



## Workplace mental health programs often fail to meet potential: Here's why.

Dr Bill Howatt, OHS Canada Newsletter, Oct 11 2022

### Background

The article starts with a mismatch, whereby most workforces have and are investing in mental health resources, while the majority of workers suffer from work-related stress. The cost of this stress, in terms of mental harm, injury, and illness on financial and human resources, is blowing out in America and Canada, which is a similar story to here.

Workplace mental health programs are now commonplace and considered an operational imperative. This is a positive sign of workplace commitment yet this article gives reasons for why“(g)ood intentions do not guarantee impact” and also suggests solutions.

### Reasons why program impact can be low

The reasons why many employers' programs fail to achieve their full potential lie in the following:

**Lack of evidence informed-planning:** A program is often chosen because it sounds like a good idea based on input from others. The goal is often to provide knowledge and skills and facilitate behavioural change and habits but there is no evidence of if the program has facilitated a targeted change habits that protect workers and support mental health.

**Evaluation:** The evaluation standard tends to be number attended, and their level-1 feedback (like perceptions). Data collection should be designed to determine the level of competency achieved by the program and how the knowledge and skills imparted help workers and leaders do their jobs and flourish in the workplace.

### Making programs better

#### Discover and eliminate barriers

MH stigma is often attributed as the reasons people don't take up program offerings. This might be so but there are many other possible reasons for low participation in workplace MH programs such as:

- a lack of adult learning design (to ensure all employees understand the programs' why, what, and how)
- a lack of communication about the availability of the program, especially when they may access and use programs during work time.
- If outside worktime, barrier can be lack of time (esp. due to family responsibilities).
- Too many programs on offer (“less is more”)
- Employees that lack motivation (to do something for their mental health).
- Lack of buy-in from senior leaders and leaders that are unaware of their impact on employees' experience.

- One-and-done programs omit the impact of the forgetting curve on habit development.
- Adherence slips, preventing new knowledge and skills from becoming habits.
- Privacy concerns.

### Overcoming barriers for better programs

Employers can overcome barriers in the planning stage by:

1. accepting they exist
2. add barrier-planning to the planning phase:
  - Work with employees in each program's planning stage to evaluate the concern for each of the above barriers (i.e time availability, stigma, motivation etc..).
  - Based on their feedback, of employees, pick the one or two most critical barriers to tackle.
3. Follow up and check with people and team leaders to see if what they are doing is having an impact to reduce barriers

### Two principles in operation:

Explore experiences of barrier: Survey/interview employees' engagement experience in related to a targeted barrier through their lens. Understanding and exploring their perceptions can generate ideas about what can mitigate this barrier to help employees access a program.

Plan to tackle barrier: Deciding what will be done to eliminate barriers accepts that only through continuous improvement and checking in with workers will the employer learn what is and is not working and what other barriers must be confronted. There is neither a goal line nor perfection. The objective is to maximise the potential for the program to create habits that will protect and promote workers' mental health.