" approach to screen for depression, which indicates if a patient should be further evaluated using the PHQ-9, a longer nine-question measure.[142] (The PHQ-2 is designed to be a clinical screening tool, whereas the PHQ-9 can be used for a provisional clinical diagnosis.)

Depression Assessment

If patients answer "yes" to either or both questions listed (1) and (2) below, the AHA recommends using the PHQ-9.[58] PHQ-9 provides a provisional depression diagnosis and a severity score.

Table 9. Patient Health Questionnaire-9 (PHQ-9) * Depression Screening Tool

Over the past two weeks, how often have you been bothered by any of the following problems?

- ☐ 1. Little interest or pleasure in doing things.
- ☐ 2. Feeling down, depressed, or hopeless.
- ☐ 3. Trouble falling asleep, staying asleep, or sleeping too much.
- ☐ 4. Feeling tired or having little energy.
- ☐ 5. Poor appetite or overeating.
- ☐ 6. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down.
- ☐ 7. Trouble concentrating on things such as reading the newspaper or watching television
- ☐ 8. Moving or speaking so slowly that other people could have noticed. Or being fidgety or restless that you have been moving around a lot more than usual
- ☐ 9. Thinking that you would be better off dead or that you want to hurt yourself in some way.

Questions are scored:
Not at all=0; several days=1; more than half the days=2; and nearly every day=3.
Add together the item scores to get a total score for depression severity.

Source: Kroenke et al. (2001) [142]

The PHQ-9 is designed to provide requisite information without overburdening patients and providers, and thus is suitable for use in primary care. Given the potential sensitivity of the last question about suicidal or self-harming thoughts, and the fear of stigma that may exist in a workplace setting, it is understandable that employers may choose PHQ-2 over PHQ-9, however, there are important trade offs to consider. Although the PHQ-2 does not add significant length to a comprehensive HRA, limitations of PHQ-2 include the possibility of higher false positive results in populations with low depression.[143]

There are other longer measuring instruments for evaluating depression such as the Beck Depression Inventory[144] and the Center for Epidemiological Studies Depression scale.[145] Given their length, employers might consider using these scales in an intervention program rather than as an initial screener.



Anxiety

Employers may wish to screen separately for anxiety disorders, given their prevalence and presence with even mild depression. The Generalized Anxiety Disorder (GAD-7) screening tool is a brief initial screener that is commonly used in primary care.[146] The GAD-7 is a seven-item, self-reporting scale for identifying the presence of generalized anxiety disorder and assessing symptom severity.

The SAMSHA-HRSA Center for Integrated Solutions[147] website includes comprehensive information on screening tools for depression, anxiety, bipolar disorder, trauma, and suicide risk. Available at: https://www.integration.samhsa.gov/clinical-practice/screening-tools





Stress

Although stress is not considered a clinical mental disorder, it is a risk factor for developing a mental disorder.[116] The Perceived Stress Scale-4 (PSS-4) is a validated measure of stress,[148] although the longer PSS-10 and PSS-14 are more reliable and valid.[149] The PSS-4 does not have a cutoff point that indicates high or low stress, but higher scores typically indicate higher levels of stress. Employers can use PSS-4 to identify employees experiencing higher levels of unmanageable stress by comparing average scores. It is important to note that stress is not a diagnosable condition, and the PSS-4 can only screen for perceived levels of higher or lower stress, relative to everyone.

Table 10: Perceived Stress Scale (PSS-4)

INSTRUCTIONS:
The questions in this scale ask you about your feelings and thoughts during THE LAST MONTH. In each case, please indicate your response by placing an "X" over the square representing HOW OFTEN you felt or thought a certain way.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
1. In the last month, how often have you felt that you were unable to control the import things in your life?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
2. In the last month, how often have you felt confident about your ability to handle your personal problems?	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
3. In the last month, how often have you felt that things were going your way?	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
4. In the last month, how often have you felt difficulties were piling up so high that you not overcome them?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

Scoring for the Perceived Stress Scale 4:

Questions 1 and 4:

0 = Never
1 = Almost Never
2 = Sometimes
3 = Fairly Often
4 = Very Often

Questions 2 and 3:

4 = Never
3 = Almost Never
2 = Sometimes
1 = Fairly Often
0 = Very Often

Higher scores are correlated to more stress.

0
Lowest score

16
Highest score

Source: Lee 2012 [149]

The other limitation of PSS-4 is that it measures generalized stress rather than specific settings that are potential sources of stress, such as stressed experienced at home, at work or in personal relationships.

Overall Mental Health

To evaluate overall mental health, the Short Form Health Survey (SF-20) can be used. The RAND Health Care for the Medical Outcomes Study (MOS) developed SF-20 as a way of limiting survey length and respondent burden while maintaining the precision of the instrument.[150] The mental health section of the survey is made up of five questions that assess four dimensions of mental health: anxiety, depression, loss of behavioral-emotional control and psychological well-being. The 12-item version of the General Health Questionnaire (GHQ-12) can be used to identify minor psychiatric disorders in the general population.[151]

EVIDENCE REVIEW

Employers can design, implement and evaluate a variety of programs to screen for, prevent, and treat mental health disorders. Whether programs are developed internally or purchased from vendors, employers need to know if they are effective and represent value. (Do they work? What is the return on investment?)

Brief Methods

To shed light on these questions, we reviewed scientific literature published between 1995 and 2017 on the effectiveness of workplace interventions aimed at improving mental health and stress. Articles were included if they were systematic literature reviews or meta-analyses. We used meta-analyses for the evidence tables provided in this section, because meta-analysis quantitatively estimates the effectiveness of mental health programs by pooling the results of outcomes from multiple studies. To assist general readers with interpretation, we summarize these as "small," "medium," or "large." We used qualitative information about effective interventions from both qualitative reviews and meta-analysis.

Based on the inclusion and exclusion criteria, approximately 50 papers met the initial eligibility criteria for review. To home in on the most current information, studies published in the past 15 years were prioritized. Subsequently, we summarize high-level findings below from 17 meta-analyses (Table 11) involving more than 350 studies involving a total of approximately 100,000 participants. *A detailed description of the methodological approach and findings on effectiveness can be found in* Appendix A.

Table 11. List of reviews used in summary of evidence

Domain	Author; Year	Study Period	Studies (#)	Participants (#)
General Mental Health Interventions (depression, anxiety)	1. Yunus et al (2018) 2. Tan et al (2014) 3. Martin et al (2009)*	1987-2015 1980-2013 1997-2007	22 9 22	NA 2,275 3,632
Stress Management Interventions (SMIs)	4. Richardson et al (2008)*	1977-2006	36	NA
Physical Activity Interventions (PA)	5. Chu et al (2014) 6. Conn et al (2009)*	1990-2013 1969-2007	17 138	NA 38,000
Alcohol Misuse Interventions	7. Webb at al (2009)	NA	10	NA
Digital Mental Health Interventions	8. Stratton et al (2017)* 9. Carolan et al (2017)	1975-2016 2000-2016	13 13	NA
Employment Assistance Programs (EAPs)	10. Joseph et al (2017) 11. Sharar et al (2013) 12. Hargrave et al (2008)	2005-2016 NA NA	17 NA NA	Unclear NA 155
Return to Work Interventions	13. Nieuwenhuijsen et al (2014)*	NA	NA	NA
Stigma Reduction Programs	14. Gayed et al (2018) 15. Hanisch et al (2016)	2000-2017 2004-2014	10 16	4,801 3,854
Organizational Climate Interventions	16. Bronkhorst et al (2015)	2000-2012	21	56,214
Economic Evaluations	17. Hamburg van Reenen (2012)*	2000-2011	10	NA
		(Total)	350+	100K+

Key: *=Meta-analysis used for effect size estimates. **NA**=Not available.

SUMMARY OF EVIDENCE

The current evidence indicates that workplace mental health programs have mixed effectiveness, varying according to the type of program used, the outcome being measured and the population targeted below. Overall, mental health interventions appear to be effective at improving mental health outcomes, although the size of the effect is small to medium. (Table 12)

Mental health interventions directly targeting symptoms of depression and anxiety through knowledge and skills building are slightly effective at reducing the symptoms of depression and anxiety, but not general mental health. Stress management programs targeted at individual employees are associated with significantly large improvements in stress outcomes, and moderate improvements in depression, anxiety and overall mental health. Physical activity programs are somewhat effective at alleviating work-related stress. Even though programs may have small effect sizes at the individual employee level, it is possible for employers to improve population health outcomes if a majority of employees participate in evidence-based programs with proven effectiveness. Overall, digital mental health interventions have a small, but significantly positive effect at reducing stress.

The evidence for organization-level programs is sparse but there is emerging evidence that organizational climate is associated with improved employee mental health outcomes. No studies reported addressing the social determinants of employee health (e.g., education, wages, food insecurity) to improve mental health.

Strengths and Limitations

The methods used in this report have several strengths.

- **First, a meta-review can be conducted more quickly than a systematic literature review and meta-analysis of individual clinical trials.** This is helpful when a relatively quick assessment of the literature is required.
- **Second, using outcomes data from meta-analyses provides a more objective appraisal of the evidence than traditional narrative reviews.**
- **Third, meta-analyses synthesize data from a number of studies, which increases statistical power for evaluating the direction (positive or negative) and magnitude (low, medium or high) of observed effects.** This “ten thousand feet” view can highlight relationships that are potentially not visible through individual studies. It can also indicate what knowledge gaps may exist. Finally, **Table 12** presents the data in a format is easily digestible for a non-technical audience.

Despite these strengths, there are also a number of limitations to bear in mind when interpreting the results.

- **First, meta-reviews document past research and are therefore not good indicators of leading research or innovation in the field. T**o capture innovation, researchers often use qualitative methods, including case studies, to complement quantitative results from systematic reviews. This report tries to balance the insights from meta-analyses with the current practices of large employers.
- **Second, conclusions from meta-analyses are susceptible to the methodological quality of included studies.** Results from studies with poor to moderate quality may be different from high-quality studies.
- **Third, conclusions from meta-analyses are also susceptible to reporting biases and to the choices that reviewers make when including and excluding studies.** There is often a wide degree of variability in the content, structure and goals of individual studies.
- **Fourth, the results taken from the selected literature reviews and meta-analyses indicate that studies were generally of a low quality** with small sample sizes, short-term follow- up and inadequate reporting of relevant population characteristics that may be associated with mental health, including race-ethnicity, educational attainment and income.
- **Fifth, reviews of randomized control trials (RCTs) do not include other study designs** that can help to shed light on the literature, such as well-designed quasi-experimental studies with robust statistical methods to minimize the effects of selection bias and other forms of bias. Since there are relatively few RCTs conducted in workplace settings, results from well-designed non-randomized control trials can provide information that provide estimates of effects that can be contrasted with results from RCTs to provide context to researchers and practitioners.
- **Finally, the format in** Table 12 **may be easy to digest at a high-level,** however, this presentation does not reveal important nuances that implementers need to consider when offering programs in the workplace. In light of these limitations, we provide select examples of how employers can interpret Table 12. We also encourage implementers to read Appendix A, which includes a detailed, narrative interpretation of the results.

Table 12. High-level summary of program effectiveness on mental health outcomes

Intervention Modalities	Mental Health Outcomes			
Mental Health Interventions (n=26)	**Overall**	**Depression**	**Anxiety**	**Stress**
Direct Interventions	None	Small*	Small*	ⓘ
Indirect Interventions	Small*	Small	Small	ⓘ
Stress Management Interventions (SMIs) (n=53)				
Individual-level	Medium*	Medium*	Medium*	Large*
Organization-level	Small	ⓘ	ⓘ	ⓘ
Physical activity programs (n≈40)	Small	ⓘ	ⓘ	Small*
Digital mental health interventions (n=13)	Small	Small	Small	Small*
Employment Assistance Programs (EAPs) (n=17)	Medium	ⓘ	ⓘ	ⓘ

Key: **None=** no effect,
Small= Small, positive effect,
Medium= Moderate, positive effect,
Large= Large, positive effect,
***= s**tatistically significant

ⓘ = data not available.
Direct interventions = programs that target mental health directly using psychoeducational approaches
Indirect interventions = programs that seek to reduce mental health symptoms indirectly through other program modalities, for example, physical activity

Implications for practice

Despite the limitations noted in this evidence review, including small sample sizes, short-term follow-up and low study quality, nevertheless there are some learnings from the existing evidence base that have practical implications for employers.Box 1 summarizes these insights that are discussed in more detail in Appendix A.



Physical Activity Interventions

Physical Activity Interventions - Table 12 shows that physical activity interventions have small, non-significant effects on overall measures of mental health. This high-level result may lead employers to conclude that physical activity interventions are not effective and should not be offered in the workplace. However, the average number of minutes achieved across the studies in the meta-analysis by Conn and colleagues[152] was 50 minutes per week, which is well below the recommended 150 minutes of moderate to vigorous minutes per week. Programs that consisted of onsite group exercise classes did show a positive effect on mental health outcomes. This is consistent with the evidence from the 2nd edition of the *Physical Activity Guidelines for Americans*.[153] Since most employers, especially small employers, may not have the resources to provide onsite gyms that offer regular exercise classes, employers can consider other physical activity strategies to get employees to move more and sit less.



Digital Mental Health Interventions

Digital Mental Health Interventions - Table 12 shows that the effects for digital mental health interventions are small and only significant for stress. A closer look at the individual studies indicates that digital meditation apps have a moderate and significant effect on overall mental health and stress on the **general population**, and digital stress management interventions are associated with large, significant effects on symptoms of anxiety among **at-risk employees**. Since these results are from only 13 studies, more research on digital health interventions would benefit researchers, employers and policymakers.



Stigma Reduction Interventions

Stigma Reduction Interventions – The studies included in this report did not measure the effect of stigma reduction training on employee mental health outcomes, instead they evaluated supervisor attitudes, knowledge, and behaviors related to mental health stigma. Furthermore, the studies have short-term follow-up, which limits the conclusions that we can draw about their effectiveness over time. These limited findings should not, however, dissuade employers from offering evidence-based stigma reduction interventions in the workplace. Employers are encouraged to offer these programs and evaluate their effectiveness. In fact, the emerging evidence documented in this report suggest that supervisors and managers would benefit from booster training every six months. More rigorous studies using validated measures of stigma and linking them to employee mental health outcomes over time will help to advance the science and practice of stigma reduction in the workplace.

Box 1: Implications for Employers



General Mental Health Interventions

Employers can use direct interventions, which target mental health outcomes through psychological education, or indirect interventions, which target risk factors associated with depression and anxiety such as obesity or physical activity.

- Both direct and indirect interventions are effective at improving depression and anxiety outcomes, although the size of the effect is small.
- Programs that use cognitive behavior therapy (CBT), meditation, and a combination of techniques appear be effective at improving depression and anxiety.
- Programs that combine several different techniques appear to be more effective compared to programs that use single technique. Note: This finding is mainly for programs that are generally delivered face-to-face either through individual coaching or group-based workshops.
- Employers can make mental health programs available to all employees, or those at risk. However, at risk employees may show the most overall improvement in outcomes.
- Employers are encouraged to provide primary and secondary prevention programs to maximize the benefit of these programs for different employee groups across the organization.



Stress Management Interventions (SMIs)

Evidence since the 1970s shows that SMIs targeted at employees at risk for stress are highly effective at reducing symptoms of stress, and moderately effective at improving anxiety and overall health.

- Interventions using cognitive behavioral therapy (CBT) are associated with the highest level of effectiveness, so employers are encouraged to provide these.
- Relaxation techniques also appear to provide some benefit. However, organization-level approaches to date have been associated with small or negative outcomes, although these are not statistically significant.
- Stress management interventions improve productivity at work, but may not reduce absenteeism among employees.



Physical Activity Programs

Several studies have found that exercise programs are effective at improving activity-related outcomes. However, few have evaluated the effect of exercise in the workplace on mental health.

- Exercise programs delivered in the workplace are significantly effective at absenteeism but the effect size is small.
- Activity programs do not appear to significantly improve mood and overall quality of life, however, this may be due to the low dose (average number of activity minutes per week) observed in existing studies.
- Other barriers that exist in the workplace, such as lack of time or cost, may also prevent employees from achieving the mental health benefit from being active.
- Employers are encouraged to address barriers to the best of their ability given operational and resource constraints.
- Employers are strongly advised to promote the Physical Activity Guidelines for Americans issued by the Department of Health and Human Services and adopted by the American Heart Association.

It is important for employees to reduce their sitting time and move more throughout the day to meet the recommended guidelines, which are at least 150 minutes of moderate physical activity a week.





Alcohol Misuse Programs

We could not identify a meta-analysis of workplace alcohol misuse prevention programs. This may be due to HR concerns, stigma or low federal funding for substance abuse programs.

- There is some evidence to support that workplace alcohol interventions can improve alcohol-use related outcomes in the workplace, but this is from a very low evidence base.
- Intervention methods that may be effective include health and lifestyle checks, psychosocial skills training and peer-referral.
- Employers are encouraged to discuss integrated behavioral interventions with their EAP and telehealth providers to ensure a consistency of approach and messaging.



Digital Mental Health Interventions

Digital programs including apps are appealing to employers because they offer individual tailoring, feedback and theoretically scale at a more affordable price per employee.

- Overall, digital interventions are effective at improving general mental health and stress, but not depression and anxiety.



Digital Mental Health Interventions (continued)

- Digital tools that use meditation and stress management techniques are more effective than digital tools that use CBT techniques.
- Digital **stress management interventions** should be targeted toward employees at high risk of stress, rather than the general employee population.
- Digital **meditation apps** are an effective way to reduce stress in the general population.
- Preliminary findings suggest that the following design features may increase program engagement and completion: interventions that are shorter (6-7 weeks), use SMS and email to engage, and incorporate persuasive technology are effective at improving mental health-related outcomes.



Employee Assistance Programs

EAPs are a staple of workplace benefits; however, few rigorous evaluations of EAPs have been conducted. Furthermore, employee utilization is low and employer investment in declining.

- Employee assistance programs that use counseling and multi-component interventions can be effective at reducing absenteeism, presenteeism, well-being and workplace functioning.
- The effectiveness of EAPs can vary depending on the current mental health status of the employee, level of investment by employers and usage rates by employees.
- EAPs appear to be cost effective, although few independent evaluations have been published.
- Employers should consider the advantages and disadvantages of different EAP formats and decide which would be the best fit for them.
- There is a large amount of variability in the quality and types of services provided by EAPs. Low cost EAPs are often very limited in the offerings they provide.



Return to Work Programs

Return to Work (RTW) programs are tertiary prevention or treatment programs that seek to re-integrate employees with prolonged absence from work due to mental health-related issues.

- Adding work-directed programs or telephonic CBT to clinical rehabilitation programs appear to be moderately more effective than clinical RTW programs alone.
- While most RTW interventions consist of education with or without antidepressants, other components such as physical activity can be added to optimize mental health outcomes.
- The current evidence on the cost-effectiveness is sparse and generally indicates that it does not yield a significant return on investment.



Stigma Reduction Programs

Stigma reduction programs are considered to be systemic or organization-level programs that promote mental health awareness and seek to organizational stigma toward employees with mental health issues.

- Stigma programs appear to improve manager and employee knowledge and behavior, but the effect on attitudes is less positive.
- Brief stigma reduction interventions are effective in the short term but may require periodic refresher trainings to maintain effectiveness.
- Stigma reduction interventions may improve employee self-reported mental health outcomes, but the effect is not statistically significant.



Organizational Climate Programs

Initial evidence indicates that a perceived positive organizational climate is associated with better mental health outcomes.

- Supportive leadership and supervision are associated with positive employee mental health outcomes.



Economic effectiveness of workplace mental health programs

- Primary and secondary prevention programs are associated with positive cost-benefits.
- RTW programs do not show significant differences across groups.

MARKET RESEARCH

The Employee Voice

RESULTS FROM A NATIONAL SURVEY
On Employees' Perceptions and Attitudes on
Mental Health in the Workplace

UNDERSTANDING EMPLOYEES' PERCEPTIONS OF MENTAL HEALTH SUPPORT IN THE WORKPLACE

Results from a National Employee Survey

Introduction

The American Heart Association commissioned The Harris Poll to conduct an online national survey on mental health in September 2018.* The survey was conducted to gain insight into employees' attitudes toward, and experiences with, employers' mental health offerings in the workplace, including policies, programs and practices across the prevention spectrum.

Of the 1,041 U.S. adults 18 years or older who participated in the survey, all work full time or part time at an organization that offers health insurance and has 25 or more employees. Respondents were selected among those who have agreed to participate in online surveys.

Figures for age by gender, income, education, race/ethnicity, region, size of household, marital status and employment status were weighted where necessary to align with their actual proportions in the population. Despite the weighting, this sample is not representative of all U.S. adults. More information about the sample demographics, including characteristics of the organizations they represent, is shown in Appendix B.

The cross-sectional nature of the survey provides a point-in-time snapshot of the vast mental health workplace landscape. These findings may be helpful in sparking additional research questions, suggesting areas for further research, and offering recommendations for employers around supporting employees' mental health.



Definitions of Mental Health



Throughout the survey, respondents were reminded of the following definitions:

Mental health

Mental health is defined as a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges.

Everyone has mental health, and everyone is likely to experience issues, problems or challenges throughout their lifespan that may negatively affect their mental health. (HP 2020)

Mental health disorders

Mental health disorders are specific health conditions characterized by alterations in thinking, mood and/or behavior and that are associated with distress and/or impaired functioning.

Mental health disorders contribute to a host of problems that may include disability, pain or death. Mental health disorders are diagnosed by a health care professional. Individuals diagnosed with a mental health disorder may receive treatment, including, but not limited to, prescription drugs, counseling and/or behavioral therapies. (HP 2020)

Key Findings

Mental health is as important as physical health to employees. Employees believe employers have a role in supporting their mental health. While feelings lean positive about their employers' commitment to employees' mental health — and the culture surrounding mental health in the workplace — employees are not resounding in their opinions. This suggests that employers can do more. For example, the majority of employees indicate they want their employer to take additional action to support employee health. Primarily, employees would like employers to provide more information about mental health benefits, accommodations, and resources available to employees.

* The survey was conducted between Sept. 5 and Sept. 18, 2018.

Employees Recognize Overall Health Includes Mental Health

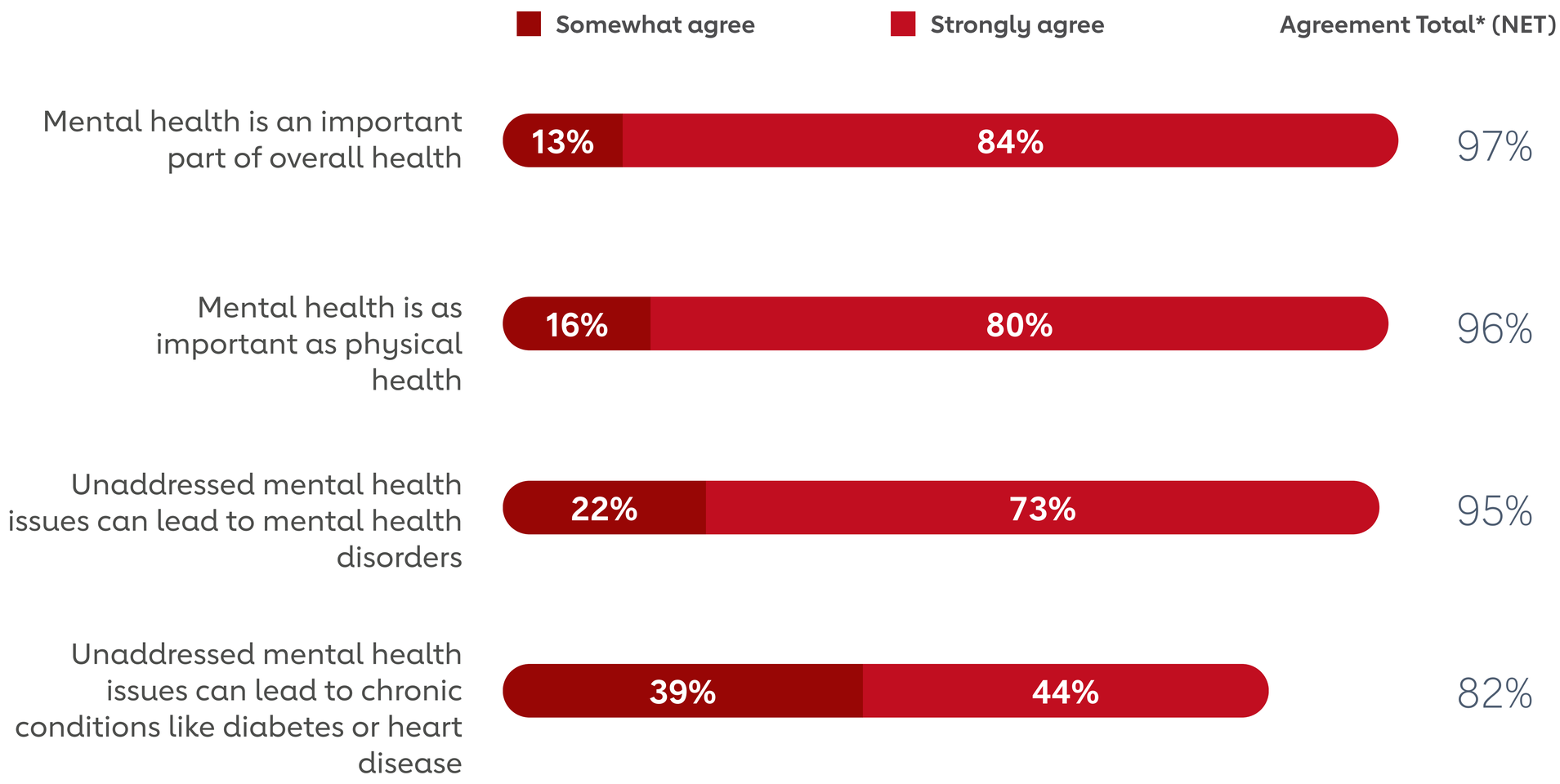
An overwhelming majority of employees see mental health as a clear priority.

Nearly all (**97%**) acknowledge that mental health is an important part of overall health.

96% agree that mental health is as important as physical health.

These employee convictions are not lukewarm.
In fact, 8 in 10 strongly agree with each of these statements (84 percent and 80 percent, respectively).

Table 13. Agreement with Mental Health Statements



BASE: ALL QUALIFIED RESPONDENTS (n=1,041)
Q700 How much do you agree or disagree with the following statements about mental health?
** Agreement Total refers to the combined total of answers indicating either Somewhat Agree or Strongly Agree.*

Moreover, almost all employees recognize it is important to take action, rather than letting mental health issues go unattended.

For example, the vast majority feel that, if unaddressed, mental health issues can lead to mental health disorders and/or chronic conditions like diabetes and heart disease. In addition, the majority (82 percent) of employees feel that mental health disorders require treatment. This may indicate that employees are aware that individuals with mental health issues, including mental health disorders, are in need of support.

Employees Can Have Good Mental and Physical Health, Yet Still Struggle

76%
have struggled
with at least one issue affecting mental health

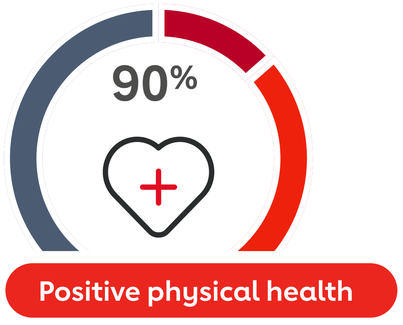


The majority of employees indicate they have struggled with at least one issue that has negatively affected their mental health.

(Q720. Which of the following issues, if any, have ever negatively affected your mental health? Please select all that apply. Base: All qualified respondents (n=1,041)

However, the majority of employees also report having at least good physical and mental health.

Employees Report Good Health Overall



Employees rate their own physical health as:
Excellent (12 percent)
Very good (37 percent)
Good (40 percent)

Similarly they rate their own mental health as:
Excellent (19 percent)
Very good (35 percent)
Good (34 percent)



Question Q710; How would you rate your own physical health?
Base: All qualified respondents (n=1,041).

Question Q715; Q715: How would you rate your own mental health?
Base: All qualified respondents (n=1,041).

Employers May or May Not Know About Their Employees' Mental Health Challenges

63%



52%

Employees May Be Reluctant To Reveal a Diagnosis

Most employees who have been diagnosed with a mental health disorder say they **have not told** their employer about their diagnosis.

Question Q750; Have you ever told your employer about your mental health disorder?
Base: Diagnosed with a mental health disorder (n=371).

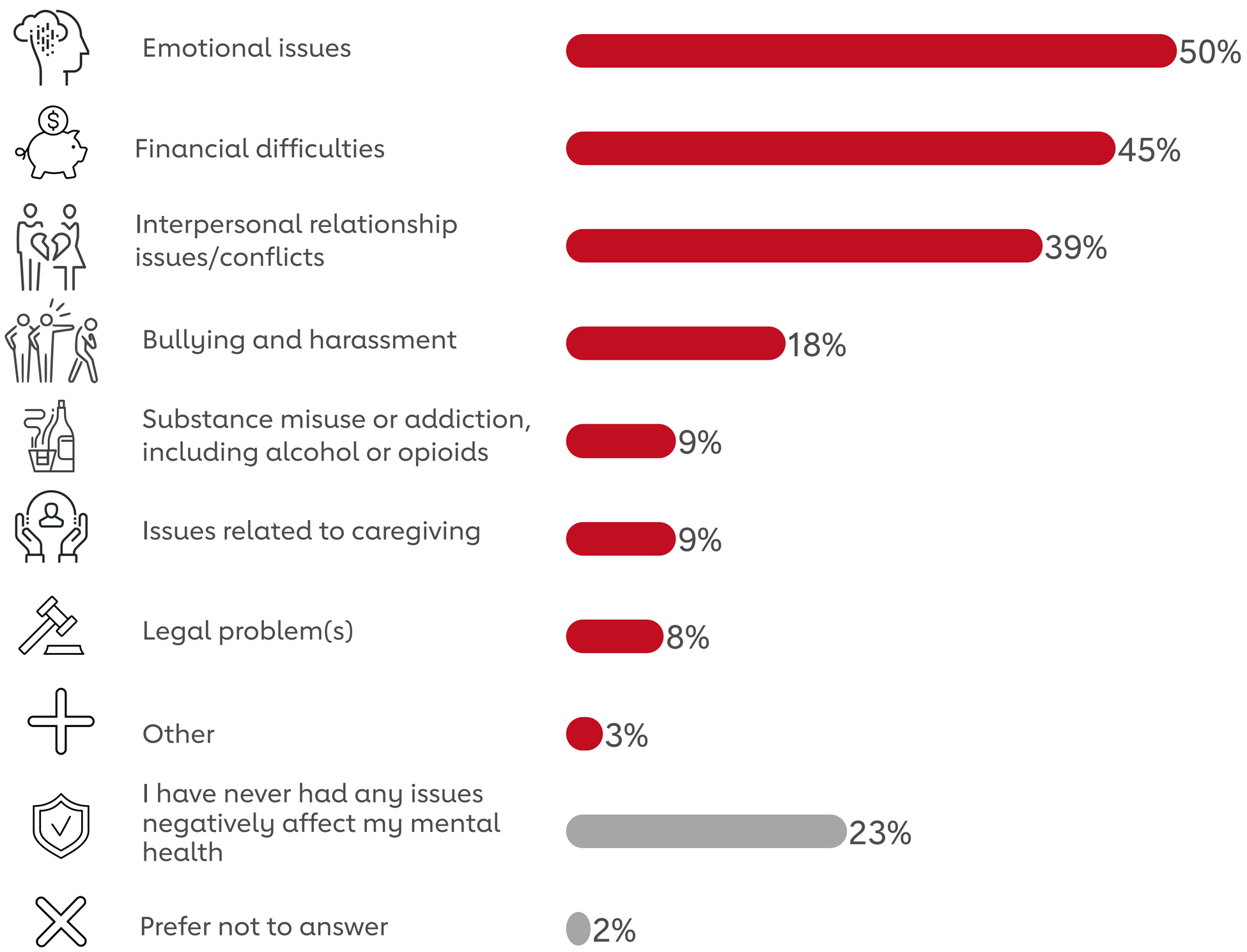
Likewise, when employees consider the possibility of being diagnosed with a mental health disorder in the future, 52 percent say they **would not be likely to tell their employer.**

Question Q755; If you were diagnosed with a mental health disorder in the future, how likely would you be to tell your employer about your disorder?
Base: All qualified respondents (n=1,041).

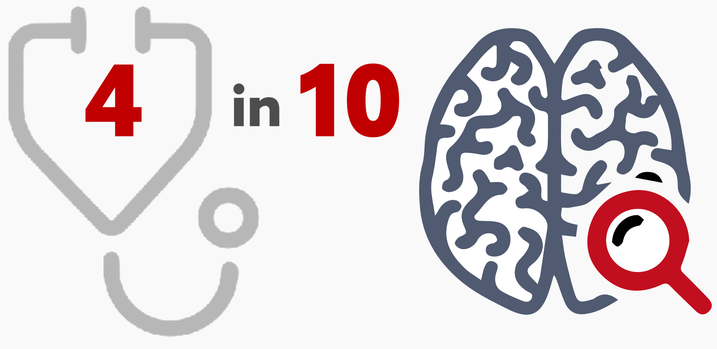
In summary, **employers may not be fully aware of their employees' mental health needs because employees are not likely to tell them.** Employers should gain a better understanding of employees' perceptions and attitudes toward their role in promoting mental health and providing support for mental health issues, including diagnosed mental health disorders.

Employees can be healthy overall, but still sometimes experience issues that require mental health support.

Table 14. Issues That Have Negatively Affected Employees' Mental Health



Base: All qualified respondents (n=1,041)
Q720 Which of the following issues, if any, have ever negatively affected your mental health? Please select all that apply.



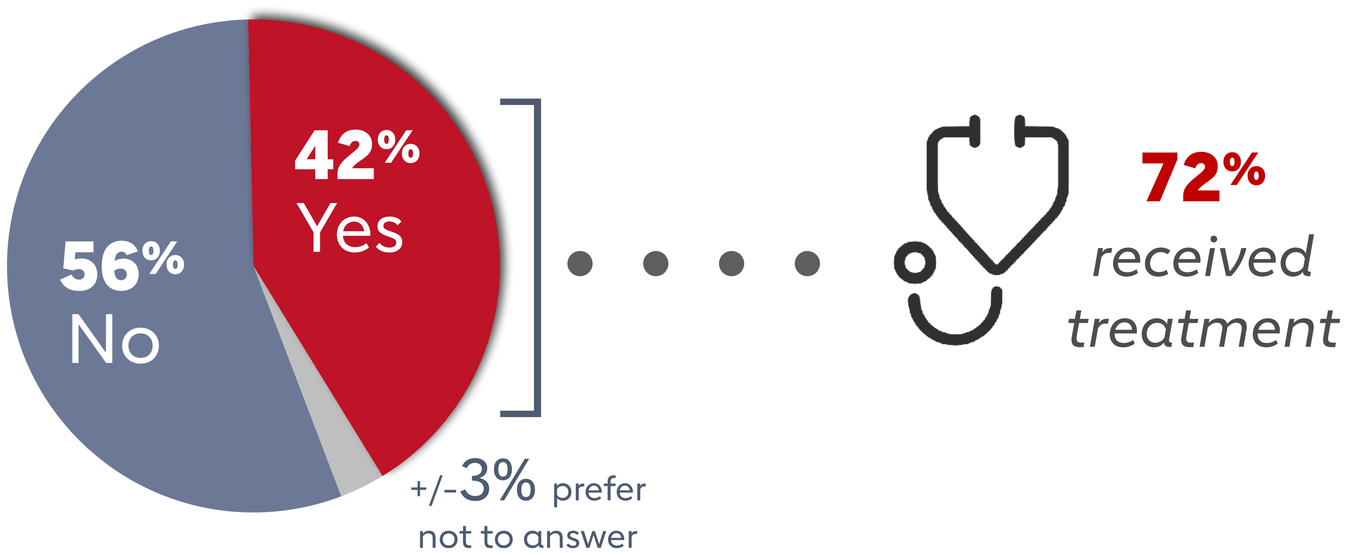
have been diagnosed with a mental health disorder

In addition, a notable percentage of employees report being diagnosed with a mental health disorder. Regarding diagnosis, 4 in 10 say a health care professional has diagnosed them with a mental health disorder, including depression, anxiety or panic disorder. Of those who say they have been diagnosed with a mental health disorder, the majority (72 percent) say they received treatment. See Table 15.

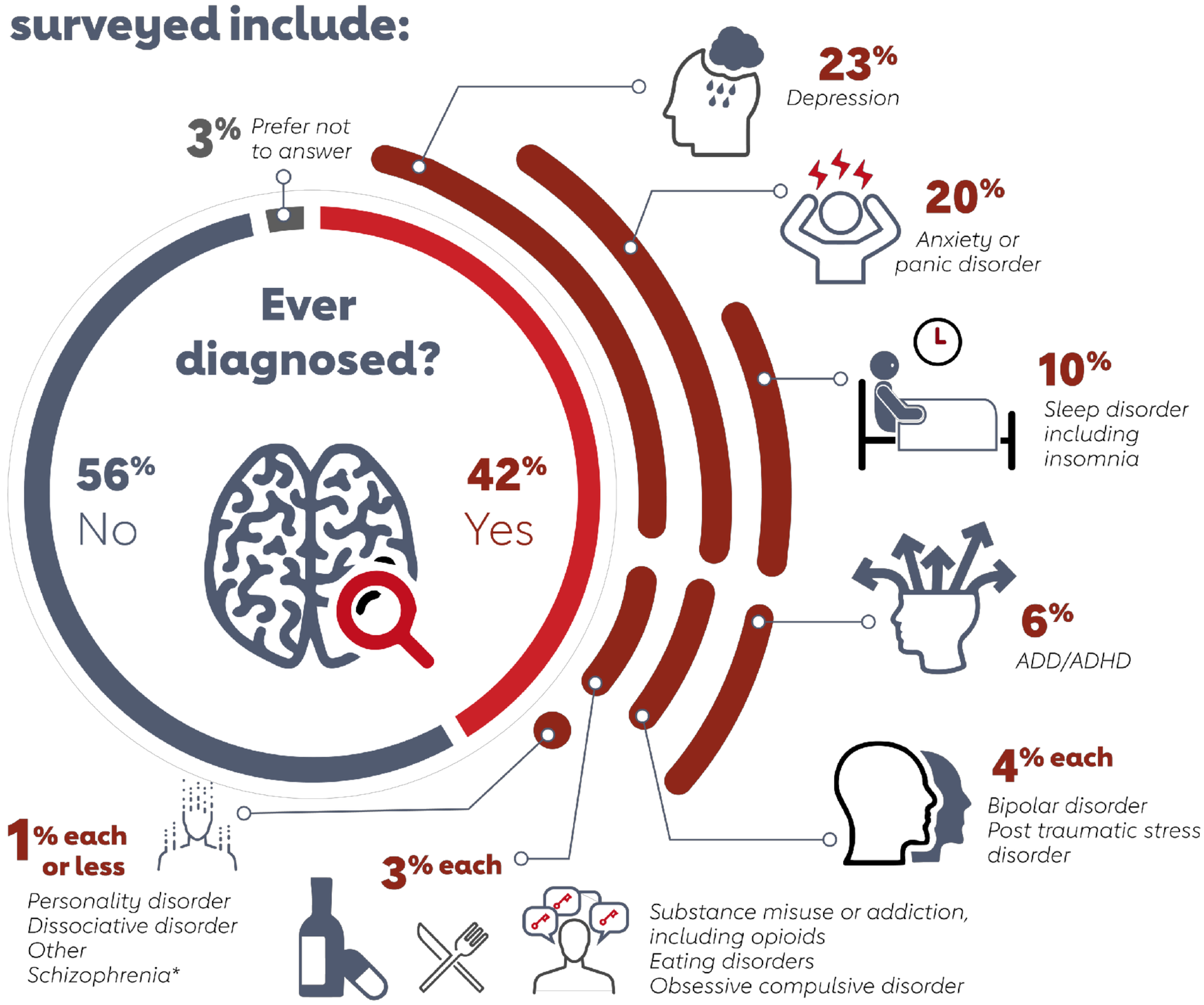
Employers may not be fully aware of their employees' mental health needs.

Table 15. Mental Health Disorders Diagnosed by HCP

Has a doctor, nurse or other health care professional ever diagnosed you with any of the following mental health disorders?



Diagnoses among those surveyed include:



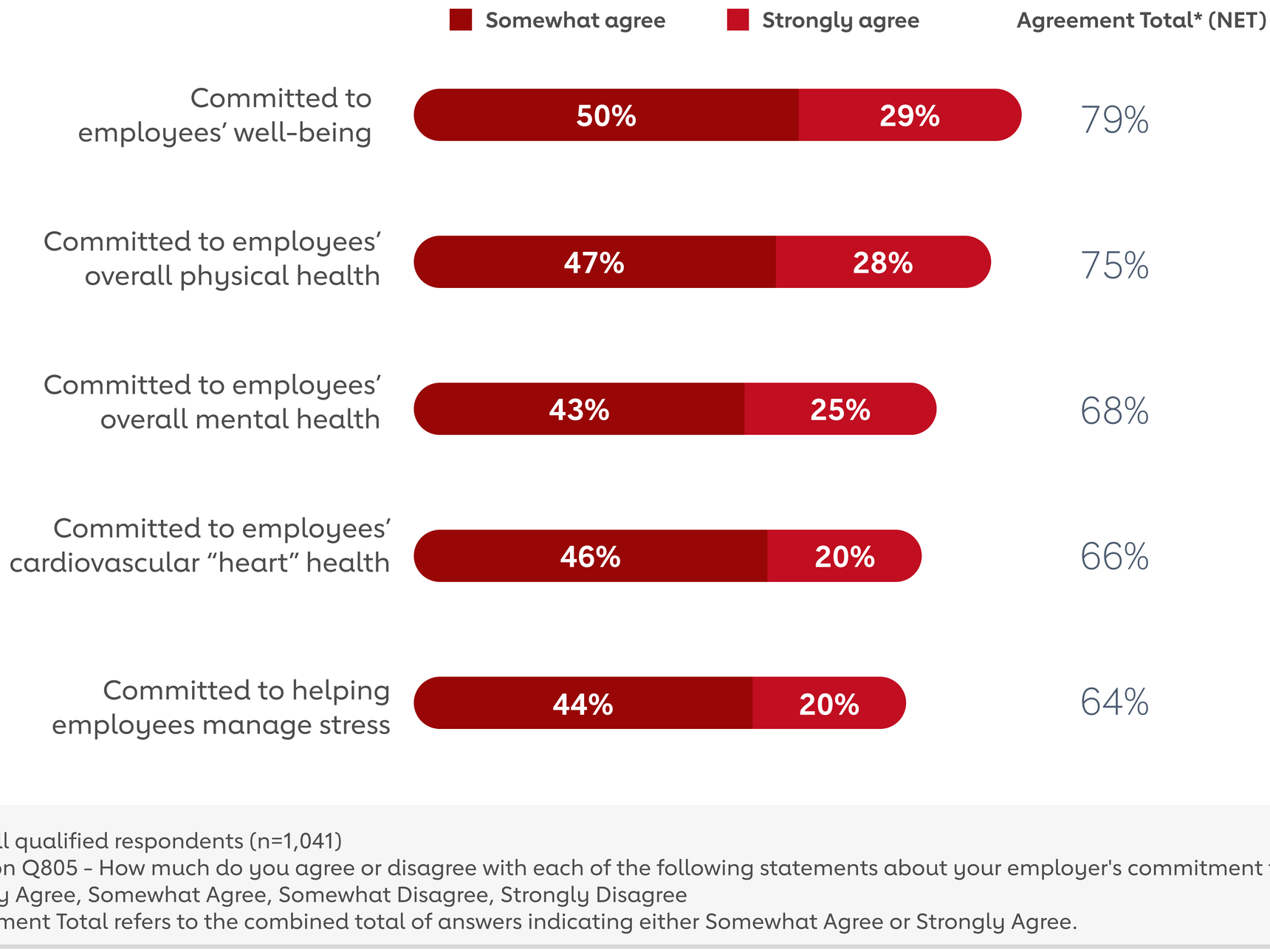
Base: All qualified respondents (n=1,041)
Q740 Has a doctor, nurse or other health care professional ever diagnosed you with any of the following mental health disorders? Please select all that apply.
* An asterisk (*) signifies a value of less than one-half percent.
NOTE: Totals are greater than 100 percent because some respondents indicated more than one diagnosis.

Employee Perceptions on Employers' Role in Supporting Mental Health



Employers have a responsibility to support employee mental health (88 percent) and support employees diagnosed with a mental health disorder (88 percent), but fewer employers are described as committed to the mental health of the employees (68 percent).

Table 16. Perception of Employer's Commitment to Employee Health



Base: All qualified respondents (n=1,041)
Question Q805 - How much do you agree or disagree with each of the following statements about your employer's commitment to employees? Strongly Agree, Somewhat Agree, Somewhat Disagree, Strongly Disagree
* Agreement Total refers to the combined total of answers indicating either Somewhat Agree or Strongly Agree.

Employees describe their employer as doing a good job and being fairly committed to their employees' well-being and overall physical health, but are slightly less likely to agree that their employer is committed to the overall mental health of employees.

These findings indicate employers can do more to demonstrate they support mental health as much as physical health. For example, employers can emphasize the link between cardiovascular health and mental health and the importance of managing one to address the other.

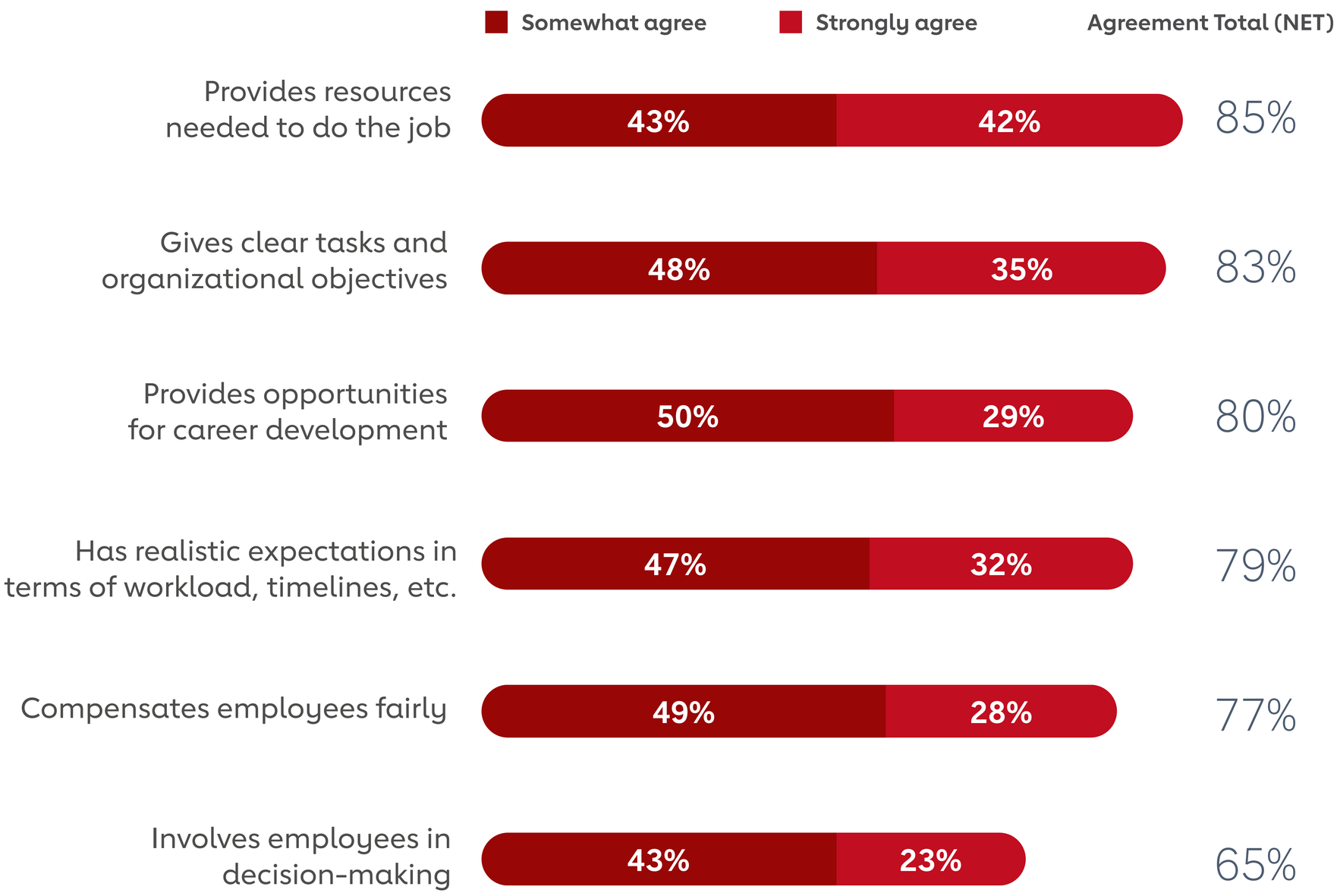
> **"Employers can do more to demonstrate they support mental health as much as physical health."**



Supporting work-life balance may enhance employee mental health.

In addition to preventing and treating mental health disorders, employers should be promoting positive mental health. To gauge employer performance in this area, the survey asked respondents to rate their level of agreement with the following statements:

Table 17. Employee Perceptions About Overall Work Environment

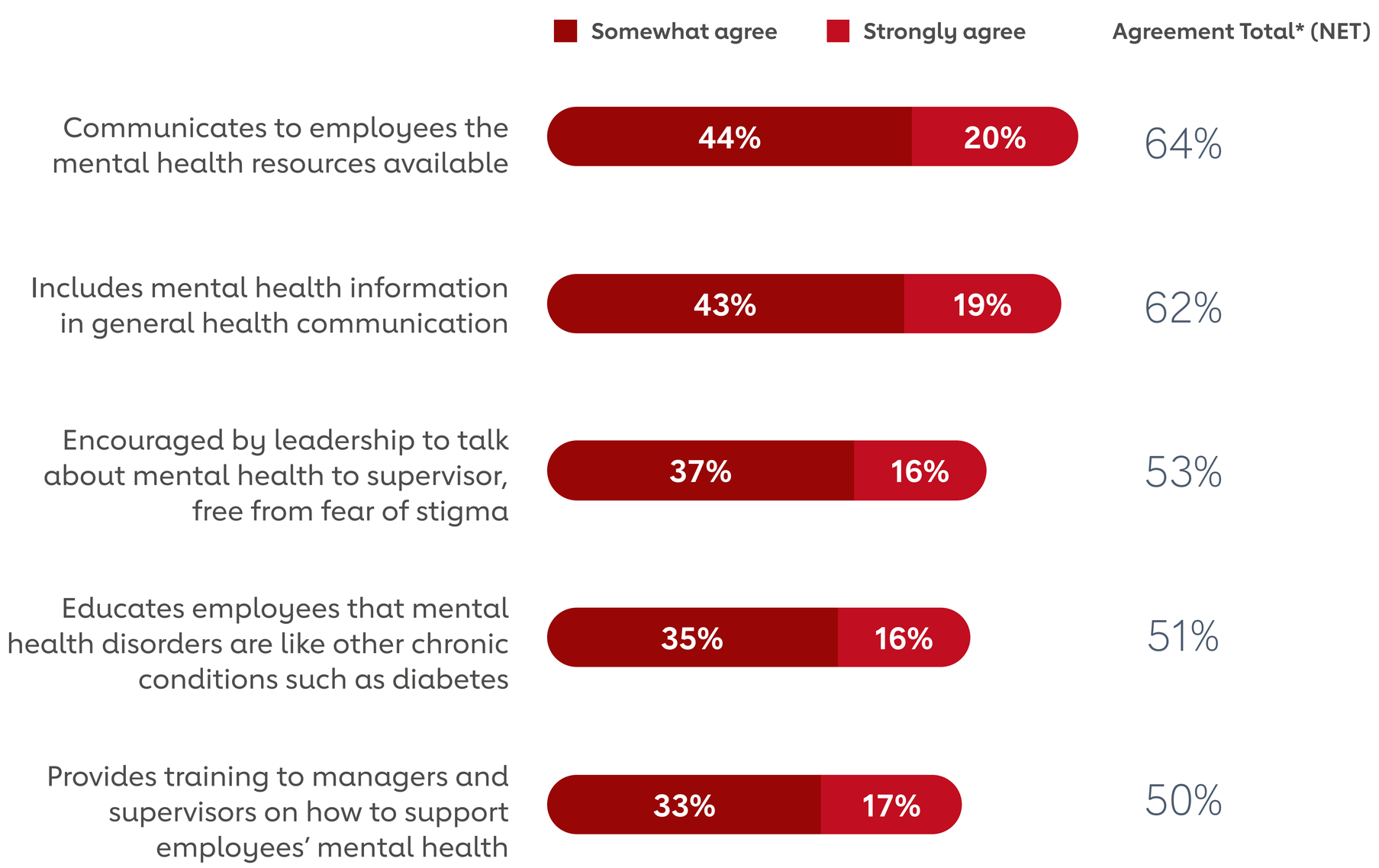


Base: All qualified respondents (n=1,041)
Q800: How much do you agree or disagree with each of the following statements about your employer? Strongly agree, Somewhat agree, Somewhat disagree, Strongly disagree
*Agreement Total refers to the combined total of answers indicating either Somewhat Agree or Strongly Agree.

Employers should consider the extent to which they facilitate a supportive work environment and should encourage positive mental health by modeling work-life balance. They should also make mental health resources and information more available to employees.

Aspects related to mental health information were rated somewhat positively, indicating employers can do more to communicate available resources to employees and provide more information about mental health in general health communication to employees. This may help employees feel better prepared, so if the need arises, they are knowledgeable about where to access help from their employer.

Table 18. Agreement with Statements About Employer's Culture Around Mental Health



Base: All qualified respondents (n=1,041)
Q815 How much to you agree or disagree with the following statements about your employer's culture toward mental health?
*Agreement Total refers to the combined total of answers indicating either Somewhat Agree or Strongly Agree.

Employers can do more to engage leadership in dialogue with employees about mental health.

Only 53 percent of employees agreed that leadership encourages them to talk about their mental health to their supervisors, free from fear of stigma. It may be that employees would like to see their employers do more to encourage open conversations about mental health and, secondly, do more to ensure employees feel safe and comfortable talking about their mental health. To develop such a workplace environment, employers can mitigate the potential stigma associated with mental health issues through employee training and education.

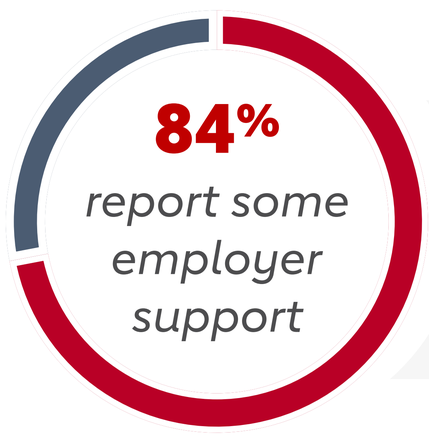
Only 53%
feel encouraged to talk about their mental health with supervisors, free from fear of stigma



Employers should provide more mental health education and training across all levels of the organization.

Aspects related to education and training were rated least positively. Employers should consider providing more mental health training for employees across all organizational levels, including leadership.

Employers provide a range of programs, policies and resources to support mental health.



Most employees report that their employers offer some support for employee mental health.

While no single offering is experienced by the majority, most commonly mentioned is information on employees' rights under the Family and Medical Leave Act, adequate insurance coverage for mental health services, flexible work schedules, and permitted leave of absence for mental health reasons. (Table 19)

Table 19. Awareness of Employer Offerings to Support Employees' Mental Health

Information on rights under FMLA	47%
Adequate insurance for mental health	42%
Flexible work schedule	39%
Permitted leave of absence for mental health reasons	36%
Opportunities to establish a healthy work-life balance	31%
Fitness options	28%
Mental health treatment and rehabilitation programs and counseling	27%
Health promotion and prevention programs	23%
Written organizational policies protecting employees' mental health	17%
Training for leaders on responding promptly and constructively to work performance issues	16%
On-site mental health support staff	13%
Other	1%
My employer doesn't offer anything to support mental health	16%

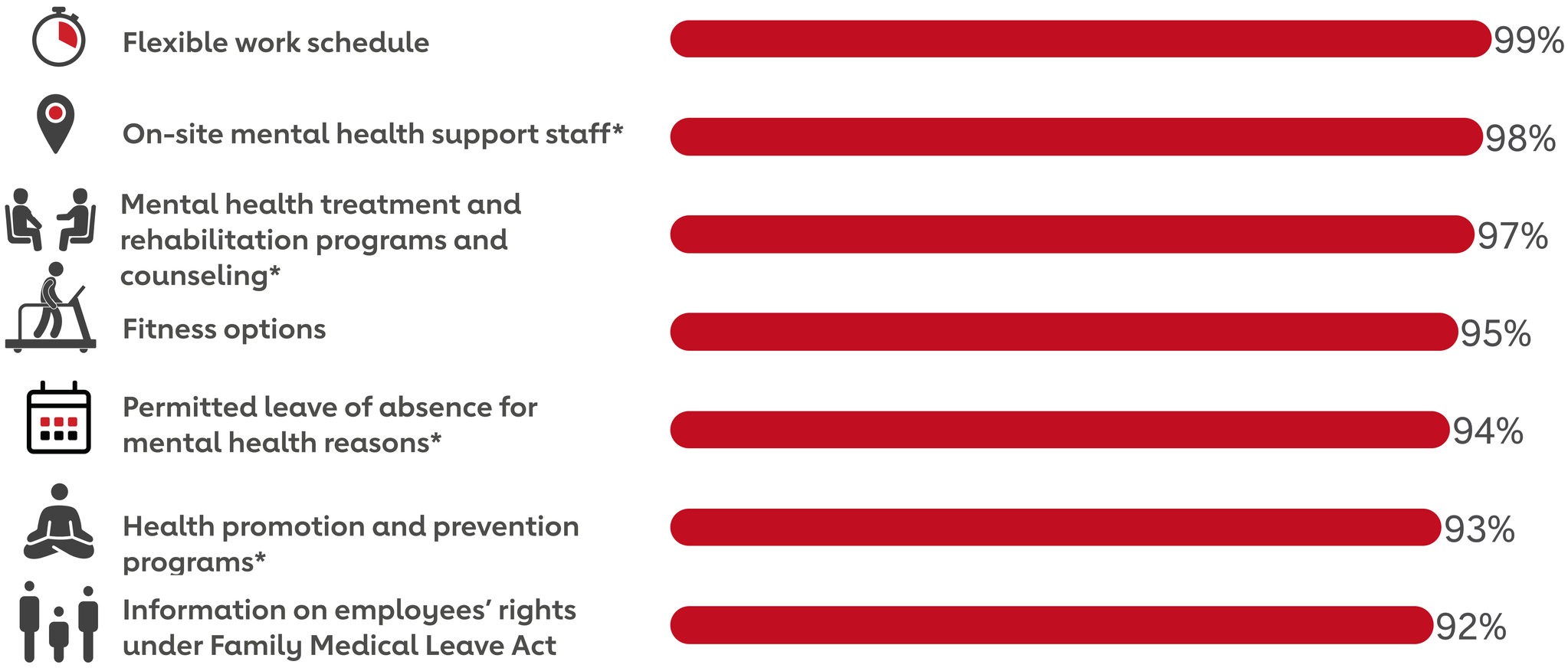
Base All qualified respondents (n=1,041)
Q820 Which of the following, if any, does your employer offer employees to support their mental health? Please select all that apply.

Employees take advantage of employer-provided mental health resources and find them useful.

Among the programs, policies and resources offered by their current or past employer, the majority of employees have taken advantage of flexible work schedules (57 percent) and fitness options (53 percent). They have also used health promotion and prevention programs (46 percent) when offered.

Employees report that these offerings have been overwhelmingly helpful.

Table 20. Helpfulness of Employee Offerings Used: *% Rated Offering as Very/Somewhat Helpful*

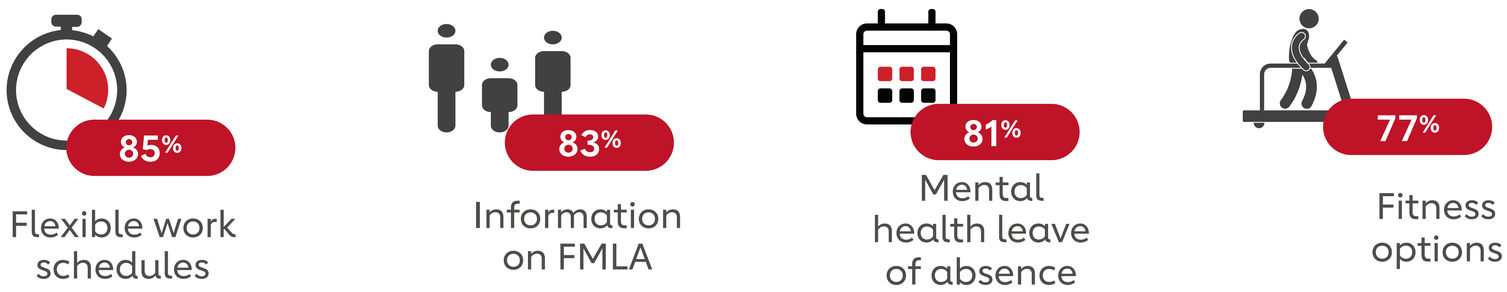


Base: Used Program (n=varies for each)
Question Q830;* Indicates a small base size (less than n=100 were offered program); use caution when interpreting

Employees are likely to use these mental health supports if the need arises.

Regardless of whether employees have received these supports to date, most say they are likely to use them in the future should an issue emerge that negatively affects their mental health. The programs they say they are most likely to use are flexible work schedules, information about employees' rights under FMLA, permitted leave of absence for mental health reasons, and fitness options.

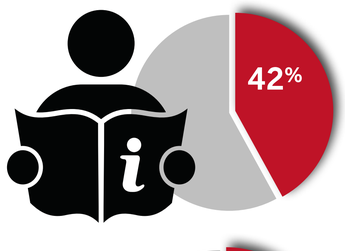
Most likely to use in the future:



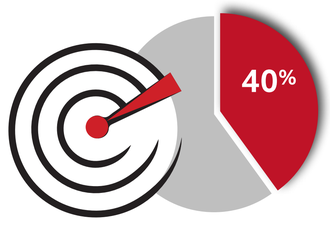
Employees want employers to take action to support mental health.

Although employers offer a range of mental health supports and employees report modest use of these supports, there may be more employers can do. In fact, the vast majority of employees (88 percent) envision steps they would like to see employers take to support mental health in the workplace. Among them are providing more information about available mental health benefits, accommodations and resources, training managers and supervisors to identify emotional distress among employees, and offering health promotion and prevention programs. (See Table 9)

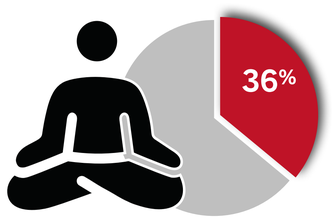
Table 21. Actions Employees Would Like to See Employer Take to Support Mental Health



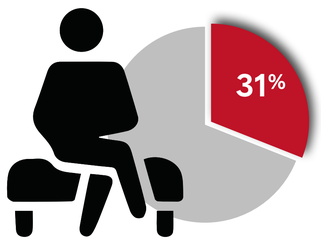
Provide more information about mental health benefits, accommodations, resources available to employees



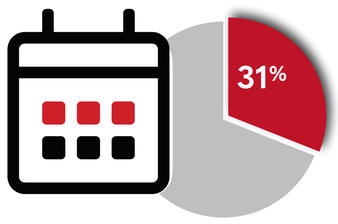
Train managers and supervisors to identify emotional distress among employees



Offer health promotion and prevention programs



Offer treatment, rehabilitation and counseling programs for mental health disorders



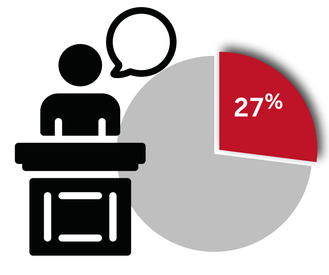
Require that vacation time be taken



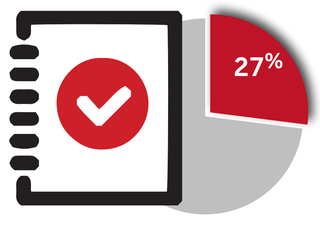
Have leaders model work-life balance



Provide better quality outpatient and inpatient insurance coverage for mental health treatment



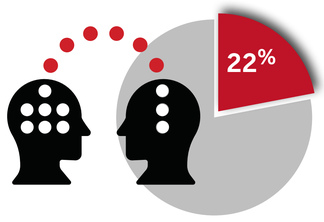
Have senior leaders talk about emotional well-being in communication to employees



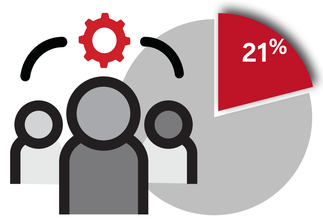
Create guidelines for job accommodations, including time to participate in therapy, other mental health programs



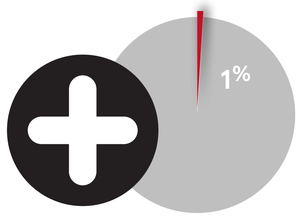
Develop written organizational policies protecting employees against bullying and harassment



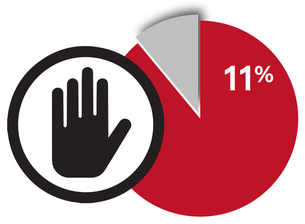
Offer a mentor/mentee program



Develop an employee-led workgroup focused on building a supportive culture of health in the workplace



Other



I would not like to see my employer take any actions to support the mental health of employees.

Base: All qualified respondents (n=1,041)
Q840 What actions, if any, would you like to see your employer take to support the mental health of employees? Please select all that apply.



Employers should optimize their current mental health supports (e.g., benefits, accommodations, training, promotion, prevention, etc.) and consider which of the above programs and policies they can offer as well.

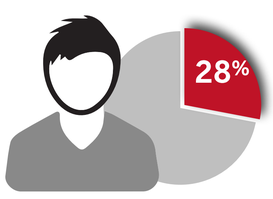
Employees have different perceptions, attitudes and behaviors toward mental health.

Having a better understanding of how perceptions, attitudes and behaviors vary within the workforce may help inform employers' approach to communicating messages and implementing mental health programs and policies. This survey examined differences across generations, genders, parental guardianship, and supervisory status.

Millennials may be less aware of available resources compared to other generations.



Older Millennials are more likely to turn to a mental health professional than other age groups.



Younger Millennials
(ages 22-28)



Older Millennials
(ages 29-37)



Gen Xers
(ages 38-53)

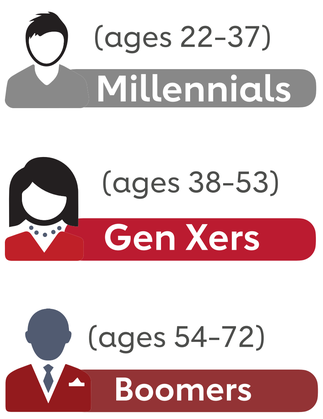


Boomers
(ages 54-72)

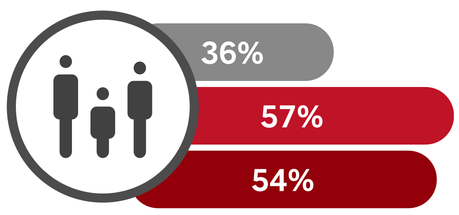
Base: (n=73) Indicates a small base size (less than n=100); use caution when interpreting
Q730. You mentioned you were able to find the support you needed to help you cope with issue(s) you were facing. Where did you receive your support?

Awareness (by Age) of Mental Health Program Provided by Employers

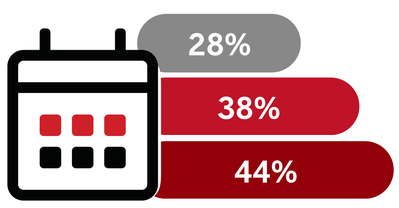
Millennials are also less likely than Gen Xers and Boomers to say their employer offers programs to support mental health.



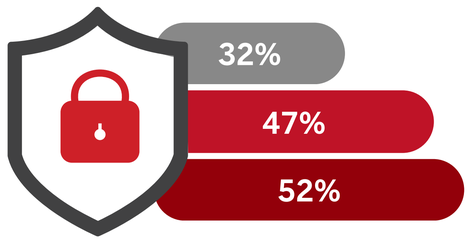
Employer provides information on rights under FMLA



Employer permits a leave of absence for mental health reasons



Employer provides adequate insurance coverage for mental health services



Base: All qualified respondents (n=1,041)
Q820 Which of the following, if any, does your employer offer employees to support their mental health? Please select all that apply.



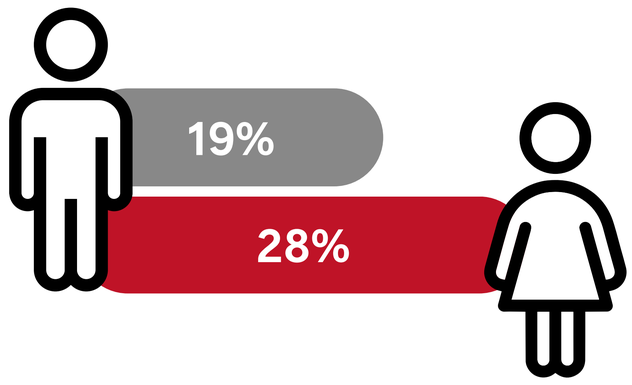
Based on these findings, employers may want to target more communications toward Younger Millennials (ages 22-28), who may be in most need and open to support, but less aware than other generations of available resources.

Women may be advocates for health promotion and prevention programs.

Male employees Female employees

Knows About Programs

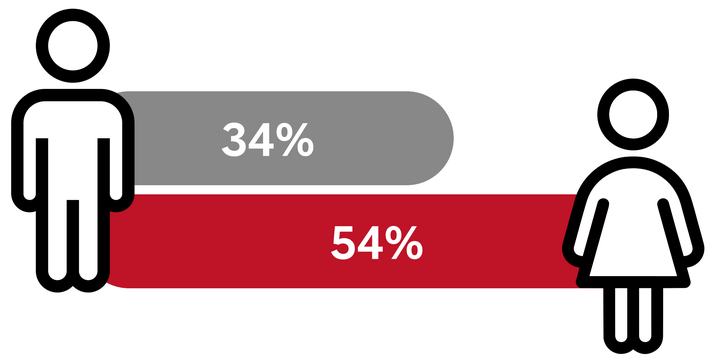
Female employees are more likely than male employees to say their employer offers health promotion and prevention programs to support mental health.



Base: All qualified respondents (n=1,041)
Q820 Which of the following, if any, does your employer offer employees to support their mental health? Please select all that apply.

Likely to Use Programs

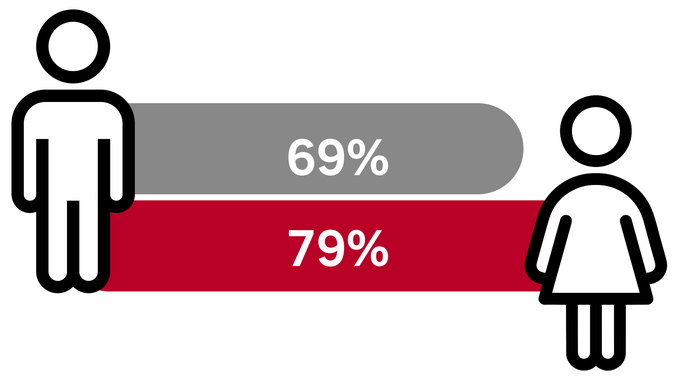
Female employees are more likely to use programs when offered.



Base: All qualified respondents (n=1,041) % shown includes respondents selecting very likely or somewhat likely
Q825 Have you used or taken advantage of the following? Please select all that apply.

Anticipate Future Usage

If an issue emerges in the future that negatively affects their mental health, female employees more often anticipate they will use these health promotion and prevention programs if offered.



Base: all qualified respondents, (n=1,041)
Q835: If an issue emerged in the future that negatively affected your mental health, how likely would you be to use each of the following if offered by your employer? Very likely, Somewhat likely, Not very likely, Not at all likely

Women are more likely to want their employer to support employee mental health by offering health promotion and prevention programs than men, especially those without children (40 percent vs. 28 percent of men without children). Women without children are also more likely than men to want their senior leaders to talk about emotional well-being in organizational communications (35 percent vs. 24 percent men with children, 24 percent men without children).

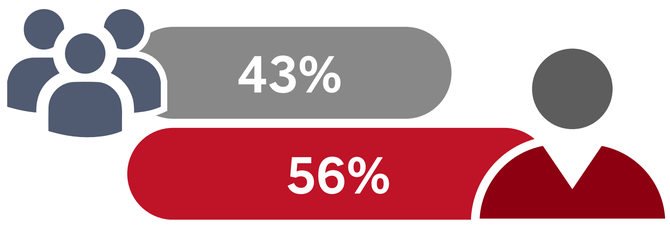
Base: All qualified respondents (n=1,041)
Q840 What actions, if any, would you like to see your employer take to support the mental health of employees? Please select all that apply.

There may be differences among managers and frontline employees.

Managers | Non-managers

Excellent or very good physical health

Managers are more likely to rate their **physical** health better than employees who do not manage employees.



Base: All qualified respondents (n=1,041)
Q710 How would you rate your own physical health? Excellent, Very good, Good, Fair, Poor

Self-reported mental health

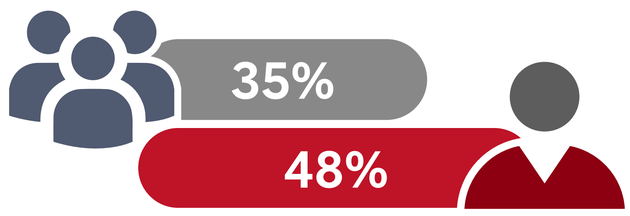
There is no difference in how managers and non-managers evaluate their **mental** health.



Base: All qualified respondents (n=1,041)
Q710 How would you rate your own mental health? Excellent, Very good, Good, Fair, Poor

Diagnosed with Mental Health Disorder

However, managers are more likely to say they have been diagnosed with a mental health disorder than non-managing employees.*

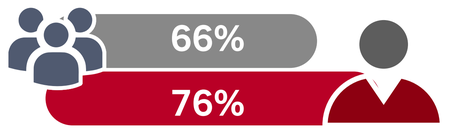


** While this could imply a greater mental health need among managers, it could also imply that managers may have greater awareness and/or access to mental health professionals who can diagnose their issues.*

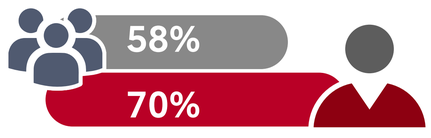
Base: All qualified respondents (n=1,041)
Q740 Has a doctor, nurse, or other health care professional ever diagnosed you with any of the following mental health disorders? Please select all that apply.

There are also differences in perceptions toward employers' commitment to health, in terms of manager status. Managers are more likely than non-managers to agree that:

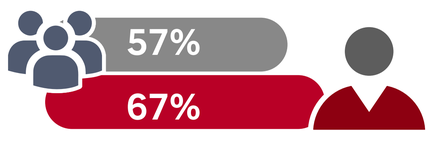
Employer provides an environment that is supportive of employees' mental health



Employer communicates to employees the mental health resources available



Information about mental health is included in general health communication from their employer



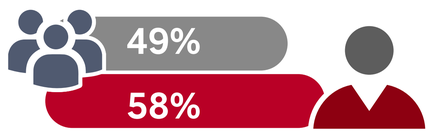
Base: all qualified respondents, (n=1,041)
Q815: How much do you agree or disagree with the following statements about your employer's culture toward mental health? Strongly agree, Somewhat agree, Somewhat disagree, Strongly disagree

There may be differences among managers and frontline employees.

Managers Non-managers

Free to Talk About Mental Health

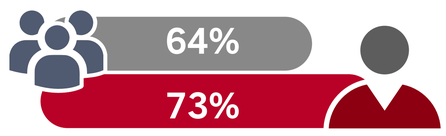
They are more likely than non-managers to agree that employees are encouraged by leadership to talk about their mental health to their supervisor, free from fear of stigma.



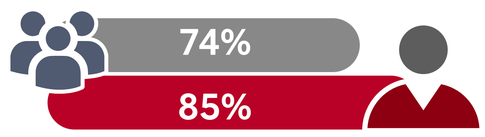
Base: all qualified respondents, (n=1,041)
Q815: How much do you agree or disagree with the following statements about your employer's culture toward mental health? Strongly agree, Somewhat agree, Somewhat disagree, Strongly disagree

Managers have more positive attitudes than front-line employees regarding their employers' commitment. For example, those who manage or supervise were more likely than non-managers to agree:

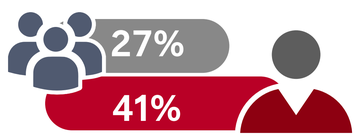
Employer is committed to overall mental health of employees.



Employer is committed to the well-being of employees.



These perceptions may relate to why managers are more likely to disclose their mental health disorder to their employer than non-managing employees.



Base: all qualified respondents, (n=1,041)
Q805: How much do you agree or disagree with each of the following statements about your employer's commitment to employees? Strongly Agree, Somewhat Agree, Somewhat Disagree, Strongly Disagree
Q815: How much do you agree or disagree with the following statements about your employer's culture toward mental health? Strongly agree, Somewhat agree, Somewhat disagree, Strongly disagree
Q750: Have you ever told your employer about your mental health disorder? Base: Diagnosed With Mental Health Disorder (n=371)

Managers may be less fearful of stigma around reporting a mental health issue.

When it comes to treatment, however, managers are more likely than non-managers to indicate they have not been treated for their diagnosed mental health disorder (31 percent vs. 18 percent). This may mean that they are not getting the health care they need despite being aware of and having access to resources.

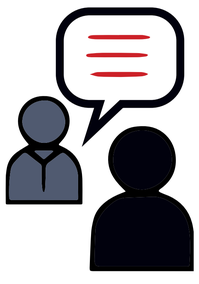
Nevertheless, employers should ensure that communication about available treatment resources is reaching all staff, including non-management staff, and that the communication includes messaging about the privacy and confidentiality of disclosed employee health information.

Summary

Much like physical health, employers play an important role in supporting the mental health of their employees. By offering and promoting mental health programs, information and support, employers can have a meaningful impact on the lives of their employees. An important piece of this support is understanding the needs and wants of the workforce when it comes to mental health.

Below are some steps employers can take as they guide their employees to be more open and honest about their mental health struggles so they can create and promote meaningful initiatives in the workplace.

Key Takeaways:



- **Encourage employees and their managers to have open and honest communication** about mental health issues that may arise – creating an environment that is supportive and encourages getting treatment.



- **Provide more education to both managers and leaders** on how to effectively support the mental health of their employees. By doing so, employees may be more likely to go to them for support.



- **Promote mental health programs** offered in the workplace. When used, the vast majority of employees find them helpful.



- **Consider demographic differences** in supporting mental health. Mental health needs and preferences may vary based on their age, gender and management status.

This research provides employers with initial action steps that can be implemented relatively easily but greatly impact employees' mental health and general well-being, especially as mental health becomes a greater focus in the workplace.

COMPANY MENTAL HEALTH PROGRAM SUMMARIES

The American Heart Association CEO Roundtable is a premier leadership collaborative where member CEOs collectively commit to tackle the biggest workforce health challenges.

Fueled by the science and mission of the Association, member CEOs take bold action to help create scalable solutions and systemic change for companies across the country, drive innovations in employee health through evidence-based interventions, and improve the lives of their nearly 10 million employees and family members. This includes taking comprehensive approaches to support employees mental health, through health promotion, prevention, screening, treatment and rehabilitation.

In this section, we include descriptions from 19 companies that showcase a wide range of implemented programs, policies and practices. The intent in sharing these examples is to spark ideas among other companies and provide examples of mental health support for employees.

Program Summaries

This report contains summaries describing the strategies incorporated by CEO Roundtable companies to support the mental health of their employees.

1. ADP
2. American Heart Association
3. Amgen
4. AT&T
5. Bank of America
6. Booz Allen Hamilton
7. Dignity Health
8. The Dow Chemical Company (Dow)
9. Express Scripts
10. Humana
11. Johnson & Johnson
12. Kaiser Permanente
13. KKR
14. Leo Burnett
15. Levi Strauss & Co.
16. Macy's, Inc.
17. Merck
18. Philips
19. Quest Diagnostics

For additional case studies on mental health programs in the workplace please refer to the American Psychiatric Association Foundation's Center for Workplace Mental Health.[154]

ADP

A more human resource.℠

At ADP, we are committed to helping people do their best work — not only for our clients and their businesses, but for our associates. As one of the world's largest providers of human capital management solutions, with over 58,000 associates worldwide, our purpose is to design products, services, and experiences that people love using every day. We are committed to the health and well-being of our associates, as they are the hearts and minds who help us fulfill our mission. We can't do what we do without them.

We foster a safe and positive work environment through our corporate policies. We also approach health comprehensively. When we think about the health of our associates, we consider all aspects of health, including mental health. As part of our comprehensive benefits package, associates have access to a range of mental health support services. At no cost, associates can receive counseling through our Employee Assistance Program or access resources available through our LifeCare referral service, our Voluntary Wellness Program, and our On-site Health and Wellness Centers. Our associates can seek mental health care through a choice of two leading health care provider networks under our medical plans. We've also expanded our telemedicine coverage to include virtual visits with behavioral health providers, making mental health care more affordable and convenient.

ADP also thinks about mental health in terms of how the organization can promote positive mental health and well-being for all associates. ADP provides an inclusive culture and nurtures an environment where well-being thrives. For example, many of our locations are equipped with on-site gyms, walking trails and offer on-site meditation services. We also support a broad range of Business Resource Groups which are voluntary groups of like-minded associates that enable them to connect with each other and participate together in associate and community engagement activities. Further, our senior leaders communicate with associates openly through leader blogs which provides a forum for associates to share and comment on matters important to them. Encouraging this open dialogue helps develop a workplace culture of health where associates feel comfortable talking with each other and with leadership about their well-being, including the support they may need in the workplace to foster their well-being.

The well-being of our associates has been a long-standing priority at ADP. In 1992, we established our first On-site Health and Wellness Center. Since then, we've expanded to twelve locations, each staffed by physicians and medical professionals who provide emergency and primary medical care and are able to refer associates to other care providers for mental health support. The staff further supports our associates with work accommodations to help manage stress and anxiety, even helping obtain an emotional support pet if needed.

ADP

A more human resource.℠

In recent years we've seen a rise in utilization for mental health related services in our health care plans and in our Employee Assistance Program (EAP). We recognize that our associates need support and in response, we are expanding our EAP to offer virtual counseling. In addition, we are partnering with our EAP vendor to develop mental health awareness programs for managers.

In addition, through our voluntary Wellness Program, we promote emotional and mental well-being by providing incentives for associates who talk with an EAP counselor or associates who complete a stress-less challenge which includes activities to help them build resiliency skills.

Our efforts to support associates' well-being continue to grow in response to our associates' health-related needs. For instance, to help combat family and financial stress, we're introducing a new backup child and adult care benefit and have expanded our paid parental leave program to offer associates more ways to balance their lives.

We strive to provide a supportive workplace for our associates that empowers them to be their best.

Carlos Rodriguez
President and CEO



American Heart Association

At the American Heart Association, the overall health and well-being of our employees and their families is our highest priority, so we can focus on what matters most — keeping people healthy around the globe. We also know that people who suffer from heart disease or stroke can also likely suffer from anxiety or depression, and it is important to understand that link so we can effectively educate and support the people we serve.

Research shows there could be physiological connections between mental health and heart health. The biological and chemical factors that trigger mental health issues can also influence heart disease. That's why weaving mental health awareness into the fabric of everything we do inside our organization is foundational. We care about our employees' overall health and well-being and we innately understand how devastating mental illness can be to people's everyday lives. We have many programs in place to help our employees tackle issues that negatively affect their mental health and provide support for diagnosed mental health disorders.

Promoting flexibility allows our employees to integrate their professional responsibilities with their personal goals and obligations to optimize their emotional and mental well-being. Many companies promise work-life satisfaction — we actively encourage it. And our mission-driven organization provides nearly 3,500 nationwide employees with a sense of purpose to help save lives.

Employees changing health needs and identifying when support may be needed is vital and we encourage continual listening to one another with the intention of understanding. Through the employee wellness program, a voluntary annual health survey asks employees about stress, depression, substance abuse, social engagement and overall employee attitudes toward their health. Feedback from this assessment is translated into recommended programs and activities to help promote mental and emotional well-being.

Staff are provided a variety of resources to help mitigate stress and develop resiliency skills. For example, coaching programs, including Stress Less, Meditation and Happiness, help manage stress and enhance everyday lifestyle. Suggested mood and stress impact activities are: try a new group activity, meditate daily, breathe deeply, write in a journal, talk to friends and family, do something creative or keep a mood diary.

For employees who may be experiencing personal and/or work-related challenges, we offer free and confidential short-term counseling, referrals and follow-up services through our Employee Assistance Program (EAP). The Personal Assistant component of our EAP helps employees research anything they need help with such as finding elder care options for their parents and in-laws. From 2016 to 2017, our EAP utilization rates of 5 percent - 9 percent continue to be higher than the national benchmark of 4 percent.

American Heart Association

Our medical plans offer the same level of benefit for mental health treatment as for medical/surgical treatments. And when our employees need interventions, we offer traumatic event group counseling, resources such as a grief counselor at the office to assist employees work through their feelings related to the passing of a co-worker, materials, professional guidance, and private/confidential, individual, couples or family counseling. If long-term counseling is needed, our medical coverage allows for inpatient/residential treatment or outpatient care.

As a future priority, the American Heart Association is implementing stand-alone health support services such as expanding our telehealth services to reduce barriers to access and make counseling services available to more employees virtually. We've expanded our employee resource groups ERGs, who come together based on shared life experiences to move our mission forward and give further meaning to their work.

We have also recently published a presidential advisory from the American Heart Association that identifies ideal brain health so that it can be measured, monitored and modified. Our work will include the emotional component of brain health as we explore the contribution of behavioral science to develop solutions people who are counting on us most. We will collaborate with other experts in the field to inform our approach.

What sets us apart is the fact that we're in the business of managing chronic disease – whether it's heart disease or a related condition. We don't shy away from health challenges. We embrace them. Most importantly, our employees know that they will be supported no matter what.

We are committed to support the overall health and well-being for our employees, their families and the people we serve around the world because we are a relentless force for a world of longer, healthier lives.

Nancy A Brown

Nancy Brown

Chief Executive Officer



Amgen

Amgen's Commitment to Mental Health
Amgen is committed to unlocking the potential of biology for patients suffering from serious illnesses by discovering, developing, manufacturing and delivering innovative human therapeutics. While we work to develop treatments to take care of others, we are also committed to taking care of the people contributing to these advances.
For example, Amgen offers its 12,000 staff in the U.S. and Puerto Rico a variety of programs that support mental health and well-being:

For example, Amgen offers its 12,000 staff in the U.S. and Puerto Rico a variety of programs that support mental health and well-being:

- **Employee Assistance Program:** This is an Amgen-sponsored benefit that connects staff members and their eligible dependents with effective and convenient care for their mental and emotional well-being. The program combines technology, research-backed therapeutic methods and top therapists to offer personalized care at no cost to the participant. The program provides access to certified counselors and coaches as needed. The services are delivered in different mediums (in-person, live video or self-guided) and sessions can begin almost immediately.

- **Meditation Program:** This program features meditations and teaches simple and effective tools for mindfulness at work and at home. The meditations are varied in topics and duration and are delivered in a "self-study" online medium, which allows staff to participate at a time that is most convenient.

We also offer our employees help in managing some of life's most stressful situations—from having a baby to caring for an elderly parent.

- **Cancer Support Resources:** A proprietary oncology resource guide, and other cancer support, is provided through our medical network. Amgen pays the full cost of this program.

- **Future Moms Program:** Personalized support from nurse coaches is provided to help expectant mothers through all stages of pregnancy.

- **College Coaching:** On-site seminars and personalized assistance are provided from former admissions officers who are available to assist staff members with questions related to financial aid applications, essay reviews and college savings.

- **Adoption Assistance Program:** Amgen reimburses eligible adoption expenses up to $4,000.

- **Elder Care:** Personalized support and resources are provided for staff members who care for an elderly family member. Some of the services provided include assessing appropriate housing options, discussing the benefits of engaging an elder care attorney, and evaluating available insurance options.

Amgen

- **Child Care:** Amgen provides discounts for staff members utilizing child care services at participating day care centers. Partially-subsidized, on-site child care is provided at our headquarters in Thousand Oaks, California and at our manufacturing facility in Puerto Rico.

- **Special Needs Program:** Amgen provides webinars and personalized assistance to staff with special needs children or children facing everyday issues such as bullying, drug use, etc.

- **New Mom's Return to Work Support:** In addition to the required nursing room space, Amgen provides fully equipped rooms with hospital grade pumps, drying racks, and supplies. For nursing mothers traveling for Amgen business, Amgen provides a breast milk shipment service.

Robert A. Bradway

Robert A. Bradway

Chairman and CEO



AT&T

AT&T is a modern media company.
We unite premium content, direct customer relationships, advertising technology and high-speed networks to deliver unique experiences to consumers and businesses of all sizes. We have about 270,000 employees across the US in functions ranging from corporate roles, data scientists, retail operations, technicians and call center representatives. Our major US locations include Dallas, Los Angeles, Atlanta, Chicago and New York City.

When it comes to our employees' mental health and well-being, AT&T's goal is to provide robust and well-rounded services through traditional benefits and our Your Health Matters (YHM) program. For example, we work to remove barriers that get in the way of access to quality care. We meet our employees "where they are" through a variety of channels: mobile app, website, text or telephone. And to contribute to the overall well-being of our employees, we are currently evaluating resiliency and stress management solutions to possibly complement our existing mental health support programs.

Overall Approach to Mental Health:

AT&T offers a variety of benefits and resources to help address life issues such as personal and family concerns, financial and legal issues, depression and other mental illnesses. The benefits and resources available to employees are accessible online or via telephone, and include:

- Mental Health/Substance Use Disorder Benefits
- Employee Assistance Program
- Work Life Services
- Well-Being Services

One example of our company's focus on mental health is our annual Stamp Out Stigma campaign. In 2018, the campaign was designed to educate employees to recognize and reduce the stigma surrounding mental illness and substance abuse. We encouraged them to take the pledge to Stamp Out Stigma, either online or in-person, and donated $1 to Mental Health America for every pledge collected. The campaign was promoted through storytelling on corporate communication channels and in-person by YHM champions in over 50 AT&T offices. By the campaign's end, we had collected over 11,250 employee pledges.

Besides our annual Stamp Out Stigma campaign, we also encourage supervisors to talk about AT&T's Employee Assistance Program (EAP). Our program administrator offers a specially trained team of EAP Consultants, called the Health and Performance Solutions (HPS) team, to assist supervisors with workplace issues or help employees develop strategies to resolve any issues they have. Supervisors may also contact HPS to request brochures or consultation on topics such as working with difficult people, coping with grief, excessive tardiness or absences, changes in personal hygiene, an inability to concentrate or other signs that raise concern.

AT&T's EAP, Mental Health (MH)/Substance Use Disorder (SUD) benefits work with other services to prevent, diagnose and treat issues related to mental illness. Each has received a minimum 90% satisfaction rating by our employees. One of our main goals is to have more

proactive depression screenings performed by our vendor partners and to continue working across the company to lessen the stigma around mental illness. These programs are designed to provide superior resources for employees' mental health concerns and to address issues that may impact work performance.

Our vendor partners offer effective and cost-efficient services with ample provider networks, including the development of a preferred provider network that allows members rapid access to high-quality providers. The programs are universally available to our employees, and we continue using data to evaluate them and find ways to help to identify employees who may be at risk and in need of behavioral health support.

Historically, one of the common concerns of our employees was that our providers were sometimes no-longer in-network or not accepting new patients. To address that, we collaborated with our vendor partners and developed the preferred provider network. The data so far is showing us that more members have seen a preferred provider and are satisfied with the level of care they received. Eliminating this barrier alone helps employees get the help they need. That was key for us.

Outcomes

AT&T continues to focus on increasing participation in the EAP program, with a goal of resolving more cases before transitioning to behavioral health benefits. In cases that require additional MH/SUD care, we continue to emphasize the value of using an in-network preferred provider.

Current participation in the employee assistance program is around 8%. Campaigns like Stamp Out Stigma help employees understand that mental illness is nothing to be ashamed of. In fact, we've had several employees offer their own video testimonials of the struggles they overcame, and how they utilized our resources to find the right level of care. These powerful personal stories are a very effective tool to engage other employees.

AT&T continues to explore how to better integrate and coordinate medical, behavioral health and well-being services. We believe it's important to look at the holistic well-being of an employee and strive to make our services and benefits easily accessible to employees, regardless of where they are in their search. We're also considering staffing our onsite health clinics with EAP counselors to proactively screen, counsel or refer members to in-network providers. And finally, we are working with digital solutions to help aid in assessing and triaging members. Our goal is to direct employees to the appropriate level of care, while using data to proactively reach out to those who may need mental health support.

Randall Stephenson

Randall Stephenson

Chairman and CEO



Bank of America

Supporting Mental Health and Resiliency is Important to Bank of America's Approach to Wellness

Overview

At Bank of America, our purpose is to help make financial lives better through the power of every connection. We deliver on that by driving responsible growth. What does that mean? First, we have to grow, and do it by serving our clients and managing risk well. It also means that our growth has to be sustainable. This means that we share our success, including through our Environment, Social, and Governance programs; that we continue to invest in our talent and capabilities by focusing on continuous improvement through operational excellence; and, third, that we focus on being a great place to work for our teammates.

Fundamental to being a great place to work is supporting employees' wellness across three areas – financial, physical and emotional. To do that, we offer programs and resources that include approaches to stress management, work-life challenges, and mental health care. We also offer assistance for life's major moments such as the birth of a child, the death of a loved one, retirement, and other milestones. This encompasses a number of programs, benefits, and resources, including:

- **Comprehensive wellness benefits and resources:** Bank of America provides a range of resources related to mental health, work-life challenges, and stress management:
  - **In-person and telephonic counseling** – Employees and their families can access six face-to-face counseling sessions per issue, plus unlimited telephonic support with a specialist, all at no cost to the employee, through our Employee Assistance Program.
  - **Work-life support** – Work and life benefits include back-up child and elder care, free financial counseling, tuition reimbursement and referrals for everyday needs. By addressing these stressors — big or small — these programs help support mental well-being.
  - **Return-to-work** – A physician and an administrator partner supports employees in a graduated return-to-work process.
- **Courageous conversations:** In an effort to address the stigma that can accompany discussions about mental health, senior leaders and employees across the company have engaged in conversations about the importance of well-being, and how to find support and resources. The discussions emphasize the importance of investing in employees' and communities' well-being. Leaders have shared personal stories of how they addressed challenges in their own lives.
- **Wellness communications:** To support the efforts around emotional wellness, we offer a series of articles and events for employees. In recognition of Mental Health Awareness Month in May, we shared messages with employees around the world about building resiliency, stress management, the importance of sleep, crisis prevention, and mental health care – all to create discussions accessible for employees at all levels. These conversations will continue into 2019 on topics including suicide prevention, mental health support for at risk populations like veterans and youth, support for victims of domestic violence, and substance use disorder and recovery awareness.

Bank of America

- **Focusing on managers:** Managers are the front line when it comes to staying in touch with our employees' wellness. Managers are equipped with programs and tools related to helping build resiliency. When employees have a major life event, we also have our Life Event Services team, which is a single point of contact and a trained, empathetic ear in times of crisis. This team brings resources to bear when teammates or their family experience tragedy, loss, or crisis.

Our focus is on how we support employees' physical, emotional and financial wellness. Each aspect of wellness contributes to the others. It is important to being a great place to work for our teammates.

Brian Moynihan

Chairman and CEO



Booz Allen Hamilton

Mental Health Program Summary: Booz Allen Hamilton

For more than 100 years, business, government and military leaders have turned to Booz Allen Hamilton to solve their most complex management and technology problems. We create value from tomorrow's technology today, applying a combination of consulting, analytics, digital solutions, engineering and cyber expertise. Headquartered in McLean, Virginia, our firm employs more than 25,000 people across the globe.

Mental health and emotional wellness are at the core of our people programs. Through leadership development that focuses on building up our people and health and wellness programs that empower, employees are provided with the tools to change the world. For those experiencing mental health conditions, we aim to provide personalized care, resources to reduce stress, and a compassionate support system to ensure they get the help they need. We focus on fostering holistic health and well-being. Our goal is to increase awareness about the importance of mental health, reduce stigma, and provide employees with the tools they need to improve their mental well-being.

To support our global workforce, we take a high-touch and high-tech approach to promote total physical, emotional, and financial wellness and reduce the stigma around mental health. Our PowerUP program, for example, provides opportunities throughout the year to practice healthy habits and build resilience. In addition, we have partnered with a resilience training website, MeQuilibrium, to provide online stress management and skills programs to all employees and their spouses/domestic partners, regardless of health care plan. Employees who participate in our annual emotional wellness challenge are rewarded with an $150 contribution to their HSA. In 2015, Booz Allen partnered with the Campaign to Change Direction (CCD), adopting resources from CCD's five signs of emotional suffering campaign. The campaign has created a c**ommon language for talking about mental health issues at the firm** and has reinforced an institutional culture that puts people's well-being at the center.

At the core of our business are our leadership philosophy, employee value proposition and purpose statement: "Empower People to Change the World." Our leadership philosophy commits leaders to revere our people, to be personally invested in their success and to provide them with a supportive culture to be themselves. When an employee experiences a mental health issue, their leadership team and the Booz Allen First Responders (HR community, Legal, Employee Relations, Security) make the biggest impact. That is why we dedicate time and resources to training to ensure that our leaders promote positive mental health. Leadership are educated on how to prevent unhealthy work behaviors that cause stress and how to spot warning signs of emotional suffering using the five signs. They are also equipped with effective practices to reintegrate and employ people who have experienced mental health problems.

Booz | Allen | Hamilton
100 YEARS

Booz Allen Hamilton

The most valuable resource for many employees is our Disabilities Accommodations Team (DAT). Employees may request assistance from DAT and be assigned a case manager to create a plan and arrange workplace accommodations that help them perform their work, while managing their mental health needs. Each plan is tailored to the employee's medical needs and designed to promote workplace success and productivity. In accordance with recommendations from a health care provider, as well as the desires of the individual, our accommodation specialists help implement workplace accommodations, ranging from equipment to flexible work schedules.

For the past two years, Booz Allen leaders, including our CEO and Chief People Officer, have sponsored and championed the Emotional Wellness Symposium. At the symposium, leaders, employees, and external experts share stories and resources on coping with mental and emotional challenges. As leaders model unflinching courage and talk about their own personal journeys with mental health, they set a tone for openness and understanding across the firm. Put simply, our leaders show that at Booz Allen we care about and empower one another.

The support we provide includes medical and specialist care. We provide 8 free counseling sessions per mental health event for employees and dependents, and expert advice through our EAP. Mental health services and medical coverage are included in our company health care plans. Additional online resources are available 24/7, such as meditation and mindfulness practices for stress reduction through Castlight and resources on dealing with life events through Lifeworks.

While promoting positive mental health is a good business practice (reduces health care costs and improves retention), we measure success by how healthy and empowered our people are. We believe we are making progress in destigmatizing mental health issues, as evidenced in the increased use and participation in our mental health programs. For example, we've seen an increase in the use of the EAP, and in 2017, employee inquiries about mental health resources more than doubled from the prior year to more than 16,000 inquiries by phone and online. We also expanded the range of wellness offerings from largely physical wellness programs to a variety of emotional wellness offerings such as yoga, meditation and the Emotional Wellness Symposium. These new offerings yielded an additional 1,000 employees engaged in mental and emotional wellness programming, with participation totaling approximately 37 percent of the workforce. Our leaders and managers have also reported an increase in conversations and inquiries about accommodations and mental health in general. We consider this increase a positive indicator that employees are seeking the assistance they need to improve their overall health through firm-provided resources.

Booz | Allen | Hamilton
100 YEARS

Booz Allen Hamilton

To sustain momentum, we've incorporated a mental health and emotional wellness training into our mandatory annual ethics and compliance training for all leaders.

We care about our employees and want to provide them with the resources they need to live their best lives. This is why we strive to increase awareness about the importance of mental health, reduce stigma, and provide employees with the tools they need to improve their mental well-being.

Horacio Rozanski

Horacio Rozanski

President and CEO



Dignity Health

Dignity Health is one of the nation's largest health systems with more than 400 care centers, including 41 hospitals, urgent and occupational care, imaging and surgery centers, home health, and primary care clinics in 22 states. Founded in 1986 by the Sisters of Mercy under the name Catholic Healthcare West, Dignity Health has more than 60,000 employees and 10,000 active physicians – all united by a mission to provide compassionate, high-quality, and affordable patient-centered care to all populations. We strive to keep our patients and staff members healthy and fulfilled through teamwork, innovation, strategic partnerships, faith, and compassion.

Delivering care to patients can be a rewarding and fulfilling career. For some, it is a higher calling to serve. But building healing connections with patients can also take an emotional toll on health caregivers. Practitioners can suffer from ongoing stress that comes with the responsibility of caring for other people's lives. At worst, this can have an impact for providers, resulting in industry-wide issues related to burnout. Research has shown that there are many factors that contribute to both physician and nurse fatigue. That is why Dignity Health works toward the overall well-being of our employees by promoting a culture of resilience and providing physical, mental and spiritual resources they need to feel safe, productive and valued. Over the years, Dignity Health has developed evidence-based interventions and engaged in partnerships that increase resilience and improve the overall well-being and satisfaction of employees.

Dignity Health understands that tackling burnout can't be a one-size-fits-all solution and must instead encompass a combination of interventions to address the unique needs of our individual care facilities and teams.

Most recently, in 2017, Dignity Health established an interdisciplinary resilience steering committee to help employees across the network acquire skills that can be applied – at work or at home – to improve resilience and their individual well-being. Based on research conducted in partnership with academic and social innovation organizations to explore the impact of compassion and kindness in health care, the committee developed a toolkit of evidence-based interventions. Programs in that toolkit include reflective pauses, peer support, and compassion skills training. We also leverage technology such as apps and online programs to scale these offerings across our broader employee network.

Dignity Health partners with Stanford Medicine's Center for Compassion and Altruism Research and Education (CCARE) program aims to cultivate compassion and promote altruism through science and research. An extensive scientific literature review sponsored by Dignity Health and conducted by CCARE found growing evidence that kindness holds the power to heal, and that when patients are treated with kindness, they experience better outcomes.

Dignity Health

Providers benefit from compassionate care, too, as evidenced by Dignity Health's mindfulness-based cognitive program for nurses. Our research and analytics team, along with experts from CCARE, worked with the staff to develop "mindfulness shift huddles," in which nurses perform a series of mindfulness exercises at the beginning of their shifts and agree on a phrase they can use throughout the day to reset when needed. Participating nurses reported improved communication and better handling of complicated situations with patients. The program is now being scaled and offered online for nurses at several of our facilities.

There is nothing more important than the well-being of those who are called to be caregivers. As the needs of our employees evolve, Dignity Health will continue to promote a culture of resilience and offer evidence-based strategies and resources to our employees and physicians. These individuals give so much of themselves and it is important that we address and are open about the strain they experience on a daily basis. After all, they are the key to delivering the highest standard of care to patients throughout our system.

Lloyd Dean
President/CEO



The Dow Chemical Company

Dow combines science and technology knowledge to develop premier materials science solutions that are essential to human progress. Dow's market-driven, industry-leading portfolio of advanced materials, industrial intermediates and plastics businesses deliver a broad range of differentiated technology-based products and solutions for customers in high-growth markets such as packaging, infrastructure, and consumer care. Dow employs approximately 37,000 manufacturing, research and development (R & D), commercial and support employees serving customers in more than 150 countries.

As a company that aspires to be the most innovative, customer-centric, inclusive and sustainable Materials Science company in the world, the mental and emotional well-being of employees is critical to Dow's success. This is because a work environment that enables employees to bring their best and whole self to work increases Dow's ability to collaborate creatively, work safely and act efficiently.

Dow treats mental health as one dimension of total health and creates a support structure for mental health, in parallel with creating support structures for the other dimensions of well-being (e.g., physical, intellectual, financial). Dow's approach to supporting the mental health of employees is comprehensive; yet, it continues to evolve as the organization learns more about the evolving needs of its employees, including changes to work and life stressors. For example, technology and globalization have led to increasing fatigue among employees. Several decades ago, fatigue was a mental health challenge reported mostly by shiftworkers. However, today fatigue is an issue Dow observes across its whole workforce. In response to this need, Dow now provides support to all employees to address fatigue.

Further, Dow has moved beyond singularly addressing "stress management" to addressing "total health." While Dow offers specific stress and resilience training, programs and communications, Dow, more importantly, focuses on providing broader "total health" support to address the underlying causes of stress. Total worker health strategies involve recognition, communication, health services, employee resource groups, mentoring, flexible work, and safe, appealing work environments. For example, Dow works actively with cross-functional teams to identify and address workplace stressors and reduce their impact on safety, employee satisfaction and company performance. At Dow, stress is not viewed or discussed as a personal weakness; it is readily accepted as a business imperative to help employees manage.

Dow's approach to address mental health involves being aware and inclusive of employee differences and taking understanding of those differences into consideration in the design and implementation of company policies and practices. For example, offering of programs like Dow's employee assistance program (EAP) is no longer a perk limited to some locations. Today, Dow's EAP is available to every employee and his or her dependents, globally. Globally, EAP utilization averages about 5 percent, which is consistent with market average. The design of global health programming has also changed. Twenty-five years ago, for example, Dow operated health promotion programs designed for the general U.S. workforce. Today, Dow creates and delivers its own health programming through a global lens. Dow's health promotion programming aims to address all dimensions of well-being and aims to customize its programming to its various employee subgroups. For example, Dow translates its health promotion programming into more than 10 languages.

The Dow Chemical Company

Specifically, for mental health, Dow has offered mental health-related support for employees for more than 30 years.

Key activities include:

- **A global healthy culture index, with an annual assessment and site-based action planning**
- **Diversity and Inclusion strategy and Chief Inclusion Officer**
- **Mental health parity in U.S. health care benefits**
- **Various leave options for stages of life or personal needs, in addition to traditional holiday and vacation programs**
- **Global substance use policy**
- **Active leadership and funding to help communities where we operate flourish**
- **Stress/resiliency and depression leader training**
- **Energy management and purpose programs**

In addition, since 2014, 5,000 employees participated in Dow's team-based stressor assessment and improvement program. Employees who have participated in this program report improvements in the workplace culture, regarding support for mental health and emotional well-being. In another example, users of a purpose app saw statistically significant improvements in outcomes such as presence, creativity, energy, willpower and personal, family and community alignment.

Dow regularly assesses the mental health needs of employees and evaluates the effectiveness of its approach to support employee mental health. For example, Dow's annual employee health exam and employee survey includes questions about stress and mental illness. Asking about these areas of health demonstrates to employees that Dow values mental health as much as it values the other dimensions of well-being. Results from these assessments indicate, consistently, 80% of employees do not perceive that work-related stress affects their ability to do job well. In addition, only 20% of employees feel they do not have energy for family, friends and activities at the end of a workday. Where available, we also monitor prevalence and direct health care costs associated with mental disorders. In general, our covered populations are at or below peer levels.

We are currently in the process of updating our mental health and emotional well-being approach (as part of our overall corporate well-being strategy) and increasing our efforts to reduce stigma related to mental health. Going forward, we will extend our efforts to create an amazing employee experience, to go beyond just removing stressors and toward a work experience where Dow people thrive.

Jim Fitterling

Chief Executive Officer



Express Scripts

Express Scripts is a health care opportunity company. Our legacy as an industry innovator provides us with the foresight to recognize potential where others see problems – potential for safer, more affordable care and better health for all. Every day, we actively expose opportunities to unlock new value through our specialized expertise, deep insights, active listening and meticulous data analysis. We take on the toughest challenges in health care wherever they arise, with unwavering focus and a tenacious determination that never fades. In working alongside our clients and partners, we continue to innovate and reach toward getting better, together by developing personalized solutions that make a meaningful difference for our 100 million members. At Express Scripts, we are "all in" for our patients, and that includes many of our 27,000 employees. In alignment with the national conversation surrounding mental health awareness, Express Scripts remains dedicated to providing resources and tools to educate our employees about mental illness in the workplace and beyond.

Overall Approach to Mental Health
This September, Express Scripts introduced #StampOutStigma, a campaign that is devoted to reducing the stigma surrounding mental illness. As an organization, #StampOutStigma represents our commitment to raising awareness about mental health issues and removing barriers to treatment for our employees. Over the past several months, Express Scripts has offered live, interactive webinars facilitated by GuidanceResources® behavioral health professionals, which allow employees to learn more about various mental health topics. By taking part in these webinars, our employees have come together to align our corporate values with our #StampOutStigma initiatives, further developing our culture of inclusion on behalf of those with mental illness.

Building a Culture that Supports Mental Health

To promote our #StampOutStigma webinar series, we leveraged our Recognition Rx program to incentivize employee participation. When an employee registers and attends any of the monthly webinars, s/he is entered into the webinar session's sweepstakes drawing. The winners of the drawing each month win 100 Award Points. Using these points, employees may purchase items from company's Recognition Rx store or provide donations to charitable organizations.

As a follow-up to the webinar, employees also have access to send #StampOutStigma cards to leaders and other employees, recognizing their contribution to "stamping out the stigma" of mental illness. These cards are used when a leader allows time for an employee to attend a training or a co-worker uses one of the toolkits on HR Express Way, leads a behavioral health conversation in a meeting or supports others during a difficult time. These #StampOutStigma cards connect awareness with gratitude, encouraging mutual respect and collaboration among co-workers.

Express Scripts

Mental Health Programming

In addition to the #StampOutStigma webinar series, Express Scripts provides employees with a "Mental Health Toolkit," which contains information to aid employees in becoming mental health advocates. These resources include checklists and research-driven insights about mental health issues, such as what to do if someone is contemplating suicide and the warning signs of depression. Furthermore, the GuidanceResources program offers all employees convenient access to confidential counseling. These counselors are certified health professionals available 24/7 to assist advocates and patients with strategies for managing and coping with mental illness. With our "Mental Health Toolkit," our guiding philosophy of being "all in" for patients informs our multi-faceted approach to employee well-being, reminding those with mental illness that help is always readily available and accessible.

Mental Health Programming Outcomes

Beyond metrics and data points, the real value of our #StampOutStigma campaign reveals itself in the community building that comes with awareness, as recently evidenced in one of our "Post Script" blog posts. The "Post Script" blog is an internal forum where our employees are invited to tell personal stories related to health care topics within the larger Express Scripts community. This November, one of our associates shared her ongoing journey with chronic mental illness. While describing her idyllic childhood, professional achievements and caring family, she also delved into the darkness of severe depression and the shame that often accompanies mental illness. With time, this associate courageously acknowledged her closeted condition and sought out strategies that have allowed her to move forward, understanding that the road to recovery is a lifelong journey. After reading her story, I was struck by the remarkable outpouring of positive support and sincere gratitude from fellow Express Scripts employees and co-workers in the comments section. Within the first day, the post had garnered more than 120 likes and 37 comments. Reading through these comments, I noticed how her courage became contagious, inspiring others to share their story, seek out help and create "a life to love." Following her example, Express Scripts will continue to raise awareness and reduce anxieties about mental health issues in the workplace and beyond.

Tim Wentworth
President and CEO



Humana

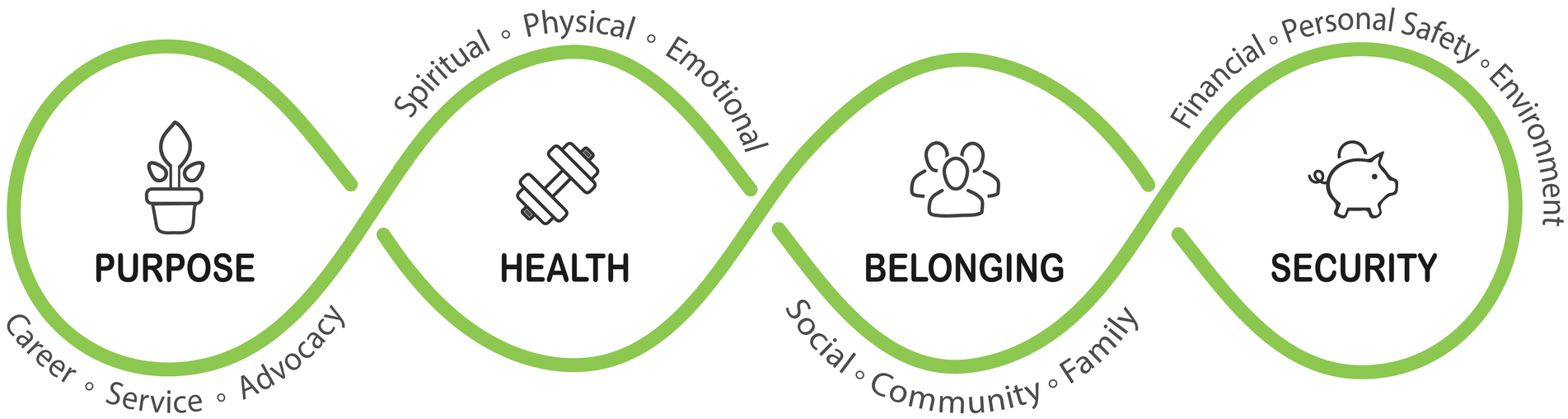
With a rich history in care delivery and health plan administration, Humana is creating a new kind of integrated care with the power to improve health and well-being and lower costs. The company's 42,000 employees are in nearly every state plus Puerto Rico, with roughly one quarter of them in clinical care roles.

Humana's approach to mental health is holistic, fitting with a commitment to whole-person well-being. The focus is on building emotional health and resilience, creating an environment for honest, open dialogue and when life becomes too difficult, EAP/Work-Life, financial assistance, and behavioral health support are available.

Humana's approach to employee mental/emotional health and well-being

Using Humana's holistic well-being model as an underpinning, the company first understands employees' needs and positive practices and then delivers simple, integrated experiences to help improve well-being across multiple life dimensions:

- **Purpose:** Inspiration leading to meaningful activities that bring joy, including one's job
- **Health:** Having the physical, emotional and spiritual energy and desire to thrive every day.
- **Belonging:** Personal relationships and connections within communities.
- **Security:** Feeling safe and protected, including financially.



The Humana Well-being Model

This broad spectrum of care helps to address social determinants that impede mental health, such as social isolation, economic insecurities and disengagement in one's work. Emotional health programs, experts and practices are made available to all employees. In addition, caring leadership create opportunities for discussion and shared support, and behavioral health services are integrated into benefits. When resilience resources are not enough, targeted interventions are used.

Humana

Building a culture that supports employee well-being

Humana's culture impacts employees' emotional well-being by nurturing their relationships with leaders and teammates. Leaders are expected to create meaningful experiences by showing simple acts of support and encouragement. For example, listening with empathy and showing compassion elevates employees' experiences at work. Leaders are provided guidance and coaching to help them interact with their teams in this way. Emotional well-being outcomes, such as perceived stress or Mentally Unhealthy Days, are part of the digital dashboard used by leaders and teams to set improvement goals across all well-being dimensions and continue shared progress.

In addition, Humana launched a series of conversations and exercises for all employees. Developed by a behavioral expert, these interactive team experiences are designed to promote optimism, build resilience, and reduce stress.

As a result, safe and open conversations about needs and values are now a more normal part of the workplace. This sharing of feelings has increased empathy and trust and enhanced the perception of teammates as a source of support. This care and attention to emotional well-being makes all the difference to employees. Collective well-being has measurably improved in many ways with employees happier, healthier, more resilient and more engaged in their work.

Experiences and resources for employee emotional well-being

Humana utilizes internal and external best-in-class practices to deliver measurable results. Services are tailored to population needs and geography, with an emphasis on creating simple and meaningful experiences. With Humana's multi-dimensional well-being model, emotional health and resilience are an essential focus for the culture and leadership. Care and support address the breadth of emotional needs. For example, webinars are available to increase awareness of the signs and symptoms of substance use disorders and offer guidance on what employees can do if they, a family member, or a friend has a substance use disorder/problem. They also showcase how EAP can help reduce the impact of mental health disorders, workplace stress and other work/life issues. EAP behavioral health counselors are embedded within Humana's onsite health and well-being centers as part of integrated employee care. Behavioral health services are provided for those enrolled in benefits and targeted interventions are made with people struggling or when trauma is too difficult to address through available resilience resources.

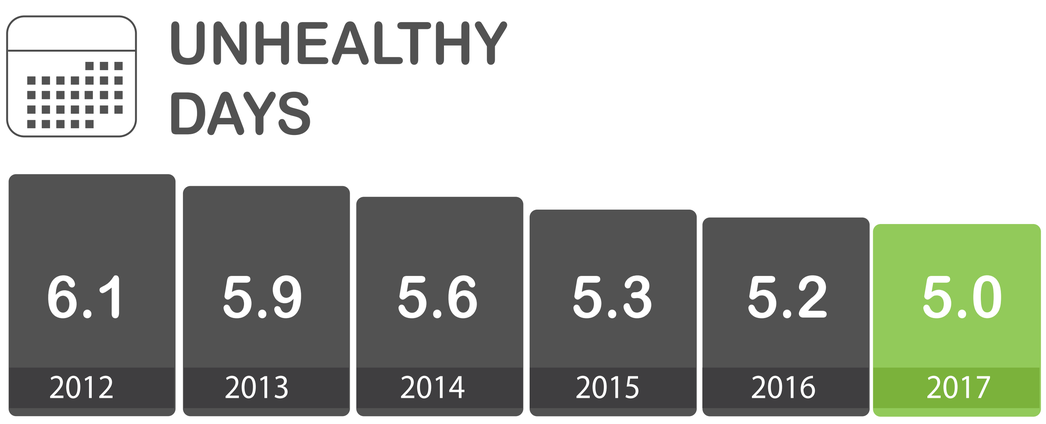
There's also substantial support for employees caring for or affected by family members, co-workers, or friends struggling with substance abuse. The EAP/Work-Life team can assess and locate support including substance abuse treatment services, after-care services such as transitional/halfway houses or sober living programs, and support groups for those recovering from substance abuse issues or those affected by a loved one's substance abuse.

Humana

Humana

Well-being outcomes for the Humana employee population

In 2014, Humana set a Bold Goal to improve the health of every community served by 20% by the year 2020. The primary measurement for Bold Goal community health improvement is Healthy Days, a measure developed by the CDC that includes the combined total of physical and mental unhealthy days. By the end of 2017, employees' health had improved 18%. These gains amount to over 1.8 million more Healthy Days than they would have otherwise experienced at baseline. In 2018, Unhealthy Days per month continues to trend down, and in Q2, reached a full 20% improvement, at 4.9 Unhealthy Days/month.



In 2017, 85.4% of employees reported their leaders care about their well-being. Further, teams who have a high sense of belonging – empathy and compassion for each other – experienced 6 times fewer Mentally Unhealthy Days. Recent measurable results signal continued positive progress:

- **Overall well-being across the four dimensions has improved over 25% since 2013**
- **Mental Unhealthy Days have improved 9% over the past 5 years.**
- **In 2018, a 19% YOY decline was observed in the number of employees reporting elevated levels of perceived stress (7 or above on a 10 point scale, according to the American Psychological Association).**
- **EAP/Work-Life services utilization by Humana employees (strongly promoted and integrated) is at an annualized rate of20%. That's more than two times the level of utilization reported by National Business Group on Health members (surveyed in 2018) and over 4 times above the national average which is usually reported between 2-5%.**

Humana's holistic approach addresses mental health within the context of whole-person well-being. This approach has facilitated building a culture that fosters emotional well-being and has supported health outcome improvements among the workforce, including a notable decline in mentally unhealthy days. To continue improving the workplace culture and achieve additional health outcome improvements, Humana will continue supporting employee's overall well-being across multiple life dimensions: purpose, health, belonging and security.

Bruce Broussard

Bruce Broussard

President and CEO



Johnson & Johnson

“There is so much more to be done; the patients are waiting.”

That famous quote from Dr. Paul Janssen is very meaningful to us at Johnson & Johnson because it embodies our determination to find solutions to persistent public health issues, and specifically, mental health.

We believe good health is the foundation of vibrant lives, thriving communities and forward progress. That’s why for more than 130 years, we have aimed to keep people well at every age and stage of life. Every day, our more than 130,000 employees across the world are blending heart, science and ingenuity to profoundly change the trajectory of health for humanity.

At Johnson & Johnson, we believe in looking at health holistically: physical, mental and emotional health are inexorably linked. We continue to foster and grow an inclusive and understanding culture that destigmatizes mental health issues and provides the resources to support our employees in bringing their wholes selves to work. As an active leader in global mental health advocacy, we support mental health within our workforce through strong leadership, compassionate culture and innovative technologies. New approaches are evaluated using continuous measurement to understand employee needs and impact.

Strong Leadership

J&J’s CEO, senior executives, and managers have committed to raising awareness and proactively addressing mental health in the workplace. Our employee health goals are publicly reported and our leaders have shared accountability for those goals. Leaders not only regularly communicate the progress toward our health goals and emphasize employee resources at company events and business town halls, but many leaders often share personal stories to help raise awareness and contribute to building a safe and inclusive culture. This provides a foundation and guide for all the company’s mental health efforts – consistent with the company’s overall focus on every employee being their personal best, in all dimensions of health.

Compassionate Culture

Johnson & Johnson provides a work environment, culture and programs that support an integrated approach to health that addresses three pillars -Healthy Eating, Healthy Movement, and Healthy Mind.

Johnson & Johnson

Within the Healthy Mind pillar, we have implemented a Healthy Mind policy, which is designed to:

- Educate and engage employees and families on the importance of mental well-being
- Conduct a periodic review of, and ensure compliance with, regional/local regulatory requirements related to mental well-being
- Regularly conduct a workplace risk analysis of key elements impacting mental well-being, and develop action plans to address identified risks
- Provide awareness training for managers and employees on resources available and how to reduce the stigma related to mental health
- Provide employees access to resources and programs on mental well-being (including stress management, resiliency, energy management, and work-life effectiveness)
- Provide and promote an Employee Assistance Program (EAP) to employees and families
- Provide individual and organizational support during critical incidents
- Report and provide data annually on EAP utilization and effectiveness

Innovative Technologies

We continue to offer new services, based on emerging trends. For example, we provide computer-based mental health training and a mobile app that teaches resiliency and self-stress management techniques.

In April 2017, the Mental Health Diplomats employee resource group was formed. This group of 600+ passionate employees in 21 countries worldwide have a common interest in raising awareness of mental health in the workplace, providing resources to educate and support employees coping with mental illness and ultimately fostering a culture of inclusion at J&J by helping to remove the stigma often associated with mental health. Recently, this group mobilized 80+ global J&J sites to share their resources on World Mental Health Day. Sites across the globe held interactive activities, speaker forums, and lunch & learns, while also promoting via posters, videos and through our internal social newsfeed.

Measuring Outcomes

J&J not only invests in well-designed and well-executed employee health and well-being programs, but also spends money to evaluate program outcomes across multiple dimensions that included health risks and financial returns.

Our programs have been verified externally to show a proven return on investment as well as demonstrate strong links to improved market performance. This value has been realized via decreased health care costs, lower absenteeism, increased employee engagement and productivity.

Johnson & Johnson

We offer behavioral health programs as part of our medical plan. These programs are universally-targeted, and the services are available 24/7/365. To measure the effectiveness of these services, we work with Aetna to employ specific quality metrics and identify complex clinical management cases as early as possible. For example, in 2017 we saw a positive trend in accurately identifying behavioral health comorbidities during the initial case manager contact. On average, we expect to see 25% of a population with behavioral health comorbidities. Of the 8,284 Johnson & Johnson members who sought care using Aetna, 22% were accurately identified with a behavioral health comorbidity, therefore we identified 88% of the potential cases upon first interaction.

We are dedicated to continuous measurement and improvement by reviewing utilization of the mental health program and EAP. Some recent outcomes from this approach include: appropriate behavioral health diagnosis and improved worker health.

J&J supports the mental health of its global workforce through strong leadership, compassionate culture, and innovative technologies. In addition, J&J recognizes the importance of continuously assessing the effectiveness of efforts to ensure that programs are providing benefit and that all aspects of employee health, including mental health, are addressed holistically.



Alex Gorsky

Chairman and CEO



Kaiser Permanente

As a leader in total health, Kaiser Permanente understands the importance of supporting the mental health and wellness of our employees and physicians to inspire, encourage, and motivate them to live healthier lives, ensuring that they continue to thrive and provide high-quality care and service to our members.

Our workforce well-being model – a multi-function approach that integrates the total health experience of mental health and wellness, physical health and safety, career and financial wellness, healthy relationships, and community involvement – is foundational to how we support our employees' overall health, ensuring they have access to the help they need, when and where they need it. We apply a model for mental health and wellness based on evidence of what works, measurable outcomes, integration of emerging technologies, and breaking barriers caused by stigmas.

Don Mordecai, M.D., Kaiser Permanente's National Leader for Mental Health and Wellness, suggests that it's important for all of us to learn behavioral signs indicating a person may be at risk, how to discuss depression and suicidal thoughts, and what to do if someone tells you they need help. We must build a culture that supports a stigma-free environment, where employees feel safe to openly talk about mental health and wellness, and where our workplace encourages more dialogue and provides support for those who are reaching out for help.

In 2016, Kaiser Permanente embarked on a focused effort to address stigma around mental health conditions. Through our public health awareness campaign, "Find Your Words," we educate and encourage everyone to speak up about their mental health needs, and access resources and support. We have showcased those resources internally and encourage our leaders, managers and supervisors to share personal stories about their own mental health and wellness, modeling resilience, vulnerability and authenticity to help spread the message that our mental health matters and should be regarded as a vital part of our total health. These stories have proven to be a powerful way to help end the stigma around mental health and wellness, raise awareness and spread hope.

We regularly promote our Employee Assistance Program (EAP) for anyone who is facing mental health issues. The EAP licensed therapists meet our employees and their dependents "where they are," providing initial counseling, supporting self-care, and making referrals. EAP also provides immediate response to critical incidents in the workplace. Almost all Kaiser Permanente employees are also KP Health Plan members and can access the full range of clinical offerings, including providing easy-to-access resources and services that supports our employees' ability to lead resilient, mentally healthy and meaningful lives.

Kaiser Permanente

Kaiser Permanente utilizes an annual employee survey and workforce health data to guide our work and meet the mental health and wellness needs of our growing and evolving employee population; feedback from the survey helps to inform strategy and development of future programs. The survey includes 5 questions specific to a culture of health and well-being (Culture of Health Index), such as leadership role modeling, direct supervisor support of health and well-being and organizational support in creating supportive work environments. This index shows a specific correlation between Kaiser Permanente having a strong culture of health and well-being and our organizational outcomes, such as improved attendance and reduced workplace injury.

To help our workforce manage stress, build resilience, practice mindfulness and gratitude, promote respect and kindness, and find joy and meaning in their lives, we provide programs and activities – such as Kaiser Permanente's Healthy Workplace Activities Policy, One-Moment Meditation, Gratitude Trees, our Pathways to Happiness trainings, and Health and Happiness for the Holidays campaign. These programs help to engage employees in creating a supportive and safe, stigma-free environment. Web-based education on various mental health and wellness topics are available to our workforce year-round, including trainings geared toward leadership, managers, and supervisors on how to build a culture of health and well-being for their teams.

Future efforts include the implementation of a new online mental health and wellness training for employees, managers, and supervisors, to learn how to identify the signs and symptoms of mental health conditions and be able to assist someone – a co-worker, colleague, or loved one – in need. Our goal is that 100% of our workforce receives mental health training within the next three years.

Kaiser Permanente is committed to continue creating a stigma-free workplace, where support for and awareness of mental health is high, where education and resources are easily accessible, and where employees feel safe to seek the help they need.

Bernard J. Tyson
Chairman and CEO



KKR

KKR is a leading global investment firm that manages multiple alternative asset classes, including private equity, energy, infrastructure, real estate and credit, with strategic partners that manage hedge funds. KKR employs approximately 1,200 employees with offices in 21 cities in 15 countries across four continents.

KKR's wellness strategy is designed to help employees proactively manage their health goals from both a physical and mental well-being perspective. KKR recognizes that mental well-being is a foundational part of an impactful wellness program given how important it is for employees to have the skills to adopt and maintain healthy behaviors in their work and personal lives.

The firm continues to evolve health and wellness programming to foster a workplace that promotes inclusion and diversity, generates engagement in the consumption of benefit plans, and ensures employees and their families are supported across a spectrum of work-life challenges that can generate daily anxieties and stressors that impact employee health and productivity.

As an organization that values its people, KKR supports the mental and emotional well-being of each employee. While physical well-being is important, addressing mental health is equally paramount to ensuring our employees' overall health and wellness. The firm has committed to investing in enhanced behavioral support programs, reviewing opportunities for improved manager/employee training around mental health management, and continuing to build a work environment where diversity and inclusion is prioritized.

We believe that by speaking openly about mental health within our workplace, while offering employees more resources to proactively manage their own mental well-being, as well as providing training and development opportunities such as unconscious bias training, we will build a more resilient and productive workplace.

KKR is currently evaluating the Mental Health First Aid training program, organized by the national Council for Behavioral Health and the Missouri Department of Mental Health. The program encourages optimal support between managers and employees by training managers to recognize the signs of mental health issues and to properly articulate and provide support to employees working through mental well-being concerns.

In 2018, KKR developed a global thematic calendar with each month speaking to a different dimension of the KKR Experience. The KKR Experience encompasses four dimensions: Values and Environment, which underpin all we do; Core Business, in which we produce exceptional results; Career Development, to ensure employees thrive; and Citizenship, to support people and communities. August focused on mental well-being and in 2018, KKR launched a partnership with Spring Health to provide all U.S. employees with an enhanced digital mental well-being resource.

As part of the launch of the Spring Health partnership, senior leadership sent a kick-off message to employees highlighting how support of mental and emotional well-being is a critical part of the firm's overarching benefits and wellness strategy. This leadership message laid the foundation for follow-up messaging as part of the Spring Health program.

KKR

KKR

In addition, KKR leveraged its weekly internal newsletter, which is distributed to all employees globally, to feature five senior executives and their personal stories/best practices on how they manage their own mental well-being. The examples ranged from the practice of Transcendental Meditation to spending time with their daughter to recalibrate and ground themselves after a frenetic day in the office. We also leveraged the firm's intranet site to post (during the month of August) twice-a-week tips, ranging from decluttering your desk/home to disconnecting from technology. Through these communication challenges we also conducted employee giveaways to Headspace subscriptions, Marie Kondo's book on decluttering, and a Muse headband.

The Spring Health program was launched because KKR felt it was important to invest in an enhanced behavioral health program that improved employee engagement in accessing mental health support. KKR also wanted to offer employees programming that addressed the limitations of most insurer-provided Employee Assistance Programs (EAPs). Using the national average 3% participation rate for EAPs for comparison, with less than 5 months since the implementation of Spring Health, KKR had 10% of eligible employees access the platform, 75% of those employees complete a mental health assessment, and 50% engage with a mental health provider, indicating a successful implementation and engagement of employees in their health.

While the impact on employee health hasn't been measured yet, KKR believes that continuing to remove barriers to care and closing gaps in health care coverage is an integral part of our health and well-being strategy – from that standpoint, the value on the investment (VOI) is more meaningful than attempting to measure the return on investment (ROI) on every dollar spent to potentially avoid future health care costs, because our strategies help employees be more present and productive, today. Being able to appropriately quantify the costs of improved mental health is both challenging and secondary to our focus on being a workplace that recognizes and supports employees.

Given the early stages of the Spring Health program, KKR believes that initiating the conversation around mental well-being in a way that is transparent and supported by enhanced access to care, is the start of a process to further evolving the culture of health at the firm.

While the focus has been on the U.S., additional resources will be made available globally. In addition, KKR will continue to focus on other means of supporting mental well-being through ongoing executive wellness coaching for key talent as well as making other means of mindfulness and meditation more readily available/financially sponsored for all employees, again focusing on the removal of barriers to engagement across all levels, titles and business units at the firm.

Henry Kravis
Co-Chairman and Co-CEO



Leo Burnett

Leo Burnett is a North America-based creative solutions company founded on the idea that "what helps people helps business." By solving human problems with the power of creativity, Leo Burnett delivers value for people and prosperity for brands.

Leo Burnett recognizes the correlation between the demands of a client-service oriented workplace and the mental health and wellbeing of our over 1100 employees. We strive to foster a culture of flexibility and inclusivity that empowers employees to live balanced and full lives.

Overall Approach to Mental Health

The agency provides a wide range of services and resources to employees to encourage the holistic health of individuals and families.
In addition to providing comprehensive insurance to employees and their families across several plan options, Leo Burnett offers access to several no-cost resources:

- Workplace Solutions, offering employees support and guidance in the form of consultations and referrals to address life challenges, including those most closely correlated to mental health—stress, anxiety, depression, addiction, and more;
- Health Advocate, which assists employees in navigating the insurance benefits world, from finding specific medical providers in network, to helping break down the potential costs of enrollment plans;
- Employee Assistance Program, a voluntary and anonymous service that helps employees identify resources and support systems to suit their particular needs; and
- Rethink, a scalable wellness program and elearning support system for parents who have children with developmental disabilities; and more.

In addition, short-term disability coverage is provided to employees at no cost, allowing employees eligibility for 100% pay when they need to be medically out of the office, whether for physical or mental health. Leo Burnett is also proud to offer flexible vacation days and an optional work-from-home policy which encourages a healthy work-life balance by granting employees the ability to responsibly manage their work in a way that also services the demands of their personal lives.

The practice of mindfulness has become a core feature of our agency culture, and a growing body of research shows that that mindfulness-based interventions can be effective in the prevention and management of mental and physical health issues.

Last year, Leo Burnett North America CEO Andrew Swinand introduced "Conscious Leadership" to his senior team, inviting leaders to help create a culture of accountability, trust, and respectful candor where collaboration and creativity could flourish. Shared from the top down, conscious leadership practices have led to the development of meditation classes and a speaker series focused on mental well-being.

Leo Burnett

This year, the agency unveiled a new internal communications campaign, “Create Greater Than,” designed to encourage an empathetic and inclusive culture. Leo Burnett also utilizes a digital platform called Tiny Pulse to promote constructive communication between agency employees and the leadership team. Employees can, and do, leverage the platform to share positive feedback and appreciation with their peers.

Leo Burnett seeks to provide health and wellbeing programs that are as diverse as our employees. Our Employee Resource Groups (ERGs) support specific employee populations—women, parents, LGBTQ+, veterans, multicultural, and more—through targeted programming and live events.

To ensure a safe and respectful workplace, Leo Burnett hosts trainings and workshops throughout the year in multiple formats—including a mandatory harassment training, a three-day 4A's Workplace Enlightenment Certification® Workshop, and a day-long Unconscious Bias training program.

To address issues of stress and provide employees with positive social outlets, the agency sponsors involvement in extracurricular sports teams, and provides multiple opportunities to participate in community service initiatives benefiting Chicago’s Off the Street Club and Ronald McDonald House.All employees are encouraged to join the employee-only Revisions gym and fitness center, which also offers on-going health screenings, wellness seminars and more.

Leo Burnett has high participation rates across its insurance plans, as well as supplemental programming.

- Approximately 40% of Leo Burnett employees are active across the agency’s ERGs.
- Approximately 950 employees hold membership with the Revisions gym and fitness center
- Across its first three Mindful Morning sessions, the agency attracted 150 employee participants.

A significant percentage of Leo Burnett employees takes advantage of the company’s comprehensive insurance offerings. Many of the supplemental and auxiliary resources are available at employees’ discretion and/or anonymous, so the agency does not necessarily track or gather data on their involvement.
The agency continues to expand its programs and offerings on mindfulness and awareness. In 2019, the agency will providing a portion of the employee population with access to the Life XT Habit System, designed to help users cultivate mindful habits through everyday moments. Further, Leo Burnett will participate in a research project with the American Heart Association designed to evaluate the effect of the Life XT program on employee resilience, mindfulness and well-being.

Andrew Swinand
CEO, Leo Burnett Group



Levi Strauss & Co.

LS&Co. has 13,800 global employees based in the Americas, Europe and Asia. A history of responsible business practices, rooted in our core values, has helped us build our brands and engender consumer trust around the world.

We take a holistic view of an individual's well-being. The mental health of employees is considered within the broader context of well-being, for example. Programs are designed to support employees in addressing essential aspects of life, through a wide range of mental health programs and resources. Integration of health metrics drives our wellness strategy, allowing us to enhance programs based on what we are learning.

To support the mental health of our employees, our goal is to remove barriers and reduce stigma for employees reaching out for mental health services. We do this in several ways:

- **Outreach** Globally placed Wellness Champions allow us to understand geographically- based well-being challenges.
- **Coaching** Our Human Performance program offers free coaching in areas of health, including but not limited to physical fitness and financial health.
- **Support** Employee Resource Groups foster peer-to-peer connections, which helps to develop a supportive work environment.

Awareness = Change
Our newest strategy supports the mental health of employees in emergency situations. Recognizing the importance of addressing access-to-support in emergency situations, in 2017 we embedded Global Employee Assistance Program (EAP) information into our security protocols. When incidences occur, security can determine physical safety and then immediately connect affected employees to the next level of care and psychological support through the Global EAP resource.

This approach helps us deliver quality programs encouraging meaningful, long-term change and improved outcomes for employees. In 2018, our efforts were recognized by One Mind at Work when Levi Strauss & Co. was the inaugural recipient of the Salus Award for Workplace Mental Health. This was presented for “excellence in workplace mental health and outstanding leadership, with executives that deeply care for their own workers and the communities in which they operate." Levi Strauss & Co. is proud of how it supports the mental health and overall well-being of its employees and will continue to provide support in response to its employees’ diverse and ever-evolving well-being needs.

Chip Bergh
President and CEO



Macy's, Inc.

Macy's, Inc. is one of the nation's premier retailers. With approximately 130,000 employees, the company operates approximately 690 department stores under the nameplates Macy's and Bloomingdale's, and more than 170 specialty stores that include Bloomingdale's The Outlet, Bluemercury, Macy's Backstage and STORY. Macy's, Inc. operates stores in 44 states, the District of Columbia, Guam and Puerto Rico, as well as macys.com, bloomingdales.com and bluemercury.com.

At Macy's, Inc., every colleague plays a role in our success. We strive to build a culture that educates, engages and empowers our colleagues to reach their optimum individual well-being, which includes support for mental health.

- **Employee Assistance Program (EAP):** All colleagues who work an average of 20 hours per week or more, as well as anyone in their household, have access to a confidential EAP. Colleagues can receive five counseling sessions at no cost, including a video-based telehealth option. An EAP counselor is available to listen, help assess the situation, and recommend appropriate resources or treatment options.
- **Employee Resource Groups (ERGs):** More than 4,000 Macy's colleagues support nearly 50 ERG communities at Macy's. Their many successes include driving our national "Can We Talk?" program on cultural and social issues, promoting career development, and building team resilience. We've held "Can We Talk?" events around topics including Black Lives Matter and Being Muslim in America.
- **Mental Health Benefits:** Colleagues enrolled in a company-sponsored health plan have access to an array of mental health benefits. Coverage varies by plan.
- **Meditation:** After a successful pilot in select locations, we are partnering with Journey Meditation to offer a 13-week stress management and mental well-being meditation program in multiple locations across the country.
- **Flexible Work:** We know our colleagues value work/life balance and we're pleased to offer flexible schedules for many positions. For example, colleagues working in our stores and distribution centers have direct access to their schedule and can select when they want to swap or pick up additional shifts.
- **Paid Parental Leave:** Welcoming a new family member is a special experience and we're proud to offer paid parental leave to give our salaried colleagues time to warmly welcome their newest family member.
- **Onsite Health Coach:** Colleagues at our Customer & Credit Services location in Cincinnati have access to a full-time, on-site Health Coach to help them attain their individual health goals.

Through these resources and services, Macy's, Inc. aims to support colleagues' overall well-being, including their mental health.

Jeff Gennette
Chairman and CEO

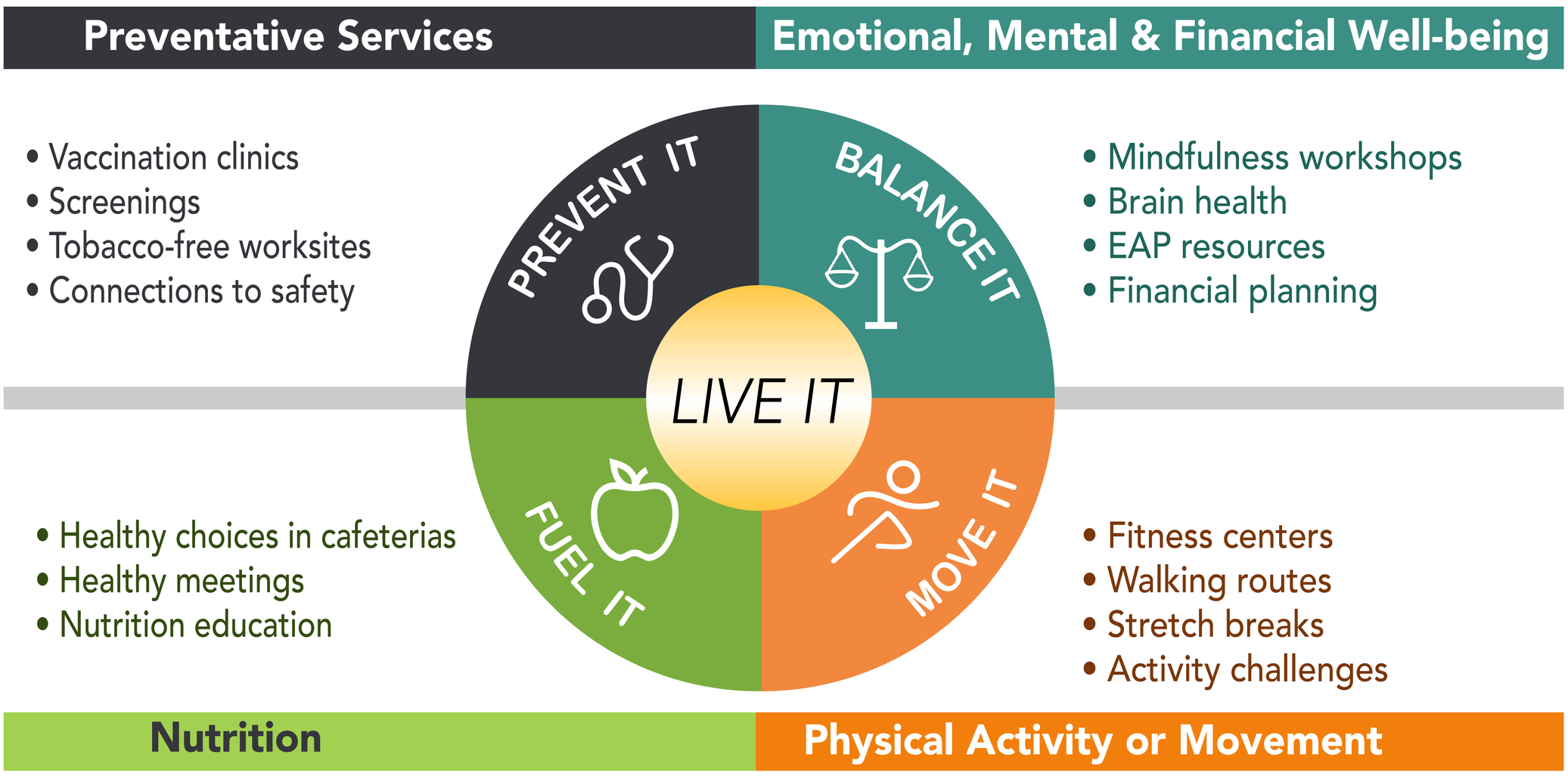


Merck

Merck is a global biopharmaceutical company inspired by a shared vision and mission to save and improve lives. This commitment extends to our employees. LIVE IT is our holistic approach to well-being designed by and for employees and their families to be healthier and more productive, both professionally and personally. LIVE IT includes four components: 1) preventive services within PREVENT IT; 2) emotional, mental and financial health within BALANCE IT; 3) physical activity/movement within MOVE IT and 4) nutrition within FUEL IT. LIVE IT serves as a call to action to our employees for enhancing physical, emotional and financial health. Within the framework of LIVE IT, the components are flexible to allow for employee needs and cultural nuances. At Merck, we're not just Inventing for Life, we LIVE IT.

Merck has approximately 69,000 employees worldwide. About 35% are located in the United States, of which 83% are located in U.S.-based worksites. Our company has presence in more than 80 countries and operates in 140 countries.

LIVE IT – A Holistic Approach to Well-being Designed by and for Merck Employees and Their Families



At Merck, we address mental health through the LIVE IT BALANCE IT component. Results from our annual Personal Health Assessment in the U.S. and biennial Global Employee Voice Survey demonstrate that stress is a common issue among our employees. Over 40% of U.S.-based employees surveyed identified stress as a top health issue. Despite the fact that this percentage is close to benchmark, we recognize the importance of supporting well-being as it relates to stress and resiliency.

Merck

We developed a global strategy to ensure that the majority of our employees had access to resources to address mental health regardless of which country they work. We recognized the opportunity to introduce a Global Employee Assistance Program (EAP) to support employees experiencing stress and the stigma associated with mental health issues.

In April 2016, we launched Resources for Living, a Global EAP and Work-Life Program to employees and their family members in 83 countries and in 23 languages. Significant resources were dedicated to ensure effective program promotion and awareness. The EAP consists of four key services:

- **In-the-moment telephone support for daily relationship challenges, work issues and everyday stress.**
- **Professional counseling sessions for personal, family or emotional issues (telephone, face-to-face, or video sessions).**
- **Work-life services for everyday help and everyday needs, such as finding assisted living for aging parent or support with child care services.**
- **Crisis support for unanticipated events.**

To ensure a seamless user experience, EAP counselors were trained on the portfolio of our employee benefits so members could be referred to relevant services when needed, such as personalized health coaching, health advocacy and provider referrals.

This program expanded EAP coverage from 15 to 83 countries, with greater consistency in program governance and administration. Post-launch, the global utilization rate exceeded benchmarks provided by our Global EAP. Assessment of the Global EAP services showed that the U.S., Canada, France, Germany, Australia, the UK and Turkey had the highest utilization rates. The most common mental health services requested were in response to personal stress, anxiety/depression, and workplace stress and workplace performance issues.

Building a Culture that Supports Mental Health

To help expand and extend mental health services across our population, we offer web access to a variety of services. Digital mindfulness exercises, stress reduction techniques, cognitive behavioral therapy, behavioral activation and motivational interviewing are examples. The EAP website offers a diverse range of tools and resources on behavioral health and work-life balance topics. Endorsement of employee emotional well-being from leadership helped to reduce the stigma associated with using these services. Local management ensured that cultural awareness was incorporated into the program promotion.

In an effort to raise awareness of mental health and reduce the stigma often associated with it, our Cramlington UK site took the initiative to train a mixed team of 24 Mental Health First Aiders through a two-day course at the end of 2015. People managers were also provided and encouraged to complete a two-hour awareness training.

Merck

Senior leadership was a strong supporter of this training experience. The mental health first aid training spread to the remaining four UK sites and has become a country wide initiative managed completely by employee volunteers.

In the U.S. we are taking learnings from our UK colleagues to implement mental health first aid training to employee volunteer 'ambassadors'. This began with a two-hour mental health first aid course held in our corporate headquarters earlier this year. The mental health first aid course provides the type of training needed to assist someone experiencing a mental health crisis. In this two-hour training session focused on anxiety and depression, the employees learn what it is, how it is treated and how they can help someone in need. Over 30 employees were trained. These employees will become our first task force ambassadors with the vision to: create a work environment that has an inclusive and supportive environment that values employees' overall health, including emotional well-being and mental health creating a foundation for a culture of openness, acceptance, understanding and compassion. Objectives of task force is to reduce the stigma of mental health within our workplace by:

- **Helping to raise awareness that mental health conditions are not the result of personal weakness, lack of character or poor upbringing—and that knowing the facts about mental illness can help reject stigmatizing stereotypes**
- **Promoting relevant support services our company offers**
- **Leading by example to help replace silence and stigma with acceptance and compassion**

We have many ways that we communicate with our employees. With over 24,000 employees dispersed around the U.S., we provide relevant health and wellness information through several different channels and formats to reach as many employees as possible wherever they are. We offer an employee intranet well-being portal called LIVE IT, which contains information about many of the programs and resources our company offers to keep our employees healthy. We also proactively distribute a monthly electronic newsletter which is sent to all US employees which includes updates and educational programs offered that month on LIVE IT (Well-being), Total Rewards (Compensation and Benefits) and Diversity. In addition, we have launched four Wellness Champion Networks at all of our major sites and are now working to expand this network to many of our small sites. Our Champions join the network because they are passionate about the importance of well-being to our company and employees.

Mental Health Programming
We take a balanced approach to improve employees' emotional/mental health. Our EAP provides in-the-moment telephone support along with professional counseling and crisis support. Our EAP vendor also offers a "My Strength" tool which is based in cognitive behavioral therapy (CBT) and available online 24/7 at no cost to employees. It is an evidence-based, private and confidential digital self-help resource for emotional health and overall well-being. We spotlight this tool in newsletters, during mindfulness sessions, and provide training on the "My Strength" tool/features with our wellness champions.

Merck

New features to the “My Strength” tool include sleep, LGBTQ+ Resources, Opioid Management & Addiction Recovery, and Pregnancy and Postpartum Mental Health.

Over the past two years, we have coordinated global webcasts on well-being topics such as Mindfulness and most recently on reducing the stigma of mental health. Andy Lee, Chief Mindfulness Officer of Aetna, conducted our 2017 Mindfulness webcast. Over 5,000 employees attended or watched this global webcast. This year on World Mental Health Day, Christine Moutier, M.D., Chief Medical Officer of the American Foundation for Suicide Prevention, presented - Emotional Well-being and What We Can Do Together: A global webcast focused on supporting emotional well-being and reducing the stigma of mental illness. An email invitation was sent from our C-Suite Member who is also our GD&I Council Sponsor. Having C-Suite Members invite people into the BALANCE IT efforts has made a difference in acceptance. Over 950 employees joined live and via webcast.

Because gratitude is a component of emotional health, we run an annual 30-day gratitude challenge in November. This is coordinated with our Merck employee wellness champions. We create posters that employees can post a sticky note of something they were thankful for. After 30 days we collect the sticky notes and create a Word Cloud of gratitude messages which gets featured in our U.S. HR newsletter and Yammer/social media platform.

Lessons Learned
Implementing a global EAP is a complex undertaking. Lessons learned from the launch and program management experiences include:

- Stigma associated with EAP is not universal. It is correlated with employee education level, local cultural norms and social acceptance. In some emerging markets, EAP is perceived as a contemporary program and employees were curious to explore the tools and services provided.
- Program language and symbols have different meanings. The imagery or the branding in one country and culture may be interpreted differently in another country or culture. For example, a pile of rocks may represent tranquility in some cultures but is considered a burial symbol in another. Language and symbols should be assessed for local interpretation.
- Compliance and tax implications may exist. It is important to understand whether EAP is considered a benefit in kind and taxable for employees. We needed to address this with EAP providers and local tax advisors.
- Leadership support is a critical success factor. Senior corporate leaders and local country management were instrumental in preparing for the launch, engaging employees early and building awareness and enthusiasm.

Merck

Next Steps
Increasing employee awareness and engagement, and continued efforts to mitigate stigma associated with emotional and mental health issues, remain priorities. Merck's Employee Population Health and Human Resource teams are initiating a Wellness Champions Network to encourage use of EAP resources and educate on other aspects of employee health and well-being. With leadership support, program promotion across functional areas and regions, and a dedicated effort to create work environments that support Total Worker Health, we will achieve our goal of becoming one of the healthiest workforces in the world.

Kenneth C. Frazier

Chairman and CEO



Philips

In Our People strategy, the first step in our mission is to improve our people's lives and ensure we create the best place to work for people who share our passion. A key aspect of this strategy is to consider health and well-being as part of the employee experience.

In December 2016, Philips launched its Global Health and Well-being Strategy which aligned to three focus areas – Health Lifestyle & Vitality, Healthy Safe Workplace and Well-being at Work. The focus area, Well-being at Work, helps to support the mental health of employees and underscores the idea that an inclusive and caring workplace is a productive workplace. We work hard to support employees to "feel empowered and in control" at work. This means supporting them in reaching a work-life balance, promoting positive working relationships and developing their passion for their work.

Philips recognizes that creating this supportive workplace culture must be affected through multiple channels. Leadership engagement is critical to changing workplace culture where employees feel included and a valuable part of an organization. Philips will focus on training leadership to acquire skills to help identify and proactively manage the environmental and behavioral risks that can contribute to an unhealthy work environment. underlying root causes of unhealthy workplace stress. In addition, employee awareness and engagement must be complement leadership initiatives. Therefore, Philips also focuses on training employees to identify triggers that could affect their resilience in the workplace, along with skills on how to address them effectively.

Philips will focus on managing stress-related issues in the workplace on three levels:

- **Primary level.** Measures Stress climate and focuses on organizational-level interventions and corporate stress prevention initiatives.
- **Secondary level.** Interventions that focus upon the detection and management of experienced stress, and the enhancement of team and individual vitality, to more effectively manage stressful conditions by increasing awareness, knowledge, skills and coping resources.
- **Tertiary level.** Interventions are reactive and focus upon the curative approach to Common Mental Health Disorders (CMD) for those individuals suffering from ill-health as a result of stress.

Targeted Outcomes:

1. **Understand and continuously measure the problem** – Employee feedback surveys provide feedback on workplace issues and enable focus on managing concerns before they escalate. The aim of these surveys is to meet or exceed employee satisfaction levels compared with comparable organizations.
2. **Develop leadership awareness of the risks** that can contribute to an unhealthy work environment, enhance leadership skills to address workplace stress and assess performance in promoting a stress-free workplace.
3. **Fewer cases of clinically diagnosed Common Mental Disorders (CMD)**

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Targeted Outcomes: ***(continued)***

4. **Demonstrate link between employee wellness, vitality and enhanced productivity / output and reduced absenteeism**
5. **Demonstrate de-stigmatization of CMD** by, resulting in superior employee engagement

Historically, Philips has promoted a number of employee Wellness & Mindfulness-led programs to address management of stress in locations including the Netherlands, USA, UK, India and China (e.g., Happy and Healthy, Lunch and Learn). Some internal stress reduction projects with external support (e.g., University of Utrecht) were completed. A successful Stress Management program was implemented in the UK and Philips is exploring how this can be leveraged across the company. Philips also provides outsourced medical support in the Netherlands and the UK.

We have also empowered our markets to deliver their own initiatives, specifically focusing on Well-being at Work and supporting positive Mental Health. These initiatives have incorporated Private Medical Insurance (PMI), Occupational Health services, Mindfulness workshops, trained Mental Health Champions and Employee Assistance Program (EAP) as support.

However, we recognize we need to do more:

- We will start with our Leaders who need to acquire additional skills that will help them to identify and proactively manage the underlying root causes of stress for themselves and others.
- We need to educate and empower our People Managers by educating them in Mental Health issues, Mindfulness and we recognize the need to de-stigmatize the impact of CMD in the workplace, starting with their own teams.
- We need to engage all employees and make them aware of the issues, and create a culture of inclusion where they feel comfortable in reporting them and give them the tools and time to manage them effectively.
- Communication at all levels will be critical.

Looking Ahead:

- In August 2018 under direction of Ronald de Jong, Chief HR Officer, Philips launched an initiative to pull Mental Health into a formal Occupational Health program. This program will have a proactive focus in eliminating the root causes of stress in the workplace. It will also deliver medical support to manage any cases that do occur.

- Philips is trialing an assessment protocol - Copenhagen Psychosocial Questionnaire (COPSOQ) in Germany and investigating its applicability company-wide. but operationalized through proactive Wellness & Vitality programs across the company.

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- A major Stress Management pilot project is being deployed in the Netherlands. Occupational Health provision is being enhanced as part of the upgrade of the Health and Safety Department and they are reviewing previous projects and learnings with a mandate to produce one consistent Stress Management program grounded in Occupational Health,

- One internal program (secondary level) was developed in collaboration with the University of Utrecht. This measured a baseline of Absenteeism, Motivation and Orders Booked on Time. The intervention focused on engaged leadership with the goal of: “strengthening, connecting, empowering and inspiring their team members. Leaders promote the fulfillment of followers’ basic psychological needs for competence, relatedness, autonomy, and meaningfulness respectively” The project demonstrated clear gains in all three measurements. We are revisiting this to evaluate its potential as a component of a bespoke Philips Stress Management Program.

In order to achieve this, Philips has formed a multi-disciplinary team to craft a practical solution that will meet our commitment to improve our people’s lives and ensure we create the best place to work for people who share our passion.

Frans van Houten

Chief Executive Officer



Quest Diagnostics

Quest Diagnostics empowers people to take action to improve health outcomes. Derived from the world's largest database of clinical lab results, our diagnostic insights reveal new avenues to identify and treat disease, inspire healthy behaviors, and improve health care management. Annually, Quest serves one in three adult Americans and half the physicians and hospitals in the United States. Our 45,000 employees understand that, in the right hands and with the right context, our diagnostic insights can inspire actions that transform lives.

Quest developed its mental health strategy around two of the company's three aspirational goals: promoting a healthier world and creating an inspiring workplace. At Quest, our commitment to building a healthier world starts at home with our employees and their families. We recognize that our ability to care for the millions of patients we serve is closely tied to the well-being of our employees, and that mental and emotional health is an essential component of overall well-being – often intersecting with and influencing other aspects of health.

From the company's CEO on down, health and wellness is a priority for the company. To help address the ever-changing, unique and personal needs of our 45,000 employees and their families, we are taking a multi-pronged approach to support a continuum of mental health and emotional well-being needs. This includes support, treatment, advocacy, and education services that are accessible, interconnected, and covered by our medical plans. The ultimate goal for our Quest colleagues and their loved ones is to achieve emotional vitality — when one feels a sense of positive energy, empowerment to regulate one's behavior and emotions, and meaningful engagement in life in general.

Our effort to cater to a broad spectrum of mental and emotional well-being needs begins with addressing and dismantling stigmas around mental health—a powerful barrier to seeking help. To that effect, we launched Chill@Work – a branded campaign and onsite movement dedicated to promoting mental and emotional well-being in a positive and proactive way. We engage employees with motivational messaging and offer diverse, simple activities to help manage stress and develop resilience including: daily intention setting, deep breathing, meditation, exercises in gratitude and mindfulness, and creativity opportunities. We encourage managers and supervisors to participate in educational webinars that give them tools to practice self-care and empower them to help their direct reports do the same. In addition, our wellness champion network regularly shares key facts and stats about mental health issues and promotes relevant webinars and resources to raise awareness and destigmatize mental health.

Quest Diagnostics

By normalizing the conversation around mental well-being and offering resources to our employees onsite, we not only demonstrate our commitment to their overall well-being, but also give them the permission, knowledge, and tools to make positive changes for themselves and loved ones.

Ample research shows that practicing stress-reducing techniques to build resilience can help individuals cope with both nonclinical and clinical problems (like pain, cancer, heart disease, depression and anxiety); transform how they respond to life events; prevent relapse in affective disorders; and address the challenges of anxiety disorders. As such, providing opportunities for employees to practice stress reduction is foundational to our strategy. Our onsite coaches lead workshops, disseminate valuable information and engage individuals one on one. They do this by promoting educational webinars and an interactive web-based stress-management program; leading gratitude workshops; and distributing finding balance toolkits. We also developed an e-learning module, CHILL: Quest for Less Stress, that teaches employees simple but meaningful techniques they can incorporate in their daily lives, presented in an interactive "choose your own adventure" format.

Additionally, our Employee Assistance Program (EAP), Resources for Living, helps employees and their family members cope with everyday stressors like child care, legal matters, elder care, family conflict, grief and loss, and offers complimentary and confidential counseling sessions for those in need. We know that early engagement with emotional support and daily-life assistance is key to preventing more serious conditions, so we launched an intense evaluation in 2017 to identify and alleviate perceived barriers to use. Armed with more than 6,000 survey responses, voice-of-the-customer feedback, and root cause analysis results, we developed a plan to better promote the EAP that boosted engagement by 10% and more than doubled that of the national benchmark business. Through our EAP, when traumatic events or natural disasters affect a large employee population (e.g., when several employees lost cars, homes and belongings to the recent hurricanes), counselors come onsite to offer grief counseling and support. Individuals with more severe mental health needs are served by our medical plans, which also recognize and cover emotional well-being at the same level of physical medical needs.

Health care is complex, and Quest's management recognizes that expecting the average employee to navigate it successfully alone is unrealistic. Therefore, Quest set out to identify places where gaps in care can occur. Research tells us that only a small portion of those who could benefit from mental health services actually engage. We are addressing this with pilot initiatives that will eventually broaden emotional well-being screening

Quest Diagnostics

through the health-risk assessment portion of our world-class Blueprint for Wellness™ health screening program. In doing so, we aspire to successfully engage more individuals with the right care at the right time and drive further utilization of the valuable resources we already offer. Future initiatives also include collaborations with academic institutions to increase convenience and access to care.

As the world leader in diagnostic information services, Quest uses our unique position and unmatched data to collaborate with leading academic institutions to improve the health of the millions of patients we serve, as well as our own employees. We anticipate that our expanded and collaborative thought leadership, combined with our diagnostic footprint, will improve engagement in emotional well-being programs for our Quest colleagues and their family members. Quest has also sought to replace the one-size-fits-all approach typical of corporate wellness programs with targeted approaches – often in collaboration with leading health care specialists. For instance, an employee with a cancer diagnosis may access Memorial Sloan Kettering's MSK Direct guided cancer program for guidance or get a second opinion from a top medical expert through Grand Rounds. A busy working parent can tap into telehealth services through Teladoc, while an individual struggling with high prescription drug costs can seek lower-cost alternatives from Rx Savings Solutions. Our unique collaborations may also better connect the individuals we serve to the right care for the right person at the right time.



Stephen H. Rusckowski

Chairman, President and CEO



CONCLUSION

Mental health disorders are rising globally and in the U.S. population. These alarming trends pose significant headwinds to the health and economic vitality of organizations and communities.

In this report, we make the business case for why organizations should invest time and resources to create and maintain mental health-friendly workplaces. Research shows that many mental health prevention programs delivered in clinical settings have a positive return on investment. Furthermore, there is growing evidence that school-based mental health promotion programs can improve the mental health outcomes, which is an important upstream investment for organizations to consider for their community investment and philanthropic activities.

We present seven high-level actionable strategies developed with input from multiple stakeholders and experts in mental health. These strategies are supported by thirty evidence-informed tactics in seven key workplace health and well-being promotion domains:



Leadership



Policies and Environmental Support



Communication



Programs



Engagement



Community Partnerships



Reporting Outcomes

Emerging evidence from workplace culture of health research suggests that leadership support is a critical element in creating an organizational culture and perceived climate that is conducive to a mental health-friendly workplace.

Examples of approaches from the American Heart Association CEO Roundtable member companies demonstrate that large companies are not only investing in evidence-based policies and programs, they are also innovating and testing new approaches that can support employee mental health. Results from a national employee survey indicate that employees believe that employers have a duty to support mental health in the workplace and that there is an expressed need to increase training for managers to recognize symptoms of emotional distress and to connect employees with resources, including treatment programs where appropriate.

Based on a high-level review of the scientific literature from the last fifteen year, we present information on which programs can be effective for alleviating symptoms of stress, depression, and anxiety. While some interventions appear to be more effective than others, most programs studied have focused on the individual with few studies looking at how organization-level elements can be leveraged to improve mental health in large populations. From this body of evidence, we provide employers with practical advice on how to think about using a range of interventions in the workplace. We recommend that employers address mental health across the continuum of prevention: promoting mental health through policies, environmental supports and health education, screening for mental health disorders, and providing medical benefits that reduce barriers to accessing high-quality treatment services.

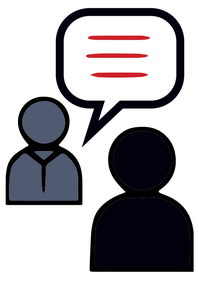
Looking ahead, the American Heart Association CEO Roundtable is committed to working alongside many mental health stakeholders to advocate for policies, programs, and environmental factors that create and sustain mental health friendly workplaces. Where appropriate, the American Heart Association will convene stakeholders to address gaps in knowledge, translation, implementation and dissemination. Through the thought leadership and handprint of 10 million employees and family members, the CEO Roundtable companies will continue to shine a light on the mental health and well-being of the American and global workforce.

This report concludes with a summary of the key considerations for employers based on the actionable strategies, evidence review, national employee survey results and CEO Roundtable program summaries.

Key Considerations



Almost all employees agree that employers have a responsibility for supporting the mental health of their employees. Many employees also share that their employers are committed to their health, including both their physical and mental health. Yet, employees' perceptions differ when it comes to speaking about mental health issues within the workplace. This suggests employers can do more to reduce mental health stigma and encourage dialogue across all levels of the organization about mental health, starting with the leadership.



The more organizations create a culture where it is safe to talk about mental health, the less taboo it becomes. Everyone is likely at some point to face life or work challenges that may negatively affect their mental health and we know that at least 42 percent of employees struggle with a mental health disorder. While our health is primarily our own responsibility, the workplace can and does play a significant role in our ability to manage both our physical and psychological health. Successful and continual improvement of workplace psychological health and safety depends on the active participation of both the organization and its employees.



Employers should consider providing education and training related to mental health to all staff. These strategies can be beneficial for different reasons. First, education and training can help facilitate open dialogue in an organization about mental health. For example, education and training is an opportunity for an organization to develop common language to adequately discuss often sensitive topics related to mental health. Second, education and training can target specific skills and topics, such as mental health awareness training, which educates employees to identify signs of mental health issues and appropriately connect someone in need to help.



There is a lot that employers can think about when it comes to selecting, designing and tailoring their mental health interventions. Based on the evidence review conducted, we advise employers to consider interventions that have documented evidence of effectiveness. For example, regarding treatment interventions, implementing those that specifically aim to improve symptoms of depression and anxiety using science-based techniques, such as cognitive behavioral therapy with coping skills training, may be successful. Digital mental health interventions, including meditation apps, are a promising way to reach many employees at an affordable cost.



Employers must also consider offering services that meet a spectrum of mental health needs across the spectrum of prevention. In this report, we consider the comprehensiveness of an approach to mental health through the continuum of mental health and levels of prevention. We advise employers consider the overall promotion of positive mental health, as well as the prevention and treatment of mental health disorders. Further, we highlight that the importance of interventions addressing specific protective and risk factors related to mental health disorders. Beyond individual-level programs, we also recommend the use of organizational-level practices, including health communications and visible, consistent leadership engagement. The CEO Roundtable company program summaries illustrate how a myriad of strategies can come together harmoniously.

The American Heart Association is committed to being a catalyst for mental health support in the workplace. Through this report, the Association and its CEO Roundtable bring together research and findings from a variety of sources and to show what employers should consider to strengthen the mental health of the U.S. workforce in pursuit of our mission to be a relentless force for a world of longer, healthier lives.



Additional Resources

For more information on the effectiveness of resilience training programs and suggested practices for employers, access the American Heart Association's Resilience in the Workplace Report, published in 2017.[155]

APPENDICES

APPENDIX A

Evidence Review
With the help of a professional medical librarian, we conducted a search of systematic literature reviews (with or without meta-analysis) published in English from 1995-2017, and which evaluated the effectiveness of workplace mental health interventions.

Inclusion criteria
Studies were included if they were published systematic literature reviews and/or meta-analyses evaluating the effectiveness of mental health interventions among working age adults in a workplace setting. The primary outcome was mental health status, including general mental health, depression, anxiety or stress. Secondary outcomes of interest were employer health care costs, employee well-being, productivity, and engagement. Time did not permit formal review and synthesis of individual studies.

Exclusion criteria
Studies were excluded if they a) assessed individual interventions in clinical settings, b) did not take place in a workplace setting or c) evaluated outcomes in very specific workplace settings that would limit their applicability to general workplace settings, e.g., first responders or hospital nurses, etc.

Study selection and metareview
Two reviewers independently reviewed article Abstract Titles and differences were resolved between the two reviewers. The two reviewers divided the reviews, summarized the findings in an a priori review summary form and discussed findings.

Results

General mental health interventions

Two meta-analyses and one systematic review published between 2009 and 2018 evaluated the effectiveness of different types of primary and secondary prevention interventions on mental health outcomes in the workplace.[156,157,158] The two meta-analyses identified 26 individual studies, and the systematic review identified 22 individual studies. The interventions included across the 48 studies were implemented in a variety of workplace industries, including information technology, education, manufacturing, law enforcement and banking.

The meta-analysis by Martin et al. 2009[158] reported that both direct and indirect interventions were effective at improving depression and anxiety measures (only significant for direct interventions), although overall measures of mental health outcomes showed no improvement, regardless of whether the intervention was direct or indirect.[158] Direct mental health interventions focus on changing mental health outcomes themselves, while indirect mental health interventions target the risk and protective factors for mental health outcomes, e.g., physical activity, obesity or smoking. **This information means developers of workplace health programs could consider mental health programs that target mental health outcomes directly and/or aim to reduce the symptoms of depression indirectly through weight loss, physical activity or smoking cessation.**

Table 22. Effectiveness of general workplace mental health interventions

Intervention Description	Intervention Outcomes		
	Depression	**Anxiety**	**Composite**
All Studies (n=26)	Small*	Small*	None
Direct Interventions	Small*	Small*	None
Indirect Interventions	Small	Small	Small*

Source: Martin et al., (2009) [158]
Key: Small= small effect size, **None=** No difference, ***=** statistically significant ($p<0.05$), **Composite=** overall self-reported health evaluated by a general mental health questionnaire.

Interventions to improve depression levels in the workplace appear to be positive and effective, although the size of the effect ranged from small to medium (not shown in table).[156,157,158] While all intervention methods appeared to be effective to some degree, interventions that combined psychological and educational techniques such as CBT and coping flexibility training appear to be more effective than stand-alone interventions methods.[156] Meditation and relaxation interventions,[156] and CBT interventions[157] generally showed small, positive effects, while combined interventions on the whole appeared to show medium, positive effects. This result may be due to the fact that using multiple techniques in an intervention may allow participants to learn a variety of skills or people may respond differently to different methods. Interventions combining two or more techniques may also be more effective because multiple techniques can address more than one risk or protective factor.[156] In addition to depression, workplace anxiety interventions were also associated with similarly small but significant improvements in the anxiety symptoms of employees.[158]

When designing an intervention, employers may want to consider incorporating multiple techniques that offer participants several points of entry to engage in behavior change.

Stress management interventions

Stress management interventions (SMIs) are generally considered to be secondary prevention programs because they mostly target employees who are identified as being at high risk for stress. For example, employees with higher levels of stress may be identified through an employer-administered health risk assessment. Employees may also be identified as being at risk of unmanageable stress based on their level within the organization (e.g., management or C-suite) or type of job (e.g., law enforcement). While SMIs can be offered to all employees irrespective of their level of stress or risk for stress, there is some evidence that indicates this approach may have a negative effect on stress outcomes (see below).

A 2008 meta-analysis of occupational stress management intervention programs evaluated 36 experimental studies representing 55 interventions implemented between 1977 and 2006.[159] **Overall, SMIs are associated with a significant medium to large effect size across all programs (Table 23).**

SMIs are associated with a large positive effect on symptoms of stress and moderate positive effect on symptoms of anxiety and general mental health. These results are all highly statistically significant. In the 16 studies that reported "mental health" as an outcome, the vast majority used general instruments such as General Health Questionnaire (GHQ).

When designing an intervention, employers may want to consider incorporating multiple techniques that offer participants several points of entry to engage in behavior change.

Stress was generally measured by the Perceived Stress Scale and anxiety was evaluated using a variety of different scales; no study reported depression as a separate mood disorder. These results indicate that employers are encouraged to implement well-designed stress management interventions to reduce symptoms of stress, anxiety, and improve general mental health.

Cognitive behavior therapy (CBT) approaches were associated with the largest effect sizes for all psychological outcomes although the effect on anxiety and overall mental health was from a small number of studies, so should be interpreted with caution. Stress programs appear to have a large positive effect on productivity; the effect on absenteeism is negative, but not statistically significant. Of the 11 studies that looked at organization-level outcomes associated with SMIs, the overall effect appears to be small and not statistically significant. When these studies are divided into those that studied productivity and absenteeism, there is a large positive effect on productivity, but not absenteeism. Based on these results, employers are encouraged to consider stress management programs as a way to improve symptoms of stress and productivity. **More research is needed to understand which organization-level strategies are the most effective at improving employee stress.**

Table 23: Effectiveness of workplace stress management interventions

Study Outcomes	All	CBT	Relax	Org	Multi	Other
Psychological outcomes						
All combined (n=52)	Medium*	Large*	Medium*	Small	Small*	Large*
Stress (n=18)	Large*	Large*	Large*	Negative†	Medium*	Large*†
Anxiety (n=22)	Medium*	Large*†	Medium*		Medium*	Large
Mental health (n=16)	Medium*	Large*†	Medium*	Small	Medium	Medium*†
Physiological outcomes						
All combined (n=14)	Small*		Small		Small	Large*
Organizational outcomes						
All combined (n=11)	Small	Medium†	Medium*	Small†	Negative†	
Productivity (n=4)	Large*	Medium†	Medium*†	Large*†		
Absenteeism (n=7)	Negative†		Small†	Negative†	Negative†	

Source: Richardson et al., (2008) [159]
Key: Numbers (n)=Number of intervention studies, **CBT**=Cognitive Behavioral Therapy, **Relax=Relaxation Interventions**, **Org**=Organization-level Interventions, **Multi**=Multimodal Interventions, **Other**=Miscellaneous Interventions, **Small**= Small, positive effect, **Medium**= Moderate, positive effect, **Large**= Large, positive effect, **Negative=** negative effect, *= statistically significant, †= small study sample.

Physical activity interventions

A previous systematic review by the Community Preventive Services Taskforce – known as The Community Guide[160] concluded that workplace exercise programs are effective at increasing the activity levels of employees.[161] However, few studies have evaluated whether workplace exercise programs improve mental health outcomes like depression, anxiety and stress. Two systematic reviews[152,162] have been published on the effectiveness of workplace physical activity interventions to improve mental health outcomes and one [152] included a meta-analysis.

The 2009 review by Conn and colleagues analyzed a variety of health-related outcomes from over 38,000 people who participated in 138 studies (with 206 comparisons) published between 1969 and 2007. The authors included a variety of study designs, including nonrandomized control trials and pre-posttests treatment studies. A minority of studies reported mental health outcomes such as quality of life (23 comparisons; 9 percent), mood (40 comparisons; 19 percent) or job stress (11 comparisons; 6 percent). In contrast, the majority of studies reported physical activity related outcomes such as physical activity levels (62 percent), fitness (80 percent) or physical health measures such as cholesterol (59 percent). The majority of studies were conducted in larger companies (750 employees or more) from the health/education, government, and manufacturing sectors. Physical activity interventions were mostly implemented at worksites using onsite fitness facilities using research instructors.

Eight in 10 studies used motivation or education techniques, while approximately two in ten used supervised exercise. The median number of minutes of supervised exercise was 50 (range seven-160) and the median frequency was three times per week (range one -14). Only six studies reported using organizational policy change such as providing free or reduced membership to exercise facilities not located onsite.

Consistent with other studies, exercise programs were found to significantly improve activity behavior, fitness levels and risk of diabetes (Table 24). Pooled results from the small number of studies that examined mental health outcomes indicated that physical activity programs have a small positive effect for improved quality of life and mood, and reduced job stress, however, these results were not significant. Physical activity programs do appear to significantly improve work attendance, although the magnitude of the effect is small. **Employers are encouraged to lower the barriers to engaging in physical activity in order to improve work absenteeism.**

Table 24: Effectiveness of physical activity interventions on a range of outcomes

Intervention Description	Outcomes Reported (Select)					
	Activity	**Fitness**	**Quality of Life**	**Mood**	**Job Stress**	**Absenteeism**
Physical Activity	Small*	Medium*	Small	Small	Small	Small*

Source: Conn et al., (2009) [152]
Key: Numbers (n)=Number of intervention studies, **Small**= Small, positive effect, **Medium**= Moderate, positive effect, ***=** statistically significant

Several factors influencing effectiveness were reported for activity outcomes. For example, weight-related outcomes were significantly associated with employees being paid during the interventions, an employee fitness instructor, fitness facility onsite and organizational policy change. The review did not report on similar moderators for mental health outcomes, probably because the underlying articles did not report them. These findings are consistent with the qualitative review by Chu and colleagues, which was based on 17 studies conducted between 1990 and 2013. The authors included yoga delivered in the workplace. Less than 50 percent of the studies reviewed were classified as high-quality interventions, however, and the evidence of effectiveness was mixed or inconclusive.

There are several reasons why these reviews report small effect sizes or no significant effect of physical activity programs on mental health outcomes. First, it is likely that a higher dose of weekly physical activity is required to show improvements in depression, anxiety and stress over sustained periods of time. The median number of minutes in these studies (50 minutes) is less than the recommended guidelines of 150 minutes of moderate physical activity per week.[153] **The full physical and mental health benefits from exercise are only realized if employees are regularly active and meet the guidelines, therefore, employers are advised to underscore the importance of engaging in at least 150 minutes of moderate physical activity a week.**

Second, participants in these studies may not have been at risk for stress or mental health disorders, which may explain the modest improvements in outcomes. **To the extent that it is possible, employers and their wellness vendors are encouraged to find innovative ways to engage low activity employees in regular moderate physical activity.**

Third, organizational policies that provide financial and non-financial incentives to engage in physical activity have been associated with positive health and well-being outcomes.[163] **Employers are encouraged to implement policies that lower the barriers for employees to access fitness memberships or to engage in exercise during the workday.**

Alcohol misuse interventions

No substance misuse reviews in the workplace were identified, except for a 2009 qualitative review of 10 alcohol studies.[164] **The literature review concluded that there is a lack of high-quality research on the workplace alcohol interventions.**

Despite the lack of high-quality research on the workplace alcohol interventions, the 2009 literature review found mixed support for the effectiveness of workplace alcohol interventions; interventions that were brief and included methods such as health and lifestyle checks, psychosocial skills training, and peer referral were potentially effective at improving self-reported consumption of alcohol or alcohol-related problems,[165, 166, 167, 168, 169, 170] reduced binge drinking and desire to binge drink,[168,171] and perceived riskiness of alcohol consumption.[169] This evidence applies to a variety of industries, including food and retail service, health care, transportation, and manufacturing.

The lack of high-quality studies could be due to several reasons. First, it is possible that alcohol misuse is not the target of interventions in the workplace because these programs are typically provided by EAPs. Second, it is possible that stigma associated with alcohol misuse prevents employees from expressing a need for such programs. Employees may not be disclosing misuse of or dependence on alcohol to their employers for fear of consequences, including job loss.

Third, organizational policies that provide financial and non-financial incentives to engage in physical activity have been associated with positive health and well-being outcomes.[163] **Employers are encouraged to implement policies that lower the barriers for employees to access fitness memberships or to engage in exercise during the workday.**

Digital mental health interventions

The last decade has seen an explosion of workplace digital tools targeting mental health. These digital mental health tools may be appealing to employers because they offer the prospect of reaching more employees with potentially greater economic efficiency.

Two meta-analyses published in 2017[173,174] evaluated the effectiveness of workplace health interventions delivered to employees via web and mobile phone applications (apps). Data in Table 25 below summarizes findings from the meta-analysis by Stratton and colleagues[173] on the effectiveness of three common types of digital psychological interventions: cognitive behavioral therapy (CBT), mindfulness interventions (MI) and stress management interventions (SMI). This meta-analysis reported on the effectiveness of these three types of interventions on the following outcomes of interest: overall mental health, depression, anxiety, and stress. Overall, 13 interventions provided quantitative data that allowed the researchers to calculate an effect size and draw conclusions on the effectiveness of the interventions.

The level of effectiveness varied between CBT, MI and SMI interventions. **Overall researchers found that regardless of whether the interventions were CBT, MI or SMI, digital interventions were associated with a small, but statistically significant, positive effect on overall mental health and stress, but not depression and anxiety.**

Differences were also observed depending on whether the target employee population had elevated risk for mental health issues or not. For example, sometimes evidence of effectiveness was found for interventions targeting the general employee population and other results indicated evidence of effectiveness for interventions targeting employees with elevated risk for mental health issues.

Regarding guided **digital CBT,** the two meta-analyses found that these interventions had a **small,** but statistically significant effect size for improving overall mental health and stress when offered to all employees. Contrastingly, no evidence was found for the effectiveness of digital CBT targeted to employees with elevated risk for mental health issues. CBT was also not effective in improving depression and anxiety related outcomes.

Digital **mindfulness interventions (MI)** were found to have a **moderate,** statistically significant, positive effective on overall mental health and on reducing symptoms of stress. Like CBT, no evidence was found for digital MIs reducing symptoms of depression and anxiety.

Finally, **digital stress management interventions** that targeted employees at risk of high stress showed a large, statistically significant, positive effect on symptoms of anxiety, although this finding is from three published studies, so should be regarded with some caution.

Of note, digital SMIs offered to all employees may have had a negative effect on overall mental health and symptoms of stress, although this finding is not statistically significant. **Employers should be cautious of delivering SMIs broadly to the general employee population and may instead want to offer these interventions to employees who are at risk of high stress, given evidence of positive effects found when offered to this population.**

Table 25. Summary of effectiveness of digital mental health intervention

Intervention Description			Health Outcome			
			Overall	**Depression**	**Anxiety**	**Stress**
Overall			Small*	Small	Small	Small*
All digital interventions (n=13)	Population Addressed	Targeted	Small*	Small	Small	Medium*
		Untargeted	Small	Small	Small	Small
	Support Offered	Guided	Medium*	Medium*	Medium	Medium*
		Unguided	Small	Small	Small	Small
CBT (n=6)	Population Addressed	Targeted	Small	Small	Small	Small
		Untargeted	Small*	Small*	Small	Small
	Support Offered	Guided	Small*	Small*	Small	Small
		Unguided	Small	Small	Small	Small
MI (n=4)	Population Addressed	Targeted	ⓘ	ⓘ	ⓘ	ⓘ
		Untargeted	Medium*	Small	Small	Medium*
	Support Offered	Guided	ⓘ	ⓘ	ⓘ	ⓘ
		Unguided	Medium*	Small	Small	Medium*
SMI (n=3)	Population Addressed	Targeted	Medium*	Small*	Large*	Medium
		Untargeted	Negative	ⓘ	ⓘ	Negative
	Support Offered	Guided	Medium*	Medium*	Large*	Medium
		Unguided	Negative	ⓘ	ⓘ	Negative

Source: Stratton, (2017)[173]
Key: CBT=Cognitive Behavioral Therapy, MI=Mindfulness Intervention, SMI=Stress Management Intervention, Small= Small, positive effect, Medium= Moderate, positive effect, Large= Large, positive effect, Negative= negative effect, *= statistically significant.

ⓘ = data not available.

Notably, in their analysis of seven published studies with the highest participation and the lowest attrition, Carolan and colleagues found preliminary evidence that effective digital mental health interventions are delivered over a shorter period of time (6-7 weeks), use secondary elements for engaging users (e.g., emails and text messages) and incorporate elements of persuasive technology (e.g., self-monitoring and individual tailoring).[174] **Employers are encouraged to consider incorporating these design elements in their digital mental health interventions.**

Employee assistance programs

Based on 17 studies included in this review by Joseph et al. that were conducted between 2005 and 2016, employee assistance programs (EAPs) appear to be effective at improving a variety of outcomes, including presenteeism, absenteeism, and well-being. The effects are small to moderate in size. The effects vary across population.

For example, participants who screen positive for depression prior to enrolling in an EAP show greater improvements in presenteeism than non-depressed participants.[175] Although the bulk of studies focused on absenteeism as the primary outcome of interest, there is evidence that presenteeism is just as, or more, important. Up to 80 percent of costs related to productivity may be due to presenteeism, with absenteeism making up the rest of the cost.[175,176] In addition, EAPs overall appear to be very cost effective, with one study reporting a return on investment of between $5.17 and $6.47 for every dollar spent.[176]

Table 26. Effectiveness of Employee Assistance Programs (EAPs)

Intervention Description	Outcomes				
	Absenteeism	**Presenteeism**	**Level of functioning**	**Well-being**	**Absenteeism**
All Employee Assistance Programs (n=17)	Small	Medium	Medium	Medium	Small
Counseling Interventions (n=8)	Small*	Medium*	Medium	Small	Small*
Multi-Component EAPs (n=5)	Small*	Medium*	Medium*	Medium*	Medium*

Source: Joseph et al., (2017)[175]
Key: Small= Small, positive effect**, Medium**= Moderate, positive effect, **EAP=** Employee Assistance Program***=** statistically significant.

Despite being generally effective, the level of effectiveness of EAPs can vary significantly based on their funding, quality and usage. There has been a recent trend in decreasing costs paid to EAPs (specifically external EAPs).[177] This may benefit employers who save money by spending less, but the effectiveness of programs may be reduced because providers may not able to offer the highest-quality services at such low prices.

In addition, rates of employee usage of EAPs remain low (about 6.5 percent).[178] If employees are not using the available EAP services, then it does not matter how effective they are. This emphasizes a need for employers to better market and promote their available EAP programs to increase usage rates.[179] **Employers and their employees could benefit if employers invested more in their EAP's, rather than selecting EAP offerings based solely on cost. Further, offering EAP services that are strategically aligned with the organization's needs and objectives could improve the impact they have on employee and organizational outcomes. In return, it is likely that employers will request greater transparency from EAP providers about their program effectiveness evaluations upon which ROI estimates are based.**

Employers generally have several options for how they provide EAPs to their employees- internal, external and hybrid programs. Internal EAPs are those that are run by in-house staff, including counselors, and support staff. External programs are coordinated by a third party that provides EAP services.[175] Hybrid programs that combine some aspects of both internal and external EAP programs, often through the use of an internal EAP manager, are also widely used. All three types of programs offer several advantages or disadvantages. For example, internal programs are often more easily tailored to the individual and may be better integrated into the organization. However, they potentially face issues with confidentiality and can be expensive. External programs can be more affordable and can offer more diverse services but may be less adaptable, potentially implemented poorly, and more difficult to coordinate with internal HR and benefits services.[180] No evidence was found that suggests one type of EAP is more effective than others, but which type is best likely depends on the organizations resources and needs.[181] **Given the effectiveness of EAPs regardless of whether they are internal, external or hybrid, we suggest employers consider the advantages and disadvantages of each and offer an EAP if they are not already doing so.**

Return to work (RTW) interventions

Return to work (RTW) interventions are tertiary prevention programs that are designed to help workers who are on sick leave due to mental health reasons return to work in a temporary, limited or light duty capacity while they recover. Although they are generally executed in clinical settings, such as rehabilitation centers or hospitals, work-directed programs can be added to augment clinical programs. RTW interventions often consist of psychological programs with or without antidepressant medication. In some instances, physical activity or education may also be included as part of the intervention.[182]

A 2014 meta-analysis of RTW randomized control trials found that adding work-directed programs or telephonic Cognitive Behavioral Therapy to clinical care were moderately more effective compared to standard clinical care alone.[182] In terms of economic efficiency, a 2012 systematic review of five RTW studies reporting economic outcomes found no statistically significant differences in total health care or productivity costs between employees who received a RTW program and those that did not. [183]

Stigma reduction interventions

Evidence from two recent literature reviews (one with metanalysis) and a combined 33 interventions published up to and including 2017, support the use of stigma reduction programs in the workplace.[184,185] The stigma reduction interventions targeted knowledge, attitudes, and behaviors of employees as they relate to mental health. Overall, these interventions have large, positive effects on both the knowledge and behavior of participants but have less pronounced effects on attitudes toward mental health.

Table 27. Effectiveness of Stigma Reduction Interventions in the Workplace

Intervention Description			Outcomes			
			Mental Health	**Knowledge**	**Attitude**	**Behavior**
All Stigma Reduction Interventions (n=33)		Overall	Small	Large	Small	Large
	Change	Manager	ⓘ	Large*	Small*	Medium*
		Employee	Small	Large*	Medium	Large
	Sustainability	Manager	ⓘ	Small	Small	Small
		Employee	ⓘ	Medium	Medium	Medium

Source: Hanisch et al., (2016)[184] and Gayed et al., (2018).[185]

Key: Small= Small, positive effect**, Medium**= Moderate, positive effect**, Large**= Large, positive effect, **Negative=** negative effect, ***=** statistically significant.

Despite overall positive effects, there are some studies that did not find a statistically significant effect. For example, Hanisch and colleagues found these employee interventions resulted in improved outcomes, but results were nonsignificant.[184] **These findings suggest employers may want to design interventions to target the knowledge, attitudes, and behavior of both employees and supervisors to address mental health stigma. In addition, they may want to consider tailoring interventions specifically to each group. This will help ensure that participants in each group receive relevant messaging and information.**

In managers, significant positive effects were reported between two and six months later, but there is insufficient evidence that these positive results were sustained after six months. This suggests that when creating stigma reduction programs, employers may need to plan to re-implement their programs periodically to ensure maintained effectiveness. This may come in the form of repeating the same training or could be taken advantage of in the program design steps to develop staged programming that periodically reviews and then builds upon previous training.

Organizational climate interventions

Organizational climate is generally defined as the meaning that employees attach to events, policies, practices and procedures in the workplace, as well as the behaviors that are supported.[186] A literature review conducted in 2015 that included 21 studies concluded that **a perceived good organizational climate is associated with improved employee mental health outcomes.**[131] Specifically, the review looked at the effects of organizational climate (composite measure) as well as components of organizational climate (leadership and supervision, group behavior and relationships, and communication and participation) on depression, anxiety, burnout/emotional exhaustion, and psychological distress/general mental health. It is important to note, though, that this literature review only included studies using health care organizations, and generalizability may be limited.

There appears to be support that depression outcomes are improved by all components of organizational climate, although there was mixed significance. Regarding anxiety, there was limited evidence available, but leadership and supervision, and group behavior and relationships seem to be positively related to anxiety outcomes. Psychological distress/general mental health is positively affected by leadership and supervision, group behavior and relationships, and communication and participation, but these relationships may be nonsignificant. A large portion of the evidence in this paper relates to burnout as an exposure, though this is not the focus of the current paper.

The available evidence on this topic is mixed in its results, and there are inconsistencies in how concepts are defined and measured. It is notable, though, that a large portion of the studies included addressed leadership and supervision, and that these studies generally showed a positive relationship with mental health outcomes.

This suggests that leaders and supervisors within organizations have a prominent role in shaping the organizational climate. Leadership training that addresses how to best support subordinates may be effective at improving mental health outcomes.

Economic effectiveness

In addition to understanding whether an intervention achieves the desired outcomes, employers also wish to understand if an intervention represents a good return on investment (ROI) or value on investment (VOI). ROI is a narrower calculation of the financial benefits of a program whereas VOI is a broader measure of investment that take into consideration other, often intangible (but measurable) metrics of success. These include employee engagement, job satisfaction, and even loyalty.[187] To the best of our knowledge, no study evaluating the VOI of a workplace mental health program has been published.

A 2012 systematic narrative review evaluated the cost-effectiveness of worksite mental health interventions;[183] ten studies were identified comprising four prevention programs and six return to work studies. All four of the prevention programs had a positive cost-benefit ratio, although the quality of the studies was generally low. In the study with the highest quality score,[188] enhanced primary care treatment of depression was associated with a net benefit of $30 per worker in year one and $257 per worker in year two. This intervention had a positive ROI of 302 percent over two years (range 20 percent - 566 percent). In contrast, five or the six RTW studies found no favorable cost-benefit balance i.e. there were no significant differences in measures of cost between participants and non-participants.

APPENDIX B: MARKET RESEARCH METHODS
FIRMOGRAPHICS

BASE: ALL QUALIFIED RESPONDENTS

Q1425 About how many people work for your organization at all levels and in all locations across the United States? Your best guess will do.

		TOTAL
	Base	n = 1,041
1 to 24		-
25 to 49		7%
50 to 99		8%
100 to 249		10%
250 to 499		10%
500 to 999		11%
1,000 to 2,499		12%
2,500 to 4,999		7%
5,000 to 9, 999		9%
10,000 or more		26%

BASE: ALL QUALIFIED RESPONDENTS

Q1311 Which of following best describes the industry you work in?

		TOTAL
	Base	n = 1,041
Educational and Health		24%
Information, Professional and Finance		17%
Trade, Transportation and Utilities		17%
Goods Producing		15%
Leisure and Hospitality		5%
Other		22%

BASE: ALL QUALIFIED RESPONDENTS

Q1455 For what type of organization do you work?

		TOTAL
	Base	n = 1,041
For-profit organization		68%
Not-for-profit organization		17%
Local, state or federal government		15%

APPENDIX B: (CONT)
DEMOGRAPHICS

BASE: ALL QUALIFIED RESPONDENTS
Which of the following best describes your employment status?

	TOTAL
Base	n = 1,041
Employed full time	88%
Employed part time	12%

BASE: ALL QUALIFIED RESPONDENTS
Do you manage or supervise staff?

	TOTAL
Base	n = 1,041
Yes	48%
No	52%

BASE: ALL QUALIFIED RESPONDENTS
Region

	TOTAL
Base	n = 1,041
South	38%
West	22%
Midwest	22%
Northeast	18%

BASE: ALL QUALIFIED RESPONDENTS
What is your health insurance status?

	TOTAL
Base	n = 1,041
HAVE HEALTH INSURANCE (NET)	97%
Health insurance provided by my employer	70%
Health insurance provided by family member's employer	10%
Individual insurance policy bought by myself/my family	4%
Medicare	5%
Medicaid	4%
Health insurance provided to students	*
Veterans benefits (e.g., active military, veterans, TriCare, reserve)	2%
Health insurance from an exchange	1%
Other (Please specify)	1%
None; do not have health insurance	3%

APPENDIX B: (CONT)
DEMOGRAPHICS

BASE: ALL QUALIFIED RESPONDENTS
Which of the following best describes your employment status?

	TOTAL
Base	n = 1,041
Employed full time	88%
Employed part time	12%

BASE: ALL QUALIFIED RESPONDENTS
Do you manage or supervise staff?

	TOTAL
Base	n = 1,041
Yes	48%
No	52%

BASE: ALL QUALIFIED RESPONDENTS
Region

	TOTAL
Base	n = 1,041
South	38%
West	22%
Midwest	22%
Northeast	18%

BASE: ALL QUALIFIED RESPONDENTS
What is your health insurance status?

	TOTAL
Base	n = 1,041
HAVE HEALTH INSURANCE (NET)	97%
Health insurance provided by my employer	70%
Health insurance provided by family member's employer	10%
Individual insurance policy bought by myself/my family	4%
Medicare	5%
Medicaid	4%
Health insurance provided to students	*
Veterans benefits (e.g., active military, veterans, TriCare, reserve)	2%
Health insurance from an exchange	1%
Other (Please specify)	1%
None; do not have health insurance	3%

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APPENDIX B: (CONT)

DEMOGRAPHICS

BASE: ALL QUALIFIED RESPONDENTS
Age

	TOTAL
Base	n = 1,041
18-21	5%
22-28	13%
29-37	24%
38-53	33%
54-72	23%
73+	2%
MEAN	*42 years old*
MEDIAN	*40 years old*

BASE: ALL QUALIFIED RESPONDENTS
Race/Ethnicity

	TOTAL
Base	n = 1,041
White	60%
Black or African-American	14%
Hispanic	16%
Asian	7%
Native-American or Alaskan Native	*
Arab/West Asian	-
Mixed race	2%
Some other race	*
Prefer not to answer	*

BASE: ALL QUALIFIED RESPONDENTS
Gender

	TOTAL
Base	n = 1,041
Male	52%
Female	47%
Transgender	*
Genderqueer	-
Multiple gender categories	*
Other	*
Prefer not to answer	*

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APPENDIX B: (CONT)
DEMOGRAPHICS

BASE: ALL QUALIFIED RESPONDENTS
Education

	TOTAL
Base	n = 1,041
LESS THAN HIGH SCHOOL DEGREE (NET)	5%
Less than high school	1%
Completed some high school	4%
HS DEGREE TO LESS THAN A 4-YEAR COLLEGE DEGREE (NET)	54%
High school graduate	15%
Job-specific training program(s) after high school	3%
Some college, but no degree	22%
Associate degree	14%
4 YEAR COLLEGE DEGREE OR MORE (NET)	41%
Bachelor's degree (such as B.A., B.S.)	24%
Some graduate school but no degree	2%
Graduate degree (such as MBA, MS, M.D., Ph.D.)	16%

BASE: ALL QUALIFIED RESPONDENTS
Income

	TOTAL
Base	n = 1,041
Less than $15,000	1%
$15,000 to $24,999	4%
$25,000 to $34,999	5%
$35,000 to $49,999	10%
$50,000 to $74,999	19%
$75,000 to $99,999	18%
$100,000 to $124,999	20%
$125,000 to $149,999	10%
$150,000 to $199,999	7%
$200,000 to $249,999	3%
$250,000 or more	1%
Prefer not to answer	2%

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APPENDIX B: (CONT)
DEMOGRAPHICS

BASE: ALL QUALIFIED RESPONDENTS
Marital Status

	TOTAL
Base	n = 1,041
Married or civil union	50%
Never married	30%
Divorced	13%
Living with partner	5%
Widow/Widower	2%
Separated	1%

BASE: ALL QUALIFIED RESPONDENTS
Household Size: Adults

	TOTAL
Base	n = 1,041
1	18%
2	55%
3	17%
4	6%
5+	4%
MEAN	*2 adults*
MEDIAN	*2 adults*

BASE: ALL QUALIFIED RESPONDENTS
Household Size: Children

	TOTAL
Base	n = 1,041
0	53%
1	21%
2	19%
3	6%
4	1%
5+	1%
MEAN	*1 child*
MEDIAN	*0 children*

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APPENDIX C- METHODS

The methodology for making recommendations to employers on mental health best practices included a combination of systematic literature review, evidence synthesis, and Expert Panel review and consensus.

Review scope

The expert panel consisted of a one-day, in-person meeting in Washington DC on December 13th, 2018, as well as follow-up work from the invited panelists.
The objectives were to:

- Identify current best-practice guidelines regarding mental health in the workplace
- Identify gaps in current guidelines on mental health in the workplace
- Recommend high-impact actionable strategies for employers to implement

The scope of the deliberations did not include access to the mental health care delivery system due to time constraints. Access to high-value, affordable mental health treatments services and medications is a vital component of the mental health support ecosystem. The National Alliance of Healthcare Purchaser Coalitions have published a set of resources as part of the Mental Health Initiative, including addressing disparities in network access and mental health parity. For more information, visit: National Alliance of Healthcare Purchasers - Mental Health Initiative [189] or Employee Assistance Society of North America - Selecting and Strengthening Employee Assistance Programs: A Purchaser's Guide. [190]

Guideline selection

Guidelines reviewed by the panel were based on systematic literature review conducted by the American Heart Association Center for Workplace Health staff with the assistance of a trained medical librarian. The systematic review process yielded a recent review of workplace mental health standards, guidelines and practices published in the peer-reviewed literature by Nexo and colleagues.[12] This review identified four guidelines of high quality using the AGREE II quality of evidence assessment tool.[191] The Center extracted 56 unduplicated recommendations, which included some recommendations from the American Heart Association and the Center for Disease Control and Prevention[163] where there were notable gaps.

This final list of guidelines was then mapped to the American Heart Association's Workplace Health Achievement Index and its seven pillars of workplace health. These pillars are:

- Leadership
- Organizational policies and environmental supports
- Communications
- Programs and benefits
- Engagement
- Community partnerships
- Reporting outcomes

These pillars are identified by the AHA as seven components that make up effective workplace health programs. They represent areas of focus that should be addressed to ensure the success of programs targeting employee wellness. The pillars were adapted from researcher Nico Pronk's work in this field. These pillars were chosen as the framework for the actionable strategies because they represent clear, concise categories that are likely familiar to employers. Also, the association intends to incorporate high-impact practices for mental health and stress into the Index in the future.

Expert panel discussions

The discussions during the expert panel were organized around each pillar of the Index and their respective guidelines. Panelists were divided into small groups to discuss each set of guidelines. Their initial objective was to rank and prioritize the guidelines within each pillar based on the following criteria:

- **Health Impact** (scale of 0-10)
- **Feasibility for small firms** (scale 0-10)
- **Relative cost** (scale 0-10)

Following discussion, some groups provided feedback that quantitative ranking was challenging, so most groups provided more qualitative feedback on the relative priority of the draft action strategies. Each group briefly presented their top strategies and their rationale for the selection for a facilitated discussion.

Follow-up activities

Panelists were asked to provide additional feedback after the one-day meeting. Center staff consolidated their feedback into the final list of draft actionable strategies. These strategies were reviewed twice by the expert panel and refined using their feedback into the current list.

Panelist Biographies

Panelists were selected by association staff based on their professional, academic, and industry experience dealing with mental health in the workplace. A short list of panelists was identified and invited. Panelists were selected to ensure a breadth of experience and representation of key stakeholders involved in workplace health, safety, and well-being.



Jennifer Bruno (Chair)

Vice President of Global Health Services for Johnson & Johnson in New Brunswick, NJ.

In this role, Jennifer is part of the Total Reward Leadership Team and leads J&J's employee health and wellness strategies, policies, guidelines and service delivery for the 130,000 employees in more than 260 companies worldwide.

She is responsible for driving innovative approaches and operational excellence across Occupational & Executive Health, Mental Well-being, Energy Management, Wellness & Health Promotion and Work-Life Services to achieve the enterprise aligned goal of the healthiest workforce.

Jennifer is a member of the Global Business Group on Health, National Business Group on Health, Health Enhancement Research Organization, American Heart Association CEO Roundtable Lieutenant Group and the Healthcare Business Women's Association. Jennifer is a board member for The Health Project and an Advisory Council Member to the Harvard T.H. Chan School of Public Health and the Harvard Business School Culture of Health Advisory Committee.

Jennifer holds a Bachelor of Science from Pennsylvania State University, University Park, PA.



Mark Boquet

Chief Health Officer and Director of Health Services for The Dow Chemical Company

He is directly responsible for leadership and management of all Occupational Health, Epidemiology, and Health Promotion programs and staff around the world.

Mark is a board-certified Family and Occupational Medicine physician. He has worked for Dow Chemical since 2014, where his initial focus was on leading the implementation of Health Services strategy throughout Louisiana, followed by rapid expansion of his role to other states within the US Gulf Coast region.

Mark quickly assumed several global consulting responsibilities, subject matter expert roles and joined the global Health Services Leadership Team. He has been very active in the American College of Occupational and Environmental Medicine and its Mid-South Region, including leadership and annual conferences.

Dr. Boquet holds a bachelor's degree in biochemistry from Louisiana State University in Baton Rouge, Louisiana. He earned his Medical Degree and a Master's in Public Health from Louisiana State University Health Sciences Center in New Orleans, and in addition, a Master's of Science in Health Care Management from the University of New Orleans.



Joan Demetriades

Director of Strategy & Program Development of One Mind

She brings extensive experience in pharmaceutical R&D strategy development, strategic leadership, portfolio planning, program & project management, organizational effectiveness, merger integration, bioanalytical chemistry and pharmacokinetics.

Joan's career spans executive and leadership positions at Janssen Pharmaceuticals R&D, Johnson & Johnson Pharmaceutical R&D, AstraZeneca, Astra Merck, and Merck Research Labs.

Joan earned a Master of Business Administration from La Salle University and a Bachelor of Science in Medical Technology from Duquesne University.



Jodi Jacobson Frey

Associate Professor at The University of Maryland, School of Social Work.
She chairs the Employee Assistance Program (EAP) sub-specialization and the Financial Social Work Initiative. Her research focuses on workplace behavioral health, including the impact of employee health and well-being on productivity and safety.

She studies the effectiveness of employee assistance, work/life, and financial capability programs for working families and has dedicated a significant portion of her research agenda to the prevention of suicide and crisis response in the workplace.

Jody has published over 35 articles in journals including the American Journal of Addictions, Social Work, Journal of Career Development, Journal of Occupational and Environmental Medicine, Journal of Social Work Education, Journal of Workplace Behavioral Health, Research on Social Work Practice, and Suicide and Life-Threatening Behavior. Dr. Frey regularly presents her research at national and international professional conferences. She is also the Co-Editor-in-Chief for the Journal of Workplace Behavioral Health.

Dr. Frey earned her PhD and Master's degrees from the University of Maryland.



Kathy Gerwig

VP of Employee Safety, Health, and Wellness at Kaiser Permanente in Oakland, CA.
She is responsible for eliminating workplace injuries, promoting well-being and healthy lifestyle choices, and reducing health risks for the 215,000 employees of Kaiser Permanente, a leading health care provider and not-for-profit health plan/hospital system serving more than 12 million members in the United States.

She oversees the national departments of workplace safety, workforce wellness, integrated disability management, employee assistance programs and environmental, health and safety. Kathy is also responsible for leading a nationwide environmental stewardship program for the organization. Her book, *Greening Health Care, How Hospitals Can Heal the Planet* examines the critical role health care organizations can play in addressing serious environmental threats to health. She is on the boards of several leading non-governmental organizations focused on safety, health and environmental sustainability. Kathy holds an MBA from Pepperdine University.



Darcy Gruttadaro

Director, Center for Workplace Mental Health, American Psychiatric Association Foundation

As director, she is developing and implementing the Center's strategic direction in providing employers the tools and resources needed to support the mental health of employees and their families.

Before joining the Center, Darcy served in multiple senior positions with the National Alliance on Mental Illness (NAMI), where her work focused on expanding access to effective mental health services and supports for youth and adults impacted by mental health conditions. She has also worked with national organizations representing managed care organizations and practiced law with the Harris Beach law firm, concentrating her legal practice on health care and mental health related issues. She served as a law clerk in the U.S. District Court for the Western District of New York.

Ms. Gruttadaro earned a Bachelor of Science degree from Clarkson University and a JD from Western New England University School of Law.



CDR Karen Hearod

CDR Karen Hearod serves as the Substance Abuse and Mental Health Services Administration (SAMHSA) Regional Administrator for Region 6, which includes Arkansas, Louisiana, New Mexico, Oklahoma & Texas.
In her role as Regional Administrator, she supports stakeholders through technical assistance, promoting program development, policy innovation, and system transformation.

Prior to accepting her position at SAMHSA, CDR Hearod served as the Indian Health Service Oklahoma City Area Acting Behavioral Health Consultant. In this position, CDR Hearod had oversight over behavioral health and substance use disorder programs across Oklahoma, Texas, and Kansas. In addition to providing leadership as Chair for the IHS National Zero Suicide Advisory Committee, she served as a member of the National Suicide Crisis Policy Committee working to establish the first IHS national suicide care policy.

CDR Hearod received a Master of Social Work degree from the University of Oklahoma and a Bachelor of Social Work from East Central University. She is a Licensed Clinical Social Worker.



Michelle Hellebuyck

Michele Hellebuyck is the Policy and Program Manager for Mental Health America (MHA), based in Washington D.C.
She oversees MHA's workplace mental health program and is responsible for collecting and analyzing data on workplace mental health. Her recent findings were published in the Mind the Workplace report. She also sources data and authors Mental Health America's State of Mental Health America report, which ranks states on prevalence and access to care.

Michelle holds a master's in International Development, Economics and Global Health, and is skilled in policy analysis, program design, monitoring and evaluation, and social impact assessment.



Karen Hume

Karen Hume, MPA is Senior Advisor, Centre of Excellence in Recovery and Peer Support, CMHA-Calgary and the International Initiative for Mental Health Leadership (IIMHL) in Workplace Mental Health.

Karen also serves on science advisory groups and expert panels including the Mental Health Commission of Canada - Asia-Pacific Economic Cooperation (APEC), American Heart Association, National Alliance of Healthcare Purchaser Coalitions and the Meadows Mental Health Policy Institute.

Before joining CMHA's Centre of Excellence, Karen served as a workplace program advisor for Mental Health America of Greater Houston, co-developing evidence-based workplace interventions in partnership with the University of Glasgow, UK. She is a certified advisor of the first Psychological Health and Safety Standard in the Workplace and has contributed to published whitepapers, commentaries and statement articles on health and wellness promotion. Karen also proudly serves as a non-profit mental health consultant providing practical guidance, tools and resources that help organizations implement and sustain effective worksite health management practices.
Karen received her Master of Public Administration from Dalhouse University, and a Bachelor of Arts in Political Science and Government from St Francis Xavier University.



William ‘Bill’ Kassler, MD

Dr. Kassler currently works at IBM Watson Health as Deputy Chief Health Officer and Lead Health Officer for Population Health.

Prior to joining Watson Health, he served as Chief Medical Officer for the New England Region of the Centers for Medicare and Medicaid Services (CMS), was a founding member in the CMS Innovation Center’s population health group; he served as the State Health Officer for New Hampshire Department of Health and Human Services, with leadership and administrative roles in public health, social services and Medicaid; and at the Centers for Disease Control and Prevention (CDC) as an epidemiologist, chief of health services research and evaluation, and Senior Advisor for Health Policy.

He received his MD from the University of Massachusetts Medical School, a Masters of Science in nutrition from Case Western Reserve University, a Masters of Public Health from Berkeley. He completed a primary care internal medicine residency at Brown and was a Robert Wood Johnson Clinical Scholar at the University of California, San Francisco.



Debra Lerner

Dr. Lerner is the Director and founder of the Program on Health, Work and Productivity, within Tufts Medical Center Institute for Clinical Research and Health Policy Studies.

She is a senior scientist and Professor in the Departments of Medicine and Psychiatry of Tufts School of Medicine, and Associate Director of the Tufts Clinical and Translational Science Institute.

Debra has specialized in mental health issues and has been a principal investigator on multiple projects related to employee mental health improvement. She is considered a national thought leader on workplace interventions for stress and depression. Recent projects include producing a white paper for business leaders on the costs of depression and a comprehensive report evaluating the dissemination of workplace interventions for depression. Debra has been Principal Investigator on four federally-funded clinical trials, which have resulted in a best-in-class evidence-based screening and intervention program to improve the work performance and productivity of employees with depression.

Dr. Lerner has a masters degree in Health Planning/Administration from the University of Cincinnati and a doctorate in Medical Sociology from Boston University.



Judith Lichtman

Judith Lichtman is an Associate Professor (with tenure) and Chair of the Department of Chronic Disease Epidemiology at the Yale School of Public Health, and Co-Director of the Yale Center for Neuroepidemiology and Clinical Neurological Research.

Her research focuses the epidemiology of stroke and heart disease using longitudinal databases and prospective observational studies to understand cardiovascular and stroke outcomes.

She has served on several national committees including the American Heart Association’s Patient Education System Task Force, Stroke and Epidemiology Councils, the Quality of Care and Outcomes Research Expert Panel, and the American College of Cardiology Foundation/AHA Task Force on Clinical Data Standards. She has been the co-chair for two National AHA Writing Committees on depression and heart disease, as well as a co-author for numerous AHA guidelines and scientific statements.

Dr Lichtman holds a PhD, as well as an MPH, from Yale University. She received a Bachelor of Arts from the University of Rochester.



Katy Riddick

At High Lantern Group, Katy advises business and non-profit leaders and senior staffers across a host of industries and issue areas, from health care and energy to travel and tourism.

Organizations look to Katy to help them navigate complex operating environments, assess and respond to organizational risks and emerging threats to their industries and identify opportunities for growth.

Before joining HLG, Katy led the Government Affairs team at Alzheimer's Research UK, the largest charitable funder of dementia research in Europe. During her tenure, the UK Government committed to an ambitious goal of a disease-modifying treatment for Alzheimer's by 2025. Katy helped craft the supporting strategy, while also managing multiple issue campaigns on key legislative priorities. She led the development of a program of work focused on the impacts of dementia on women, which established the organization as a thought-leader on the issue. A native Oregonian, Katy graduated with Honors from the University of San Francisco with a degree in Politics.



Fred Seavey

Fred Seavey is the Research Director of the National Union of Healthcare Workers (NUHW) in Emeryville, Calif.

In his role as Research Director, Fred is responsible for leading a team of researchers who analyze health care providers' clinical, operational, and financial performance; assist caregivers with workplace issues; perform public policy research and advocacy; and work with consumers, advocacy organizations and professional associations.

Fred began working with NUHW upon its founding in 2009. He has more than 20 years of experience working for health care worker unions. Earlier in his career, Fred worked with NGOs in the US and Latin America on issues of community and economic development, job training, and affordable housing.
Fred has a Bachelor of Arts from Princeton University and a Master of Arts from the University of California at Los Angeles.



Michael Thompson

Michael Thompson is the President and CEO of the National Alliance of Healthcare Purchaser Coalitions (National Alliance), an association of approximately 50 regional coalitions collectively supporting over 12,000 health care purchasers providing health coverage to more than 45 million Americans.

Prior to joining the National Alliance, Mike was a Principal at PricewaterhouseCoopers (PwC) for 20 years. He has worked with major employers and other stakeholders on sustainable cost reduction, integrated health, wellness and consumerism, retiree health, private health exchanges and health reform. Known for developing and promoting collaborative cross-sector health industry initiatives, Mike participated on the steering board of the World Economic Forum's "Working towards Wellness" initiative and co-founded the Private Exchange Evaluation Collaborative (PEEC). Prior to PwC, Mike served as an executive with diverse roles with Prudential Healthcare for over 17 years.

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Melissa Turner

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Prior to joining ODEP, she led state policy work for the National Center for Learning Disabilities, managing regional mobilization and advocacy around issues that impact students with learning disabilities.

Melissa has experience in the Office of Management and Budget (OMB), analyzing education and disability budget, policy, legislative and regulatory proposals for the US Department of Education. While at OMB she developed regulations to protect the rights of individuals with disabilities under the Workface Innovation and Opportunity Act and the Individuals with Disabilities Education Act. Prior to her role at OMB, Melissa worked in the US Department of Education's Office of Special Education Programs, providing technical assistance and monitoring state special education and general education programs to improve results for children with disabilities.

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Shelly Wolff is a national and international expert in Willis Towers Watson's Health & Well-being specialty area in the Health and Benefits Practice.

She is also responsible for leading global health and productivity projects, engagement strategies and is a regular contributor to Willis Towers Watson's published research on global and domestic health and well-being strategies, programs and impacts.

Prior to joining Towers Watson, Shelly came from General Electric where she was responsible for leading companywide cross functional projects which became a cornerstone in GE's absence and worker health programs. Shelly brings 20+ years of experience having worked in the insurance industry prior to her work at GE.
Shelly holds an MBA from the University of St. Thomas, Minneapolis, MN and Masters Degree in Vocational Rehabilitation Counseling from the University of Minnesota.

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