

THE PRODUCTIVITY SUMMIT

Improving behavioral health and well-being in the workplace

Mental health conditions in the workplace cost U.S. employers \$80–\$100 billion in medical expenses and productivity losses annually. The emotional and psychological impact on employees, colleagues, family members and the community is just as important, if not more so; yet it is far more difficult to clarify and address.

It's this lack of knowledge, and even the willingness to understand and address the problem, that make the challenges associated with mental health conditions in the workplace of serious concern. We simply don't know how to define it, how to measure it or even where to begin. How big is the problem? What are the obstacles and opportunities? How do we gain support while reducing the stigma?

These were just a few of the questions and issues explored at the Productivity Summit held May 27–28, 2015. Hosted by The Mental Health Program at The Carter Center, with support from its partners, Pacific Resources and Sedgwick, the two-day summit drew some of the nation's leading employers, academics and mental health experts.

The following is a summary of key presentations and discussions held during the Productivity Summit.

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“We are dealing with everything from ‘I hate my manager’ to ‘I’m about to have a breakdown.’”

Marlene Dines, MS, CRC, CPDM, National Integrated Disability Management Leader, Kaiser Permanente

While the problems are complex, the intent or “aspiration” of the summit was simple: To achieve healthy, sustainable individual and organizational performance through the optimization of behavioral health and well-being.

But first, a caveat: While the discussions were lively, insightful and provocative, not all issues were resolved. One of the more basic ones was simply, what terminology do we use? Is it behavioral health, mental health or mental illness? For purposes of this summary paper only, we are using the term mental health to refer to the full spectrum of conditions, programs and issues seen in the workplace. However, terminology is the key. More discussion and consensus about terms will be outlined in a subsequent white paper.

“Bold ideas lead to meaningful changes.”

Paul Rogers, President and COO, Pacific Resources

The impact of mental health conditions in the workplace

- Costs associated with occupational injuries and mental health disorders exceed the costs to treat cancer, diabetes and chronic obstructive pulmonary disease combined
- According to the Anxiety and Depression Association of America, approximately 40 million Americans, or about 18% of adults, have one or more anxiety disorders, such as stress, in any given year
- The American Psychological Association reports that approximately 36% of workers typically feel great stress during the workday
- Stress, depression and anxiety are repeatedly ranked as three of the top five causes of absenteeism in the workplace

Summit participants

Employers:

- American Airlines
- AT&T Services, Inc.
- Cogito Corporation
- Dow Chemical Company
- Ford Motor Company
- General Electric
- Johnson & Johnson
- Kaiser Permanente
- Nordstrom
- Pacific Gas and Electric Company (PG&E)
- Pacific Resources
- Prudential Financial
- Sedgwick Claims Management Services, Inc.
- Sprint Corporation
- Textron
- U.S. Preventive Medicine

Research organizations:

- Association for Behavioral Health and Wellness
- Bloomberg School of Public Health, Johns Hopkins University
- Georgetown University
- Harvard T.H. Chan School of Public Health, Harvard University
- HealthNEXT
- Integrated Benefits Institute
- Lenox Hill Hospital Department of Psychiatry
- Morehouse School of Medicine
- National Association of County Behavioral Health and Developmental Disability Directors
- Rollins School of Public Health, Emory University
- Tufts Medical Center
- University of California School of Medicine
- University of Chicago School of Medicine
- University of Michigan School of Public Health

What we found before the summit

Before the summit, participants were surveyed to gain insights on the thoughts, experiences and success (or failure) of existing programs. The results, presented by Bart Margoshes, M.D., Medical Director for Pacific Resources, highlighted an ongoing frustration: There is a serious dearth of proven, effective programs.

However, the #1 issue was the lack of evidence to support the value of mental health programs and interventions in the workplace. Without proof, securing C-suite support and funding will remain a challenge.

Sizing the problem and building the business case

In his presentation, Ron Goetzel, Ph.D., Senior Scientist and Director at the Institute for Health and Productivity Studies at the Bloomberg School of Public Health at Johns Hopkins University, asked an important question of attendees – What are we trying to solve?

Goetzel believes it's a multi-faceted problem encompassing medical, psychological, behavioral and organizational aspects.

Increased health and productivity risks

MEDICAL
Chest/back pain, heart disease, GI disorders, headaches, dizziness, weakness, repetitive motion injuries.
PSYCHOLOGICAL
Anxiety, aggression, irritability, apathy, boredom, depression, loneliness, fatigue, moodiness, insomnia.
BEHAVIORAL
Accidents, drug/alcohol abuse, eating disorders, smoking, tardiness, "exaggerated" diseases.
ORGANIZATIONAL
Absence, work relations, turnover, morale, job satisfaction, productivity.

source: Goetzel, R.

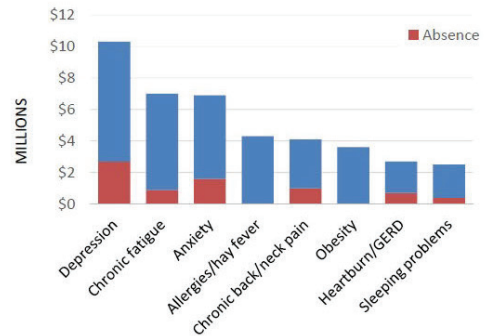
Of course, the issue of cost – both what we do and don't spend – can't be ignored either. Healthcare spending today is \$3.8 trillion. Comparatively, mental health spending is a paltry \$179 billion. Against this backdrop is the reality of today's workforce. Most knowledge-based employees are dealing with job insecurity because of outsourcing, downsizing and layoffs, combined with increasing pressures to innovate and produce.

In short, American workers are stressed, anxious and often depressed. Many are barely coping. This can result in higher costs and diminished productivity for employers.

On the surface, it may appear that convincing executives as to the importance of addressing mental health issues is a no-brainer. But "not so fast" say the CEO, CFO and COO, who want to know why they should invest in the health and well-being of employees. Many wonder where the proof is that the investment will pay off.

Thomas Parry, Ph.D., President of the Integrated Benefits Institute, noted that it is critical to present data in the context understood by executives. Executives want to look at indicators such as benefit costs, productivity, sick days and satisfaction. The importance of mental health must be told within those parameters, he explained.

Productivity impact of chronic illness: one employer's experience



source: Parry, T.

Depression is the number one predictor of future benefit costs. Employees with depression are 50% more expensive than those without the condition.

Ron Goetzel, Ph.D., Senior Scientist and Director, Institute for Health and Productivity Studies, Bloomberg School of Public Health, Johns Hopkins University

Respondents agreed that key attributes of a successful program include:

- Creating a culture of health and well-being that incorporates respect, support, positivity, meaningful work, career progression and life balance
- Developing emotional and social intelligence in leaders
- Encouraging supervisor awareness, and early intervention with Employee Assistance Programs (EAPs) with better internal and external integration
- Providing training in secondary prevention techniques such as mindfulness
- Above all, reducing stigma

Key questions and recommendations outlined by participants included:

Questions

- How can we keep the well employee well?
- How do we create a program we can implement quickly?
- What evidence can we present to prove that this matters to the success of the company?
- What is the best information to present to the C-suite and other decision makers? Do we need their buy-in or can we work within existing programs?
- How can we justify investing money in mental health when the employees may leave once they become better?

Recommendations

- Link the benefits of good mental health to what matters to the organization, such as quality and safety
- Use terminology that resonates with employees
- Focus on creating a culture of well-being; think bigger than the current emphasis on culture of wellness
- Be sensitive to different cultures and incorporate cross-generational messaging
- Take a marketing approach to communicating programs

Big idea

Create an annual CEO round table supported by an organization such as the Kennedy Forum.

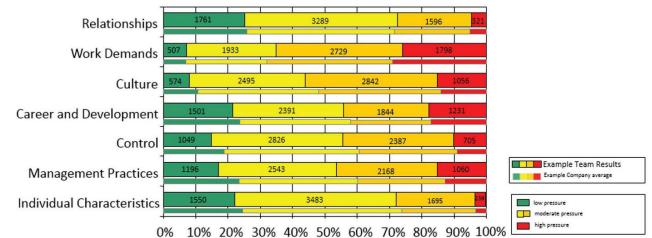
Ron Manderscheid, Ph.D., Executive Director, National Association of County Behavioral Health and Developmental Disability Directors

Moving from reactive to proactive

Most corporations use EAPs to address mental health concerns in the workplace. To date, the programs have often had poor support and success rates, making it difficult to create or deliver anything new.

Healthy team assessments

The following chart from Robert W. Carr, M.D., MPH, FACPM, Associate Professor in the Department of Health Systems Administration at Georgetown University, shows the number of employees in each of the categories for the seven sources of pressure scales.



source: Carr, R.

Speakers consistently highlighted the need to destigmatize the full range of mental health conditions seen in the workplace and to find ways to position investing in mental health as a strategy for a better business. But that is also challenging. Andy Crighton, M.D., Chief Medical Officer at Prudential Financial, noted that often managers back away from employees with mental health problems.

“Our goal at Prudential is to address the stigma by finding ways to bring people closer,” he said. One successful program encouraged greater understanding, acceptance and support for employees with substance abuse problems. Upon successfully completing the program, the employee and his/her manager developed a video that was shared with colleagues to foster understanding and support. “It’s become a very successful program for reducing the stigma,” explained Crighton.

PG&E also fosters a peer-support program, giving employees who have reached two years of sobriety the chance to break anonymity and give five-minute talks to their peers.

Key questions and recommendations included:

Questions

- How can we transform a workplace culture?
 - How can we make mental health as important as physical well-being?
- How do we gain buy-in?
- Can we prevent mental health conditions in the workplace and, if so, how?

- What are the best tools for early identification and assessment?
- How do we get managers to understand early signs of mental health problems?
- What are the legal limits to addressing an employee with a perceived emotional problem? (Managers may have concerns, but often their hands are tied.)

Recommendations

- To address HR concerns regarding directly addressing mental health with an employee, managers should position comments in terms of “performance”
- Provide annual mental health checkups
- Recognize the need to address underlying factors influencing depression, such as lack of workplace control or stability, to prevent the employee from falling back into depression
- Ensure that managers are well educated as to the laws protecting confidentiality
- Make sure managers know what resources and tools are available

“It’s important to think about the culture you already have in your organization and to create a common language for communication to avoid squishy conversations.”

Glenda Wrenn, M.D., Assistant Professor, Psychiatry and Behavioral Science, Morehouse School of Medicine

Refining the approach

“If you give a boy a hammer, he’ll find something to hit.” That’s the colorful analogy Parry used to explain why employers are drowning in data, and why we must find a better way to benchmark, measure and communicate more meaningful data. “So much of the data given to employers today is just bad. It makes no sense,” said Parry.

“I keep seeing the same reports covering utilization, primary reason for visits, and what workshops I should be doing,” added Fikry Isaac, M.D., Vice President, Global Health Services and Chief Medical Officer, Health & Wellness Solutions for Johnson & Johnson.

“What would be helpful to me is to know what excellence looks like so that I can go backward to identify unmet needs,” explained Isaac.

Key questions and recommendations included:

Questions

- What can we do to foster more research?
- What should be our common terminology?
- How do we implement programs that help retain talent?
- What are the vendors and what are they offering? Which vendors have proven track records?
 - “I’d rather talk to another company than to a vendor to get that information,” said Hannah Francis, Director of Benefits at AT&T. “It would be great to have a centralized resource with that kind of info.”

Recommendations

- Use terminology such as “mastering life skills” rather than “depression” or “stress” to allow employees to enter programs without the mental health label
- To gain greater acceptance and participation, develop programs that emphasize life skills, resiliency and respect for others
- Better integrate behavioral health into primary care
- Engage in creative partnerships with other companies, local government and the community at large

“Well-being is the new green.”

Ron Loeppke, M.D., MPH, Vice Chairman, U.S. Preventive Medicine

Barriers and obstacles

There was certainly no shortage of discussion when it came to addressing the barriers and obstacles facing employers that want to build better mental health programs for employees.

However, attendees agreed there was a troubling lack of both quantitative and qualitative research. “Such research needs to provide a happy medium between scholars and employers,” explained Susan Campbell, Ph.D., Head of Wellness at American Airlines.

Attendees also agreed that while it was important to find ways to reduce the stigma associated with mental health issues, it wasn’t going to be easy.

“We just don’t know how to take the stigma out of mental health conditions,” said Michael Compton, M.D., MPH, Chairman of Psychiatry at Lenox Hill Hospital in New York City. “There is evidence that for certain mental health conditions, education may exacerbate stigma... the solution is more contact, interaction and exposure... especially with people who have recovered.”

Additional obstacles noted include:

- Help needed to develop program strategies/framework
- Challenges surrounding detection
- Lack of science on well-being and workplace mental health in general
- Dearth of evidence-based metrics, benchmarks and universally accepted measurements
- Few resources that translate research-based evidence into real-world advice
- Need for better tools for environmental assessments
- Necessity of finding ways to help business see good mental health as an imperative
- Need for a common language when addressing mental health conditions and programs in the workplace

Big idea

“Jump on the diversity-and-inclusion bandwagon.”

Marlene Dines, MS, CRC, CPDM, National Integrated Disability Management Leader, Kaiser Permanente

Building viable models

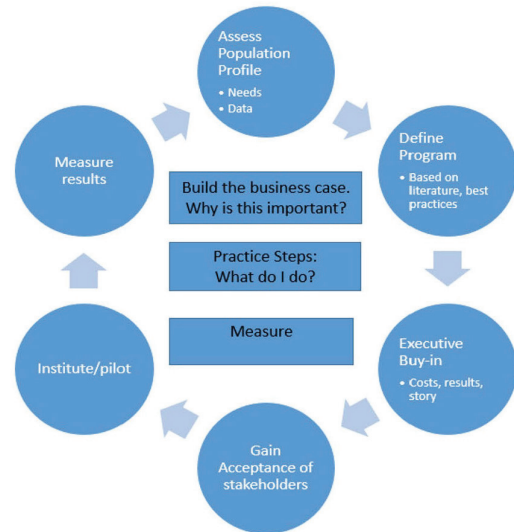
At the end of the day, attendees had one basic request, “Show us how to develop an approach that works for our organization.” Addressing that request begins with creating viable models to implement and use as road maps for success. Most business entities today have models to address tackling difficult challenges.

Big idea

“Most employees are not in the position to diagnose a mental health illness; however, managers and coworkers know when a colleague is not himself. Dow plans to use the ICU Program, developed by the Partnership for Workplace Mental Health™, which supports the premise that we all have an obligation to our peers.”

Catherine Bodnar, M.D., MPH, Regional Health Director, Dow Chemical Company

Some recommended by summit participants included:



source: Margoshes, B.

One of the physician participants shared an approach that worked for her company when developing a tobacco-free workplace. The steps include:

- Gain acceptance; identify individuals to target and what their soft spots are to get them on your side
- Secure resources because nothing happens in a vacuum; identify trainers and develop toolkits and guidelines
- Base your proposals on credible data
- Link proposals to something that resonates with management, such as safety
- Ensure that the CEO has the right messaging for the board
- Set realistic targets and embed them into performance dashboards; include items such as access to programs and services, and whether we are bending the curve
- Tell compelling stories using all resources available

Collier Case, MLHR, Director of Health and Productivity Benefits at Sprint, recommended that programs be tailored to employees’ needs and comfort levels. “We developed educational videos employees can watch in the privacy of their own office or cube and got some very strong results,” he said. “Our colleagues liked being able to watch and replay them on their own and not in front of others. We saw a 15% update in utilization from this simple approach.”

Big idea

Consider implementing programs such as Stamp Out Stigma. The program includes break room posters with relevant stats, newsletter articles, wrist bands and social media.

Pamela Greenberg, President and CEO, Association for Behavioral Health and Wellness

Building viable models – moving from consensus to management

The priority of any effective workplace mental health program is healthy, resilient and energetic people.

“Think big, act small, start fast.”

Fikry Isaac, M.D., Vice President, Global Health Services and Chief Medical Officer, Health & Wellness Solutions, Johnson & Johnson

While this phrase is attributed to Barnabas Suebu, former governor of the Indonesian province of Papua, in Tom Friedman’s book, “Hot, Flat, and Crowded,” Dr. Isaac’s simple statement was quickly grasped as an ideal, overarching strategy.

The “Think big” concept encompasses a strategic approach and a comprehensive vision to include well-being. “Act small” is all about being tactical and active, and finding ways to look at challenges by focusing on productivity. “Start fast” is a reminder that we “can’t boil the ocean” and it is a way to ensure that we don’t let the big stuff get in the way of “doing stuff.”

“As we grapple with the issues of mental health today, we can’t overlook the impact of future innovation in areas such as genomics and nanotechnology.”

Ken Pelletier, Ph.D., M.D., Director, Corporate Health Improvement Program, University of California, San Francisco

Key questions and recommendations included:

Questions

- Who is going to pay for mental health research?
- What are we trying to discover through research?
- How are we going to get that information?

- How can we account for cultural differences? Is there/should there be a U.N. of behavioral health?
- Are we empowering employees to acknowledge the value of behavioral health programs and engage in them?
- How are current and future benefit designs going to affect programs today and tomorrow?

Recommendations

- Ensure that we are leveraging the knowledge and resources we do have
- Generate funding for research with trade associations, government entities, etc.
- Develop and promote a core set of research-based behavioral health benchmarks and metrics
- Build coalitions and bring together outside organizations, including community and faith-based organizations
- Acknowledge and study how new science such as genomics, biometrics, nanotechnology and wireless telemetry will impact programs
- Recognize the importance of employee control/autonomy in addressing mental health problems in the workplace
- Respect and practice cultural diversity and humility

Big idea

To build awareness and foster support, create competitions and awards for outstanding programs; consider the development of a Fellows program with The Carter Center.

John Bartlett, M.D., MPH, Senior Advisor, The Carter Center Mental Health Program

Knowledge, then action

As with any intensive discussion among industry leaders, ideas and discussions led to broader debate on what was feasible, reasonable and needed to spark not only awareness, but also develop meaningful initiatives. We know some of what we want and need to do. For example, participants noted they want to better understand the effect of mental health in the workplace and to find ways to communicate that effect to decision-makers and colleagues. Participants also pushed hard for real guidance and specifics...a trajectory for implementation.

However, perhaps the most important conclusion was the immediate need to create an innovative program model that can encourage employers to pilot so we can not only help individuals and companies, but also advance the science behind the behavioral health issues that companies, employees and families are dealing with today.

Did this summit solve all the problems or even identify all areas of concern? Not yet; there's clearly much more to do. But with the help and commitment of the employers, advocates, noted academics and industry leaders, we are on our way.

Summary of key deliverables

- In a concise “can’t say no” manner, develop the short- and long-term value propositions for the support of mental health programs
- Promote the development of implementation metrics and benchmarks that can become a foundation for programs nationally
- Identify tools, resources and best practices currently available, and develop systems and processes to share
- Develop a research agenda encompassing qualitative (e.g., best practices), quantitative (empirical evidence) and translational research; determine what questions still need answering
- Identify and approach sources for funding with a compelling case for support
- Offer tactical assistance to group/expert consultants and practitioners who have been assembled, screened and vetted, and are available to all employers
- Make the Productivity Summit an ongoing event; expand to other participants

The developers and participants of the Productivity Summit wish to thank The Carter Center, including former first lady Rosalyn Carter, and John Bartlett, M.D., MPH, Senior Advisor of The Carter Center Mental Health Program; and all members of the summit planning committee for their continuous insights, knowledge and support of this effort.

The planning committee:

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- Kimberly George, Senior Vice President, Corporate Development, M&A, and Healthcare, Sedgwick Claims Management Services, Inc.
- Ron Manderscheid, Ph.D., Executive Director, National Association of County Behavioral Health and Developmental Disability Directors
- Bart Margoshes, M.D., Medical Director, Pacific Resources
- Pat Purdy, Vice President, Global Employer Benefits Solutions, Pacific Resources