

A construction worker, a Black man with glasses, is shown in profile, looking upwards and to the right. He is wearing a grey t-shirt, a bright green safety vest, and holding a yellow hard hat. He is standing in a lumber yard, with large stacks of wood behind him. The background is slightly blurred, showing more stacks of wood and a person in the distance. The overall lighting is natural, suggesting an outdoor setting.

Program Proposal

MENTAL
HEALTH
IN THE
WORKPLACE



Summary and Data



In March 2022, the Michigan Department of Labor and Economic Opportunity (LEO) led a workgroup focused on the state of, and options related to, workplace mental health. LEO released the final report in June 2022 followed by informational webinars on this topic.

This focus was not related to those with a known disability, rather the undiagnosed and often undiscussed challenges related to those having experienced trauma as well as specific workplace characteristics that may be harming mental health.

Chronic stress is responsible for a myriad of short- and long-term health concerns. Among these are anxiety and depression as well as chronic health conditions like diabetes and hypertension.

Anxiety and depression are the most common outcomes of chronically stressful environments, including those environments connected to the workplace.

LEO believes that developing a consultation focused program specifically related to identifying workplace practices, societal influences, best practices, strategies and integration of stronger workplace tools can begin to elevate labor force participation, recruitment retention, and improve our communities overall.

Among the key findings included in the report:

Challenges

- The pandemic greatly exacerbated anxiety and depressive symptoms.
- 65% of working people identified their workplace as the number one source of stress in their lives.
- 83% of working people surveyed agreed that they feel emotionally drained from their work.
- Productivity losses from anxiety and depression top \$250 billion annually across the United States.
- Presenteeism losses from depression alone cost workplaces roughly \$109 per employee for everyone experiencing depression, the most expensive chronic condition impacting presenteeism.
- 40% of job turnover is related to job stress.
- Employers have a high degree of control over workplace conditions and a high degree of control over workplace culture.



Benefits

\$4
return for each \$1 invested.

69%
of employees in these workplaces are less likely to search for a new job (less turnover).

71%
of employees in these workplaces are less likely to report a lot of burnout.

36%
of employees in these workplaces are more likely to be thriving in their personal lives.

Workgroup Recommendations

The workgroup proposed nine recommendations for the Department. These include:

- Make the State of Michigan, as an employer, a model of workplace mental health and safety for other businesses.
- Give preference for businesses incorporating employee mental health improvement strategies through the State's procurement or grant processes.
- Offer financial support from the State for businesses to implement employee mental health improvement strategies.
- Develop a resource hub that allows various groups to access plans, policies and other information that is being used by employers in Michigan.
- Develop Michigan-specific data tools for tracking progress on improving workplace mental health and safety.
- Continue workgroup efforts that identify specific workplace challenges and opportunities for specific industries (e.g., healthcare, manufacturing, education, service workers, etc.).
- Develop a State recognition or "pledge" concept to encourage employers to integrate mental health strategies into their workplace.
- Identify incentives for recruitment and retention and work to alleviate potential shortages of mental health services providers in the community.
- Provide opportunities for learning about successful strategies and programs from across the country and provide peer-sharing and learning opportunities in the state of Michigan.

Michigan is ahead of the rest of the country with a departmental focus on this issue. However, two primary models to assist development and implementation were reviewed by the workgroup.

1

CHICAGO RESILIENCY MODEL

- Led by Chicago area corporations.
- Largely “trauma” focused on societal challenges.
- Required contribution for participation.
- Used cohort model of 10 to 15 employers participating at a time, facilitated by experts employed directly for this purpose.

2

NEW YORK MAYOR’S OFFICE OF COMMUNITY MENTAL HEALTH

- Public/private model.
- Largely workplace focused.
- Government provided expert consultants that would work directly with interested employers individually.
- Pilot project lasting roughly two years, transitioned to non-profit following.

Implementation Proposal

Continuing to implement the recommendations of the workgroup report, the following proposal outlines a new program developed by LEO's Labor team, in coordination with the Michigan Department of Health and Human Services (MDHHS).

PURPOSE

LEO Labor focuses on workplaces, including workplace safety and health. The goal of this program is to create tools, resources, consultants and partnerships that will enhance our efforts to support workplaces and integrate strong and validated programs to support employee well-being while minimizing or mitigating workplace practices that may be harmful.

PARTNERSHIP

LEO Labor would maintain responsibility for the program's development and implementation. This includes establishing a consultation program composed of industrial/organizational psychologists and external partners involved in this work at higher education institutions and other non-profit partners having successfully demonstrated expertise in this area.

LEO Labor is the right area to ensure that we maintain a workplace focus while partnering with MDHHS to provide individualized behavioral health services and community resource development.



LEO PROGRAM

Establish Council

→ Establish a Workplace Mental Health Council within LEO to provide ongoing evaluation, support and recommendations for the overall strategy and work. The Council would be composed of 12-15 participants (not including staff support) who could be appointed by the governor or LEO and composed of:

- One Representative of the EOG
- One Representative of LEO Labor
- One Representative from MDHHS
- One Representative from MIOSHA
- At least one representative of a Michigan non-profit entity working in the areas covered by this work.
- At least two representatives from a Michigan institution of higher education working in the areas covered by this work.
- At least four representatives from employers or employer associations, two of which represent small businesses of employers with 250 or fewer employees. This also includes industry diversification.
- At least four representatives from labor or worker organizations.



Consultation and Outreach

LEO would establish a new group under the Labor Division that includes approximately 12 industrial/organizational psychologists for program development and implementation, and roughly eight additional support staff for grant management, data analysis and general program support.

→ Consultants would work directly with a cohort of employers composed of 10 to 15 participating employers at no cost to the employer. Cohorts would be composed intentionally creating space and opportunity for smaller employers.

→ Over the course of several months, these consultants would work with employers to conduct surveys, evaluate operational strategies, develop and implement changes or programs that are conducive to supporting healthy workplaces.

→ The program may also contract with external partners to offer some portion of the work or training opportunities.

This may include:

- Contracting with organizations that provide education and training on trauma, trauma-informed workplaces, quality jobs and assist in development and evaluation of the program.
- Contracting with organizations that provide organizational psychology support, survey development and implementation, research, education for consultants and assistance in development and evaluation of the program.
- Contracting with organizations that provide psychology/psychiatry related education and training to employers and consultants, conduct and provide research and assist in development and evaluation of the program.

→ Participants would need to agree to share certain data so progress and success can be tracked. This may include information on absenteeism, tardiness, sick leave use, turnover, aggregate health care costs, etc.

GRANTS

→ Establish grants to support businesses working to implement changes to the workplace that support these efforts.

→ This may include grants for small businesses participating to defray expenses of participation. While not paying directly for the service, there may be costs associated with participation and implementation.

STATE OF MICHIGAN PROCUREMENT

Consider bid preferences in procurement practices that recognize employers having developed workplace procedures and policies that help establish healthy workplaces.





Outcomes

We believe that Michigan could lead the nation in a comprehensive, departmentally-driven program focusing on the improvement of our workplaces.

We anticipate enhancing workplace safety and health, workplace wellness, lowering incidence of anxiety of depression, strengthening our communities and increasing productivity and performance throughout the state, with overwhelmingly positive outcomes.



MICHIGAN DEPARTMENT OF
**LABOR & ECONOMIC
OPPORTUNITY**

Investing in mental
health and safety is
critical to build strong
workplaces, a strong
workforce and strong
communities.

Michigan.gov/WorkplaceMentalHealth