Employer Practices for Addressing Stress & Building Resilience
Introduction

This document provides strategies employers can implement to address workplace stress and to foster and build resilience. These strategies were identified through a collaborative research study that included interviews and discussion groups with employer representatives who described organizational practices that help reduce distress and programs, benefits, and resources employers provide to help employees and work teams develop coping skills and strategies.

Background – Why Look at Workplace Stress?

Researchers have studied stress and the effect of stress on people’s health for decades. The term “stress” was originally used in 1956 by a physiologist named Hans Selye. Selye defined stress as the body’s physiological response to demands placed on an individual. The term stress is commonly used to represent a negative emotional state in response to excessive demands, which Selye actually termed “distress,” as well as to describe the source of the demands, which Selye called “stressors.” Selye also distinguished positive aspects of stress with the term “eustress,” meaning a euphoric effect of adapting positively to demands, “…the satisfactory feeling that comes from the accomplishment of tasks we consider worthwhile” (Selye, 1976).

While little research has focused specifically on eustress, many studies have looked at the effects of distress, or what is commonly referred to as simply “stress.” Excessive demands resulting in stress may contribute to difficulty managing emotions, focusing attention, making decisions, and thinking clearly or objectively (McCraty & Tomasino, 2009). Fatigue from stress and disturbed sleep may cause irritability and contribute to accidents (Taylor & Dorn, 2006). Stress may affect individual job performance (Motowidlo, Packard, & Manning, 1986) as well as the work performance of teams (Driskell, Salas, & Johnston, 1999). Some individuals are more resilient to stress than others are, and some bounce back more easily following adversity. Characteristics of resilient people include active coping strategies, the ability to face fears, optimism, positive emotions, the ability to reframe negative thoughts, a sense of humor, social competence, sources of social support, a moral compass, and a sense of meaning and purpose in life (Charney, & Manji, 2004).

Management consulting firm Watson Wyatt (2007) identified stress as employees’ most frequently cited reason for leaving their job. In addition, while 48% of employers reported that stress created by long work hours and doing more work with fewer employees affected their business performance greatly, only 5% of respondents reported that their organizations were taking considerable action to address these issues. Two surveys more recently, however, suggest most employers do offer some sort of help to employees in distress. More than 60% of professionals surveyed by the Integrated Benefits Institute (2010) and the Disability Management Employer Coalition (2010) reported that their organizations offered stress management interventions.
IDENTIFYING EMPLOYER PRACTICES

To learn more about the interventions and practices employers are utilizing to address workplace stress and resilience, an interdisciplinary group of professionals was recruited through the Disability Management Employer Coalition, the Mid-America Coalition on Health Care, and the Partnership for Workplace Mental Health for individual interviews and group discussions. This collaborative study used a qualitative methodology called grounded theory for participant sampling and data analysis. Grounded theory is a systematic and continuous spiral of data collection, analysis, and additional data collection, rather than a set series of questions.

Employer participants represented areas such as human resources, employee assistance programs, benefits, health promotion, disability management, occupational health, and organizational development. In total, 46 individuals participated from 40 different workplaces employing more than 1.3 million employees. Participants came from companies with as few as 150 employees to as many as 100,000 employees, but most were from large, global employers (an average of 30,000 employees) with few union employees. Multiple industry sectors were represented (especially health care, manufacturing, and finance/insurance).

Additional information about the study design, including participant and organization characteristics, analysis, additional participant narratives, and theoretical implications may be found in the *Journal of Occupational and Environmental Medicine* (Spangler, Koesten, Fox, & Radel, 2012).

MODEL OF EMPLOYER PRACTICES

Employers identified numerous strategies that address stress and build resilience at the workplace. These strategies fall into three categories of approaches:

1) Strategies to **prevent distress and build resilience,**
2) Strategies for **screenings, information, resources,** and **benefits for employees,** and
3) Strategies to **actively intervene with “troubled employees.”**

These main categories and corresponding sub-categories are summarized in Figure 1. They are imposed over a pyramid to show the relative percentage of the employee population affected by each category of approach (i.e., preventive approaches forming the foundation of the pyramid apply to all employees, while active outreach represented by the smallest portion at the top involves relatively few individuals, such as those who are troubled by recurring symptoms or by disability related to stress). Participants provided details for many of the practices as described in the following sections.
MODEL OF EMPLOYER PRACTICES, BENEFITS, AND INTERVENTIONS RELATED TO STRESS AND RESILIENCE:

- Disease Management / Case Management
- Disability Management (Return-to-Work)
- Absence & Disability Prevention

ACTIVELY INTERVENING WITH "TROUBLED EMPLOYEES"

- HRAs / Screenings & Coaching
- Information, Webinars, Education
- Referrals / Self Referral to Employee Assistance Program & Behavioral Health

PROVIDING SCREENINGS, INFORMATION, RESOURCES, AND BENEFITS

- Values, Ethics, and Missions that Help Guide Behavior
- Organizational Culture and Management Practices
- General Communication

PREVENTING DISTRESS AND BUILDING ORGANIZATIONAL RESILIENCE

Figure 1 – Summary of strategies that organizations use in addressing stress and resilience. (Adapted from Spangler, Koesten, Fox, & Radel, Journal of Occupational & Environmental Medicine: November 2012 - Volume 54 - Issue 11 - p 1421–1429 doi: 10.1097/JOM.0b013e3182619038. Please contact Lippincott Williams & Wilkins for copyright permissions.)
Employers identified a variety of practices that prevent distress and build resilience. These preventive approaches apply to all employees and are illustrated as the foundation of the pyramid. They include:

- Values, ethics, and missions that guide behavior
- Organizational culture and management practices
- General communication practices

In the category of preventive strategies, employers reported that their organizations’ values, ethics, and missions play important roles in reducing distress by serving as symbols and guideposts for employee behaviors toward one another and toward clients. A conscious emphasis on ethics and values, built into training and evaluating leaders and employees, may help shape an organizational culture of respect, civility, and ethical interactions and a general culture of health and wellbeing. This culture-shaping occurs when the ethics and values are active, not merely espoused, and serve as an impetus for unconscious and repeated behaviors (Schein, 1992).

Cultures that emphasize respect, civility, and ethics may prevent distress by making moral and empathetic behaviors more automatic and routine. This may reduce the need to spend cognitive energy on decision-making. Interactions may become more collaborative and assertive rather than conflict-laden and aggressive. For example, one employer, whose core values included teamwork and respect noted, “The focus on teamwork and respect has really raised the level of interpersonal behavior and

"Incorporating the core values has been the greatest thing in prevention."
has allowed managers to hold their people accountable for their behavior to their teammates … so incorporating the core values has been the greatest thing in prevention [of distress].” Another employer said their organization’s stated values include caring for people, and these values are demonstrated through their respectful management practices with employees, by the company’s support for local charities, and through encouraging employees to volunteer in their community.

Other aspects of organizational culture and management practices that prevent stress include:

• an emphasis on social connectedness;
• strategic hiring to ensure a positive person/job fit;
• job skill and career development, including mentoring for new hires and new supervisors;
• ongoing supervisor training;
• performance review practices that enhance team communication; and
• flexible work practices.

These management practices may help reinforce a positive organizational identity, a sense that “we’re all in this together,” that builds resilience. Employees may find meaning and purpose through alignment of individual goals with organizational missions and a reassuring sense of career trajectory. As one employer suggested, dialogues around career aspirations may help employees say to themselves, “This may not be the perfect job at the moment, but it could be a launch pad for the next role.”

Examples of workplace activities and groups that build social connectedness and organizational identity include employee affinity or resource groups, workplace celebrations, and community volunteer opportunities. These group activities are seen as emphasizing teamwork and strengthening interpersonal ties among diverse populations. People are less likely to feel isolated or to withdraw, even in the face of challenging circumstances. Some employers described a family-like atmosphere that includes a “fun factor” and opportunities for social connectedness as reinforcing commitment to the organization. Strong ties may contribute to a work ethic in some organizations. “We just have a strong work ethic here, and it just feels like people want to be at work,” noted one person whose organization employs multiple generations of family members.

Some employers said when supervisors and managers participate in social activities it promotes connectedness, enhances relationships, and may facilitate greater flexibility in work arrangements. Many employers emphasized the social modeling role that leaders play when they are highly vocal supporters and visible role models of positive health practices. When leaders demonstrate that they value health and participate in health-promoting activities themselves, employees are more likely to incorporate stress-reducing habits, such as exercise and healthy eating, into their workday routines. Leaders and managers who practice and advocate work/life balance are also described as effective in shaping resilience by modeling the ability to replenish their energy for work in healthful ways. Executive recognition of middle-level managers for their own health efforts and the positive metrics of their teams may be particularly important. Several people mentioned they were developing regional scorecards for this purpose.
**Strong communication practices** by leaders and work-unit supervisors seem to strengthen the positive management practices that help individuals, work units, and ultimately the organization itself, become more effective, reducing distress and reinforcing eustress. The attributes that characterize strong communication practices include clarity, transparency, frequency, consistency, and delivery modes that are predictable. Several employers mentioned that leaders produce weekly “chat sheets” in order to keep messages consistent across teams and to ensure supervisors build in time for communicating.

Workers benefit from frequent feedback from supervisors on a work-unit level. This includes informal communication, such as monthly or weekly “tags” with supervisors, and formal performance reviews. Specific strengths in performance reviews include quarterly feedback, 360-degree feedback, and objectives that focus on developing high-performance behaviors, such as flexible thinking and communication skills.

Other communication strengths include opportunities to interact “face-to-face” with executive leaders on a regular basis, “being transparent” and helping employees to feel heard, even if by electronic methods. “Stress comes from not knowing [what is occurring in the organization], so we have quarterly meetings, to hear from the horse's mouth. It’s institutionalized,” said one employer. In one company, the CEO personally welcomed workers who had relocated from one area of the country to a new location on their first day to express gratitude for their dedication.

Many employers shared that having a leader talk regularly and openly about their organization's finances and upcoming changes in response to economic challenges helped those whose jobs were ultimately eliminated as well as those who remained. Open conversations built trust, helped reduce distress associated with fears and rumors, and helped employees anticipate and build resilience to change. An employer shared that employees “...may not like the message, but as least they can trust it's probably true.” In addition, observing leaders modeling trustworthy and emotionally regulated communication styles seemed particularly important.

Several people mentioned that, while they do not shy away from using the term “stress,” their culture was more likely to use positive terms, such as “resilience” and “energy,” more frequently. Use of a common language within an organization was described as a part of culture-building. In one example, a CEO began using terminology from the resilience-building workshops the participants’ department had implemented. Many employee teams and leaders had attended the workshops. Particular word use was a signal that the programs were making a difference. “It takes time to shape a culture,” this manager shared, “but when you hear a leader using the words [resilience, energy, healthy and high-performing] and manifesting it, it’s really helping to set the stage.” The culture in this company has reportedly changed from a “work-until-you drop” mentality to a culture that recognizes healthy ways to boost one’s energy level to enhance work effectiveness.

Employers describing noticeable culture and behavior changes suggested this occurred over a period of years after consistent investment in multiple training sessions including a large percentage of employees at all levels of the organization, regular reinforcement in meetings, and incorporation of training concepts into operational strategies. Depending on the organization, the trainings emphasized communication, ethics, civility, resilience, work/life transitions, health and safety, or a combination of these elements.
The second category of approaches is providing screenings, information, resources and benefits to give employees opportunities to learn about stress, to direct them to tools and trainings that may help build coping and resilience skills, and to provide access to behavioral health interventions. These kinds of interventions are made available for employees to take advantage of, assuming a level of initiative on the part of the employee. They include:

- HRAs/Screenings and coaching
- Information, webinars, and education
- Referrals/Self-referral to employee assistance program (EAP) and behavioral health

Nearly all employers reported that they provide health risk appraisals (HRAs), which typically ask questions about stress levels and sources of stress along with standard questions about health history and lifestyle habits. HRAs are used to invite people to join health coaching through wellness programs or stress-management programs offered by EAPs. Some employers use analytic partners to tie stress information to other health and performance metrics. Some proprietary tools related to resilience are used for team goal-setting, particularly in European and Asian work settings. Some employers provide access to online screenings to help raise awareness about stress, depression, and anxiety, and one employer worked with a vendor to create an assessment tool that draws attention to upcoming life changes that may affect work.
A variety of informational and training programs are offered to help employees develop coping and resilience-building skills and attitudes. Employers use a wide variety of seminar-type trainings that provide opportunities to better understand stress and resilience, to reframe negative thinking, and to build lifestyle habits that enable coping (e.g., exercise, relaxation, yoga, tai chi, nutrition, and sleep). Other common training opportunities focused on clarifying one’s values, reflecting on personal experiences and work/life trajectory, and enhancing perceptions about perseverance and a commitment to future desired states. These types of programs have a history of research supporting them (Quick, Quick, Nelson, & Hurrell, Jr., 1997; Seligman, Steen, Park, & Peterson, 2005; van der Klink, Blonk, Schene, & van Dijk, 2001). Programs to develop financial knowledge and skills were also common. Some programs target specific high-stress work groups (e.g., movement breaks for call center workers or burnout prevention for health care providers). Informational and training materials and programs are typically provided through EAP or wellness vendors or by local agencies.

While many employers provide onsite lunch-and-learns or multi-session workshops featuring EAP, health promotion, HR, or mental health professionals as trainers, several employers suggested that having interventions available electronically is important for accessibility, privacy, and consistency. One employer described scheduling online programs at predictable downtimes and making them available on the company’s intranet for 10 days along with live telephone support for follow-up questions.

EAP personnel serve as onsite trainers in many workplaces on a variety of communication, management, relationship, and mental health topics. This reportedly helps introduce EAP professionals as people. “We started having [an EAP person] come in on a monthly basis and hold classes so you’d get to know her and decide whether you felt comfortable with her,” said one employer. “People know EAP before they really need them.” EAP also provides trainings in areas such as workplace violence prevention and suicide awareness training.

EAP is also a valued resource for referring employees for more individualized counseling and intervention. Some employers reported increasing free sessions through EAP, adding on-site EAP, and removing co-payments for behavioral health benefits to improve access to needed support. For both EAP and behavioral health benefits, employers described ways that they attempt to encourage access to and quality of care for emotional health and stress-related conditions. Some employers described having a long-standing history of providing behavioral health benefits on par with other medical benefits (e.g., reducing barriers to care-seeking by keeping co-payments and limitations equal to medical benefits). This is much more common given the 2008 Mental Health Parity and Addiction Equity Act, which requires companies with more than 50 employees that provide mental health and substance use disorder coverage to do so at parity to medical/surgical coverage. Employers also mentioned efforts to improve care quality and credentialing of providers and to visibly enhance availability of these benefits.

EAP professionals are also often valued as work-unit level coaches who help teams to work out conflicts and develop strategies for managing work-related stressors. EAP also serves as an executive coach role in some organizations, helping
executives to be more effective communicators and leaders. EAP’s role has expanded in many organizations, providing support for employees struggling with financial concerns, the strain of caregiver roles, or other work/life issues. Several employers shared that they have combined EAP and wellness program management, which has helped them reach out to employees more regularly and to be more proactive. Both internal and external EAP models appear effective as long as providers build familiarity and trust over time.

This trust-building occurs among departments (such as communications, human resources, and occupational health) that need to collaborate for successful program strategy with employees by protecting privacy and ensuring high program and benefit quality, and among senior executives who see the evidence that these kind of interventions help build organizational effectiveness. Employers reinforced the importance of: 1) enhancing access to health and EAP programs and other behavioral health benefits (e.g., through on-line education or repeated in-person trainings); 2) communicating options thoroughly, reducing competing messages and confusion about services available; 3) communicating creatively with clever and eye-catching content; and 4) communicating with managers on the organizational value of EAP and wellness training programs. Program and benefit managers said they know they are helping to shape healthier patterns and norms when senior-level managers begin incorporating healthy suggestions, such as scheduling “walk-and-talks” instead of typical sit-down meetings, into their team’s routines as a result of trainings.

“I really started pushing to market EAP as a lifestyle service and not ‘your manager thinks we should call the EAP.’”
Employers commonly utilize strategies for actively intervening with “troubled employees.” This term, troubled employees, was used loosely for those employees who are struggling with absences, disability leaves, and disciplinary difficulties related to or complicated by distress. Supportive interventions were described in three areas:

- Disease management/case management
- Disability management (return to work)
- Absence and disability prevention

Employers with disease-management programs said they were layering stress assessment and intervention onto these programs for individuals with a variety of health conditions. This helps the disease management staff to know which individuals may need additional support getting through the health care system maze and to prepare for interactions with their multiple care providers.

In addition, proactive case management by occupational health and disability management professionals helps employers with earlier identification and intervention, reaching out to employees rather than waiting for them to access resources. Several employers mentioned changing policies for outreach, with either an EAP or disability management specialist contacting the employee within two weeks to help them access appropriate treatment or crisis support.

Disability specialists suggest it is important to begin talking about returning to work and to set the stage for it as early as possible. Employers said that case managers play an important role in ensuring that individuals with behavioral health needs are seeing appropriate care providers and helping reduce confusion about their condition and the health care system. In some instances, case managers accompany individuals to appointments to help clarify information.
Another promising practice in this area is using EAP and occupational health professionals as internal consultants to facilitate stay-at-work strategies for absence or disability prevention, and for smooth returns-to-work for troubled individuals. This is especially helpful when employee-supervisor conflicts complicate the distress levels for the employee or the supervisor. Employers suggest there is value in seeing health providers modeling calm, professional behaviors and demonstrating active problem solving, coping, and negotiating skills in difficult and complex situations. Frequently, stay-at-work/return-to-work services play a role in resolving existing worker-supervisor misunderstandings, building negotiation skills in both supervisors and managers, and easing re-entry after a leave. By helping managers with simple and successful accommodation strategies, such as reduced hours or more flexible schedules, these become universal accommodations, i.e., management practices that help all workers and prevent the need for an extended leave of absence.

Human resources professionals may also help coach new supervisors in the value of documenting declines in worker performance, thereby helping resolve employee-supervisor disputes. All supervisors may benefit from trainings specific to mental health issues and company- or community-specific resources available. Employers suggest that troubled employees sometimes have troubled supervisors as well, which adds additional complexity. Several people mentioned that supervisors are often placed in a management role because they were good employees, but they may have difficulty developing management skills. Coaching new supervisors and employees on how to talk to and work with each other is a helpful role for EAP, disability management, and HR professionals.

“When the person says, ‘I can’t work with that manager, with my fellow employees, that’s the employee assistance role. We have always been able to work collaboratively [with HR] on that,” said one employer. “That is not to say that the manager is always right. We’ve had our share of managers who for whatever reason, lack of training, lack of experience, they make mistakes, too, and we need to work with them.”

Several employers responsible for disability management suggested that specificity in job descriptions was helpful both for resolving employee-supervisor conflict and for facilitating discussions with providers who assess functional abilities or who provide treatment for individuals on disability leaves. This also helps in devising accommodations for individuals in areas often affected by stress-related illness, such as memory, decision-making, and emotion-regulation. As one person shared, job descriptions with specificity in these areas help supervisors and treating professionals ask the questions, “What does this person need to do?” and “Can he or she do that?”
Interaction among professional disciplines working with troubled individuals also appears important. One employer, for example, described the value of training programs that encourage occupational health, EAP, and disability management professionals to staff difficult cases together and to use strategies from an evidence-based intervention practice called motivational interviewing. Motivational interviewing is a communication strategy that helps clients to identify ambivalence around current behaviors and helps to motivate behavior changes (Miller & Rollnick, 2002). This strategy may be particularly helpful when working with an employee who is ambivalent or fearful about returning to work after a stress-related absence or disability leave. The disability management professional said the training helped her be more client-centered and more effective. “You could really cut short the time it takes if you just stop and listen to what the employee is saying to you and ask the right questions,” she shared. Discussing difficult cases with other peer professionals made her feel supported and more confident in her client interactions.

Even among individuals discussing the strengths in their approaches to disease and disability management, the organizational culture is the critical factor in their success in helping to keep employees as healthy and productive as possible. “They’re part of a team,” shared one person, “and they don’t want to not be at work, not pulling their own weight.” In this organization, it is common to employ multiple family members, with many working there up to 40 years.

**THE ROLE OF TRUST**

Across all three categories of strategies discussed, there was consistent emphasis on the importance of trust, both in relationships and in the stability of organizational structures and practices. Trust is considered the core category of the study analysis, the concept best able to explain the model depicted. In other words, trust underlies the effectiveness of the programs and practices that participants described in their organizations’ approaches to workplace stress and resilience. In organizations with numerous strengths and a variety of strategies for preventing or helping employees cope with stress, trust underlies a shared sense of responsibility and reciprocal accountability, leaders to employees and employees to leaders.

“You need to have top leadership, you need to have in-the-middle the operational leadership, which is the supervisors, the plant managers, and then you need to have the engagement of the grass roots, which is a consequence of trust. Then you could align benefits and provisional services, people trusting access to services,” said one employer. “If people don’t trust what we’re trying to do for them or with them, nothing will happen.”
Furthermore, employers connected the positive effects resulting from reduced distress and enhanced resilience to strengths in employee satisfaction, recruitment and retention, absence reduction, work engagement, productivity, and financial performance. Thus, trusting relationships and trust in organizational practices and structures appear to enhance individual, work unit, and organizational outcomes. As workers develop trust in co-workers, supervisors, and the stability of the organization, perhaps they are more likely to experience eustress, the sense of meeting challenges effectively that Selye described, rather than the negative sense of distress. By institutionalizing trust-building behaviors and practices over time through repeated routines, or organizational habits, an organizational culture may develop that allows individuals and organizations alike to flourish and play meaningful roles in communities.

Figure 2 is a conceptual schematic of the systemic effects of the positive strategies for addressing stress and resilience. Other authors have supported similar systemic effects through the concepts of wellbeing and organizational flourishing (Bakker & Schaufeli, 2008; Diener, Suh, Lucas, & Smith, 1999; Harter, Schmidt, & Keyes, 2002; Ryff & Keyes, 1995; Spreitzer & Sonenshein, 2003).
INTegrating Approaches

Among employers expressing multiple strengths in their approaches to stress and resilience, there was much overlap and synergy among the three categories of approaches. They often described working collaboratively with both internal and external partners to better integrate program, benefit, and service delivery. “We stretch and grow our vendors to co-create new programs,” shared one individual who saw this process as a mutual benefit.

Note: Individual factors include age, gender, life experiences, psychological outlook, and cognitive level; Work-unit factors include work pace, demands, social connectivity, feedback, etc.; Organizational factors include safety, technology, diversity, paternalism, etc.; and Environmental factors include family, friends, community, policies, climate, and culture.
Employers who described efforts at integrating health program management and delivery were also more likely to mention sharing data and using metrics related to organizational effectiveness, such as employee work engagement, operational measures, and financial performance, the positive outcomes on the right side of Figure 2 above.

Specific practices for integrating services across the three categories include:

- Regularly scheduled strategy planning sessions with frequent communication among departments and vendors (e.g., vendor/partner summits with potential competitors in the same room strategizing together on behalf of the client; internal communications and media departments working as strategic partners with health and benefits teams)
- Branding and labeling of all health-related benefits and programs under a “one call” number
- Operational managers sending e-mails about upcoming changes that may be particularly challenging and health programs that may help employees cope
- Data analytic vendors helping to integrate data (e.g., for strategic approaches in reaching troubled workers earlier, identifying absence patterns or high health care use)
- Positioning programs with common goals, such as health promotion, EAP, and disability management, under the same manager to allow for strategic synergies, data-sharing, crisis referrals, collaborative budgeting, and reduced redundancies (This central management was housed in either HR, medical, or operations.)
- Working with business coalitions to bring common difficulties to vendors for community problem-solving

Employers described this movement toward integrated management as “reducing the silos” where individual programs and departments operate separately (see Figure 3). This program integration appears to build trust among professionals on health and benefits teams, as well as employee trust in the programs provided.
Summary

These employer practices illustrate the numerous ways that organizations can address stress and build resilience. Each workplace has unique challenges and contrasting ways of approaching the issue. While the participants came mostly from large organizations with low numbers of union employees, many of the strategies are applicable to a broad audience of employers.

Workplace leaders and program managers seeking to improve their organization’s strategies should consider their own strengths and opportunities across the three categories of approaches (Strategies to prevent distress and build resilience; Strategies for screenings, information, resources, and benefits for employees; and Strategies to actively intervene with “troubled employees.”). Employers investing in social and emotional aspects related to work and offering resources proactively to individuals and work units to build coping and resilience skills may benefit through improved organizational outcomes.
REFERENCES:


ACKNOWLEDGMENTS:

The following individuals collaborated on various aspects of the study, including participant recruitment, data collection and analysis, and model development: Jeff Radel (University of Kansas Medical Center), Joy Koesten (University of Kansas), Michael Fox (University of Kansas Medical Center and Centers for Disease Control) Sally Baehni (Mid-America Coalition on HealthCare), Marcia Caruthers (Disability Management Employer Coalition), Clare Miller (Partnership for Workplace Mental Health), and Teresa Gerard (Blue Cross Blue Shield of Kansas City), Jacque Carpenter (Saint Luke’s Nursing School) and Lisa Mische Lawson and Dory Sabata (both from University of Kansas Medical Center). Document editing by Clare Miller.

All collaborators express gratitude to the employer representatives who participated in the study and shared their perceptions.

The American Psychiatric Foundation is grateful to the following corporate supporters whose generosity makes the Partnership for Workplace Mental Health possible.

- Bristol-Myers Squibb Company
- Shire U.S., Inc.
- Janssen Pharmaceutical Companies of Johnson & Johnson
- Takeda Pharmaceuticals North America, Inc.
- AstraZeneca Pharmaceuticals LP


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