NPLI

A Path to H.E.L.P.:
Healthy Emotional Leadership Program
Wellness Navigators

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Abstract

Stigmatization of mental health care has long been a known but rarely discussed problem throughout government and the community as a whole. The COVID-19 pandemic and its outsized impact on the mental health of first responders and other government employees highlighted the need for organizational culture change to encourage mental health care support and de-stigmatization.

This project focused on the psychological well-being of first responders and other government employees by utilizing meta-leadership tools to de-stigmatize mental health care support. Our process included stakeholder interviews and literature reviews to determine root causes of stigmatization of mental health wellness, and a review of a successful advocacy program focused on veteran mental health and welfare. Through our interviews and research, it was very clear that the tone set by leaders, "the person of the meta-leader" played a large factor in whether psychological support was sought and or accepted. As a result of this work, we recommend organizations identify individuals in the organization and train them to be Wellness Navigators, as part of a program focused on mental wellness and de-stigmatization of mental health care support. These Wellness Navigators will be driven by Emotional Intelligence, a critical meta-leadership tool, to encourage organizational cultural change. In particular, Wellness Navigators will be trained in empathy and social skills. The meta-leader Wellness Navigators will lead down and across their organizations to achieve the desired cultural change. Wellness Navigators will be leaders and organizational role models who will share their stories and support psychological well-being. Wellness Navigators will lead up in their organization through advocating for the reduction of organizational barriers to mental health care support. This advocacy may include potential policy and practice changes in organizations. De-stigmatization of mental health care support requires widespread cultural change. Meta-leader organizational Wellness Navigators can be an important element to advance needed culture change.

Problem Statement

According to the Centers for Disease Control and Prevention (CDC), 1 in 5 Americans will experience a mental illness in a given year.[1] Mental illness includes conditions such as depression, anxiety, eating disorders, bipolar disorder, and schizophrenia. Mental illnesses have two distinct impacts on the economy: direct healthcare costs and indirect costs such as loss of productivity, absenteeism, and disability costs. These costs are well documented. Using the example of depression, which occurs in 1 in 10 adults during their life,[2] the economic impact was estimated to be more than $210 billion in 2010.[3] Just under half of that is attributed to direct costs of treatment, half due to lost productivity, absenteeism, and disability, and a small percent due to suicide. In one study, over three months, patients with depression

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[1] CDC (2018). Learn About Mental Health. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, https://www.cdc.gov/mentalhealth/learn/index.htm.

[2] Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence (2005). Severity, and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry; 62(6):617–627. http://doi.org/10.1001/archpsyc.62.6.617.

[3] Greenberg PE, Fournier AA, Sisitsky T, Pike CT, Kessler RC (2015). The Economic Burden of Adults With Major Depressive Disorder in the United States (2005 and 2010). Clin Psychiatry; 76(2):155-162 https://doi.org/10.4088/JCP.14m09298.

missed an average of 4.8 workdays and suffered 11.5 days of reduced productivity.[4] It is also estimated that 217 million workdays are entirely or partially lost each year due to mental illness. Another study found that untreated depression costs $9,450 per employee, per year.[5]

Mental health encompasses emotional, psychological, and social well-being, and a person may have poor mental health without necessarily having a diagnosed mental illness. Poor mental health has been exacerbated during the pandemic;[6,7,8] there was anxiety over catching the virus, disruption in routines and social support, stress over jobs and financial losses, and burnout for those serving as front line workers. Government agencies have deployed an unprecedented number of employees. These employees are being asked to work long hours, weeks without breaks, and away from their typical support structure. Employees from one agency have reported that work is "emotionally taxing" and "physically grueling," and "none of us are sleeping well." Staffing positions within response structures and asking staff to redeploy is becoming difficult, compounding the concerns to support the response. The pandemic is beginning to recede, but the need for better mental health support will not.

Mental health is a topic that many people find challenging to engage with, particularly in the workplace. Yet it could be argued that nowhere is this conversation more important. According to the CDC, depression alone is estimated to cause more than 200 million lost workdays each year with a cost to employers in excess of 17 billion dollars. These numbers rise to the level where it is financially advantageous to the employer to invest in support and assistance for the employee to minimize loss to mission readiness, productivity, and public reputation. When an employee experiences mental health challenges it is not simply an issue that we should expect them to deal with at home. Oftentimes the contributing factors will be directly related to work experiences, as can be found among employees deployed to emotionally and mentally challenging incidents or compounded by fears of stigma or retaliation that could jeopardize their future employment and/or growth opportunities.

There is a significant amount of stigma around openly discussing challenges with mental health. Some of this comes from societal norms, where it is just not a topic that is actively engaged in within most settings. Additionally, in some employment sectors there is fear that sharing mental challenges will lead to loss of job responsibilities or opportunities for advancement. For example, the military and many front-line responders have to regularly complete medical and fitness assessments that include questions about whether they have received counseling or other support services. The need to report this as a part of ongoing fitness for duty assessments can lead individuals to not seek help. Another barrier to open

[4] Valenstein M, Vijan S, Zeber JE, et al. (2001). The Cost–Utility of Screening for Depression in Primary Care. Ann Intern Med.2001;134:345-360. [Epub ahead of print 6 March, 2001. https://doi.org/10.7326/0003-4819-134-5-200103060-00007.

[5] Mordecai D (2019). Mental health at work — why stigma is a workforce health issue. Kaiser Permanente. https://business.kaiserpermanente.org/insights/mental-health-workplace/stigma-at-work

[6] Lázaro-Pérez C et al. (2020) COVID-19 pandemic and death anxiety in security forces in Spain. Int J Environ Res Public Health. 17(21):7760. https://doi.org/10.3390/ijerph17217760.

[7] Lan FY et al. (2020) Association between SARS-CoV-2 infection, exposure risk and mental health among a cohort of essential retail workers in the USA. Occupational and environmental medicine. [Early view] https://doi.org/10.1136/oemed-2020-106774.

[8] Ruiz-Frutos C et al. (2021). Sense of coherence, engagement, and work environment as precursors of psychological distress among non-health workers during the COVID-19 pandemic in Spain. Safety Sci. 133:105033 https://doi.org/10.1016/j.ssci.2020.105033.

conversations around mental health is that most supervisors and managers do not receive any training in how to have these conversations. Due to stigma and shame, fear of the impact on one's livelihood, financial barriers to care, and inadequate access to quality care, people often avoid or delay seeking help. The use of employee assistance programs is reported to be low, less than 5%. Although most organizations have an employee assistance program in place, employees find it difficult to take the first step and reach for help.

The role of an organization's leadership is critical to normalizing psychological wellness as a step towards addressing the issues to the benefit of employees and the mission at large. Leaders know that today, the investment in their employees goes beyond typical incentives or benefits –organizations are not only expected to provide resources for their teams to address issues but to make sure that they feel comfortable taking advantage of them. Organizations benefit when employees are healthy –physically and mentally – and they feel that they have the support of their employer to achieve these goals. This pays dividends in the work product, in employee retention and ultimately in the continued success of the organization. This is especially true when an organization's employees are routinely put in challenging environments that can contribute to some of these mental health concerns. This was recently demonstrated in a study that suggests that inclusive environments (e.g. leaders displaying openness, leaders being available during times of need, accessible leaders when sought for consultation or support) promotes psychological safety in nurses, and in turn reduces psychological distress.[9]

Stakeholders

While we have traditionally viewed mental health from the perspective of the individual's need, the reality is there are many different stakeholders involved. The individual's mental well-being should no longer be considered insulated with only personal impact, but all should recognize the downstream and workflows that can suffer as well. Employers, fellow employees, and family all share the burden, concern, and costs associated with the co-worker who needs assistance.

The domino effect should also not be overlooked. Family members may lose productivity due to distractions or concerns of loved ones that need help and can't or won't receive it. When left untreated over time, physical ailments can manifest, amplifying the needed level of medical care and associated cost for treatment. Family members can also suffer from depression when they feel helpless or don't see a good end to the problem.

Customers, the community, and the ones served by our organization are also negatively affected by employees in need of mental health. Decreased quality and consistency of customer support as well as service delivery are known outcomes from employees unable to attain mental health assistance. If people don't feel supported and cared for, we can't expect them to care for others.

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[9] Ahmed F et al. (2020) How inclusive leadership paves way for psychological well-being of employees during trauma and crisis: A three-wave longitudinal mediation study. J Adv Nursing. 77(2):819–8131. https://doi.org/10.1111/jan.14637.

We must also acknowledge the role our leaders play as key stakeholders in the situation, and the solution. Not only do we need true leadership to make sure Employee Assistance Programs are available and effective, but to also set an example of a work and life balance in pursuit of a healthy mental state of resilience. While we acknowledge the effectiveness of the leader's influence, we also want to make sure we are efficient with the time constraints associated with this particular category of stakeholder. Our leaders are instrumental to the success of the program and also have the most risk if not addressed. Whether the leader is charged with maximized profits, mission readiness, public message or any other deliverable on the behalf of an organization, they are held responsible for the scale of success or failure to be tipped in the way of measurable results.

Accomplishments

The team came together in December 2020, with the goal of supporting our front-line workers and deployers. Through research and experiences within the team we learned that people responding to the COVID-19 pandemic would be provided with different resources and different personal protective equipment (PPE) depending on which organization they were working for, although they were all facing a similar risk.[10] As we interviewed different groups (See Table 1 below), it became clear that mental health will be a large challenge coming out of the pandemic, and that the Team's energy was best spent looking forward to the next arc of the crisis and looking at potential solutions. The team came together and reviewed with our advisor and determined the best way forward was to look at organizations that provided good support for mental health.

We believed that there were good resources available and that we were not the experts in mental health, but that through connectivity we could take what is working in one organization and share it with other organizations. Through our discussions with PREVENTS, an inter-agency program established by Executive Order and managed by the Veteran's Administration, we found the Ambassador program, which was built around the influence of strong leaders talking about and promoting mental health that was adaptable to other organizations.

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[10] Keveney S (2020). Memorandum from S.R. Keveney, Deputy General Counsel, Office of the General Counsel, to R.P. Charrow, General Counsel, Office of the General Counsel, Office of the Secretary, U.S. Department of Health and Human Services, November 12.

Table 1: Interviews and Discussions with Different Organizations

Date	Organization
Jan 15, 2021	California Department of Public Health
Jan 19, 2021	Georgia Department of Public Health
Jan 31, 20021	Fire Chief for Richmond, California
Feb 1, 2021	Greater Eagle Fire Protection District
Feb 14, 2021	City of Boston Emergency Medical Services
Feb 15, 2021	Substance Abuse and Mental Health Services Administration (SAMHSA)
Feb 19, 2021	Centers for Disease Control and Prevention (CDC), Center for Preparedness and Response, Division of Emergency Operations
Feb 19, 2021	Office of the Assistant Secretary for Preparedness and Response (ASPR)
Feb 25, 2021	Pathways to Empower - Initial Discussion
Feb 28, 2021	U.S. Department of Veterans Affairs, PREVENTS
March 1, 2021	Pete Gaynor, former FEMA Administrator
March 3, 2021	Well & Ready
March 10, 2021	FBI - Safeguard

April 7, 2021	CDC, National Institute for Occupational Safety and Health (NIOSH)
May 5, 2021	Pathways to Empower - Follow up discussion
May 6, 2021	U.S. Department of Veterans Affairs, PREVENTS
June 1, 2021	CDC, Office of the Chief Operating Officer, Office of the Chief Information Officer

In addition to engaging with outside organizations, several of our team members had personal experiences of deploying and supporting missions that helped shape and validate the direction we chose to take. This included a deployment to Sacramento, CA in support of the Department of Defense's (DOD) medical surge mission to civilian hospitals experiencing overwhelming COVID-19 case loads in communities throughout the state. Understanding that our military providers would face similar emotional challenges to those deployed in combat, DOD provided both Behavioral Health Teams (BHT) as well as Religious Support Teams (RST). These teams were integrated within the overall force structure with support plans developed prior to deployment that ensured proactive engagement by the teams. Additionally, daily reporting included a wellbeing survey that, when answered in the negative, would trigger an immediate resource response in support of a member facing a challenge. The high number of BHT and RST survey triggered engagements compared to the extremely low number of man-days lost could only be seen as a significant enabler to overall mission accomplishment.

Another team member was deployed on extremely short notice to the southern border to support an emergency intake shelter for unaccompanied migrant children. The rapid deployment of the team left no time for any pre-deployment preparation. The deployment team was working long hours, around the clock, in stressful conditions. Materials on self-care and mental health were provided, but there was no time to read or digest them. This experience reinforced our belief that mental health resources and resiliency need to be built into broader workplace support, and not only considered when deployments or other stressful situations arise.

We were able to present our project to multiple groups within CDC, including the National Institute for Occupational Safety and Health (NIOSH) and the Office of the Chief Operating Officer, where we received very positive feedback on the need for a leadership program within key organizations that supports employee mental health and helps to deliver the cultural change needed around mental health.

Included in our accomplishments, must be the way that the team came together and built connectivity across the group despite not having ever met in person. Although we were a larger group, this worked in our favor as several team members were deployed across the timing of the course, and it allowed the team

to continue to progress. The team met diligently every week with whomever could make the meeting and brought the others up to speed.

Proposed Solution

As with any large and multifaceted challenge there is rarely a single solution. Additionally, the symptoms of mental health issues manifest in such varied means and severities that an effective solution must encompass a range of programs and policies. This proposal does not purport to be a comprehensive solution, but rather a focused program aiming to combat the stigma associated with and the reluctance to address mental health challenges within large governmental and private organizations. The endeavor will not be easy because the solution requires a revolutionary change in the culture and perceptions surrounding mental health. However, there seems to be no better time for this effort as our society appears to be at an inflection point, ready to recognize the issue at hand, and motivated by strong leaders to change the status quo.

Recognizing that a significant number of our fellow family, friends, and teammates are struggling alone with a silent enemy is the first step. That understanding, along with the acceptance that the present-day culture surrounding mental illness inhibits those needing help from seeking it, must drive us towards a new culture. We must provide an environment that replaces stigma with acceptance, silence with open communication, and makes mental wellbeing discussions and care the norm rather than an anomaly.

The greatest social change is often achieved through the normalization and modeling of that behavior that is necessary to overcome societal obstacles. Through a common understanding that in today's modern world poor mental health, both short-term and chronic, is widespread and surmountable may help burst the dam between those in need and the resources they require.

The most effective place to begin is through leadership. Leaders must direct and model the organizational culture we need to cultivate. It will not be enough, however, for leaders to merely express concern and make pleas for their teams to seek help. To effectively change culture, it will take purposeful and sustained messaging and concrete policy changes.

Specifically, we advocate for a robust program of identified individuals who are respected, successful, and trusted within the organization. These individuals which we will term "Wellness Navigators" will be the change agents to drive desired behaviors and policies. Our Wellness Navigators will be empowered to work at all levels of a given team or business unit; top leadership, management policy, and the barriers to affected individuals. But they won't be able to do it alone. To accomplish real change, they will need to draw on many aspects of the true "meta-leader." Our Wellness Navigators' ability to develop and nurture relationships across and beyond their given organization will generate durable and wide-ranging solutions with impacts felt well beyond their specific sphere of influence. The definition and the metric of a Metal-Leader is "People Follow You." Those people include a boss, peers, subordinates as well as other

stakeholders; a leader with the ability to, "... create a compelling common purpose among people not connected by the same formal chain or governance structure."[11]

The most pressing task of our Wellness Navigators will be to identify leaders, from within and outside the organization, who can be called upon to share their personal and authentic stories of challenge and the tools used to overcome them. A successful model for normalizing cultural stigmas can be found in the sharing of personal stories of hardship and the tools used to overcome them by leaders from all walks of life. Specifically, chosen leaders will be:

- Role models and leaders sharing their stories and supporting psychological wellbeing
- Successful individuals in organizations that dealt with significant challenges, sought help, and overcame them
- Successful leaders who live and cope with chronic mental illness
- Those successful leaders that developed coping mechanisms when faced with adversity (friends, faith, leave/vacation, etc.)
- Leaders/individuals who have dealt with the loss of family/friends who did not receive the help they needed before it was too late (the impact of inaction)

Once a strong leadership program is in place that unambiguously advocates for real organizational change the next step is for Wellness Navigators to identify and attack organizational structural artifacts (e.g., policies, procedures, guidelines, etc.) that, while well intended, may be barriers to real cultural change. As true meta-leaders, our Wellness Navigators will ensure they make themselves, "… aware of barriers that may hinder connectivity…," and that may be, "…rooted in legal or regulatory frameworks, historical precedents, or simply organizational culture…"[12] Artifacts that tend to inhibit or stigmatize those that seek help for mental challenges must be re-envisioned and updated with the forceful evangelism and support of top leadership.

With leadership forcefully and consistently advocating for positive change and structural changes in place, our Wellness Navigators must address the challenge at the individual level. This process will be a two-pronged approach, the first task will be to curate toolkits gleaned from currently available resources and programs throughout the public and private sectors (see Table 2 for examples). While not intended to "reinvent the wheel" these toolkits can and should be tailored to fit within an organization's current resiliency programs to provide regular training opportunities. Second, a regular drumbeat must be established to meaningfully engage everyone in the organization to discuss, debate, and provide feedback on the progress made. Individuals should be free to identify real or perceived impediments to change and provide solutions for consideration. This grass-roots level interaction will act to ensure that all members of an organization, not merely those facing challenges, are a critical part of the solution.

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[11] Marcus LJ, McNulty EJ, Henderson JM, Dorn BC (2019). You're IT: Crisis, Change, and How to Lead When it Matters Most.1st ed. New York, NY: PublicAffairs. 29.

[12] Harvard University (2020). Meta-Leadership Toolkit, Crisis Leadership: Core Principles and Practices. Cambridge, MA: Harvard University, Harvard T.H. Chan School of Public Health and Harvard Kennedy School of Government Center for Public Leadership, National Preparedness Leadership Initiative.

Table 2: Workplace Mental Health Resources

How Right Now
PREVENTS
ICU Program
#IWILLLISTEN
Right Direction
Stamp Out Stigma
Take a Mental Health Test
NAMI In Our Own Voice
Staying Mentally Healthy
National Alliance on Mental Illnesses (NAMI)
Beyond Blue
Elephant in the Room
R U OK?
Time To Change
The Stability Network

Real change is not an event, but an ongoing process that requires discipline, maintenance, and learning. A critical component of ongoing change is the ability to identify desired outcomes and measure progress towards them. Utilizing a deliberate approach, such as the "POP-DOC Loop" will provide a consistent methodology in assessing progress and orienting towards the common goal. Additionally, metrics should be developed to understand progress, or lack thereof . A few suggested metrics that could be used for evaluation include increased usage or outreach to established EAP programs, impact to short and long-term disability cases, pharmacy spend, etc.

Lastly, if we are truly serious about making real changes surrounding the culture of mental health in the workplace, we will need to devote resources to the effort. The Wellness Navigators should feel that this is a role that is valued by top leadership and includes the necessary access and the ability to speak frankly about leadership modeling and mentorship.

The needed cultural and societal change will be achieved when each of our very common instances of mental and emotional challenges are no longer impediments to, but an integral part of the long road to success. It will be achieved when taking the needed steps for our mental health are seen as no more

different than that of our physical well-being. We believe that this program, along with the hard work and creativity of others in this endeavor, will be instrumental in achieving the change this nation deserves.

A Path to H.E.L.P. – Healthy Emotional Leadership Program

A Path to H.E.L.P encompasses the above by putting together a structured system of engaging organizations in psychological wellbeing, and delivering the message via Wellness Navigators. Wellness Navigators must embrace the person of the meta-leader, exhibiting emotional intelligence, empathy, and social skills. Although Wellness Navigators are meta-leaders, they will need training and support; training in how to tell their story to bring people in and make them feel safe to share their own struggles. They also need training on the various aspects of the employee assistance program so that they can encourage employees to reach out for support where appropriate. In addition, as leaders are busy, they will need the support of skilled communications resources to provide high-level overviews, one-pagers, and engaging infographics for the Wellness Navigators to share and discuss.

Ideal Candidate for a Wellness Navigator

- Leaders within organizations committed to mental health wellness de-stigmatization
- Focused on culture change to achieve an environment where employees feel comfortable seeking emotional support
- Actively participate in policy discussions and decisions related to organizational mental health wellness policies and programs
- Advocates for incorporating transparent and authentic conversations about the importance of caring for one's mental health in day to day agency operations
- Leaders who support continued agency evolution with regard to mental health and wellness
- Proliferators of awareness on issues related to wellness and mental health resources
- Culture builders and mental health de-stigmatizers

Individual Commitment

- Wellness Navigators are expected to have dedicated time to engaged in active advocacy work each month
- Sharing mental health wellness stories on internal agency forums
- Promoting mental healthcare resources and updates with agency staff, in department and agency-wide meetings, on internal forums, and on social media
- Hosting fireside chats with the entire Agency, or within Divisions
- Writing or promoting blog posts related to mental health care on internal agency forums
- Participating in agency discussions related to agency mental health-related policies and approaches
- Incorporating discussions about mental health wellness into day to day operations (ex. Replacing "Safety Minute" in meetings with "Wellness Minute")
- Maintain a close connection and regular communications with top agency leader and executive team to ensure wellness remains prioritized within the organization

Supporting first responder populations

- Before a critical event, hold fireside chats, conduct mental health advocacy, and offer resilience training; develop support mechanisms and information to share with workers on how to access support when deployed. The goal is to make mental health a part of the culture before a crisis or deployment.
- During a critical event frequently reach out to workers in order to check-in on their well-being, have a plan on where and how to refer workers who need additional support; frequently communicate with workers so they know what to expect throughout the response
- After a critical event, focus on outreach to encourage employee wellness awareness and ensure workers receive any support they need, allow down time (dwell time) for workers to recuperate before asked to deploy or respond again, hold after action forums to discuss challenges faced and solutions provided and sought, develop improvement plans to address challenges

Organizational Commitment

- Create a culture of health by demonstrating leadership commitment at all levels of the organization
  - Include commitment to employee mental health when discussing organization culture and business issues
- Design work to eliminate stigma and promote worker well-being
- Promote "A Path to H.E.L.P." by properly staffing and funding the program
  - Communications support to provide monthly toolkits for Wellness Navigators
  - Wellness Navigator training
  - Provide sufficient time for Wellness Navigators to engage in the program
  - Connect with other agencies to promote the program and share best practices
- Promote and support worker engagement throughout the Wellness Navigators program
- Ensure confidentiality and privacy of workers
- Offer support programs including employee assistance programs that Wellness Navigators can refer workers to for support
- Train leaders to promptly respond to mental health concerns in the workplace

Challenges Encountered

The challenges we faced as a team varied from logistical challenges to project scoping challenges. The team is very solution driven; we had to work together to spend the time to interview organizations and understand the problem, determine how our meta-leadership training could help, and then look into solutions.

The team started in December 2020 with a goal of looking at consistent PPE and support across organizations when personnel are deployed to a crisis. The Emergency Responder Health Monitoring and Surveillance (ERHMS)™ framework is available, and we wanted to understand why it wasn't used by more organizations. As we further interviewed people, the importance of the deployers feeling taken care of and mental health came up over and over. After some team discussion and advice from our faculty

advisor, Rich Serino, we decided to narrow our focus to mental health. Although we all felt that mental health support is important, and was lacking in all our organizations, we didn't know where to start to make a cultural change. No one on the team is an expert on mental health and it is a vast subject. It was important that we work together as a team on a program that could have an impact and utilize our meta-leadership training. Once we narrowed the scope to the influence of the leader on mental health culture, we had to determine what our deliverable would be. By interviewing different organizations, we discussed everything from an executive order to mental health role models. Finally, after meeting with the PREVENTS group, we felt that the Ambassador program aligned with our goals. We could use this model to influence organizations to connect them to the resources available through PREVENTS. Unfortunately, during the time of our project PREVENTS decided to return to focusing strictly on Veterans.

As a team we faced a few challenges. We cover a large geographical span and therefore multiple time zones, stretching from California to England. We had two team members that were deployed during the project period, and most team members were in some way involved in the pandemic response and humanitarian crisis at the border, in addition to their regular responsibilities. In addition, the US government went through a transition to a new administration in January, which involved changes to the management of many of our organizations. This also made it more difficult to get on the calendars of some of these leaders. In this way, it was advantageous that we were a group of 8, so that we could spread the workload around those that were available. As a team, even though we have never met in person, we managed to build a bond and work together to cover for each other.

Factors Encouraging and Discouraging Leadership Effectiveness

"Meta-Leadership" is achieved when the leader can effectively connect all the stakeholders involved in The Situation, successfully leading up, down, across and beyond to deliver the required outcomes. However, to make a positive and lasting change a leader must rouse others to follow. As John Quincy Adams wrote, "If your actions inspire others to dream more, learn more, do more, and become more, you are a leader." Team Care Bears is optimistic that this proposal will act as a catalyst for change.

Getting here was not easy and required significant meta-leadership traits to accomplish. From inter-organizational outreach to real-world operations, Team Care Bears proceeded deliberately towards our goals with the meta-leader in mind.

- Leading Across and Beyond - as illustrated in Table 1, team members engaged and positively influenced others across the organizational spectrum. Their interactions with like-minded advocates for mental wellbeing helped to distill ideas and hypotheses into actionable objectives. What was found, or rather confirmed, was the value of, "... forging bridges with different

functions and units…" as well as, "linking my organization to others that share common goals…"[13]

- You're It - As if to provide a culmination to our work, one of our members was provided a true "You're It" moment during our time together. Rapidly deployed to support a growing unaccompanied minor crisis on the border, one team member found herself taking charge of a significant portion of the effort to which she was assigned. Using leadership skills accrued over her career and the principles espoused in our coursework she skillfully led this unique effort exhibiting both operational and emotional acumen to successfully accomplish this challenging mission.
- Three Zone Meta-Leadership - With time and resources providing a significant constraint to the scope of what can be accomplished during the course of this project, the team focused on the first phase of the "Three Zone Meta-Leadership" model. We believe we have provided a "clear and compelling" vision and mission for all stakeholders. The problem statement and recommended solutions demonstrate an unambiguous commitment to concrete solutions that are both actionable and measurable.

Projected Future Impact

Treatment for mental illnesses and mental health conditions work. For example, treatment for depression works 80% of the time.[14,15] The Center for Workplace Mental Health found that over 80% of workers treated for mental illness reported improved work efficacy and satisfaction levels. Strengthening the mental health treatment system, including getting people the care they need early, could save up to $48 billion annually in healthcare costs.[16] WHO-led studies found that for every $1 invested in mental health treatment, there is a return of $4 in improved health and productivity. Treating and preventing mental illness can also increase mission readiness for organizations that deploy workers. Supporting workers who deploy —before, during, and after a response —has a positive impact on their willingness to re-deploy and increases long term retention.

Conclusion

There is no question that the challenges presented when dealing with mental health are real. Our frank conversations as team members as well as the numerous discussions with leaders in organizations of all

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[13] Harvard University (2020). Meta-Leadership Toolkit, Crisis Leadership: Core Principles and Practices. Cambridge, MA: Harvard University, Harvard T.H. Chan School of Public Health and Harvard Kennedy School of Government Center for Public Leadership, National Preparedness Leadership Initiative.

[14] Lipsey MW, Wilson DB (1993). The efficacy of psychological, educational, and behavioral treatment: Confirmation from meta-analysis. American Psychologist, 48(12); 1181–1209. https://doi.org/10.1037/0003-066X.48.12.1181.

[15] U.S. Department of Health and Human Services (1999). Mental Health: A Report of the Surgeon General. Washington, DC: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institute of Health, National Institute of Mental Health.

[16] Milliman (2014). Economic Impact of Integrated Medical-Behavioral Healthcare: Implications for Psychiatry. By Melek SP, Norris DT, Paulus J. American Psychiatric Association Report. April.

sizes have confirmed this. From employee concerns about stigma and career impact to the lack of comfort that many managers have in engaging on this topic it is clear that there is no single resource that can solve the problem. As leaders, it is critical that we take this opportunity to not simply identify a challenge but to provide a path forward to address it. We believe that "A Path to H.E.L.P." as outlined in the paper provides a leader in any organization –private sector, government, and non-profit –the guidance to begin this important shift in culture.

Next Steps

The timing of the course did not allow us to take this project to full completion. The next steps are to do a small scale implementation to generate the proof of concept and gather feedback for improvement. Then "A Path to H.E.L.P." can be rolled out to more organizations, ideally with the organizations sharing communication resources and best practices to magnify the impact on employer mental health.