

MENTAL HEALTH & WELLBEING IN THE WORKPLACE

A Leadership Guide to Reflect, Act, and Drive Systems Change

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EXECUTIVE SUMMARY

Stress is not a personal issue; it is a business risk. Research consistently shows that workplace stress, strain, and burnout cost workplaces billions of dollars annually through lost productivity, elevated healthcare expenses, and high turnover. Yet the response to these realities in most workplaces remains surface-level: a gym membership or a one-time workshop.

That is beginning to change. Over the past several years, workplace wellbeing has moved up the organizational agenda. Deloitte's 2023 Global Human Capital Trends report found that 80% of workplaces now say wellbeing is important or very important to their success, and many are investing accordingly, adding mental health benefits, expanding employee assistance program (EAP) services, and launching wellbeing programs across the workplace. But investment alone has not delivered the results most leaders expected. A 2023 McKinsey study found that despite increased spending, burnout rates have remained high and engagement has not improved. The gap is not a spending problem; it is a strategy problem. Workplaces are investing in wellbeing offerings without addressing the underlying conditions that make people unwell in the first place, and without ensuring access for the people who need them most.

This white paper makes a different argument: that multidimensional wellbeing, one that attends to the whole person, the workplace, and ultimately the community, is no longer optional. It is a business strategy. And it begins with leaders who are willing to examine not just what they offer, but how equitably and meaningfully those offerings reach the people who ensure their workplace's sustainability and success.

This is designed for leaders who want to move beyond awareness and into intentional action. It presents evidence-based frameworks, case studies, and practical tools for building a culture of wellbeing across three interconnected pillars: Organizational Change, Leadership Development, and People Experience.

THE BUSINESS CASE AT A GLANCE

60% of employees say stress impacts their job performance ADAA	\$973K annual cost of stress for a 500- person organization SHRM Foundation	\$1→\$5 ROI for every \$1 invested in mental health programs OneMind at Work
35% of working Americans report chronic work stress APA, 2018	34% of salary lost per actively disengaged employee Gallup, 2017	\$190B in annual healthcare costs attributed to burnout Stanford/Management Science

Part 1: Reframing the Conversation — Wellness vs. Wellbeing

WHAT IS WELLBEING?

The terms wellness and wellbeing are often used interchangeably, but they are not the same, and for leaders committed to meaningful change, the distinction matters.

Wellness traditionally refers to the absence of illness and the presence of healthy physical behaviors: exercise, nutrition, preventive care. It is a narrower, more clinical concept, one that has shaped workplace programming for decades in the form of gym subsidies, step challenges, and annual health screenings. These initiatives are not without value, but they are insufficient when considered in isolation.

Wellbeing is broader and relational. It encompasses how people feel about their lives as a whole; their sense of purpose, belonging, financial security, emotional health, relationships, and capacity to grow. The World Health Organization defines mental health not as the absence of mental disorder, but as a state of wellbeing in which the individual realizes their own abilities, can cope with the stressors of life, can work productively and fruitfully, and is able to make a contribution to their community (WHO, 2004).

"Wellbeing is not the destination. It is the condition under which people do their best work, build meaningful relationships, and contribute fully in the workplaces and communities they are part of."

— Joelle Monaco Consulting, LLC

A MULTIDIMENSIONAL APPROACH TO HEALTH & WELLBEING

A multidimensional model of wellbeing recognizes that human health is not siloed. Physical health affects mental health. Financial stress affects concentration and decision-making. Belonging at work affects immune function. Social connection affects longevity. These dimensions interact constantly, and workplace programming that addresses only one will fall short of meaningful impact and sustainability.

The most widely cited multidimensional models of wellbeing include dimensions such as: physical, emotional, social, occupational, financial, spiritual, intellectual, and environmental wellbeing (SAMHSA, 2016). Contemporary workplace frameworks increasingly integrate these domains, recognizing that an individual who is physically healthy but financially challenged, socially isolated, or ethically conflicted at work is not truly well.

Wellness (Traditional)

- Focused on physical health behaviors
- Often program-based and episodic
- Measures participation and biometric outcomes
- Tends to be offered as a perk or benefit
- Places responsibility on the individual
- Defines health as absence of disease

Wellbeing (Multidimensional)

- Encompasses physical, emotional, social, occupational, financial, spiritual, intellectual, and environmental wellbeing
- Embedded into culture, policy, and leadership practice
- Measures experience, equity, purpose, and belonging
- Recognized as a workplace and ethical responsibility
- Distributes responsibility across individuals and systems
- Defines health as the capacity to thrive

FROM NICE-TO-HAVE TO BUSINESS STRATEGY

For much of the 20th century, workplace wellbeing was treated as a discretionary benefit, something forward-thinking workplaces offered, but that most treated as optional. That era is over.

A 2022 McKinsey Health Institute survey of over 14,000 individuals across 18 countries found that poor workplace wellbeing was associated with nearly four times higher rates of burnout, nearly three times higher rates of intent to leave, and significantly lower productivity and innovation outputs (McKinsey Health Institute, 2022). Deloitte's 2023 Global Human Capital Trends report identified wellbeing as a critical business driver, noting that workplaces failing to address it face structural disadvantages in talent acquisition, retention, and performance.

The message from the data is consistent: workplaces that invest in multidimensional wellbeing outperform those that do not; not marginally, but significantly. And workplaces that ignore it pay, in concrete costs including healthcare claims, turnover, absenteeism, and presenteeism.

Why Multidimensional Wellbeing Is Now a Business Strategy

- Talent expectations have shifted: 87% of employees now consider wellbeing support a key factor when evaluating employers (APA, 2023)
- The post-pandemic workforce has permanently changed: psychological safety, flexibility, and purpose are now baseline expectations, not differentiators
- Mental health conditions are the leading cause of disability worldwide, costing the global economy \$1 trillion per year in lost productivity (WHO, 2023)
- Generational workforce shifts mean younger workers increasingly choose workplaces based on values alignment and authentic wellbeing culture
- Regulatory and legal expectations are evolving: jurisdictions globally are expanding obligations around mental health accommodations and psychological safety

INDIVIDUAL WELLBEING, WORKPLACE WELLBEING & COMMUNITY WELLBEING

One of the most important reframings available to leaders is understanding that workplace wellbeing does not stop at the door. When people thrive at work, they carry that wellbeing into every other aspect of their lives. When workplaces invest in their people, communities feel it. The inverse is equally true: when workplaces are harmful, the damage extends far beyond the individual.

Individual Wellbeing

- Purpose, meaning, and identity at work
- Emotional regulation and resilience
- Physical health and energy
- Financial security and stability
- Social connection and belonging

Workplace Wellbeing

- Psychological safety and open communication
- Equitable access to benefits and support
- Meaningful work and role clarity
- Leadership that models wellbeing
- Cultures that value rest, boundaries, and humanity

Community Wellbeing

- Reduced demand on public mental health systems
- Families and caregivers who are supported, not depleted
- Civic participation and social cohesion
- Economic stability through workforce vitality
- Reduced healthcare and social service system strain

Leaders who understand this ripple effect take a different approach to wellbeing. They recognize that their decisions; about workload, scheduling, benefits access, psychological safety, and culture, extend beyond their teams and their workplaces. They understand that healthy workplaces build healthy communities, and that they have a meaningful role in both.

(WHO, 2004; SAMHSA, 2016; McKinsey Health Institute, 2022; Deloitte, 2023)

Annual Planning: Wellbeing Questions Every Leader Should Ask

- Does our strategic plan for the coming year name wellbeing as a priority, with budget and measurable goals attached, not just language?
- Are there populations in our workforce; hourly workers, part-time workers, shift workers who cannot practically access the benefits we currently offer, and what will we do about it?
- What training will our leaders receive this year to recognize stress, burnout, and moral injury, and are we holding them accountable for modeling the culture we say we want?
- How will we measure wellbeing this year, and what will we commit to doing with the data once we have it?
- When this year ends, what do we want our people to say about what it felt like to work here, and are we building toward that now?

Part 2: Understanding the Problem

WHAT IS WORKPLACE STRESS?

Stress involves a stimulus and a response, and it is the relational nature between these two elements that most matters. It manifests as a psychological, physiological, or behavioral reaction. In the workplace, stress arises from both internal factors including, low salaries, heavy workloads, unrealistic expectations, lack of growth opportunities, long hours and external factors including, finances, family pressures, and societal change.

What makes workplace stress particularly costly is its invisibility. An estimated 95% of individuals who take time off due to stress cite a different reason; a headache, an upset stomach, masking the real cause (Deloitte, 2017). Meanwhile, presenteeism, when individuals show up but cannot perform, quietly drains productivity every day, costing U.S. employers an estimated \$1,685 per employee annually (Integrated Benefits Institute, 2023).

Top 5 Internal Workplace Stressors (APA, 2018)

- Low salaries and insufficient compensation
- Lack of opportunity for growth or advancement
- Excessively heavy workload
- Unrealistic performance expectations
- Long or unpredictable working hours

WHAT IS BURNOUT & WHY LEADERS MUST CARE

Burnout is not just fatigue. Researchers identify three hallmark components: emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment (Maslach & Jackson, 1981). Unlike physical fatigue, burnout is driven by prolonged psychological stress and erodes the very qualities; creativity, empathy, commitment that make team members and leaders effective.

The financial impact is significant. Gallup estimates that actively disengaged individuals cost workplaces approximately 34% of their annual salary (Gallup, 2017). Burnout accounts for an estimated \$125–\$190 billion in healthcare costs each year (Goh, Pfeffer & Zenios, 2015; Stanford/Management Science). Turnover compounds these costs: replacing an entry-level individual costs 50% of their salary; a mid-level individual 125%; a senior individual over 200% (SHRM Foundation, 2011).

Leadership Reflection

- Do you know what percentage of your team members feel burned out right now?
- When was the last time you asked your team, not about tasks, but about how they are doing?
- Does your workplace culture reward long hours over sustainable performance?
- Are the systems in your workplace set up to support people, or to strain them?

BEYOND BURNOUT: UNDERSTANDING MORAL INJURY

While burnout has become a widely used term in workplace conversations, there is a deeper, less visible wound that leaders must also understand: moral injury. Originally studied in military and healthcare contexts, moral injury is increasingly recognized across all sectors as a significant driver of individual distress, disengagement, and departure (Litz et al., 2009).

Moral injury occurs when an individual is required to act in ways that violate their deeply held values, witnesses such violations, or is unable to prevent them. It is not simply feeling overwhelmed. It is the experience of being forced to do something that feels wrong, being unable to do what you know is right, or watching harm occur while feeling powerless to stop it.

Moral injury is the damage done to one's conscience or moral compass when that person perpetrates, witnesses, or fails to prevent acts that transgress their own moral beliefs, values, or ethical codes of conduct.

— Litz et al., 2009

In the workplace, moral injury can emerge when individuals are asked to cut corners on quality or safety to meet targets, when they must deliver services they know are inadequate due to resource constraints, when policies contradict professional ethics, or when they observe leadership acting in ways that are inequitable or harmful and are expected to remain silent (Dean et al., 2019). It is especially prevalent in healthcare, education, social services, and mission-driven workplaces, but it is not limited to them. Consider a distribution or warehouse setting: a floor supervisor told to maintain production quotas while equipment safety inspections are overdue, who watches colleagues push through injuries because calling in means losing pay, or who is directed not to report near-miss incidents to avoid regulatory scrutiny. Or consider an office setting: a project lead instructed to approve work they know does not meet quality or compliance standards, an HR professional asked to overlook a pattern of misconduct to protect a high performer, or an accountant pressured to sign off on numbers they believe are inaccurate. Each individual in these examples is being asked to act in ways that conflict with their sense of what is right, safe, and fair. The industry is different; the injury is the same.

Burnout

- Caused by chronic overload and exhaustion
- Rooted in too much work with too few resources
- Feels like depletion, running on empty
- Addressed through rest, recovery, and workload reduction
- Individual may recover with proper support and rest

Moral Injury

- Caused by ethical conflict and values violations
- Rooted in being required to act against one's conscience
- Feels like betrayal; of self, of others, of purpose
- Addressed through voice, agency, and systemic repair
- Individual may leave the profession entirely if unaddressed

This distinction matters significantly for leaders. Wellbeing initiatives, however well designed, cannot heal moral injury if the underlying systems remain unchanged. An individual experiencing moral injury does not need a meditation app; they need to know their concerns are heard, that leadership is accountable, and that the workplace is willing to change.

What Leaders Can Do: Responding to Moral Injury

- Name it: Acknowledge when workplace conditions place individuals in ethical conflict, do not minimize or dismiss these experiences
- Listen without defensiveness: Create space for values-based distress without fear of punishment or dismissal
- Advocate upward: Use your position to escalate structural concerns, moral injury is often a failure of the system above, not the person below
- Protect those who speak up: Psychological safety must extend to ethical dissent, not just task-level feedback
- Pursue structural repair, not just individual resilience: Resilience training cannot substitute for removing the conditions that cause injury (Dean et al., 2019)

Part 3: How Workplaces Typically Get It Wrong

THE GAP BETWEEN INTENTION & IMPACT

Most workplaces that struggle with wellbeing are not struggling because they do not care. They are struggling because they do not know what they do not know. The gap between intention and impact in workplace wellbeing is almost never a values problem. It is an understanding problem, and that distinction matters, because it means the path forward is education, equity, and systems awareness, not blame.

Leaders who genuinely want individuals to thrive frequently inherit systems, benefit structures, and cultures that were designed in a different era for a different workforce. Without a deliberate and informed redesign, good intentions will continue to produce a lackluster return on investment.

(Deloitte, 2023; McKinsey Health Institute, 2022)

The most common failure in workplace wellbeing is not apathy. It is the assumption that offering a program is the same as creating access to it.

— Joelle Monaco Consulting, LLC

COMMON WAYS WORKPLACES MISS THE MARK

The following patterns emerge consistently across industries, workplace sizes, and sectors. None of them reflect malicious intent. All of them have meaningful solutions.

1. Treating Wellbeing as a Perk Rather Than a Policy

When wellbeing is located in the benefits catalog but not embedded in how work is structured, evaluated, or rewarded, it sends a clear message: this is optional. Individuals learn quickly whether a workplace's stated values align with its operational reality. An Employee Assistance Program (EAP) listed in a benefits guide that no leader ever mentions is not a wellbeing resource, it is a liability shield.

(RAND, 2015; SHRM Foundation, 2011)

2. One-Dimensional Programming

Physical wellness programs; step challenges, gym discounts, weight management initiatives dominate workplace wellbeing budgets. While physical activity is an important component of overall health, treating it as the primary or sole wellbeing intervention ignores the emotional, social, occupational, financial, spiritual, intellectual, and environmental dimensions of health that are often more directly tied to performance and retention. RAND's 2015 national study found that stress management programs achieved over 50% participation rates while weight management programs reached only 39%, suggesting that individuals are asking for something their workplaces are not yet prioritizing.

(RAND Workplace Wellness Study, 2015)

3. Inequitable Access

The University of Michigan's wellbeing initiative uncovered a critical finding: lower-wage individuals were significantly less likely to access mental health benefits. When investigated, the barriers were structural; co-pay costs, lack of paid time off to attend appointments, and transportation limitations (APA Foundation, 2018). This is not a motivation problem; it is an equity

problem. Workplaces that design wellbeing programs without examining who can actually access them will consistently leave their most vulnerable workers behind. This is particularly acute in hourly, shift-based, and production environments where inflexible scheduling, unpaid breaks, and variable income make even low-cost resources feel out of reach.

(APA Foundation, University of Michigan Case Study, 2018)

4. Leadership Exemption from Wellbeing Culture

When leaders do not model wellbeing behaviors, they inadvertently communicate that those behaviors are not really expected. If leadership sends emails at midnight, skips lunch, never takes time off, and treats stress as a badge of honor, the wellbeing program the workplace offers becomes background noise. Research consistently shows that leadership behavior is the most powerful predictor of team wellbeing culture, which means training leaders on what the wellbeing culture is and how to model it is not optional (Gallup, 2020).

(Gallup, 2020)

5. Stigma That Goes Unnamed & Unaddressed

Approximately 80% of individuals with mental health conditions do not seek treatment because of stigma; including fear of how their workplace or colleagues will perceive them (NAMI, 2021). Workplaces that do not actively and repeatedly disrupt stigma through leader disclosure, open conversation, policy language, and training, allow it to operate by default. In the context of mental health, workplace silence is an endorsement of stigma.

(NAMI, 2021; Deloitte, 2017)

6. Over-Measuring Without Acting

Many workplaces conduct experience surveys and wellbeing assessments, then fail to close the loop; not communicating results, not sharing action plans, or not demonstrating that the data influenced any decisions. This pattern is particularly damaging: individuals who invest time in providing honest feedback and see no response become less likely to engage and more likely to distrust the workplace's stated commitment to their wellbeing. Surveys are not an intervention. Action is.

(SHRM Foundation, 2011)

THIS IS NOT ABOUT CREATING MORE SYSTEMS — IT IS ABOUT EQUITY & PARITY

A common misunderstanding in workplace wellbeing is that improvement requires the addition of new programs, platforms, and initiatives. In many cases, the most powerful change is not additive, it is corrective.

Equity and parity in workplace wellbeing means ensuring that the support structures already in place are accessible, relevant, and meaningful for every individual in the workplace, not just those with the most flexibility, the highest salaries, or the most capital to self-advocate.

Parity specifically refers to the legal and ethical obligation to offer mental health benefits that are comparable to physical health benefits in scope, cost, and access, a requirement established in the U.S. by the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 and strengthened in subsequent regulations. Despite this mandate, a 2023 NAMI report found that nearly half of individuals reported inadequate mental health coverage, suggesting that parity on paper has not yet translated to parity in practice.

(MHPAEA, 2008; NAMI Workplace Mental Health Poll, 2023)

Equity & Parity Audit: Questions Every Organization Should Ask

- Do our mental health benefits offer the same level of access, coverage, and affordability as our physical health benefits?
- Are our EAP and mental health services accessible to hourly, remote, and lower-wage individuals or only to salaried individuals?
- Do our accommodations processes reflect a genuine commitment to supporting individuals, or primarily a compliance function?
- Have we asked our workforce what they actually need, and listened to the answers?
- Do our policies make it easier or harder for someone who is struggling to ask for help?
- Are the leaders in our workplace equipped to recognize distress, have supportive conversations, and make appropriate referrals?

The goal is not to build a more elaborate wellbeing infrastructure. The goal is to ensure that what already exists works equally well for everyone. That requires honest assessment, a willingness to hear uncomfortable truths, and the commitment to act on what is learned.

Part 4: A Framework for Leaders — Three Pillars of Wellbeing

The following recommendations are drawn from literature and case studies conducted by the American Psychiatric Association Foundation involving Johnson & Johnson, South Shore Hospital, and the University of Michigan, as well as more recent research published by Deloitte, McKinsey, and Gallup. These workplaces represent varying sizes and sectors, each of which achieved measurable results by committing to a culture of wellbeing.

For every \$1 invested in mental health programming, workplaces see \$3–\$5 in return (OneMind at Work; WHO, 2023). This is not altruism; it is a business strategy.

PILLAR 1: ORGANIZATIONAL CHANGE

Systems change begins at the top, but it must be designed to include everyone. Creating a culture of wellbeing requires embedding it into the workplace's strategic plan, values, and day-to-day operations; not treating it as an HR initiative or a one-time training event.

Where Organizations Often Fall Short

- Wellbeing programs that are one-dimensional (physical health only)
- Mental health services that lack parity with physical health coverage
- Leaders and the workforce identifying very different pressure points
- Over-surveying without action, which increases, not reduces, stress
- Only 29% of employers say they offer true work-life balance; just 20% of individuals agree (APA, 2018)

What the Evidence Recommends

- Conduct wellbeing assessments before and after implementation (e.g., Perceived Stress Scale)
- Analyze health insurance claims and EAP data for systemic patterns
- Identify change agents at all levels, not just executives
- Offer EAP services for confidential, holistic individual support
- Create people-centered policies: paid time off, flexible work arrangements, holistic benefits

Case Study: Johnson & Johnson

Johnson & Johnson's integrated program is one of the most cited examples of sustained organizational wellbeing investment. By embedding wellbeing into its culture, training leaders, surveying individuals, and establishing mental health benefits parity, the company reduced individual medical costs by approximately \$224 per employee annually. A 2002 study published in the *Journal of Occupational and Environmental Medicine* found that J&J's program generated a return of \$2.71 for every dollar invested (Goetzel et al., 2002). More recent analysis suggests workplaces with similarly integrated programs see ROI of \$3–\$5 per dollar invested when long-term retention and productivity outcomes are included.

(Goetzel et al., 2002; American Psychiatric Association Foundation, 2005; OneMind at Work)

Case Study: University of Michigan

The University of Michigan's MHealthy program represents an important lesson in equity-centered wellbeing design. After implementing a comprehensive wellbeing initiative, program evaluators discovered that higher-wage individuals were significantly more likely to access mental health benefits than lower-wage individuals, not because of a difference in need, but because of structural barriers: co-pay costs, lack of paid time for appointments, and transportation limitations. In response, the university redesigned access pathways, partnered with community providers, and implemented financial supports for lower-wage individuals. Participation increased substantially, particularly among previously underserved populations.

(APA Foundation, University of Michigan Case Study, 2018)

Systems Change Prompt for Leaders

- Map the current flow: How does an individual who is struggling access support today? How many steps does it take?
- Audit your benefits: Is mental health coverage truly equal to physical health coverage in cost, scope, and access?
- Identify your change agents: Who in your workplace can help lead this shift at every level, not just at the top?
- Set engagement goals: Workplaces with stated wellbeing goals see 63% higher engagement rates (SHRM Foundation, 2011)

PILLAR 2: LEADERSHIP DEVELOPMENT

Leaders are the most powerful variable in any workplace wellbeing system. Research shows a direct correlation between strong social support from leaders and reduced psychological strain (Cooper, Dewe & O'Driscoll, 2002). Yet most leaders receive little or no training in recognizing stress, communicating about mental health, or making reasonable accommodations.

The Anxiety and Depression Association of America identifies the primary drivers of work-related stress as: deadlines, interpersonal relationships, team dynamics, and navigating difficult challenges. These are leadership domains, and they are leadership opportunities.

Case Study: South Shore Hospital

South Shore Hospital's approach to workplace wellbeing offers an instructive model for any sector. Rather than attempting to eliminate stress entirely, the hospital developed a framework grounded in emotional resilience; acknowledging stress as a reality of the work while equipping both leaders and team members with evidence-based tools to navigate it. The initiative began with a half-day leadership workshop focused on stress management theory, personal resilience strategies, and team-level support skills. Leaders were then tasked with facilitating brief weekly check-ins with their teams over a three-month period. The result: sustainable wellbeing conversations became embedded in the unit's culture, no longer reliant on a program calendar.

(American Psychiatric Association Foundation, South Shore Hospital Case Study, 2012)

What Effective Leader Training Includes

- Recognizing the signs and symptoms of stress, not as behavioral problems, but as health concerns
- How to start a supportive conversation without overstepping professional boundaries

- ADA and MHPAEA accommodations: what leaders can and should do to support individuals experiencing mental health challenges
- How to refer individuals to EAP services in an empowering, non-stigmatizing way
- Using a strength-based approach: matching workload to individual capacity and preference
- Modeling wellbeing: taking breaks, using PTO, and setting boundaries visibly and consistently (Gallup, 2020)

Leaders who embed recognition and reward into their culture; acknowledging individuals who use wellbeing tools, communicate openly, or demonstrate resilience, reinforce the message that wellbeing is not an afterthought. It is part of the day-to-day work.

PILLAR 3: PEOPLE EXPERIENCE

Wellbeing programs succeed only when individuals use them. RAND research found that 20–40% of individuals participate in comprehensive wellbeing programs in any given year. However, programs that include stress management reach above 50% participation, far exceeding other wellbeing interventions (RAND, 2015). The top three reasons individuals engage in wellbeing programs: to improve their health, to maintain it, and to understand their own risk factors (SHRM, 2019).

Barriers to Engagement

- Unaware the program exists
- Lack of time during the workday
- Program does not match their needs
- Fear the workplace will see health data (33% cite this, EBRI, 2013)
- Cost barriers for lower-wage individuals: co-pays, unpaid time off, transportation

Leader Solutions

- Communicate consistently across multiple channels and during working hours
- Build access into the workday, not after hours
- Offer a variety of formats: online, in-person, video, and written materials
- Use third-party providers to ensure confidentiality
- Evaluate participation data by wage level and proactively remove identified equity gaps

Incentivized workplaces see engagement rates twice as high as those that do not provide them, and incentives need not be financial. Recognition, time, and access are powerful motivators (SHRM Foundation, 2011). South Shore Hospital and Johnson & Johnson both found that when leadership actively championed wellbeing resources; mentioning them in team meetings, personally encouraging their use, and normalizing help-seeking, utilization increased significantly.

Part 5: Your Role as a Leader — Leading by Example

WHAT LEADING BY EXAMPLE ACTUALLY LOOKS LIKE

Leading by example is not a slogan, it is a daily practice. When leaders visibly use mental health resources, maintain boundaries around after-hours communication, speak openly about stress, and model resilience, they give individuals permission to do the same. In workplaces where the unwritten rule is to push through, stay quiet, and treat stress as a sign of commitment, a leader who visibly does the opposite sends a clear message: that rule no longer applies here. Repeated consistently, that signal is how workplace culture actually shifts, not through a new policy or program, but through what leadership demonstrates is expected and permitted. Gallup's research confirms that leadership behavior is the single strongest predictor of team culture, which is why one leader acting differently can have an outsized effect on the people around them (Gallup, 2020).

Practical Ways Leaders Can Model Wellbeing Today

- Leave at a reasonable hour; visibly, without apology
- Take time off after a stressful period or project, and share why
- Open a team meeting with a genuine check-in, not just a task update
- Mention how you use the EAP or another wellbeing resource
- Publicly recognize a team member for setting a healthy boundary
- Assign workloads based on capacity and strength, reassign as stressors shift
- Say: 'I don't have all the answers, but I want us to find them together'

A SYSTEMS CHANGE LENS FOR LEADERS

Workplace stress is not simply an individual problem that individuals need to solve. It is often a systems problem; embedded in how work is structured, who holds power, what is rewarded, and whose needs are centered. Leaders who adopt a systems lens ask not just 'What can I do for my people?' but 'What do we need to change about how this place works?'

"Why can't they handle the workload?"

→ **Is our staffing model realistic and sustainable?**

"They need to manage their stress better."

→ **Do we have the right support structures in place?**

"We offer a wellbeing program."

→ **Are all individuals actually able to access it equitably?**

"They should speak up if they're struggling."

→ **Have we created psychological safety so they can?**

"We don't have a mental health problem here."

→ **Have we created conditions where individuals can tell us if we do?**

CONCLUSION: THE PATH FORWARD

The evidence is clear: workplace wellbeing is a business strategy. Stress, burnout, moral injury, and disengagement are not inevitable realities of work, they are signals that systems need attention. Leaders who invest in multidimensional wellbeing, model healthy behaviors, and pursue structural equity will build workplaces that are more productive, more creative, and better equipped to navigate challenges.

The cost of inaction is always higher than the cost of investment. With turnover costs ranging from 50% to 200% of an individual's salary (SHRM Foundation, 2011), burnout costing the healthcare system up to \$190 billion annually (Stanford/Management Science, 2015), and mental health conditions reducing global GDP by \$1 trillion per year (WHO, 2023), the financial case for action is as compelling as the human one.

The three pillars; Organizational Change, Leadership Development, and People Experience, are not sequential steps. They are simultaneous commitments. And they begin with one question every leader can ask today:

“What kind of workplace am I creating and what will I do differently starting now?”

Take the Next Step

Awareness is the beginning. Action is the commitment. If this white paper has resonated with you; if you recognize your workplace in these pages, or if you're already doing this work and want to go deeper there are meaningful next steps available to you.

For Your Workplace

- Conduct a workplace wellbeing audit using the equity and parity framework outlined in this paper
- Share this paper with your leadership team and facilitate a structured discussion
- Engage your HR and benefits team in a parity review of mental health vs. physical health coverage
- Map one inequitable access barrier and commit to addressing it within 90 days
- Partner with a workplace wellbeing consultant to co-design a strategy that fits your culture

For Yourself as a Leader

- Identify one way your leadership behavior currently signals that wellbeing is secondary and change it
- Consider getting Mental Health First Aid certified to build your capacity to support your team
- Reflect on the leadership reflection questions throughout this paper and share your answers with a trusted colleague
- Reach out: leaders who are committed to this work do not have to figure it out alone

TAKE THE WORKPLACE ASSESSMENT

The ideas in this white paper are a starting point. The workplace assessment is the next step. Designed for leaders, executives, directors, and HR professionals, the Workplace Mental Health and Wellbeing Assessment gives your workplace an honest, structured look across six domains, the same domains outlined in Part 4 of this paper.

The assessment produces a personalized result category, Leading, Building, Developing, or Emerging, with a domain breakdown, priority areas, and recommended next steps specific to where your workplace is right now.



Scan to take the assessment

Get Curious About Your Workplace

Workplace Mental Health & Wellbeing Assessment

30 statements across six organizational domains

10–15 minutes designed for honest reflection

Four result categories Leading, Building, Developing, or Emerging

Personalized next steps with domain breakdown and priority areas

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Joelle Monaco Consulting, LLC works with workplaces across sectors to build people strategies and workplace wellbeing cultures that are equitable, evidence-informed, and human-centered. Services include workplace wellbeing assessments, leadership development, systems change, people strategy consulting, Mental Health First Aid®, Maslach Burnout Inventory®, Areas of Worklife Survey®, and facilitated workshops.

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