

CPH News & Views

A semi-monthly column on emerging topics related to healthy workplaces

Issue #70: Mental well-being at work: An expanding frontier in *Total Worker Health®* research

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Job strain and mental health. Psychological job strain exerts a clear influence on the long-term mental health outcomes of workers. Classically, these factors have included job stress and other measures of psychological work demands, job strain (high demands with low decision latitude), long working hours, and poor social or organizational support. Multiple systematic reviews have reached similar conclusions of an independent effect of workplace psychosocial factors on mental health, including depression (Theorell et al., 2015), burnout (Aronsson et al., 2017), and suicidal ideation (Milner et al., 2018).

Review of reviews. A [recent meta-review](#) by Niedhammer and colleagues (2021) appeared in the *Scandinavian Journal of Work, Environment, and Health*. Their meta-review synthesized the outcomes of 72 review articles on this subject, with a focus on several categories of physical and mental health outcomes in working populations. They defined psychosocial variables broadly but excluded the effects of shift work and factors related to circadian rhythm disruption. Mental health outcomes included depression, burnout, anxiety, sleep problems, suicidal ideation, suicide, and use of psychotropic medications. Their meta-review showed convincing evidence of the associations among many workplace psychosocial factors, especially as they relate to mental illness and cardiovascular disorders.

Interconnectedness of well-being at work and home. Day-to-day stressors at work and home are substantially intertwined, and the scientific literature contains many examples of the interrelationships between work stressors, personal and family functioning, and other lifestyle influences on mental health. Having more social support at home and being able to successfully combine work and family roles, for example, are protective factors against the negative effects of job factors on psychological distress (Viertiö et al., 2021). Similarly, social stressors at work can spill over to affect marital and family relationships (Pluut, et al., 2021), impacting mental health. Work-family conflict and spillover are now central concepts in the job stress literature. The COVID-19 pandemic has provided further evidence of the mental health interactions that exist between work and home. The *Total Worker Health* perspective is especially helpful to address this complex blend of strains at work and well-being at home to reduce symptoms of depression, anxiety, and worry. A more holistic view of worker well-being is needed to understand how negative effects of job stress can be suppressed or buffered by personal risk factors, health status, work arrangements, and organizational factors.

CPH-NEW focus on mental health. During the [next five years](#) as a *Total Worker Health* (TWH) Center of Excellence, our [research and outreach](#) projects reflect the growing focus on employee mental health. Our studies will focus particularly on essential workers in education and in healthcare, and on small and medium sized enterprises.

Our Total Teacher Health study will explore how work organization factors affect the mental health and well-being of schoolteachers, and whether educator design teams can stimulate school interventions to improve work-life balance, burnout, and work engagement. Our SHIFT II study will investigate factors that contribute to chronic workplace stress in health care that have been linked to depression, poor sleep, absenteeism, job dissatisfaction, and turnover.

The SHIFT II and HITEC IV studies will develop and evaluate tools to embed and sustain participatory worker teams as a means of organizational quality improvement for wellbeing. In our TWH Employer Crisis Preparedness project, we will integrate worker well-being into crisis preparedness efforts by developing training curricula and evaluation instruments. These projects will focus on overcoming obstacles to mental well-being at work, and they will build on our previous work to create and test participatory models of intervention and implementation.

Our *Total Worker Health* R2P (“Research to Practice”) Hub will disseminate the knowledge from our research studies and translate that knowledge to practical application in real world settings. CPH-NEW will offer education, training, and program tools to OSH practitioners and employers to help them promote a positive psychosocial work environment. Professionals can participate in [CPH-NEW continuing education and training](#) such as e-Learning; capacity-building trainings to learn how to organize and lead participatory design teams; and quarterly *TWH Trends* webinars. Professionals seeking more advanced training on psychosocial issues can participate in our partner program, the UConn [graduate certificate in Occupational Health Psychology](#). We will also expand our [Healthy Worksite Participatory Program](#) (HWPP) toolkit to help organizational leaders promote a positive psychosocial work environment using a TWH approach. These tools, trainings, and other resources are freely available on the [CPH-NEW website](#).

More broadly, we are excited that [NIOSH](#), along with many other [TWH Centers of Excellence](#) have prioritized mental health as an important workplace health outcome. We look forward to engaging with our partners at CPH-NEW and with our research affiliates, students, advisors, and collaborators to develop and test innovative strategies for meeting the urgent need for improved employee mental health and well-being.

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We welcome your responses and discussion. Please send all questions and comments to CPHNEW@uml.edu.