

February 25, 2021
8:30-10:00 am PT

Virtual Event

Learning Collaborative Summary

High-Risk, Low-Transparency
Environments



About the Learning Collaborative

For the third year, One Mind at Work is convening small groups of select employers and experts to discuss challenges unique to specific industries and sectors related to workplace mental health. These discussions offer diverse public and private-sector organizations opportunities to engage in peer-to-peer learning and exchange. The collaboratives are designed to address the unique needs of organizations with consideration given to industry, organizational size, areas of interest and more. Past session topics have included caring for caregivers (including healthcare workers); addressing burnout; understanding the impact of trauma in the workplace; and the employer's role in improving outcomes in behavioral health. The Learning Collaboratives originated as in-person meetings but were held virtually in 2020 in response to COVID-19. The 2021 Learning Collaboratives will be held throughout the year as virtual meetings in order to continue to address the diverse workplace mental health issues facing global employers.

One Mind at Work Learning Collaboratives are designed to engage diverse employer stakeholders and experts in an open and candid discussion. For this reason, any summary of the discussion is anonymized, and no comments were attributed without explicit approval by the participant.

Topic

The first Learning Collaborative of 2021 was held in February and concentrated on industries where uniquely high barriers exist to normalizing conversations and disclosures about workplace mental health. Such environments can be characterized in a number of ways – for instance, workplaces that demand confidentiality or require a security clearance, workplaces that expose employees to a regularly high degree of stress or trauma, or those where disclosure of a mental health condition can result in real career consequence such as the revoking of licensure – are environments we have categorized as “high-risk, low-transparency” environments.

Objective

Our objective is to examine common challenges across these industries, identify where additional support, resources and information could help overcome barriers, and highlight what best practices are currently being implemented to protect and proactively promote employee mental health even where the stakes of doing so seem particularly high. The One Mind at Work team will capture the insights that emerge from this conversation and share a written summary with all participants after the meeting to help inspire and facilitate future conversations on this topic.



Key Themes

I. When it comes to mental health crises, “forewarned is forearmed,” and predictive data is key

One Mind at Work member company Lundbeck provided an update on its new initiative with Mental Health America (MHA) to leverage screening data and publicly available data sets to analyze and predict mental illness “hot spots” caused by the Covid-19 pandemic. MHA has conducted over 6 million screenings, which are designed to help patients assess their symptoms and seek support but also offer valuable, anonymized information that, when aggregated and analyzed, can point to areas of high risk for mental health crises. Looking ahead, Lundbeck and MHA hope to create a dashboard that shows real-time and predictive insights that will help ensure that local resources can be deployed efficiently, effectively and proactively, especially in response to future disasters such as wildfires or hurricanes.

Participants suggested that over the long term, metrics such as provider availability, collaborative care environments, or data from the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC) could be overlaid to create a comprehensive heat map of risk.

II. Emphasize opportunities for pre-disciplinary intervention

Offering support to employees before they reach a crisis moment is a straightforward way of improving transparency within an organization without singling out employees with issues. For example, first responders have an inclination toward substance use – a natural and expected method of coping with the trauma and difficulty of the profession. If that is understood, but not talked about openly, there is a higher chance that employees find themselves in a situation, such as a DWI offense, where they are forced to “come clean” about a problem through disciplinary action.

Instead, leaders should bring to light the support that is available to employees, whether it be a one-on-one conversation with a manager, a peer support group, or counseling sessions included in employee benefits, emphasizing the fact that there is a “pre-disciplinary grace period” and that seeking help is accepted and even expected in order to continue to perform in the role.



III. Messages from the top are important, but the “soft skills” of frontline leaders are often more impactful

Representatives from the military, construction and metalwork sectors affirmed the need for the leaders of a company or department to appreciate and address the stigma that exists around mental health. However, even if the messages from the top are right, the “ground level” employees will not benefit unless their own direct managers are comfortable with the language and methods of communication.

One solution is to provide training to frontline managers on the effects of shame, empathy, vulnerability, trust and other components of emotional intelligence. Several participants were Certified Dare to Lead Facilitators (CDTLFs) and spoke to the positive impact of offering workshops and coaching

to employees. Equipping managers with these leadership and interpersonal competencies helps them confidently connect with employees and intervene when needed, while destigmatizing messages from the corporate level help foster an overall more transparent work culture.

IV. Unpack stereotypes to open up space for vulnerability and trust

Stereotypes in the workplace take many forms but always perpetuate misconceptions and myths about mental health. Participants offered several examples of stereotypes and the way they can influence a person’s mental health journey:

- **High performers** are often drawn to positions in the military or other high-pressure roles. High performers are very good at compartmentalizing and can therefore experience “smiling depression” – showing up to work and performing well while experiencing a mental health challenge without feeling that they have ‘permission’ to seek help lest they lose their reputation as a high performer.
- **Masculine expectations** encourage men to outwardly exhibit traits like strength and toughness, which – along with being unofficial aspects of the job description in many of the industries represented – preclude the idea that men could seek help for a mental health issue without being perceived as weak or non-masculine and therefore unqualified for the job they hold.
- **Cultural expectations** can play an important role in how a person considers work as part of his or her identity. For example, a Hispanic representative from the construction industry reflected on the expectation to be considered a hard worker and unwavering breadwinner within the Mexican community. While it is

important to recognize that there are many other barriers to care for immigrant workers, which are a considerable percentage of the construction workforce, it is also notable that cultural stereotypes often leave no room for vulnerability.

Peer training was cited as an effective method of breaking down these stereotypes and allowing employees to be vulnerable in a space that feels safe. As one participant ironworker who shared his story of substance abuse recovery put it, “I had to trust my coworkers that my name wouldn’t get out on the street.” By formalizing an approach to training employees to have conversations with peers about sensitive topics like substance abuse, suicide, or depression, others feel safe knowing that they will not be “exposed” – especially if those trained peers have also gone through challenges of their own and are willing to share.

V. Remove internal barriers that work counter to the support provided

Sometimes, policies or practices exist in an organization that need to be uprooted in order for new habits to take hold. For example, a military branch might offer a suite of support groups and resources, but heavy workloads, high stress and poor work-life balance might leave employees without the time to actually engage in the programs even if leaders are genuinely encouraging transparency.

Opportunities for Action

Advocate for the removal of structural factors that impede transparency

Structural barriers are embedded in many of the industries represented, driven largely by regulatory bodies and the healthcare and labor systems in the United States. Organizations that are succeeding in increasing transparency around mental health within their own workplace can lead change toward a more transparent and supportive external environment as well. Participants raised several instances where an external issue undermines the efforts to increase transparency:

- **Healthcare eligibility:** In hourly jobs, healthcare benefits are earned by hours worked, so maintaining health insurance depends on the person continuing to work. An employee may be able to use benefits to seek therapy or treatment but will unlikely be able to take time away from work while doing so.
- **Paid Time Off:** In many industries, PTO is not available, and if a person does not work, they are not paid, which severely discourages employees from taking time off to recover from a mental health challenge. Seasonal work exacerbates



this because it creates a “feast or famine” cycle of wages.

- **“No-fly” medication list:** The FAA issues a “no-fly” list of medications that includes many prescription medications used for anxiety, ADHD, mood stabilization, depression and other mental health issues. This works against any efforts in aviation to encourage pilots to disclose mental health issues, as pilots would risk losing their license.
- **Zero-tolerance drug policies:** Zero-tolerance policies are prevalent in construction to discourage dangerous physical work while under the influence. However, this erodes trust and undermines efforts by well-trained managers to intervene and communicate with their team about issues.

Implement tailored trainings

Participants mentioned a number of training programs that have proven to be effective ways to train frontline managers. Training programs are most effective when they are tailored to the industry and culture of the organization. For example, the Denver Fire Department observed the need to equip lieutenants and captains in the field to notice warning signs in their colleagues’ behavior and implemented Stress First Aid as a component of officer development, coaching them on suicide prevention and resiliency skills. Similarly, the Construction Industry Alliance offers a training on suicide prevention that is framed around safety – a high priority issue in construction that resonates with all employees. A third example, mentioned previously, is the Dare to Lead training program by Brene Brown which brings “courage, vulnerability, shame, and empathy” into an organization through training and workshops that are led by Certified Dare to Lead™ Facilitators. Training managers specifically in emotional intelligence can be especially beneficial in industries that expose employees to trauma, such as the emergency medical field or firefighting.

Create peer support networks

Peer support groups are an effective form of non-clinical intervention, especially in professions that are emotionally draining or where substance use is particularly prevalent. Sharing stories with coworkers that have been through similar experiences is incredibly healing, but only if a high degree of trust is established within the group. One of the key elements to setting up a successful peer support group and establishing trust is to be thoughtful about what shared experiences are most meaningful to the group. For instance, industry-specific loyalties and union affiliations are important and can be leveraged. In the discussion we heard that an ironworker might feel most at ease among other ironworkers, specifically – and that a mixed group of metalworkers, electricians and ironworkers might not create the same environment of trust and support. A second important factor to consider when designing a peer support group



is to identify “success stories” – finding individuals that have recovered or have successfully confronted their issues and are willing to talk about their journey. Such leadership and transparency among peers fosters trust and transparency throughout the organization.

Communicate commitment from leadership

One of the axioms of workplace mental health is that “it starts from the top.” This is true of any organization, and is especially true in high-risk, low-transparency environments. One participant remarked on the level of messaging “saturation” that is consistently required in order to keep stigma at bay; leaders must ensure that transparency about mental health is integrated into the core values of the organization. This can be achieved with a deliberate communications strategy that reaches employees at every stage of their tenure with the organization, from onboarding to evaluation to promotion. Such an approach demonstrates understanding that mental health is not a static characteristic but something that fluctuates over time and depends on a multitude of factors.

Resources

[Collaborative Care Model Infographic](#)

Innovative model of care developed by the American Psychiatric Association Foundation Center for Workplace Mental Health

[Construction Industry Alliance for Suicide Prevention](#)

The construction industry leads conversations about mental health through a framework of safety.

[First Responder Center for Excellence](#)

Includes Stress First Aid, implemented by the Denver Fire Department.

[Dare to Lead Training](#)

Program to train managers to demonstrate vulnerability and communicate with empathy.

[List of FAA “Do Not Fly” medications](#)

[Pandemic Stress and Apathy: Tips for Dementia Caregivers](#)

Being Patient, August 2020

[Heroes Need Help, Too](#)

US News, August 2020

[Half of Frontline Nurses Emotionally Overwhelmed by COVID-19](#)

American Nurses Foundation, July 2020



[Using the power of peer support to positively impact medicine](#)

American Medical Association, May 2020

[New Mental Health Platform Provide Support for Healthcare Workers](#)

Penn Medicine, May 2020

[How Health Care Workers Can Take Care of Themselves](#)

Harvard Business Review, March 2020

[Why doctors are leery about seeking mental health care for themselves](#)

Washington Post, January 2017

[These jobs have the highest rate of suicide](#)

CBS News, June 2016

[Professional coaching alleviates burnout symptoms in physicians](#)

Science Daily, August 2019

[Physician Burnout](#)

Mental Health Topics of the American Psychiatric Association Foundation

[Workplace Stress](#)

Mental Health Topics of the American Psychiatric Association Foundation

[Mental Health America Mental Health Screening Tools](#)

[FirstRespondersFirst](#)

A platform that provides access to actionable “microsteps,” online workshops, virtual training, and coaching.



About One Mind at Work

Launched in 2017, One Mind At Work convenes leaders to transform approaches to brain health with the goal of addressing mental health disparities and working towards a society and health care system that acknowledge that there is no health without mental health. With financial support from founding sponsor Janssen Research & Development, LLC, one of the Janssen Pharmaceutical Companies of Johnson & Johnson, One Mind At Work now has more than 70 global employers in diverse sectors including business, medicine, research, education, law enforcement, military, and civil society.

One Mind at Work is a program of One Mind, a 501c3 non-profit focused on accelerating brain health research, scaling implementation and impacting society. If you are not yet a member of One Mind at Work or would like to learn more, please contact **Connor McLaughlin** at connor.mclaughlin@onemind.org or visit www.onemindatwork.org. If you haven't already seen our Workplace Mental Health Assessment, please visit www.workplacementalhealthassessment.com for insights into your company's workplace mental health practices.

