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Director
National Institute for Occupational Safety and Health
Centers for Disease Control and Prevention
Department of Health and Human Services

**AIHA Comments on Interventions to Prevent Work-Related Stress and Support Health Worker Mental Health, Request for Information**

Agency/Docket Numbers:
Docket No. CDC-2021-0106

Dear Director Howard:

AIHA, the association for scientists and professionals committed to preserving and ensuring occupational and environmental health and safety (OEHS), appreciates the opportunity to provide feedback on NIOSH’s request for information (RFI) on interventions to prevent work-related stress and support health worker mental health. Mental health has long been an important issue and has become even more so during the COVID-19 pandemic. Below is our feedback on the questions posed in the RFI; we hope you find our comments useful.

**Questions for Workplaces with Interventions and Services in Place**

1. Please tell us about your experience with the development of any preventive interventions currently in place in your workplace to help health workers avoid work-related stress and maintain or improve their mental health and well-being. Describe the intervention’s origins and basis, its target population, evaluation or outcome measures, challenges and successes, as well as any other information you think is noteworthy.

Mental health and psychosocial disorders range from minor anxiety and depression to full-blown episodes of manic depression and expressions of schizophrenia and other psychoses. Stress may come from various sources, ranging from increased workload to working in a toxic work environment whereby profits are placed above worker health. Migrant or low-skilled workers may be harassed based on sexual orientation, religion, gender, ethnicity, race, and other relevant factors. Mental health and psychosocial disorders are at the forefront of concern for every American worker. It not only affects workers but resonates with their families and communities. The work environment or other factors can cause a health worker to exhibit symptoms of anxiety and depression until the trigger is resolved. Accordingly, mental health is not limited to workers with a diagnosed disorder or illness.
Triggers for exhibiting mental health conditions, such as minor anxiety or depression can occur in workers who are mentally healthy and placed in uncomfortable situations, from fear of public speaking to the demands of meeting seasonal work requirements. Additionally, workers with known mental health conditions who are being treated can be driven to other extremes as a result of not taking their medication, self-isolation, or acting out in a form of aggression by threats and violence. Other possible outcomes include eating or personality disorders and obsessive-compulsive disorders.

While industrial hygienists and occupational health professionals are not trained to deal with these medical issues, they can collaborate with psychiatrists, psychologists, and social workers to find the root causes of a situation. These professionals are on the front lines and interface between the workforce and organizational hierarchy. In many cases, leadership and management of organizations do not have written policies, programs or procedures to address these concerns. In some cases, workers don’t receive medical benefits because of their work arrangements, which can lead to hardship if workers cannot afford their medications or consult with a medical care provider.

NIOSH may wish to review the International Organization for Standardization (ISO) Standard 45003:2021, which looks at a variety of organizational hazards and risks, including role ambiguity, role conflict, duty of care to others, lack of clear guidance or direction, capacity to undermine one another, uncertainty about change or frequent change to work tasks or providing little value or purpose. Other factors include job control or autonomy, which reflects on limited opportunities to participate in decisions, lack of control or over workload, and low levels of influence and independence, and concerns such as underutilized skills. Job demands are also a concern, which includes limited timeframes, conflicting demands, and unrealistic expectations.

Organizational change management can also be a concern when there is a lack of practical support to assist workers during a transition period, prolonged or recurring structuring, lack of consultation and communication about workplace change, or communication between the leadership and workforce that is of poor quality or not meaningful. Other concerns include working in isolated locations far from home or without any social interaction, work overload or underload, consistently high levels of time pressures or continually being subject to deadlines, machine pacing, or repetitive work. All of these situations can be corrected with the support of human resources, restructuring of work, and the full support of senior leadership to implement sustainable business practices that promote a positive culture and climate. Organizations that take the initiative will benefit through improved worker engagement, increased productivity and innovation, and workforce stability. The engagement of the workforce in identifying hazards and collaborating on resolutions, in all stages of the process, can be critical to the success in managing psychosocial and mental health risks.

Another important consideration is the way the employer handles issues of taunting, berating, “trash talking”, harassment either physical or verbal related to sexual orientation,

1 https://www.iso.org/standard/64283.html
age, race, ethnicity, origin of birth, or discrimination for whatever reason. Policies, programs, and procedures should address these concerns along with training and education of the workforce. Everyone should be treated with the same dignity and respect.

Interventions can come from various sources such as in-person, telephone, or online counseling from mental health professionals to social gatherings of workers at clubs, organizations, or community centers. Industrial hygienists and occupational health professionals need to understand the work environment and climate, based on the industry and work tasks being done. In the current economy and pandemic, workers may now work several jobs to meet financial obligations, so time constraints or scheduling conflicts may be a concern.

Other outside pressures may include fatigue from attending graduate school at night, working another job, caring for a loved one due to sickness, or a new baby impacting the family. Leaders and managers should consider flexible scheduling of work hours, if possible, or offering paid time off for personnel if they are not part-time, seasonal, temporary, or contract workers. Public health officials also play a vital role in ensuring workers and their families have access to mental health services in times of need. Everyone should be aware of the contact information for suicide hotlines and other support services available. As the world moves toward Total Worker Health, mental health and psychosocial disorders are becoming more important and relevant.

Research shows that mental illnesses are common in the United States, affecting tens of millions of people each year. Estimates suggest that only half of people with mental illnesses receive treatment. Currently, available statistics on the prevalence and treatment of mental illnesses among the U.S. population are available from the National Institute of Mental Health (NIMH). NIMH also provides information about the possible consequences of mental illnesses, such as suicide and disability.

Below are important statistics from NIMH to consider regarding any mental illness (AMI).²

- In 2019, there were an estimated 51.5 million adults aged 18 or older in the United States with AMI. This number represented 20.6% of all U.S. adults.
- The prevalence of AMI was higher among females (24.5%) than males (16.3%).
- Young adults aged 18-25 years had the highest prevalence of AMI (29.4%) compared to adults aged 26-49 years (25.0%) and aged 50 and older (14.1%).
- The prevalence of AMI was highest among the adults reporting two or more races (31.7%), followed by white adults (22.2%). The prevalence of AMI was lowest among Asian adults (14.4%).

Since 2018, ISO produced several standards that help employers develop an occupational health and safety management system. ISO 45001³ is the flagship and master plan to develop policies that support the organization while fulfilling regulatory compliance.

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obligations and providing continuous improvement to business operations and processes. Used together with ISO 45003, it can be a powerful tool to protect workers and provide management solutions. The framework of these resources provides a coordinated effort for the “Plan-Do-Check-Act” methodology that looks at the planning of what needs to be done; doing what the organization has planned; checking (benchmark) how well the plan is working and looking for improvement, and acting to fix problems or concerns to make the organization more complete and prosperous.

The ISO/PAS 45005\(^4\) standard can be useful during the COVID-19 pandemic. Many of the psychosocial risks are addressed including working remotely to racial profiling and discrimination. This document was crafted in response to the increased incidence of this disease and the impact it has on the health, safety, and wellbeing of workers. No formal education is required to implement this guidance or identify mental health and psychosocial risk. However, collaboration with various stakeholders in various disciplines may be helpful for a business to understand the magnitude of these concerns. Reasonable engineering and/or administrative control measures to resume operations can be used to manage risks arising from the COVID-19 pandemic. While the global standard is focused on the COVID-19 pandemic, the essential elements of the standard can be used for other epidemics and pandemics across the globe.

3. For both preventive interventions and diagnostic/treatment services in your workplace, please describe how widely the services are used, how stigma associated with seeking mental health care is addressed, and how health workers are encouraged to participate. In your experience, how does the workplace benefit from implementing interventions or offering services to health workers to prevent/reduce work-related stress, to decrease stigma related to seeking and receiving care, and to improve the mental health and well-being of health workers?

People often bring their biases, prejudice, and ignorance to the workplace. Human resources professionals play a critical role in screening workers for traits and habits that may be toxic to the existing workforce. Industrial hygienists and occupational health professionals can provide support for afflicted workers and report any adverse events to leadership and management.

Sometimes things are said or written unintentionally but other times they are specifically addressed toward someone for who they are. It is important to address each situation with empathy and compassion for the victim and the perpetrator. Most cases can be resolved amicably while other situations may require further investigation and cause disruption in business operations and processes. This is a case whereby industrial hygienists or occupational health professionals can assert themselves into addressing the concerns before someone becomes injured, sick, or dies as a result of the incident. Leadership and managers should never allow concerns to escalate to an unacceptable level.

\(^4\) [https://www.iso.org/standard/64286.html](https://www.iso.org/standard/64286.html)
Intervention can be done by understanding where the concern arose and why action was taken to address the situation. In most instances, the cause for concern has been ongoing for a period without any engagement or empowerment of the worker to discuss and resolve the issue. Leadership and management need to be sensitive to everyone’s needs, beliefs, and culture. In some instances, the senior workers empower themselves to resolve the matter before it can escalate.

There are feasible ways to redesign work to support mental health and wellbeing and yield long-term benefits to the organization. Recent research suggests that strategically changing workplace conditions to foster worker wellbeing not only improves worker mental health but also can bring about beneficial business outcomes such as improved job performance and lower levels of worker burnout. In collaboration with the Robert Wood Johnson Foundation, synthesized research on specific work conditions shows the need for “work design for health.” This is a toolkit and framework of work practices that benefit both the organization and workers. A good starting point considers the adoption of the following seven approaches:

1. Give workers more control over how they do their work.
2. Allow workers more flexibility about when and where they work.
3. Increase the stability of work schedules and prevent constant changing work shifts.
4. Provide workers with opportunities to identify and solve workplace problems.
5. Keep the organization adequately staffed so that workloads are reasonable.
6. Encourage leadership and management to support workers’ needs.
7. Take steps to foster a sense of social belonging among other workers and peers.

4. Please describe any programs you are aware of that help employers to fund or otherwise develop interventions or services to support health workers’ mental health and well-being.

Besides support from workers’ compensation insurance providers, the limited resources available to the public need more support. Healthcare providers also need to address the mental health and wellbeing provided based on insurance coverage. When workers need help, there should be a lifeline to discuss concerns expressed by the individual. The concerns can range from how to care for a sick child to what can be done to prevent eviction from the residence. Mental health and wellbeing not only deal with the mental aspects of the crisis which may be causing concern. Without adequate support, the questions remain unanswered, the quality of life remains unsatisfied, creating more distress, anxiety, and depression.

Support groups are wonderful for addressing many issues related to mental health and wellbeing. Employers should have a more candid conversation about these issues and a more robust discussion about mental health and psychosocial disorders. Bringing in

5 https://workwellbeinginitiative.org/employertoolkit
6 https://hbr.org/2021/10/7-strategies-to-improve-your-employees-health-and-well-being
psychiatrists and phycologists to talk with workers either as a group or one-on-one can help. Leadership and management should not stigmatize workers for seeking help. Alternatively, there may be nonprofit organizations that provide limited services to support small businesses. If these nonprofits can help, there should be more public awareness of their existence and how they can help workers or their families in distress.

Training and education are essential to both management and the workforce regarding the symptoms of mental health and psychosocial concerns. Understanding ISO 45001 and ISO 45003 standards can be useful to help employers manage mental health and psychosocial risk.

Questions About Workplaces

5. Please tell us about any workplace policies designed to protect workers from stress and adverse mental health outcomes and to address these issues. Describe the part(s) of your organization involved in work-associated stress prevention efforts.

Large organizations with more resources can offer their workforce more benefits than small to mid-size employers. They also can have written policies that address the issues and circumstances surrounding the triggers related to mental health. In addition to providing the necessary resources, larger employers can offer counseling and treatment for disorders, which may not be accessible to smaller employers.

Besides policies, employers need to train their supervisors and managers in how to recognize situations or personnel in need of help. Having a candid conversation may be the first step. However, many supervisors and managers never receive any training on mental health concerns nor are they aware of any written policy, program, or operating procedures. Human resources may understand what can be done to help, yet many people are afraid to report a situation or ask for help. Employers should openly discuss mental health and what the employer can do and what is available. Some of these issues may be conjoined with legal and social issues that may be out of the purview of human resource professionals. Nonetheless, there should be a mechanism to provide direction to find the necessary solution.

One effective practice for improving mental health in the workplace is to destigmatize mental health issues and communicate to employees about intervention or assistance programs. An individual’s perception of mental health and the stigmas associated with mental illness may interfere with his or her decision of whether to seek care. Recognizing workers’ mental health struggles and offering resources to those seeking assistance can help employees navigate mental health.

In addition, diversity, equity, and inclusion efforts should be prioritized. Experiencing discrimination, inequities, and exclusion in the workplace have major impacts on mental health, physical health, and psychological safety.
Questions About Health Workers' Communication Preferences

6. Please tell us about your workplace’s most effective methods of informing health workers about available interventions, services, and workplace practices and policies, including but not limited to: Notification channels, trusted messengers (e.g., upper management, front line supervisor, union representatives), and efforts to reach workers who are underserved by mental health/behavioral health resources.

Simple ways to start destigmatizing matters associated with mental health include matter-of-fact discussions in familiar settings such as team and toolbox meetings, organizational communication, small-group conversations about individuals’ experiences, using employee assistance programs (EAPs), or sharing strategies to support mental well-being. As already presented above, implementation of the ISO 45001, 45003, and 45005 standards are valuable resources that can be utilized to drive management change to improve the culture and climate of work, mental health, and psychosocial risk.

While direct communication from front-line supervisors is perhaps the most effective, other means of communication include webcasts from human resources, EAP providers and health benefits providers, intranet/company website articles and notifications, and wellness apps. However, such methods tend to reach only active users, while consistent supervisor communication has more impact and reaches all employees.

Organizations with few internal resources or benefits could connect with community and public services such as hotlines, text supports, and mental and behavioral health providers and be prepared to refer employees.

7. In your experience, do workers seek mental health and well-being information outside the workplace and, if so, where (e.g., community-based, faith-based)? Do health workers generally find sources of information outside the workplace more trustworthy and credible than employer-based programs? If so, what is the basis for this understanding and what efforts have you undertaken to address such concerns?

Faith-based and community-based organizations provide a social outlet for workers and their families. Other venues include civic meeting places, union halls, barbershops, and salons where workers can socialize after work. These venues do not provide professional assistance to address specific mental health issues. Only trained mental health professionals can offer advice and counseling to help workers with their concerns or need for help.

Internet and social media sites are additional sources of information and assistance, while some reputable sites provide accurate information and support; there are more that are unsupported and possibly harmful.
Conclusion and Next Steps

Health and safety organizations nationwide, along with mental health professionals, human resources, public health, and management organizations, have begun a dialog with Federal and State governments about the capacity and capability of delivering mental health services in their communities. Examples of corporate written policies, programs, and procedures in conjunction with the ISO standards should be developed to construct a framework for health care and other employers to use. Training and education should highlight the need to break down the stigmatism and raise awareness of the issues that contribute to mental health and psychosocial disorders. People should also be unafraid to openly talk about mental health issues that affect them at work and home. A better workplace includes a total understanding of the mental and psychosocial issues that affect worker performance, productivity, quality of products and services, and the opportunities to reduce risk and liability while promoting a safe and healthy work environment for all.

Promising practices from industries outside of the health industry should be considered as well. Supportive supervision practice has been shown to reduce stress and increase psychological health in team members. Dr. Leslie Hammer at the Oregon Institute of Occupational Health Sciences research team is currently conducting several studies, furthering their work on this topic.

Also in Oregon, multiple construction firms, organized labor groups, and insurance companies have recognized that suicide risk and mental health challenges are jobsite safety issues and formed the Construction Suicide Prevention Partnership in 2019. The partnership aims to prevent suicide and promote mental health by developing and implementing a unified strategy for reducing suicide and promoting mental well-being in the construction industry. It envisions the industry building a culture of mental wellness to match the culture of physical safety that the industry has worked so hard to create. These and many other promising practices to reduce stress, increase psychological and mental health could be adapted by health care and other industry groups.

AIHA thanks you for the opportunity to provide feedback on this RFI and looks forward to working with NIOSH to help prevent work-related stress and improve the mental health of health and all other workers. If you have any questions on these comments or other matters, please contact Mark Ames at mames@aiha.org or (703) 846-0730.

Sincerely,

Lawrence Sloan, MBA, FASAE, CAE
Chief Executive Officer
AIHA

7 https://www.suicide-stops-here.org/
About AIHA

AIHA is the association for scientists and professionals committed to preserving and ensuring occupational and environmental health and safety in the workplace and community. Founded in 1939, we support our members with our expertise, networks, comprehensive education programs, and other products and services that help them maintain the highest professional and competency standards. More than half of AIHA’s nearly 8,500 members are Certified Industrial Hygienists and many hold other professional designations. AIHA serves as a resource for those employed across the public and private sectors as well as to the communities in which they work. For more information, please visit [www.aiha.org](http://www.aiha.org).