NATIONAL SAFETY COUNCIL

Position/Policy Statement

Supporting Mental Health in the Workplace

Comment: This document has an inconsistent smaller font that other Policy/Position documents. It should be standardized. Reference numbering format is difficult to work with and problematically shifts during editing – reference numbering needs to be corrected.

Policy/Position:

The National Safety Council (NSC) ~~supports~~ advocates for actions by stakeholders ~~on~~ at the federal, state and local levels, in addition to employers and other organizations, to advance the following initiatives that support mental health as part of overall health. Given the amount of time people spend in their workplace, leveraging employers and the workplace is a key strategy for addressing mental health. NSC acknowledges that several factors influence mental health and wellbeing, and as a workplace-focused organization, this position/policy ~~position~~ will address the role of workplaces and employers to support mental health and wellbeing.

Mental health~~, wellbeing and~~ illness are is a critical component~~s~~ of worker health and wellbeing. Workplaces should prioritize protecting employees' mental health and safety on an equal level with physical safety. Addressing mental health in the workplace requires continuous leadership and commitment from leaders, buy-in from managers, supervisors and employees~~,~~. It also requires compassionate and flexible policies and programs, facilitating education, awareness and ~~a strong understanding and~~ respect for the complexities of mental health, wellbeing and illness ~~from the top down~~.

~~The National Safety Council~~ NSC recommends taking action in four categories.

1. Strengthening Prevention Interventions and Treatment Accessibility;
2. Actions for Leadership and Supervisors – Prioritizing Mental Health;
3. Actions for Human Resources – Developing Policies, Procedures and Programs to Support Mental Health;
4. Providing Employee Education and Awareness.

Background

~~Both mental health distress and mental illness, including general symptoms~~ Symptoms of depression, anxiety, substance use disorder (SUD) and stress ~~as well as diagnosable conditions,~~ are common~~,~~ and affecting individuals, their families, co-workers and the broader community. Mental health distress is a common experience that can be brought on by short-term or long-term conditions impacting mental wellbeing. At some point, approximately 50% of people will meet criteria for some kind of mental health disorder during their lifetime, and most will experience mental health distress or challenges to their mental wellbeing. {reference?} Over 46 million Americans – nearly one in five – live with a mental illness,[1] and over 11 million Americans have a serious mental illness, which, in some cases,

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[1] https://www.nimh.nih.gov/health/statistics/mental-illness.shtml

can result in functional impairment and impact life activities. Mental illness is the ~~No. 1~~ number one cause of disability in the United States.[2] {reference 2 link is not working}

Mental health (also referred to as mental wellbeing) is the foundation for emotions, thinking, communication, learning, resilience and self-esteem. Mental health is key to relationships, personal and emotional wellbeing and contributing to one's community or society, and effectively functioning in daily activities such as attending work or school. It also includes reacting to, coping with and adapting to adversity.[3,4,5] {reference 4 link is not working} Some challenges, or types of mental health distress, include stress, grief, and feeling depressed or anxious. ~~These differ from mental illness in that they are not diagnosed conditions but are mostly situational and resolve before becoming severe.~~ Mental health distress can become a mental illness when ongoing signs and symptoms become chronic and they interfere with or limit one's ability to function in daily life.[6]

Mental illness (also referred to as mental disorders, diagnoses or conditions) refers collectively to all diagnosable mental health disorders – health conditions involving significant changes in thinking, emotion, behavior and/or distress, and problems functioning in social, work, educational or family activities.[7] There are many different mental illnesses, each of which has different symptoms that influence different people in different ways, ranging in degrees of severity.

With one in five Americans reporting a mental illness in 2018, and one in 25 reporting a serious mental illness, employers can reasonably assume that, even if not disclosed, employees living with mental illness are present in the workforce.[8] Workplaces must treat mental illnesses ~~(diagnosable mental health conditions, including but not limited to anxiety disorders, major depressive disorders, bipolar disorders, schizophrenia, etc.)~~[9] in the same manner that they would treat an employee who has a physical illness or injury, and abide by all applicable privacy regulations. NSC has a mental health parity policy position with more data and information on ~~the~~ laws in place to support mental health parity.

Mental illnesses are covered under the Americans with Disabilities Act (ADA), meaning that employers must make reasonable accommodations for workers with such illnesses to perform their responsibilities.[10] Disclosure of any disability (including diagnosis of a mental illness) cannot be required, except in specific circumstances, although it can be required when requesting a job accommodation.[11] Disclosure is the employee's choice. Employees may elect to not disclose diagnosis of a mental illness for many reasons, including but not limited to fear of retribution, judgment from supervisors or colleagues, or fear of lack of confidentiality.

Individual and social or systemic risk factors resulting from issues present in the overall system (e.g., economic vulnerability) play a role in causing mental distress. Mental health and mental illness are also shaped, to great extent, by the social, economic and physical environments in which people live.[12] Some of these factors are addressed in-depth below.

Individual factors could include changes at work or school, illness, injuries, problems with relationships, family, money or housing, all of which can cause stress. Long-term or chronic stress can contribute to mental health distress

[2] https://www.nimh.nih.gov/health/statistics/disability/us-leading-categories-of-diseases-disorders.shtml

[3] https://www.psychiatry.org/patients-families/what-is-mental-illness
[4] https://www.psychologytoday.com/us/blog/reaching-across-the-divide/201804/the-difference-between-mentalhealth-and-mental-illness
[5] https://www.psychiatry.org/patients-families/what-is-mental-illness
[6] https://www.cdc.gov/mentalhealth/learn/index.htm
[7] ~~Ibid~~ Ibid.
[8] https://www.nami.org/mhstats
[9] https://www.shrm.org/hr-today/news/all-things-work/pages/mental-illness-and-the-workplace.aspx
[10] Ibid
[11] https://adata.org/factsheet/health
[12] https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf?sequence=1 [13]
https://pubmed.ncbi.nlm.nih.gov/24514565/

and mental illness through effects on the heart, immune and metabolic functions, and hormones acting on the brain.[13]

Social and systemic factors contribute significantly to the occurrence of mental health distress and development of mental illness. Some examples of these include lack of access to health care services, social norms and attitudes (e.g., discrimination, racism, etc.), socioeconomic variables, and economic stability or vulnerability.[14] {reference 14 link is not working} The relationship between mental health, mental illness, ~~substance use disorders~~ (SUD~~)~~ and the economy is bidirectional – mental health, mental illness, and SUDs are known drivers of lower productivity, increased health care costs, and higher mortality.[15] Unemployment, stress (including stress caused by the workplace) and economic vulnerability are linked to increases in mental health distress and substance misuse. In a study done of the 2008 recession, researchers found that for every 1% increase in unemployment in the United States, ~~researchers observed~~ there was an approximate 1% increase in suicide. A 4% increase in unemployment during that time was commensurate with a 4% increase in suicide.[16] {reference 16 link is not working} This emphasizes the additional role that a person's environment plays in impacting mental health and wellbeing.

Mental health distress and mental illness also impact the global economy. The World Health Organization (WHO) has noted that depression and anxiety alone have an estimated cost to the global economy of $1 trillion per year in lost productivity,[17] with the direct impact on mental health in the United States costing $500 billion in lost productivity annually.[18] {reference 18 link is not working} Many of these costs are indirect (associated with care seeking, lost productivity, disability, etc.) as opposed to direct costs (medication, medical visits, etc.), which is different from other chronic illness and conditions.[19]

It is clear that treatment works for mental illness and mental health conditions. One estimate on the ~~Treatment~~ treatment ~~for~~ of depression works 80% of the time.[20] {reference 20 link is not working} Strengthening the mental health treatment system, increasing capacity and getting people the care they need early on in their mental illness could save up to $48 billion annually in health care costs.[21] However, not everyone receives the care needed. Only 43% of all people living with mental illness receive treatment for their condition,[22] {reference 22 link is not working} and 10 million adults experiencing a mental illness still report having an unmet need.[23] Common barriers include cost and poor insurance coverage for accessing mental health care, and stigma.[24, 25] {reference 24 link is not working}

One particular factor that impacts prevention of mental health distress and mental illness, as well as access to treatment, is stigma against those with mental health issues or mental illness. Stigma is the "labeling, stereotyping, separation, status loss, and discrimination" of and against people with a particular social identity, and can manifest on several level, including stigma from the public, stigma occurring in systems and structures (criminal justice system, medical systems, etc.), and self-stigma.[26] {reference 26 link is not working} Stigma drives silence, and silence prevents those who suffer from seeking help.[27] Stigma can decrease the quality of

[14] https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

[15] Davenport S et al., *Potential economic impact of integrated medical-behavioral health care: Updated projections for 2017*, Milliman, February 12, 2018, milliman.com.

[16] https://www.healio.com/psychiatry/suicide/news/online/%7B53327db4-7cc9-4833-9ae8-5da7ec016150%7D/unemployment-linked-to-roughly-45000-suicides-per-year

[17] *Mental health in the workplace*, World Health Organization, May 2019, who.int

[18] https://www.mhanational.org/sites/default/files/Mind%20the%20Workplace%20%20MHA%20Workplace%20Health%20Survey%202017%20FINAL.pdf

[19] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5007565/

[20] http://workplacementalhealth.org/getattachment/Making-The-Business-Case/Link-2-Title/working-welltoolkit.pdf?lang=en-US [21] Ibid.

[22] https://www.thenationalcouncil.org/wp-content/uploads/2019/09/UFBH_FactSheet-1.pdf?daf=375ateTbd56

[23] https://www.mentalhealthamerica.net/issues/state-mental-health-america

[24] https://www.thenationalcouncil.org/press-releases/new-study-reveals-lack-of-access-as-root-cause-for-mentalhealth-crisis-in-america/

[25] NSC mental health parity policy position and Medicaid support for mental health policy position

[26] https://www.shatterproof.org/sites/default/files/2020-07/A-Movement-to-End-Addiction-Stigma.pdf [27] http://workplacementalhealth.org/getattachment/Making-The-Business-Case/Link-2-Title/working-welltoolkit.pdf?lang=en-US

care people get when they do seek help. Additionally, stigma results in individuals with mental illness being more likely to experience housing and employment discrimination and homelessness compared to people without mental illness.[13]

One particularly effective method of eradicating stigma and effecting social and attitudinal change involves educating individuals on mental health and illness, removing stigmatizing language, and modifying policies to support people in mental distress or who have a mental illness.[14] These are all actions employers can take in the workplace.

Impacts of COVID-19

Prior to the COVID-19 pandemic, the Mental Health America (MHA) 2017 Workplace Health Survey[15] found that 63% of respondents reported that workplace stress resulted in a significant impact on their mental and behavioral health, with over one in three reporting that they engaged in unhealthy behaviors in response to that stress. The COVID-19 pandemic has emphasized the need to respond to the mental health crisis because it ~~has~~ disrupted the ~~normal~~ working lives of millions of Americans, increasing stress both at home and at work. To help employers address mental health in workplaces, NSC through the *SAFER – Safe Actions for Employee Returns –* initiative has developed mental health resources.[16]

COVID-19 ~~is having~~ has had a material impact on the behavioral health of society.[17] COVID-19 has caused the sharpest economic pullback in modern history and a record-breaking spike in unemployment, and job loss is associated with increased depression, anxiety, distress, and low self-esteem and may lead to higher rates of substance misuse, SUD and suicide.[18]

Mental health support is becoming a top concern for employers as more employees struggle with increased anxiety, loneliness and depression related to remote work and other stressors and impacts ~~related to the pandemic~~. At the time, ~~Mental~~ mental health distress ~~has~~ increased as measures taken to slow the spread of the virus, such as physical distancing, business and school closures, and shelter-in-place orders, lead to greater isolation and potential financial distress. Beyond the negative impact of a traditional economic downturn, COVID-19 ~~presents~~ presented additional challenges – fear of the virus itself, collective grief, heightened uncertainty about the future, prolonged physical distancing and associated social isolation. We must also specifically acknowledge the unique grief experienced by families who have ~~lost~~ loved ones to the pandemic.

Natural disasters provide a comparison point for the experience of Americans today during the COVID-19 pandemic. Prevalence of mental health problems in natural disaster-affected populations is already found to be two to three times higher than that of the general population (varies from 8.6% – 57.3%).[19] One example from the aftermath of Hurricane Katrina showed that the prevalence of serious mental illness ~~had~~ doubled, and nearly half of the respondents in the study had post-traumatic stress disorder (PTSD).[20]

~~The mental~~ Mental health distress and illness stemming from the pandemic will not disappear ~~as the country recovers and people regain a sense of normalcy. It can be expected that the~~ The mental health impacts of the COVID-19 pandemic will continue to manifest ~~in the coming weeks, months and years, given the~~ in economic, emotional and

[13] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3835659/
[14] https://www.shatterproof.org/sites/default/files/2020-07/A-Movement-to-End-Addiction-Stigma.pdf
[15] https://www.mhanational.org/sites/default/files/Mind%20the%20Workplace%20%20MHA%20Workplace%20Health%20Survey%202017%20FINAL.pdf
[16] https://www.nsc.org/Portals/0/Documents/NSCDocuments_Advocacy/Safety%20at%20Work/covid-19/saferplaybooks/mental-health.pdf?ver=2020-06-10-094235-910 and https://www.nsc.org/Portals/0/Documents/NSCDocuments_Advocacy/Safety%20at%20Work/covid-19/safer/qhissue-paper-mental-health.pdf?ver=2020-07-15-215639-477
[17] https://www.mckinsey.com/industries/-systems-and-services/our-insights/returning-to-resilience-the-impact-ofcovid-19-on-behavioral-health
[18] https://www.kff.org/report-section/the-implications-of-covid-19-for-mental-health-and-substance-use-issuebrief/#endnote_link_460419-1
[19] Udomratn P. Mental health and the psychosocial consequences of natural disasters in Asia. Int Rev Psychiatry. 2008;20:441–4.
[20] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3276074/

physical impacts on the entire country. Some of these long-term impacts include a likely surge of people experiencing acute behavioral health problems and symptoms from mental illness. Some of these may be new symptoms and diagnoses, while existing conditions are exacerbated for other people.[21] Some of these acute behavioral health problems may become chronic. Some populations will be more vulnerable than others, including frontline employees (health-care employees, first responders, grocery workers, etc.) who are experiencing elevated levels of trauma, burnout, stress and other impacts on their mental health.[22] These short- and long-term impacts must be carefully monitored and proactively addressed to protect the health and wellbeing of frontline employees of all types.

There will also be long-term impacts of the COVID-19 pandemic that have yet to be identified. There is evidence, for example, that some COVID-19 patients who are intubated experience delirium and hallucinations,[23] {reference 23 link is not working – incorrect website} recovery from which can take days to weeks or potentially longer. Additionally, there is a risk for Post Intensive Care Syndrome, which can have aftereffects from treatment including anxiety, post-traumatic stress and other cognitive challenges.[24] Similarly, fatigue (a long-lasting symptom of COVID-19 for many patients) impacts mental health.[25] For some, recovery from these mental symptoms may occur relatively quickly. For others, these symptoms may evolve into a diagnosable mental illness. Regardless, comprehensive, coordinated care will be critical to caring for the mental health and wellbeing of COVID-19 patients.

Mental Health and the Workplace

Supporting mental health in the workplace increases productivity, decreases cost and contributes to the wellbeing of the community at large. Recognizing mental health as an unmet need in the workforce and addressing it accordingly is becoming more common. However, supporting mental health in the workforce continues to challenge many employers.[26] {reference 26 link is not working} Highlights from the 2019 Disability Management Employer Coalition Mental Health Pulse Survey[27] sent to employers sheds more light on the issue:

- 58% of respondents said that they handle mental health issues well when they know about them, but they could be more proactive in spotting signs of employees at risk and intervening ~~early~~;
- 50% say their organization does not provide training for managers ~~on identifying~~ to identify mental health needs and ~~making~~ make appropriate referrals for their employees;
- 55% say they communicate about mental health reactively (only when asked or when a specific issue arises);
- 66% of respondents are not tracking prevalence of mental health issues in their workplace;
- 59% say stigma is a barrier for employees seeking mental health care.

Workplaces have impacts on employee mental health and wellbeing. One risk factor for developing mental illness or experiencing mental distress is experiencing stress, which can be caused or exacerbated by workplace conditions. Chronic exposure to stressful workplace conditions can lead to a variety of mental health conditions, including experiences of depression, anxiety, an inability to concentrate and emotional exhaustion.[28] {reference 28 link is not working}

Both the content and context of work can play a role in the development of mental health distress and illness. Key factors include:[29] {reference 29 link is not working}

- Workload (both excessive and insufficient work);
- Lack of participation and control in the workplace;
- Monotonous or unpleasant tasks;

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[21] https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2764404

[22] Ibid

[23] https://www.healthline.com/health-news/what-to-know-about-delirium-and-covid-19

[24] https://www.apa.org/monitor/2020/09/aftermath-covid-19

[25] https://academic.oup.com/occmed/article-pdf/68/8/502/26608827/kqy109.pdf

[26] https://www.who.int/mental_health/policy/workplace_policy_programmes.pdf

[27] http://dmec.org/2019/05/30/2019-dmec-mental-health-pulse-survey-results/

[28] https://www.transamericacenterforhealthstudies.org/docs/default-source/wellness-page/from-evidence-topractice---workplace-wellness-that-works.pdf?sfvrsn=2

[29] https://www.who.int/mental_health/policy/workplace_policy_programmes.pdf

- Role ambiguity or conflict;
- Workplace bullying and other forms of harassment;
- Lack of recognition at work;
- Inequity of pay, hiring practices, opportunities for promotion and advancement, and general favoritism of some employees over others, including issues related to diversity, inclusion and equity;
- Poor interpersonal relationships;
- Poor working conditions;
- Poor leadership and communication;
- Conflicting home and work demands;
- Uncomfortable physical working conditions (e.g., extreme temperatures, lack of ergonomic best practices, poor and unpredictable scheduling, infrequent breaks);
- ~~Both physical~~ Physical and mental fatigue at work (caused by long-term or chronic stress, poor working conditions, personal reasons, ~~; can also be a symptom of~~ mental health distress and ~~various~~ mental ~~illnesses~~ illness).

Employers must address mental health in the workplace on ~~both~~ individual and systemic levels. Providing support for individuals, enhancing treatment coverage and educating employees is critical, but will have limited impact if ~~workplaces do~~ not simultaneously ~~work~~ working towards the reduction or elimination of stressors in the workplace themselves.[30] Organization-level measures (e.g., supervisor and manager training, stress management systems, etc.) can be sustained, evaluated and shifted according to workplace need.

It is important to acknowledge the impact of mental health on employee performance and broader functioning, as well as other health care conditions and costs. There is a link between mental health distress and increased safety risks; experiencing mental health distress can adversely affect risk recognition and actions of workers both off and on the job.[31,32] Both moderate and severe mental health distress have been found to increase risk for workplace safety incidents.[33] Some people may experience fatigue as a symptom of mental distress[34] or have a comorbid SUD[35], increasing the risk for impairment in the workplace. Addressing stress, mental health distress and mental illness in the workforce can help lower risk for workplace incidents.[51]

Furthermore, there is a strong business case for addressing mental health in the workplace. Mental health distress and mental illness have an impact on employers and their bottom lines directly through increased absenteeism, negative impact on productivity and profits, and an increase in health care costs related to mental health and illness.[36] An MHA workplace health survey conducted between 2015 and 2017 found that 63% of respondents reported that their workplace stress resulted in a significant impact on their mental and behavioral health,[37] {reference 37 link is not working} and more workers were absent from work due to stress and anxiety than due to physical illness or injury.[38]

One study found that untreated depression costs $9,450 per employee, per year.[39] Less than half of all costs of depression are attributed to the direct costs of treatment (45% – 47%). In fact, 48% – 50% of the cost of depression

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[30] https://www.researchgate.net/publication/263461563_Work-home_interaction_from_a_work_psychological_perspective_Development_and_validation_of_a_new_questionnaire_the_SWING

[31] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5891372/#!po=85.4167

[32] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4935706/

[33] https://link.springer.com/article/10.1007/s00420-010-0555-x

[34] https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/fatigue#:~:text=Emotional%20concerns%20and%20stress%20%E2%80%93%20fatigue,irritability%20and%20lack%20of%20motivation.

[35] https://www.drugabuse.gov/publications/drugfacts/comorbidity-substance-use-disorders-other-mentalillnesses#:~:text=Points%20to%20Remember,condition%20also%20having%20the%20other. [51] https://www.onlabor.org/wp-content/uploads/2017/05/712.pdf

[36] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3062016/

[37] https://www.mhanational.org/sites/default/files/Mind%20the%20Workplace%20%20MHA%20Workplace%20Health%20Survey%202017%20FINAL.pdf

[38] https://apps.who.int/iris/bitstream/handle/10665/42891/924156265X.pdf

[39] https://business.kaiserpermanente.org/insights/mental-health-workplace/stigma-at-work

is associated with costs to the workplace in terms of lost productivity, absenteeism and disability.[40] {reference 40 link is not working} The Center for Workplace Mental Health found that over 80% of employees treated for mental illness report improved levels of work efficacy and satisfaction. WHO studies found that for every $1 invested in mental health treatment, there is a return of $4 in improved health and productivity.[41] {reference 41 link is not working} In other words, when employees receive effective treatment for mental illness, results include lower total medical costs, increased productivity, lower absenteeism and decreased disability costs.[42] {reference 42 link is not working}

~~The National Safety Council~~ NSC recommends taking action in four categories.

1. Strengthening Prevention Interventions and Treatment Accessibility;
2. Actions for Leadership and Supervisors – Prioritizing Mental Health;
3. Actions for Human Resources – Developing Policies, Procedures and Programs to Support Mental Health;
4. Providing Employee Education and Awareness.

In-depth action items are detailed below.

Strengthening Prevention Interventions and Treatment Accessibility through the Workplace

Employees have a responsibility to bring their best selves to work, and to take care of themselves both physically and mentally. That can best be accomplished when they have robust systems around them to provide that support and care. Employers can help provide robust support systems, including benefits, prevention programs and more. Prevention and early detection of mental health issues is an essential component of any comprehensive approach to addressing mental health and illness. Actions to take include:

- Ensuring employer health care coverage includes annual mental health screenings;
- Focusing on organization-level policies and programs that reduce or eliminate common workplace stressors (e.g., stress management programs, evidence-based wellness programs, etc.);
- Implementing a Mental Health First Aid program in the workplace. Data show that individuals trained in the program;
    - Grow their knowledge of signs, symptoms and risk factors of mental illnesses and addictions;
    - Help identify multiple types of professional and self-help resources for individuals with a mental illness or addiction;
    - Increase their confidence in helping and likelihood to help an individual in distress;
    - Show increased mental wellness themselves.
- Providing education and learning opportunities about mental health for employees;
- Educating employees about signs of mental health distress and fatigue both in a traditional office environment as well as when working remotely;
- Explicitly providing mental health sick days so employees can prioritize tending to their mental health as soon as it is needed (subject to all relevant medical and privacy regulations);
- Providing a physically-safe working environment;
- Preventing fatigue in the workplace.

Treatment for mental illness is possible and remission is likely with the right supports. Actions to take include:

- Ensuring the workplace culture supports using paid time off and other leave for supporting mental health and mental illness;
- Providing employer health care coverage that includes comprehensive, robust behavioral health treatment mechanisms and abides by parity requirements;

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[40] http://workplacementalhealth.org/getattachment/Making-The-Business-Case/Link-2-Title/working-welltoolkit.pdf?lang=en-US
[41] https://www.who.int/mental_health/in_the_workplace/en/
[42] http://workplacementalhealth.org/getattachment/Making-The-Business-Case/Link-2-Title/working-welltoolkit.pdf?lang=en-US

- Implementing flexible return-to-work policies for employees returning after time off due to mental illness (for example, e.g., specifically alleviating stressors or triggers that may exacerbate or aggravate the condition; developing an individualized support plan; support for remote work).

Actions for Leadership and Supervisors – Prioritizing Mental Health

Leading by example and building a culture of psychological safety are critical. Leaders, supervisors and other managers have an essential role in addressing mental health impacts and encouraging social connectedness in the workplace. Strong social connections in the workplace improve mental health. A workplace with a strong culture of psychological safety is one that promotes workers' mental wellbeing, actively works to protect employee mental health, and does not harm employee mental health in negligent, reckless or intentional ways.

Building mental, emotional and psychological safety into every process (e.g., communications, trainings, etc.) builds resilience in the workforce. Resilience can help protect employees from various mental health conditions, such as depression and anxiety. Resilience can also help offset factors that increase the risk of mental health conditions, such as being bullied or previous trauma.[43,44] {reference 43 link is not working} {reference 44 link does not appear correct} Leadership can reduce stigma by speaking candidly and frequently about mental health, and remaining publicly committed to leading a behaviorally healthy workplace.[45,46]

Actions for Human Resources (HR) – Developing Policies, Procedures and Programs to Support Mental Health

Employers have a unique ability and responsibility to manage their relationship with benefit providers, such as Employee Assistance Programs (EAPs) and health insurance plans to ensure employees have access to the help and support they need. HR teams and supervisors can help make this difference a reality. When developing policies, workplaces should consider a tiered approach by planning for the 20% of people who experience a mental illness and the 5% of people who experience severe mental illness in any given year, and developing policies and procedures that promote and support general mental health and mental wellbeing.

Some key components to of a robust HR response include[47]:

- Ensuring health benefits provide strong coverage of mental health or mental illness services, and conform to parity laws as well as other relevant regulations;
- Performing a language audit of existing policies and procedures to ensure that the language and content do not inadvertently discriminate against or stigmatize people with mental health distress or mental illness;
- Ensuring the EAP has excellent support mechanisms in place for supporting employees who are in need of mental health or mental illnesses related services;
- Repeatedly communicating support resources (organizational, national and local) with employees through multiple mediums and in digestible, easy-to-understand ways, with clear instructions on how to access them;
- Ensuring that medical leave and sick time policies explicitly cover mental health-related and mental illness-related time off to prioritize employees' mental wellbeing and do not require disclosure of the reason for taking time off within the policies; these days should be treated as any other leave time and be subject to all relevant privacy regulations.

Providing Employee Education and Awareness

Communication about mental health in the workplace is critical. Openly engaging, discussing, normalizing and being proactive about mental health can have substantial benefits and reduce the stigmas surrounding mental health,

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[43] https://www.mayoclinic.org/tests-procedures/resilience-training/in-depth/resilience/art-

[44] #:~:text=Resilience%20and%20mental%20health,being%20bullied%20or%20previous%20trauma.

[45] https://lifespeak.com/10-ways-to-improve-mental-health-in-your-workplace/

[46] http://workplacementalhealth.org/getattachment/Making-The-Business-Case/Link-2-Title/working-welltoolkit.pdf?lang=en-US

[47] https://www.nsc.org/Portals/0/Documents/NSCDocuments_Advocacy/Safety%20at%20Work/covid-19/saferplaybooks/mental-health.pdf?ver=2020-06-10-094235-910

mental illness and seeking support. Employee education on ~~brain wellness~~ mental wellbeing, mindfulness, resilience, ~~and other innovative sciences focused on mental health and mental illness,~~ along with a focus on developing a culture focused on wellbeing and mitigation of chronic stress, can positively impact workforce engagement and performance.

Educated workers can better protect themselves from the impacts of mental health and stress. Consider building a robust education and awareness plan that ensures employees are aware of these impacts, are aware of workplace resources and know they are supported. Communicating on these topics in small, easy-to-understand pieces of information is encouraged, as is sharing on multiple channels (e.g., posters, infographics, social media, brown bag lunches, email communications, communications from leadership, etc.). All education messaging, including messaging about seeking support, should be repeated multiple times throughout the year, as many employees may not internalize or remember the information if they think they do not need it.

Comment: Reference numbering in Word format is awkward to work with. All references should identify the year of publication. Weblinks should specify date of publication or when last accessed. Content highlighted in ==yellow== needs to be updated.

ADID Members Draft Edits – April 10, 2024

This position statement reflects the opinions of the National Safety Council but not necessarily those of each member organization.

Adopted by the National Safety Council, August 2020