Promoting Employee Mental Health at UNC

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1. **Introduction:**

Each year millions of Americans face the reality of living with a mental health illness. Over the past 2 years the pandemic has brought this issue to the forefront with rates of anxiety and depression quadrupling between 2019 and 2021 (American Psychological Association). Feelings of exhaustion, anxiety, and depression are also surging through our population. According to the Kaiser Family Foundation, one in five American adults experience a mental health condition annually, this is nearly 50 million people. To delve a bit deeper, 17% of youth ages 6-17 experience a mental health condition. Within this population, nearly 1 in 3 children with major depression are going without treatment. We as employers must consider our employees, including their workload both at and beyond work. Many have become overnight caregivers with additional burdens spurred by the pandemic for children or take care of elderly family members. This has created an additional burden on our employees that we must create space to address. Since the pandemic began more than one third of adults have reported symptoms of anxiety and depression. They estimate before the pandemic, 11 percent of adults in the U.S. reported feeling anxious or depressed. However by November 2020, that number at its peak had jumped to 42.6 percent. In their most recent poll in March 2022, the Kaiser Family Foundation found 31.5% of adults are still reporting symptoms of anxiety and depression. The need to support mental wellness in the workplace has become an undeniable reality and forced a new reckoning of what we must do to make sure we have the highest and best use of our most precious asset, our employees. The U.S. Department of Labor (DOL) has recently started a communications campaign that addresses the role all people in an organization play in promoting workplace wellbeing. The toolkit is available at the [Mental Health at Work: What Can I Do? Campaign webpage](#). Ironically, May is mental health awareness month so there is no better timing than now to present you with our findings.

Nationally, mental health conditions cost employers more than $100 billion and 217 million lost workdays each year.

How do we fix this national issue? As leaders, we must begin the conversations in the workplace to break the stigma of mental illness. We know employees are afraid of discussing mental health with co-workers and bosses. People do not want to lose their jobs, damage relationships or risk future employers learning of illnesses and judging them. The stigma of mental illness keeps them silent especially in the workplace. This problem has been elevated by the pandemic. Employers have the opportunity now to change this climate of fear regarding mental health at the workplace. We must start to address this issue in an open setting with those we manage, to create a more open workplace where they feel free to discuss this topic. The National Alliance on Mental Illness (NAMI) recently reported, “that mental health conditions cost employers more than $100 billion in revenue and 217 million lost workdays each year.” By addressing mental health issues in the workplace and investing in mental health care for workers, employers can increase productivity and employee retention.

1.1. **Mental health in the University workplace:** Within UNC Chapel Hill, the contrast in the level of attention between student and employee mental health is evidenced by the large difference in available
resources. For example, the Heels Care Network (care.unc.edu) lists a multitude of resources related to mental health and well-being. Filtering the resources yields one result that is freely available to UNC employees, the Employee Assistance Program, compared to 53 student resources that are covered by fees. A Text Word search in Pubmed, a database of biomedical literature, provides a graphic illustration of this disparity. The data shown in Figure 1 represents a search using the words “student”, “university”, and “mental health” for any articles published between 2001 and 2021. Perhaps not surprisingly, there is exponential growth in the literature concerning student mental health. Substituting “student” with “employee” yields a strikingly different result. With only 35 articles published over the same 20-year period, the search suggests little to no attention on university employee mental health.

During our research and interviews, we identified two resources available to employees. The first is a list of brief articles published and posted by the UNC System Office (https://myapps.northcarolina.edu/hr/health-safety/fac-staff-resilience/). The second is a survey sent to employees in the School of Medicine, the Well-Being Index (https://www.med.unc.edu/facultyaffairs/faculty-well-being/well-being-index/), that helps determine and filter resources relevant to their personal interests based on survey answers. In each of these cases - EAP, System pamphlets, and the Well-Being Index - the problem has been awareness.

Employee mental health and well-being is a complex problem with many variables, yet it must be addressed. The overarching goal of our ULEAD project is to collect information that may prove useful to the University as they consider how to better support employee mental health and well-being. We accomplish this through interviewing fellow staff members but also by turning our attention outwards to learn more about how private, employee focused, organizations, address employee mental health.

2. Methods
2.1. Within our organizations: Each team member interviewed some of our colleagues and management in our respective departments as well as members of the UNC-CH Employee Forum. Interviewees were given the option to answer a series of questions through an anonymous online survey, a group, or one-on-one discussion. These conversations were held in the strictest confidence. Although the discussions became free-flowing, they were guided by the following:

![Figure 1. A text word search of the Pubmed database to compare the number of publications regarding student (left) vs. employee (right) mental health in the university.](image-url)
• What is your role in the university?
• Are you working hybrid, remote, or in-person?
• Do you know what UNC mental health/wellness resources are available to you and your team and where to find them? If yes, where?
• What mental health programs do you think would be helpful that aren’t available at UNC?
• On a scale of 1 - 10 (1: Terrible - 10: Great), how would you rate the culture for talking about mental health for employees at UNC? I.e. Would you feel comfortable talking about your mental health to your supervisor or other people on your team?
• What is the institution doing well and where can it improve?
• Have you, or would you use mental health resources available to you at UNC? If not, what are the obstacles preventing you from using them?

Interviews lasted anywhere between 1 - 1.5 hours. In addition to talking with our peers, we interviewed Ms. Dawn Osborne-Adams, University Ombuds and Director of the Ombuds Office at UNC Chapel Hill. An hour-long interview was held (note the questions listed below for the interviews with private industry) with Ms. Osborne-Adams and a summary of our conversation is included below.

2.2. Outside our organizations: In an effort to learn mental health/wellness practices from employee-focused organizations (i.e. non-academic) we contacted high-level managers at four companies in the pharmaceutical and chemical industry:

• Dr. Dawn Mason, Global External Innovation Manager, Eastman Chemical Company
• Dr. Seth Carruthers, Senior Manager Electronic Materials Technology, Parker LORD Corporation
• Dr. Ron Swift, Vice President Global Analytical and Life Sciences, Proctor and Gamble
• Ms. Carol Magee, Human Resources Leader, Merck and Company

Each interviewee was provided with the same list of questions before following up with either an email (P&G), phone (Eastman), or virtual (LORD and Merck) discussion:

• What, in your opinion, is the greatest unmet need for addressing employee mental health?
• What has your company done to address employee mental health?
• What are some lessons learned from actions that have been taken?
• What resources have been received favorably, and which have been underutilized?
• What, in your opinion, is the biggest threat to ignoring employee mental health?
• What activities are currently ongoing for specific groups that could be expanded to be more inclusive?

Each discussion lasted approximately one hour and is summarized in the results section below.

3. Results
A multitude of resources are available for mental health at the University, most recently, the Heels Care Network. The Heels Care Network website was launched in recent months to create a gateway for mental health and wellness resources for everyone on campus – including students, faculty, and staff. The initiative is a collective effort of a wide range of people and entities from across campus who have come together in one place. It is currently supported by staff from UNC Student Affairs, UNC Human Resources, UNC Gillings School of Public Health, and University Communications, Peers for Progress, the UNC Mental Health Coalition, the Mental Health Task Force, the Carolina Together Ambassadors program, and many other partners across campus. The website also includes phone or textable numbers, should folks be in need of immediate help. They can easily access a mental health
resource hub, help to find various support groups, ways to learn strategies for mental health, how to
connect with trainings and advocacy organizations, a place to find wellness events on campus, and a care
referral for the future. Prior to this rollout, there was no central place for mental health and well-being
resources accessible to the University community. When looking at the website, the campus affiliation
drop down currently shows 70 options available to all students compared to 25 options listed for all
employees. Of the latter, the only one listed as freely available and specific to employees in the Heels Care
Network, the Employee Assistance Program (https://hr.unc.edu/benefits/work-life/eap/).

Recently, the UNC System Office launched a monthly series of emails that address mental health and
wellness that contain useful information and is specific to employees as part of the “If it Matters to You,
it Matters” Well-being Campaign (https://myapps.northcarolina.edu/hr/health-safety/fac-staff-
resilience/). Titles of these emails included “COVID fatigue and your mental health”, “Been Awhile Since
you Took Some Time Off?”, “Don’t let fear keep you from getting help”, and “Adjusting to Life After COVID-
19”. Each newsletter delved into various topics and gave advice on how to handle the uncharted territory
of the pandemic. With the overall goal to create awareness and highlight resources offered to employees.
Through these emails we learned that Beacon Health is an additional resource available to anyone with
medical coverage under the NC State Health Plan. This resource focuses on behavioral health conditions
with a broad network of related health providers and facilities (beaconhealthoptions.com).

3.1. Employee feedback: We initially shared our experiences in supervising employees in our unit and
discussed challenges that we have faced supporting our employees who were experiencing mental health
challenges in the workplace. Although our specific experiences vary we noticed some common themes in
the challenges that we faced. One was the difficulty in balancing unit productivity versus being supportive
of employee challenges. Another theme we recognized was that each of us had incomplete knowledge
about availability of resources or where to go for mental health resources and not having one common
location as well as notifications getting ‘lost in emails’. Lastly, we recognized that the changes that
appeared to be impactful in our units related to improving mental health and well-being were mainly
being driven by supervisors and not department or school heads. These themes are related to the
challenge indicated in the Mental Health Task Force report of the University having a highly decentralized
and complex structure.

The general reaction was an awareness of mental health generally existed, but finding supporting
information would be difficult. Several shared they would not be able to navigate searching during a
mental health crisis. Everyone acknowledged an awareness of the effort in progress by the University but
still worried about the potential backlash in using such services and how it would appear to supervisors.
Areas of opportunity were a central repository with an intelligent search and potentially customizing
ConnectCarolina profiles through a short survey identifying interests and needs. Also, if in a supervisor or
manager role, several admitted they felt they were not trained or unprepared to support their teams
when it came to mental health. Several mentioned clear guidelines to help empower and support a
mentally healthy culture would be welcome and is necessary.

When speaking to leaders, they acknowledged the perceptions and fears about using the mental health
resources. As different approaches are launched across the campus, increased education and training for
supervisors and managers became a theme. One concern mentioned was the lack of knowledge on some
services and under-utilization of others. Leaders emphasized the importance of connecting meaningfully
with staff, provide solutions on mental health resources, and the risks of not addressing mental health
concerns impacting continued attrition in staffing. Given the significant effort in-progress by the university on this topic, access, direct applicability, and shifting culture to ensure stigma is not associated with using these resources, would contribute to increased knowledge and higher utilization.

Results specifically regarding the EAP yielded a range of responses, most notably:

- Some individuals didn’t know the EAP exists or where to go to learn more
- A few people said they wouldn’t use the EAP because it is tied to their workplace
- Wait times for people who attempted to use the EAP was as long as a couple months

There was also a concern with our underrepresented populations on campus. Most of the resources or programs are being made available to employees via computers and are scheduled at the noon hour (with intentions of being more widely accessible). Unfortunately, this may perpetrate roadblocks preventing these resources from being available to our employees without access to computers or who are not available at noon (2\textsuperscript{nd} or 3\textsuperscript{rd} shift workers, those with peak work times at noon) as well as those who do not speak English. Providing recordings of these programs/resources and making available in other languages, would help minimize some of these obstacles. It is imperative we consider all of our employees to ensure everyone has the same opportunities to the information and support for improving employee mental health.

Additional responses:

- Suggest institutionalizing the Mental Health Days, each semester.
- Provide Mental Health Manager Training; incorporate into workplans.
- Encourage participation in Activities/Resources regarding work life balance and stress relief.
- An employee should never have to choose between their personal well-being and a work deliverable.
- More attention is being spent on Faculty and Student mental health and in reality, ‘staff mental health’ is critical to support both of the other populations.
- Concerns with staff shortages as well as pay and the impact each has on the employees’ mental health.

3.2. Resources at other universities: Duke University offers a similar program to the EAP called Personal Assistance Service (PAS). However, in addition to Duke employees, it is also offered at no charge to their immediate family members. The PAS program goes above and beyond to offer not only assessment and short-term counseling but also referrals to other resources at Duke. This program also has an extensive case management and follow-up system. Lastly, they offer an online counseling platform too, for those unable to get to campus. This benefit is also extended to immediate family members of employees at no additional charge (Duke Live for Life Service & Programs).

The University of Virginia also offers a similar program to the EAP, The Faculty & Employee Assistance Program, or FEAP. This program provides comprehensive support services to UVA employees and their families, including counseling services and consulting services for managers or organizations, focused on various workplace issues. Interestingly, they provide individual appointments and consultation for large or small teams, which may be helpful to reduce the stigma around mental health in the workplace. In addition to a large virtual resource library, they offer various free clinics where students, faculty and staff can access therapy, psychological assessment, other mental health care, testing and assessment services, specializing in learning disabilities, attention deficit and emotional difficulties, outpatient services,
psychotherapy and medication management, individual and group therapy, and in-person and remote appointments. Lastly, this benefit also offers virtual classes at no charge for yoga, mindfulness, tai chi and more. These benefits are open to faculty, staff, and students. For Spring 2022, they also offered 8 free group fitness classes to UVA faculty, staff, and spouses, regardless of health insurance coverage (https://hr.virginia.edu/wellness).

3.3. Resources in the private sector: There were three common themes in all the companies we interviewed:

- An employee assistance program
- Implementation of flexible work schedules for employees who can work remotely
- Emphasis on managers showing genuine care for their team’s mental health and wellness

The results of our conversations with each company are highlighted below.

Eastman Chemical Company
- To minimize the stigma potentially associated with visiting the EAP, Eastman anonymized data on the number of EAP visits each year and published the results to the entire company. They found that 50% of all employees contact the EAP annually.
- An emphasis is placed on making sure supervisors know exactly where to find mental health information.
- Employees are given boundaries in time-frames that work for them and supervisors are encouraged not to compromise boundaries.

Merck and Company
- An organizational subscription to Calm, a resiliency app, and Lyra Health, a network of providers in mental health care, enables the company to offer these resources for free to their employees.
- Employees are encouraged to take an annual survey of health. Survey results are analyzed by an algorithm that provides recommendations of available mental health/wellness resources. The company provides incentives for both the employee and their partner in the form of credits. Credits can be saved toward purchasing items or can be cashed out for $100/credit.
- Monthly lunch-and-learns are held that focus on mental health and wellness.
- Leaders are encouraged to show vulnerability around mental health topics.

Proctor and Gamble
- Early in the pandemic, P&G was quick to provide early and consistent messaging on job security which alleviated a big source of mental stress.
- Supervisors are encouraged to treat each team member as an individual, recognizing that everyone is different and they should work with each person’s needs.
- With the pandemic and the reality of virtual/hybrid work, P&G has been deliberate about creating on-site and off-site activities for employees, especially people that are new to the company.

Parker LORD
- Managers are trained to direct their team members to Human Resources when it comes to serious health topics. Many of the managers have technical backgrounds and recognize they aren’t mental health experts.
- If an employee has to go on FMLA for any reason, teams will meet and realign their performance goals to account for the period of time their teammate will be out of the office. This helps prevent burnout among team members and removes any guilt associated with going on FMLA.
- Mentor/mentee relationships are built between managers outside the mentee’s department. These confidential discussions allow an employee to speak openly about concerns within their team and receive feedback from someone in a leadership role.
• After every annual review of employees, managers hold “calibration meetings” where they assemble and discuss each performance review. This normalizes expectations across the company, correcting for overly harsh or generous performance reviews.

Many of these programs cost little to no money to implement.

4. Discussion

Mental health and wellbeing in the workplace is more prevalent now than it ever has been. Calm for Business, a mental wellness app, recently conducted a study of 3,000 full-time employees. In this study they found “97 percent polled said their employers should be working to improve mental health of employees and 76 percent say mental health benefits were critical to them when evaluating a new job.” A reputation for talking about these issues is invaluable. The conversation starts at the top and must be integrated throughout the organization. By having these conversations in the workplace, our goal is to reduce stress on our employees making overall improvements on their quality of life.

Our approach to providing recommendations to the University regarding employee mental health involved assessing current resources through our own research and informational interviews with colleagues and peers. In short, we found an abundance of resources for mental wellbeing and only a few that were specific to employee mental health. Within the University, there is an overwhelming focus on students and the available resources reflect this. While a student focus is completely appropriate and in alignment with the University’s mission, an unintended consequence is that attention to employee mental health and wellbeing is diminished. A few steps to highlight to make small improvements include helping employees to become happier, more confident, and productive, establishing a culture of acceptance, improve company culture to recruit and retain both current and future employees, and to try to reduce stress while providing more benefits to employees.

Through discussions with our co-workers, we were surprised to find that some had never even heard of the EAP, and several of those that had, wouldn’t use it for fear that word would somehow make it back to a manager and impact their performance assessment negatively. General awareness of the EAP and stigma around mental health must be addressed by the University.

This stigma is rooted in a fear of the negative perceptions that are routinely associated with mental health, including poor or reduced performance which ultimately could mean a smaller raise or being passed up for a promotion. It should be noted that these fears and concerns are different from the stigma that students experience, thus, we turned our attention outward, to learn what is being done at other universities and in private industry.

While every organization has an EAP, we were surprised to find that many have implemented simple programs that cost little to no money and could be applied to the university setting. The University has already implemented flexible work schedules for many of the staff with the ability to partially or fully work off-site and based on the feedback we received from organizations that have done the same, this is a positive step in the right direction and should be nurtured as the model evolves. Other steps the University could take, based on what we learned, include:

• Training supervisors to support their teams with mental health issues. For example, typing “mental health” into Carolina Talent yielded several results related to mental health and wellbeing. These trainings could be required for employees or supervisors could be encouraged to include them in employee development plans during annual performance reviews. They could also include training on how to promote work/life balance into development plans.
• Getting the word out about the EAP through different forms of media, keeping in mind that some staff don’t even have a computer. Printing posters about the EAP and placing them in strategic locations across campus, such as bathrooms, could provide the right information at the right time if someone is under mental duress.

• Annual EAP data should be anonymized and shared with University staff to help breakdown stigma. This could also be instructive for University Leadership if it isn’t already being done. Our findings suggest that low participation in the EAP is likely due to lack of awareness or strong stigmas, and would not be reflective of general employee mental health.

• An annual survey of mental health and wellbeing can help build awareness of resources that are available and facilitate their utilization. Through conversations with peers in our ULEAD cohort, we learned the School of Medicine already has a resource like this, the Well-Being Index. As none of our team had heard of this, we suspect it has not been shared broadly across the University. While we haven’t had an opportunity to follow-up, we recommend someone do so and provide this resource to the broader University staff.

• Leaders, managers, and supervisors should be encouraged to show vulnerability around mental health topics. This has to start at the top to affect culture change and should be included in the mental health training.

• A formal mentor/mentee program where each party is from a different unit or team across a School or department could provide a valuable outlet for a staff member. This may require some resources to manage a database of volunteers.

• Continue to provide Mental Health First Aid certification for University staff.

• Utilize the diversity of the University to provide support for supervisors and units. In our very brief research with current contacts we discovered lots of interest in departments partnering with other departments or williness to learn from other departments. We reached out to Dr. Dara Chan a faculty member for the Mental Rehab and Counseling program and Rebecca Bringham, Assistant Dean for Field Education at the School of Social Work. We had an expletory email exchange about the interest and viability about providing an additional placement/practicum option for their grad students of being a counseling resource to UNC employees. Both were interested in the idea and thought the idea was potentially viable.

• UNC Department of Psychiatry and School of Psychology and Neuroscience have several faculty members who have private practice experience. The School of Psychology and Neuroscience have recently launched a clinic for the UNC community as an additional option to the EAP. Unfortunately, this option does not appear to be widely known amongst the UNC community and they are currently booked until the fall. However, faculty members could be encouraged to provide online trainings for supervisors in how to incorporate mindfulness and better wellness practices into their work setting. Dr. Jemma Grindstaff, Director at the Carolina Living and Learning Center has started adding a 1 hour mindfulness course to her weekly Wednesday staff meetings. The workers who benefit are front line workers who do not work at computers so often do not have the option of attending the mindfulness Zoom sessions. It has been incredibly well received by the staff and she has offered to make slides available and possible consult with other departments of the University.

5. Conclusion
Employee mental health at the University has not received the same level of attention as student health and awareness and mental health stigma prevent many employees from utilizing the EAP. When an employee feels comfortable to talk about an issue at work, we would expect a potential situation to be defused vs escalated. The employee would feel more confident, feeling more appreciated in their workplace. It would be helpful for leaders to not only talk about, but give informative presentations to employees, thus encouraging dialogue on the topic to humanize the stigma. Over time, this would create a culture where it was accepted, thus benefiting all employees. Given the recent great resignation, there is much more demand than supply in the workforce. People must feel they are treated fairly and valued, where a culture of appreciation is created to entice employees to stay and not look for other opportunities.

Looking outside the UNC System enabled us to put together a set of recommendations that cost little to no money and will begin to address the challenges of building awareness around employee mental health resources and addressing stigma. For the next ULEAD cohort, we recommend an evaluation of the UNC EAP with a comparison of analogous programs at peer institutions and industry. In our opinion, it will be a valuable follow-up to our research. We hope our recommendations prove useful to University Leadership and welcome further discussion based on our findings.