Psychologically Healthy Workplaces

Ishtar O. Govia, Ph.D.

Lecturer in Psychology – UWI Mona
Research Psychologist & Consultant – Govia & Associates, Ltd.
Director – Caribbean Migration Project

2012 Business Convention | May 3 – 6 | Sunset Jamaica Grande Resort

Why care about workplace health?

"...the economic health of both developed and developing nations will depend on controlling the staggering growth in costs from NCDs...mental illnesses are the largest single driver to these costs..."

Source: World Economic Forum's September 2011 Report "The Global Burden of Non-Communicable Diseases"

Illustration: Disease Burden of Mental Illness

- In 2006 cost of mental health care in US = $57.5 B
- In 2011 mental illnesses leading causes of DALYs
  - accounted for 37% of healthy years lost from NCDs
  - depression alone accounted for 1/3 of that disability
- In 2012 people worldwide with mental illness = 450 M
- By 2020 depression = 2nd leading cause for disease burden in world; 1st in high-income countries
- 2010s through 2030 mental illnesses will be responsible for >50% of disease burden from NCDs
- 2010s through 2030 globally, NCD burden = US $47 T

Sources: WHO, 2001; WEF 2011

Dollars and "Sense"
Global Cost of Mental Illness

$2.5T

$6T

2010

2030

Wrapping our heads around what 2.5 or 6 trillion dollars means…

In **2009**
< $1T
was the annual GDP for
low-income countries

Between **1991-2011**
<$2T
was entire overseas
development aid

In **2009**
$5.1T
was the total for
global health
spending

Source: World Economic Forum Report, September 2011

2012 Business Convention | May 3 – 6 | Sunset Jamaica Grande Resort

Costs

1. Productivity losses

2. Worker compensation claims

3. Industrial accidents

4. Number of lost work days

5. Proportion of employee absences

Given this state of affairs…

"…It would be illogical and irresponsible to care about economic growth and simultaneously ignore NCDs. Interventions in this area will undeniably be costly. But inaction is likely to be far more costly…."

Source: World Economic Forum's September 2011 Report "The Global Burden of Non-Communicable Diseases"

Definitions

Healthy workplace…maximizes the integration of worker goals for well-being and company objectives for profitability and productivity

— Sauter, Lim, and Murphy, 1996

A psychologically healthy workplace helps keep workers safe, engaged, and productive

— Mental Health Commission of Canada, 2012

Evolutions

1. Prevention of unhealthy states

2. Promotion of health enhancing policies, procedures, and practices

From hosting of outings and picnics in 1940s to implementation of fitness programmes in 70s and 80s, to widespread health promotion programmes
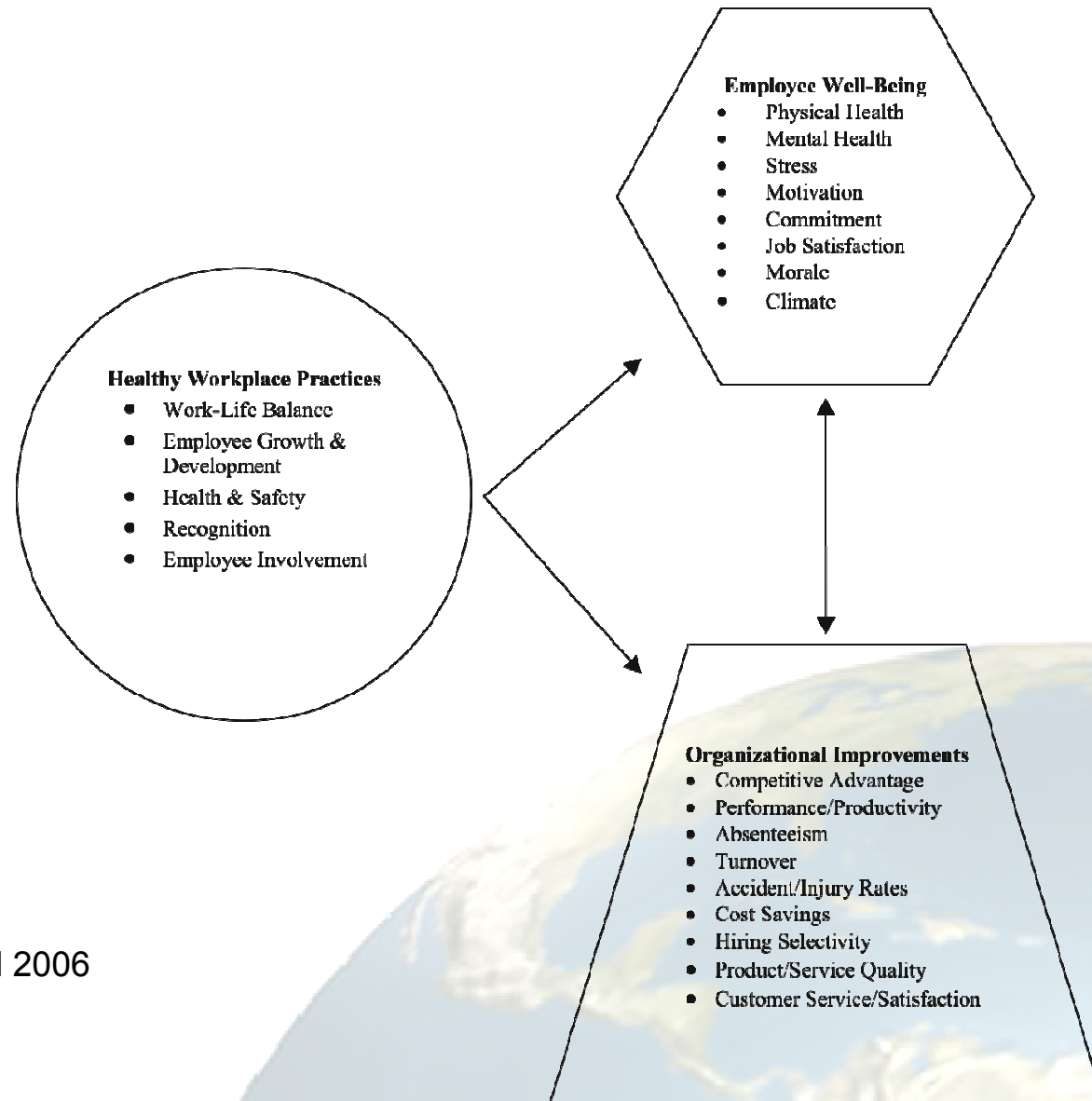
5 Key Healthy Workplace Practices

1. **Work-Life Balance** *(flexible scheduling, childcare, eldercare, provision of job security)*

2. **Employee Growth and Development** *(on-the-job training, CE classes, providing internal career opportunities)*

3. **Health and Safety** *(EFAPs for alcohol and drug addiction, wellness screenings, stress management training, counseling, safety training)*

4. **Employee Involvement** *(in decision-making empowerment, self-managed work teams, job autonomy)*

5. **Recognition** *(monetary rewards, honorary ceremonies, plaques, acknowledgement in organizational communication media)*

Source: Grawitch et al 2006

The Path to a Healthy Workplace

Employee Well-Being
- Physical Health
- Mental Health
- Stress
- Motivation
- Commitment
- Job Satisfaction
- Morale
- Climate

Healthy Workplace Practices
- Work-Life Balance
- Employee Growth & Development
- Health & Safety
- Recognition
- Employee Involvement

Organizational Improvements
- Competitive Advantage
- Performance/Productivity
- Absenteeism
- Turnover
- Accident/Injury Rates
- Cost Savings
- Hiring Selectivity
- Product/Service Quality
- Customer Service/Satisfaction
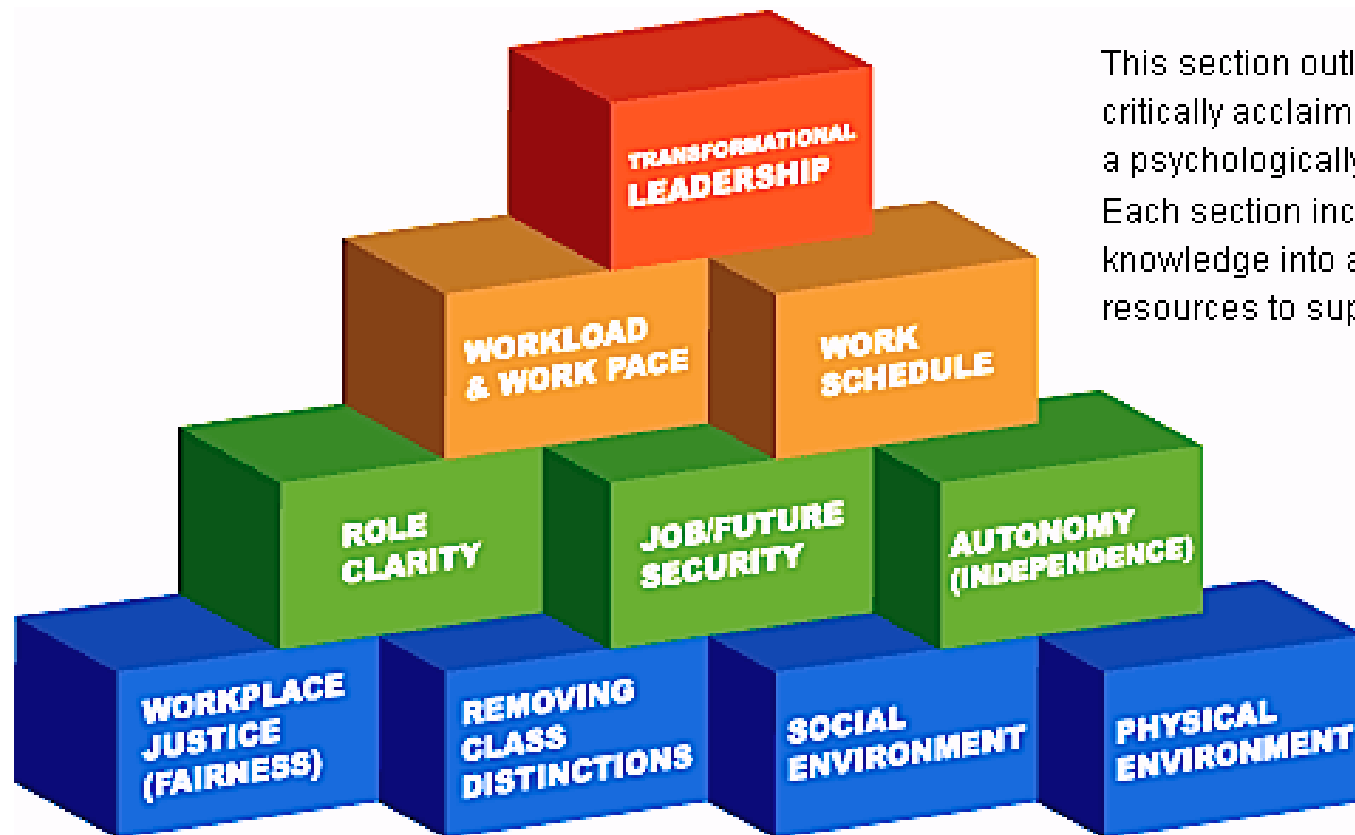
Source: Grawitch et al 2006

One Approach to Health Enhancement

This section outlines Dr. Julian Barling's critically acclaimed strategies for implementing a psychologically healthier workplace.

Each section includes guidelines for turning knowledge into action and links to additional resources to support the action plan.

TRANSFORMATIONAL LEADERSHIP

WORKLOAD & WORK PACE

WORK SCHEDULE

ROLE CLARITY

JOB/FUTURE SECURITY

AUTONOMY (INDEPENDENCE)

WORKPLACE JUSTICE (FAIRNESS)

REMOVING CLASS DISTINCTIONS

SOCIAL ENVIRONMENT

PHYSICAL ENVIRONMENT

The P6 Framework

ANOTHER APPROACH

Source: (WAC) Mental Health Commission of Canada January 2012 Report, "Psychological Health and Safety: An Action Guide for Employers"
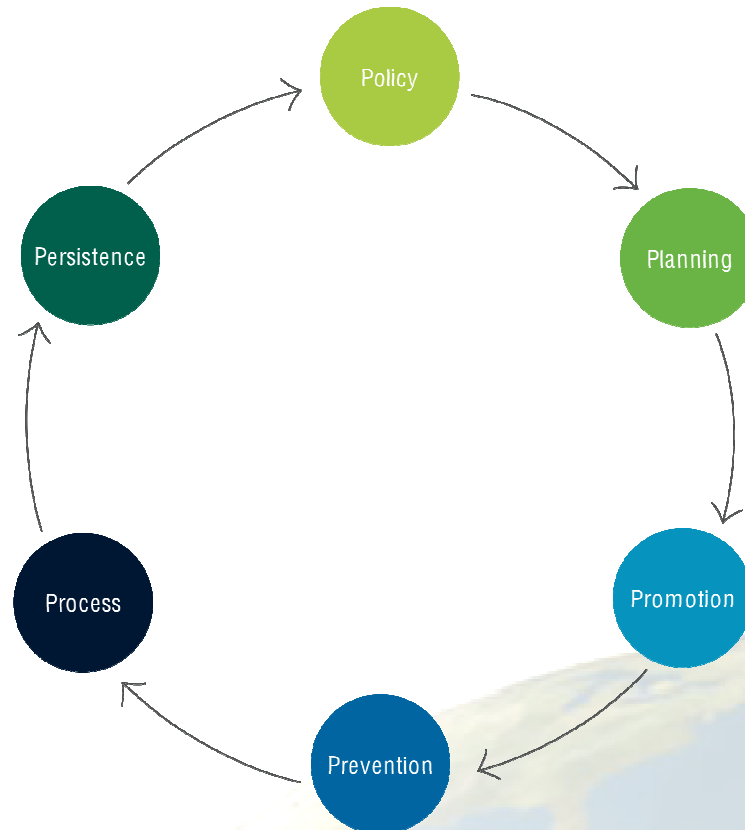
Policy
Commitment by organizational leadership to enhance psychological health and safety through workplace interventions

Planning
Determination of key psychological health indicators across the organization, selection of actions, and specification of objectives

Promotion
Actions taken to promote the general psychological health of the workforce

Prevention
Actions taken to prevent the occurrence of significate psychological problems or mental disorders – may occur at the primary, secondary or tertiary level

Process
Evaluation of implementation and results of actions taken to enhance psychological health and safety

Persistence
Sustainment of effective actions in a process of continuous improvement

Policy: Leadership's Commitment to Enhancing PH&S through Interventions

Policy Strategies

- Obtain endorsement from organizational leaders

- Build the action team

- Communicate the policy

Who? How?

- HR and senior executive team

- SME –managers and owners

- Use champions within org

- Use existing structures

- Resources necessary for success?

- Assign tasks

- Customized communication

Planning: Determination of Key Psych Health Indicators, Selecting Actions, Specifying Objectives

Planning Strategies

- Gather the facts
- Survey employees
- Measure readiness to change

Source: Mental Health Commission of Canada January 2012 Report, "Psychological Health and Safety: An Action Guide for Employers"

Who? How?

- Starting from? (absenteeism, presenteeism, benefits utilization, EFAP data, disability rates and costs, accidents, incidents, injuries)
- Qnnaires, focus gps –what is imp, baseline info re prevalence of mh issues
- Needs?

Promotion:
Actions to Promote Workforce PH

Promotion Strategies

- Build employee resilience
- Create respectful workplace
- Enhance mental health knowledge

Who? How?

- Not targeting specific disorders
- Enhancing qualities (self-efficacy, resiliency, creativity, spiritual growth)
- Reduce stigma
- Increase awareness of self-care options, appropriate resources

Source: Mental Health Commission of Canada January 2012 Report, "Psychological Health and Safety: An Action Guide for Employers"

PP: Changes to Indiv or Org Conditions that Increase PHPs

Primary Prevention Strategies

- Use PH&S lens for job design and employee selection

- Provide stress management training

- Support work-home balance

Source: Mental Health Commission of Canada January 2012 Report, "Psychological Health and Safety: An Action Guide for Employers"

Who? How?

- Be clear abt focus: Indiv? Org?

- Not only abt individualizing mh (i.e. lifestyle focus)

- Need to redesign jobs to create more autonomy, build supportive cultures

- Match job with persons psychologically equipped

- Time mgmnt, conflict res, relaxation, structured problem solving

- Fit needs (eldercare vs child care, financial advisement)

SP: Identification and Addressing PHPs when Relatively Mild/ Early

Secondary Prevention Strategies

- Provide self-care tools
- Provide manager training
- Provide early intervention through EFAPs

Source: Mental Health Commission of Canada January 2012 Report, "Psychological Health and Safety: An Action Guide for Employers"

Who? How?

- Train supervisors:
  - Recognize employees in distress
  - People mgmnt skills
  - Work flow mgmnt
  - Delegation
  - Org policies and resources

- Websites, content/wk books,

- EFAPs for early stage problems (excessive worry, low mood, resp to family issues, stress reactions, problematic alcohol/SU)

TP: Reduction of Distress and Dysfunction Associated with Identified Mental Disorder

Tertiary Prevention Strategies

- Support staying at work
- Ensure access to psychological treatment
- Provide or coordinate disability management

Who? How?

- Accommodate time off for appts, shift changes, delays in starting new projects
- Help in decision making to take health-related leave
- Continue support after return to work
- Ensure psychological treatment
- Designate or contract a "Stay At Work/ Return to Work Coordinator"

Process: Evaluation of Implementation and Results of Actions to Enhance PH&S

Process Strategies

- Plan the evaluation
- Measure the implementation process
- Measure short and longer term outcomes

Who? How?

- Process (re change process)
- Formative (setting up mechanisms)
- Summative (did it work?)
- Identify people, outcomes, methods
- Attitudes and actions of managers, uptake of intervention, employee involvement, employee readiness for change

Persistence: Sustainment of Effective Actions for Continuous Improvement

Persistence Strategies

- Support champions and communities of practice
- Create a culture of psychological safety
- Conduct Plan-Do-Check-Act (PDCA) cycles

Who? How?

- Create or leverage alliances
- In person, online
- Communication, learning, involvement

Source: Mental Health Commission of Canada January 2012 Report, "Psychological Health and Safety: An Action Guide for Employers"

What to Do?

Assess

Act

Evaluate

What to Do? (cont'd)

- Mental health promotion activities
  - Include screenings for mental health/illness routinely (vs. only when someone requests it)
- Redesign health systems to integrate mental disorders with other chronic disease care
- Create parity between mental and physical illness in investment into research, training, treatment, and prevention

What to Do? (cont'd)

- Consider how to develop, fund, and utilize an integrated care system in high and low income settings

- Developing and utilizing "best buys" for mental health

Follow Models

USA-Specific Promotion Initiatives

- Mental Health in the Workplace (WHO)

- Healthier Worksite Initiative (CDC and P)

- WorkLife Initiative (NI for Occupational Safety and Health)

- Federal Drug-Free Worksite Program (Substance Abuse and Mental Health Services Administration, Divison of Workplace Programs)

Local "Problematicizing"

- Need for recognition at the high levels of the urgency of attending to these issues

- Perception of this as unnecessary resource (budgetary, staff, time, benefits) allocation

- What to do when "working persons" are not members of an "organization"?

Take-Home Message

*PH&S is a **necessity** –not an option – for organizational and work force effectiveness and success*

THANK YOU!

ishtargovia@gmail.com

2012 Business Convention | May 3 – 6 | Sunset Jamaica Grande Resort