

## Promoting Mental Health and Well-Being During COVID-19 and Beyond



Employee health and well-being, long concerns of corporations, took center stage with the advent of COVID-19. Just before the pandemic, major companies were spending an average of \$3.5 million a year on special programs to address these issues; by the end of 2020, that figure had jumped to \$4.9 million. Curious about this upsurge, CAHRS commissioned a benchmarking study during the fall of 2020 to capture some of the major developments. Researchers conducted interviews with 34 human resource managers and professionals in 22 partner companies covering industries from high tech to consumer goods. A CAHRS White Paper titled "Promoting Mental Health and Well-being at Work: The Role of the Manager" reports the full story. This is a synopsis of selected findings and implications.

Overall responsibility for employee health and well-being resides in HR departments whose pre-pandemic efforts were in various stages of progression from nascent and targeted to established and ubiquitous. Particularly prevalent activities at the time included communication, workshops, and employee assistance programs (EAPs). As companies split into remote and "essential" work, they formed cross-functional task forces to initiate and coordinate a wider set of supportive measures. Some, for example, eased employee access to on-site childcare facilities and/or increased levels of financial support for off-site care. Others established "first aid" programs, cadres of employees trained to spot incipient signs of excessive stress, anxiety, family problems and the like and make referrals to qualified professionals for further diagnosis and possible action. Often these outreach efforts were undertaken in collaboration with employee resource groups (ERGs) to ensure that all employees were included. A few firms even went so far as to initiate temporary shutdowns to give employees a breather and time to internalize the new reality.

Generally, managers and supervisors were included in the new initiatives rather than having special programs of their own (in part to forestall charges of favoritism). About a third of the companies, however, took steps to help these front-line leaders do a better job of assisting their subordinates. Common activities included customized communications and training programs, and even scripts to use when addressing sensitive issues. A few companies relied on periodic pulse surveys to identify units with emerging problems, thus affording HR an opportunity to intervene as necessary.



Although immersed in current concerns, some interviewees were also contemplating next steps. Following are a few of their main issues:

1. Having established the superiority of targeted over diffuse efforts, they were considering alternative ways to identify and reach under-served and at-risk groups – e.g., employees with histories of mental illness and substance abuse – without violating sensitivities and privacy concerns.
2. Several firms discovered that, despite their best efforts, front-line managers and supervisors weren’t especially reliable or effective channels of communication with employees, in part at least because of discomfort with the topic. HR folks were trying to determine the extent to which efforts to overcome extant resistance and skill gaps should be supported (or even supplanted) by more direct forms of communication, especially with hard to reach groups such as blue-collar and service workers. A few firms in the study were beginning to experiment with technological solutions such as customized portals and mobile platforms.
3. For specialists in mental health and well-being, COVID-19 has been a two-edged sword, simultaneously challenging and legitimizing. Some were wondering how best to sustain the legitimacy once the immediate challenge subsides. One thought: putting more emphasis on program evaluations to demonstrate the value of their contributions. An oft-cited study by researchers at Harvard, for example, found a 6 to 1 return on investments in employee wellness, with noteworthy savings emanating from reduced medical costs, as well as lower levels of absenteeism and turnover (not to mention greater employee satisfaction.) But that’s a single study, now over a decade old; more and more rigorous research would certainly be helpful.
4. In the end, though, efforts to enhance employee mental health and well-being enjoy full legitimacy only when top and line managers see them as integral elements of their organizational cultures. In this view, HR managers and professionals promote employee wellness by fostering healthy organizations that value employees as individuals, but also as essential resources. A duality that is manifest through a “high road” employment strategy comprised of psychologically meaningful work; safe working conditions; sensible workloads; flexible work schedules; people-centered leadership; a measure of job security; performance-based and competitive pay; benefits such as affordable health insurance, childcare, and paid leaves; channels for employee voice; and fair and equitable treatment for all. Done well, a “high road” strategy delivers a win-win: highly productive workplaces that enhance all aspects of employee well-being as a matter of course.

CAHRS has long history of engaging in research focused on employee health and well-being (for references, see the web site [cahrs.ilr.cornell.edu](http://cahrs.ilr.cornell.edu)), while realizing that more is needed. Partner companies interested in pursuing next generation studies in this realm are encouraged to contact Professor Brad Bell, CAHRS Academic Director, to explore possibilities.



**This ResearchBrief by the following two authors is based on the White Paper "Promoting Mental Health and Well-Being at Work: The Role of the Manager"**



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