

# Mental Health, Job Stress and Work Outcomes

## Integrated Benefit Institute

The Integrated Benefit Institute (IBI) is a nonprofit organization that provides employers and their supplier partners with resources for demonstrating the business value of health. IBI's programs, tools, and expert member networks advance understanding about the link between, and the impact of, health-related productivity on corporate America's bottom line. Learn more about IBI at [www.ibiweb.org](http://www.ibiweb.org).



BY KIMBERLY JINNETT, PhD

Over the past year, we at the Integrated Benefits Institute (IBI) have published or featured a number of studies and reports on mental health and work outcomes such as absence and job performance. We have highlighted ways that employers can support early and effective treatment for depression and comorbid conditions. We examined the effects of interventions that target work-related stress, such as cognitive-behavioral interventions and work time control. In addition, we have conducted research on the relationship between workplace climate, stress, and use of sick days. This article brings together insights from our own and others' research on workforce mental health and work outcomes.

### Depression Warrants Employer Attention

We start with depression because it is a relatively high-prevalence condition with low rates of treatment and significant implications for work productivity. We recently featured depression as part of the [Chronic Disease Profile](#) (Integrated Benefits Institute, 2013) series on the prevalence and productivity implications of chronic diseases in the workforce. At any given time, depression affects from one-tenth to one-fifth of U.S. employees (Kessler et al., 2008).

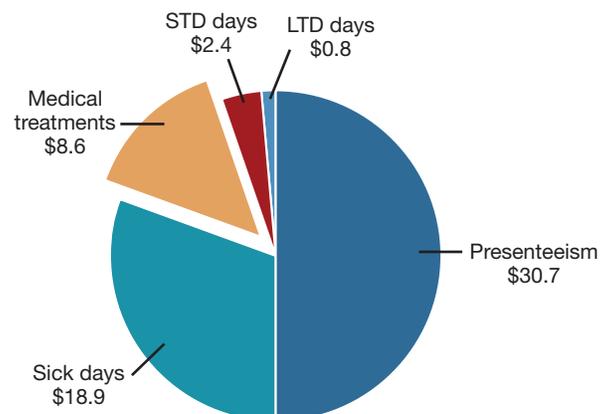
For every 100 employees, depression costs employers about \$62,000 annually. Medical treatments, including pharmacy, account for nearly \$9,000 of these costs; the rest of the costs are related to lost work time resulting from sick day absence, work disability (short- and long-term-disability [STD and LTD] days) and presenteeism (underperformance at work due to illness).

The costs associated with lost work time together constitute about 86% of the total cost. [Labels in the graphic represent thousands of dollars per 100 employees.]

Mental health conditions such as depression typically do not exist in isolation. Employees with depression have an average of 5.1 other conditions that complicate care strategies. The most serious comorbid conditions in terms of lost productivity include anxiety (48% of employees with depression also have anxiety), chronic fatigue (46%), obesity (29%), chronic sleeping problems (26%), and chronic back or neck pain (32%).

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All Knowledge Bank resources are available to IBI members, and **employer membership is free**.



Research suggests that medication and psychotherapy are effective in 70% to 80% of depression cases (RAND, 2008). However, depression tends to be underdiagnosed and undertreated. Employers can assist in connecting at-risk employees with beneficial resources, including providing access to employee assistance programs (EAPs), making a mental health screening tool (such as the 9-item Patient Health Questionnaire [PHQ-9]) available, and encouraging employees to discuss the screening results with healthcare providers. Occupational therapy has been shown to reduce the duration of temporary disability from work for depression (Désiron, de Rijk, Van Hoof, & Donceel, 2011). Depression management can increase employees' effective hours worked because of better retention and fewer absences (Lerner, Rodday, Cohen, & Rogers, 2013).

A range of successful employer-based programs exist along a continuum from prevention efforts to programs for healthy return to work should a work-disabling depression episode occur, starting with employee assistance programs for early intervention and continuing on to enhanced disease management and disability management programs targeting high-quality treatment for depression (Lo Sasso, Rost, & Beck, 2006; Neumeyer-Gromen, Lampert, Stark, & Kallischnigg, 2004). Effective strategies to prevent depression in the workplace include resilience training, screening for depression risk with treatment follow-up, improving managers' and workers' understanding of signs of depression and anxiety and follow-up options, and integrating workplace interventions with provider-based services to foster higher-quality results with better outcomes for both employees and employers (Couser, 2008).

See previous issues of *Mental Health Works* or search the Employer Case Example database on the [Partnership's website](#) to read how employers have implemented depression prevention and intervention strategies.

## Work-Related Stress and Mental Illness

Work-related stress exacerbates the impact of mental illness on work outcomes, and research has found a strong link between workers' difficulty in coping with work stress and the onset of depression and anxiety (Melchior et al., 2007). We also know from our [own research](#) that work stress is highly related to lower job performance (IBI, 2011). To the extent that employers are able to modify work stressors and support improved coping

skills among workers, we would expect both the incidence of depression to decline and the work-related impact of depression to lessen among those who already have a diagnosis.

Work-related stress can often result in poor employee performance, high absenteeism, productivity loss, and increased healthcare costs for treating a variety of distress-related conditions. One [research review](#) examined the effectiveness of four different occupational stress-reducing interventions and their impact on a range of work and health-related outcomes (Van der Klink, Blonk, Schene, & van Dijk, 2001). The researchers conducted a literature review to identify studies published between 1966 and 1997 based on three broad criteria, with search terms including 1) psychological and distress-related problems, 2) interventions related to occupationally-caused stress, and 3) working population. Only studies that had a "no-treatment" control group were included in

[Stress at Work](#), published by the U.S. Department of Health and Human Services, is a good source of information for employers on managing work-related stress among employees. The document reviews sources of stress in the workplace, identifies conditions that may lead to stress, provides strategies to improve workforce stress management, and identifies additional sources for employers on stress management.



the review. Five types of outcomes were considered: quality of work, absenteeism, psychological responses and resources, physiological responses, and complaints (subcategories included symptoms of anxiety and/or depression). A meta-analysis was conducted on the results of the 48 studies that met the inclusion criteria. Effect sizes were computed for all studies. The 48 studies represented four types of interventions: cognitive-behavioral (18 studies); multimodal (8); relaxation techniques (17); and organization-focused (5). The first three types of interventions focus on individual skill development; the last type focuses on workplace changes (e.g., enhancing worker control and decision latitude).

Here are the major findings:

- Overall, there was a combined significant and positive effect size for stress management interventions across the outcomes measured.
- Individual-focused interventions were effective in reducing self-reported stress symptoms and psychological/physical measures, with cognitive-behavioral interventions having the largest effect size.
- The one organizationally-focused study with a significant effect size (of five studies in the analysis) included individual training in perception and coping skills combined with structural opportunities such as job control.

The review concluded that effective stress reduction interventions are available to lighten the impact of occupational stress on health and work-related outcomes. Based on this meta-analysis, interventions targeted at changing cognition and reinforcing coping skills (cognitive-behavior interventions) were among the most effective treatments.

## **Work Time Control and Employee Well-Being**

[Another review](#) focused on work time control, well-being, and job performance (Nijp, Becker, Geurts, Tucker, & Kompier, 2012). The researchers set out to test whether providing employees more flexibility over their own time (work time control [WTC]) results in improved job performance, improved health and well-being, and a variety of other work-related outcomes. The review assessed the results of 63 studies of WTC interventions published between 1995 and 2011. Five types of WTC interventions were assessed: global WTC, multidimensional WTC, flextime, leave control, and other sub-dimensions of WTC. Three outcomes were assessed: work/non-work balance, health/well-being, and job-related outcomes.

The review had the following findings:

- The outcome “work/non-work balance” was strongly related to three WTC interventions (global WTC, multidimensional WTC, and flextime).
- These same WTC interventions demonstrated a moderate relationship with job-related outcomes such as job performance and intended turnover.
- Where the rigor of the reviewed studies allowed, the authors found evidence that WTC interventions may have positive effects on employee health and well-being.

The researchers found strong associations between WTC interventions and a variety of health and work-related outcomes. Evidence was more limited for the impact of WTC interventions on employee health and well-being. Additional causal studies were recommended to identify the impact of WTC interventions, as opposed to simple associations.

## Workplace Climate, Stress, and Lost Work Time

Recent [IBI Research](#) demonstrated that workplace climate and stress are related to increased use of sick days. Employers seeking to improve workforce productivity have focused on reducing health risks while often paying relatively little attention to how workplace climate contributes to both health and stress and ultimately to rates of

absence. Using data over three years from a nationally representative survey of employed adults (General Social Survey), IBI investigated the direct and indirect links between work climate, health, stress, and sick days, as depicted in the accompanying diagram (Gifford, 2013).

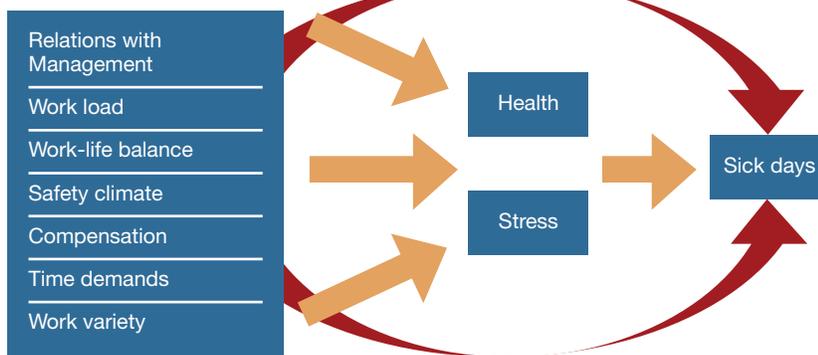
We found that most of the indirect relationship between workplace climate and sick days occurs through the impact of workplace climate on stress rather than on health. This finding does not mean that health has

no bearing on sick days, only that health matters regardless of the quality of the workplace climate. Relations with management and employees' perceptions of the adequacy of their compensation impact sick days through health and stress in roughly equal measures.

Additional findings include:

- Employees who characterize their workplace favorably in terms of workload, work-life balance, relations between workers and managers, and time demands also report fewer sick days.
- Workplace climate influences sick days only indirectly, primarily through an influence on stress levels but also with some influence through health more generally.
- Wellness efforts may be most effective at improving productivity when they are part of a broader approach to health and productivity that also entails a full understanding of how the workplace climate influences health. To maximize employee performance, employers should pay special attention to helping employees manage the demands of their jobs and cope with work-related stress.

### Pathways to Sick Days



## Implications for Employers

Better workplace climates produce less stress and better health, which in turn results in less illness-related lost work time and, therefore, improved productivity. Generally speaking, workplaces that are characterized by manageable workloads, balanced work and family responsibilities, good relations between workers and management, and reasonable demands on workers' personal time are more productive than workplaces with less favorable climates. These effects generally apply regardless of health conditions, but work stress (as one type of distress) can exacerbate symptoms of depression and anxiety and affect the performance and attendance of employees. Employers should work with their health and wellness partners to ensure they are adopting effective screening practices that allow early identification and treatment and consider adjusting workplace policies and management arrangements to minimize distress created by the workplace. In this way, both the employee and the employer will benefit.

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