MHSOAC
Mental Health Services
Oversight & Accountability Commission

# WORKING WELL

Supporting Mental Health
at Work in California

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Governor and Legislature,

In September 2018, through the passage of SB 1113, the California Legislature directed the Commission to establish voluntary standards for workplace mental health. At that time, policymakers recognized the potential to engage the workplace as an opportunity to support mental health resiliency, address stigma, and improve access to care.

The COVID-19 pandemic highlighted the relationship between work and mental health. It taxed our front-line workers and the millions more who helped keep them functioning, well-equipped, and supported. Hospital workers, educators, public safety, and health staff across the state were challenged beyond shared expectations of what constitutes work, as the essential nature of their work became lifelines for millions of Californians.

While the pandemic has abated, Californians experience crises that impact their mental health every day. Economic insecurity, natural disasters, family disruption, trauma, and the cumulative stress of life can undermine health and wellbeing. Yet when we embrace mental health in the workplace, and when that embrace builds upon respect for diversity, equity, and inclusion, our workplaces become sources of hope, opportunity, and positive mental health.

With these voluntary standards for workplace mental health, the Golden State has the opportunity to embrace the workplace as a pathway to wellbeing. While the work was both delayed and informed by the pandemic, the Commission in this report has established voluntary standards to guide employers interested in learning more about workplace mental health and building resources and resiliencies into their workforces and workplaces.

The Commission also has included a brief set of recommendations to leverage this work to support state goals of ensuring that every Californian who needs mental health care and support has access to appropriate services. In recent years, California has made historic investments with a focus on children and youth that leverages the opportunities our schools represent for our youngest Californians. California's employer communities and workplaces represent a similar opportunity to improve mental health outcomes for working-age adults. By turning workplaces – where adults spend considerable time – into centers of support for mental health and wellness, California has the opportunity to invest in the wellbeing of yet another segment of our population.

To move these opportunities forward, the Commission has called for the establishment of a Center of Excellence supported through a public-private partnership to continue the research, analysis, and capacity building needed to fully benefit from workplace mental health opportunities. The Commission encourages the State of California, as a large employer, to embrace these standards and promote their adoption throughout the public sector. And to support state goals for improving access to care, the Commission recommends that state and other public sector employers leverage their collective health care purchasing capacity to improve access to behavioral health benefits for those with commercial health insurance.

The Commission welcomes the opportunity to discuss these recommendations in detail.

Respectfully,

Mara Madrigal Weiss
Commission Chair

Keyondria Bunch
Project Chair

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# 01 INTRODUCTION

## Executive Summary

Nearly one in five Californians face an unmet mental health need. To make progress in addressing these needs – and in preventing them – the state must promote mental health and wellbeing in the settings where Californians live, learn, work, and play. The workplace, where working-age adults can spend as much as a third of their time, is a key setting for supporting mental health. Increasingly, employees report that their work environment harms their mental health. Burnout, depression, and anxiety are on the rise. Employers are responding with new strategies to support the mental health of their workforce. To make the most of these opportunities and ensure they reach as many Californians as possible, policymakers should pursue a range of pathways, as outlined in this report, to support employees and employers.

# About the Commission

The Mental Health Services Oversight and Accountability Commission was created in 2004 by voter-approved Proposition 63, the Mental Health Services Act. Californians created the Commission to provide leadership and guidance to support the transformation of California's mental health system.

The 16-member Commission is composed of one Senator, one Assemblymember, the State Attorney General, the State Superintendent of Public Instruction, and 12 public members appointed by the Governor. By law, the Governor's appointees represent different sectors of society, including individuals with mental health needs, family members of people with mental health needs, law enforcement, education, labor, business, and mental health professionals.

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Executive Director

# About the Workplace Mental Health Project

Senate Bill 1113 (Monning, 2018) directed the Commission to establish a framework and voluntary standards for promoting mental health in the workplace. To carry out this directive, the Commission launched a Workplace Mental Health Project and Subcommittee chaired by Commissioner Keyondria Bunch, Ph.D., and Vice Chair Mara Madrigal-Weiss.

The project engaged employers, employees, subject matter experts, and others to develop the voluntary standards introduced in this report. Developing the standards was a collective effort with input from the following sources (see Appendix D for a complete list of organizations and interviewees)[*]:

### Employer and employee engagements

The Commission engaged dozens of employer and employee representatives from multiple sectors and industries. The sectors and industries included health care, education, labor, business, cultural advocacy organizations, and more. In addition, the Commission conducted anonymous interviews with representatives of California's largest employers.

### An employer roundtable

The Commission hosted an employer roundtable to gather information about best practices, barriers, and opportunities to promote mental health in the workplace. Participants discussed opportunities to support employees at work through prevention, combating stigma and discrimination, and improving access to mental health services.[1]

### Research and best practices from the literature

The Commission contracted with experts from the University of California, Davis and Amsterdam University Medical Center. The researchers prepared a brief outlining a landscape analysis and foundation for workplace mental health in California. The brief summarizes the challenges and opportunities for mental health at work and compares international models for workplace mental health standards.[2]

### Engagement with international researchers and subject matter experts

The Commission engaged researchers and subject matter experts on workplace mental health from around the United States, Canada, Australia, the Netherlands, and the United Kingdom to discuss models for standards, best practices, and implementation.

### Small group engagements with employees

The Commission met with small groups of employees from both State and local governments to discuss risks, challenges, and opportunities to support employee mental health.

### Individual conversations with Commission-contracted partner groups[3]

The Commission met with contracted advocacy groups. These partners provided insight into cultural diversity in the workplace, needs across different organizations, and strengths that could be leveraged when developing workplace mental health strategies. Partner groups included the African Communities Public Health Coalition, Boat People SOS, the California Association of Local Behavioral Health Boards & Commissions, the California Pan-Ethnic Health Network, Health Access, Healthy House within a MATCH Coalition, the Hmong Cultural Center of Butte County, NAMI California, United Parents, VetART, and Vision y Compromiso.

* Quotations included in this report are anonymous to protect the privacy of employers and their representatives.

## A landscape analysis of the current state of workplace mental health in California

The Commission contracted with One Mind at Work, a global workplace mental health nonprofit organization based in California, to prepare a landscape analysis. The analysis summarizes current trends and needs of employers and employees. It also looks at the state of access to mental health services, organizational culture change, mental health literacy, and stigma reduction.[4]

## Public engagement meetings on employee mental health

The Commission conducted a range of public engagement meetings. The first meeting, on May 27, 2020, included two panels of subject matter experts who were early adopters of workplace mental health programs. These experts represented a variety of organizational, employee, and employer perspectives. The second meeting, on March 23, 2021, included talks by three subject matter experts on workplace mental health. The presentations discussed the workplace as a strategic environment for prevention and early intervention, why workplace mental health matters for business, and how to achieve mental health parity, in which public and private insurance plans treat mental health conditions and physical health conditions equally.

## Acknowledgments

The Commission expresses its gratitude to the many partners and participants who provided time, expertise, and input to help shape this report and the standards it sets forth.  In particular, the Commission wishes to thank One Mind at Work, Carolyn Dewa, Ph.D., and Social Finance for collaboration on research, employer engagement, and support for this report.  Commission staff who contributed this work include Brian Sala, Ph.D., Ashley Mills, Timothy Smith, and Lynze Thornburg, among others.  Finally, the Commission would like to acknowledge and thank all the employer representatives, researchers, advocates, community members, policymakers, providers, and peers who gave their time, energy, and expertise to inform these recommendations and standards.

02
# THE WORKPLACE AS A STRATEGIC SETTING TO PROMOTE MENTAL HEALTH

# The Workplace as a Strategic Setting To Promote Mental Health

On average, adults in the U.S. spend a third of their time at work. As a result, the workplace represents an exceptional opportunity to promote employee mental health.[5] A supportive work environment provides stability, purpose, growth, and social identity, all factors that contribute to positive mental health.[6]

An unsupportive work environment can lead to burnout, depression, anxiety, and other mental health challenges.[7] Promoting mental health in the workplace should be an essential element in California's strategy to support resiliency, prevention, and improve access to care, including mental health equity.

California's employer community plays a central role in mental health care access and quality. Nearly 49 percent of adults and dependent children have health coverage through an employer-sponsored health plan.[8] That coverage includes support for mental health needs. Yet the state has not fully leveraged the capacity of employer-sponsored health coverage – and employers more generally – to address stigma, support prevention, and promote improved access to high-quality behavioral health services, from early intervention to support for serious mental illnesses, for employees and their family members.

California's employer community is an important and motivated partner in promoting mental health and wellbeing. Unaddressed mental health needs undermine employee attendance, performance, and productivity. Depressive disorders alone cost the U.S. economy an estimated $47.6 billion annually in absenteeism and diminished productivity.[9] In a 2021 survey of 1,500 adults in full-time jobs, 68 percent of millennials and 81 percent of Gen Z workers reported having left a job for reasons linked to their mental health.[10] In the same survey, those who felt their employer supported their mental health were more than twice as likely to say they intended to stay at their company for two or more years. Employees

who receive mental health support in the workplace are five times as likely to say they trust their company and its leaders.[11]

The COVID-19 pandemic highlighted the important relationship between work and mental health.[12] The pandemic shifted views about what it means to "go to work" and caused near-term reductions in employee mental health. A 2020 survey of more than 1,000 employees across the U.S. found that 51 percent said their mental health at work had worsened since the pandemic began.[13] Essential workers, parents, and adults who identified as Black, Hispanic, or Latino reported the biggest increases in negative mental health impacts.[14]

*"We must build and promote resilience in our workplace culture. This means we must rise above the adversity that COVID-19 presents and find ways to thrive and protect our employees against harm."*

— **Subject Matter Expert**
Workplace Mental Health

Many employers also recognize the relationship between mental health and diversity, equity, and inclusion. Progressive employers are aligning their workplace wellness initiatives with opportunities to address inequality and discrimination in the workplace. Those efforts build upon the recognition that bias, toxic environments, lack of representation, and discrimination in the workplace can exacerbate mental health challenges. Targets of inequity and discrimination may include people of color, people who identify as LGBTQ+, people with a disability, those for whom English is a second language, and others. To fully support employee mental health, employers are building inclusive workplaces that respect and address the diverse needs of all employees.

Many employers are addressing workplace mental health challenges by adding or expanding services and supports such as tele-mental health benefits, employee assistance programs, mental health days, or workplace trainings.[15,16] The guidance and recommendations in this report build upon those efforts. The Commission's goal is to embrace workplace mental health as an opportunity to address stigma, increase awareness of mental health resiliency, promote prevention, and create avenues to improve access to support, treatment, and recovery that improves mental health outcomes for all Californians.

In this work, the Commission has developed voluntary standards for workplace mental health that includes principles, policies, and procedures employers can adopt to promote mentally healthy workplaces. The standards build upon the work already underway in many workplaces and have benefitted from similar efforts by the Mental Health Commission of Canada, the World Health Organization, and the U.S. Surgeon General.

The Commission also has outlined recommendations for the State of California to leverage the workplace as a strategic setting for promoting mental health and wellbeing.

Too many Californians are currently struggling to address their mental health needs. The state must embrace the employer community as a partner in ensuring that every Californian has access to high-quality, effective mental health care when and where it is needed.

03
# FINDINGS AND RECOMMENDATIONS

# Findings and Recommendations

To ensure that all Californians have access to affordable, high-quality mental health services and supports, the State must leverage strategic settings to address mental health needs. The workplace is an often-overlooked setting for reaching California's working-age adults and their dependents. The workplace represents a powerful lever of change.

**FINDING 1**

The workplace is a strategic setting to promote the mental health and wellbeing of working-age adults and their dependents through stigma reduction, improved awareness of mental health needs, and better access to care.

Even as the COVID-19 pandemic placed exceptional strains on individuals and families, it also raised awareness among employers of workforce mental health needs. Employers consistently shared with the Commission their challenges in understanding how best to address stigma, improve mental health literacy, and ensure access to care for serious mental illnesses that affect employees and their family members.

## 75%
of employees struggle with an issue that impacts their mental health

## 80%
of employees say shame and stigma prevent them from seeking help

Research indicates that some 75 percent of employees struggle with an issue that impacts their mental health. Yet eight in 10 say shame and stigma prevent them from seeking help.[17] Assertive anti-stigma strategies that ease shame are essential to workplace mental health efforts.

*For strategies to create a stigma-free culture, see Standard 2.*

Mental health literacy encompasses five key components: **understanding how to obtain and maintain positive mental health, knowledge and recognition of mental health challenges, reducing stigma, promoting help-seeking efficacy, and improving attitudes about seeking mental health support.**[18] It enables individuals and organizations to comfortably discuss mental health needs, recognize the signs of mental health challenges, and find practical help and resources.[19] What constitutes literacy in these areas may vary depending on a person's age, culture, and other contextual factors. Poor mental health literacy prevents people from seeking help when needed, resulting in worse mental health outcomes. Enhancing mental health literacy is a core strategy to reduce mental health risks and promote mental wellbeing among employees.

*For strategies to improve employee mental health literacy, see Standard 3.*

Many employers report not knowing how to access benefits that offer the robust array of services needed to support employee mental health. Furthermore, employers cite a need for more information about best practices in mental health, a prerequisite to obtaining quality mental health services and support. Employers also search for models and resources to guide them as they assist employees. Even companies with the most comprehensive health benefits report that they often face gaps in their ability to support employees who need help, particularly care for serious and persistent mental illness.[20]

## RECOMMENDATION 1

In partnership with the private sector, the Governor and Legislature should launch a center of excellence on workplace mental health that can fully leverage the capacity of employers to address stigma, improve mental health literacy, and ensure access to comprehensive mental health care.

The center of excellence should be supported by public and private funding. Ideally housed at a research university, the center should harness the expertise of mental health consumers, the employer community, mental health providers, and researchers to:

Conduct a landscape analysis of existing best practices, tools, and resources for workplace mental health and develop and disseminate information, tools, and strategies to lessen stigma and promote mental health literacy.

Assess the return on investment of employer support for workplace mental health, as well as the cost-effectiveness of using tax credits or other incentives to encourage employer investments in workers' wellbeing.

Offer technical assistance and support capacity-building in California's employer community to expand the use of effective workplace mental health strategies.

The California Department of Human Resources, which represents one of the largest employers in the country, should have an active leadership role in the design of the center of excellence. The Department also should position itself as an active client of the center.

**FINDING 2**

California can improve access to mental health care for working adults and their family members by leveraging employer-sponsored mental health coverage to promote access to high-quality, outcome-driven care.

California has long supported mental health care parity, the equivalency between the quality of care and coverage for mental and physical health needs. Yet despite significant efforts, state and federal initiatives have yet to achieve parity.

Access to robust mental health care through private sector insurance faces a range of challenges. Nearly all employers struggle to ensure that their employees have access to the mental health and related services that are covered through their health plans.

Network adequacy – a health plan's ability to provide enrollees with reasonable access to providers – poses a significant barrier. A 2019 survey by the California Health Care Foundation found that half of California residents reported unreasonably long wait times for mental health care services, a challenge exacerbated by the pandemic.[19] Even when benefits are guaranteed by health insurance plans purchased on behalf of an employee or family member, delays in accessing care far exceed acceptable standards.[15]

Quality of care also is a concern. People with private insurance who receive both mental health and medical care are significantly more likely to rate their mental health network as less adequate than their medical network.[21] This challenge is especially acute for communities of color and members of the LGBTQ+ community, who face the extra hurdle of finding a provider who can offer culturally competent care.[22]

Low private insurance reimbursement rates for mental health providers are among the most significant barriers to improving network adequacy. A recent national multi-year analysis by the Congressional Budget Office showed that private plans paid 13 to 14 percent less than Medicaid for common mental health services. Providers join and remain in health plans only if they are paid enough. Many mental health providers, rather than accept below-market reimbursements for their services, opt to accept no insurance. These providers see only patients who can pay privately, further reducing the pool of providers available within insurance networks.[24]

Most Americans believe that mental health services are too expensive and inaccessible. According to a comprehensive 2018 study, one in four Americans must choose between getting mental health treatment and paying for daily necessities.[25]



**1 in 4 Americans**
must choose between getting mental health treatment and paying for daily necessities.

*For strategies to aid conversations with insurers to increase access to mental health care, see Standard 3.*

Copayments for mental health also are high. For employees, out-of-pocket costs are one of the main barriers to accessing mental health care, even for those with quality insurance coverage.[19]  For example, mental health services often are defined as a specialty benefit, with high employee copays.

Even when mental health services are standard benefits, care coordination often is limited. Many employers and employees report significant challenges navigating between physical and mental health care systems. The public mental health system has models to guide private insurers in addressing this challenge. Such models include case managers, peer navigators, and *promotores*, a Spanish term that describes trusted individuals who empower peers to advance their health through education and to navigate health care resources and services.[26]



Improving access to care will require ensuring that more Californians, including diverse Californians, enter mental health professions. Mental health care works best when there is a high level of comfort between client and provider. Mental health consumers often are more confident seeing a provider with a background like their own. The lack of diversity in mental health professionals is stark, however. According to 2015 data from the American Psychological Association, some 86 percent of psychologists in the U.S. are white, 5 percent are Latino, 5 percent are Asian, and 4 percent are Black – a profile that is significantly less diverse than the U.S. population.[27]

*For strategies to aid conversations with insurers about diversity and cultural competence within provider networks, see Standard 3.*

The range of care covered by private health insurance plans represents another major concern. Too often, private health insurance does not cover the type of care that is required for severe mental health conditions, such as psychiatric hospitalization or coordinated specialty care for psychosis.[28] Providers report that they often encourage eligible families to drop their private health coverage and instead enroll in Medicaid, which typically offers more comprehensive services than private plans.

To address this issue, the State should explore strategies that leverage and shape the private insurance marketplace. Parity enforcement is one such strategy. Another is to call upon the major purchasers of mental health benefits to shape access to care, quality of care, and comprehensive coverage. The California Public Employees' Retirement System (CalPERS) is among the largest of these. In 2019, CalPERS spent more than $9.2 billion in health benefits for some 1.5 million public sector employees and their families across more than 2,800 public agencies in California. The Governor and Legislature should consider working with CalPERS to shape the behavioral health marketplace to improve access to high-quality, comprehensive mental health care. California also should consider partnering with other states and the federal government to leverage other pension and health benefits systems to improve the alignment of commercial mental health coverage with needs.

## RECOMMENDATION 2

The State should work with large health care purchasers, beginning with CalPERS, to leverage the purchasing power of public sector employers toward improved access to care, quality of care, and comprehensive coverage.

The State can work with some of the largest purchasers of benefits to enhance mental health coverage for employees. This process should include obtaining feedback from employees, consumers, family members, and others to understand gaps in coverage and opportunities to better meet the mental health needs of consumers and their families.

The State also can partner with other jurisdictions – state and federal – to explore opportunities to enhance mental health-care provider reimbursement rates. This process will encourage parity with medical health coverage reimbursements and bring more providers into insurance networks.

To meet the needs of California's diverse population, networks must ensure provider diversity and cultural competency and help bring diverse trainees into mental health professions. In developing partnerships, the state should leverage the private sector to meet the demand for a diverse mental health workforce by strengthening the education, training, and support for early career mental health professions, including paraprofessionals.

## FINDING 3

California lacks adequate data about workplace mental health, including information about mental health status, work-related mental health risk factors, workplace intervention strategies, insurance coverage, and access to services.

Without valid, reliable, and timely data, California is unable to measure and monitor workplace mental health. It is also unable to measure and monitor progress in improving access to care, reducing stigma, and promoting mental health literacy. Clear and compelling data are essential to establish benchmarks for employers and employees, and to monitor the progress of workplace mental health initiatives.

*For strategies to build and track metrics related to employee mental health, see Standard 5.*

*"There are two things that would help my organization achieve its goals in workplace mental health. The first is data – understanding the trends in society, the benchmarks, and how my organization compares to others. The second is the ability to connect with people who run other organizations, to be able to share what works and what doesn't. There is a tremendous amount of value in sharing best practices."*

— **Subject Matter Expert**
Workplace Mental Health

## RECOMMENDATION 3

A new State center of excellence – called for above – should establish and implement a research agenda to identify workplace mental health indicators and measure and monitor progress on workplace mental health practices and policy. The center should work in partnership with the private sector. The research agenda should begin by:

Establishing indicators and benchmarks to measure and monitor progress across a range of workplace mental health practices, including stigma, mental health literacy, and pathways to care.

Engaging health care purchasing groups, such as the Pacific Business Group on Health, to identify gaps in insurance coverage and establish optimal reimbursement rates where necessary. Special attention should be paid to gaps that create risk for needing public-sector services, such as coordinated specialty care for psychosis.

Partnering with public and private agencies to identify industries and occupations with the highest risks for creating psychological harm, explore strategies to mitigate these risks, and support resiliency and economic opportunity for employees and employers.

The Commission and its partners in developing this work are available to guide the implementation of these recommendations.

# 04
# IMPLEMENTING THE STANDARDS

# Implementing the Standards

The following implementation guide is intended to support employers as they explore opportunities to incorporate mental health standards into their workplaces. Employers are encouraged to conduct the following activities on a recurring basis, as appropriate, to enable successful implementation of the standards.

**① Establish leadership commitment and support**

As noted in Standard 1, leadership commitment and support are essential for the success of workplace mental health initiatives and set the tone for discussions related to mental health. Organizations should seek to secure this support as a first step toward embarking on an implementation plan for addressing workplace mental health.

**② Conduct a situational analysis or "discovery report"**

A situational analysis collects and reviews data, personal narratives, and other information regarding organizational mental health. Such an analysis is an important initial step in implementing mental health initiatives. A situational analysis will provide data that decision-makers can leverage to better understand the current state of mental health in an organization and identify priority focus areas. The analysis can be based on a variety of data sources, including absenteeism and turnover rates, and use a range of measurement tools, such as in-person discussions, wellbeing surveys, and mental health screenings.

**③ Determine appropriate intervention strategies**

Based on the situational analysis, organizations can implement workplace mental health strategies to address identified gaps or priority areas. The most effective and appropriate strategies will differ across organizations depending on the current state of mental health and identified gaps or focus areas. Examples of common strategies include promoting physical activity during the workday, establishing team norms around working hours, and investing in mental health training for managers.

**④ Review outcomes**

Continuous improvement reviews should evaluate both outcomes and the governance processes used to make decisions. Outcomes are assessed by tracking tactical data such as participation rates and survey findings. Governance processes, such as working groups or steering committees, use tactical data to make decisions.

**⑤ Adjust interventions**

After reviewing outcomes, leadership and decision-makers should make data-informed decisions regarding adjusting workplace wellbeing initiatives. Steps 2-5 should be conducted on an ongoing basis.

> After developing an overarching implementation plan for workplace mental health standards and related interventions, employers should communicate the goals and associated process with all employees to ensure awareness and encourage active participation.

05
# STANDARDS FOR MENTAL HEALTH IN THE WORKPLACE

# The Mental Health Continuum

A Framework for Understanding Employee Needs

Our mental health exists on a continuum and fluctuates based on the circumstances in our lives. Depending on where we are on the continuum, different support mechanisms are needed. Strategies to address employee mental health should consider needs across the continuum.
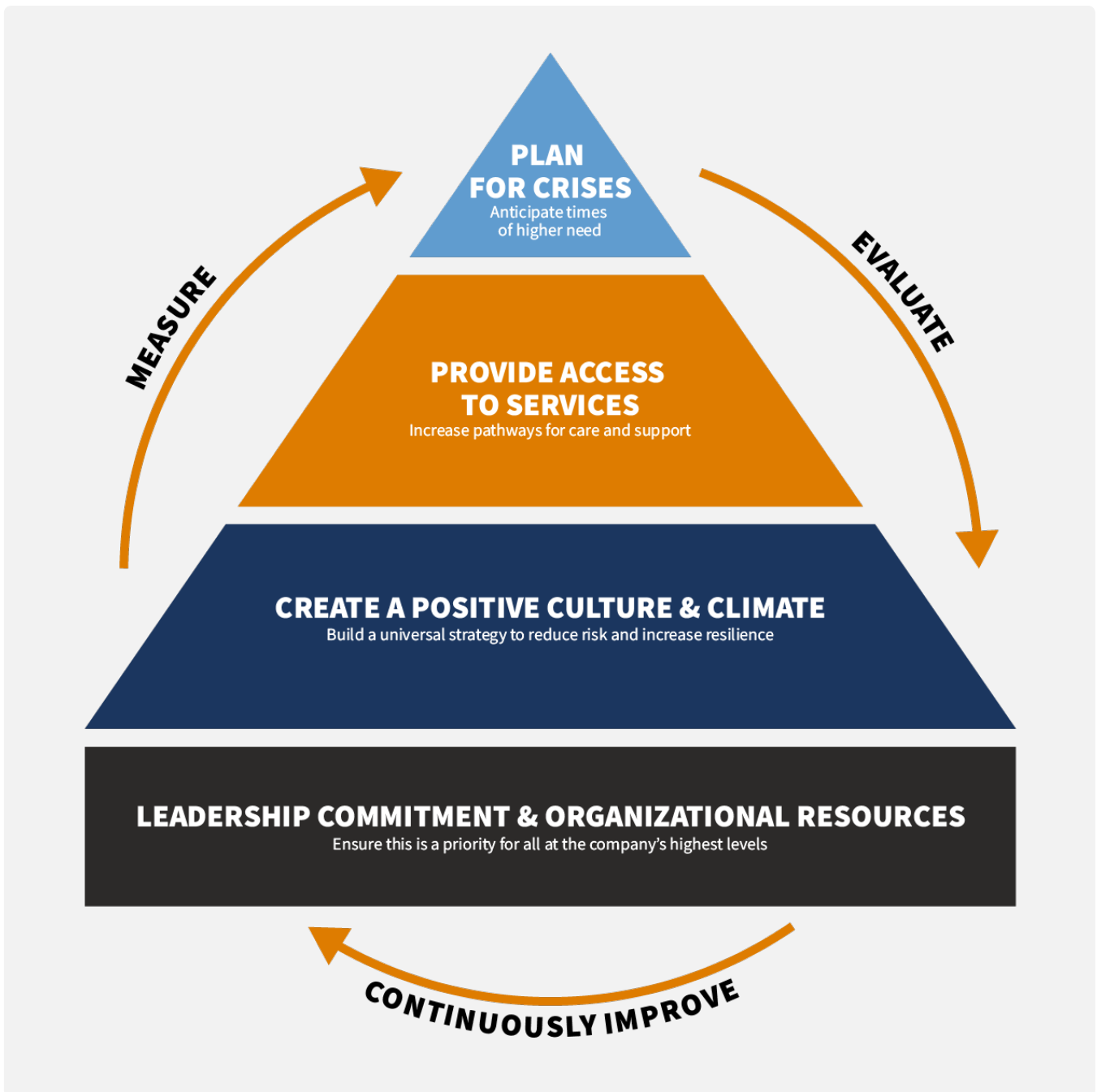
# Standards for Mental Health in the Workplace

The Commission has developed five voluntary standards that organizations may adopt to support the mental health of their employees. The standards can help organizations create policies and processes to address mental health in the workplace in ways that meet employee needs.

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Each standard includes subtopics and tactical recommendations aimed at helping all types of organizations on their journeys to promote mental health in the workplace. The report includes a set of recommendations and a discussion of potential barriers to implementation.

**(1) Leadership and Organizational Commitment**
Workplace mental health initiatives are driven by senior leaders and supported by organizational resources.

**(2) Positive Workplace Culture and Climate**
Practices that promote wellbeing and prioritize mental health are embedded into everyday aspects of the work culture.

**(3) Access to Services**
Employees have access to mental health support and care and know how to navigate these services.

**(4) Crisis Preparation, Response, and Recovery**
Organizations are prepared to respond to workplace crises and support employees in high-need circumstances.

**(5) Measurement, Evaluation, and Continuous Quality Improvement**
Organizations measure, track progress, and make changes based on performance metrics related to workplace mental health.

**STANDARD 1**

## Leadership and Organizational Commitment

Workplace mental health initiatives are driven by senior leaders and supported by organizational resources.

Leadership buy-in and meaningful organizational commitment are critical for workplace mental health initiatives to have lasting and wide-ranging impact. Leaders can help to set an organization's "tone" by promoting and supporting company programs that allow employees to prioritize mental health. They also can lead by example by prioritizing their own wellbeing in the workplace. Making tangible, organization-wide commitments to employee mental health, with goal setting and measurement, helps to ensure accountability. Such commitments also signal to employees that workplace wellness is important.

*"A lot of times, [leaders] fail to act on the cultural change they are talking about. It can't just be about not sending an email. When leaders take time off and delegate authority, they demonstrate that it's not only okay to step away from work to prioritize your wellbeing but also that they trust their team. That can go a long way in helping to foster a better culture."*

**— HR Professional**
California Department of Human Resources

### Empower leaders to prioritize and destigmatize mental health.

Leaders who champion workplace mental health initiatives consistently support their colleagues' wellbeing. These leaders also normalize conversations about mental health at work. Such leadership helps to combat stigma and create a strong workplace culture

that supports mental health. Research has shown that leaders at all levels benefit from training focused on workplace mental health. Training results in leaders who share more information about mental health and mental health resources, actively encourage employees to use these resources, and better support employees' mental health challenges.

**Specific strategies for employers include:**

→ Encouraging leaders to model healthy behaviors by setting clear boundaries between work and personal life and prioritizing their mental wellbeing

→ Supporting leaders who help to reduce stigma by exhibiting openness and vulnerability in talking about personal experiences with mental health, and who share information about organizational policies or programs that may have supported them during challenging times

→ Providing tailored, comprehensive mental health training to leaders and supervisors that promotes "soft skill" capabilities such as communicating appropriately about mental health

→ Appointing a senior leader to sponsor workplace mental health initiatives

*"Our CEO didn't always understand that mental health is a serious issue. It took a major workplace incident for leadership to start prioritizing it."*

**— HR Professional**
Hospitality Industry

**Build and dedicate resources towards an organization-wide strategy to prioritize mental health.**

Leaders should incorporate workplace mental health initiatives into their organization's broader strategic plans and dedicate the necessary resources to support those initiatives. Strategic plans should include continuous review and adjustment of key metrics on workplace mental health, as discussed in more detail under Standard 5.

**Specific strategies for employers include:**

→ Assigning a budget line item to employee mental health initiatives

→ Dedicating sufficient resources, such as budget, staff time, and technology, to workplace mental health efforts

→ Bringing in outside experts when necessary to ensure that policies and procedures reflect best practices in workplace mental health

→ Identifying and monitoring key indicators that will support management accountability, and addressing any indicators that signal risks for employee mental health

→ Communicating commitment and regular updates to leadership, such as boards of directors



*"Our workplace mental health program was driven by a leader who was really struggling with mental health and wanted to share his journey. Without that leadership buy-in, I don't think the program would have driven as much awareness."*

**— HR Professional**
TV & Media Industry

## STANDARD 2

### Workplace Culture and Climate

Practices that promote wellbeing and prioritize mental health are embedded into everyday aspects of the work culture.

Supporting employee mental health requires more than offering programs and benefits. The climate and culture of an organization are closely connected to the wellbeing of its employees. A purposeful, holistic approach to wellness in the workplace can create an environment that encourages employees to perform at their best and make healthy choices throughout the workday.

*"Holistic wellbeing should drive workplace strategy. That means physical and mental health, along with things like social connection and financial wellbeing. The best programs go beyond physical health and stress management."*

**— Employer**
Health Industry

#### Cultivate workplace practices and norms that support a psychologically healthy workplace.

The American Psychological Association defines a psychologically healthy workplace as one that promotes the principles of employee involvement, work-life balance, growth and development, recognition, and health and safety. Embedding practices and norms that support these principles is linked to both increased employee wellbeing and improved organizational performance.[29]

**Specific strategies for employers include:**

→ Encouraging and training managers to foster the creativity and autonomy of their team members

→ Creating concrete opportunities for employees of all levels to participate in organizational decision making

→ Providing employees with increased flexibility regarding when, where, and how they work

→ Understanding how employees want to be supported when they experience mental health challenges and setting expectations for the kind of support that can be provided at work

→ Offering programs and financial or other support for employees to drive their own professional development

→ Offering monetary or non-monetary rewards, such as applause awards or designating managers as champions of mental health, to recognize employee achievements

→ Encouraging employees to express gratitude and appreciation to one another

→ Evaluating company policies and programs to ensure best and current approaches to equity, diversity, and inclusion, including supporting people of color, LGBTQ+ populations, people for whom English is a second language, and people with disabilities[30]

*"Sometimes it's that personal connection that is really important. Programs don't necessarily do it. It's people caring about people."*

**— HR Professional**
Agriculture Industry

**Create a culture that rejects stigma and openly communicates about and recognizes mental health challenges.**

In a 2020 national survey, 80 percent of employees reported experiencing mental health stigma in the workplace.[31] If employees do not have open conversations about mental health at work, employers can be unaware of the full scope of potential mental health needs among their workers. Employers also can be unaware of how to support employees.

To address stigma at work, subject matter experts recommend a two-pronged approach:

① Creating safe spaces, such as employee resource groups, for employees to share experiences with peers

② Developing a platform for information sharing and storytelling

This dual focus provides both private spaces and more public platforms where employees can "bring their full identity." This two-pronged approach also can reduce the stigma of seeking treatment and encourage employees to use wellness resources. By empowering employees to seek support for challenges, employers can reduce the gap between those who need mental health services and those who receive support. In addition to empowering employees to seek help for themselves, employers also must establish organizational processes to identify and support employees with mental health needs.

**Defining "compassion fatigue"**

**Compassion fatigue** is a form of burnout that occurs when people who work in caregiver roles or other jobs that support the emotional needs of others, including health-care workers and school guidance counselors, take on the suffering and stress of those they support. Compassion fatigue can leave people emotionally depleted.

**Specific strategies for employers include:**

→ Developing employee resource groups or similar safe places to create a culture in which employees support one another and share experiences

→ Creating space for an honest and supportive dialogue regarding current events that may be affecting a team's wellbeing, such as hosting team conversations on timely topics to share perspectives and promote courage

→ Conducting regular mental health awareness programs and training supplemented with awareness campaigns, such as World Mental Health Day programming

→ Including mental health education in staff onboarding and professional development

*"People are afraid to ask for help when it comes to mental health – they are afraid it will look like they can't handle the pressure. When we instituted one day a quarter as a personal day, I didn't want to call it a mental health day because of the stigma."*

**— HR Professional**
Hospitality Industry

## STANDARD 3

### Access to Services

Employees have access to mental health support and care and know how to navigate these services.

More than two-thirds of people with a mental health condition do not receive treatment, partly because they face significant barriers when seeking services and support.[32] Some do not know how to access mental health services. Navigating the complexities of the mental health system overwhelms others. Frustration can result from extended wait times, insurance limitations, high co-pays, and the difficulty of finding culturally appropriate care that aligns with an employee's needs. Ensuring early intervention and support and access to a range of care options, such as telemedicine and employee assistance programs (EAPs), and focusing on early intervention can help to address these challenges.

**Deploy tools that can identify potential employee mental health challenges and enable early intervention.**

Many people go a long time between developing a mental illness and receiving treatment. Tools that facilitate early identification of mental health challenges help employees connect to the appropriate resources earlier. Proactive, voluntary screening programs are one such tool. Also valuable are training programs that teach employers to identify, understand, and respond to signs of mental illness and substance use disorders in their employees.

Specific strategies for employers include:

→ Providing mental health literacy training that is sensitive to diverse cultural and sociodemographic perspectives

→ Offering training, such as the Mental Health First Aid program, that helps employees and managers build awareness and skills for identifying and responding to mental health challenges

→ Developing a mechanism, such as a periodic web-based form, to screen employees for mental health challenges, and identifying dedicated people to follow up with individuals who require support or interventions

→ Ensuring that mental health services encompass primary, secondary, and tertiary prevention strategies (see Appendix C)

**Offer virtual mental health services as part of benefits packages to provide employees with increased flexibility.**

The COVID-19 pandemic accelerated a shift toward remote care and telemedicine, approaches that are more convenient for users and can be delivered less expensively than in-person care. Employees who are reluctant to seek or receive mental health support at work may prefer remote care. Employers interviewed for this project reported beneficial results from using digital tools to support employee mental health.

Specific strategies for employers include:

→ Ensuring that health plans offer the ability for employees to obtain virtual mental health services, including adding this option if it is not available

→ Communicating the availability and benefits of virtual mental health services to employees

**Use EAPs to provide employees with a "one-stop shop" to access a variety of services and resources.**

EAPs provide a consolidated portal with a range of different services, including short-term counseling and advice, aimed at addressing challenges that interfere with employee wellbeing. These services typically are delivered at no cost to the employee. However, while

EAPs are a useful immediate access point for employees who need help, they are not a holistic strategy to support mental health or address mental health challenges. EAPs also tend to be underutilized – nationally, fewer than 10 percent of eligible employees use them.[33] Therefore, when adopting an EAP, employers should consider how to promote awareness of the benefit.

**Specific strategies for employers include:**

→ Ensuring that any new or existing EAP or related program is robust and evidence-based

→ Reviewing EAP offerings and ensuring that a diverse group of mental health professionals has been enlisted to meet the needs of employees with diverse identities and backgrounds[34]

→ Communicating the availability and scope of EAP benefits to employees, including information about employee privacy when using EAP services

→ Understanding current EAP utilization and performance and considering adjustments if necessary

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*"It can be really difficult to nurture the multi-cultural pipeline in your workplace, but it is really important. Providing resources, safe spaces, and workshops for Latinx, Black, and other subsets of your workforce that may be experiencing unique stress or trauma from the pandemic or other events going on is a crucial first step."*

**— Subject Matter Expert**
Workplace Mental Health

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## Strive for parity in coverage across mental and physical health.

Employers have a responsibility to ensure that the coverage they offer complies with the federal Mental Health Parity and Addiction Equity Act. This 2008 law requires equal coverage for behavioral health services and physical health services. Employers can ensure that they are complying – and that they are providing robust mental health coverage to their employees – by conducting a careful review of health plans. Employers also should gather data from employees and insurers or third-party administrators.

**Specific strategies for employers include:**

→ Reviewing current medical health and mental health plans for gaps in mental health coverage; the Department of Labor's "warning signs" checklist and self-compliance tool can identify potential parity violations

→ Following best practices developed by the Substance Abuse and Mental Health Services Administration for implementing the Mental Health Parity and Addiction Equity Act

→ Working with vendors to adjust plan benefits as needed to comply with parity requirements, such as adding in-network benefits for out-of-network behavioral health providers

→ Going beyond compliance by asking insurers or third-party administrators for data on wait times, limitations on insurance coverage, cost sharing, and the availability of culturally competent care; mental health advocates have created a model data request form to aid these inquiries

→ Conducting a periodic – and ideally anonymous – survey of employees about their satisfaction with their mental health coverage

→ Choosing a plan with out-of-network mental health benefits so that employees can access clinicians who may not be in network[35]

**Tailor services and resources towards employees' unique backgrounds and roles, with a focus on equity.**
Each employee in an organization has a unique background and set of experiences that shape mental health needs. In a 2021 survey of workplace mental health, younger employees and employees who identified as LGBTQ+, Black, or Latinx were significantly more likely to report mental health symptoms.[36] Members of these groups also are more likely to experience bias, microaggressions, lack of representation, or discrimination in the workplace, any of which can create or exacerbate mental health challenges. In addition to personal background, job-related conditions such as work hours, exposure to trauma, and income may impact an employee's mental health. Employers should consider employees' backgrounds and roles when designing mental health supports and services and tailor resources toward those who need them most.

*For additional information on the risks and protective factors that can impact employee mental health, see* Appendix B.

**Specific strategies for employers include:**

→ Integrating workplace mental health initiatives with diversity, equity, and inclusion initiatives

→ Surveying employees about their unmet mental and social needs, such as childcare support, and designing services and supports in response to those needs

→ Offering tailored supplemental support for employees in roles with high-risk factors for mental health, such as roles that involve a high degree of exposure to trauma

**Communicate to employees about the services and benefits available to them.**
Comprehensive mental health services are of no use if employees don't know how to access them. To improve awareness about available resources, employers should consider the types, timing, and frequency of messaging that will resonate most with employees.

**Specific strategies for employers include:**

→ Providing mental health information and resources through multiple channels such as email campaigns, manager-led conversations, and benefits websites; if appropriate, information should be presented in multiple languages

→ Creating opportunities, such as an annual organization-wide benefits webinar, for colleagues at all levels to understand the mental health services and benefits available through their work

→ Educating both HR staff and managers on the spectrum of available offerings provided by your organization so that they can accurately communicate these resources to all employees

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*"When I first joined, no one knew about our EAP and that blew my mind. I sent a PowerPoint deck around to managers and now I get inbound requests from people wanting to learn more."*

— **HR Professional**
Hospitality Industry

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## STANDARD 4

### Crisis Preparation, Response, and Recovery

Organizations are prepared to respond to workplace crises and support employees in high-need circumstances.

While a strong workplace mental health strategy prioritizes prevention, organizations also must be prepared for mental health crises. Developing and maintaining a process to support employees who are experiencing or have experienced high levels of trauma or stress, either inside or outside the workplace, is critical for a holistic approach to wellbeing.

Having a crisis response plan is particularly important for industries and roles where employees experience high levels of trauma as part of their jobs, including firefighters, health-care workers, and mental health clinicians. Many employees in these fields tend to resist professional services. They may prefer to confide in colleagues or peers who have had similar experiences. One way employers have addressed this reluctance is by encouraging employees to talk with their colleagues about how they have used EAP resources. Sharing resources in the context of a personal experience helps to demonstrate their value. It also destigmatizes help-seeking.

**Specific strategies for employers include:**

#### INDIVIDUAL-LEVEL STRATEGIES

→ Offering work-directed care plus evidence-based mental health clinical care (such as the Collaborative Care Model) to support recovery and reduction of mental health symptoms

→ Providing return-to-work programs or partial sickness absence leaves

→ Deploying recovery-oriented strategies that enhance vocational skills – including, but not limited to, supported employment

### Defining trauma in the workplace

In the context of workplace mental health, **trauma** is our emotional response to any situation or event that causes severe stress in the workplace and that may disrupt present or future productivity.[37]

#### ORGANIZATION-WIDE STRATEGIES

→ Instituting procedures and protocols for supporting employees during critical incidents, such as through individual check-ins or by circulating information about EAP resources

→ Ensuring that comprehensive aftercare and safe transitions are available to employees following a crisis or trauma, such as after hospitalization or incarceration

→ Establishing suicide prevention and postvention plans and ensuring that sufficiently trained individuals are in place and prepared to address suicide that impacts employees

→ Developing a process for acknowledging traumatic news or world events that may impact employee wellbeing, such as communicating empathy and support through all-hands meetings, video messages, or social media channels

For more information on building a trauma-informed workplace, see The Substance Abuse and Mental Health Services Administration's Concept of Trauma and Guidance for a Trauma-Informed Approach. The publication includes a framework that encompasses trauma-informed concepts. It is meant for use by organizations.[38]

## STANDARD 5

# Measurement, Evaluation, and Continuous Quality Improvement

Organizations measure, track progress, and make changes based on performance metrics related to workplace mental health.

Organizations need a strong process for measurement and continuous evaluation of workplace mental health initiatives. Such a process helps employers understand what is going well, the extent to which they are making progress toward goals, and where they should focus efforts for improvement. Every organization's process will look different. For example, one organization might want to measure EAP utilization, while another may want to track key performance indicators (KPIs) for managers. However, all should focus on defining, tracking, analyzing, and making decisions based on metrics that "tell the story" of employee mental health.

*"Just because one person in an organization has had mental health trouble and gotten connected to resources doesn't mean you're done [as an employer]. You need to think about how you can get ahead so you don't have to wait for people to raise their hand. Better, better, never best."*

**— HR Professional**
Technology Industry

**Identify and track key performance metrics to monitor progress and inform data-driven decision-making.**
Organizations should begin by aligning partners on core metrics that measure desired outcomes of workplace mental health initiatives. Metrics will vary by industry and organization size, but common examples include turnover, employee satisfaction, and program utilization. It is critical to gain consensus across the organization about what to measure and what success looks like. The next step is to determine a process for obtaining and analyzing data. Data collection strategies could include mental health screening, employee satisfaction surveys, or claims analysis.

**Specific strategies for employers include:**

→ Assessing your organization's mental health initiatives, processes, and metrics and agreeing which metrics to track; the metrics could be absenteeism, turnover, EAP utilization, claims data, self-reported employee wellbeing, or other measures

→ Generating a baseline measurement of the agreed-upon metrics

→ Requiring providers and insurers to report on key metrics; such a requirement can be a part of your contracts with these groups

→ Continuing to collect data and analyze it at quarterly or other regular intervals, re-visiting and adjusting the list of tracked metrics as needed

**Practice continuous quality improvement to assure sustained impact over time.**
Organizations should create a forum where partners can meet regularly to review progress on agreed-upon metrics, discuss challenges, and identify strategies for improvement. This ongoing cycle of performance management will provide leaders with a consistent, clear view of the organization's health and enable data-based decision making.

**Specific strategies for employers include:**

→ Creating a forum to review metrics and develop a plan to improve performance based on the metrics

→ Communicating the performance plan to the broader employee population and providing a mechanism for feedback to ensure that employees feel connected to and have a voice in the process

→ Revisiting the plan and related outcomes, such as metric results, on an ongoing basis to track success and identify areas that require follow-up

## Concluding Thoughts

Nearly one in five Californians faces an unmet mental health need, while most adults spend a third of their time at work. If California is to meet the mental health needs of its people, employers must play an active role in ensuring the quality of mental health care for their employees. Because employers can directly shape the lives of many people, the workplace represents an opportune platform to both improve employee access to care through employer-sponsored health coverage as well as drive awareness of, and reduce stigma related to, mental health issues.

California can become a national leader in mental health in the workplace and demonstrate how to incorporate wellness at work holistically. The recommendations provided in this report seek to catalyze that change.

06
# APPENDICES

**APPENDIX A**

# International Workplace Mental Health Models

California joins the World Health Organization (WHO) and the U.S Surgeon General in releasing a framework to support workplace mental health. These three models follow earlier standards and guidelines put forth by the Mental Health Commission of Canada, the United Kingdom: Health and Safety Executive Management Standards, and the World Health Organization: Psychosocial Risk Management Excellence Framework Guidance (PRIMA-EF).

Each of the workplace mental health models has a unique purpose and target audience; however, there are also commonalities across the models. These commonalities provide perspective on the key features that make up an effective approach to workplace mental health:

(1) **All indicate the importance of primary prevention strategies.**
Each standard focuses on preventing employee mental illnesses rather than addressing illnesses after they develop. Primary prevention interventions can include providing health benefits such as mental health screening as well as supporting healthy lifestyle practices such as wellness education.

(2) **All are voluntary for employers.**
Each standard provides voluntary guidance for organizations rather than mandating standards through a formal law.

(3) **All emphasize flexible guidelines instead of prescriptive processes.**
Each standard provides recommendations, resources, and tools that employers can use to improve mental health in the workplace rather than dictating specific rules and regulations.

(4) **All recognize the need for buy-in from all levels of an organization.**
Each standard discusses the importance of support from senior leaders in driving sustained improvements in workplace wellbeing. Each also notes that the backing of employees and related partners is also critical to success.

California's standards reflect the needs of its employees by emphasizing the importance of diversity, equity, and inclusion as it connects with workplace mental health. The standards also specifically call out the need for leadership engagement and buy-in. This was a common theme in the community engagement process of developing this report. California also included lessons from the implementation of standards on workplace mental health in Canada and Australia by including emphasis on data collection and evaluation to measure and monitor progress.

## WHO Guidelines on Mental Health at Work

**PUBLICATION DETAILS**

The WHO Guidelines on Mental Health at Work were published in 2022 and were prepared by the World Health Organization (WHO) Department of Mental Health and Substance Use and the Department of Health.

**PURPOSE**

Provide evidence-based recommendations to promote mental health, prevent mental health conditions, and enable people living with mental health conditions to participate and thrive at work.

**OVERVIEW**

The recommendations cover organizational interventions, manager training and worker training, individual interventions, return to work, and gaining employment. The guidelines indicate whether and what interventions can be delivered to whole workforces (universal), to workers at risk of mental health conditions (selective), for workers experiencing emotional distress (indicated), or for workers already experiencing mental health conditions.

**LINK TO READ MORE**

https://www.who.int/publications/i/item/9789240053052

## U.S. Surgeon General's Framework for Workplace Mental Health & Well-Being

**PUBLICATION DETAILS**

The U.S. Surgeon General's Framework was published in 2022.

**PURPOSE**

Provide a starting point for organizations in updating policies, processes, and practices to support the mental health and wellbeing of employees.

**OVERVIEW**

Centered on the worker's voice and equity, the framework includes five essentials that support workplaces as engines of wellbeing. Each essential is grounded in two human needs shared across industries and roles. The essentials are protection from harm, connection and community, work-life harmony, mattering at work, and opportunity for growth.

**LINK TO READ MORE**

https://www.hhs.gov/surgeongeneral/priorities/workplace-well-being/index.html

## Canada: The National Standard of Canada for Psychological Health and Safety in the Workplace

**PUBLICATION DETAILS**

The Standard was developed in 2012 by the Mental Health Commission of Canada (MHCC).

**PURPOSE**

Guide organizations in promoting mental health and preventing psychological harm at work by providing a set of voluntary guidelines, tools, and resources.

**OVERVIEW**

The Standard identifies 13 workplace factors that organizations can address to affect the mental health and psychological safety of their employees: culture, psychological and social support, clear leadership and expectations, civility and respect, psychological demands, growth and development, recognition and reward, involvement and influence, workload management, engagement, balance, psychological protection, and protection of physical safety.

**LINK TO READ MORE**

https://mentalhealthcommission.ca/national-standard/

## United Kingdom: Health and Safety Executive Management Standards

**PUBLICATION DETAILS**

The United Kingdom Health and Safety Executive introduced the Standards in 2004.

**PURPOSE**

Help organizations understand how to assess and manage risks to employee wellbeing posed by work-related stress.

**OVERVIEW**

The Management Standards comprise a series of "states to be achieved," or statements of good practice in six key stressor areas: demands, control, support, relationships, role, and organizational change. These six areas of work design, if not properly managed, are associated with poor health, lower productivity, and increased absence rates due to accident and sickness.

**LINK TO READ MORE**

https://www.hse.gov.uk/stress/standards/

## The World Health Organization: Psychosocial Risk Management Excellence Framework Guidance (PRIMA-EF)

**PUBLICATION DETAILS**

PRIMA-EF was a collaborative initiative led by the University of Nottingham's Institute of Work, Health and Organisations from 2006 to 2009. The initiative received further funding in 2009 to develop training.

**PURPOSE**

Provide a framework to promote policy and practice at both national and organizational levels within the European Union.

**OVERVIEW**

The European framework for psychosocial risk management at the workplace (PRIMA-EF) outlines 10 areas to assess for psychosocial hazards: job content, workload, control, environment, organizational culture and function, interpersonal work relationships, organizational role, career development, and home-work interface. The framework identifies three levels of prevention: primary prevention to create changes to the way work is organized and managed, secondary prevention to develop individuals' skills through training, and tertiary prevention approaches to reduce further risks to workers' health by developing rehabilitative, return-to-work, and occupational health processes. The guidance focuses on primary prevention activities and uses the European Commission's definition of risk assessment.

**LINK TO READ MORE**

http://www.prima-ef.org/

APPENDIX B

# Risk and Protective Factors in the Workplace

Every workplace and job function involves factors that can protect an employee's mental health or put it at risk. Ambiguous roles and unpredictable hours are examples of risk factors. Meaningful work and positive relationships are protective. Experts have categorized workplace and job characteristics as risks or protective factors based on evidence for their impact on employee mental health.

## Risk and Protective Factors

This section outlines risk and protective factors identified by researchers at Simon Fraser University in British Columbia, Canada.[39]

### BALANCE
A workplace that provides a positive work-life balance allows employees to effectively manage responsibilities at work and at home. A negative work-life balance causes cumulative home and job stress that jeopardizes health and wellbeing.

### CIVILITY AND RESPECT
A workplace where employees are respectful and considerate can provide greater job satisfaction, improved morale, and better teamwork. Without civility and respect, staff can become emotionally exhausted and experience increased conflict and burnout at work.

### CLEAR LEADERSHIP AND EXPECTATION
Effective leadership and support that helps employees know what they need to do and how their work contributes to the organization can increase employee morale, resiliency, and trust. An absence of effective leadership and support can lead to feelings of powerlessness and stress.

### ENGAGEMENT
Engaged employees feel connected to their work and motivated to do their jobs well. Employees who do not feel engaged are less productive and more likely to leave.

### GROWTH AND DEVELOPMENT
When employees receive encouragement and support to expand and develop their skills, their wellbeing improves. Without such opportunities, employees can feel bored at work and neglect their performance.

### INVOLVEMENT AND INFLUENCE
Being involved in important discussions and decisions related to their work helps highlight the meaning behind the work and increases employee engagement and morale. Without involvement and influence, employees can feel indifferent and become more likely to experience burnout.

### ORGANIZATIONAL CULTURE
A workplace that is characterized by trust, honesty, and fairness provides a positive, supportive environment. When positive organizational culture is lacking, it can undermine the effectiveness of programs and policies that were otherwise meant to support employees.

### PROTECTION OF PHYSICAL SAFETY
Employees who feel safe are more engaged at work. When physical safety is not protected, employees are more likely to be injured and ill.

### PSYCHOLOGICAL COMPETENCIES AND DEMANDS

Employees whose jobs match their competencies and skills have less depression and greater self-esteem. Mismatches can cause job strain and emotional distress.

### PSYCHOLOGICAL AND SOCIAL SUPPORT

Employees in workplaces where co-workers and supervisors support psychological and mental health have greater job attachment, commitment, and involvement. A lack of such support leads to increased absenteeism and conflict at work.

### RECOGNITION AND REWARD

A workplace that acknowledges and appreciates employees' efforts promotes motivation and self-esteem. Lack of recognition and reward leads to low confidence and demoralization.

### PSYCHOLOGICAL PROTECTION

Employees who feel psychologically safe – a term referring to the feeling and belief that a person can share their thoughts, opinions, and ideas without fear of being degraded or shamed[40] – at work perform better and feel more connected. Employees who feel unsafe become demoralized and disengaged.

### WORKLOAD MANAGEMENT

When tasks and responsibilities can be accomplished successfully within the time available, job satisfaction is high. Poor workload management can lead to physical, psychological, and emotional fatigue.

## Other Issues That Affect Mental Health in the Workplace

Along with the risk and protective factors discussed above, several other important issues can affect mental health in the workplace. The following issue areas have been adapted from The Health Communication Unit at the Dalla Lana School of Public Health at the University of Toronto and the Canadian Mental Health Association, Ontario.[41]

### STIGMA AND DISCRIMINATION

Stigma is defined as negative attitudes, beliefs, or behaviors about or toward individuals or groups because of a characteristic they share. Stigma happens when someone sees you in a negative way. Discrimination happens when someone treats you in a negative way.

### PRESENTEEISM

"Presenteeism" describes employees who come to work despite having a physical or mental condition that justifies an absence. Such employees are not performing optimally and not giving themselves adequate time to get better.

### DEMAND VERSUS CONTROL AND EFFORT VERSUS REWARD

Major causes of job stress stem from conflicts in demand versus control and effort versus reward. Stress results if job demands increase without a proportionate increase in worker control over hours or workload. Stress also results if increased effort goes unrewarded.

### STRESS

Stress can come from both good and bad stressors and can have positive or negative effects. Stress becomes a problem when individuals are not able to handle an event or situation and become overwhelmed.

## JOB BURNOUT

Job burnout is a state of physical, emotional, and mental exhaustion caused by long-term exposure to demanding work situations. Burnout is the cumulative result of stress. Anyone can experience job burnout. However, burnout is more prevalent in professions with high job demands and few supports. Burnout rates are also high in the helping professions, including health care, teaching, and counseling.

## SUBSTANCE USE

Substance use can have a significant impact on mental health at work. Addictions and mental health conditions often co-occur. However, often the addiction gets noticed first, especially in the workplace. Generally, substance use becomes a problem when individuals have lost control over their use or continue to use despite experiencing negative consequences. Employers should look for warning signs that indicate an employee may be struggling with substance use.

## HARASSMENT, VIOLENCE, BULLYING, AND MOBBING

Workplace violence is any act in which a person is abused, threatened, intimidated, or assaulted in their employment. Workplace violence includes the following:

- **Threatening behavior**
  Such as shaking fists, destroying property, or throwing objects

- **Verbal or written threats**
  Any expression of an intent to inflict harm

- **Harassment**
  Any behavior that demeans, embarrasses, humiliates, annoys, alarms, or verbally abuses a person, and is known to be or would be expected to be unwelcome

- **Verbal abuse**
  Swearing, insults, or condescending language

- **Physical attacks**
  Hitting, shoving, pushing, or kicking

- **Bullying**
  Repeated, unreasonable, or inappropriate behavior directed towards an employee or group of employees that creates a risk to health and safety

- **Mobbing**
  Ongoing, systematic bullying of an individual by his or her co-workers, including rudeness and physical intimidation, as well as more subtle and possibly unintentional behaviors involving social ostracism and exclusion

**APPENDIX C**
## Prevention Strategies

Prevention strategies can be divided into three types: Primary, secondary, and tertiary. Each prevention strategy is described in further detail below. Table 2 contains examples of each level of prevention.

**1**

### Primary Prevention Strategies

Primary prevention strategies aim to reduce exposure to psychological and physical risk factors in the workplace among healthy employees. Examples of primary prevention strategies include a livable wage, affordable health benefits and services, mental health information, and support for healthy lifestyle practices. Other organizational strategies that prevent mental health risk include policies to promote inclusion, combat harassment and bullying, and ensure fair hiring and promotion. Paid leave, family leave benefits, and policies that permit job redesign and flexibility also prevent job stress. Accommodations for employees with sensory, learning, developmental, or physical disabilities are important strategies as well.

**2**

### Secondary Prevention Strategies

Secondary prevention strategies include screening, early identification, and brief treatment.[42] Secondary prevention strategies most often come into play after an employee develops symptoms. The strategies typically focus on an individual employee.

**3**

### Tertiary Prevention Strategies

Tertiary prevention strategies aim to minimize the impact that a diagnosed mental health need has on an individual. These strategies typically focus on improving functioning, minimizing the impact of a mental health need, and preventing complications.[43] Significant support and direction from mental health professionals often is needed at this stage.

**Table 2: Examples of Strategies by Prevention Level**

| PREVENTION LEVEL | | EXAMPLES OF STRATEGIES |
|---|---|---|
| **Primary Prevention** | Designing and managing work to minimize harm | • Enhancing flexibility of working locations and hours<br>• Encouraging employee participation in organizational decisions<br>• Offering educational resources on mental health support available through employer<br>• Supporting wellness activities, such as through "walking meetings" |
| | Promoting protective factors at the organization level | • Assessing and addressing internal policies and practices that reinforce discrimination and bias against individuals based on race, ethnicity, gender, sexual orientation and identity, linguistic background, or disability<br>• Offering mental health training to all employees to encourage an informed, non-stigmatizing work culture<br>• Promoting social cohesion, belonging, and purpose among employees to foster an inclusive, equitable culture<br>• Offering paid leave or paid family leave<br>• Providing a healthy, safe work environment that offers sufficient lighting, reduced noise, and more |
| **Secondary Prevention** | Enhancing personal resilience for employees | • Offering cognitive behavioral therapy (CBT)-based stress management or resilience training<br>• Offering contemplative prevention strategies such as meditation and mindfulness |
| | Promoting and facilitating early help seeking | • Providing wellbeing checks or health screening<br>• Employee Assistance Programs and workplace counseling that can be accessed during work |

| PREVENTION LEVEL | | EXAMPLES OF STRATEGIES |
|---|---|---|
| **Tertiary Prevention** | Supporting the recovery of employees | • Delivering leadership support and training on how to recognize and respond to a mental health crisis<br><br>• Designing CBT-based return-to-work programs |
| | Preventing additional negative outcomes for employees | • As appropriate, providing educational resources to all employees regarding mental health challenges and treatments as a way to increase awareness and support for colleagues with mental health needs<br><br>• Offering flexible, holistic support to employees to preserve consistency in their lives, including maintaining employment |

**APPENDIX D**

# List of Organizations That Provided Project Input

The Commission interviewed or held focus group discussions with representatives of the following organizations*:

**LABOR**

California Teachers Association

SEIU

**ACADEMIA AND RESEARCH**

Stanford University

University of California, Davis

Tufts University

FM:3 – COVID Research

University of California, Los Angeles

**PUBLIC SECTOR EMPLOYERS**

California Government Operations Agency

California Department of Human Resources

CalPERS

California Department of Managed Care

California Department of Industrial Relations-Workers Comp

California Department of Rehabilitation

California Department of Social Services

California Committee on Employment of

People with Disabilities

Former Mental Health Advisor to the Governor

Los Angeles County Behavioral Health

San Luis Obispo County Behavioral Health

Madera County Behavioral Health

San Mateo County Behavioral Health

Stanislaus County Behavioral Health

U.S. Department of Veterans Affairs

**RETAIL AND HOSPITALITY**

CVS Pharmacies

Levi Strauss & Co.

Mulvaney's B&L

**HEALTH CARE**

Kaiser Permanente

Futuro Health

Alexion

Behavioral Health Services Inc.

Morneau Shepell

Cedars-Sinai Hospital

Cardinal Health

Johnson & Johnson

American Ambulance

National Alliance of Social Workers, California Chapter

California Psychological Association

* Note: Inclusion in this list does not reflect agreement with recommendations.

| UTILITIES AND ENGINEERING | PG&E | Northrop Grumman |
|---|---|---|

| BANKING, LEGAL, REAL ESTATE, INVESTMENT, AND CONSULTING | Reed Smith LLC | Ernst and Young |
|---|---|---|
| | Bank of America | Hispanic Realtors Association |
| | Liberty Mutual | Kearney |
| | TPG | |

| BUSINESS GROUPS | Business Group on Health | California Chamber of Commerce |
|---|---|---|
| | Pacific Business Group on Health | California Black Chamber of Commerce |
| | Fresno Business Group | |

| EDUCATION | California Department of Education Student Mental Health Workgroup | Breaking Barriers |
|---|---|---|

| COMMISSIONS | Mental Health Commission of Australia | Mental Health Commission of Canada |
|---|---|---|

| WORKPLACE MENTAL HEALTH ADVOCACY GROUPS | One Mind at Work | Mind Share Partners |
|---|---|---|
| | Center for Workplace Mental Health | Health Education Resources and Outreach Program (HERO) |
| | The Steinberg Institute | |
| | The Stability Network | Mental Health America: Mind the Workplace |
| | Empower Work | The Kennedy Forum |
| | Unmind | |

| OTHER MENTAL HEALTH ADVOCACY | Young Presidents Organization | The Steve Fund |
|---|---|---|

Additionally, the Commission interviewed all of its contractual partner groups to learn about cultural diversity in the workplace and needs and strengths that can be leveraged in workplace mental health strategies. These groups include:

Vision y Compromiso

African Communities Public Health Coalition

Hmong Cultural Center of Butte County

Healthy House within a MATCH

Coalition

VetART

California Association of Local Behavioral Health Boards (CALBHB/C)

Boat People SOS

United Parents

California Pan-Ethnic Health Network

NAMI California

Health Access

Additionally, the Commission interviewed all of its contractual partner groups to learn about cultural diversity in the workplace and needs and strengths that can be leveraged in workplace mental health strategies. These groups include:

Agriculture

Film and Television

Health care

Hospitality

Technology

## END NOTES

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