Executive Summary

The May 2, 2016 Workplace Mental Health Summit VIII at Steelcase brought together 50 corporate and workplace mental health leaders, including representatives from health plans and nonprofit providers to discuss measurements related to employee mental health and how to evaluate interventions to improve well being.

Welcome and Introductions

Laurel Pickering, President and CEO, Northeast Business Group on Health opened the session and reported that a small work group has been connecting regularly to plan summits and discuss relevant topics, including network adequacy, engaging senior corporate leadership, and disseminating the Working Well: Leading a Mentally Healthy Business toolkit for employers. Wendy Brennan, Executive Director, NAMI-NYC Metro, outlined the four pillars of the Working Well framework – 1) measure the impact, 2) break the silence around mental illness, 3) deliver affordable access to care; and, 4) build a culture of wellbeing. She thanked Charles Lattarulo, Director, Employee Assistance Program, and American Express for developing and shaping the measurement Summit. Lattarulo urged participants to consider standardizing measurement across businesses and to think about how employers could collect data necessary to measure mental health in their own organizations.

Work Limitations Questionnaire

Debra Lerner, MS, PhD, Director Program on Health, Work and Productivity, Tufts Professor of Medicine and Psychiatry presented “Using Work Limitations Questionnaire Data to Support Mental Health and Functional Improvement at Work” (slide handout provided). Lerner discussed the basic tools, such as self-report tools (PHQ-9) and medical and pharmacy claims to measure mental health disorders and interventions, approaches to data collection and potential limitations/concerns (e.g., completeness of data and use of encrypted IDs). Lerner noted that the PHQ-9 is a highly valid and reliable way of measuring depression, newer tools are being developed to measure other disorders. She went on to explain that direct medical costs associated with mental illness represent only 24 percent of total costs, while indirect costs such as absenteeism, presenteeism, and disability comprised the other 76 percent. Lerner noted that presenteeism, defined as a state of compromised ability to perform one’s job role as a result of health problems and/or treatment, can be measured by the Work Limitations Questionnaire (WLQ), a highly validated, reliable questionnaire. There are 8-item and 25-item versions of the WLQ that cover four categories of job functioning: time management, mental-interpersonal tasks, physical tasks, and output tasks.

Lerner next discussed model data presentations, including comparative and benchmarking ones that show prevalence of conditions and costs of them. Examples include: combining and comparing national data with employer level data from claims and self-report; claims data with industry data; comparing depression to other groups of illnesses over time; comparing work outcomes and clinical outcomes over time. Lerner also presented WLQ productivity loss and presenteeism costs for different illnesses;
depression had the highest presenteeism cost per employee per year for all employees at 37 percent ($109). She also reported that Caregiver Work Limitation Questionnaire results (for caregivers of individuals with schizophrenia and/or schizoaffective disorders) are the same as those with depressive disorder. Lerner provided information on benchmarking company health problems’ impact on productivity.

As for interventions, Lerner presented the Tufts Be Well at Work (BWAW) System, showing that at-work productivity loss, productivity loss due to absenteeism, PHQ-9 symptom severity scores were lower for BWAW participants and estimated total annualized productivity savings of BWAW is $5,103 per participant. Lerner also showed how WLQ and PHQ-9 scores could indicate eligibility for BWAW and be used for provider level reporting.

**Effective Workplace Measurements**

David W. Ballard, PsyD, MBA, Assistant Executive Director for Organizational Excellence; American Psychological Association (APA), presented results from the APA’s [2015 Work and Well-Being Survey](#). To provide context, he noted we should develop a sociological model of health promotion, which takes into account individual, interpersonal, organizational, community, and public policy domains. He noted the positive trend of moving from health to wellness to well-being.

Using a validated scale developed to identify potential cases of depression and anxiety, the survey found that 11 percent of working Americans were experiencing moderate to severe elevations in symptoms related to these common mental health disorders. Less than one-half (45%) of working adults, however, reported that their employer provided the resources necessary for employees to meet their mental health needs, and just 35 percent regularly participated in health and wellness programs. The survey also looked at positive mental health: scores on a six-item resilience scale and an eight-item measure of psychological well-being found that of working Americans have an average ability to recover from stress and that just under half (45 percent) are flourishing, defined as self-perceived success in important areas, such as positive relationships, feelings of competence and having a meaningful life, with senior leaders significantly more likely to report higher levels of both psychological well-being and resilience, compared to front-line workers.

Ballard stated that 71 percent of American workers report that they are satisfied with their job and results show a generally positive trend concerning employee sentiment with job satisfaction, motivation, turnover intent and the percentage of employees reporting chronic job stress all improving from previous years. However, striking differences emerged when psychological factors (value, trust, fairness) were considered. When asked to report on their mental health, 84 percent of employees say they are in good mental health. Ballard also noted the need to consider positive psychological well-being, less than half, 45 percent of respondents thought they were flourishing. Ballard pointed out the disparities between feeling valued at work and employee engagement/job satisfaction and the relationship among fairness and trust and how employees feel they are treated, which affects motivation and satisfaction. He also noted that senior leaders, as compared to frontline employees, think things are going better and participate more, which is not representative of the workforce as a whole.

Some themes that resulted from the ensuing discussion were: involving senior leaders and employees in determining what’s important, showing how performance and costs are associated, including co-occurring factors like chronic pain, work impairment without clinical levels of depression, considering those with emerging risk, and the possibility of substance abuse.
Wellbeing Assessment

Susan Frankel of Healthways provided an overview of the Gallup-Healthways Well-Being Index that incorporates five elements: purpose, social, financial, community, and physical.

General Discussion

Charles Lattarulo led the discussion that followed the presentations. Several topics were raised, including how management practices and culture impacted workplace mental health. Most agreed that employers should not wait until they have a comprehensive plan to before they address mental health in the workplace.