

**ECONOMIST  
IMPACT**

# **Examining innovative methods to improve mental health in the workplace**

**Methodology**



Supported by

**lyra**

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## Background

Economist Impact, supported by Lyra Health, has conducted research on mental health in US workplaces and published our findings in a white paper titled, "Examining innovative methods to improve mental health in the workplace". The report discusses the growing need for workplace mental health intervention, explores findings from in-depth research related to workplace mental health programs and presents a series of evidence-based strategies for improving workplace mental health outcomes, across four domains.

## Methodology overview

As part of this research, Economist Impact has conducted a mixed-methods research program, including:

1. A targeted literature review and secondary desk research to understand the evidence base
2. Expert interviews
3. A series of focus group discussions
4. A social media listening exercise

Each component of this methodology adds a level of depth to our research. We began with a literature review to evaluate the evidence base and guide our analysis. Then, we conducted a series of expert interviews and focus group discussions to understand real-world experiences with mental

health in the workplace. Finally, we conducted a social media listening exercise to supplement our findings with information gleaned from candid, social conversations. The methodology for each component of our research is included below.

## Literature review

Economist Impact conducted a targeted literature review, following a pragmatic methodology. The review focused on the burden of mental health in US workplaces and programs designed to improve employee mental health. We also reviewed a variety of existing frameworks for developing effective workplace mental health programs. The review was designed to identify key papers and evidence to inform the development of our analytical framework (described below). The review also served to identify evidence-based strategies for improving mental health in the workplace that can be used by employers and other stakeholders to create effective workplace mental health programs.

The evidence review used a range of search approaches including a focused bibliographic database search (in PubMed, Google Scholar, etc.) and supplemental search techniques such as citation and author searches, scanning of reference lists and related-articles searching. Table 1 details the PICO framework and inclusion/exclusion criteria for the search.

**Table 1. Evidence review framework**

PICO (T)	Includes/Excludes
<b>Problem/Population:</b> Employees in the US	<b>Includes:</b> <ul style="list-style-type: none"> <li>• English</li> <li>• Contain 3 or more of key search terms</li> <li>• Case studies, observational studies</li> <li>• ROI/Cost-benefit of specific interventions or clinical areas</li> </ul>
<b>Intervention/Indicator:</b> Workplace mental health	
<b>Outcome:</b> Innovations that offer mental health benefits to employees	<b>Excludes:</b> <ul style="list-style-type: none"> <li>• Non-English language</li> <li>• Non-US based companies</li> </ul>
<b>Time:</b> Evidence within the last 10 years	

While the evidence review served as the initial broad basis for the study, additional secondary research was also conducted as necessary.

### Framework development

The framework presented in “Examining innovative methods to improve mental health in the workplace” includes four domains and a series of subdomains, created to encompass all areas of workplace mental health programs:

- **Domain 1: Build a supportive workplace**
  - Adopt positive leadership practices
  - Foster community and peer engagement
  - Reduce stigma
- **Domain 2: Improve ways of working**
  - Avoid and address burnout
  - Encourage autonomy and meaning
  - Provide opportunities for growth
- **Domain 3: Meet employees where they are**
  - Support employees with mental health challenges
  - Improve mental health promotion
  - Focus on prevention
- **Domain 4: Expand beyond the workplace**
  - Achieve work/life balance
  - Ease external stressors

Economist Impact used this framework to inform the remainder of our data collection and analysis (i.e., expert interviews, focus group discussions, social media listening and additional desk research).

### Challenges and limitations

Our literature review followed a pragmatic methodology but was neither systematic nor exhaustive in scope. Rather, the literature review was primarily focused on the objectives and topics outlined above.

## Focus group discussions

To better understand perspectives related to mental health in the workplace, we conducted a series of six focus group discussions (FGDs). Participants were divided into two categories for discussion: employers and employees. Within each category, we divided participants into discussion groups based on organization size: companies with 250+ employees and companies with less than 250 employees. FGDs for each group were conducted separately.

### Participant demographics

Employer and employee FGD participants were recruited representing a variety of backgrounds and industries.

### Industries

- Technology/IT/telecommunications (software development, computer programming, etc.)
- Financial services, banking and insurance
- Healthcare, hospitals, clinical settings/offices, labs
- Public sector (local, state, federal government)
- Manufacturing, machinery and industrial (automotive, aerospace, defense, chemicals, etc.)
- Higher education
- Retail/ consumer goods (including E-commerce/big box stores)
- Other

We conducted four FGDs with employers, each with roughly five participants and lasting about one hour. Participants in employer discussions were members of upper-level management or C-suite executives. We conducted two FGDs with employees, each with 10-20 participants and lasting roughly two hours. Participants in employee discussion groups had varying degrees of seniority ranging from entry-level to mid-level management.

### Challenges and limitations

For our FGDs, Economist Impact identified a set of limitations that could inhibit the scope of analysis. For example, FGD participants may not feel comfortable speaking freely in group settings. In addition, FGDs were conducted virtually and thus, only included participants with access to the internet.

When coordinating FGDs, scheduling presented a challenge: all participants were employed full-time and as such, some could not take time away from work to participate in the discussion. However, we offered multiple time slots to our participants in an attempt to overcome this challenge.

### Social media listening

To better understand the social conversations and general feelings related to mental health in US workplaces, we conducted a social media listening exercise using Meltwater. Meltwater provides comprehensive media monitoring and analysis across online news, social media, broadcast, and podcasts.<sup>1</sup> For this analysis, we selected Twitter as the primary social media platform for the following reasons:

- Twitter limits tweets to 140 characters, resulting in concise messages.
- It includes a diverse set of users (e.g., organizations, employees, media organizations, etc.)
- Twitter collects a considerable amount of data on its users (e.g., interests, occupation, gender, etc.) that was useful in our analysis and available through Meltwater.

We designed search terms for this portion of the analysis to capture social conversation related to the four domains described above. The initial search returned more than 98k original tweets, across the four domains. From this total, we generated a sample of 400 random tweets using RStudio for relevancy and topic analysis.<sup>2</sup>

More information about our search strategy is available upon request.

### Relevancy analysis

During relevancy analysis, we tagged tweets within the random sample according to function:

- Advocacy: Tweets showing general, public support about mental health in the US
- Media sharing: News articles, research and other media intended to spread content related to mental health in the US workplace
- Social conversation: Tweets sharing personal thoughts, opinions and experiences with mental health in the workplace
- Programs and services: Specific mentions of programs, interventions or services that are intended to improve mental health in the US workplace
- Not relevant: Tweets that did not satisfy the requirements of previous categories or were outside the scope of this analysis

Relevancy analysis found that roughly 21% of tweets in the total sample were not relevant to this investigation (Table 2).



**Table 2. Results of relevancy analysis**

Relevancy	# in sample	% of sample
Relevant	317	79.25%
Not relevant	83	20.75%

Table 3 includes for initial findings related to the functionality of relevant tweets:

**Table 3. Tweets by category**

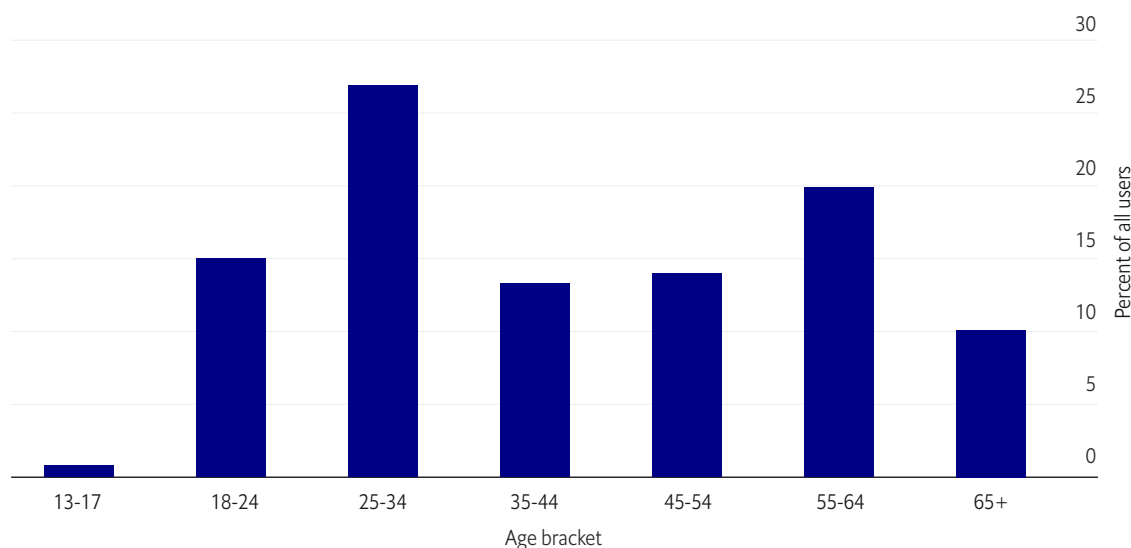
Category	# in relevant sample	% of relevant sample
Advocacy	67	21.14%
Social conversation	115	36.28%
Media sharing	112	35.33%
Programs and services	23	7.26%

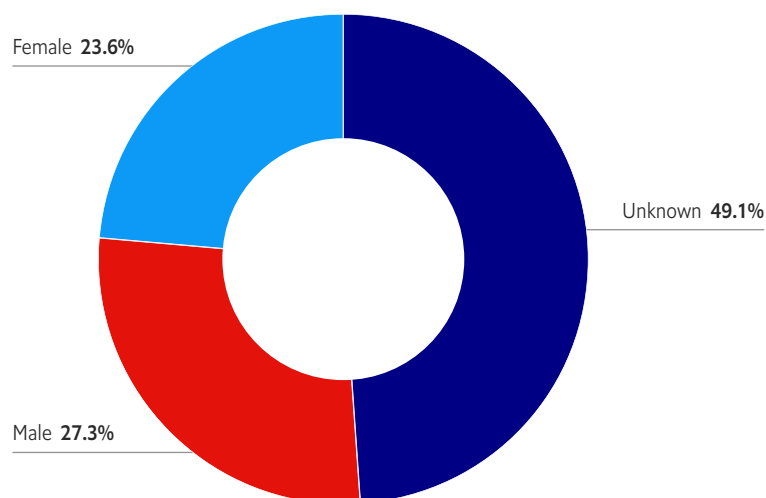
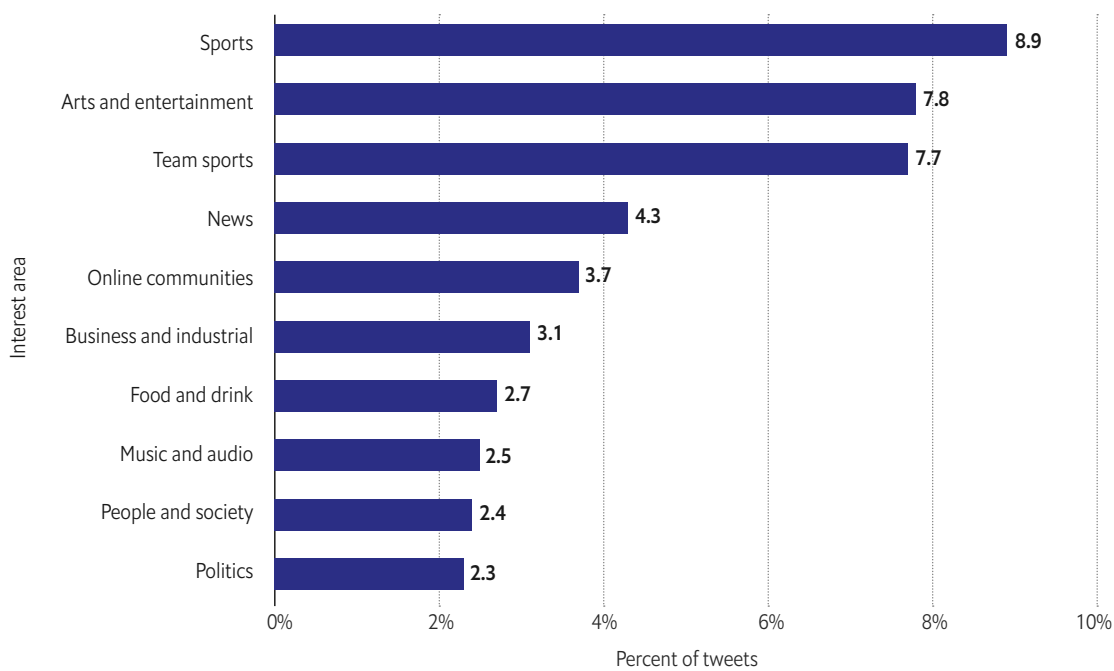
### Topic analysis

After sorting tweets within the random sample into categories for function, as described above, we conducted a thorough review of relevant tweets to understand the topics and content within each category. Key findings are included in our report.

### User demographics

During collection of the master set of tweets (98k), we also collected demographic data for Twitter users. We used this information to gain insight into the population of Twitter users responsible for the content included in our search. We did not use demographic information to sort or exclude tweets from our analysis.

**Figure 1. Age breakdown of Twitter users included in master set of tweets**

**Figure 2. Gender breakdown of Twitter users included in master set of tweets****Figure 3. Top interests of Twitter users included in master set of tweets**

### Challenges and limitations

For our social media listening exercise, Economist Impact identified a set of limitations that could inhibit the scope of analysis:

1. Demography of Twitter's user-base  
Those who use Twitter may not be representative of the broader society from which they are drawn. The user-base of Twitter changes over time and also varies from country to country, but typically tends to be younger, more urban and more affluent than the wider societies within which they belong. They also tend to be more avid users of other digital technologies.
2. Location of users  
Location is an important aspect of representation and people who live in different parts of a country often hold consistently different attitudes. This could result in systematic biases in the attitudes when the Twitter users studied are disproportionately drawn from certain geographic areas.
3. Relevance of tweets  
Collecting tweets using keyword searches could present a set of results that are irrelevant to our topic. The keywords that we use to collect tweets are crucial, to balance recall and precision. While we took great care to remove or exclude irrelevant tweets, some tweets in the master set were not useful to our analysis.
4. Prolific accounts  
According to research, the most vocal 10% of Twitter accounts produced 90% of tweets i.e. it is likely that the role of power users will have different sizes of roles in different kinds of conversations online. Prolific accounts may in socio-demographic terms be different to both Twitter's user-base and wider society. They may have functional differences too and different relationships or experiences with workplace mental health.

### 5. Comparability

Users of platforms like Twitter tend to develop their own norms of behavior, their own sub-cultures and forms of language and expression. For instance, Twitter - for some users - might be considered a place where certain language is expected to be exaggerated and where emotional posts are more likely to be interacted with.

## Strategy evaluation

The evidence-based strategies within each subdomain were evaluated based on two sets of criteria (see Figure 6 in our report): (1) potential to improve mental health outcomes based on the evidence from our in-depth literature review (2) features of successful mental health programs as detailed in The US Surgeon General's framework for workplace mental health & well-being. This analysis is presented in our report as a blueprint for creating effective mental health interventions.

### Potential to improve mental health outcomes

For each strategy, we sorted sources from our in-depth literature review into 3 categories based on the strength of the evidence presented:

1. Potential for positive impact  
Sources within this category include evidence that the strategy (or a relevant intervention) has a direct, positive impact on workplace mental health outcomes
2. Potential for considerable impact  
Sources within this category include evidence that (a) the strategy (or a relevant intervention) could fill a demonstrated gap in mental health programs or improve negative mental health outcomes or (b) there is potential for a positive impact.
3. Potential for weak impact  
Sources within this category do not include evidence that the strategy (or a relevant intervention) has an impact on workplace mental health outcomes.



Following categorization using the above criteria, we assigned up to three stars to represent the strategy's potential to improve mental health outcomes:

- 3 stars indicate that the majority of sources related to the strategy were categorized as "potential for positive impact"
- 2 stars indicate that the majority of sources related to the strategy were categorized as "potential for considerable impact"
- 1 star indicates that the majority of sources related to the strategy were categorized as "potential for weak impact"

For sources where there was a tie between categories, we took the average number of stars.

### Features of successful mental health interventions

Strategies were also evaluated using The US Surgeon General's framework for workplace mental health & well-being.<sup>3</sup> The Surgeon General's report identifies 6 features of successful and

comprehensive workplace mental health programs, centered on worker voice and equity, which we have discussed in our report as an existing framework for planning workplace interventions. In addition, we have noted where the evidence-based strategies identified in our analysis align with these features. It should be noted, however, that comprehensive workplace mental health programs encompass all six features identified by the Surgeon General's report. While none of the individual, evidence-based strategies satisfy all six requirements, they can be used in combination to create meaningful and comprehensive workplace mental health programs.

### Challenges and limitations

The evaluation process to determine "potential to improve mental health outcomes" focused only on the sources included in our literature review. The evaluation process regarding "features of successful interventions" involved application of an existing framework and as such, is subject to the limitations of the US Surgeon General's framework.

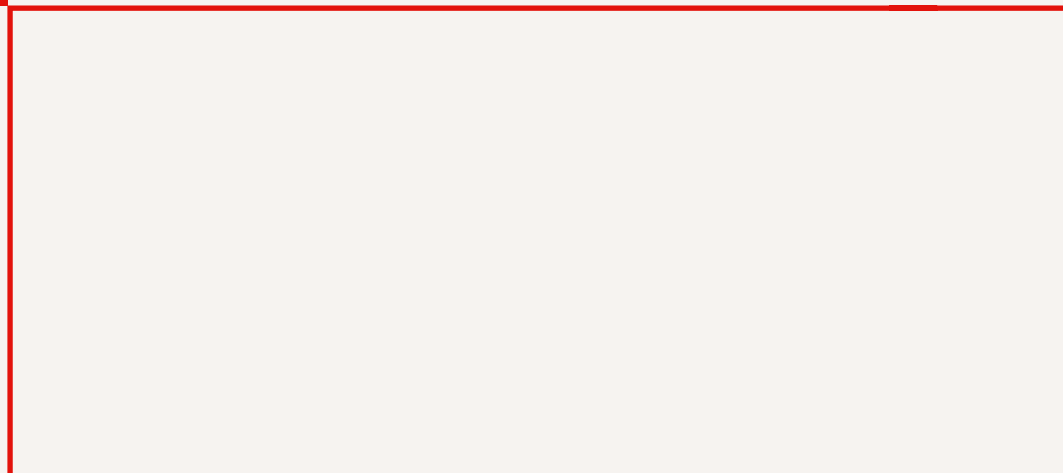


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