

# Toward A Public-Private Collaboration: Listening to Leadership's Needs for Mental Health, Substance Use and Opioid Solutions

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*Written Oct 13, 2022 by Joel Bennett*



Employers are increasingly burdened due to labor shortages and productivity losses exacerbated by COVID, the Great Resignation, opioid-related concerns and political, racial and social strife. However, despite many studies, not much is

known about leader perceptions of mental health risks in their workforce. We also do not know how these perceptions differ in public versus private sectors.

Public-private collaborations can offer solutions to growing concerns about workforce mental health and substance use. This article reports on research comparing leader perceptions of mental health risks and solutions in for-profit, not for profit, and governmental agencies. For readers wanting solutions for increased community well-being, our findings can serve as a basis for discussion between public and private entities. As you read, think about the results applying to your own organization and to the economic situation in your community.

As 2022 began, we anonymously surveyed workplace leaders from 22 counties (mostly rural and suburban) in central New York state. The survey sought to identify the impact of mental-health related exposures on executives, directors and managers, what their workplaces were doing to address these exposures, and preferred future efforts. We especially wanted to know the importance of opioid-related issues, compared with problems in health, stress, burn-out, depression and fatigue, as well as alcohol and other drug issues.

Our interest in workplace opioid impact was driven by greater problems in the rural and suburban counties surveyed, as this trend matched national data pointing to greater risks in rural America.

For example, [NYS Department of Health surveys](#) revealed that rates of opioid overdose emergency department visits were significantly greater in our surveyed counties (as high as 80, 90, or 100 cases per 100,000 in 2021) compared to New York City (48 cases per 100,000).

These issues remain a continued national labor concern. In September of 2022, the Biden administration announced new funding to address the overdose epidemic, including a focus within the U.S. Department of Labor on “Recovery Ready” [workplace resources](#).

## **People are Calling in Sick and Band-Aids Don’t Work**

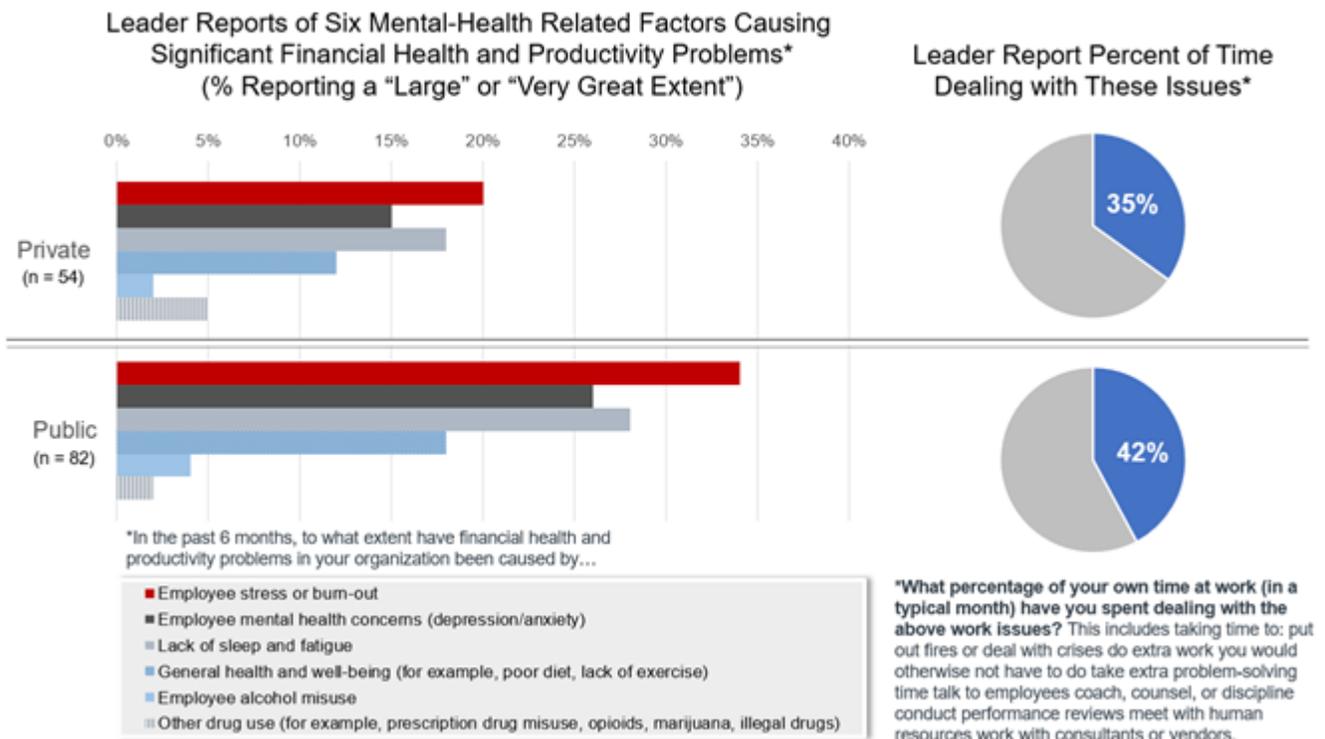
Leaders from all industries seemed to agree on two core ideas: employees don’t want to work as much as they used to; and employers need to move beyond a band-aid approach and develop more systemic solutions if they are going to address the general problems previously noted.

“We are already thin due to labor shortage,” reported an owner from a small business in rural Broome County. “People are calling in “sick” at a much higher rate than before. “Sick” now means they just don’t want to come in.”

Our survey results showed leaders were often twice as likely to report that significant financial health and productivity problems in their organizations were caused by employee mental health-related issues (e.g., stress, burn-out, depression, anxiety, fatigue) than from health concerns (poor diet and lack of exercise). This “mental health versus physical health” difference was most striking in the public sector. (See Exhibit A.)

A director from a large non-profit healthcare organization near Rochester reported: “Numerous strategies have been tried to help employees reduce stress. None of these are a match for workplace stressors. Our money would be better invested in pushing back against insurance and regulatory agencies that require irrelevant documentation. Band-aid solutions allow employers to believe they are working on the problem. This can amount to blaming the workers for not being able to cope with a broken system which — predictably — breaks people.”

### Exhibit A: Public and Private Sector Perceptions of Mental Health-Related Exposures in Their Workplaces



Overall, public sector leaders reported more significant problems that required more time to address. They were more likely to report that employee burnout, mental health concerns and fatigue were causes of financial health and productivity problems. Employee stress or burnout had the greatest negative impact (34% of public and 20% of private leaders reporting significant consequences). Employee's lack of a healthy diet or exercise were perceived to have a lower impact (18% and 12%, respectively). Less than 5% of respondents reported that alcohol or other drug use (including opioids) hurt financial health.

Respondents also reported how much of their time was spent dealing with the noted issues. This included putting out fires or dealing with crises to “do extra work you would otherwise not have to do.” Respondents spent, on average, 39% of their time in a typical month. Public sector leaders spent more time (42%) compared with private sector (35%).

### **Substance Use is a Leadership Concern**

We interviewed workplace leaders to discover why substance use was a lesser concern. The more they talked about problems at the personal and local level (“in their own backyard”) the more salient were alcohol, drug, and opioid issues. Most agreed that stress, burn-out, and mental health were *perceived* to be greater drivers of staff shortages. One local EAP provider commented: “Employers lack understanding about how worker substance misuse and addiction issues can affect (and are) affecting individuals and their work performance.”

Those most likely to highlight opioid concerns worked with both *public and private entities in their local communities* (e.g., workforce development, county health). They described recent increases in substance use problems in the foster care system and amongst those transitioning into, or returning to, the workforce.

Directors of chambers of commerce were more sensitive to the pain lying behind opioid concerns due to their training in mental health or addiction in their family. They knew local small business owners suffered because of employees struggles with substance misuse.

Ray Pucci, president of the Delaware County of Chamber of Commerce, commented:

“The impact of adverse childhood experiences (ACEs) is a significant risk to employability and substance use issues in the transitioning workforce. ACEs are

ignored by employers and in public discussion even though it impacts employee recruitment and retention. Even when emergency department rates increase due to overdoses, the public conversation turns to COVID, mask-wearing, and other politicized issues.”

## **What About Substance Use Prevention?**

Taken together, these insights required a survey strategy that could dig deeper into employer perceptions. We asked respondents whether they currently had and wanted strategies in nine areas: six mental health and communication programs, and three substance use related programs.

Exhibit B reports current programs in place. Depression and stress coaching and counseling was the most frequently offered (55% by public and 35% of private), followed by communication, team building, and “soft” skills development (41% for both sectors). While substance use prevention programs were less common, the public sector was more likely to report having them (roughly 26% versus 16% in the private sector).

Respondents then rank ordered their preferences for these same nine programs in the future. In general, there were no major public-private differences. Coaching and counseling; manager training on stress; and team building were the most popular for both public and private sector (between 15% and 30% ranked these high). In contrast, all three substance use areas were endorsed by less than 5% as a top-ranked need. (See Exhibit B: Mental Health and Substance Use Programs Available.)

## Mental Health and Substance Use Programs Available (Private Versus Public Sector)

### Mental Health and Communications Programs

**DEPRESSION AND STRESS COACHING OR COUNSELING.** Free/subsidized lifestyle coaching/counseling to help employees manage depression or major stress.

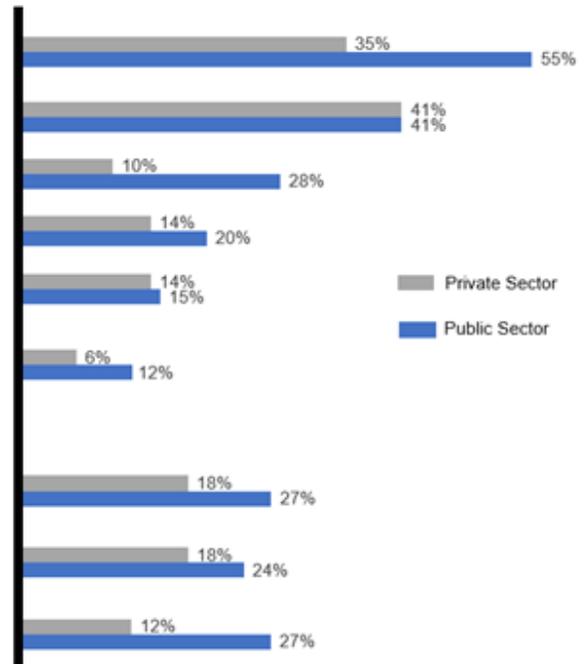
**COMMUNICATION, TEAM BUILDING, AND "SOFT" SKILLS DEVELOPMENT.** Includes listening skills, teamwork, team strengths, and practices to improve the work culture.

**MANAGER TRAINING ON STRESS.** Train managers to recognize and reduce workplace stress related issues for themselves and the employees.

**POSITIVE RESILIENCE AND THRIVING.** Train employees on positive attitudes toward stress, resilience, and thriving as an individual and as a team.

**MIND-BODY PRACTICE: MINDFULNESS, MEDITATION, YOGA.** Programs (lunch and learns, webinars) for meditation, relaxation, yoga, tai chi, deep breathing.

**EDUCATION ON SLEEP HABITS AND SLEEP DISORDERS.** Interactive educational programs (workshops, lunch and learns, webinars) that address sleep habits and treatment of common sleep disorders.



### Substance Use Prevention

**EDUCATION ON HEALTH PROMOTION INTEGRATED WITH SUBSTANCE USE PREVENTION.** Interactive educational programs (for example, workshops, lunch and learns, webinars) that integrate health promotion with substance use prevention.

**ALCOHOL AND OTHER DRUG USE ASSESSMENT AND FEEDBACK.** Alcohol and other substance use screening (for example, through health risk assessment) followed by brief intervention and referral for treatment.

**ANTI-STIGMA CAMPAIGNS AND PROMOTE A RECOVERY-FRIENDLY WORKPLACE.** Institute policies and practices that reduce the stigma of mental health and substance use disorders for employees and family members.

## Identifying Opioid-Related Prevention Interventions

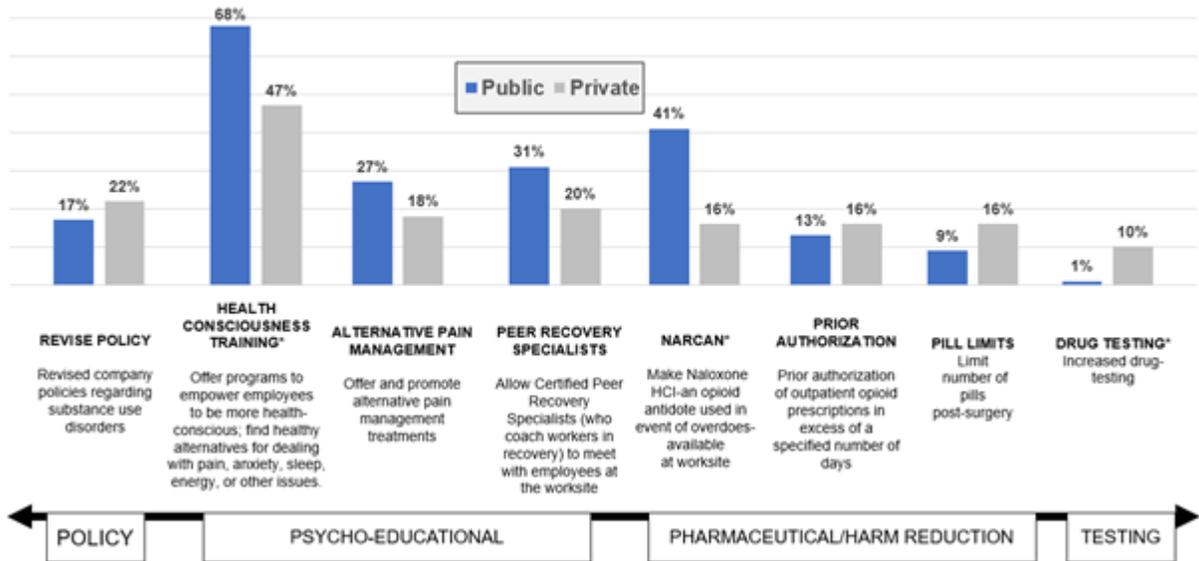
It seemed that employers were less impacted by, less likely to have programs for and less interested in substance use. But we remembered leaders who told us tragic stories about loss, emergency department data, and difficulties with turnover, recruitment, and retention specifically due to addiction and substance problems.

So, we asked: “Imagine your organization implemented the three services you selected above. To what extent would these help with reducing your employees' substance misuse risk and improving their mental well-being?” Overall, 58% of public sector leaders reported “a lot” or “a great deal” compared to 27% of private sector respondents. Despite this difference, 26% of respondents from both sectors felt preventing prescription drug and opioid misuse was as important as their top ranked choices.

Hence, many felt current programming could address substance use or that opioid strategies were important. Our survey dug deeper, asking about respondent interest in eight different types of such strategies. (See Exhibit C: Leader Interest in Offering Programs That Address Prescription Drug and Opioid Misuse.)

## Leader Interest in Offering Programs that Address Prescription Drug and Opioid Misuse

\* Indicates significant difference between public and private sector respondents



Among these, health consciousness training (education on healthy alternatives) was most preferred by both sectors and significantly more by public (68%) versus private respondents (47%). This was followed by making Narcan available at the worksites (41% versus 16% respectively). Both private and public sector had equal degrees of interest in revising policies, alternative pain management, prior authorization, and pill limits. Although it was the least popular preference, increased drug testing was more commonly endorsed by private (10%) than public sector (1%) respondents.

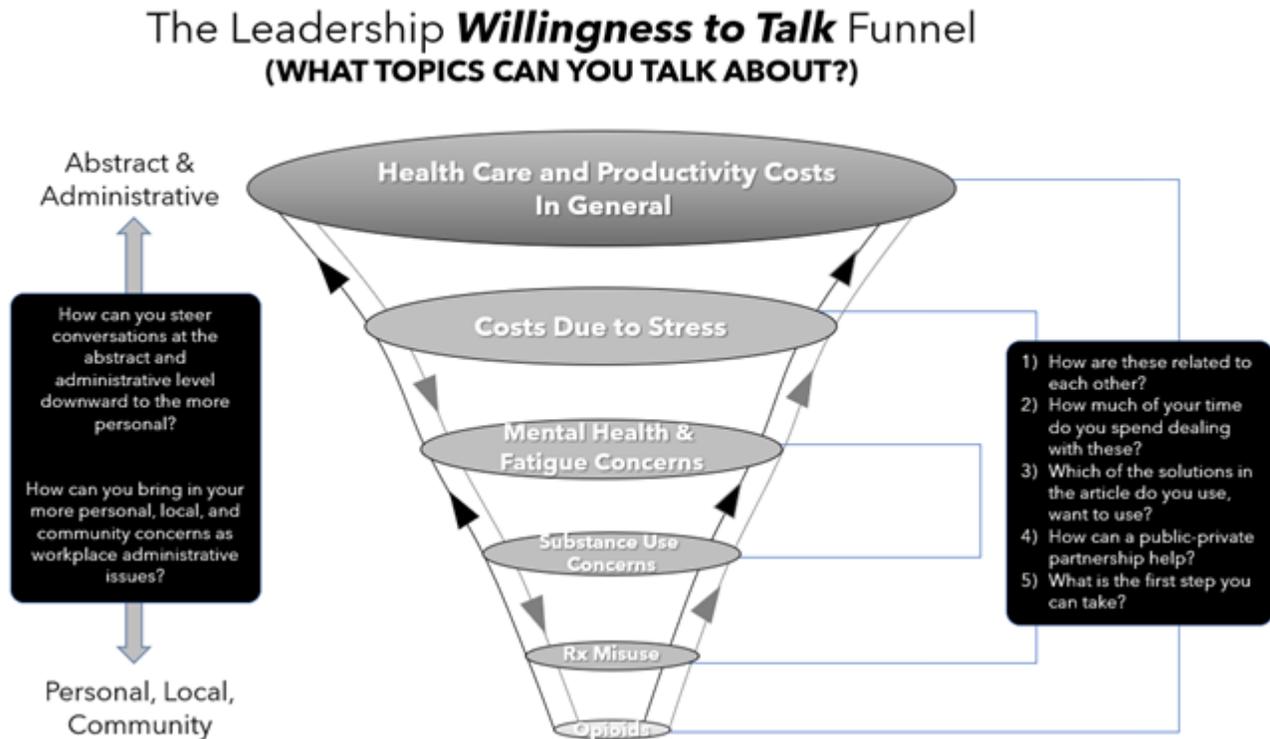
### Have the Leader-to-Leader Conversation

This article began with a call for public-private collaboration to help address employer burdens due to mental health issues and, more specifically, the opioid overdose epidemic. The survey questions provided here mirror how private-public conversations might start and develop.

At first blush, leaders may be more likely to talk about stress, than mental health, than fatigue and, only after more discussion or probing, will the topic of substance misuse come up. So, as we did, first ask “How much time are you having to deal with these issues?” (See Exhibit A.)

But dig deeper. Leaders in the public sector may need to invite more conversation and outline diverse strategies. In other research we found more programs (from Exhibit B) offered, the less productivity costs due to mental health exposures. Talk about what you are doing (and what you hope to do) in each of the areas

described in Exhibit B and Exhibit C. Explore ways to articulate a more strategic approach for their region. (See Exhibit D: The Leadership Willingness to Talk Funnel.)



There are many solutions available to address worker risk for misuse of prescription drugs and opioids. In the last analysis, everyone benefits when there is more conversation about strategies that go beyond a band-aid or single program approach. We hope you find something here to talk about. Even more, we hope that by talking, you collaborate and take needed action.

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### *About the Author*

*Joel Bennett is CEO of Organizational Wellness & Learning Systems (OWLS), author of six books, and a highly recognized speaker/consultant for integrating evidence-based workplace well-being with mental health strategies.*

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