

PROMOTING MENTAL HEALTH AND WELL-BEING AT WORK: THE ROLE OF THE MANAGER

**A CAHRS White Paper | January 2021 | prepared by
Tiffany Jordan and Nate Mladenovic**

I. Background

Grief, despair, reckoning, upheaval, renewal—any one of these words can characterize the unparalleled time in history we are living through now. The global events of the past 12 months have affected us all in varying ways. While they have surely posed a threat to our collective physical health, they have also taken a toll on mental health. A Gallup poll from November 2020 found that the mental health of Americans is at its lowest levels in two decades (Brenan, 2020). A poll by the Kaiser Family Foundation from July 2020 found that roughly one-third of adults showed symptoms of anxiety or depression—more than triple the average rate (Panchal et al., 2020). At the same time, the events of the last year have highlighted long-known but now more important drivers of mental health. For instance, a study by the Pew Research Center found that financial woes exacerbated stress related to the COVID-19 pandemic (Keeter, 2020). Even those with stable employment have fared poorly: a study by MetLife found that two-thirds of working adults have experienced stress since the pandemic began and at least one-third have exhibited signs of burnout (Employee Benefit Trends Study 2020, n.d.).

Mental health had been a growing workplace issue before the pandemic began. In 2019, the World Health Organization recognized burnout as an “occupational phenomenon” caused by chronic workplace stress (Yar, 2020). Moreover, recent research has demonstrated the negative effects of work on health, ranging from work-family conflict to increased risk of morbidity and mortality (Pfeffer, 2018). It has also shown the benefits of promoting mental health: there may be up to \$4 return for every \$1 spent (Aarons-Mele, 2018). But the pandemic and ensuing events have intensified the relationship between work and mental health in ways never before seen. Work-family conflict takes on a whole new life when the office becomes the home.

Burnout can become that much more common when collective stress affects all employees. And the benefits of community may be all the more fleeting when employees are working from home indefinitely. This unprecedented time presents both a challenge and an opportunity to companies who are concerned with mental health. As such, it is imperative to better understand how organizations can promote the mental health of their employees.

II. Methodology

In this benchmarking study, we sought to identify the best mental health programs and initiatives that companies have in place. In addition, we wanted to learn more about the role that organizations envision managers and front-line leaders playing in these efforts. Both conventional wisdom and scientific research suggest that managers play a key role in the employee experience, but how they can do so in the domain of well-being has yet to be established. As such, we set out with two main research aims:

PROGRAMS & INITIATIVES	MANAGEMENT & LEADERSHIP
<ul style="list-style-type: none"> → How can companies promote mental health and well-being among their employees? 	<ul style="list-style-type: none"> → What role do managers play in these efforts? → How can companies support them and promote their own well-being?

To explore these questions we conducted semi-structured qualitative interviews with a range of CAHRS partners. In the end, we interviewed 34 HR professionals from 22 companies. Figure 1 is a word cloud representing the most common terms that made up the job titles of our interviewees.



Figure 1. Job titles of participating representatives from partner interviews

A large proportion of interviewees had global purview over their organization’s initiatives. Notably, just as many interviewees were focused specifically on employee well-being as were focused more broadly on benefits. Moreover, roughly one-fourth of interviewees had backgrounds in health-related fields, such as public health or counseling, before working in HR. Figure 2 on page 3 shows the wide range of industries that the participating companies do business in.

Industries of Participating Companies

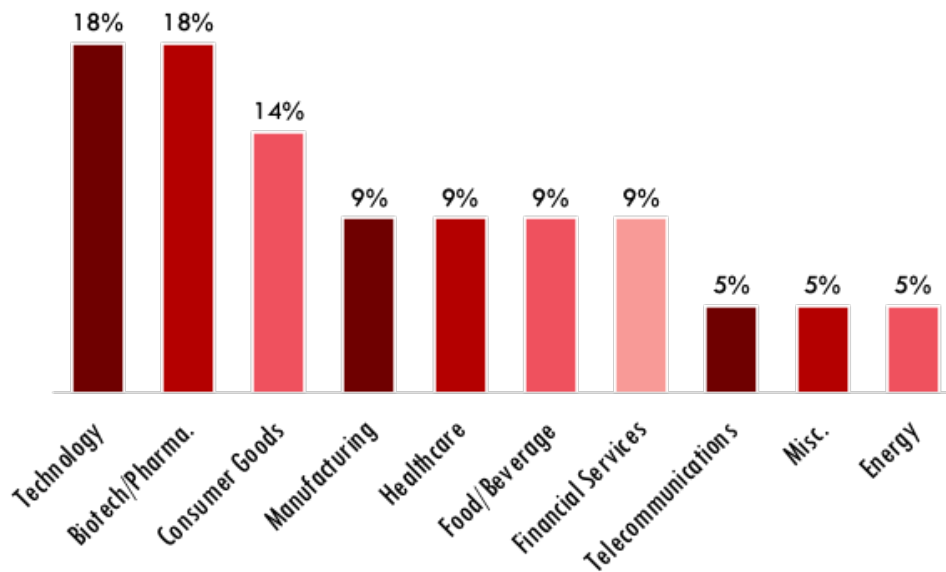


Figure 2. Percentage of industries represented across participating companies

The participating companies were well represented across at least 10 industries.¹ Companies in the technology and the biotechnology/pharmaceutical industries were the most prevalent. Most partners were headquartered in the United States, and nearly every company had global operations of some kind.

III. Notable Employee Populations

Partners attempted to address mental health and well-being through large, wide scale programs, but they also acknowledged that universal approaches do not meet unique needs of specific employee populations. While a spectrum of mental health challenges exists within each of these populations, and overlap exists within these identities, the six groups in Figure 3 below emerged as those that required the most tailored response.

¹ Companies who had a significant presence in more than one industry were categorized under 'misc.'

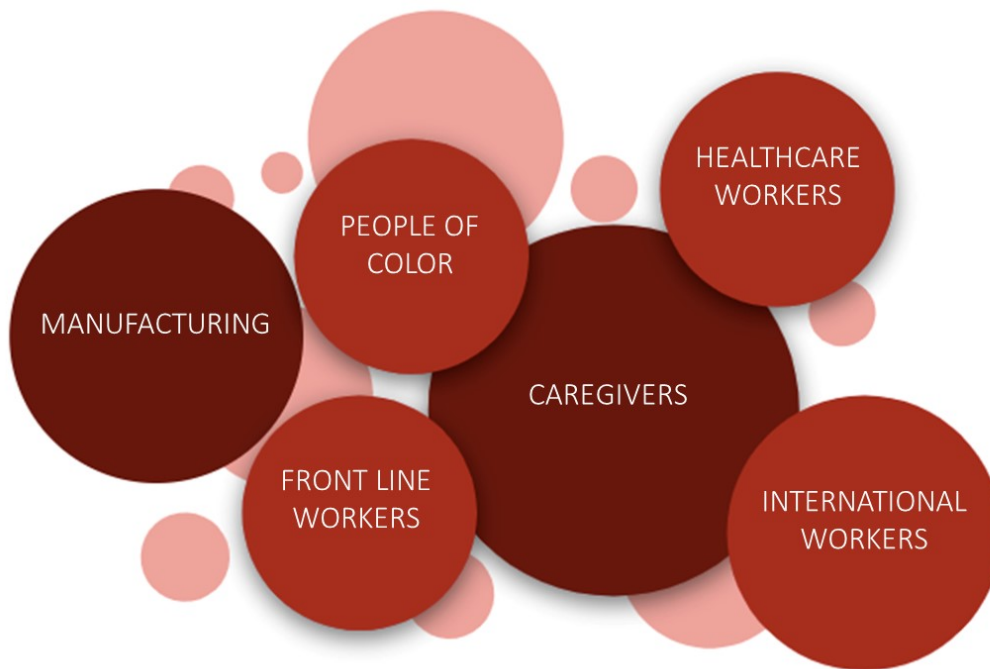


Figure 3. Most cited employee populations with unique benefit needs.

IV. Mental Health Strategy Framework

Model I: Horizontal Continuum

In order to track trends among mental health strategies across organizations, we crafted a formal framework based on patterns that emerged in our analysis. Our first inclination was to map strategies onto a linear continuum based on maturity as depicted in Figure 4 on page 5. On one end we place strategies that are developing or in initial implementation phases. Here we find companies whose dialogue around mental health and well-being in the workplace is relatively new. On the other end, we place strategies that are well established and mature. Here we find companies who implemented a mental health strategy years ago, and are well positioned to adjust and refine their actions as events occur. To refine where on this spectrum strategies lie, we asked ourselves four questions:

1. Is this strategy proactive or reactive?
2. Who leads this work and how long have they been in that role?
3. Does a larger team also exist to drive this work?
4. Does this leader and/or team sit broadly within HR (such as in compensation and benefits), or does a specific health and wellness team exist?

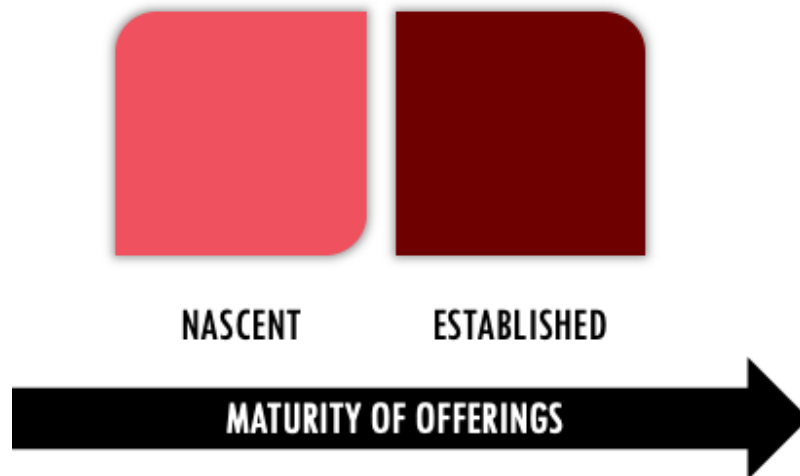


Figure 4. Horizontal continuum of mental health strategy maturity

Model II: Vertical Dimension

While the continuum was helpful, we later found this framework too simplistic. It proved too difficult to map strategies onto this continuum while also accounting for other nuances in company approaches. It was through this discovery that a second dimension emerged as depicted in Figure 5 on page 6.

This second dimension, rather than considering longevity, focuses on the level of integration and scope. On one end we place strategies that are concentrated in one area of the business or at a specific population of employees. Here we find companies who target leaders and managers directly, but not front line employees. On the other end, we place strategies that are widely integrated across business areas and functions. Here we find companies whose mental health and well-being goals are integrated in performance review metrics. To refine where on this spectrum strategies lie, we asked ourselves five additional questions:

1. Are multiple centers of excellence involved in creating and driving programming for this strategy (Learning & Development, Diversity & Inclusion, Talent Management)?
2. Are non-HR leaders also involved in the development of these programs, and are they actively serving as ambassadors?
3. How are employees held accountable for committing to this strategy? Are these initiatives incorporated into performance and promotion models?
4. Are leaders modeling this behavior openly across the business?
5. Is this strategy present globally, or solely within the United States?

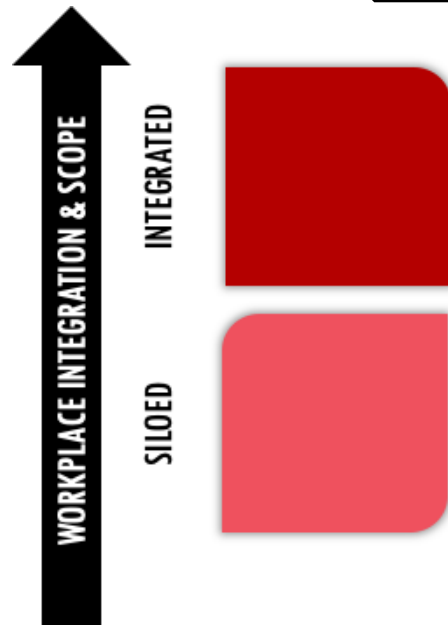


Figure 5. Vertical dimension of mental health strategy integration and scope

Final Quadrant Framework

The integration of these two models generated our final four quadrant framework depicted in Figure 6 below. Both these dimensions are critical in the evaluation of mental health and well-being strategies, and this model illustrates the constant interaction between them.

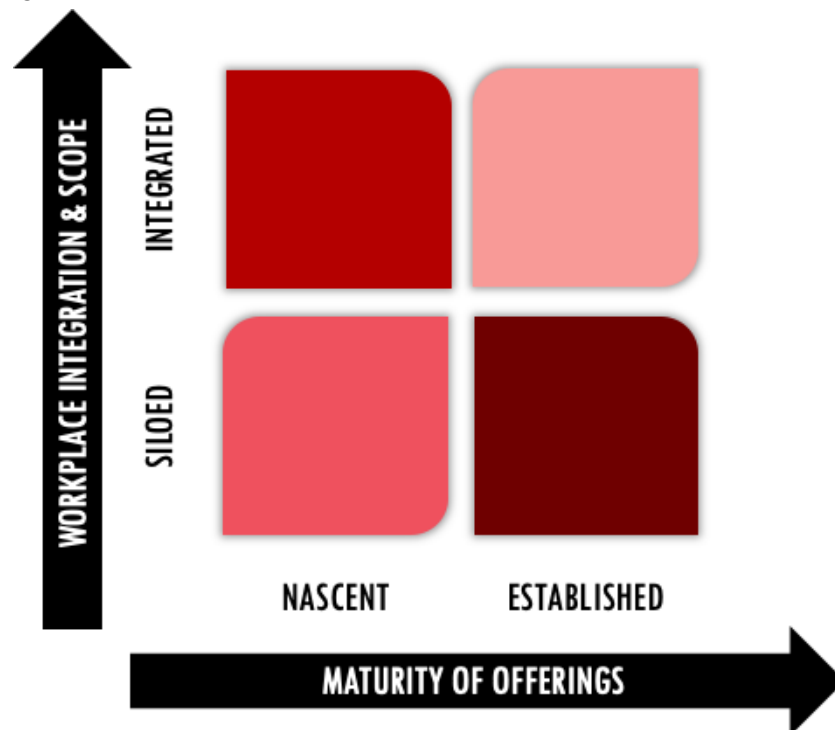


Figure 6. Quadrant framework combining maturity and integration measurements

However, utilizing this framework does not allow us to simply measure the impact of an organization’s strategy. No *one* quadrant is the “right” quadrant for every organization due to large variance in employee populations and organizational cultures across companies. What is most effective at a predominantly manufacturing firm will likely differ from one with an entirely virtual workforce. Instead, we present this model as a tool for organizations to determine where they currently sit, to consider where they want to be to generate the most impact for their specific organization, and to utilize the accompanying questions to explore potential changes to guide them in that direction.

V. Practices: Programs & Initiatives

We also identified a range of programs and initiatives that companies had in place to promote mental health. We observed that there were practices done by nearly every organization once the pandemic began, which we deemed foundational practices. We also observed practices that were creative and uniquely tailored to the culture and needs of each organization, which we deemed innovative practices, as shown in the table below:

FOUNDATIONAL PRACTICES	INNOVATIVE PRACTICES
Expansion of Employee Assistance Program (EAP) & Health Benefits	Mental Health First Aid
Workshops on Well-being Needs	Partnerships with Employee Resource Groups (ERGs)
Flexible Schedules & Vacation Policies	Advanced Work/life Balance Initiatives
Spotlights on Mental Health in Leadership Meetings	Spotlight on Leaders with Mental Health Challenges
Cross-Functional COVID Taskforce	HR Teams Focused on Mental Health & Well-being

These innovative practices, like foundational ones, all touched on the crucial dimensions of workplace mental health promotion: benefits, support groups, work/life balance, and messaging from leadership. What set them apart, however, was that they sent a signal that well-being was truly a priority on par with business needs. We now describe these innovative practices in turn:

Innovative Practices

Mental Health First Aid

In addition to offering mental healthcare by way of Employee Assistance Programs and

benefits, several partners were in the process of rolling out mental health first aid programs. Mental health first aid, sometimes referred to as mental health allyship, is a relatively new practice meant to ease access to mental healthcare. Providers of mental health first aid are not licensed clinicians themselves—they are trained to identify the signs of a mental health crisis and make a referral for proper diagnosis and treatment. At CAHRS partners, all trainees were current employees without professional mental health backgrounds—a strategic choice that brought the practice in-house and also differentiated it from therapy. Most CAHRS partners were still piloting their programs with the help of external trainers at the time we spoke with them. So far the pilots have been successful, with one partner claiming that it has helped “socialize” the use of EAP resources.

Partnerships with Employee Resource Groups (ERGs)

Some partners went beyond just offering workshops on well-being needs to partner with their ERGs to tailor them to their different employee populations. Rather than just rely on outside EAP providers to curate content for them, some HR teams have been actively engaging with ERGs, such as those for women or Black employees, to determine what offerings might be most useful to them. HR teams also engaged with ERGs to make sure that communications around mental health were appropriate for these different populations, so that they did not sound like they were “coming down from corporate,” said one partner.

Advanced Work/life Balance Initiatives

A couple partners we spoke with took especially novel approaches to promoting work/life balance. For example, one partner converted their onsite fitness centers into temporary childcare centers so that caregivers had a place to bring children when local providers were unavailable. This enabled employees to work more easily at home while the workplace was closed. Other partners enforced company-wide “shutdowns” in which the entire organization closed for business for a short period of time. This helped promote work/life balance by inducing employees to take rest time, especially because the pandemic limited their ability to truly take time away from work.

Spotlight on Leaders with Mental Health Challenges

In addition to merely highlighting mental health in leadership meetings, some partners actually featured senior leaders who themselves had experienced mental health challenges. These leaders came forward about their struggles with addiction, depression, and other disorders, and made clear that it is possible to get help. This normalized the importance of well-being from the top-down and encouraged action from the bottom-up. For example, one partner said that after a senior leader came forward about a suicide attempt, it inspired grassroots efforts that led to a mental well-being day-off and awareness around suicide prevention.

HR Teams Focused on Mental Health & Well-being

One of the more forward-thinking practices we saw was the creation of HR teams that were specifically focused on mental health and well-being. All partners had, at a minimum, HR leaders from benefits or total rewards involved in their mental health initiatives. Most partners were also part of a cross-functional task force that dealt with any sort of impact presented by the pandemic, including that on mental health. But some partners went above and beyond to take more of a proactive role in mental health promotion. In a way, this enabled them to go further “upstream” to address mental health before it became just a matter of benefits, by recognizing the role that other aspects of the employee experience play in mental health. At some partners these HR teams sat within benefits, in others under an employee experience division, but in all cases the existence of the team sent a message that well-being is a major concern.

VI. Practices: Management & Leadership

A key focus of our study was to discern what role managers play in mental health strategies, how companies support them in these efforts, and how they promote their own well-being. While managers were not expected to serve as “therapists” to employee groups, most companies stated the large influence they have on the mental health and well-being of their teams. Several partners refer to this population as “people leaders,” and we note that those who do also tend to have integrated and established mental health strategies.

Manager Training and Communications

There was a fairly universal implementation of manager specific trainings and communications as illustrated in Figure 7 below.

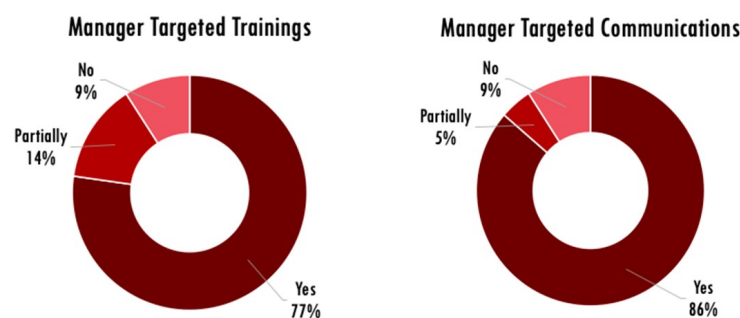


Figure 7. Percentage of participating companies who have targeted trainings and communications for the manager population.

Training programs focused on resilience, effectively leading virtual teams, and how to lead with empathy. While some companies shared high participation rates across their organization, others did note issues targeting front line managers and those reluctant to discuss mental health. As one organization noted, “The managers who need this training the most don’t do it.” However, other companies mitigated this and elevated the importance of these competencies by implementing traceable measurements. As part of their routine pulse surveys, they added questions to trace self-reported well-being scores. If the results suggested that specific teams were more stressed than others, it gave HR an opportunity to intervene and hold targeted training with those people leaders.

Manager specific communications were also fairly common among partners. Many published newsletters that curated content for managers, streamlining offerings and updates in a format easy for managers to promote among their staff. Others developed pre-written language for managers who may be uncomfortable fielding difficult questions. Yet, partners continued to express challenges with buy-in. “There’s a distinction between HR emailing people things and actually getting the leaders to communicate to [employees] effectively,” said one partner.

Manager Well-Being Benefits

While there is a strong focus on preparing managers to drive mental health and well-being culture for their teams, there was little focus on supporting the manager population’s own well-being. As seen in Figure 8 below, very few partners noted specific benefits aimed at supporting manager mental health.

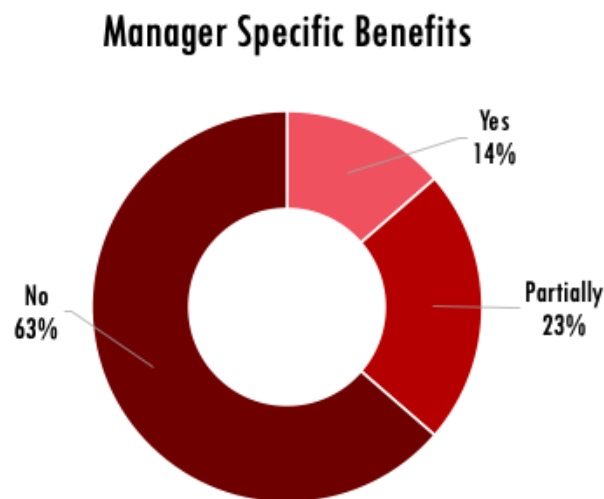


Figure 8. Percentage of participating companies who have benefits specifically targeting the needs of the manager population

Despite the emphasis placed on mental health, expectations around productivity and business performance persist. Given their unique position at the crux of these priorities, partners acknowledged the many pressures managers and front line leaders are juggling. As one partner noted, “it’s hard to help everyone when everyone needs help.” In several of our conversations, the analogy of “putting your mask on before putting it on another” was mentioned as companies recognize needs in this area.

However, others were hesitant to implement manager specific benefits noting that, “everyone contributes to the health status of the organization.” In these cases, partners stated that through universal changes to benefits managers would get the support they need.

While our study did not uncover definitive best practices in this area, it did illuminate questions about the future of benefits. The benefits model is constantly evolving, and while tailored offerings do address employee needs, they can also pose equity challenges. Since there is no established paradigm, this will continue to be an emerging area of research.

VII. Pillars for Sustainable Mental Health Strategies

In our exploration of impactful mental health strategies, we also uncovered a series of remaining questions. The long term effects of COVID-19 on the future of work are still yet to be seen, and so it is critical that developed programs are not only impactful, but also sustainable. Figure 9 below depicts the five areas that partners cited most when exploring threats to their mental health and well-being strategies.

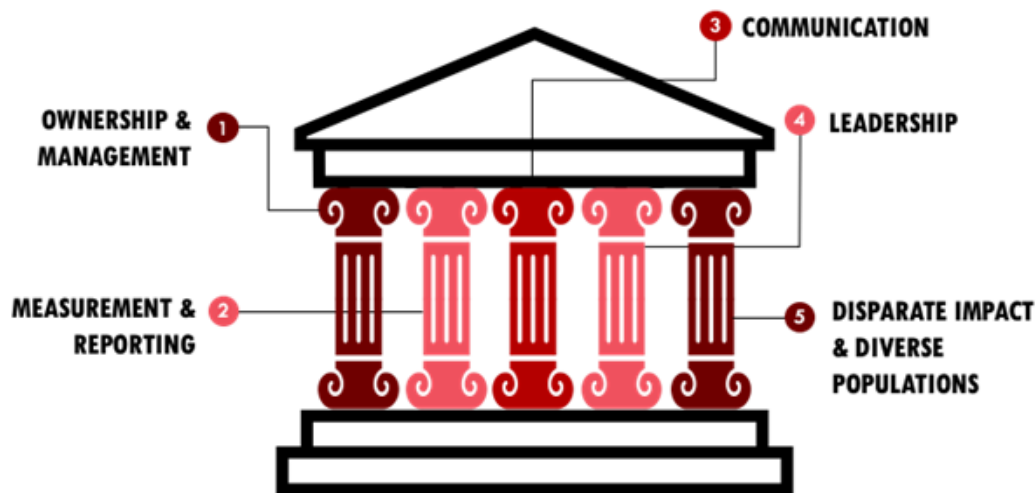


Figure 9. Five focus areas to ensure mental health strategies are both impactful and sustainable.

1. *Ownership & Management*

Across partners, this work is predominantly championed by HR. The level of consolidation in HR seems to be strongest among companies who are still developing their strategies. How can this work continue to be innovated by HR, but operated by other areas of the business for broader integration? This broad approach not only generates investment across the business, but also gives HR bandwidth to adjust and implement practices as new challenges arise.

2. *Measurement & Reporting*

The ability to accurately measure and report the effectiveness of interventions was also cited as a common challenge. How can companies identify the training, programs, and benefits that yield the strongest impact? Implementing measurement systems allows interventions with high return to be expanded to broader employee populations, and those with low return to be amended or removed. Transfer of knowledge rates and measures that hold employees accountable for continuing these practices - such as an integration into performance management systems - also ensure long term sustainability.

3. *Communication*

With the rapid expansion of benefits, many partners faced challenges crafting communications that were simple, direct, digestible, and effective. How can organizations ensure that they are getting to all employee populations - particularly those who need additional support most? While front line, manufacturing, and service employees posed the largest challenges for our partners, they did note that even the average employee may be overwhelmed when navigating benefits offerings. Meeting employees where they are - through mobile platforms, customized employee portals, and even paper dissemination - may have a more positive effect long term rather than relying on manager communication channels.

4. *Leadership*

While having the support of leadership is critical for the long term success of mental health and well-being, principles supporting these objectives also need to be embedded in the definition of "people leadership" to persist. How do competencies such as emotional intelligence, empathetic leadership, and resilience fit into the way you evaluate and reward current and future leaders? As the responsibilities for people leaders continue to expand, organizations also need to consider if/how they support and promote mental health and well-being among the leader population, just as they have acknowledged differentiating needs among other employee groups.

5. *Disparate Impact & Diverse Populations*

It is clear that some challenges are population specific, and best practices to target support for them need to be well defined. Groups that were identified early on by our partners benefited from the expansion of offerings tailored to them, and organizations

should continue to anticipate unique needs from other groups as well. Employees with pre-existing conditions (ex: history of mental illness or recovery from substance abuse) and early-in-career employees (who are at higher risks of isolation) may also require tailored offerings. Given the multinational scale of many organizations, companies also need to consider options for international populations that may have different cultural and political responses to mental health topics. Companies should also consider disparate effects that may emerge downstream around retention rates, pay/promotion equity, and performance management.

VII. Conclusion

The COVID-19 pandemic has shown how interconnected well-being and our working lives truly are. This benchmarking study found that many companies have risen to the occasion to meet the needs of their employees at this crucial time, but there remains much work to do and many questions to answer. We hope that any organization, no matter its philosophy on mental health, finds the strategies, practices, and insights in this report instructive.

References

Aarons-Mele, M. (2018, November 1). We need to talk more about mental health at work. Harvard Business Review. <https://hbr.org/2018/11/we-need-to-talk-more-about-mental-health-at-work>

Brenan, M. (2020, December 7). Americans' mental health ratings sink to new low. Gallup. <https://news.gallup.com/poll/327311/americans-mental-health-ratings-sink-new-low.aspx>

Clifton, J., & Harter, J. K. (2019). It's the Manager: Gallup Finds the Quality of Managers and Team Leaders is the Single Biggest Factor in Your Organization's Long-term Success. Gallup Press.

Employee benefit trends study 2020. (n.d.). MetLife. Retrieved December 26, 2020, from <https://www.metlife.com/employee-benefit-trends/ebts2020-holistic-well-being-drives-workforce-success/>

Keeter, S. (2020, March 30). People financially affected by COVID-19 outbreak are experiencing more psychological distress than others. Pew Research Center. <https://www.pewresearch.org/fact-tank/2020/03/30/people-financially-affected-by-covid-19-outbreak-are-experiencing-more-psychological-distress-than-others/>

Panchal, N., Kamal, R., & Muñana, C. (2020, August 21). The implications of covid-19 for mental health and substance use. KFF. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

Pfeffer, J. (2018). Dying for a Paycheck: Why the American way of business is injurious to people and companies. HarperCollins Publishers.

Yar, S. (2020, March 4). Can wellness heal the workplace? The New York Times. <https://www.nytimes.com/2020/03/04/style/office-wellness-meditation-sound-baths-energy-consulting.html>

Participating Companies

American Express	The Hershey Company
Amgen, Inc.	JPMorgan Chase & Co.
Boston Scientific	Médecins Sans Frontières
Bristol Myers Squibb	Merck
Cargill, Inc.	Procter & Gamble
Cigna	SC Johnson
Daiichi Sankyo, Inc.	Shell
Estée Lauder Companies Inc.	Trane Technologies
General Electric	Twitter
HP Inc.	Verizon
IBM	Workday