

# Mental Health Works

Second Quarter 2014

Human Resources-Specific Employee Assistance Program on Florida's Space Coast

PAGE 10



- 3 Man Therapy: Innovation in Men's Mental Health
- 7 "Doctor, I Can't Take My Job, Sign Me Off Work"
- **16** New York City Employers Build Mental Health Awareness
- 20 Military and Civilian Employee Work Stress
- **26** Study Provides Valuable Benchmarking Information on External Employee Assistance Programs
- 32 Save the Dates

### **Dear Reader:**

Thank you to all our subscribers who responded to our inaugural survey on the Partnership for Workplace Mental Health's activities. We value your opinion and are reviewing your feedback to enhance our work to bring you more value. While most of our survey results are for our internal programming, we will periodically include survey results or demographics when they are pertinent to our articles. For example, take this quarter's story on employee assistance programs (EAPs). While the focus of the article is on external EAPs, and our employer subscribers indicate that 51.4% have an external EAP, we know that our readers' businesses reflect the spectrum of EAP choices.

In this issue of *Mental Health Works* we are reminded how much impact local employers can have on creating solutions to local problems. Space Coast Human Resource Association, a local Society for Human Resource Management (SHRM) chapter, added the service of an EAP to their membership offering, specifically tailored to address the strain experienced by those in the HR profession. Their efforts have been recognized by the national leadership of SHRM, and their approach has been explored for national implementation.

We are also pleased to feature a "not your average" mental health awareness campaign. Man Therapy was designed to use humor to cut through social barriers and change the way men view mental health. The goal of Man Therapy is to show working-age men that talking about their problems, getting help, and fixing themselves is masculine.

Finally, we bring you an interview with United States Air Force psychiatrist, Steven Pflanz, MD, who explains how work stress is being combatted in the military and how triggers for work-related stress in the military population may be different from what we assume.

As you will see in this issue, the Partnership staff and its Council are working hard for you, our readers, by participating in initiatives bringing together employers and psychiatrists for a meaningful dialog. Our goal is to serve your needs as an employer addressing behavioral issues in your workplace. Please contact us to share your ideas, questions, and concerns — we want to hear from you! Please contact us at **mhw@psych.org** or 703-907-8561.

Sincerely,

Alan A. Axelson, MD

Clon Ci. Cexclon M.D.

Co-Chair, Partnership for Workplace Mental Health Advisory Council

William L. Bruning, JD, MBA

Co-Chair, Partnership for Workplace Mental Health Advisory Council



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- John Tumeh, M.D. Chief of Psychiatry, Tumeh Psychiatric Services
- Hyong Un, MD Head of EAP and Chief Psychiatric Officer, Aetna

#### Partnership for Workplace Mental Health Contacts

Clare Miller, Director Kate A. Burke, MA, Associate Director Mary Claire Kraft, Program Manager Nancy Spangler, PhD, OTR/L, Consultant

#### Business communications and address changes should be directed to:

MHW—Partnership for Workplace Mental Health American Psychiatric Foundation 1000 Wilson Blvd, Suite 1825 Arlington, VA 22209 Email: mhw@psych.org

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### Man Therapy: Innovation in Men's Mental Health

### BY SALLY SPENCER-THOMAS, PsyD

Junior Seau, Kurt Cobain, Hunter S Thompson, Ernest Hemingway, and Don Cornelius were all famous and influential men whose lives were cut short by suicide. These deaths were widely covered in the media and discussed publicly, with little understanding of how or why men with such success died with such great despair. Unfortunately, far too many men, particularly men of working age, are dying every year by suicide without public knowledge or outcry, which contributes to a lack of awareness of the significance of suicide in the US (Spencer-Thomas, Hindman, & Conrad, 2012). A report published in the *American Journal of Public Health* in the fall of 2012 found that more Americans die by suicide than in car crashes, by homicide, or in other injury-related deaths (Rockett, 2012). At the same time, for each suicide prevented, the United States could save an average of \$1,182,559 (\$3,875 in medical expenses and \$1,178,684 in lost productivity) (Research America, n.d.).

Difficult problems require bold solutions. This stance is the guiding philosophy of <u>Man Therapy</u>, a program designed to use humor to cut through social barriers and change the way men view mental health by allowing men to engage with a fictional "therapist" named Dr. Rich Mahogany. Since its launch with an article in the *New York Times* on July 9, 2012, the project has drawn national attention and international awards for its creative use of media in health literacy. Now, almost 2 years later, the program continues to grow and receive feedback about its effectiveness and controversial approach.

From the outset, the co-founders of the campaign made an intentional decision to unapologetically find a way to reach "double jeopardy" men i.e., individuals who are most at risk for suicide and who are also least likely to seek care on their own. Previous mental health campaigns targeting men have often not been effective, as suicide rates with this subpopulation of double jeopardy men continue to rise. So an audacious new approach was needed. "Let's show men that therapy and honest talk can be masculine, by providing them the therapist they need," Joe Conrad, program co-founder said. "A therapist who is a no-nonsense, man's man. A therapist who will tell it like it is. A therapist like Dr. Rich Mahogany." Thus, Dr. Rich Mahogany, the program's fictional "therapist," was born and became the focal point of Man Therapy.

Dr. Mahogany strategically uses maladaptive ideas of masculinity to bridge to new ideas that help men reshape the conversation of mental health, often using dark humor to cut through stigma and tackle issues. For instance, Dr. Mahogany says, "Did you know that men have feelings too?....No, not just the hippies, all of us." The creators' decision on this approach was steadfast, despite initial pushback from some in the mental health community who were concerned that the program was making light of a serious topic and

### You can't fix your mental health with duct tape.



<u>Man Therapy</u> is the result of a unique public/private/nonprofit partnership established in 2007 between the following groups:

- Cactus, a Denver-based advertising agency,
- Office of Suicide Prevention at the Colorado Department of Public Health and Environment, and
- Carson J Spencer Foundation, a Colorado-based suicide prevention nonprofit organization.

### Why Do Men Have Such High Suicide Rates?

Men's general unwillingness to acknowledge mental health problems or suicidal thoughts, coupled with the common behavior of not accessing available services contribute to the high suicide rate among men (Moller-Leimkuhler, 2002). While men die by suicide in much higher numbers than women, suggesting that men may be in greater need of mental health services, research finds that men appear far less interested in and likely to access services. [...] Research suggests that male depression goes undiagnosed in 50% to 65% of cases. Further, men are resistant to asking for help, communicating inner feelings and forming groups around emotional issues (Davies & Waldon, 2004).

(Spencer-Thomas, Hindman, & Conrad, 2012)

from others who were discouraged that the creators chose to bring stereotypes of masculinity into the project. The results outlined below show that this approach resonated with the population the program intends to reach and has helped them think about their mental health in a different way.

Knowing that Man Therapy is reaching men (and the people who are "worried about a man in their life") at various points on the continuum from prevention to intervention to crisis response, the project team is very intentional about developing strategies to address needs throughout. For example, on the prevention end of the continuum, Man Therapy enhances connectedness by giving participants opportunities to send caring eCards to others who are struggling. In addition, Man Therapy augments intervention by linking an individual's results from the "18-point Head Inspection" (an online screening tool) to qualified referral resources. Finally, Man Therapy assists with crisis response by connecting those in need to the National Suicide Prevention Lifeline and chat.

Expansion efforts for Man Therapy continue to evolve. New online tools, creative media assets, and partnerships help the program grow in reach and sophistication. For example, on June 5, 2013, the Australian mental health organization **beyondblue** licensed the Man Therapy concept, and launched its own version of Man Therapy with a new character called **Dr. Brian Ironwood**.

### Outcomes

The outcomes data gathered in the 18 months after program launch indicate that the program is reaching the target population (men of working age), and users are engaging with the mental health tools and find them relevant.

#### Pop-up Survey Questions (7,933 respondents)

At four key junctures of the website experience, pop-up questions are presented to viewers to get their initial impression of the Man Therapy program. Participant satisfaction ratings for these experiences are high:

- 83% would recommend to a friend in need,
- 51% agreed or strongly agreed they were more likely to seek help after visiting the site,
- 73% said the 18-point Head Inspection helped direct them to the appropriate resources on the web,
- 78% were satisfied or very satisfied with the quality of the Man Therapies, and
- 67% were satisfied or very satisfied with the quality of Tales of Triumph (a section of the site where those who have sought help and have overcome challenges share their stories).

### In-Depth Survey (450 respondents)

In addition to the pop-up questions mentioned above, a more detailed survey offered as a link at the bottom of the webpage asks participants demographic information and allows for qualitative responses (e.g., "What was one thing you liked?" "What didn't you like?" Here are some results from this survey:

Responses related to who is coming to the site

- 79% are male
- 62% are between the ages 25 and 54 years
- 10% are Military (1% active duty, 9% veterans)
- 39% are there "because of me"; 8% "for a friend or family member"; 51% "just curious"

### Responses voicing support and concern

Most frequent responses to the question "What is one thing that you liked about the website?"

- 43% liked the humor (light-hearted, fun, hilarious)
- 37% liked the quality of the website and its features (fresh, creative, accessible, helpful, honest, trustworthy, testimonials, interactive, branding, design, authentic, engaging, illuminating)
- 17% liked the manly quality (not too touchyfeely, blunt, not feel like a "wuss")
- 10% identified with the character
- 2% found the experience reassuring/relieving

Seven percent of viewers indicated that some content was offensive, had too many stereotypes, or was not funny; 1% expressed concern about the lack of diversity; and 1% found the content too spiritual. At the same time, narrative user feedback included these comments:

**Humor:** "The use of humor with this topic is incredibly important. The last place that a person struggling wants to go to is a 'sterile' site that sucks out that last bit of dignity."

**Accessible and Engaging:** "The relaxed, non-confrontational nature of the site, like a friend saying 'hey, c'mon over, we'll shoot some pool and chill out,' the sense of acceptance and camaraderie."

**Related to Character of Dr. Rich Mahogany:** "The only thing greater than Dr. Rich Mahogany's dry wit and wonderful sense of humor was his response to my Head



### www.mantherapy.org website analytics\*

Visits: 356,090 (95,807 are mobile)

**Unique visits: 285,960** 

Return visits: 20%

Average time on site: 6 minutes

**18-Point Head Inspection completions:** 59,894

Number of people who accessed crisis information: 19,586

Number of people who accessed "Worried About Someone" link: 19,747

\*As of January 10, 2014

Inspection results. I received a pretty awful 'score,' and the warm, comforting, and concerned response I got was perfect."

Reassuring/Relieving: "You took the guilt away from asking for help."

**Reinforcing Stereotypes:** "At first I thought the use of stereotypes may be harmful, but [found] that it is meant to be ironic and to appeal to the men who are most likely to avoid treatment. Keep up the good work!"

### **Conclusion and Next Steps**

Nearly 2 years after the launch of the Man Therapy program, Dr. Rich Mahogany has reached people all over the world, has made many laugh, and has made mental health accessible for many men. Immediate next steps include efforts to evaluate the program, to further expand the online mental health tools (e.g., online cognitive behavioral therapy), and to enhance Man Therapy's reach by licensing the campaign to organizations, counties, states, and countries. With additional funding and partnerships, the Man Therapy program hopes to continue to improve the website, testimonial library and media assets, and exposure.

Please consider using Man Therapy as a way to reach working-age men and encourage help-seeking behavior as an act of strength. For more information about Man Therapy visit: **www.ManTherapy.org.** 

Sally Spencer-Thomas, PsyD, is the CEO & Co-Founder of the Carson J Spencer Foundation and can be reached at <u>Sally@CarsonJSpencer.org</u>.

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Please also see previous *Mental Health Works* articles about suicide prevention:

Suicide Prevention and Response: New Tools Help Employers Take Action

and

What Workplaces Can Do to Prevent Suicide

### "Doctor, I Can't Take My Job, Sign Me Off Work"

Strategies to Navigate Disability Assessment and Management While Providing Psychiatric Treatment

### **BY MARY CLAIRE KRAFT**

In our decade of working with employers, the Partnership frequently hears concerns from employers about the high prevalence of psychiatric disability claims and the processes through which employees are assessed and treated while on disability. The Partnership is eager to bring this perspective directly to psychiatrists and highlight ways in which psychiatry and employers can work together to improve quality in this important sphere. In response, the Partnership is hosting a workshop at the American Psychiatric Association (APA) Annual Meeting to educate psychiatrists about the nature of work and how a good relationship with a patient's employer can be mutually beneficial for both patient and physician.

The inability to work because of a psychiatric illness is a crisis. After all, the ability to love and work has been long been thought of as a sign of health. But what happens when a patient says they just can't take work anymore? Is that a disability? How does the psychiatrist evaluate the impact of symptoms on the patient's ability to do his or her job? How does the patient improve if the patient doesn't want to go back to that workplace?

What kind of accommodations can you negotiate with the employer that may keep a patient actively engaged in the therapeutic aspects of work? What happens when there is a disagreement between patient and physician or between the patient, physician, and employer?

Psychiatric training programs are filled with information on patient diagnoses, risk assessments, safety plans, and treatment plans. But there is rarely time to learn the skill that will challenge many psychiatrists the most - the work impairment assessment and return-to-work process. That is why the Partnership is convening a unique employerphysician interaction unlike any other at the APA Annual Meeting. Paul Pender, PsyD, ABPP, Vice President for the Employee Assistance and WorkLife Program at JPMorgan Chase and R. Scott Benson, MD, APA leader and psychiatrist in private practice, will be speaking at a workshop designed to improve the skills of psychiatrists to better assess and manage work impairment due to psychiatric illness. Pendler, a longtime member of the Partnership's Advisory Council, presented as part of a symposium at the 2013

67 AMERICAN PSYCHIATRIC ASSOCIATION MANNUAL MEETING, NEW YORK, NY WAT, WITH CHANGING THE PRACTICE AND PERCEPTION OF PSYCHIATRY

### APA Annual Meeting Participants Invited to Attend:

"Doctor, I Can't Take My Job, Sign Me Off Work," Strategies to Navigate Disability Assessment and Management While Providing Psychiatric Treatment

This workshop will be held Monday, May 5, 2014 from 5:00 to 6:30 p.m. in Room 1D05/06, Level 1 at the Jacob K. Javits Convention Center in New York City.

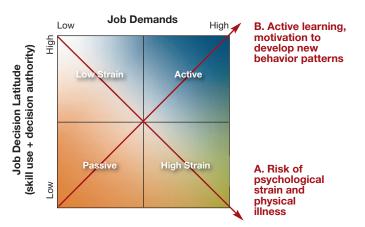
### Presenters

Paul Pendler, PsyD, ABPP Vice President for Employee Assistance & WorkLife Program, JPMorgan Chase

### R. Scott Benson, MD

Private Practice, General and Forensic Psychiatry Clerkship Faculty, Florida State University, College of Medicine APA Annual Meeting where, as an employer, he was able to begin a dialog on more effective ways to partner with employers to help patients return to work. Psychiatrists attending the session specifically asked for more education and support in disability assessment and management.

Employers are not the only ones frustrated by inadequate handling of disability assessment and management processes. "Helping patients who are having trouble at work presents a real challenge in my practice," says Benson. "Often they complained about stress to their primary physician who gave them a prescription, took them off work, and referred them for counseling. And I am brought in months later when 'the treatment' hasn't worked. Then I find the problem isn't really a serious psychiatric problem but a conflict with a supervisor, or a family issue that was too distracting. Can I coordinate all of the players, including the employer? How do I help this patient regain the stability of a satisfying work life?" To effectively resolve the issue, a psychiatrist must tease out myriad issues that have been allowed to fester while the person was out of the workplace and that may make matters worse.



Peter Schnall & Paul Landsbergis

Figure 1. Karasek's Job Demand Control Model

Pendler and Benson plan to educate psychiatrists attending this session about effective methods to assess and document impaired work abilities and the crucial distinction between "impairment" and "disability" (Williams & Schouten, 2008). Case examples will be used to illustrate that diagnostic decisional trees do not necessarily all lead to a time-offwork recommendation and how to communicate to patients the potential value of continuing to work. Karasek's "job strain model" (See Figure 1.) will be explored in order to understand why and when a workplace may experience increases in requests for time off work citing psychiatric conditions (Couser, 2008).

"It is apparent to me as an employer that psychiatrists will continue to be confronted with patient requests for medical time off from work as our world continues to evolve into an ever fast-paced environment," said Pendler.

"As an employer and a psychologist, I appreciate that there is a delicate balance that psychiatrists must navigate when working with patients and the workplace. This presentation, combining the perspectives of a physician in the field with an employer experience, will identify some of the common pitfalls that can occur when trying to partner effectively as well as strategies psychiatrists can use to better advocate for patients in order to help them return to work. It is an exciting opportunity to have both sides of the situation present and looks to be a stimulating and thought-provoking workshop," said Pendler. The workshop, "Doctor, I Can't Take My Job, Sign Me Off Work," Strategies to Navigate Disability Assessment and Management While Providing Psychiatric Treatment is being presented at the APA Annual Meeting in conjunction with the Partnership for Workplace Mental Health, a program of the American Psychiatric Foundation.

Mary Claire Kraft is the program manager of the Partnership for Workplace Mental Health and can be reached at <u>mkraft@psych.org</u> or 703-907-8561.

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### Thank you for your continued support!



### Human Resources-Specific Employee Assistance Program on Florida's Space Coast

BY KATE A. BURKE, MA



Space Coast Human Resource Association (SCHRA) is an affiliate chapter of the Society for Human Resource Management (SHRM), chartered in Merritt Island, FL.

Named for the area that is home of NASA's Kennedy Space Center, the location of numerous shuttle launches, SCHRA has been a local starting point for networking, information, professional development, and continued support of excellence in human resources (HR), whether for those new to the HR field or those who have many years of experience, since the late 1950s. Here a demanding field. The HR role has unique needs, requiring professionals to balance legal and corporate responsibilities in situations that often have challenging personnel, or human, implications. The need for empathy and to be approachable while maintaining appropriate professional boundaries in representing management can be difficult. Add to that the importance of maintaining confidentiality concerning sensitive personnel-related matters, which can be isolating for the HR professional. These work-related factors can be further compounded by factors in the life of the individual HR professional, as they are not immune to their own life challenges. Space Coast Human Resource Association (SCHRA), a

local Society for Human Resource Management (SHRM) chapter, added the service of an employee assistance program (EAP) to their membership offerings. The program is specifically tailored to address the strain experienced by those in the HR profession.

The 13-member board of SCHRA was deeply moved by news reports of a local mother, Tonya Thomas — herself an HR professional — who took the lives of her four children and then her own in 2012. Andrea Wilkinson, President of the SCHRA Chapter and an HR professional at *Florida Today*, the local news group handling Thomas's story, had met Thomas and was shocked by the news, as she saw no sign that Thomas had been in distress. Valarese Poole, another board member and the Eastern region HR advisor to L-3/Engineering & Technical Services, felt empathy from shared experiences of single parenting as well as being a HR professional. Poole also spoke of the collegial environment that is shared by members of the SCHRA, and she hoped that "No one who has to manage the challenges of the HR profession would lack this type of support." Together, the board decided to take action to provide a unique vehicle for HR professionals to access support, counseling, and other services — an EAP tailored for HR.



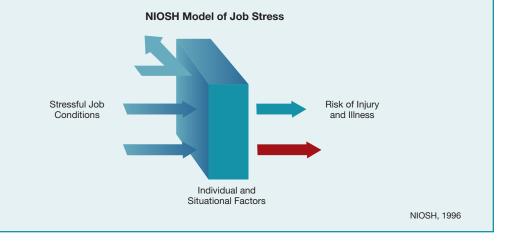
### **Factors Shaping the SCHRA Response**

A number of additional factors drove SCHRA to take action. One was the loss of the NASA shuttle program and the associated economic impact to the region's economy. Many businesses along the Space Coast were negatively affected and had to downsize their workforce. This increased the existing threat of job loss, a stressor that greatly impacts HR professionals, who must handle the termination of employment for others and may have increased concerns about their own positions (Sharma, n.d.). This concern comes from HR roles being viewed as an overhead cost rather than a revenue-generating role (Sharma, n.d.). For organizations whose executives do not recognize the financial value a strong HR team can achieve in cost savings through staff retention and reduction in turnover costs, HR roles are often a prime target for implementing cost-cutting exercises during challenging economic times (Sharma, n.d.). Figure 1 illustrates the impact of stress at work; one can infer how HR professionals have increased numbers of conditions and factors, their own and those of their supported personnel, that might increase their risk for injury or illness.

Other influential factors the SCHRA team described were access to the EAP and confidentiality. While nearly all large companies have EAPs, smaller companies are less likely to provide these services. In the case of SCHRA, 20% of members represent small (up to 50 employees) to medium-sized companies (51 to 500 employees) that may provide short-term disability as a company-paid or voluntary benefit but often do not

### Figure 1. National Institute for Occupational Safety and Health (NIOSH) Model of Job Stress

The model depicts various factors that can influence the overall risk of injury and illness. Stressful job conditions and individual and situational factors can all play a role. In some cases there are individual factors that might help an individual be more resilient to stressors from job conditions; in other cases continued stress and lack of resiliency can lead to increased risk of injury and illness (Department of Health and Human Services, 1999).



provide an EAP. When a smaller company does offer an EAP, it may be a bundled service, i.e., packaged at no additional cost along with other services, such as medical or mental health benefits or long-term disability insurance (LTD) for full-time employees. One SCHRA board member said that HR professionals may perceive that EAP services tied to LTD are more focused on individuals with physical issues versus those with emotional concerns. In addition, since HR personnel are notified when an employee requires accommodation for disability, a layer of confidentiality typically associated with healthcare services is removed, perhaps making HR professionals more cautious about using a service tied to disability insurance. Furthermore, because a security clearance is a common need for many businesses in the area that are seeking government contracts for the space program, sensitivity around confidentiality may be more heightened than in other areas.

The last factor is that in many small businesses, the HR professional is often a generalist who handles hiring, firing, business development, payroll, compensation, training, benefits, lay counseling, and ethics issues. When there is no access to an EAP, the isolation can be acute. The new HR-specific EAP provides access to a confidant with HR experience who understands the breadth of these issues and the weight it can place on the professional.

### Implementation

Given that smaller employers may not offer an EAP, the SCHRA board recognized that a specialized EAP could be a helpful workplace intervention for their members. This service fills a void for those who may not find needed support in navigating personal challenges as they intersect with the demands of the HR profession. The board members, some of whom represent larger businesses, leveraged their contacts to collect the names of a number of EAP vendors that provide specific services for HR professionals. Using Keystone Benefits as broker, they used this leverage to provide insights that smaller businesses in the HRA or in the larger community may not have had, to begin the selection process to locate an EAP that could provide:

**Stand-alone EAP services** — The product sought was to stand alone from other insurance coverage. Given the size of the client base, an estimated 100 SCHRA members, finding a cost-effective program that met the other requirements was a consideration.

**Greater sense of confidentiality in counseling services** – This was a primary concern and a sought-after function for any potential vendor.

**Understanding the role of an HR professional** – Having EAP counselors with access to senior HR professionals was essential to increase understanding of the unique challenges facing HR.



SCHRA board member Dean Rosenquist, of Craig Technologies, recommended Employee Assistance Group (ESI), which was selected as the provider by the board. ESI's TotalCare EAP product was chosen due to its focus on:

**Counseling** — Masters-level or doctoral-level counselors available via phone and in person (confidential apart from legal reporting requirements such as threats of harm to self/others or child abuse).

**Access** to those with Senior Professional in Human Resources (SPHR) certification for complex employee issues faced by human resource managers or supervisors.

Management solutions product that includes the following training areas:

- Regulatory compliance;
- Core competencies in communication, performance management, and personal productivity;
- Advanced supervisory skills in motivation, conflict resolution, and managing change; and
- Team leadership and team management skills.

The EAP product selected already existed, but it had not been purchased by an association of HR professionals. It opened an avenue for SCHRA members to find answers to both personal and personnel problems, when they might not have colleagues in their own businesses with whom to collaborate.

Human resources professionals are often the first line of response for employees in the face of staff behavior problems, violence in the workplace, sexual and other harassment issues, hiring and termination, and discrimination issues. While it is in their job description to handle employees with such issues, it should be remembered that HR professionals are not immune to the impact of these issues, particularly if they are also facing similar challenges. TotalCare EAP covers specific issues related to the HR profession and a variety of other problems and solutions that are constantly evolving, noting on their website that, "Sometimes an HR manager just needs a reality check or a second opinion." SCHRA, partnering with TotalCare EAP, has provided a means to do just that for their members.

In order to inform members, SCHRA sent an outreach e-mail informing members of the opportunity to utilize the program. They also provided quarterly information sessions and training on what the program offers and how it can be utilized by the members and their families (it does not include the member's supported employees). In addition, the program was featured in an article titled "Inspired by tragedy, Brevard assistance program wins national award" (Barchenger, 2013) in *Florida Today*. The news coverage made the larger community aware of this opportunity through SCHRA. Access to the program can also be found through the SCHRA website for their HR professional members.



### EAP on Florida's Space Coast Continues

### **Supporters:**





Keystone







To move forward with the EAP, the board of SCHRA looked for funding and found many community businesses that recognized the unique needs in their area and were willing and ready to contribute funds to obtain the resource. Through existing relationships with the local business community, the following supporters joined the effort for sponsoring the EAP in 2013:

**Space Coast Human Resource Association**, with Board of Directors as individual donors — Thomas Bliss, Valarese Poole, Dean Rosenquist, and Andrea Wilkinson.

<u>**Craig Technologies**</u> – a nationwide technology firm that delivers award-winning engineering and technical solutions to both commercial and government clients.

**Keystone Benefit Group** – an independent, full-service agency that customizes plans that meet employee needs through group health, disability, life, long-term care, retirement plans, and more.

**Bliss Consultants, Inc.** — an employee benefit administration and consulting firm providing more than 40 years of quality fee-based professional services for business and their advisers with emphasis on customer satisfaction, a quality product, and professionalism.

**Ford Harrison LLP** — attorney practice that focuses on all aspects of labor and employment law.

**<u>PROforma Arrow Solutions</u>** – offers a broad array of printing, promotional products, and related graphic products and solutions.

### **Results Thus Far**

Wilkinson states that among individual Space Coast chapter members, 403 contacts with the EAP were made by members and their family members over the first year. Specific data on the type of contacts or topics covered in counseling is not reported back to the SCHRA board, in order to maintain the strict confidentiality that was promised to members. Given the intense focus on confidentiality, and that the program highlighted the EAP's service of counseling, the presumption is that the majority of these contacts reflect counseling services. The program is also helping SCHRA thrive as a professional association despite the many challenges to their community. While the SCHRA membership had dipped to 53 members at mid-year, it rose again to 118 members, which is believed to be in part due to this EAP program offering.

"The board considers this one of our most successful programs, both seeing the continual use of the support materials, and through members sharing the personal and meaningful impact of using the program for themselves and their children," says Wilkinson. This positive response and increased membership led to SCHRA covering funding for 2014 following the 2013 locally sponsored year. The board is still reviewing future sustainability, and they hope that the program will be expanded regionally or nationally. SHRM of Florida is currently considering the program for its other 28 chapters in the state. This cooperative EAP effort was recognized by the national Society for Human Resources Management organization as a recipient of a SHRM Pinnacle Award in 2012 (Society for Human Resources Management, n.d.). The SHRM Pinnacle Award Program is an annual recognition program honoring up to seven of the highest achievements in affiliate development and contributions that enhance the development of effective human resource management.

### What Employers Can Consider

The SCHRA responded to a tragic event and took action toward creating a better future for a region facing challenging circumstances. We urge you to keep in mind the particular challenges that face your human resources employees and how you might best support them as they support your organization. We are interested to hear what you, as employers, are already doing to support your employees, including HR professionals, so we can share your examples.

- Consider options to strengthen your community and create supportive and protective factors for those around you that may help fend off the risk of injury or illness.
- Follow the example of collective purchasing power. Whether you partner with local businesses directly or leverage existing employer coalitions in your region, by using a collaborative approach you can create various industry-specific or company size-specific solutions that may have a great impact.
- Be sure to inform your employees about all the services available to them through your EAP if you have one. Periodic training on how to access the services and examples of how the EAP can be used can remove perceived roadblocks and encourage help-seeking behavior before problems escalate.
- For communities with unique industry-specific needs, a local EAP with an understanding of the particular challenges of the region and industry culture may be a helpful resource.

Kate A. Burke, MA is associate director of the Partnership for Workplace Mental Health and can be reached at <u>kburke@psych.org</u> or 703-907-8586.

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### **New York City Employers Build Mental Health Awareness**

#### **BY CLARE MILLER**

espite the busy pace of New York City, employers are taking the time to meet regularly with a singular focus in mind: addressing mental health at their companies.

The National Alliance on Mental Illness of New York City (NAMI-NYC Metro) and the Northeast Business Group on Health (NEBGH) have been partnering on a series of workplace mental health summits that are bringing together human resources professionals, employee assistance program (EAP) professionals, and benefit executives from Fortune 500 companies to discuss current obstacles surrounding mental health. Participants work collaboratively to identify barriers and share best practices in order to support company-based initiatives that will make a difference in the lives of millions in New York City, the United States, and potentially around the world.

According to Laurel Pickering, MPH, NEBGH president and CEO, "Employers increasingly recognize that mental health issues impact the workplace both by increasing medical costs and decreasing productivity. These summits are focused on discussing the challenges employers have and finding a path to solutions."

The premiere workplace summit was held in March 2013 at Deloitte's NYC headquarters, convening approximately 30 New York area organizations. John Binns, a partner at the UK headquarters of Deloitte LP, shared his personal experience of taking a two-month leave in 2007 for treatment of clinical depression. He went public with his story in a *Wall Street Journal* article (Korn, 2012). At the summit, Binns described how depression affected his work, including impairing his ability to make decisions and manage the demands of a partner's workload. He explained that the way in which company leaders supported him while on leave helped him with his recovery. His bosses at Deloitte assured him that they would support any effort to get him back to health and working again and warmly welcomed him back after his leave. According to Binns, this encouragement was "massively instrumental in speeding up my recovery." Binns explained that if management's reaction had been less supportive, his recovery would have taken a different path.

This experience inspired Binns to create the Mental Health Champions initiative at Deloitte. The initiative appoints prominent and recognizable senior members of the firm to be "Champions" for mental health who are known to the staff to be available for confidential discussion of mental health and wellness. Although they are not medical professionals, the Champions are trained to listen, help employees navigate the workplace, provide information about existing company programs and policies, and offer support in managing disclosure.

Binn's story and the Mental Health Champions program at Deloitte generated a rich discussion among the employer summit participants about how such a program would work in US workplace environments. Employers agreed they wanted to continue the

dialogue. There have been three subsequent employer summits since that initial meeting, each focusing on specific mental health issues of importance to participants.

The summits routinely focus on stigma associated with mental illness and the ways in which employers can take action and implement programs to change the culture of an organization and end the silence and shame surrounding mental illness.

According to Wendy Brennan, executive director of NAMI-NYC Metro, "These summits are critical. We cannot reduce stigma without the involvement of the business community. These meetings allow executives across an array of sectors to come together and discuss what works, what doesn't, and ways we can move forward collectively to raise mental health awareness and increase productivity in the workplace."

NAMI-NYC's **#IWillListen** anti-stigma campaign was introduced at an early summit, and each summit since has highlighted a new employer that has engaged in the campaign and hosted an #IWillListen Day at his or her company. The campaign showcases the power of listening and calls on all Americans — not just the one in four affected by mental illness — to listen and support those who struggle with mental illness in an effort to reduce stigma. (See the last edition of *Mental Health Works* for more on #IWillListen and how your company can get involved.)

What sets the summits apart from other meetings is the emphasis on dialogue. This is not a time for lengthy PowerPoint presentations. It's also not a time to be shy. Dialogue is lively, frank, and fast-paced. As these summits progress, participants are increasingly focused on the need to work together to address complex challenges that require recognition and change from all healthcare stakeholders employers, health plans, providers, and employees. The fourth summit brought together employers with health plan partn solving delivery system issues such as problems with provider net the implementation of models to improve the quality of depression t with primary care. A fifth is planned in May to include leadership

"These summits are critical. We cannot reduce stigma without the involvement of the business community." — Wendy Brennan, executive director of NAMI-NYC Metro

fourth summit brought together employers with health plan partners to work toward solving delivery system issues such as problems with provider networks and obstacles to the implementation of models to improve the quality of depression treatment in partnership with primary care. A fifth is planned in May to include leadership from the American Psychiatric Association (APA) in conjunction with the APA Annual Meeting in New York City and will focus on quality and access to care, among other topics.

Michael Thompson, Principal at PricewaterhouseCoopers LLP and former president of NAMI-NYC's Board of Directors, has helped to facilitate each of the summits. According to Thompson, "These summits have proven to be critical in re-examining and challenging how effective our current work environments are in encouraging early intervention, providing access to quality treatment, and supporting recovery. These businesses have a strong vested interest to get this right since people are their greatest asset."

The summits continue to attract more business leaders and build momentum. Below are brief bulleted outlines of each of the four summits that have taken place to date. Each summit has featured a rich variety of presenters and topical content.

Summit #1 hosted by Deloitte (March 2013)

- The development of <u>Deloitte UK's Mental Health Champions</u> program
- Workplace mental health management tools, including the effectiveness of EAPs and how to address low penetration rates resulting from not knowing how to effectively leverage these programs

Summit #2 hosted by Deutsche Bank (June 2013)

- Law firm of Kramer Levin and discussion of legal and liability implications of instituting a program like Mental Health Champions in the US
- Research conducted by Hunter College School of Public Health with SEIU healthcare worker union members regarding their knowledge of mental health benefits and attitudes about using mental health services and how the findings were used to communicate messages to Fund members

Summit #3 hosted by American Express (October 2013)

• UK's "<u>**Time to Change**</u>" campaign to end stigma and discrimination faced by people who experience mental health problems

### **Companies Participating in Employer Summits**

Aetna Amex Anthem Behavioral Health and EAP Anthem Blue Cross and Blue Shield Aon Hewitt **Barclays Bellevue Hospital** BlackRock **BNY Mellon Buck Consultants** bWell CBS **Cigna HealthCare** Credit Suisse **Deloitte Services LP** 

Deloitte UK **Deutsche Bank** Dextra Baldwin McGonagle Foundation DuPont Grev GroupM Harris Rothenberg International Hunter College School of Public Health JPMorgan Chase **JWT Ethos** Mark Siegert and Associates McKinsey & Company Mind UK New York City Department of Health and Mental Hygiene

News Corp Office of Labor Relations, City of New York **Ogilvy and Mather** Optum **Optum Behavioral Health** Solutions PricewaterhouseCoopers LLP Prudential **Psychiatry Networks** Scattergood Foundation SEIU Benefit and Pension Fund The Kennedy Forum **Thompson Reuters ValueOptions** Young and Rubicam

- NEBGH's <u>**One Voice Initiative**</u>, which integrates mental health support in primary care practices
- DuPont's ICU Mental Health program, an innovative model that encourages employees to reach out to coworkers who appear to be in emotional distress, offer their help, and understand a way forward together (Learn more about ICU by watching a webinar on corporate pioneers <u>here</u>.)

Summit #4 hosted by JWT, a global advertising agency (January 2014)

- Best practices in workplace anti-stigma campaigns with respect to leadership engagement, program components, and sustainability, using the following as models: <u>NAMI-NYC's #IWillListen</u> campaign, ValueOptions' <u>Stamp out</u> <u>Stigma</u> (SOS) campaign, DuPont's ICU program, and Prudential's initiative for veterans
- Discussion of the impact of benefits/insurance on access to services with health and behavioral health insurance companies participating at this summit

Companies in the New York area interested in the summits may **<u>contact NEBGH</u>** to learn more.

### Applying this Model to Your Community

What is happening in New York is, in many ways, the product of years of collaboration between NAMI-NYC and NEBGH working together to address mental health. If you are involved in an employer coalition, please encourage the organization to include mental health in its programming. If you are not yet a member of an employer coalition, click **here** to find the organization located in your region. Consider ways to partner with advocacy organizations such as the National Alliance on Mental Illness or Mental Health America chapters. Find NAMI chapters **here** and Mental Health America affiliates **here**.

As always, we'd love to hear how you might be doing something similar in your community. How are you working with other employers to solve tough issues and learn from one another? Share your successes with *Mental Health Works* so we can highlight strategies that work.

Clare Miller is director of the Partnership for Workplace Mental Health and can be reached at <u>cmiller@psych.org</u> or 703-907-8673.

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### **Military and Civilian Employee Work Stress:**

More Similar Than We Think?

### **BY MARY CLAIRE KRAFT**

Disclaimer: The views expressed herein are those of Colonel Pflanz and not the United States Air Force or the Department of Defense

hile often not thought of as an employer, the United States Air Force (USAF) employs over 460,000 active duty and civilian men and women around the world. Although the culture and mission of the USAF are very different from those of most employers, many of the lessons learned about managing employee work stress in the Air Force can be applied to civilian workforces.



Steven Pflanz, MD

Steven Pflanz, MD, has been a psychiatrist with the USAF for nearly 19 years. He deployed as a Combat Stress Control Detachment Commander in Afghanistan in 2012 and has completed seven Air Force duty assignments. Dr. Pflanz is currently Chief of Air Force Physician Utilization and served previously as Chief of the Air Force Suicide Prevention Program, Senior Psychiatry Policy Analyst at the Pentagon, Squadron Commander, and Chief of the Medical Staff. He is a Past President of the Academy of Organizational and Occupational Psychiatry and former Chairman of the American Psychiatric Association Committee on Psychiatry in the Workplace. He is also a member of the Partnership for Workplace Mental Health's Advisory Council.

Dr. Pflanz has collected survey data on military job stress from 1,701 military subjects during the time period of 1998 – 2013. He will be presenting his findings at the 167th American Psychiatric Association Annual Meeting this May in New

York City (Pflanz, 2014).

We interviewed Dr. Pflanz on the subject of military work stress. The following are highlights from the interview:

### Q: Dr. Pflanz, would you please describe for our readers the prevalence of work stress in the military today?

A. Work stress is frequently a source of medical complaints by military personnel, a circumstance that has been documented in the military medical literature for years. In 1981, work was identified as the main contributor to emotional problems by 371 active duty outpatients at three US military mental health clinics in Europe. In 1993, among 3,370 active duty outpatient visits at a US military mental health clinic in Texas, 23% were given the diagnosis of occupational problem. In my research with 1,701 Air Force subjects at three installations, roughly 27% of military personnel reported significant work stress (Pflanz, 1999, 2001; Pflanz & Ogle, 2006; Pflanz & Sonnek, 2002). These workers are more likely to report experiencing depression, physical health problems, and impaired work performance.

Veterans may be no more likely to report job stress than other civilian workers. In fact, the literature suggests the prevalence of job stress in civilian and military work environments is very similar. A monograph published by the National Institute for Occupational Safety and Health (NIOSH) in 1999 discussed several studies indicating that between 10% and 40% of American workers report job stress (Department of Health and Human Services, Centers for Disease Control and Prevention and NIOSH, 1999; Schilling & Brackbill, 1985). American workers who are struggling with mental illness or financial, family, or other personal problems may be more vulnerable to emotional distress in the face of work stressors. The other life problems may have drained their reserve coping capacity, and not enough may be left for the work issues.

### Q: Why do you think work stress is prevalent?

A. An important finding in our research was that military personnel reported generic work stressors far more frequently than military-specific stressors (Pflanz, 1999, 2001; Pflanz & Ogle, 2006; Pflanz & Sonnek, 2002). These generic work stressors included such things as inadequate staffing, work overload, long work hours, and work conflicting with family. Military personnel in a war zone do face a unique set of potential stressors, but most military personnel spend most of their time at their home station. Their day-to-day work environments are much more mundane than what we see in the news or what's shown in the movies. In this regard, the stressors of the typical military work environment are very similar to those of the civilian sector. Work stress results when the resources of the worker (i.e., abilities, staffing, time, training, etc.) are overwhelmed by work demands.

Several studies have demonstrated a prevalence of reported serious job stress in the military akin to the civilian literature, affecting roughly one-quarter of military personnel. In the military, reports of job stress are also associated with impaired work performance, absenteeism, and increased physical and mental health problems. It is associated with negative ratings of supervisors and commanders. However, the types of stressors reported are not those classically thought of as military-unique stressors, such as deployments. Although wartime activities have been repeatedly shown to cause distress and are associated with psychiatric disorders, even the deployed Airmen we studied did not list things classically associated with a warzone as their chief complaints. Airman in Afghanistan were two to eight times more likely to report long work hours, work overload, inadequate staffing, and conflict with supervisors as work stressors than they were to report combat or hostile fire exposure. So, military personnel report high levels of job stress, even during peacetime and while assigned at stateside bases, and they typically report generic work stressors, like long work hours and trouble with supervisors, even when deployed in a warzone.

This research demonstrates that work stress in the military cannot be simply attributed to the fact that military personnel deploy around the world in harm's way.

#### Q: Can you say more about work stress specific to military environments?

A. Military personnel don't seem to report more job stress or different job stressors than their civilian counterparts. However, there are some aspects of the military work environment that may contribute differently to job stress. First, research shows that workers who feel they have little autonomy and little control over their work are far more likely to report job stress. Certainly, the military emphasizes discipline, respect for the rank hierarchy, and obedience. In addition, you can't quit if you don't like it, you can't always pick your job, and you can't necessarily choose where you're assigned. Of course, these options may not be available to civilian workers either, especially in this economy. Nonetheless, these qualities of the military work environment may create an experience of loss of control that exacerbates work stress for some. Military personnel work long hours as needed to get the mission done, especially in combat zones. This experience is evoked beautifully by Toby Keith's lyrics in the song American Soldier, "I just work straight through the holidays, and sometimes all night long." Long work hours consistently appear in the research related to job stress in both civilian and military work environments.

Lastly, worker-supervisor conflicts in the military are often resolved in favor of the supervisor. There is an assumption by higher-ups that the supervisor is right until proven otherwise. The military spends considerable energy training supervisors how to be effective leaders, so this assumption is often reasonable. The military also has mechanisms whereby personnel can seek redress against unfair bosses. However, bad supervisors are not necessarily identified unless their behavior is egregious. This is true of most work environments, civilian and military. However, on the civilian side, the bad boss's behavior is held in check by the reality that an employee can quit, no matter how unlikely that possibility is. For the employee, the option to quit, no matter how illusory, can be an emotional salve to help endure the difficult boss. On the military side, there is no option to quit, no psychological barrier to poor conduct for the boss, and no unconscious buffer for the employee. Fortunately, bad supervisors are uncommon, but they are nowhere near as uncommon as we'd like to believe.

### Q: What is the Air Force doing to help mitigate work stress?

A. First, the Air Force invests heavily in job training for Airmen as they enter the service and throughout their careers. Job skills training increases the worker's competence and confidence, expanding the resources available to meet job demands. The better trained someone is, the less likely he or she is to feel overwhelmed.

Second, the Air Force puts a premium on leadership training at all ranks. The better supervisors are trained to lead a team, the less likely they are to exhibit leadership behaviors that create or exacerbate job stress (for example they are less likely to be emotionally volatile or hostile and less likely to set unreasonable deadlines or to be insensitive to family needs) and the more likely they are to utilize managerial styles that mitigate the stressors of the particular work environment. Examples of helpful managerial styles include those where supervisors are more predictable in their behavior set, reasonable with deadlines, don't expect unreasonable overtime, and allow employees the opportunity for input into decision making when reasonable and appropriate.

Third, the Air Force screens Airmen annually and upon return from deployments for health problems that warrant further attention. Among the topics addressed are life stressors, including work, and mental health problems. These screenings give Airmen face-to-face opportunities to talk with health professionals about the stressors they're facing and receive referrals for more care as needed. Every installation has a fully staffed mental health clinic to assist with addressing issues that arise. Proactively identifying and resolving these problems reduces their impact on the Airman's health and, in so doing, increases his or her reserves for dealing with job stress.

Lastly, the Air Force uses Risk Management (RM) to assess and mitigate hazards in the work environment. Similar practices are present in all the military services and civilian industry. RM is a decision-making process that determines the best course of action for any given situation by analyzing and managing risk. It ensures no unnecessary risks are accepted in the workplace and that occupational safety is constantly monitored. While not purely a safety program, limiting risk leads to a safer work environment, which in

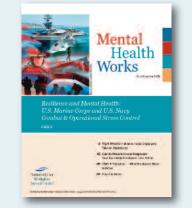
turn indirectly decreases stress. This strategy is classically applied to obvious situations, such as flying an airplane in combat, loading a truck with supplies, establishing a computer network, or driving home at the end of the day. However, this process can also be applied to any stressful work conditions. Job stress is a hazardous work situation that impacts performance and health. RM can help analyze and eliminate unnecessary sources of job stress, leading to improved workplace outcomes and better employee health.

### Q: Are the methods that you are implementing in the Air Force to mitigate personnel stress applicable to the civilian employer?

A. Civilian employers can and do utilize the several strategies discussed above to reduce work stress: job training, leadership training, health screening, and

### More on Military Mental Health

Resilience and Mental Health: U.S. Marine Corps and U.S. Navy Combat & Operational Stress Control, from the Third Quarter 2013 of Mental Health Works.



ORM. Raising awareness among supervisors and employees about the harmful effects of job stress and the importance of using ORM strategies to mitigate stress could be valuable.

### Q: What kinds of suggestions would you give employers for how to best train managers to mitigate employee stress?

A. My working hypothesis is that a small number of ineffective supervisors account for a disproportionate amount of employee stress. This hypothesis is supported by our research showing stressed workers frequently report conflict with their supervisors (Pflanz, 1999, 2001; Pflanz & Ogle, 2006; Pflanz & Sonnek, 2002). Leader behavior can be stress-inducing when the leader is inexperienced or poorly trained, but also when the leader is emotionally insecure and easily threatened. These bosses can be emotionally volatile, overly sensitive to negative feedback, and unconsciously hostile to subordinates. In addition to the several stress mitigation strategies discussed above, companies can provide managers with training on self-awareness. The more we understand ourselves, the better we can utilize our strengths to our advantage and prevent our weaknesses from undercutting our success. We certainly can't do mini-psychotherapy with every manager, but some basic skills in recognizing our personal hot buttons and how not to let them be pushed by employees could be practical. Admittedly, this won't work with every supervisor. For some, their flaws are too painful to acknowledge openly, even to themselves, and they remain unconscious. Managers who can't grow and continue to exhibit hostile behavior toward subordinates should be gracefully shifted out of supervisory positions.

# Q: What do employers — civilian and military alike — need to know about the impact of work stress on mental health, physical health, and work performance

A. I think it's time for civilian and military employers to recognize that work stress is not simply the cost of doing business and it is not innocuous. Employers must also recognize work stress has more to do with working conditions than worker characteristics. It cannot simply be dismissed as a character flaw. Hazardous work stress is experienced by 10% to 40% of American workers and costs industry roughly \$300 billion a year (American Institute of Stress, n.d.). Workers who report significant job stress exhibit

### 167 MARICAN PSYCHIATRICASSOCIATION

### **APA Annual Meeting Attendees**

Please plan to join Dr. Steven Pflanz as he presents "In Harm's Way: Work Stress and Mental Health in the Military"

Date: Tuesday, May 6, 2014

Time: 11:00 AM - 12:30 PM

Location: New York Marriott Marquis — Ninth Floor, Marquis Ballroom B/C

impaired work performance, increased absenteeism, more conflict with coworkers and supervisors, lower morale, increased physical and emotional health problems, increased health care utilization, increased job turnover, decreased job satisfaction, more accidents, and increased disability and workers' compensation claims. Interventions, especially those targeted specifically at treating workers who have psychiatric illness, have been shown to reduce these costs. Even so, some employers have been reluctant to embrace this problem and adopt countermeasures.

### Q: What is the future for your work on military work stress?

A. Over the past decade, the focus of military research has appropriately been on the genesis and treatment of post-traumatic stress disorder and traumatic brain injuries. However, as the war winds down and we return to a peacetime footing, it is warranted to look back upon the research emerging before the war on reported work stress and understand its implications for the military's

future. Our recent study bridges past, present, and future by looking at the effects of work stress, a putative perennial military health hazard, in a population of Airmen deployed in Afghanistan and, not too surprisingly, found results markedly consistent with the existing body of literature on work stress in employee populations, both military and civilian.

# Q: Finally, if you could give employers only one piece of advice about today's veteran population returning to or joining civilian workplaces, what would it be?

A. My one piece of advice is remembering that veterans aren't that much different other employees. Military and civilian work environments have far more in common than they do differences. The research shows this is true for work stress. Military and civilian workers have similar needs:

- feeling competent at work,
- job security,
- · adequate training and resources, and
- job satisfaction.

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### Study Provides Valuable Benchmarking Information on External Employee Assistance Programs

#### BY NANCY SPANGLER, PhD, OTR/L

he number of employee assistance programs (EAPs) has grown substantially in the last 30 years, with 93% of very large companies (more than 5,000 employees) and 27% of small companies (fewer than 500 employees) now offering an EAP benefit (Mercer, 2012). Research specific to EAP practice is limited, however. There is often variation in how EAPs are defined, in how utilization is measured, and in other key characteristics of the industry, which can affect an employer's ability to make informed purchasing decisions. The National Behavioral Consortium (NBC) presented information at the **Employee Assistance Professional Association's (EAPA's)** national meeting in 2013 from the first publicly available study of a large and diverse sample of

The **National Behavioral Consortium** (**NBC**) is a not-for-profit trade association comprising regional managed behavioral health organization (MBHO) and employee assistance program (EAP) member organizations. NBC provides a forum for regional behavioral healthcare company leadership to discuss clinical, operational, and industry trends. external providers of EAP services (Attridge, Cahill, Granberry, & Herlihy, 2013). The study includes comparative data on characteristics that define external EAP programs, common EAP business practices, and measurement strategies. The results help EAPs and their employer clients to benchmark and compare EAP services over time. The study results were published in the November 2013 issue of the *Journal of Workplace Behavioral Health*. A text version of the paper is available at no-cost from the **EAP Archive** at the University of Maryland. Slides summarizing the findings are available at the **NBC website**.

### **Survey Participants and Description**

Survey participants were primarily located in the United States and Canada. In total, 82 vendor spokespersons were included, representing EAPs that provide services to:

- · More than 35,000 employer organizations,
- · More than 62 million employees, and
- More than 164 million covered lives.

Respondents represented EAPs of all sizes, including three-fourths of the largest national carriers in the United States and all five of the largest national carriers in Canada, which suggests broad participation in the study, says lead author, Mark Attridge, PhD.

While there was wide variation in terms of vendor size, the typical respondent had 16 staff dedicated to the EAP to serve 165 client companies and a covered population of almost 130,000 employees and more than 330,000 total lives.

The survey included a set of 44 questions organized into eight categories: (1) company profile, (2) staffing, (3) customer profile, (4) utilization metrics, (5) survey tools and outcomes, (6) business management, (7) business development, and (8) forecasting the future of EAP. Highlights of the results include trends in how EAP services are organized and priced and in the primary services that are provided. Most participating EAPs (68%)

The study described in this article focuses on external EAP programs (i.e., provided by a contracted vendor). Other models include <i>internal</i> EAPs (i.e., whose staff members are employees of the organization) and hybrid models (i.e., staffed by internal personnel along with contracted professionals).	Early results from a survey of Partnership for Workplace Mental Health <u>subscribers</u> suggest that out of our employer respondents most use external EAPs:	
	What type of employee assistance program (EAP) does your organization provide? Percentage	
	Internal	25.2%
	External	51.4%
	Hybrid internal/external	16.2%
	We do not have an EAP	6.3%
	Unknown	0.9%

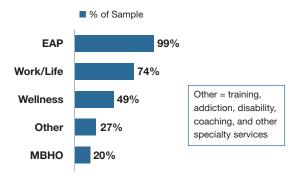
were for-profit vendors, and 32% were nonprofit. The large majority (78%) had predominantly capitated models, 13% had a fee-for-service model, and 9% were bundled (embedded free of charge in another product or service).

### **Offered Services**

The study authors note that services offered by EAP have seen a dramatic shift over the last 25 years. In the industry's early days, EAP counseling was the sole or primary service. Study participants reported currently offering the following services: EAP counseling, work/life, wellness, managed behavioral healthcare organization (MBHO), and other. The box shows the percentages of study participants who reported providing each type of service.

**EAP Counseling.** In terms of EAP counseling activity, the average number of counseling sessions varied from one to nearly five sessions per case. Three-quarters of vendors, however, had two to three sessions per case, with 82% of cases resolved within the EAP, as opposed to referral for further care by other behavioral health care providers. This figure, commonly used in the EAP industry, was supported by the study data. Users of EAP and related services were most frequently employees (80%), as opposed to family members, and slightly more likely to be female (60%), although gender differences and use by family members varied widely among vendors. Self-referral was by far the most common pathway into the EAP (99%), followed by referral from human resources (HR) staff (37%), voluntary referrals

### **Primary Services Offered**



Survey Item: What are the primary services offered by your company? Please check three or less.

(n = 82)

from supervisors (27%), referrals from coworkers (22%), referrals from medical or health care staff (18%), mandatory or for-cause referrals from supervisors (17%), and referrals from union representatives (5%). The average EAP utilization was 4.5 counseling cases per 100 employees per year. However, there was wide variability between the different vendors. Smaller vendors (local and regional) tended to have higher use than the larger vendors (national, international, global), with a case rate at 5.6% compared to 3.5%, respectively By comparison, the vendors with an embedded fee model of pricing — the so called "free EAPs" — had by far the lowest utilization with a case rate of 1.6%.

**Organizational Services.** Organizational services are a core offering among EAPs, according to the Employee Assistance Professionals Association (2010), yet organizational services represent less than 10% of the service mix of the respondents. The organizational services that are provided include management consultations, topic-specific educational seminars and trainings, employee orientation sessions on the EAP, critical incident stress debriefing (CISD)/crisis response services, and supervisor/management training sessions.

The study authors suggest that organizational services are a ripe area for EAP growth, yet access to organizational leaders may be more challenging for some EAPs than others. For example, vendors reported that when they had difficulty in achieving client objectives, it was most often related to ". . . trouble with gaining access to meet with the senior executives at their client organizations, being granted a more strategic and proactive role within the client organizations, and measuring and telling their value story" (Attridge, Cahill, Granberry, & Herlihy, 2013, p. 298).

### User Satisfaction/Outcomes

The survey also asked how vendors are assessing user satisfaction and outcomes after use of EAP. Forty-two percent reported using a standardized and validated tool. Among this group, the following tools were identified:

- 28% Workplace Outcome Suite (Lennox, Sharar, Schmitz, & Goehner, 2010),
- 20% The Health and Productivity Questionnaire (Kessler et al., 2003),
- 20% The Stanford Presenteeism Scale (Koopman et al., 2002),
- 16% The Work Limitations Questionnaire (Lerner et al., 2001), and
- 4% <u>The Employer Measures of Productivity, Absence and Quality</u> (National Business Group on Health, 2010).

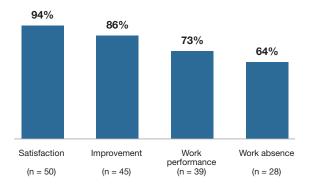
*Self-reported user satisfaction* was a more common metric, with 94% of EAP users expressing satisfaction with EAP service, and 86% reporting improvement in their problem area due to EAP counseling. In addition, 73% self-reported improved work performance or productivity, and 64% self-reported improvement in work absence.

The study authors suggest that low consistency in assessment measures and low use of outcomes measures overall make it difficult to compare outcomes in the EAP industry. Furthermore, "by failing to assess the EAP's impact on workplace-based outcomes, some EAPs are missing an opportunity to demonstrate a stronger value message to their customers" (Attridge, Cahill, Granberry, & Herlihy, 2013, p. 286). Still, the study supports EAPs' ability to provide effective brief therapy, assessment, and referral options for most cases. Only about 1 in 8 cases needed a higher level of care after using the EAP for counseling.

### **Accreditation and Oversight**

Despite widespread adoption of EAPs, there is little consistency in accreditation of programs or providers. Only 13% of participants had programs accredited by

### Mean Levels of Satisfaction and Outcomes (%of Users Surveyed)



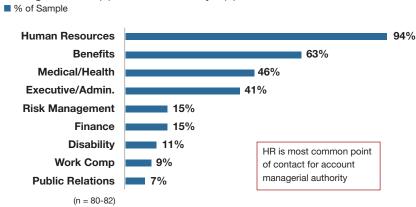
the Council on Accreditation. In addition, only 26% of EAP staff members and 11% of network affiliate service providers have certification as EAP professionals. The study authors point out that EAP professionals typically have advanced degrees and are licensed in their specific discipline (such as psychology, social work, marriage and family counseling, etc.), yet lack of EAP-specific program and professional accreditation may limit opportunities for operational quality and compliance with EAP industry standards.

Managerial oversight also varies. The two departments within client organizations that most consistently have managerial authority for EAP services are human resources and benefits. Others include medical/health, executive/administrative, risk management, finance, and disability.

### Conclusions

Some of the differences observed among study participants are based on the size of the vendor and its market coverage. Larger (national and international) EAPs tend to offer a greater number of services (and of course, have more customers, total covered lives, and total staff), whereas smaller market (local and regional) EAPs tend to have more staff per covered employee, are more likely to use their own on-staff counselors compared to using part-time network affiliate counselors, provide more clinical sessions per counseling case, and deliver a higher overall utilization level.

### Client Departments with Authority for EAP Account Management



Rating of Often (4) or Almost Always (5) % of Sample While 83% of survey respondents were "highly" or "somewhat optimistic" about the future of EAPs, some common themes arose among those offering qualitative comments. These included concerns about price pressures, the growing challenge of EAPs being embedded in other programs at low price and low usage (e.g., the "free EAP" in large insurance plan offerings), greater use of technology, and serving the needs of a more diverse and financially stressed workforce.

The authors conclude by suggesting that their study can serve as a template for future research on external EAP service trends. They also point out that future research comparing characteristics of external, internal, and hybrid EAP models would be valuable. Carl Tisone, founder and president of the Employee Assistance Research Foundation, a funder of the study, said, "Until now there has been no reliable or publicly available surveillance data regarding the practices, metrics, and characteristics that define external EAP vendors. For the first time, EAP vendors, purchasers, researchers, and consultants have ready information on a wide range of common metrics and descriptive characteristics available to provide comparisons among like organizations."

Lead author Attridge offered comments on the study in a follow-up interview. He suggests that employers generally have a better understanding today of the need for prevention and health promotion and a growing awareness of the value of including behavioral health in the mix. In his experience, employers are asking more of EAPs. "In the US, the parity law and the new regulations on wellness for the Affordable Care Act will only increase the awareness and demand for more mental health related services," says Attridge. "I am hearing employers and insurers asking why the EAP is not used more often — a lot more often — so the business value is already accepted. What is needed is more innovation in increasing awareness and access to EAP services and changing the company culture to include mental health and addictions as being "OK" to talk about and to ask for help. A good way to do this is to blend the EAP into other less stigmatized services — like work/life, wellness, onsite medical care clinics, and routine elements of all disability claim management services."

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#### Congrats to Jim O'Hair and Thank You to Our EAPA Panel

James O'Hair, coordinator of employee and family assistance program, Northrup Grumman Corp, received the EAPA Member of the Year Award for his outstanding service to the organization at the 2013 EAPA National Conference.

Jim and two other friends of the Partnership participated in a Partnership panel at the EAPA conference. Jim, along with Michael Paolercio, then director of the EAP for the San Francisco Giants, and Jeff Christie, Chevron's associate manager of employee assistance and work/life services, described ways that the EAP, in collaboration with other organizational partners, works toward creating thriving workplace cultures.

### Save the Dates

#### **2014 Annual EASNA Institute**

April 23–25, Delta Ottawa City Center, Ottawa, Ontario, Canada

The goals of the Employee Assistance Society of North America (EASNA) Institute are to bring together exemplary employer representatives, industry-leading employee assistance providers and other human capitol experts to engage in informative discussions for the benefit of employers, employees/workers, unions, human resource professionals, and benefits consultants in successfully addressing the new dynamics of today's global workforce. **MORE** 

#### Issues & Strategies—Reframing Workplace Mental Health

Live webinar, Thursday May 1 from 12:00 – 1:00 P.M. ET

This one-hour presentation hosted by the Disability Management Employer Coalition (DMEC) offers an overview of the <u>Wellness Works</u>! approach to the issues of mental health in the workplace, framed through the lens of psychological health and safety, disability rights, and HR and business best practices. We provide an overview of the messaging and strategies found in our multiple training offerings that are helping organizations across Canada and the US address the issues more strategically and effectively. <u>MORE</u>

### 2014 APA Annual Meeting

May 3-7, New York, New York

The theme for the 167th Annual Meeting of the American Psychiatric Association (APA) is "Changing the Practice and Perception of Psychiatry." Save the dates and plan to attend events specifically of relevance to psychiatrists and employers interested in workplace mental health.

"Doctor I Can't Take My Job, Sign Me Off: Work, Strategies to Navigate Disability Assessment and Management While Providing Psychiatric Treatment"

Monday, May 5, 5:00–6:30 p.m., Jacob K. Javits Convention Center

**"In Harm's Way: Work Stress and Mental Health in the Military"** Tuesday, May 6, 11:00 A.M.–12:30 p.m., New York Marriott Marquis — Ninth Floor,

Marquis Ballroom B/C

(Annual Meeting *registration* is required to attend)

### **2014 DMEC Annual International Conference**

August 11–14, The Venetian, Las Vegas, Nevada

Now in its 19th year, the Disability Management Employer Coalition (DMEC) Annual International Conference has emerged as the primary North American forum to come together to share strategies, best practices, emerging technologies, and practical applications within the broad, evolving field of workplace disability and absence management. Advanced Registration is now available. **MORE** 

### 2014 HERO Forum for Employee Health Management Solutions and the C. Everett Koop Awards

September 30-October 2, The Westin San Diego, San Diego, California

The annual Health Enhancement Research Organization (HERO) Forum continues to bring emerging and established trends in employee wellness to the forefront of the market place. It is widely recognized as a leading venue where the latest in best practices, research and innovation in the field of health management are discussed. **MORE** 

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- Ø Less turnover
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To find out more about this free initiative, visit **RightDirectionForMe.com/Employers** 



Right Direction is an effort from the Partnership for Workplace Mental Health, a program of the American Psychiatric Foundation and Employers Health Coalition, Inc., and is supported by Takeda Pharmaceuticals U.S.A., Inc. (TPUSA) and Lundbeck U.S. © 2013 Right Direction.

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The American Psychiatric Foundation is grateful to the following corporate supporters whose generosity makes the Partnership for Workplace Mental Health possible.

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Takeda Pharmaceuticals U.S.A., Inc.

Otsuka America Pharmaceutical, Inc. AstraZeneca Pharmaceuticals LP Untreated mental illness saps productivity. It increases absenteeism and health care and disability costs.

The Partnership for Workplace Mental Health collaborates with employers to advance effective approaches to mental health.

- Business case for action
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- Research Works issue briefs
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