Evaluating the Effects of Wellness Works – A Training Program of Mental Health America of California

By Nancy Spangler, PhD, OTR/L
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The workplace is an important part of life for most people. Employment provides experiences that contribute to mental well-being, including routines for time structure, social contact, collective effort and purpose, social identity, and regular activity (Harnois & Gabriel, 2000). People also benefit financially by being employed, and they contribute to their communities by way of taxes generated. Workplaces that offer opportunities for fulfillment and growth tend to benefit both the employee and the organization itself (Harter, Schmidt, & Keyes, 2003). People with a high sense of overall well-being and life satisfaction often identify emotional well-being and positive work relationships as factors contributing to their positive emotional state.

At times, however, any employed person may find work to be an enigma – one day a source of joy, the next day filled with frustration. For people with mental health challenges, frustrations may be experienced more regularly. These may come in the form of discrimination and social prejudice, which can result in unfair dismissal, being passed over for promotions, and being denied accommodations that could help them be successful in their work roles. This discrimination and social prejudice is thought to result from stigma – incorrect beliefs and stereotypes about people with mental illness as well as negative attitudes and attributions about their symptoms (Corrigan & Watson, 2002; Stuart, 2013). Furthermore, people with mental health challenges are underemployed despite findings that up to 90% indicate they would like to work (Ali, Schur, & Blanck, 2011).

Public health interest in the last decade has attempted to change attitudes about mental health through a variety of communication and stigma reduction activities. One such effort has occurred in recent years through the efforts of the California Mental Health Services Authority (CalMHSA).

CalMHSA is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention (PEI) programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Proposition 63). Proposition 63 provides funding and frameworks needed to expand mental health services throughout California.

The PEI initiative included major statewide communication campaigns, informational resources, and educational presentations in public and workplace settings aimed at reducing the stigma of mental illness, increasing social inclusion, decreasing discrimination, and increasing treatment-seeking among individuals with mental health challenges.

The workplace trainings discussed in this report were conducted by Mental Health America of California (MHAC) in 2013 and 2014, with funding administered by CalMHSA,

through a program called Wellness Works (WW). The curriculum used by the program was developed and field tested for over a decade in Canada by leading experts in workplace mental health (Mental Health Commission of Canada, 2013). The training program was adapted for the United States (U.S.) employer audience, and since 2013, has been delivered to more than 2,000 participants in more than 50 workplaces throughout California.

The WW training program targets workplace managers and first-line supervisors, as well as human resources professionals, organizational executives, and employees at large. Managers and supervisors, in particular, hold a critical role in supporting employees who are struggling. The program includes techniques for holding productive conversations, solving common performance problems, and effectively accommodating employees with mental health issues.

Evaluation Description

The purpose of this report was to better understand issues related to the implementation and effectiveness of the WW program from the employers' perspective. It includes qualitative analysis of multiple sources, including WW program descriptions, two previous quantitative studies examining the effect of the WW program and overall effects of the PEI effort, video employer testimonials, documents recording pre-training interviews completed by trainers with the workplace organizers of the trainings, and pre-post-training surveys. In addition, the author completed telephone interviews with employer representatives.

The eight phone interviews were completed in August, 2015, reflecting memories retained from trainings attended in most cases two years prior. Interviewees included managers, four men and four women, who organized and/or participated in the WW trainings for managers with six hours of instruction, delivered in one day or in two half-days, with 10 to 20 participants in each session. Their industries included retail sales, insurance, education, government, and religious organizations. Organization size ranged from 75 employees to 18,500 employees. The WW training was delivered in over 20 counties, and the interviewees (obtained through purposeful and snow ball sampling strategies) represented the following counties: Fresno, Los Angeles, San Bernardino, and San Luis Obispo.

To investigate potential effectiveness of the WW training programs, interview questions were developed in consultation with WW program administrators that focused on (1) why/how the organization decided to offer the program, (2) overall strengths and value of the program, (3) particular program features they found helpful, (4) specific examples of program effects, and (5) suggested opportunities for advancing such programs in the

future. The interviews, lasting an average of one hour each, were recorded, transcribed, and coded for common thematic elements.

General Findings

Context for Employer Participation

In the 2013 pre-training interviews, employer representatives shared some of the challenges their workplaces were facing at that time. They mentioned a number of stressors, including financial difficulties leading to employee layoffs, low workplace budgets for training, employee difficulties with losing homes, and family budgets that were stretched thin. Still, some also mentioned they had a family-like workplace culture and tried to support one another.

In the more recent phone interviews, those employer representatives who organized the trainings for their managers described attending brief (one hour) community sessions that MHAC had offered that raised their awareness of the need and value of trainings. Despite the time commitment (six hours on average) and their organization's geographic dispersion, they believed that the trainings would provide value for their managers and supervisors. They shared that the WW trainers spent time with them prior to the trainings to fully understand their organization and to use their language and their unique terms for managers. Some of the organizers said they needed to know that the trainings were compatible with employment laws and their "own policies, procedures, and best practices," and trainers were knowledgeable and able to reassure them.

Value and Strengths of the WW Training

The qualitative interviews suggested the WW training had positive effects that were seen in overall value and strengths of the program, specific memorable features, and specific examples of effectiveness. Interviewees provided examples of ways that the training helped managers to think more creatively about changing workplace climates, altering work environments, and making mental health resources more available or better known to employees.

The training was described as effective in helping participants better understand mental health issues in general, how common they are ("the one in four part made a little light bulb go off"), and how people with mental health issues may experience difficulties at work and the emotional challenges they may face. The effect was described as "increased empathy," "more compassion." Specific skills in accommodating employees with mental health struggles were discussed and described as being "addressed in a way where it's a lot more natural . . . The accommodations don't have to be a spectacle."

Interview participants consistently described that the training program had a lasting effect in helping them feel more comfortable as managers in recognizing employees with concerns, in approaching them, and in getting useful conversations started. They shared how the program supported managers in developing specific skill sets, to "slow down," "step back and put themselves in the other person's shoes," and "to develop awareness and empathy." One participant said, "I learned to step back, breathe, and not get defensive -- and to ask questions." The results in the work climates were demonstrated by "fewer conflicts, fewer issues."

Participants described relief in the trainings' teachings that, in their role as managers, they were not expected to diagnose, label, or even to recognize certain symptoms as part of a particular disease category. Nor were they expected to counsel employees. They said the trainings helped them to focus on how the person's mood, behaviors, and work performance had changed, and they were shown ways to begin conversations about that.

Part of the process was becoming better observers, more skilled at noticing employees' behaviors and work performance changes, inviting conversations by saying things like, "How are you doing?" or "Hey, what's up? You're not your usual smiley self today. Do you want to talk?" and focusing on solutions at work. Participants

THE COMMENTS BELOW ARE EXCERPTS FROM VIDEO TESTIMONIALS FROM FIVE MANAGERS WHO SHARED SOME OF THEIR INSIGHTS IN 2014 ABOUT THE WELLNESS WORKS TRAININGS:

"The trainer involved the audience and the material was presented in a way that actively engaged the participants."

"Employee retention is directly correlated with client outcomes. If we have employees who stay with our company longer, our clients do better. Prior to the training, our turnover was about 36 percent – annual turnover, which is very high. This has gone down and saved us thousands of dollars."

"The information and insights that were offered enhanced our resources to strengthen an appropriate bridge of communication and supportive measures with employees who have long and/or short term mental health challenges."

"The Wellness Works training was especially valuable as it gave us a deeper understanding of the ways that outside stresses can negatively impact an employee's job performance. Our administrators have become more willing to spend the time and energy listening to employees in order to help them. It gave us valuable resources we can use to help those we supervise."

"The management staff continues use the information given and the techniques provided to assist in maintaining a happy and healthy work environment for the employees."

said that the training encouraged them to check in with individuals who were struggling, to find ways to "give them a voice," rather than to ignore, isolate, or "make assumptions about what they were experiencing." They were less likely to jump to a negative conclusion about the employee's behavior and more likely to explore ways to help them be more successful at work or to get extra support. Participating in the training and trying out the skills with their peers "was a confidence builder."

Participants gave examples of experiencing changed mindsets as a result of the program. One described this as a change in the way she views herself – "Instead of looking at them as an employer, now I look at them as a person, I'm a more caring person, asking 'How can I *help* you.'" The interviewees said they have continued to use phrases they recall from the training, such as "I'm concerned about you," or "I'm noticing that you're not yourself." Participants described going back to their management teams, sharing and discussing the learnings with others in their organizations, thus spreading the content of the learnings beyond the initial trainings.

In one case, the interviewee felt her managers had been trained in some of these skills in previous HR trainings, but the WW training helped "remind them that to use the skill set and these options (to slow down and reduce conflicts) were *worth the time*." It also made it acceptable to talk about mental health – "It was taboo" prior to the training, said one participant.

In another case, the interviewee described the value to himself and his loved ones. "It helped me in my own life," he shared. He found that the training gave him insights about his own family history of substance abuse, and he thought differently about a sibling who had struggled for many years with alcohol. He said he had used the skills at work and at home, and he felt good about his enhanced communication with his wife and daughter as they experienced life's transitions together.

Valuable training features. In addition to specific skill building, interviewees revealed certain programmatic features that they easily recalled and described as meaningful, some two to three years after the training. The employer representatives consistently mentioned specific parts of the training format and content that were helpful.

Interviewees described the WW trainers as knowledgeable, direct, and skilled at answering participants' questions. The trainers related the information to their managers' specific workplaces and made good use of the participants' valuable time. Several participants said their trainer sat down with them prior to the trainings and made sure they understood their people and their particular setting, even to the extent of using

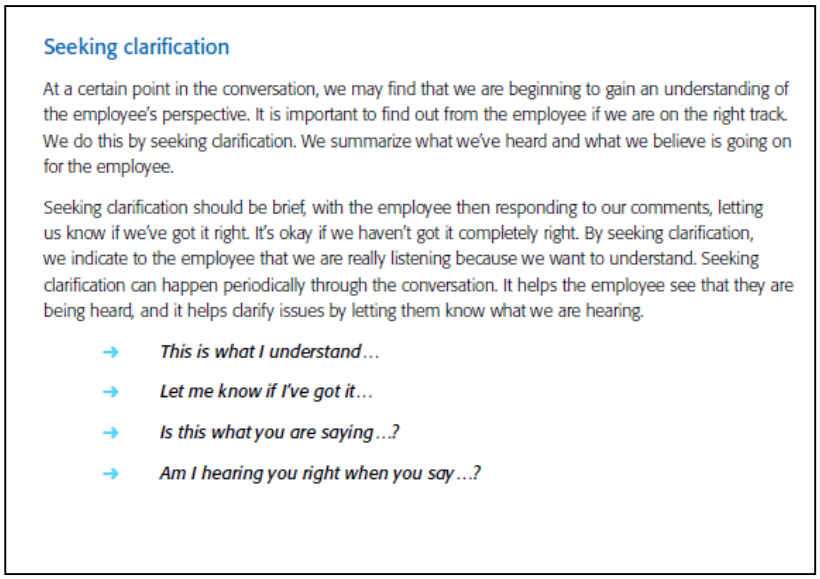
some of their company-specific language, which enhanced the buy-in of their managers to the training. The trainings were described as often using humor to good advantage. The trainers and the materials themselves offered some levity to what could have otherwise been a heavy topic. This was seen as advantageous in engaging the audience and encouraging a climate where it felt comfortable for them to talk among their peers. (*Note.* MHAC administrators shared that WW trainers went through a selective interview process by a MHAC consultant. Trainers participated in a five-day training that included preparatory and follow-up work conducted by leading North American workplace mental health experts.)

Figure 1. Interaction among trainers and manager participants was a commonly described strength of WW trainings.

One feature of the trainings that was consistently described as an example of an effective training strategy was the use of videos. For example, participants described the video vignettes depicting people who have actually lived and worked successfully with a mental illness as particularly memorable and important. “The videos made it real,” one participant shared.

Others described the segments showing managers talking with employees as “eye-opening,” causing them to examine their own typical ways of talking with employees. (*Note.* Video selections were carefully chosen and edited to show employed people from diverse ethnic and racial backgrounds who talked in a positive light about their actual difficult experiences with mental illness. This purposeful approach was based on evidence that contact with people with mental illness and tailored messages reduce stigma and counteract negative stereotypes; Corrigan, Morris, Michaels, Rafacz, & Rüsch, 2012; Michaels, López, Rüsch, & Corrigan, 2012).

Participants described specific printed materials, such as concise bulleted checklists and handouts with talking points as highly memorable and extremely helpful in supporting their communication skills with employees. Program organizers shared that many of their managers who participated have kept the printed materials handy for referral, and that it was unusual for this group to do so ("in most trainings, the handouts are thrown away").



Seeking clarification

At a certain point in the conversation, we may find that we are beginning to gain an understanding of the employee's perspective. It is important to find out from the employee if we are on the right track. We do this by seeking clarification. We summarize what we've heard and what we believe is going on for the employee.

Seeking clarification should be brief, with the employee then responding to our comments, letting us know if we've got it right. It's okay if we haven't got it completely right. By seeking clarification, we indicate to the employee that we are really listening because we want to understand. Seeking clarification can happen periodically through the conversation. It helps the employee see that they are being heard, and it helps clarify issues by letting them know what we are hearing.

- *This is what I understand…*
- *Let me know if I've got it…*
- *Is this what you are saying…?*
- *Am I hearing you right when you say…?*

Figure 2. Example of WW training's printed materials.

Interviewees said they and their managers frequently used the conversation points to initiate difficult discussions, to jointly develop accommodations, or to frame up meetings between other employees. Having a "tool box" was described as reassuring and empowering. It helped managers feel confidence in their own abilities.

Managers said the tools helped them to focus on how the person's mood, behaviors, and work performance had changed, and they were shown ways to begin conversations about that. Watching other managers talk to employees and having opportunities to role play enhanced their comfort in knowing what to say and how to say it.

Several interviewees said they had changed the processes and practices they used during discussions involving conflicts and/or potential disciplinary actions. One described creating a new form that helped describe "what happened – tell us about it in your own words." This helped managers to "step back before jumping to conclusions, putting themselves in their [the employee's] shoes, and take a moment." The slowing down process helped managers to be better listeners, "to know they don't have to solve every employee's problem, they don't have to fix it," but rather to assist in understanding all of the issues.

Specific examples. Several vivid examples of the value of the WW training were shared during the manager interviews. These included descriptions of a recent termination that ended on a more positive note than anticipated, a mediated conversation involving an employee and a supervisor that reduced conflict, and an intervention that reduced an employee's frequent absences.

In the first example, a meeting needed to be held to terminate an employee during a series of employee layoffs. This person was known as someone who could become easily

angered, and security had been alerted to be close by during the meeting. As a result of the WW training, the managers involved devoted extra preparation time prior to the meeting in order to be sensitive, to avoid saying things that were inappropriate, and to pay attention to the environment in order to reduce the emotionally charged atmosphere. They also honored the employee's request to have his spouse attend, an accommodation they would not have ordinarily provided. The termination proceeded without incident, and the managers felt relieved about the positive result.

In the second case, a manager framed a meeting for a worker and supervisor who were in conflict. This was not positioned as a formal disciplinary meeting, but rather as a way to "find points of clarity." The interaction was offered as evidence of a positive outcome of the training, since "no one got fired, and no one quit," and the pair resolved to "coexist and keep it business."

In the third example, a manager described experiencing a crucible moment of self-recognition during the training when one of the video scenarios depicted a cold un-empathetic manager interacting with an employee unsuccessfully. She said to herself, "Oh, that's me! I don't want to be that person. . . It started a two-year process of change. I decided I need to be approachable. That way people will want to come to work." She began praising people for their work. "Before [the training], I thought, you're just doing your job, why do I have to praise you?" She began pulling some of the positive quotes she saw interspersed in the WW training materials and posting them at her workplace entrance to provide an inspirational start to the day for her employees. She also recruited a "problem employee" who was frequently absent to help her with finding new quotes, and she began inviting the employee into her office "to chat." She "started praising her more, giving her more jobs to do, more responsibilities, thanking her for what she was doing." The employee reduced her absence dramatically, and co-workers saw her improvements. "It was a BIG change. People would notice and talk about the difference." This interviewee suggested the training was directly responsible for her own changed attitudes and behaviors and the reduced work absence.

It is important to note that none of these instances involved employees with *known* mental illness, yet the examples illustrate behaviors commonly believed to be associated with mental illness – anger, emotional outbursts, difficulty working with others, difficulty in coping, poor social skills – and these beliefs may limit managers from hiring someone with mental illness (Corrigan & Watson, 2002). Providing tools and opportunities to practice effectively handling conflicts and initiating difficult conversations appears to help the managers prepare and mentally rehearse for future employee interactions.

The interviews suggest that managers became more skilled at structuring communication encounters that could be considered more effective and more therapeutic and that these occurred in natural workplace settings. In addition, participants mentioned facilitating

conversations that actively helped employees solve problems and they made resources and supportive services, such as employee assistance programs, more visible.

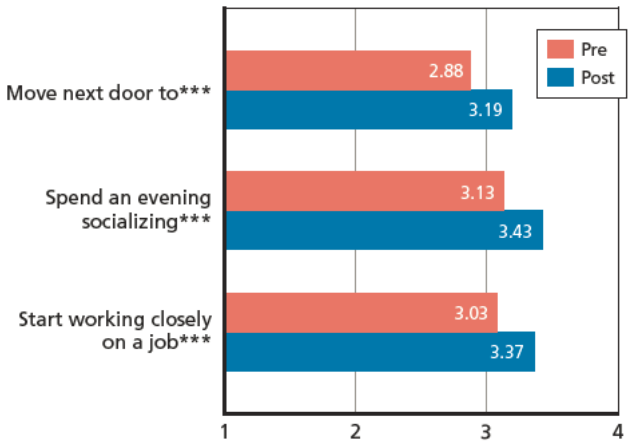
These managers described actual examples of how they modeled improved emotion regulation and social interaction skills after learning and practicing these strategies in the trainings. Greater attention was paid to planning, anticipating, and reducing potential triggers for emotional arousal. Improved workplace attendance and avoiding unnecessary terminations were described as positive outcomes. Enhanced work performance also occurred, naturally and in real work settings. The trainings, by reducing the kinds of life stressors that often precede episodes of anxiety and depression, may have even eliminated the need for treatment in some cases.

Additional Evidence of Effectiveness

Two quantitative studies and data from pre-post training surveys were reviewed in addition to the participant interviews described above. These sources help in further understanding the effects of the WW trainings.

The RAND Corporation ([RAND] Cerully, Collins, Wong, Marks, and Yu, 2015) examined attitudes and beliefs related to stigma for people with mental health challenges among WW training participants who completed both pre- and post-training surveys. WW training participants showed reductions in indicators of social distance (the desire to avoid contact with a person perceived to have mental health problems). For example, participants showed statistically significant increases in willingness to work closely with a person perceived to have a mental health challenge, and they were more willing to be socially inclusive of people with mental health challenges (see Figure 3). They also held more positive beliefs about the potential for people with mental illness to recover. Following the training, participants were more willing to move next door to someone with a mental health issue or spend an evening socializing with them. Participants reported greater knowledge of how to be more supportive of people with mental health challenges. The training was

Figure 3. MHAC Pre-Post Reductions in Social Distance



NOTE: Response options ranged from 1 (definitely unwilling) to 4 (definitely willing).

*** $p < 0.0001$

Figure 3. Changes in stigma based on social distance. From Cerully, Collins, Wong, Marks, & Yu, 2015; reprinted with permission.

found to be more successful for reducing stigma among Latino participants relative to other racial and ethnic non-Latino participants.

RAND also examined the effectiveness of CalMHSA's PEI effort from a large-scale perspective (Collins, Wong, Roth, Cerully, and Marks, 2015). The California Statewide Survey (CASS) found positive shifts in stigma and related attitudes and behavior following the broad communication and education campaigns, with more Californians saying they were more willing to socialize with, live next door to, and work closely with people experiencing mental illness (see Figure 4).

California adults included in this large-scale study showed a slight increase in those who said they would hide a mental health problem from coworkers or classmates (see Figure 5). The authors conclude that these slight increases may have been an unintended result from increased general awareness about stigma. They suggest that future educational efforts focus less on stigma itself and more on messages expressing support for those with mental illness and emphasizing how common mental illness is. The WW trainings appear to emphasize both of these messages. The trainings also reinforce ways that managers

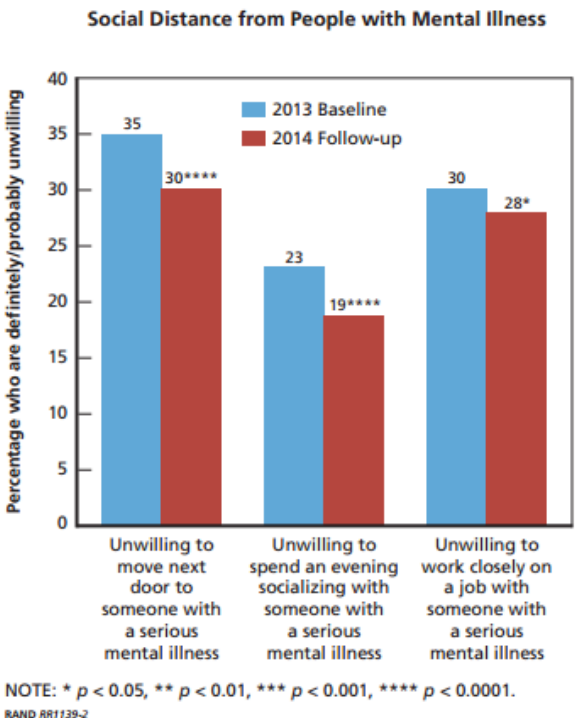


Figure 4. Changes in stigma based on social distance. (Collins, Wong, Marks, & Yu, 2015; reprinted with permission.)

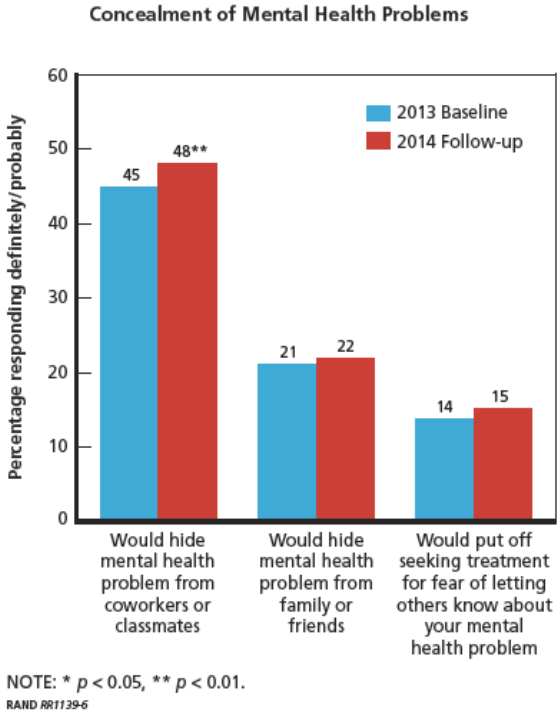


Figure 5. Changes in tendencies to conceal mental illness. (Collins, Wong, Marks, & Yu, 2015; reprinted with permission.)

may express humane concern when they notice decreases in work performance and functional abilities while still protecting employee privacy required by employment law.

In addition to reviewing the RAND studies, the three types of WW training offerings were examined individually through pre- and post-training surveys completed by participants. These included (1) A brief overview (one 60-90 minute session) with 362 participants, (2) A full day – part one for managers with 581 participants, and (3) A full day – part two for managers with 152 participants.

Following the brief overview, participants showed positive change in stigma trends. Specifically, changes in attitudes were seen in willingness to hire, support, and accommodate people with mental illness (see Figure 6.)

Figure 6: Pre/Post Survey Comparisons for Brief Overview (60-90 minute session)

	Pre-Survey: Agree/Strongly Agree	Post-Survey: Agree/Strongly Agree
Questions:		
I would employ someone who I knew had a history of mental illness.	60.9 %	82.9 %
It is in the interest of employers to support people with mental illness so that skills and experience can be retained.	87.9	95.5
Employers should accommodate the particular needs of employees with mental illness in the workplace.	88.8	94.4
Employers should accommodate the particular needs of employees with physical challenges in the workplace.	95.6	97.6

As illustrated in the interviews above, these findings suggest the WW trainings may help managers view problematic employee behaviors in the context of a common human experience paradigm rather than an illness paradigm. When accommodations are needed, they are presented in ways that make accommodation available for *any* individual experiencing periods of distress. This could essentially reduce an employee's need to disclose a diagnosed mental illness in order to be supported effectively. Accommodations thus may become more universal, not just a way of meeting employment legislation for individuals with impairments, but rather a way to potentially reduce illness and disability absences, keep all employees functioning at higher performance levels, and create value for the organization.

Among participants in the full day trainings (parts one and two for managers), an area of notable change was in opinions about being equipped to be effective in their management or supervisory role if a direct report disclosed a mental illness. Prior to part one, 48.3% agreed or strongly agreed with this statement; after part one, 82.3% agreed or strongly agreed. In part two, 76.2% agreed/highly agreed in pre-training surveys, and 95.2% agreed/highly agreed in post-surveys. This finding suggests substantial value in the initial trainings and even greater value in extended trainings. Other changes include increased confidence in assisting struggling employees and in building a supportive workplace culture (see Figure 7).

Figure 7. Pre/Post Survey Comparisons for Full Day Training (Parts One and Two for Managers):

	Pre-Survey: Agree/Strongly Agree	Post-Survey: Agree/Strongly Agree
Questions:		
I feel equipped to be effective in my management or supervisory role if a direct report discloses having a mental illness. (Part One)	48.3 %	82.3 %
I feel more equipped to be effective in my management or supervisory role if a direct report discloses having a mental illness. (Part Two)	76.2	95.2
I feel prepared to build capacity and action items to create a culture of support in the workplace	71.3	95.9
I believe I can now be more creative in how I respond to situations that arise with employees who are struggling with mental illness.	74.1	97.9

To summarize this section, positive changes were seen in several aspects of stigma reduction in association with the WW trainings specifically, and positive changes in stigma trends were seen overall through the PEI initiatives as illustrated by specific measures of stigma in workplaces.

Differences among Participants

The finding in the quantitative analyses above noting differences among Latino/Hispanic, participants may be explained in part by some of the manager's insights from the

interviews. Several mentioned there being a taboo in the Hispanic culture around talking about mental illness as well as a general disbelief that mental illness and their associated impairments are real. One participant who self-identified as having a Latino background said, "Latinos think they [people who are absent] are faking it," or "it's an excuse. . . They just need to get up and go to work." One manager said she thought her Latino background contributed to jumping to negative assumptions about the reasons for missing work and that the training helped change those beliefs. She is now much more likely to ask questions, listen, understand the full issue, and to offer support and resources to the employee.

In addition, a strong work ethic commonly held among the Latino culture can sometimes backfire. One participant recalled watching his father laboring in a manual job and working long hours. "It means putting your head down – even it means drinking to deal with it." He related that male Latinos are likely to "internalize everything, you don't show feelings, you move on."

Another difference may be gender-related (or related possibly to personality or management style differences). One manager who coordinated the trainings at her site said a few of her managers were showing some "professional posturing" in the early part of the training, seeming to have an attitude "like we've got all this, we don't need anything from the outside." A male manager, in particular, who claimed he has a "torpedo through" kind of management style was particularly resistive initially. After the training, however, these individuals were observed by the coordinator to be positively affected by the training in terms of observed behaviors by having "greater sensitivity and more a part of finding solutions." The entire group agreed that their organization should bring Wellness Works back for additional training, suggesting a positive outcome was obtained.

Potential Mechanisms of Effectiveness

The findings above provide examples of attitude and behavior changes as a result of education and modeling. These changes may be explained in part by research in cognitive and behavioral psychology and in social neuroscience.

The WW participants said that the trainings helped them to focus on how the person's mood, behaviors, and work performance had changed, and they were shown ways to begin conversations about that. Watching other managers model talking to employees and having opportunities to role play gave them confidence in knowing what to say and how to say it. Bandura suggests such opportunities to observe, mentally rehearse, and to receive social praise while practicing new behaviors builds a sense of self-efficacy, or a belief in one's own ability to perform (Bandura, 1986). This kind of social learning through observation, modeling, and imitation (tenets of social cognitive theory) is

evident in the interviewees' expressed sense of confidence, their sense of agency (or ability to control their actions), and examples of fulfilling their intentions to become a different kind of manager.

Bandura further suggests that belief in one's self efficacy and abilities to exercise self-control underlie health functioning (Bandura, 2004). The trainings appeared to help the managers prepare mentally for encounters they may have avoided in the past but were now able to anticipate handling effectively, and perhaps this reduced their own potential anxieties about similar kinds of scenarios. The interactive nature of the trainings and the conversations they stimulated among managers appeared to affect their subsequent interactions with employees creating a social milieu for supporting healthier social behaviors. Modeling healthier social behaviors could potentially translate to other health promoting behaviors that could support mental well-being, such as exercise and healthier eating.

The therapeutic nature of the kinds of communication and social interaction strategies the interviewees described learning and the kinds of improved manager-employee encounters the strategies encouraged are actually similar to non-specific elements of several effective evidence-based psychotherapeutic interventions, such as interpersonal psychotherapy for depression and psychodynamic models of psycho-social interventions (England, Butler, & Gonzalez, 2015).

Common Non-specific Elements of Effective Psychotherapeutic Interventions:

- Linking affect/emotions to interpersonal relationships
- Clarification of feelings, expectations, and roles in relationships
- Managing affect in relationships
- Interpersonal skill building
- Social support
- Conflict resolution
- Referral to resources

(Source: England, MJ, Butler, AS, & Gonzalez, ML, 2015)

Thus, while the participants are not being trained in specific psychotherapy techniques, these non-specific elements may be serving to help prevent escalation of emotions, both on the part of the employee *and* the manager. Considering the high prevalence of mental challenges in the population at large, it is likely that a high percentage of managers themselves also struggle with mental health conditions or have family members who have experienced challenges. This was seen in the participant who shared how the trainings affected his thinking about his own family history of alcohol abuse and influenced the way that he now talks more empathetically with his family members. While people are often promoted into management positions for reasons other than demonstrated management skills, the WW trainings suggest that ongoing skill development and training in general, and trainings specific to communication and effective social interaction, are important. If someone has the skills to retain a

management position, they likely are able to develop management skills that are more therapeutic in nature and that support work performance.

Research on stigma suggests that when individuals believe that people with mental illness can control their behaviors or should be blamed for their illness they respond in angry or punitive ways (Stuart, 2013). Stigma reduction efforts that combine active learning along with positive contact with people who have a mental illness have been effective in improving knowledge and attitudes. The interviews described above provide additional support for this body of research and also suggest managers' behavior toward individuals whom they believe could be experiencing mental challenges also improve. The interview participants suggested that changes in empathy and enhanced confidence resulted in reduced avoidance of and increased active communication encounters with people who may have mental health issues. In social neuroscience research, empathy is thought to help us increase our connections with others, to build emotional bonds, and to enhance a sense of trust (Zak, 2008; MacDonald & MacDonald, 2010). Changes in levels of trust correspond to changes in a neuropeptide called oxytocin, associated with social bonding, social distancing, and generosity. Zak suggests that "both physiological and environmental cues drive our desire to interact socially" (p. 95).

Other neuroscience researchers suggest a possible mechanism for change in the managers' emotional regulation behaviors may result through a cognitive psychological process known as *reappraisal*, or changing the way a situation is viewed, rethinking the meaning of emotionally charged stimuli or events (Ochsner, K.N. & Gross, J.J., 2008). Distinct neural mechanisms have been identified to support the reappraisal process in emotion regulation. By exposing managers to people who have successfully navigated the complex world of work while coping with a mental condition and by providing opportunities to practice new skills of interacting in challenging situations, new norms of behavior may be established.

This normative process in establishing new behaviors may help to reduce the distress of unknown or uncertain situations and prime the brain, setting up new circuits and establishing patterns that are more automatic. The increased automaticity may engender greater comfort and allow the manager to feel more prepared in knowing what to say when they encounter difficult situations. WW trainings facilitated managers imagining themselves in situations they previously avoided (the "difficult conversation" with employees). This ability to imagine an event that may occur in the future involves brain systems associated with remembering a past event (Schacter et al, 2012); thus, the discussion and roleplaying becomes similar to actually experiencing the event successfully and potentially feeling a sense of agency or control. Furthermore, the new behavior patterns may become a norm within the organization setting up a culture that is more compassionate and solution-focused.

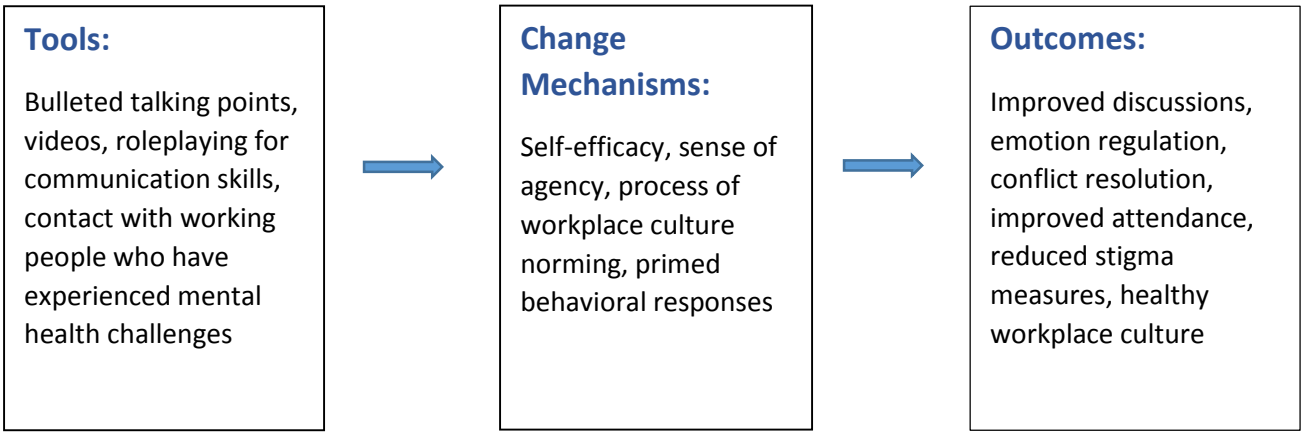


Figure 8. Diagram of tools and change mechanisms that may help explain effectiveness of Wellness Works trainings.

Areas for Growth and Program Advancement

Interview participants gave the following suggestions as ways to improve the program and to bring the WW trainings to more employer audiences.

1. Maintain connections to businesses and business-related groups (for example, through participating in Chambers of Commerce, Society for Human Resource Management, etc.).
2. Spend time relationship building, meeting with employers and finding their "pain points," or areas of greatest concern.
3. Several suggested reducing the time commitment to 3-4 hours (note: some interviewees initially participated in a one hour "introductory" session but saw the value in a longer training).
4. Continue offering for no to low cost. (Interview participants suggested most employers would be willing to pay on average $100-200 for a one hour program, and up to for $1,000-2,500 for a six hour training).
5. Provide regular follow-up communication pieces, both for managers and for employees and their families – the "regularity of information would help the conversation to become more normative."
6. Simplify the training options – make it easier to understand the different programs.
7. Identify industries with greatest needs (e.g., hospitality), and help those employees and managers in being successful.
8. The training is seen as greatly needed for HR professionals – find ways to reach this audience.

9. Help CEOs see the value, particularly the business case for addressing mental health.
10. Have an employment law attorney look over all aspects of the training periodically to be sure everything is up to date in terms of privacy, new regulations, etc.
11. Encourage partnerships with schools -- Starting earlier to develop empathy-building and communication skills with young people would benefit businesses later when these students are employees and managers.
12. Materials translated into Spanish and Chinese would be useful, and necessary for some.

Additional Discussion

Evaluation Limitations

The sample size of managers for interviews was somewhat small (although saturation of common themes was reached) and would have benefitted from expanded geographic representation. It is possible that there were outliers (managers who were unwilling to participate in interviews and who would not report the same level of value for the WW trainings). This study included triangulation (using multiple data sources to enhance understanding), but member checks, interviews with employees at large, and interviews with WW trainers may have added value. Additional metrics to determine if suggested outcomes related to absence and turnover reductions that were discussed in the interviews would be confirmed would also be valuable in future studies.

Summary

It appears that workplace trainings like WW are effective in reducing stigma for people with mental health challenges and in increasing managers' skills and confidence in supporting their employees. The trainings may in essence reduce the need for self-disclosure and labeling in order for employees with challenges to receive support from employers and may even reduce the need for mental health treatment. Employers expressed value for the trainings and provided specific examples of attitude and behavior change as a result of the trainings.

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About the Author: Nancy Spangler, PhD, OTR/L, is President of Spangler Associates Inc., a company based in the Kansas City area dedicated to helping individuals and organizations move toward optimal health and well-being. Spangler has served as a consultant to the American Psychiatric Association's Partnership for Workplace Mental Health since 2006.

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