Winona State University

OpenRiver

Leadership Education Capstones   Leadership Education - Graduate Studies

12-2018

Workplace Mental Health: Toolkit Usability Study of Midwestern Business Leaders

Julie Kiehne
jkiehne@winona.edu

Follow this and additional works at: https://openriver.winona.edu/leadershipeducationcapstones

Part of the Business Administration, Management, and Operations Commons, Educational Leadership Commons, Performance Management Commons, and the Training and Development Commons

Recommended Citation

Workplace Mental Health:

Toolkit Usability Study of Midwestern Business Leaders

A Capstone Project

By

Julie M. Kiehne

Submitted to the Graduate College of Winona State University in partial fulfillment

for the requirements for the degree of

Master of Science in Organizational Leadership

December 16, 2018

WORKPLACE MENTAL HEALTH
Table of Contents

Acknowledgements

Chapter I

Mental health problems are prevalent and costly in working populations (LaMontagne et al., 2014). In 2016, there were an estimated 44.7 million adults age 18 or older in the United States with mental illness; this number represented 18.3% of all U.S. adults (National Institute of Mental Health, 2016). Mental health problems in the workplace affect many employees. Researchers analyzing results from a study of Americans ages 15 to 54, reported that 18% of those employed reported experiencing symptoms of a mental health disorder (Harvard Mental Health, 2010). Treatment for mental health issues is generally effective, however, only 33% of those in need will seek help (Motovidlak, 2017).

American business leaders have responded to employees' mental health issues with a variety of strategies and interventions, however, both the economic and social costs continue to be of concern. American data links workers' absenteeism and loss of productivity in the workplace (Kessler et al., 2006) at a cost between $30.1 and $51.5 billion USD annually (Greenberg et al., 2003). Leaders, managers and supervisors accommodate employee needs, and set the tone for disability inclusiveness in the workplace (ADA National Network, Northeast ADA, 2017). Stuart (2004) asserts that poor mental health is predictive of unemployment, resulting in a decrease in employees' quality of life. A lack of mental health treatment affects workers' absenteeism and loss of productivity. The work environment plays a significant role in putting workers' mental health at risk. Che (2016) adds Americans are spending more hours at the office without a corresponding increase in compensation, and 83% have job related stress. Stress levels rose by 18% for women and 24% for men between 1983 and 2009, and people are starting to feel stress earlier in life (Che, 2016). Business leaders play an influential role in recognizing these stressors and determining strategies to address mental health issues.

Many American workplaces respond to these issues with a variety of tools and strategies that target mental health. Workplace health promotion and wellness strategies often include activities that aim to enhance employees' psychological, social, spiritual, and economic potential (Michaels & Greene, 2013). Workplace mental health strategies have demonstrated positive outcomes such as increased productivity and improved morale (Berry, Mirabito, & Baun, 2010). However, mental health initiatives are difficult to assess because they lack standardization of intervention methods (Harvey et al., 2006). Business leaders, across many geographic regions and sectors, struggle to design mental health workplace solutions.

In Minnesota, employee mental health issues are prevalent and costly. Mental Health Minnesota (2017), reports that 26 out of every 100 employees need mental health care. Likewise, mental illness causes more days of work loss and work impairment than any other chronic health condition, including arthritis, asthma, back pain, diabetes, hypertension and heart disease (Mental Health Minnesota, 2017). With these statistical realities, business leaders may see the need to develop workplace programs and form alliances with local resource providers to address these issues.

In Southeastern Minnesota, local organizations support business leaders by providing mental health research and resources. The National Alliance on Mental Illness (NAMI) Southeast, based in Rochester, Minnesota, is a valuable resource for business leaders. NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of people affected by mental illness. NAMI improves the lives of individuals affected by mental illness through education, support, research and advocacy (NAMI, 2018). Research initiatives in Southeastern Minnesota are another resource business leaders can utilize for understanding mental health in the region. According to the 2013 Olmsted County

WORKPLACE MENTAL HEALTH

Community Health Needs Assessment (CHNA) Survey, mental health issues are one of the most

pressing community health issues affecting Olmsted County (Olmsted County Public Health

Services, Olmsted Medical Center & Mayo Clinic, 2013).   The CHNA Survey revealed that

although Olmsted County has many psychiatrists and psychologists, waiting times for

appointments are long and insurance coverage is inadequate. Key findings revealed 57% of

adults felt worried, tense or anxious at least one day during the last 30 days; 31% of adults felt

their mental health has not been good for at least one day during the last 30 days (Olmsted

County Public Health Services, Olmsted Medical Center, & Mayo Clinic, 2013).

Region 10, the setting for the study, has 11 counties and an estimated population of

5,519,952 (DEED -Minnesota Department of Employment and Economic Development, 2017)

as seen in Figure 1.1. Region 10 is also home to the Mayo Clinic in Olmsted County in the City

of Rochester.
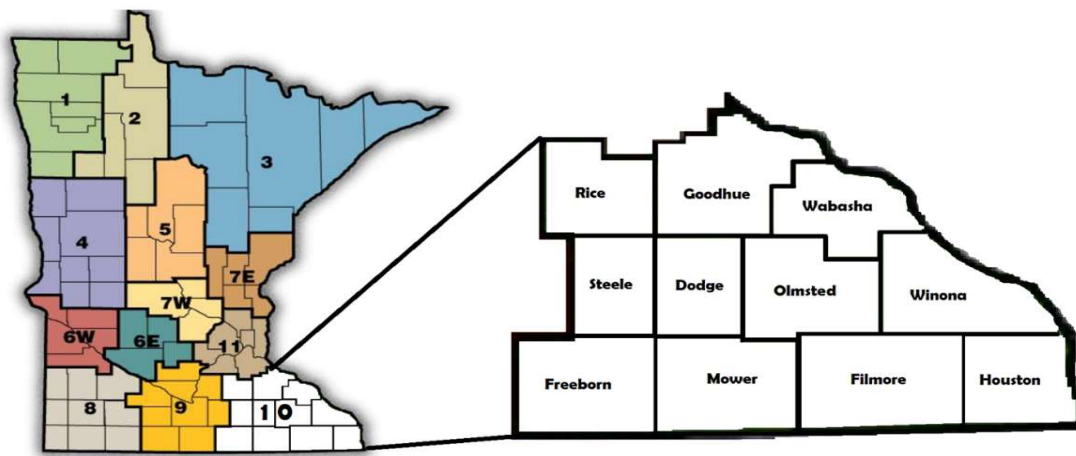
Figure 1.1 Minnesota map of eleven counties in Region 10: Rice, Steele, Freeborn, Goodhue, Dodge, Mower, Wabasha, Olmsted, Fillmore, Winona and Houston (DEED, 2017). Setting of proposed qualitative study of workplace mental health issues within Region 10.

Problem Statement

Employees' poor mental health is prevalent and costly in working populations (LaMontagne et al., 2014). Mental health issues in the workplace are a growing concern among business leaders. ADA National Network, Northeast ADA (2017) reveals that organizational strategies and tools have not addressed the issues as evidenced by the increasing number of employees with mental health illnesses in the workplace. These issues are not only damaging employees' health and career, but also reducing productivity at work (ADA National Network, Northeast ADA, 2017). Workplace mental health is becoming increasingly important to leaders, due to the rising social and economic costs. Leaders play a crucial role in developing organizational strategies and tools to support employee mental health and wellness. Yet there is a lack of understanding related to the leader's influence when implementing mental health strategies in the workplace.

Problem Background

Researchers have established the high social and economic costs of employee mental illness in the workplace (ADA National Network, Northeast ADA, 2017). Harvard Health (2010) analyzed results from a national study of Americans ages 15 to 54 and reported 18% of employees experienced symptoms of a mental health disorder (Harvard Mental Health, 2010). Leaders play a role in developing policies, procedures, and strategies to address workplace mental health issues (Knifton et al., 2011).

Purpose of Study

The purpose of this quantitative research study is to gather Midwest business leader's feedback on usability of a Workplace Mental Health Toolkit.

Significance Statement

This research may influence the body of knowledge regarding the subject of workplace mental health. Additionally, this study may inform understanding of organizational strategies leaders implement in the workplace. Employee mental health is increasing in importance, due to rising social and economic costs in the workplace. Kelloway (2017) asserts more investigation of mental health in the workplace will help business leaders develop effective programs. Research is lacking on the effectiveness of mental health business strategies on working populations (Eggertson, 2011).

Theoretical Framework

Two theories, Ecological Theory and Transformational Leadership Theory, give context to the study of business leaders' strategies addressing mental health in the workplace.

Ecological Theory

This study employs Ecological Theory (Bronfenbrenner, 1977), as the theoretical framework to explain the challenges of workplace mental health issues. Application of Ecological Theory is valuable as it describes human development and the interaction between an individual and the environment. The specific path of human development is a result of the influences of a person's surroundings, such as parents, friends, school, and work. The Ecological Theory (Bronfenbrenner, 1977), as noted in Figure 1.2, reveals that people encounter different environments throughout a lifespan that may influence individual behavior.
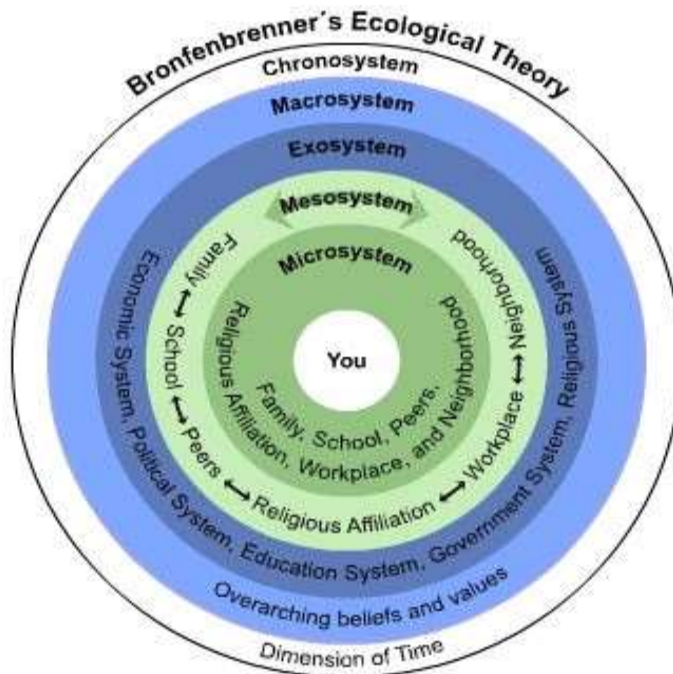
Figure 1.2 Ecological Systems Theory specifies five types of nested environmental systems, with
bi-directional influences within and between the systems.
1. Microsystem: the individual's immediate environments (family, peer group, neighborhood, childcare);
2. Mesosystem: the direct connections between immediate environments (child's home and school);
3. Exosystem: the environments that only indirectly affect the individual (such as parent's workplace);
4. Macrosystem: the larger cultural context (Eastern vs. Western culture, national economy, political culture).
5. Chronosystem: the patterning of environmental events and transitions over the course of life.
(Bronfenbrenner,1979)

Bronfenbrenner identified five environmental systems with which an individual interacts.

The microsystem, mesosystem, exosystem, macrosystem and chronosystem all contain roles,

norms and rules, which may shape psychological development (Bronfenbrenner, 1979).   Social

ecology is a framework or set of theoretical principles for understanding the dynamic

interrelations among various personal and environmental factors. The Ecological Theory will

contribute to the researcher's study of workplace mental health.

Rosa and Trudge (2013) further adapted Bronfenbrenner's Theory and pointed to three

essential characteristics. First, what happens or fails to happen in any single environment

depends on events and relationships in other related environments. Bronfenbrenner (1979)

asserted researchers must consider the interaction of systems in which people participate. Second, in ecological environments, development occurs by processes maintained through a mutual exchange within the environment. Bronfenbrenner (1979) argued that researchers using ecological method consider all peoples' viewpoints in the setting, including the researcher's personal influence on the topic. Lastly, Bronfenbrenner (1979) stressed human development involves both continuity and change of human behavior over time.

Transformational Leadership Theory

Transformational Leadership Theory provides context to the study of leaders' strategies addressing employees' mental health (Nyberg, 2005). Kelloway (2017) argued that components of Transformational Leadership Theory are relevant to how leaders influence employee's psychological welfare. Transformational Leadership Theory involves leaders collaborating with employees to accomplish change (Bass, 1990). Transformational leaders are charismatic, inspire others, and adapt to the needs of the followers (Northouse, 2016). Further, transformational leaders pay close attention to employees' individual psychological and intellectual needs, and act as mentors to help employees grow and develop (Bass, 1990).

Burns (1978) asserted leaders transform followers by altering individual perceptions, aspirations, expectations, and values. Bass' (1990) main contribution to Burns' original Transformational Leadership Theory (1978) described psychological mechanisms and setting forth ways of measuring the efficacy of the Transformational Leadership Theory. Transformational leaders are change agents and have the ability to connect with employees' emotional intelligence (Northouse, 2016).

Research Methodology

This study used a quantitative research method to gain understanding of the usability of the Workplace Mental Health Toolkit. Methods for data collection included a digital survey with Midwestern business leaders and stakeholders in Region 10. Efforts involved alliances with community partners across multiple business organizations including area chambers of commerce, business associations, economic development authorities, entrepreneurial co-working groups, and non-profits within Region 10. These partnerships assured that multiple demographic and geographic samplings were included in this research. Survey data was analyzed and manipulated through the Qualtrics software program. The purpose of this quantitative, action research study is to gather business leader's feedback on usability of a Workplace Mental Health Toolkit. The methodology section describes actions to investigate the research problem and procedures to identify, process, and analyze information.

Research Questions

RQ 1: Are the resources in the Workplace Mental Health Toolkit useful for leaders to implement in the workplace?

RQ 2: What mental health tools, resources, training programs and strategies do business leaders recommend using in the workplace?

Definition of Terms

For the purpose of this study, the research used definitions for the following key terms:

ADA: Acronym for Americans with Disabilities Act National Network, a federal civil rights law that protects qualified individuals with disabilities from discrimination and provides for equal access and opportunity in public accommodations, employment, transportation, state and local government services (ADA, 2017).

CHNA: Acronym for Community Health Needs Assessment. A survey conducted in 2013 in Olmsted County, Minnesota. (Olmsted County Public Health Services, Olmsted Medical Center & Mayo Clinic, 2013).

DEED: Acronym for The Minnesota Department of Employment and Economic Development.

DMC: Acronym for Destination Medical Center. Destination Medical Center is a unique 20-year economic development initiative. The $5.6 billion plan is the largest in Minnesota's history. With the expansion of Mayo Clinic and DMC growth, Rochester is a global destination for health and wellness.

Mental health: a person's condition with regard to their psychological and emotional well-being.

Mental health issues / Mental illness: health conditions involving changes in thinking, emotion or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities.

Mental Health Literacy (MHL) refers to the knowledge and attitudes regarding mental health.

Midwestern: a person who lives in the northern central geographic region of the United States of America.

NAMI: Acronym for National Alliance on Mental Illness, a nationwide grassroots advocacy group, representing families and people affected by mental illness in the United States (NAMI, 2018).

NIMH: Acronym for National Institute of Mental Health (NIMH), an agency of the United States Department of Health and Human Services and is the primary agency of the United States government responsible for biomedical and health-related research (NIMH, 2017).

Presenteeism: refers to the situation in which an employee attends work but is unable to work at full capacity because of mental illness.

Region 10: The Minnesota Department of Employment and Economic Development designation given to the SE Minnesota area including the counties of Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, and Winona.

WORKPLACE MENTAL HEALTH

WHO: Acronym for World Health Organization, a specialized agency of the United Nations that is concerned with international public health.

Limitations of the Study

Limitations may exist within a quantitative study using research methodology in two phases: planning and execution (Younus 2014). Within these two phases, there are likely to be limitations which are beyond a researcher's control because research responses are dependent upon certain timeframes (Simon 2011). Simon (2011) suggests effective quantitative surveys should allow for respondents to add narrative, rather than just a simple yes or no responses. Self-reported information obtained from quantitative surveys may be inaccurate or incomplete (Simon 2011).

Delimitations of the Study

This study is delimited to business leaders and employees geographically located within the eleven-county area known as Region 10 in Southeastern Minnesota.

Chapter Summary

Chapter one introduced the study of workplace mental health and strategies of Midwestern business leaders. The chapter included the problem statement, problem background, purpose statement, theoretical framework, limitations and delimitations, and a significance statement to help the reader understand the scope of the study. Chapter two comprises the literature review, which identifies and discusses studies of past and current research. These studies help to identify gaps in the research and develop the methodology of the study. Chapter three, methodology, identifies and defends research design and explains steps in the collection and analysis of data.

Chapter II

Literature Review

This study investigated the usability of a Workplace Mental Health Toolkit with Midwestern business leaders. The literature review, comprised of six sections, incorporates studies related to current research. Section one presents the historical perspective of workplace mental health; section two discusses the theoretical frameworks that support the research; section three explores employee mental health issues; section four reviews workplace mental health problems facing business leaders; section five investigates strategies leaders use in addressing mental health in the workplace; and section six discusses workplace mental health practices.

Historical Perspective

Research documents notable historical changes related to workplace mental health. The study of employees' well-being, from a mental health perspective, began around the turn of the 20th century (Blustein, 2008). In the early part of the 20th century, industrial psychology emerged as the psychological study of workers within organizations (Koppes, 2006). Yoakum and Yerkes (1920) noted the field of vocational psychology adapted assessments used to train soldiers during World War I. In the 1930's, Freud (1930) asserted that work and love are central to mental health. Until the early 1950s, hospital psychiatric wards housed people with mental illness, since few effective treatments were available (Harnois & Gabriel, 2000). Hospitalized persons with mental illnesses lacked social and technical skills in the workplace (Harnois & Gabriel, 2000). By the middle of the 20th century, pluralistic vocational psychology emerged, along with the rise of tests, counseling tools, theories and

methods to help people make decisions and adjust to workplace psychological problems

(Brown & Lent, 2005). Growth in the study of occupational health generated an interest in

the way work functions in the broader spectrum of health and wellness (Quick & Tetrick,

2002).

Recent advances in psychology note that workplace satisfaction plays a critical role in

employees' well-being (Blustein, 2008). The trajectory towards developing more workplace

mental health wellness programs evolved in the 2000's with two dominant models: Model of

Healthy Work Organization (Wilson, DeJoy, Vandenberg, Richardson & McGrath, 2010)

and Healthy Workplace Framework and Model (Burton, 2010),

The Model of Healthy Work Organization (Wilson et al., 2010) identifies high-

performance work systems, climate and cultural factors, and socio-ecological relationships.

This model reinforces the belief that organizational structures have a wide-ranging impact

on employees' well-being, as well as organizational effectiveness (Wilson et al., 2010).

Using a questionnaire to survey 1,130 workers, Wilson et al. (2010) identifies areas

influencing workplace mental health including employee values, beliefs, communication,

role clarity, and job security. Wilson et al. (2010) findings suggest employees' perceptions

affect workplace climate, which influences the way people relate to jobs and a future in the

organization. Ultimately, these perceptions affect employees' work adjustment, health and

well-being (Wilson et al., 2010).

Another leading model, the World Health Organization (WHO) Healthy Workplace

Framework Model, advanced by Burton (2010) focuses on psychosocial issues, work-life

balance, and workforce safety. By noting the importance of interrelationships, this model

incorporates elements from the physical work environment, psychosocial work environment, personal health resources, and community involvement. This holistic approach to understanding healthy workplaces includes a variety of psychosocial and physical factors, as well as organizational culture as predictors of healthy workplaces.

Theoretical Frameworks

Two theories, Ecological Theory and Transformational Leadership Theory, support the study of business leaders' strategies in addressing workplace mental health. Ecological Theory is valuable as it describes human development and the interaction between an individual and the environment (Bronfenbrenner, 1979). Transformational Leadership Theory relates to how leaders influence employee's psychological welfare (Northouse, 2016). Both theories provide a framework to explore the dynamic relationships between business leaders and employees facing mental health issues.

Ecological Theory

The Ecological Theory of human development suggests individuals' dispositions shape perceptions about how jobs influence health (Bronfenbrenner & Morris, 1998). Stokols (1992) agrees Ecological Theory provides a valuable framework for study and understanding of the complex association between work and health. Stokols (1992) asserts that social ecology is useful in examining how jobs affect workers' health. Ettner and Gryzywacz (2001) also studied Ecological Theory, using behavior models for both individual employees and work environment.

Researchers using Ecological Theory report findings in three broad categories. The first category includes effects of physical aspects of the work environment (ergonomic

design, exposure to toxic substances, sanitary working conditions). The second area examines social aspects of the workplace environment (economic adequacy, social prestige) and influences on worker health. The final category discusses how psychological or psychosocial aspects of workers' jobs promote or undermine health and well-being (Karasek & Theorell, 1990). The research generated in these studies provides theoretical insights into the association between work and mental health.

Transformational Leadership Theory

Transformational Leadership Theory supports the study of leadership styles and approaches to address employees' well-being (Nyberg, 2005). Northouse (2016) suggests leaders use individualized consideration as a factor of Transformational Leadership. This factor is present in leaders who provide a supportive climate and listen to followers' needs (Northouse, 2016). Burns (1978) asserts leaders transform followers by altering individual perceptions, aspirations, expectations, and values. Bass' (1990) main contribution to Burns' original Transformational Leadership Theory (1978) describes psychological mechanisms to measure effectiveness. Transformational leaders are change agents and have the ability to connect with employees' emotional intelligence (Northouse, 2016). Kelloway (2017) argues components of Transformational Leadership Theory are relevant to how leaders influence employee's psychological welfare. Transformational Leadership Theory involves leaders collaborating with employees to accomplish change (Bass, 1990). Transformational leaders are charismatic, inspire others, and adapt to followers' needs (Northouse, 2016). Furthermore, transformational leaders pay close attention to employees' individual psychological and intellectual needs and act as mentors to help employees grow and develop (Bass, 1990).

Workplace Mental Health: Employee Issues

Workplace mental health literature suggests a correlation between employees' mental health problems and absenteeism, presenteeism, and work-related stress. Workplace productivity losses, associated with employee mental disorders, are a result of presenteeism and absenteeism (Dewa, McDaid & Ettner, 2007).   Presenteeism refers to the situation in which an employee attends work but is unable to work at full capacity because of mental illness (Stewart, Ricci & Chee, 2003). Stewart et al. (2003) report United States employees experiencing depression each lose an average of four hours of work weekly to presenteeism, which translates to USD $36 billion dollars annually. United States workplace depression-related productivity loss is equivalent to USD $8.3 billion dollars annually (Stewart et al., 2003). In addition, Dewa et al. (2007) claim employees refuse to admit mental health issues and absenteeism is a result of stress rather than a psychiatric diagnosis (Dewa et al., 2007). Dimoff (2016) interviewed leaders (who supervised at least one employee) experiencing mental health issues. Dimoff (2016) study identifies four types of behaviors leaders may use as cues for mental health issues in the workplace:

1. Individuals engage in negative emotional expressions and talk about feeling stressed (occupational stress)

2. Individuals withdraw and do not engage in social interactions (stigma associated with mental health issues)

3. Individuals miss time at work, phone in sick, are tardy, or leave work early (absenteeism)

4. Individuals miss performance targets, deadlines and turn in low-quality work (presenteeism)

WORKPLACE MENTAL HEALTH

Kessler et al. (2006) report similar findings in a study of 3,377 US workers. Findings indicate 225 million workdays of lost productivity per year associated with major depressive disorders in the USA labor force (Kessler et al., 2006). Researchers agree employee mental health disorders have a negative impact on workplace productivity due to both absenteeism and presenteeism.

Employees with serious mental issues experience profound consequences of occupational stress and stigma (Stuart, 2004). Occupational stress contributes to significant adverse influences on emotional well-being and an increased risk of workplace mental health issues (Chopra, 2009). People with mental illnesses are more likely to be unemployed or underemployed (Stuart, 2004). When returning to work after mental illness, employees face hostility and reduced responsibilities. Mental illnesses such as depression and anxiety are among the most frequent causes of occupational stress (Wang, Simon, & Kessler, 2003).

Netterstrom et al. (2008) provide an understanding of psychosocial occupational stressors through two key models: demand-control model and effort-reward model. Demand-control model characterizes jobs according to levels of employee stress and leadership control in the workplace. Employees facing high demands and low control in the workplace experience job-strain. Netterstrom et al. (2008) believe job-strain presents the highest risk for developing mental health disorders in the workplace (Netterstrom et al., 2008). Netterstrom et al. (2008) second model, effort-reward imbalance model, characterizes jobs according to the balance between employee efforts and rewards. Examples of rewards include financial bonuses, prospects of promotion, and job security. These models help leaders understand relationships between employees' mental health illnesses and absenteeism, presenteeism, and stress. Netterstrom et al. (2008) research suggests mental health problems in the workplace have

negative influences not only for employees, but also for business leaders addressing

workplace mental health issues.

Workplace Mental Health: Issues Facing Leaders

Leaders face multiple issues addressing the economic costs and management of

workplace mental illness. Workplace mental illnesses are prevalent and costly in working

populations (LaMontagne et al., 2014). Dewa et al. (2007) agrees mental health issues in the

workplace result in staggering social and economic costs.   American data links workers'

absenteeism and loss of productivity in the workplace (Kessler et al., 2006) at a cost between

USD $30.1 and $51.5 billion dollars annually (Greenberg et al., 2003). Depression is the

health condition with the largest effect on work performance with estimates of direct and

indirect costs from USD $36-51.5 billion dollars annually (Lerner & Henke, 2008). Dewa et

al. (2007) introduces an economic concept called spillover to describe financial impacts of

one employee on another. Economic spillover of mental illness is the cost of employee's

illness and influences on coworkers and supervisors (Dewa et al., 2007).   Dewa et al. (2007)

expounds managing employees' workplace spheres is complex and requires leaders to build

trust and promote teamwork.

Workplace mental health issues complicate business management (Martin, 2015).

Martin (2015) reports 74% of managers agreed working with depressed employees is

stressful. Martin's (2015) study reveals only 25% of managers receive mental health

supervisory training and 33% have a clear workplace mental health policy. A problematic

managerial attitude is denial of workplace mental health issues (Martin, 2015). Likewise,

leaders' stigma regarding mental health illnesses leads to discrimination in employment and

career advancement (Martin, 2015). Another managerial issue is the lack of resources

WORKPLACE MENTAL HEALTH

including Employee Assistance Programs (EAP), human resource personnel, and occupational

health services. In these cases, management of mental health issues depends upon the

attitudes, skills, and abilities of business leaders (Martin, 2015).

Leaders face challenges meeting the needs of employees with mental health issues.

Blustein's (2008) study, Psychology-of-Working Perspective, identifies three fundamental

human needs fulfilled through employment. This taxonomy examines employees' needs for

survival, relatedness, and self-determination.   Blustein (2008) argues working provides

access to resources to ensure continued survival. Without work, people struggle to have

enough money to cover basic needs of food, shelter, and clothing. Blustein (2008) believes

employment provides fundamental human needs and is the foundation for employees to reach

higher levels of mental wellness. The second critical need working provides is access to social

support and relational connections (Blustein, 2008).   Blustein (2008) discusses how working

links people to the broader social and cultural fabric of life. People who work report feeling

more connected to the economic and social welfare of the community (Blustein, 2008). The

third need working fulfills is self-determination. Engaged employees can experience self-

determination, which reflects the capacity to initiate and sustain motivation (Blustein, 2008).

Davenport, Allisey, Page, LaMontagne, and Reavley (2016) agrees self-determination is a

positive factor in meeting employees' needs and satisfaction. Effective leaders adapt to meet

the needs of employees and involve employees in decision-making, problem solving and goal

setting (Davenport et al., 2016). Researching and exploring different leadership styles and

approaches is valuable when addressing workplace mental health.

Northouse (2016) discusses how transformational leaders are aware of followers' needs and

changing dynamics within organizations. Transformational leaders pay attention to employees'

emotions, values, ethics and long-term goals (Northouse, 2016). Transformational leaders also provide individualized consideration and listen to individuals' needs (Northouse, 2016). The transformational leader plays a pivotal role in precipitating change (Northouse, 2016).   Bass (1990) agrees Transformational Leadership Theory involves leaders collaborating with employees to accomplish change.   Researchers suggest leaders, managing with a transformational leadership style, motivate followers and address followers' needs in the workplace.

Workplace Mental Health: Leaders' Strategies

A significant body of research focuses on leaders' strategies in addressing employee mental health in the workplace. Three primary themes emerge in studies related to leaders' approaches to workplace mental health: prevention, intervention, and accommodation.

Workplace mental health prevention strategies focus on changing the workplace environment to improve employee well-being. Kelloway's (2017) study examines organizational leadership change and adapting leadership styles to meet the followers' needs. Kelloway (2017) argues workplace mental health strategies must move beyond advocacy to focus on evidence-based prevention and interventions designed to enhance mental health in the workplace. Kelloway (2017) believes leaders affect employee well-being both directly and indirectly. Negative interactions with leaders are associated with increased blood pressure during and following the work shift (Kelloway, 2017). Leaders have an indirect effect on employee well-being and cause organizational stress by assigning excess work, setting tight deadlines, and exacerbating feelings of role overload (Kelloway 2017).

Kelloway (2017) believes positive forms of leadership enhance employee well-being. Bono, Foldes, Vinson, and Muros (2007) assert transformational leadership behaviors influence employees' optimism, happiness, and enthusiasm. Similar results in a study by Arnold, Turner, Barling, Kelloway, and McKee (2007), note transformational leaders enhance employee well-being and satisfaction at work. Kelloway (2017) recommends leaders consider mental health interventions as part of an organization's overall strategy.

Harvey et al. (2006) identify intervention programs addressing mental health issues in the workplace. Harvey et al. (2006) present three frameworks to classify interventions: process models, content models, and evidence-based models. Process models help leaders identify stressors in the workplace, outline strategies, and evaluate results. Harvey et al. (2006) conclude the process model is useful to help organizations follow critical issues and evaluate outcomes. Secondly, content models (or taxonomies) address specific elements of the job, person or organization that address the mental health issue. These taxonomies use features, like job design, to characterize the intervention. Harvey et al. (2006) suggest the concept model is the least effective model for addressing workplace mental health issues. Harvey et al. (2006) believe the third framework, evidence-based model, is effective because it uses workplace data to prescribe interventions. Kelloway (2017) expounds evidence-based interventions enhance mental health strategies in the workplace. Both Kelloway (2017) and Harvey et al. (2006) agree a comprehensive, hybrid model, of evidence-based interventions is an optimal strategy to enhance workplace mental health.

Davenport et al. (2016) study acknowledges leaders' accommodation strategies develop a positive workplace environment. Davenport et al. (2016) suggests effective leaders adapt to suit the needs and preferences of the employees and involve employees in decision-making, problem

solving and goal development. This approach agrees with Northouse's (2016) definition of

transformational leaders as those who are effective in adapting to the followers' needs.

Transformation Leadership Theory is a valuable framework to study how leaders make

accommodations in the workplace. Transformation Leadership Theory supports the premise that

leaders are change agents and connect with employees' emotional intelligence (Northouse,

2016).

Harnois and Gabriel's (2000) study of mental health workplace accommodations notes both

environmental and social influences on employee wellness. Stress-reducing environmental

accommodations include altering pace of work, lowering noise level of work, rotating job tasks

and setting clear expectations (Harnois & Gabriel, 2000).   Social factors influencing employee

wellness include leaders' extra encouragement and praise of job performance (Harnois &

Gabriel, 2000). Harnois and Gabriel (2000) also recommends leaders socialize with employees.

Davenport et al. (2016) disagree with Harnois and Gabriel's (2000) findings on social

accommodation. Davenport et al. (2016) study did not endorse leaders socializing with staff as a

way to demonstrate care for employees. Instead, Davenport et al. (2016) suggest leaders express

pride in team members' accomplishments to improve social elements in the workplace.

Workplace Mental Health Practices

Leaders' workplace practices directly influence a mentally healthy environment (Knifton et

al., 2011). A wide range of workplace practices promote mental health, prevent stress, and

develop resilience amongst employees. Comprehensive mental health strategies, developed and

implemented in a coordinated effort, offer long-term solutions (Knifton et al., 2011). Knifton et

al. (2011) suggests the following strategies promote positive mental health and resilience in the

workplace:

- Employees have freedom to organize the working day

- Leaders involve employees in decision-making and problem-solving processes

- Leaders provide rewards for employees' efforts

- Employees understand clear roles and expectations

- Employees have ongoing professional development opportunities

Conducting a mental health needs assessment is another practice leaders may use to influence employee wellness. Berry et al. (2010) studied 185 workers and spouses in an extensive workplace mental health assessment. Of those classified as high risk, 57% converted to low-risk status by the end of a six-month mental health program. Furthermore, the study revealed medical claim costs also declined by $1,421 per participant, compared with those from the previous year (Berry et al., 2010). Berry et al. (2010) reported every dollar invested in the mental health program yielded $6 in health care savings. Another study by Davenport et al. (2016) also addressed the positive outcomes of conducting a workplace mental health needs assessment. Seventy-eight percent of employers and employees rated the needs assessment as essential or important to improving the implementation of workplace mental well-being strategies (Davenport et al., 2016).

Mental Health Literacy (MHL) refers to the understanding and attitudes surrounding mental health. MHL measurement using a scale-based tool, has its limitations (O'Connor & Casey, 2015). O'Connor and Casey (2015) studied the use of a new measure of MHL, the Mental Health Literacy Scale (MHLS), which measures aspects of MHL. The aim of the study was to use a comprehensive methodological approach to provide an efficient assessment of MHL (O'Connor & Casey, 2015). Results of O'Connor and Casey (2015) study revealed three findings:

1. notable differences in scores between mental health professionals and a community

   sample

2. reliable testing process

3. considerable value in comparison to other measures of MHL

O'Connor and Casey (2015) concluded the MHLS is effective in assessing individual and

population level differences in MHL. Future research could extend the cross-cultural validity of

the study and develop norms to guide the use of the MHLS (O'Connor & Casey, 2015).

Moll, Zanhour, Patten, Stuart and MacDermid's (2017) research built upon O'Connor and

Casey's (2015) work studying psychometric properties of a new Mental Health Literacy Tool for

the Workplace (MHL-W). The MHL-W is a 16-question, vignette-based tool tailored for the

workplace context (Moll et al., 2017). The tool includes manifestations of workplace mental

health issues with parallel questions that explore mental health literacy. Moll et al. (2017)

collected data from 192 healthcare workers who were participating in a mental health-training

project. Scores correlated with an overall rating of knowledge and confidence in addressing

mental health issues. Moll et al. (2017) study revealed a moderate correlation with attitudes

towards seeking professional help and decreased stigmatized beliefs. Moll et al. (2017)

concluded the MHL-W scale is a promising tool to track the need for mental health literacy

education in the workplace.

 Mental Health First Aid (MHFA) is a program implemented in multiple countries, which

seeks to improve mental health literacy and develop skills on how to recognize common mental

disorders (LaMontagne et al. 2014). Kitchener and Jorm (2004) conducted a study of two

randomized-controlled trials of MHFA in workplace settings. In addition to improvements in

mental health literacy, there was evidence of improvements in mental health among MHFA

trainees (Kitchener & Jorm, 2004). LaMontagne et al. (2014) believe leaders should fulfill legal

and ethical mandates and provide psychologically safe work environments. Developing a

comprehensive notion of workplace MHL involves gaining knowledge, beliefs, and skills that

aid in the prevention of mental illness in the workplace.

Summary

Chapter two presented a literature review of workplace mental health and business leaders'

strategies. The literature identified workplace mental health issues facing both employees and

business leaders. These studies provided a discussion of leaders' strategies and practices in

addressing employees' needs. Common themes in the studies discussed using a comprehensive

approach to workplace mental health focusing on prevention, intervention, and accommodation.

Kelloway (2017) suggests future research will establish evidence-based practices in the area of

workplace mental health. Chapter three introduces the research design and methodology for the

proposed study of workplace mental health.

Chapter III

Methodology

The purpose of this quantitative, action research study is to gather business leader's feedback on usability of a Workplace Mental Health Toolkit. The methodology section describes actions to investigate the research problem and procedures to identify, process, and analyze information. Multiple demographic and geographic samplings were included in this research. Survey data was analyzed and manipulated through the Qualtrics software program.

Research Questions

RQ 1: Are the resources in the Workplace Mental Health Toolkit useful for leaders to implement in the workplace?

RQ 2: What mental health tools, resources, training programs and strategies do business leaders recommend using in the workplace?

Data Collection

In the Workplace Mental Health Toolkit Usability Study, the researcher gathered data using a Qualtrics digital survey.   Business leaders were asked to pilot the toolkit and rate the likelihood they would use the following four tools in the workplace:

1. **Psychologically Safe Workplace Checklist** – the researcher gathered data on usability of business leaders piloting the tool which included:

   - organizational policies regarding psychological health in the workplace
   - response plans to address issues

- strategies for supportive and positive work environments

- employee's appreciation programs

- communication plans and best practices

- ethical supervision process and practices

2. **Mental Health Policy Template** – the researcher provided a template to assist business leaders in creating or modifying organizational policies and asked for usability feedback.

3. **Well-being Checklist** - the researcher asked business leaders for input on the usability of this tool in assessing employee well-being.

4. **Mental Health First Aid at Work Training program** – the researcher provided information on a national workplace mental health training program and asked for feedback on the likelihood that leaders would include this type of training at their workplace. The program teaches participants how to notice and support individuals who may be experiencing a mental health or substance use concern or crisis and connect them with the appropriate employee resources. Mental Health First Aid at Work is a skills-based, experiential and evidence-based practice.

Selection of Participants

Midwestern business leaders were included in the selection of participants to represent multiple perspectives on addressing mental health strategies in the workplace. Participants comprised a sampling of 40 Midwestern business leaders from Region 10, southeastern Minnesota. Participants will represent various years of professional experience across sectors

including manufacturing, services, education, health and human services, retail, government, hospitality, agricultural, and non-profit.

The recruitment strategy to gain access to participants involved the researcher contacting workplace leaders and community organizational partners. The researcher leveraged alliances with community partners across multiple business organizations including chambers of commerce, business associations, economic development authorities, entrepreneurial co-working groups, and non-profits within Region 10. These partnerships assured multiple demographic and geographic samplings are included in this research.

Setting

The setting for the study of workplace mental health is southeastern Minnesota, Region 10 (see Figure 1.1). Region 10 is comprised of eleven Minnesota counties: Rice, Steele, Freeborn, Goodhue, Dodge, Mower, Wabasha, Olmsted, Fillmore, Winona, and Houston.

According to DEED (2017) Southeast Minnesota Region 10 Profile:

- Population: 504,358 people in 2016, accounting for 9.1 percent of the state's total population

- Older population than the rest of the state, with 16.8 percent of the population aged 65 and over, compared to 15.2 percent of the population statewide

- Population by race: 91.4 percent White; 2.8 percent Black or African American; 2.8 percent Asian or Pacific Islander; 0.3 percent American Indian and Alaska Native

- Fifth fastest growing region, gaining 44,256 residents since 2000, a 9.6 percent increase, as compared to a 12.2 percent increase statewide

- Rochester is the largest city in Region 10 with population of 114,010

- Olmsted County has the largest number of non-profits of any county in Minnesota

- Education: 37 percent of adults aged 18 years and over have a college degree, Region 10 has a lower educational attainment compared to the whole state

- Top five industries by number of firms: health care & social assistance, manufacturing, retail trade, educational services, accommodation & food services

- Primarily small businesses with 51.9 percent of businesses reporting 1 to 4 employees

Region 10 is southeast of the Twin Cities metropolitan area (Minneapolis and Saint Paul), and part of an area known as the Driftless Region (area of the state not eroded by glaciers in the ice age). Karst geology is prominent in the region with limestone bluffs, sinkholes, ravines, caves, and underground streams. National Scenic Byways link together scenic, historic, cultural, natural, and recreational resources in the area. Southeastern Minnesota has 700 miles of designated trout streams and provides quality cold-water angling opportunities. State forests and state parks such as Whitewater, Forestville Mystery Cave and Beaver Creek Valley are recreational assets. Rochester is the largest city in Region 10 and the surrounding small towns thrive on hospitality and agricultural industries.

Data Analysis

All data is stored in password protected digital files within a cloud-based Google Drive backup. Participants' profile information is confidential and protected to assure confidentiality and anonymity of private data. The researcher is the only one with access to business leaders' profile information and responses. Data privacy protects all participants' information held or transmitted in any form or media, whether electronic or paper copy. The researcher's advisors will view data with coded responses in a cumulative report.

WORKPLACE MENTAL HEALTH

Limitations of the Study

Limitations may exist within a quantitative study using research methodology in two

phases: planning and execution (Younus 2014). Within these two phases, there are likely to be

limitations which are beyond a researcher's control because research responses are dependent

upon on certain timeframes (Simon 2011). Simon (2011) suggests effective quantitative surveys

should allow for respondents to add narrative, rather than just a simple yes or no responses.

Lastly, self-reported information obtained from quantitative surveys may be inaccurate or

incomplete (Simon 2011).

Delimitations of the Study

This study is delimitated to business leaders and employees geographically located within

the eleven-county area known as Region 10 in Southeastern Minnesota. Participants are business

managers, directors, and executives from six business sectors including healthcare,

manufacturing, retail, human services, hospitality, and non-profit.

Chapter Summary

Chapter three provided the research design and methodology for the Workplace Mental

Health Toolkit Usability Study. Presented were the design of the study, selection of participants,

instrumentation, procedures, and data analysis. Chapter four will provide the findings and

discussion. Chapter five will comprise a summary and conclusions based on the study's findings

and present implications for workplace mental health. Lastly, chapter five will offer

recommendations for future studies of business leaders' workplace mental health.

Chapter IV

Results and Discussion

The purpose of this quantitative research study was to gather Midwest business leader's feedback on usability of a Workplace Mental Health Toolkit.

In the Workplace Mental Health Toolkit Usability Study, the researcher gathered data using a Qualtrics digital survey.   Business leaders were asked to pilot the toolkit and rate the likelihood they would use the following tools in the workplace:

1. **Psychologically Safe Workplace Checklist** - the researcher provided a tool to help employers identify areas that may need to be addressed to provide a psychologically safe workplace. Areas included organizational policies, response plans, and communication strategies.

2. **Mental Health Policy Template** – the researcher provided a template to assist business leaders in creating or modifying organizational policies and asked for usability feedback.

3. **Well-being Checklist** - the researcher asked business leaders for input on the usability of this tool in assessing employee well-being and mental health.

4. **Mental Health First Aid at Work Training Program** – the researcher provided information on a national workplace mental health training program and asked for feedback on the likelihood that leaders would include this type of training at their workplace. The program teaches participants how to notice and support an individual who may be experiencing a mental health or substance use concern or crisis and connect them with the appropriate employee resources. Mental Health First Aid at Work is a skills-based, experiential and evidence-based practice.

Qualtrics Survey Sample

Midwestern business leaders were included in the selection of participants to represent multiple perspectives on addressing mental health strategies in the workplace. Participants comprised a sampling of 40 Midwestern business leaders from Region 10, southeastern Minnesota. Participants represented various years of professional experience across sectors including manufacturing, services, education, health and human services, retail, government, hospitality, agricultural, and non-profit.

The recruitment strategy involved the researcher contacting workplace leaders and community organizational partners. The researcher leveraged alliances with community partners across multiple business organizations including chambers of commerce, business associations, economic development authorities, entrepreneurial co-working groups, and non-profits within Region 10. These partnerships assured multiple demographic and geographic samplings are included in this research.

A Qualtrics digital survey was used to gather Midwest business leader's feedback on usability of a Workplace Mental Health Toolkit.

40 business leaders were sent the digital survey

32 responses

80% response rate

Respondents comprised representatives from the following sectors: Manufacturing, Services, Education, Health & Human Services, Retail, Government, Hospitality, Agriculture, and Non-Profit.

WORKPLACE MENTAL HEALTH

Qualtrics Survey Report

Employer's Usability Study: Mental Health in the Workplace

November 17, 2018, 10:08 am MST

Graph Q1. Psychologically Safe Workplace Checklist

Q1. View the **Psychologically Safe Workplace Checklist** and rate the likelihood you would use this tool.

Likert Scale

0 ----------------------------------- 10
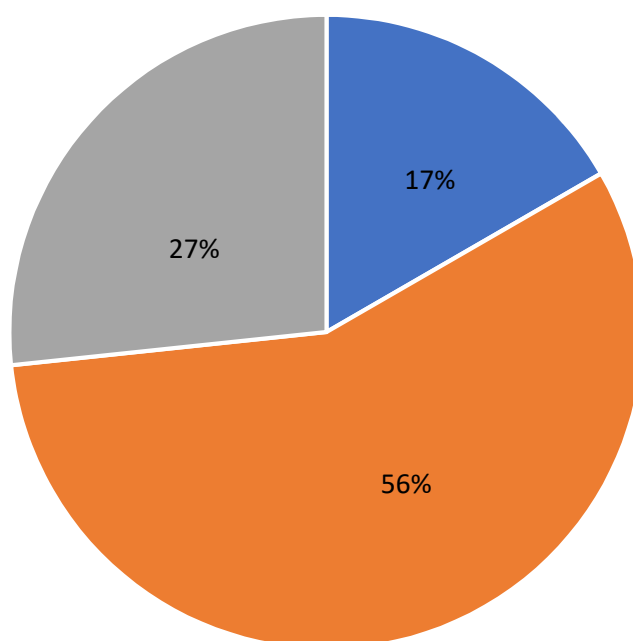
Strongly disagree   Strongly agree

I would not use   I would definitely use

Q1	# Responses	%
Likert Scale 0-3	5	17%
Likert Scale 4-7	17	56%
Likert Scale 8-10	8	27%
Total	30	100%

Q1. Comments

"This looks to be a great tool. I am going to have my counseling office also review and will let Julie know of any of their thoughts."

"I think this tool would be completed by a committee at the college after an assessment of the questions. I would not presume to feel like my perspective at my workplace would be shared by others so it would take time to evaluate and fill this out thoughtfully."

"I would somewhat use this checklist, but I rather have a way to speak to a professional hired or contracted by my employer for immediate attention. Just like me, I am sure that there are way too many individuals that are tired of checking a box."

"May provide organizations the opportunity to put out information regarding how they support mental and emotional well-being of employees if results are good. May be comparable between diff orgs using the same measure."

We only employ very few part time employees, but definitely would consider such a Policy If we were to employ more.

Q1. Discussion

A small majority (56%) agree they would likely use the Psychologically Safe Workplace Checklist; (27%) would definitely use the checklist; (17%) disagree with using this type of checklist. The positive comments included openness to incorporate this type of checklist to assess and support employees mental well being in the workplace. The concerns related to employers feeling unsure of their knowledge and level of expertise in administering such a checklist and their hesitation to take this on themselves.

WORKPLACE MENTAL HEALTH

Graph Q2. Mental Health Workplace Policy

Q2. Rate the likelihood you would use this tool as your create
or modify your **Mental Health Workplace Policy**

14%

27%

59%

Likert Scale

0 ---------------------------------- 10
Strongly disagree   Strongly agree
I would not use   I would definitely use
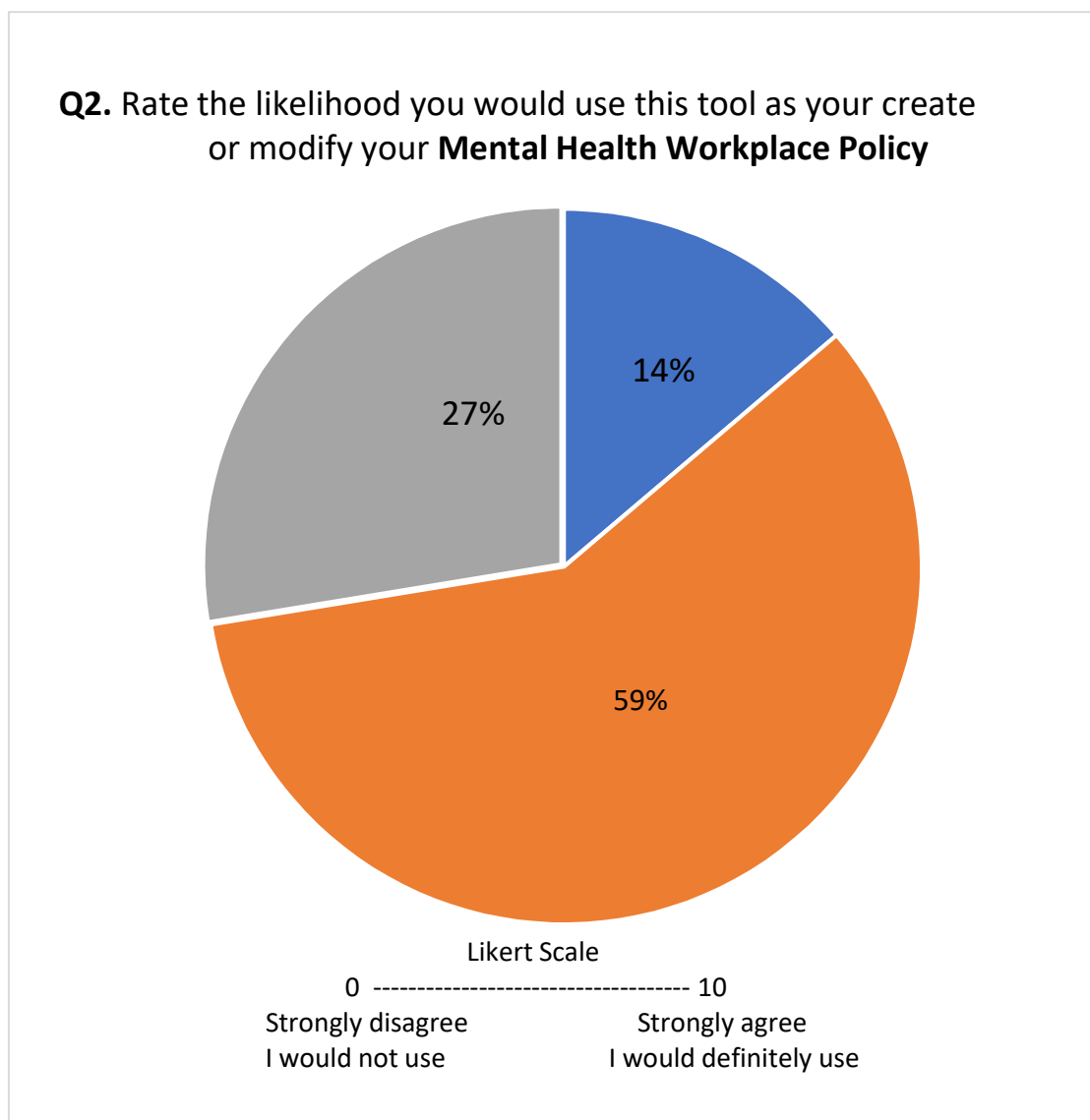
Q2	# Responses	%
Likert Scale 0-3	4	14%
Likert Scale 4-7	17	59%
Likert Scale 8-10	8	27%
Total	29	100%

WORKPLACE MENTAL HEALTH

Q2. Comments

My organization has these tools in place.

I do not speak for my organization but will offer my individual comments. My immediate concern with this policy is with potential legal entanglements. Does the creation of the policy create legal liabilities and exposure if the organization does not studiously attend to it or have the ability to dedicate resources someone may feel are directed by the policy. I also get concerned over the proliferation of policies. This is not to say the policy is bad, just that it raises concerns that would need to be reviewed.

I would need to share these tools with our HR

I would probably adopt this policy for our own use.

I like the template and it could be the start of an ongoing wellness program where there could be consistent and ongoing open discussions like at brown bag lunches etc.

Some of this is already covered in our agency policies and would use this template to beef up the metal health aspects.

It is a well written out policy. Not too much redundant information.

We are small enough to see each other daily and know each other well enough to see if there are problems and then address them.

I like this. There are much more detailed options for specific businesses, outlined in comprehensive suicide prevention resources, but this is easily adopted and ready to go.

Q2. Discussion

A small majority (59%) agree they would likely use the Mental Health Policy Template; (27%) responded with a Likert scale 8-10 rating of likelihood they would definitely use the Policy Template. Only (14%) were dissatisfied with the Policy Template Tool. The positive

WORKPLACE MENTAL HEALTH

comments had a central theme that this would be a useful template to create new or modify

existing mental health policies. The concerns were about legalities of implementing such a

policy and potential ramifications of legal exposure.

Graph Q3. Employee Well-being Checklist

Q3. Take a look at the **Employee Well-being Checklist** and rate whether this is a tool you would use with your employees.

17%

50%

33%

Likert Scale

0 ----------------------------------- 10

Strongly disagree
I would not use

Strongly agree
I would definitely use
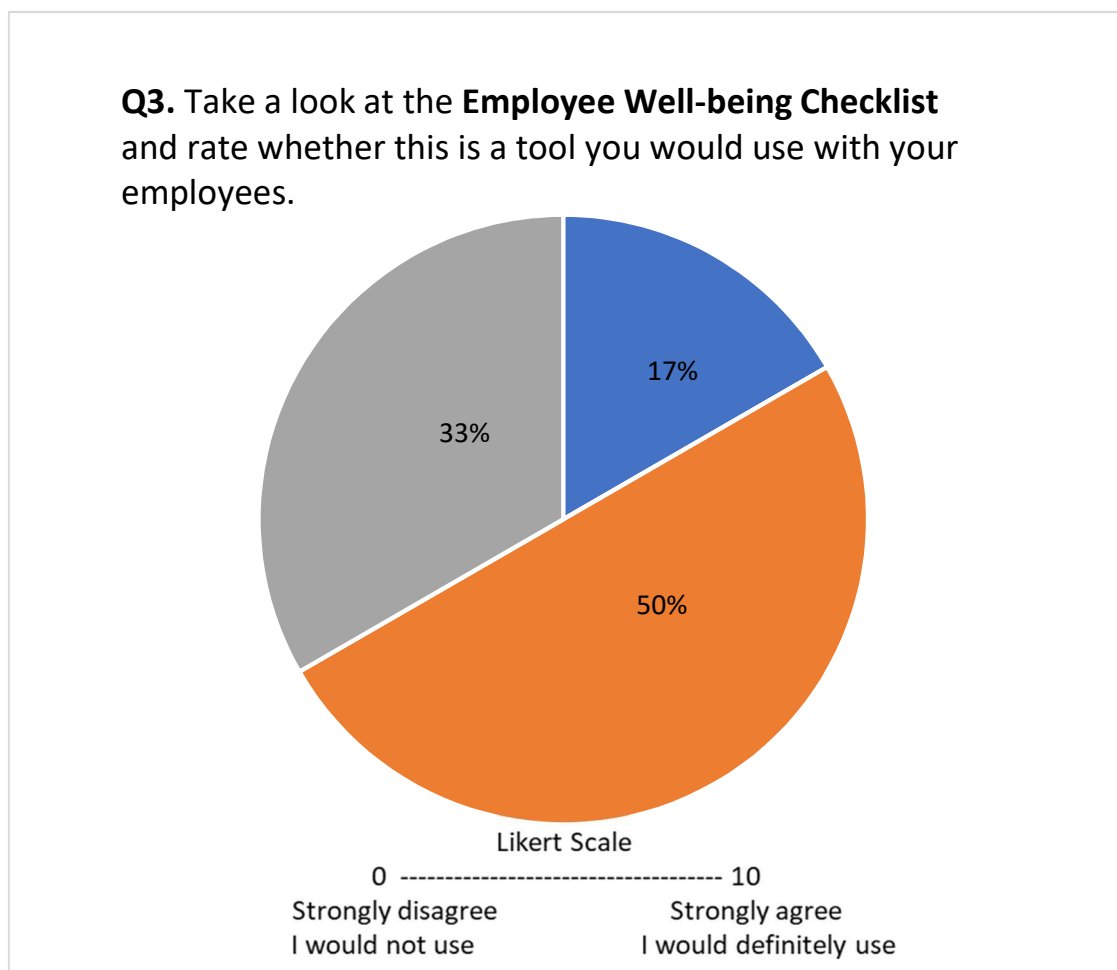
Q3	# Responses	%
Likert Scale 0-3	5	17%
Likert Scale 4-7	15	50%
Likert Scale 8-10	10	33%
Total	30	100%

WORKPLACE MENTAL HEALTH
Q3 Comments

We use our EAP for this

My organization has these tools in place.

The checklist could certainly help employees identify concerns and potentially alert them to the need for action. As part of an overall employee health and wellness program it could be useful. My only negative reaction is the comment to take the survey, if there are issues, to a doctor or therapist. The suggestion of a therapist comes across negatively to me.

Not sure. It might be useful for a wellbeing check on an individual basis in confidence, or done randomly.

This tool might look a little scary to a person who is trying to maintain their job and being asked all these questions. I believe this can be accomplished with a much simpler tool that isn't so invasive especially when a person is having difficulty. Just knowing from their employee that they are supportive of them getting to the Dr. to be evaluated without judgment or without losing their job would be the best. I would say unless this tool is used in a specific class/seminar/meeting to leave it to the Dr.s. Just being supportive is the main idea to portray.

I like the checklist, but people are reluctant to share as you have mentioned the stigma around mental health. Maybe if organizations adopted the Wellness Policy and the organization bought in then people would eventually feel safe to fill out the form.

May be useful on a case by case basis.

I would most definitely use it especially if the link is attached to my employer's website. I would love to see more videos talking about solutions or steps that one can do to help him/her when they are in the current situation.

Follow-up is essential. How would employees receive follow-up on this assessment tool?

It is important to get the people who need to review the information to do it. I see that as a challenge. The sheet is good.

What would be the next steps for someone who filled this out? How would they feel safe in sharing the info?

Q3. Discussion

A small majority (50%) agree they would use the employee Well-being Checklist; (33%) responded they would definitely use the Well-being Checklist; (17%) disagree this tool would be useful. Positive comments noted this tool would be helpful to identify mental health concerns and alert employers to take action. Concerns expressed the reservations regarding an employee's cooperation in providing candid responses about mental health issues and assuring confidentiality. Likewise, concerns were raised regarding follow up and how a process should be in place to support employees next steps to assure well-being.

Graph Q4. Mental Health First Aid at Work Training Program

Q4. Review the **Mental Health First Aid at Work Training Program** and respond whether you would consider offering this training for your employees.

Likert Scale

0 ------------------------------------ 10
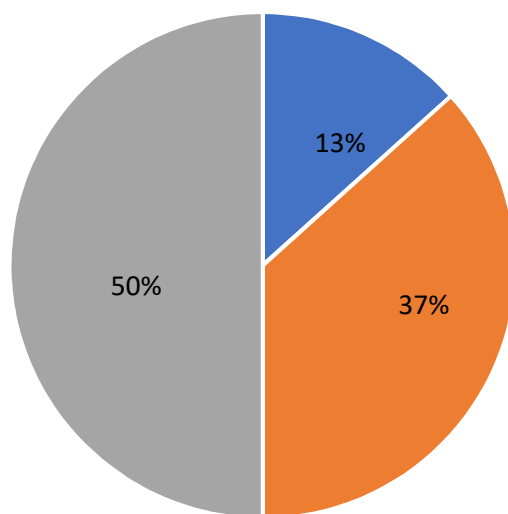
| Strongly disagree | Strongly agree |
| I would not offer this training | I am definitely interested |

Q4	# Responses	%
Likert Scale 0-3	4	13%
Likert Scale 4-7	11	37%
Likert Scale 8-10	15	50%
Total	30	100%

WORKPLACE MENTAL HEALTH

Q4. Comments

My organization has these tools in place. Have completed this training and am a supporter of it.

I do not speak for my organization. My individual reaction is that this could be a good program but given so many other pressing priorities, this would likely not be deployed.

We teach first aid to staff. It only seems reasonable to offer mental health first aid.

I believe this is just as important for EVERYONE to learn as is compared to CPR.

I like this a lot. Some people have the DNA to offer help to others naturally while some people who have problems of their own may feel like they don't or can't offer any help. But, I really think this would be a beneficial program.

Wow!!! What a great First Aid information. I would most definitely use it.

I have encouraged employees and colleagues to become Mental Health First Aid certified and find it to be empowering and efficacious for non-clinical employees and community members.

The information is good. Will you get people who need to attend? Will they commit 4 hours?

Q4. Discussion

A small majority (50%) definitely agree they would use this training program; (37%) agree they would offer this training for their employees; and (13%) disagree with using this training program. The Mental Health First Aid at Work Training Program received the highest rating and most positive comments of all the tools in the toolkit. The comments were overall positive and confirmed definite interest in learning more and offering this training and certification for their employees. The only concern was if

WORKPLACE MENTAL HEALTH

employers would be able to invest the time for their employees to be aware from their

jobs to complete the training.

Q.5 Leader Recommendations

Q5 - What other mental health tools, resources, training programs and strategies do you recommend leaders consider using in the workplace?

Employee Assistance Program

Suicide prevention and support: AFSP; faith formation as faith/active spiritual practice (specifically communal practice) is protective factor. most physical exercise programs, walking parks, singing groups, writing groups.

Mindfulness training, MBSR (Mindfulness Based Stress Reduction) as established by Jon Kabat-Zin

Employee's confidence in utilizing employee assistance program anonymously; PTO as needed with approval from supervisor; inclusion of individuals to practice self-care without qualifiers.

We have an Employee Assistance Program at work where employees can self-refer themselves for initial counseling.   It provides an entry point for employees with mental health issues to get professional help.

I believe it would be good to request that all employees read a book by Russ Harris called the Happiness Trap. Good training programs are that of knowing your emotions, interpersonal communication, distress tolerance tools, and learning to be mindful. Allowing required 5 minute "breathing" breaks has proven to have positive outcomes on work performance especially those suffering from a mental illness. Making a practice in the workplace would be a benefit for ALL employees.

Employers Hiring or contracting with an actual professional that employees could turn to when they need them.

If we were a bigger company, I think I would use all these tools. They look well thought out.

Monthly or bi-monthly workshops or presentation on topics generated from employees. Training on the link between body, mind and spirit.

QPR, Open forums on workplace expectations for personal behavior and response to others.

I couldn't get the first to documents to open is why I didn't respond. Awareness is key so others can see the signs because usually the person with the mental health issue is unable or unwilling to recognize the issue.

Approachable, talking openly about brain disease and renaming it to something which is part of our health

Being a small group, we have not developed any system for mental health measurement. I believe that it will be a great start to bring on the mental health awareness to work place.

I like the tools - a couple of them in particular - but I am not in a position to implement any of this. And my agency only gives lip service to these kinds of things ... they use them against us. The workplace culture needs to change. I truly appreciate what you're doing -- hope it helps with the next generation of employees!!

I hope to help people whose brain doesn't let them live a " normal" life and struggle with all or some of the issues all the time or at times. My initial idea is a place and time where people with such concerns can visit informally and make connections just like part 4 in your survey and kind of like the AA meeting concept being non-judged and safe. Away from a workplace, non-religious, non-medical. Not sure if anyone would attend but maybe it's still worth a try. Ground rules would be mentioned at the beginning of each meeting and resources would be available. It also should include a health topic each time to get a discussion started. Can this just happen, or would a nonprofit organization need to be established?

Q5. Discussion

Survey participants responded with comments and suggestions within the following topics and themes:

- Employee Assistance Programs (EAP)

- Suicide prevention programs

WORKPLACE MENTAL HEALTH

- Mindfulness training

- Hiring on-site Mental Health professionals

- Body, mind & spirit workshops

- Mental Health awareness programs

Chapter V

Conclusions

The purpose of this quantitative research study was to gather Midwest business leader's feedback on usability of a Workplace Mental Health Toolkit. Midwestern business leaders were included in the selection of participants to represent multiple perspectives on addressing mental health strategies in the workplace. Participants comprised a sampling of 40 Midwestern business leaders from Region 10, southeastern Minnesota. The study received 32 responses with an 80% response rate. Survey participants represented various years of professional experience across sectors including manufacturing, services, education, health and human services, retail, government, hospitality, agricultural, and non-profit.

In the Workplace Mental Health Toolkit Usability Study, the researcher gathered data using a Qualtrics digital survey. Business leaders were asked to pilot the toolkit and rate the likelihood they would use the following tools in the workplace:

1. Psychologically Safe Workplace Checklist

2. Mental Health Policy Template

3. Well-being Checklist

4. Mental Health First Aid at Work Training Program

5. What other mental health tools, resources, training programs and strategies do you recommend leaders consider using in the workplace?

Implications for Leadership

The leadership implications are that business leaders must recognize their influential role in supporting psychologically safe workplaces, and the importance of determining strategies to address employee mental health.   These leadership implications are critical for improving the health and well-being of workers. The literature review states that leaders face multiple issues addressing the economic costs and management of workplace mental illness. Workplace mental illnesses are prevalent and costly in working populations (LaMontagne et al., 2014). Dewa et al. (2007) agree mental health issues in the workplace result in staggering social and economic costs.   American data links workers' absenteeism and loss of productivity in the workplace (Kessler et al., 2006) at a cost between USD $30.1 and $51.5 billion dollars annually (Greenberg et al., 2003). Depression is the health condition with the largest effect on work performance with estimates of direct and indirect costs from USD $36-51.5 billion dollars annually (Lerner & Henke, 2008).

The training implications focus on the belief that most of adult life is spent in the working years, and the workplace is an ideal setting for mental health initiatives that promote psychologically safe environments and prevent mental illness. The Mental Health First Aid Training program received the highest Likert scale responses with 50% responding with 8-10 on the Likert scale (Definitely use this tool).   Goetzel et al. (2018) suggest developing healthy company cultures begins with leaders investing in quality mental health training in the workplace. Early intervention is vital, and employers should

consider providing early intervention strategies for workplace mental health (Goetzel et al.,

2018).

Implications of the Study

The Workplace Mental Health Toolkit Usability Study aligned with the National

Alliance on Mental Illness (NAMI) efforts to bring awareness of mental health issues and

communicate resources available to employers. The researcher partnered with the NAMI

program to communicate credible and evidence-based information on the state of mental

health including:

- 1 in 5 adults experience a mental illness.

- Mental illness impacts workplace attendance and the ability to hold down a job.

- Adults spend more time at work than at home and the workplace is an important
  environment to discuss and support mental health, however, the stigma of mental
  illness keeps employees silent.

- 85% of employee's mental health conditions are undiagnosed or untreated.

- Employers have the opportunity to change this climate of fear regarding mental
  health at the workplace.

- Investing in mental health care for workers, employers can increase productivity
  and employee retention.

The Workplace Mental Health Toolkit Usability Study raised awareness of resources to

aid leaders in developing workplace mental health strategies and training. The responses

from the Likert scale items based upon a scale from "Strongly Disagree" (I would not use

the tool) to "Strongly Agree" (I would definitely use the tool), were predominately in the

4-7 range indicating that business leaders overall agreed with, and considered the benefits

of, the Workplace Mental Health Toolkit. The corresponding comments supported the

commitment of business leaders to create and/or modify workplace policies as well as build

and/or enhance their mental health training programs. Leaders' feedback on the Workplace

Mental Health Toolkit provided information on usability, as well as ways to adapt and

customize the program for real-world workplace applications.

Recommendations

Recommendations for next steps and further research in the Workplace Mental

Health study include:

1. Consider this quantitative, cross-sectional Qualtrics survey study as base-line data.

2. Cross tabulate satisfaction with professionals' years of experience from Graph Q6.

3. Conduct a second quantitative Qualtrics survey using a longitudinal approach.

4. Assemble a Workplace Mental Health Advisory group consisting of business leaders

   across multiple sectors to recommend action steps to improve workplace mental

   health.

5. Share ongoing research with the Mental Health Advisory group.

6. The Mental Health Advisory group brings recommendations for modifications of the

   Workplace Mental Health Toolkit.

7. Consider a qualitative, phenomenological study to build upon prior research.

Graph Q6. Respondents Number of Years' experience in their field:
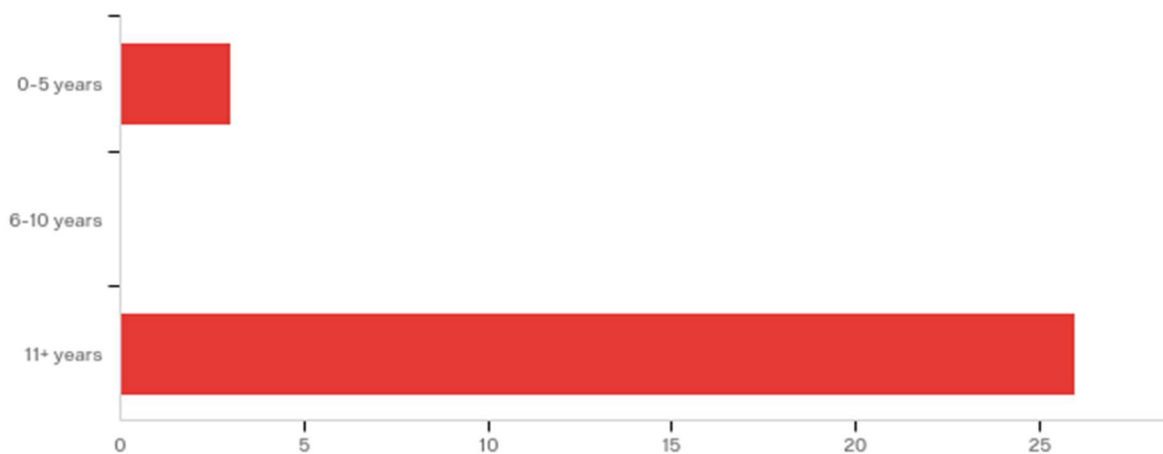
#	Answer	%	Count
1	0-5 years	10%	3
2	6-10 years	0%	0
3	11+ years	90%	26
	Total	100%	29

The majority of the respondents (90%) had eleven or more years' experience in their field; while

(10%) were new in their fields with 0-5 years' experience.

WORKPLACE MENTAL HEALTH

Appendix

Check List for a Psychologically Safe Workplace

This checklist will help you identify areas that may need to be addressed in your strategy

to provide a psychologically safe workplace.

Our company has organizational policies regarding psychological health in the workplace.

☐ Yes   ☐ No   ☐ In progress

Our managers and supervisors have the skills, abilities and resources to

☐   facilitate conversations and remove barriers to communication

☐   listen carefully to a person in distress

☐   develop plans with them

☐   follow up & follow through with them

Our company has in place the means to identify

☐   situations of conflict and distress in the workplace

☐   patterns of negative conduct including managers or others who do any of the following

- lose their temper
- ridicule and humiliate others
- use intimidation to enforce their will
- exhibit discriminatory attitudes and/or conduct
- avoid dealing with situations that have the potential to create conflict

WORKPLACE MENTAL HEALTH

Our company has a Response Plan to resolve any of the above situations.

☐ Yes ☐ No ☐ In progress

Our company provides a challenging, supportive and positive work environment by

☐ offering professional development opportunities to employees

☐ connecting employees to mental health resources and promoting services available through Employee Assistance Plans

☐ promoting a fun and cooperative environment through activities such as walking meetings and friendly team contests

Communication is one of our strengths, we regularly

☐ schedule and promote opportunities for free and transparent exchange of ideas and information between all levels of staff

☐ provide training to employees and management on discussing mental health at work and how to have conversations when concerned about co-workers and other staff

Our employees feel appreciated and nurtured, we regularly

☐ foster community spirit and team cohesion through activities during the workday and optional, recognized, volunteer activities during or outside of work hours

☐ encourage employees to take their breaks away from their workstations

WORKPLACE MENTAL HEALTH

☐ hold staff recognition events, such as setting aside time during regularly scheduled

meetings and create opportunities for staff to nominate and recognize each other's

work

We are a responsible and ethical employer by

☐ creating a supportive supervision process

☐ implementing a workplace strategy to assess the current state of psychological health

and safety in our workplace and how to improve it

Adapted from the Canadian Mental Health Association KELOWNA; Dr. Martin Shain, principal of the

Neighbour@WorkCentre, for the Great-West Life Centre for Mental Health in the Workplace.

WORKPLACE MENTAL HEALTH
Mental health and wellbeing policy template

{Remove this section once your policy is complete}

This template will help you develop a mental health and wellbeing policy for your organization. Feel free to adapt the policy to suit the needs of your organization and your specific goals around mental health and wellbeing in the workplace. There are also prompts throughout in **red** where you can personalize the policy.

All employees should have an opportunity to review and comment on your organization's policy. Involve your people in the development process, get their ideas, get their feedback and get your entire workplace talking about mental health and wellbeing. The commitment and participation of your employees is essential to creating a supportive, responsive and productive working environment that benefits everyone.

Once you have finalized your policy and it has been approved by senior management, ensure you circulate the approved policy to all current employees and incorporate the policy in to any new employee induction processes.

WORKPLACE MENTAL HEALTH
Mental Health and Wellbeing Policy Template

{Insert organisation name}

Purpose

The purpose of this policy is for **{insert organisation name}** to establish, promote and maintain

the mental health and wellbeing of all staff through workplace practices, and encourage staff to

take responsibility for their own mental health and wellbeing.

{Insert organisation name} believes that the mental health and wellbeing of our staff is key to

organisational success and sustainability.

Goals

{Insert organisation name}:

- To build and maintain a workplace environment and culture that supports mental health and wellbeing and prevents discrimination (including bullying and harassment).
- To increase employee knowledge and awareness of mental health and wellbeing issues and behaviours.
- To reduce stigma around depression and anxiety in the workplace.
- To facilitate employees active participation in a range of initiatives that support mental health and wellbeing.

    Scope

- This policy applies to all employees of **{insert organisation name}**, including contractors and casual staff.

Responsibility

All employees are encouraged to:

- understand this policy and seek clarification from management where required
- consider this policy while completing work-related duties and at any time while representing **{insert organisation name}**

WORKPLACE MENTAL HEALTH

- support fellow workers in their awareness of this policy
- support and contribute to **{insert organisation name}**'s aim of providing a mentally healthy and supportive environment for all workers.

All employees have a responsibility to:

- take reasonable care of their own mental health and wellbeing, including physical health
- take reasonable care that their actions do not affect the health and safety of other people in the workplace.

Managers have a responsibility to:

- ensure that all workers are made aware of this policy
- actively support and contribute to the implementation of this policy, including its goals
- manage the implementation and review of this policy.

Communication

> **{Insert organisation name}** will ensure that:

- all employees receive a copy of this policy during the induction process
- this policy is easily accessible by all members of the organisation
- employees are informed when a particular activity aligns with this policy
- employees are empowered to actively contribute and provide feedback to this policy
- employees are notified of all changes to this policy.

Monitoring and review

> **{Insert organisation name}** will review this policy **{six/twelve}** months after implementation
>
> and annually thereafter.

WORKPLACE MENTAL HEALTH
Effectiveness of the policy will be assessed through:

- feedback from workers, the Health and Wellbeing Committee (if applicable), and management
- review of the policy by management and committee to determine if objectives have been met and to identify barriers and enablers to ongoing policy implementation.

Staff member

Title {e.g. Health and Wellbeing Coordinator}

Signature

Date

Manager

Title {e.g. CEO, General Manager}

Signature

Date

Date of next review

Mentally Healthy Workplace Alliance, 2017

Employee Well-being Checklist

Sometimes when we are struggling, it's hard to step back and get a clear look at how we are doing. Here are questions you can ask yourself to help you get a picture of what's going on with you.

If you find that you are agreeing with some or many of these statements, you may want to visit your doctor to help you figure out what's going on. You can take this sheet with you to help you talk to your doctor or therapist.

What's going on with my body?

I often feel exhausted, even early in the week.

I frequently feel dizzy or nauseous.

I have problems with digestion, such as stomach bloating, pain or gas.

I regularly experience diarrhea or constipation.

I have no appetite, or I'm overeating.

I frequently have muscle, joint, headache or chest pain.

I'm craving junk food.

I'm finding it hard to maintain a reasonable weight.

I'm having trouble sleeping well or I am sleeping all the time.

I do not feel rested when I get up in the morning.

What's going on with my emotions?

I frequently feel anxious or upset.

I feel like crying all the time.

I am very fearful.

I often feel tense at work.

I often feel guilty about letting my team down.

I feel angry when someone makes a mistake.

I feel angry or upset when someone points out a mistake I've made.

I lack confidence in myself and the work that I do.

I'm finding it hard to remember what it feels like to be happy.

I keep my feelings bottled up inside.

I feel like I am never good enough.

What's going on with my thoughts?

I often feel I can't handle everything I have to do.

I feel like I have little or no control over my life.

I don't have patience the way I used to.

I frequently worry about work even when I'm not at work.

I spend a lot of time thinking about and complaining about the past.

I see people's faults and mistakes more than their strengths and contributions.

I see the negative things about myself more than the positive.

I often think that there is only one way to do something.

What's going on with my job?

I have difficulty concentrating at work.

I find it difficult to make decisions at work.

I seem to be disorganized at work.

I find it difficult to start tasks.

I find it difficult to read and remember what I've read.

I am finding tasks that used to be easy more difficult now.

I feel like I am a burden to the team.

WORKPLACE MENTAL HEALTH
What's going on with the people at work?

I don't think I'm being treated fairly at work.

I don't feel valued by a lot of the people I work with.

I'm finding it hard to rely on my co-workers.

I don't laugh with co-workers anymore.

I often say things in anger or frustration that I wish I could take back.

I seem to take things more seriously than my co-workers.

I'm tired of hearing other people's problems.

I feel like I am letting everyone down.

I am becoming dependent on one person at work that I feel safe with.

I'm withdrawing from people at work.

I'm afraid that others will realize my work is not good enough.

What's going on with my behavior?

I lose my temper at work.

I no longer want to be around people.

I don't understand why I can't get my work done.

WORKPLACE MENTAL HEALTH

I find I'm playing computer games when I'm supposed to be working.

I'm using sleeping pills more than I used to.

I'm drinking more alcohol than I used to.

I'm spending money or gambling more than I used to.

I'm using prescription or recreational drugs more than I used to.

I use coffee, alcohol or drugs to help me get through the day.

I find it difficult to relax.

I sit at work and feel frozen, unable to do anything.

I cannot make sense of what I am reading anymore.

I cannot produce my work the way I used to.

One moment I am smiling and the next moment I am crying.

If your answers are causing you concern, consider taking this list to your doctor or therapist.

Great West Life Centre for Mental Health in the Workplace (Nov 2018). *Working Through It: Employee Mental Health Checklist*. Retrieved from

Workplace Strategies for Mental Health

https://www.workplacestrategiesformentalhealth.com/wti/Section2Resource3Page.aspx

Mental Health First Aid at Work Training

Mental Health First Aid at Work is a workplace mental health training program that teaches participants how to notice and support an individual who may be experiencing a mental health or substance use concern or crisis and connect them with the appropriate employee resources. Mental Health First Aid at Work is a skills-based, experiential and evidence-based practice.

Review the Mental Health First Aid at Work information and respond whether you would consider offering this training for your employees.

https://www.mentalhealthfirstaid.org/at-work/

Bibliography

ADA National Network, Northeast ADA. (2017). Mental health conditions in the workplace and

the ADA. *Information, Guidance, and Training on the Americans with Disabilities Act.*

Retrieved from https://adata.org/factsheet/health

Arnold, K. A., Turner, N., Barling, J., Kelloway, E. K., & McKee, M. C. (2007).

Transformational leadership and psychological well-being: The mediating role of

meaningful work. *Journal of Occupational Health Psychology, 12,* 193–203.

http://dx.doi.org/10.1037/1076-8998.12.3.193

Bass, B. M. (1990). From transactional to transformational leadership: Learning to share

the vision. *Organizational Dynamics*, *18*(3), 19-31.

Berg, B. L. (2004). Methods for the social sciences. *Qualitative Research Methods for the

Social Sciences (5th ed.).* Boston: Pearson Education.

Berry, L. L., Mirabito, A. M., & Baun, W. B. (2010, December). What's the hard return on

employee wellness programs. *Harvard Business Review.* Retrieved from

https://hbr.org/2010/12/whats-the-hard-return-on-employee-wellness-programs

Blustein, D. L. (2008). The role of work in psychological health and well-being: A

conceptual, historical, and public policy perspective. *American Psychologist,*

63(4), 228-240. doi:10.1037/0003-066X.63.4.228

Bono, J. E., Foldes, H. J., Vinson, G., & Muros, J. P. (2007, September). Workplace emotions:

The role of supervision and leadership. *Journal of Applied Psychology*, 92, pp. 1357-

1367. http://dx.doi.org/10.1037/0021-9010.92.5.1357

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development.

    American Psychologist, 32(7), 513-531. doi:10.1037//0003-066X.32.7.513

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and*

    design. Cambridge, MA: Harvard UP.

Bronfenbrenner, U. & Morris, P. (1998). *The bioecological model of human development.*

    Retrieved from

    https://pdfs.semanticscholar.org/d470/f7b5abc2c5b338ee88b15a38b07ef214ce57.pdf

Brown, S. D., & Lent, R. W. (2005). *Career development and counseling: Putting theory and*

    research to work. Hoboken, NJ; Wiley.

Burns, J. M. (1978). *Leadership.* New York: Harper & Row.

Burton, J. (2010). *WHO healthy workplace framework and model: Background and supporting*

    literature and practice. Retrieved from

    http://www.who.int/occupational_health/healthy_workplace_framework.pdf

Canadian Mental Health Association KELOWNA; Dr. Martin Shain, principal of the

    Neighbour@WorkCentre, for the Great-West Life Centre for Mental Health in the

    Workplace (2017). *Psychologically Safe Workplace Checklist*.

WORKPLACE MENTAL HEALTH

Che, J. (2016, February 18). How business leaders can help foster mental health in the

workplace. *The Huffington Post.* Retrieved from

https://www.huffingtonpost.com/entry/workplace-stress-mental

health_us_56c4e753e4b0b40245c8e017

Chopra, P. (2009, February). Mental health and the workplace: Issues for developing countries.

International Journal of Mental Health Systems. http://doi.org/10.1186/1752-4458-3-4

Creswell, J. W. (2014). *Research design (4ᵗʰ ed.)* . Thousand Oaks, CA: Sage

Publications Inc.

Davenport, L. J., Allisey, A. F., Page, K. M., LaMontagne, A. D., Reavley, N.

J. (2016). How can organisations help employees thrive? The development of guidelines

for promoting positive mental health at work. *International Journal of Workplace*

Health Management, Vol. 9 Issue: 4, pp.411-427, https://doi.org/10.1108/IJWHM-

01-2016-0001

DEED Minnesota Department of Employment and Economic Development. (2017). *Economic*

development Region 10: Southeast 2017 regional profile. Retrieved from

https://mn.gov/deed/data/regional-lmi/southeast-lmi.jsp

Dewa, C., McDaid, D., & Ettner, S. (2007, June). An international perspective on worker

mental health problems: Who bears the burden and how are costs addressed? *The*

Canadian Journal of Psychiatry, *52*(6), 346-356.

https://doi.org/10.1177/070674370705200603

Dimoff, J. K. (2016). *With a little help from my boss: Supervisors as resource facilitators*

WORKPLACE MENTAL HEALTH

(Unpublished doctoral dissertation). Saint Mary's University, Halifax, Nova Scotia,

Canada.

Eggertson, L. (2011). Lack of workplace mental health resources increases pressure on health

care system. *CMAJ : Canadian Medical Association Journal, 183*(12), E767.

doi:10.1503/cmaj.109-3945

Ettner, S. L., & Grzywacz, J. G. (2001). Workers' perceptions of how jobs affect health: A

social ecological perspective. *Journal of Occupational Health Psychology, 6*(2), 101-

113. http://dx.doi.org/10.1037/1076-8998.6.2.101

Flick, U. (Ed.). (2007). *The sage qualitative research kit*. Thousand Oaks, CA: Sage.

Freud, S. (1930). *Civilization and its discontents.* Oxford, England: Hogarth.

Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified

Husserlian approach*. Pittsburgh, PA: Duquesne University Press, 233, ISBN 978-0-

8207-0418-0.

Goetzel, R. Z. et al. (2018, April). Mental Health in the Workplace: A Call to Action

Proceedings from the Mental Health in the Workplace: Public Health Summit

doi:10.1097/JOM.0000000000001271

Great West Life Centre for Mental Health in the Workplace (Nov 2018). *Working Through It:

Employee Mental Health Checklist*. Retrieved from

https://www.workplacestrategiesformentalhealth.com/wti/Section2Resource3Page.aspx

WORKPLACE MENTAL HEALTH

Greenberg, P. E., Kessler, R. C., Birnbaum, H. G., Leong, S. A., Lowe, S. W., Berglund, P. A.,

    & Corey-Lisle, P. K. (2003, December). The economic burden of depression in the

    United States: How did it change between 1990 and 2000? *Journal of Clinical*

    Psychiatry, 64(12), 1465–1475

Harnois, G. & Gabriel, P. (2000). Mental health and work: Impact, issues and good practices,

    World Health Organization Report. Retrieved from

    http://www.who.int/mental_health/media/en/712.pdf

Harvard Mental Health (2010, February). Mental health problems in the workplace. *Harvard*

    Mental Health Letter. Retrieved from

    https://www.health.harvard.edu/newsletter_article/mental-health-problems-in-the-

    workplace

Harvey, S., Courcy, F., Petit, A., Hudon, J., Teed, M., Loiselle, O., & Morin, A. (2006,

    November). Organizational interventions and mental health in the workplace: A synthesis

    of international approaches. *Studies and Research Projects Report.* Retrieved from

    http://www.irsst.qc.ca/media/documents/PubIRSST/R-480.pdf

Karasek, R. A., & Theorell, T. (1990). *Healthy work: Stress, productivity, and the*

    reconstruction of working life. New York: Basic Books.

Kelloway, E. K. (2017). Mental health in the workplace: Towards evidence-based practice.

    Canadian Psychology, *58*(1), 1-6. doi:10.1037/cap0000084

Kessler, R. C., Akiskal, H. S., Ames, M., Birnbaum, H., Greenberg, P., Hirschfeld, R., Wang,

    P. S. (2006, September). Prevalence and effects of mood disorders on work

WORKPLACE MENTAL HEALTH

performance in a nationally representative sample of U.S. workers. *American Journal of Psychiatry, 163*, 1561-1568. doi: 10.1176/appi.ajp.163.9.1561

Kitchener, B. A., & Jorm, A. F. (2004). Mental health first aid training in the workplace setting: A randomized controlled trail. *BMC Psychiatry*, *4*, 23.

Knifton, L., Watson, V., Grundemann, R., Dijkman, A., Besten, H., Have, K. (2011). *A guide for employers to promote mental health in the workplace.* Retrieved from http://www.enwhp.org/fileadmin/downloads/8th_Initiative/MentalHealth_Broschuere_Arbeitgeber.pdf

Koppes. L. L. (2006). *Historical perspectives in industrial and organizational psychology.* Mahwah, NJ: Erlbaum.

LaMontagne, A. D. , Martin, A., Page, K. M., Reavley, N. J., Noblet, A. J., Milner., A. J. Keegel, T., & Smith, P. M. (2014). Workplace mental health: Developing an integrated intervention approach. *BMC Psychiatry, 14*(1), 131. doi:10.1186/1471-244X-14-131

Lerner, D., & Henke, R. M. (2008). What does research tell us about depression, job performance, and work productivity? *Journal of Occupational and Environmental Medicine, 50*, 401-410.

Lincoln, YS. & Guba, EG. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.

Martin, A. (2015). Managing employees with mental health issues: Identification of conceptual

and procedural knowledge for development within management education

curricula. *Academy of Management Learning & Education, 14*(1), 50-68.

doi:10.5465/amle.2012.0287

Mental Health First Aid: USA National Council for Behavioral Health, *Mental Health First Aid

at Work.* (2018). Retrieved from: https://www.mentalhealthfirstaid.org/at-work/

Mental Health Minnesota. (2017). *Mental health and the workplace: Did you know?* Retrieved

from https://mentalhealthmn.org/learn-more/mental-health-and-the-workplace/

Mentally Healthy Workplace Alliance (2017). *Mental Health Policy Template.*

Merriam, S. B. (1998). *Qualitative research and case study applications in education.* San

Francisco: Jossey-Bass.

Michaels, C. N., & Greene, A. M. (2013). Worksite wellness: Increasing adoption of

workplace health promotion programs. *Health Promotion Practice,* 14(4), 473-479.

doi: 10.1177/1524839913480800

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: A sourcebook of new

methods.* Thousand Oaks, CA: Sage.

Moll, S., Zanhour, M., Patten, S. B., Stuart, H., & MacDermid, J. (2017). Evaluating mental

health literacy in the workplace: Development and psychometric properties of a

vignette-based tool. *Journal of Occupational Rehabilitation,* 27(4), 601-611.

Motovidlak, D. (2017, September 20). *How your EAP can improve mental health in the

workplace* [Blog post]. Retrieved from http://www.bhsonline.com/blog/how-your-eap-

can-improve mental-health-in-the-workplace/

WORKPLACE MENTAL HEALTH

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.

National Institute of Mental Health [NIMH]. (2016). *Transforming the understanding and*

   treatment of mental illnesses. Retrieved from

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

Netterstrom, B., Conrad, N., Bech, P., Fink, P., Olsen, O., Rugulles, R., Stansfeld, S. (2008). The

   relation between work-related psychosocial factors and the development of

   depression. *Epidemiologic Reviews, 30*, 118-132.

Northouse, P. (2016). *Leadership theory and practice (7th ed.).* Thousand Oaks, CA: Sage

   Publications Inc.

Nyberg, A. (2005). *The impact of leadership on the health of subordinates.* Sweden: National

   Institute for Working Life.

O'Connor, M., Casey, L. (2015, April). The mental health literacy scale (MHLS): A new scale-

   based measure of mental health literacy. *Psychiatry Research*, *229,* 511-516,

   https://doi.org/10.1016/j.psychres.2015.05.064

Olmsted County Public Health Services, Olmsted Medical Center, & Mayo Clinic (2013,

   October). *Olmsted County, Minnesota Community Health Needs Assessment*, 34-35.

   Retrieved from

   https://www.co.olmsted.mn.us/OCPHS/reports/Documents/Community%20Health%20N

   eeds%20Assessment%202013.pdf

WORKPLACE MENTAL HEALTH

Onwuegbuzie, A. J., & Leech, N. L. (2006). Linking research questions to mixed methods data

analysis procedures. *The Qualitative Report,* 11(3), 474-498. Retrieved from

www.nova.edu/ssss/QR/QR11-3/onwuegbuzie.pdf

Patton., M. (1990). *Qualitative evaluation and research methods.* Beverly Hills, CA: Sage.

Patton, M. Q. (2002). *Qualitative research and evaluation methods (3rd ed.).* Thousand Oaks,

CA: Sage.

Quick, J. C., & Tetrick, L. E. (2002). *Handbook of occupational health psychology.*

Washington, DC: American Psychological Association.

Rosa, E. M. & Tudge, J. (2013). Urie Bronfenbrenner's theory of human development: Its

evolution from ecology to bioecology. *Journal of Family Theory & Review, 5*(4), 243-

258. doi:10.1111/jftr.12022

Saunders, M., Lewis, P. & Thornhill, A. (2009). Research Methods for Business Students 5th

ed., Essex, England: Pearson Education Limited.

Simon, M.K. (2011). Dissertation and scholarly research: Recipes for success, Seattle, W.A.:

Dissertation Success LLC.

Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage.

Stokols, D. (1992). Establishing and maintaining healthy environments: Toward a social

ecology of health promotion. *American Psychologist,* 47, 6-22.

WORKPLACE MENTAL HEALTH

Stewart, W. F., Ricci J. A., & Chee, E. (2003). Cost of lost productive work time among US

workers with depression. *JAMA, 289*(23), 3135-3144.

Stuart, H. (2004). Stigma and work. *HealthcarePapers, 5*(2), 100-111.

Wang, P. S., Simon, G., Kessler, R. C. (2003). The economic burden of depression and the cost-

effectiveness of treatment. *International Journal of Methods in Psychiatric Research.*

12, 22-33.

Wilson, M. G., DeJoy, D. M., Vandenberg, R. J., Richardson, H. A. & McGrath, A. L.

(2010, December). Work characteristics and employee health and well-being: Test of

a model of healthy work organization. *Journal of Occupational and Organizational*

Psychology, 77, 565-588. https://doi.org/10.1348/0963179042596522

Yin, R. K. (2009). *Case study research: Design and methods (4th ed.).* Thousand Oaks, CA:

Sage.

Yin, R. K. (2015). *Qualitative research from start to finish (2nd ed.).* New York: Guilford

Publications.

Yoakum, C. S., & Yerkes, R. M. (1920). *Army mental tests.* New York: H. Holt.

Younus, M.A.F. (2014). Research Methodology. In Vulnerability and Adaptation to Climate

Change in Bangladesh: Processes, Assessment and Effects (Springer Theses).

Springer, pp. 35–76. Available at: http://link.springer.com/10.1007/978-94-007-

5494-2_2 [Accessed August 1, 2016].