

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

The Impact of Mental Health Resource Availability on Work Performance in the Public Sector

A graduate project submitted in partial fulfillment of the requirements

For the degree of Master of Public Administration in Public Sector Management and Leadership

By

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The Graduate project of Roberto Arias is approved:

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## Abstract

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The purpose of this study is to analyze the impact of mental health resource availability on work performance in the public sector. The research will conveniently select 35 employees from the County of Los Angeles, 25-line staff and 10 managers. All the participants will be selected from five departments within the County of Los Angeles. Those departments are the Department of Mental Health, the Department of Public Social Services, the Department of Public Works, the Department of Children and Family Services, and the Department of Public Health. A qualitative research approach with a descriptive research design will be used. Semi-structured interviews and two focus groups will be used to gather the data. Further funding, training, and implementation of mental health resources in the workplace will improve organizational support and improve employees' work performance.

## Section 1: Introduction

In 2019, nearly 20.6% of adults (51.5 million) in the United States (U.S.) experienced a mental health illness (National Alliance on Mental Illness, 2021), and 1 in 5 adults reported a mental health concern at work (Centers of Disease Control and Prevention, 2019). Mental health has become one of the top health concerns in the U.S. (Centers for Disease Control and Prevention, 2019). Even before implementing wellness programs or Employee Assistance Programs (EAPs), studies have looked at mental health effects in the workplace (Hsu et al., 2020). However, little research has examined how the availability of mental health resources in the public sector affects employees' work performance when those resources are available throughout the employees' working hours.

The American Psychiatric Association (APA) has defined *mental health illness* as a health condition that includes the change of an individual's behavior, emotion, or thinking with association to challenges with social and work functionality (American Psychiatric Association, 2018). *Serious mental health illness* is a behavioral, emotional, or mental disorder resulting in severe functional impairments and limiting pivotal life activities (American Psychiatric Association, 2018). It has not been easy to diagnose most mental health illnesses, but untreated mental health illnesses have affected many people's work performance and overall living (Dewa & Hoch, 2015). The untreated mental health illnesses can lead individuals to harm themselves or even others (Busch & Barry, 2008).

Since 1999, there has been an increase of 41% of suicides in the U.S. (Harris, 2016), averaging 47.5 thousand deaths per year and 12 million Americans thinking about suicide every year (Centers for Disease Control and Prevention, 2021). In 2019, more people were dying of suicide in the workplace than ever before (U.S. Department of Labor, 2019). Furthermore, the

uprising of COVID-19 has caused many people to experience higher stress levels, fear, and mental health disorders (Sasaki et al., 2020). Whether a person's work impacted suicidal ideation or attempts, people's mental health struggles occur more because they spend more time awake at work than at home (Bailey et al., 2018). Davenport et al. (2016) identified that work is a primary determinant of socio-economic position and a critical role in mental health and physical wellbeing.

Employee Assistance Programs (EAPs) are organization-based programs dedicated to supporting and helping resolve workplace problems influenced by personal problems (Harnois & Gabriel, 2000). EAPs first originated in the 1930s to address and resolve occupational alcoholism (U.S. Office of Personnel Management, 2019). Since then, EAPs have evolved into programs that provide outside professional support in the form of short-term counseling to discuss personal and work-related problems that could interfere with the participant's work performance and health (Hsu et al., 2020). EAPs have tackled various issues, but all of the issues have links to a participant's decrease in job productivity, job satisfaction, and mental health (Matthews et al., 2021). Previous research has identified the importance of employee mental health in the workplace as stable mental health, and job satisfaction lead to more outstanding work productivity and organizational success (Passey et al., 2018).

This study focuses on the County of Los Angeles (LAC) and the impact of mental health resources available on employees' work performance. LAC comprises 34 government departments, about 200 committees and commissions, more than 500 political districts, and approximately 100,000 employees (County of Los Angeles, 2021). The California Health Care Foundation (2018) reported that 4.3% of adults in Los Angeles had been diagnosed with a severe mental illness. The study will analyze LAC line staff's and management's perspectives on the



effects of mental health resources in the workplace. The study will gather further information to comprehend the implementation and need for wellness programs and EAPs, specifically mental health services.

In 2020, LAC expanded EAPs and wellness resources, including crisis intervention support, confidential counseling, wellbeing services for frontline workers, and free subscriptions to Headspace, a mindfulness application designed to improve participants' happiness (SEIU Local 721, 2021). There has been an expansion on resources, but there has been no mention of employees' access to these resources during work hours. Research has pointed at employees utilizing their time off (PTO) hours to excuse themselves to utilize EPAs and other services. However, limited research addresses organizations' contributions to providing alternative time for employees to address their mental health needs (Taranowski & Mahieu, 2013).

Although there is existing research addressing the positive effects of mental health treatment on the success of organizations (Davenport et al., 2016), there is a research gap in how the availability of mental health resources affects the work performance of employees in the public sector. How does the availability of mental health resources during work hours affect the work performance of employees? What are organizations doing to improve their employees' mental health and elevate employees' work satisfaction? This study aims to address mental health needs in the workplace and expand research on the effects of managerial and organizational success.

## **Section 2: Background**

To better comprehend the challenge behind mental health resource availability, it is crucial to understand the history of Employee Assistance Programs (EAPs). EAPs first originated in the 20th century with occupational social work and Occupational Alcoholism (Masi, 2011). EAPs first appeared to support employees with alcohol problems and those drinking on the job (Osilla, 2010). Additionally, EAPs received support from employers due to alcohol abuse to better employees' alcohol addiction, contributing to low job productivity (Michaels & Greene, 2013). EAPs helped elevate work productivity by focusing on improving employee efficiency.

In the 1930s, EAPs became more popular with the support of organized labor (Gilbert, 1994). As organized labor spread throughout the workplace, more employees started to identify their health and wellbeing as essential workplace needs. During World War II, many companies shut down their EAPs as most of their employees were drafted into the war (Gilbert, 1994). Even after the war, fewer people were interested in available EAPs because they wanted to focus on work stability (Bickerton, 1990; Gilbert, 1994). Between the 1960s and the 1970s, EAPs increased due to societal problems like substance abuse, domestic violence, and depression (Mayfield, 2011). As more social problems became known, the federal legislation brought forth the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute of Mental Health (NIMH).

As the workforce continued to expand, legislation passed The Equal Opportunity Act of 1972 and the Rehabilitation Act of 1973 to provide equal employment for all qualified persons, regardless of race, religion, sex, nationality, age, sexual orientation, or disability of any characteristic (Hsu et al., 2020). In the 1980s, the demographics of the workforce continued to change, bringing a new influx of racially and ethnically diverse employees and a challenge to

existing programs that were not addressing the needs of the new workforce (Gilbert, 1994). Some of those needs included support with childcare and elder care, additional medical benefits, and violence at home (Rothstein, 2017). By the 1990s, EAPs were not as available because organizations and the government cut back on funding due to the effects of the 1980s' economic crisis (Rothstein, 2017). It was not until the start of the 2000s that EAPs began to incorporate a more significant emphasis on mental health (Sabharwal et al., 2019). After the 9/11 terrorist attacks, more employees began to experience post-traumatic stress disorders (PTSD) and increased occupational anxiety, stress, and depression (Taranowski & Mahieu, 2013).

Today, EAP popularity has increased, and over 97% of companies with more than 5 thousand employees offer EAPs (Mayfield, 2011). Although EAPs have increased in popularity, research suggests EAPs are an underutilized resource (Osilla, 2010). Without a positive initial experience with EAPs, workers are unlikely to continue services and reject outside referrals to address their challenges more in-depth (Taranowski & Mahieu, 2013). Compared to the 1930s, EAPs are more readily available today. They can be used to address broad and complex issues affecting an employee's mental and emotional wellbeing (U.S. Office of Personnel Management, 2019). Although there are more EAPs today, research notes that EAP's short-term counseling sessions may not be enough to address workers' mental health concerns or work-related problems (Passey et al., 2018). The existence of EAPs and their lack of mental health support offers the opportunity to study the impact of mental health resource availability on work performance and employee work satisfaction.

### **Section 3: Literature Review**

There is a gap in the literature that focuses on mental health resource availability in the public sector. The literature is limited in regard to increased funding and availability of mental health services during work hours. This research project examines the need for more mental health resources in the context of availability in the workplace, during work hours, and how it affects work performance and employee work satisfaction. Several factors affect mental health success in the workplace, including EAP and mental health resource awareness, support and limitations, mental health neglect, and employee success. The results of this research will support public organizations in embracing and enhancing mental health resources in the workplace.

#### **Resource Awareness**

For this study, awareness will refer to the employees' knowledge of available mental health resources in the workplace. An employee's knowledge of available mental health resources is necessary because it allows them to access them and share the same knowledge of available resources with the rest of the organization (Bailey et al., 2018). It is beneficial for organizations to have their employees be aware of their wellness and assistance programs because workers educated in available support services may receive adequate services to be mentally fit, content, and productive (DeVries & Wilkerson, 2003). Not everyone in an organization is aware of its services (Taranowski & Mahieu, 2013). A good portion of those people does not even know what an EAP is (Matthews et al., 2021).

With recent increases in mental health concerns in the U.S., more and more individuals need mental health services (Centers for Disease Control and Prevention, 2019). Globally, five out of the ten leading causes of disability in the workplace are created by mental health problems (Harnois & Gabriel, 2000). Noted by Goetzel et al. (2002), 1 in 5 Americans will struggle from a

depressive disorder while many more will live to be undiagnosed, untreated, or under-treated. Mental health resources in the workplace is an important initiative because of the amount of time individuals spend as full-time employees (Bailey et al., 2018). More people spend their time at work than elsewhere (Poister et al., 2013), yet the national average for EAP use within a company or organization is 3% to 4% (Carchietta, 2015). Not enough people utilize employee assistance programs to better their mental health or guide them towards success (Hsu et al., 2020).

Employees are not knowledgeable of their workplace mental health resources because they lack support and navigation from supervisors and upper management (Park & Kim, 2018). Supervisors have difficulties explaining employee assistance programs to their subordinates because they do not adequately address employees' mental health concerns (Matthews et al., 2021). Training in the workplace is essential because it educates workers on available resources and materials needed to contribute to organizational success (Kroll & Moynihan, 2015). Employees lack access to mental health resources because the existing stigma on mental health manipulates some employees. They do not see therapy as a practical resource or want to be identified as mentally ill (Hennekam et al., 2019). Mental health resources help better people's lives (Michaels & Greene, 2013). Larsson et al. (2016) note that support from supervisors and senior managers is a pivotal contributor to managing workplace health and mental health programs.

Osilla (2010) mentions that EAPs and other employee wellness resources are underutilized. In 2010, EAP vendors self-reported client usage rates of 5.97% (Taranowski & Mahieu, 2013). To improve workers' mental health and productivity, individuals must first know about available wellness support (Rothstein, 2017). Research notes that to educate workers on

available employee benefits and support, managers must be in constant communication with their H.R. department to learn about policy changes that can affect the work of the employees (Wellbeing and the workplace, 2017). Additionally, management should communicate with all employees to learn about their needs and concerns (Asenci & Mujkic, 2016). Managers are essential stakeholders in integrating wellness programs like mental health because managers can influence employee participation (Passey et al., 2018). Managers can influence employee engagement towards new programs the same way they can shape an organization's culture and employee behavior (Lambright & Quinn, 2011).

Although there is a lack of awareness for mental health services in the workplace, management support is the first step in getting more workers to access available mental health resources (Fan et al., 2014). Managers are responsible for gathering resources to support the successful implementation of new programs and translating new policy and organizational goals (Passey et al., 2018). More than observing an employee's work, an effective manager asks their employees what tools and support they need to succeed (Fairholm, 2018). It is challenging for an individual to cope on their own (Lindebaum, 2013). Employees need management and organization support to learn and access adequate services (Hennekam et al., 2019). Research has shown that to create awareness in the workplace; leaders need to be selfless and be willing to help those around them (Sturm et al., 2014).

Workplace awareness of employee assistance programs is pivotal in improving the mental health of an organization (U.S. Office of Personnel Management, 2019). To continue to enrich employees' knowledge in organizational resources, like mental health, organizations need to educate employees via pieces of training, create brochures for services, maintain a confidential and supportive dialogue, and work with representatives of employee assistance programs to echo

the same support (Carchietta, 2015). Research points towards the benefits of treating depression and other mental health barriers to reduce work productivity losses (Dewa & Hoch, 2015), but supporting research also notes that workers with mental health issues do not seek mental health services due to the lack of resource awareness in the public sector (Díaz-Castro et al., 2017).

### **Support and Limitations**

Workplace safety education and wellness programs are crucial in reducing health care costs and improving productivity (Sabharwal, Kiel, & Hijal-Moghrabi, 2019). Though EAPs and wellness programs have been shown to benefit employees' health and work performance, organizations do not describe wellness as a priority (Bailey et al., 2018). EAPs and wellness programs have limited policy support and continue to be feared by organizations for their potential increases in medical costs (Dewa & Hoch, 2015). Compared to general health care and other Medicaid, mental health care coverage has historically been more limited via private insurance (Busch & Barry, 2008). However, treatment and coverage have shown a positive return on investments (Caillier, 2017). Since 2015, EAPs have shown to be a "cost-effective solution" to the challenges employees face with mental health (Carchietta, 2015, p. 1). For every dollar invested in EAPs, organizations have saved \$5 to \$16 (Carchietta, 2015). EAPs supporting wellness programs are cost-effective when they are managed and implemented correctly (Hennekam, 2019).

Although EAPs and wellness programs have become more sought-after, organizations continue to doubt their investments in these programs (Mayfield, 2011). Since 1987, health care expenditures have increased by 260% for both state and local governments (Sabharwal et al., 2019). While the cost of health care increases, the need for mental health services has also gone up (Michaels & Greene, 2013). Organizations need to acknowledge that their employees' mental

health is as important as their general health. The Centers for Disease Control and Prevention (2019) notes that if organizations in the U.S. were to combine medical and behavioral health care services, organizations would have the opportunity to save between \$37.6 billion to \$67.8 billion. Medical coverage will always have a high financial cost in the U.S., but output services can help boost an organization's success (Díaz-Castro et al., 2017). For employees, EAPs come at no cost. EAPs are available to 63% of workplaces with more than 100 employees (Osilla, 2010). There may not be a direct financial cost for the employees, but there is a loss in productivity when employees do not receive the support they need in the workplace (Gerrish, 2016). Employees require more resources that can be provided during work hours (Marshall, 2020). Currently, public workers for the County of L.A. are limited to 3 EAP (in-person or virtual) sessions every six months, limiting the worker from receiving extensive follow-up services (Los Angeles County Department of Human Resources, 2021a). Those seeking support via EAPs are also met with a long waitlist, making it difficult for workers to participate in services during work hours or on their own time (Dewa & Hoch, 2015). There needs to be research and support in expanding those same resources during work.

Bailey et al. (2018) noted that organizations implement wellness and employee assistance programs with limited policy support. More people recognize the importance of mental health stability in the workplace, but organizations are not expanding the availability of supportive resources (Hsu et al., 2020). The challenge to assist employees with mental health struggles is more complex than just addressing their treatment needs. Structural barriers also stand in the way of their treatment (Dewa & Hoch, 2015). These barriers include affordability for services and the accessibility of the services during work (Dewa & Hoch, 2015). There is no implementation of programs without financial support (May & Jochim, 2013).



In addition to wanting to save money, organizations have been hesitant with mental health investments because most organizations are troubled by the idea that labor cost increases, including employee benefits, will make it difficult for their organization to compete with others (Rothstein, 2017). Organizations must invest in their employees to establish good organizational culture and bring forth organizational success (Nahavandi et al., 2014). Quality services provided to the public are made possible by the work and dedication that employees produce for an organization (Asenci & Mujkic, 2016). Contrary to the belief of organizational competition being reduced by the increase in employee benefits, H.R. managers see EAPs and employee benefits as "tool[s] to attract the best workers" (Wellbeing and the workplace, 2017, para. 2).

Investing in solid organizational cultures emphasizing mental health and other wellness programs is an effective leap towards establishing high-performance public agencies (Sabharwal et al., 2019). Though EAP services have been demonstrated to be successful, they are still underutilized the same way that community-based mental health resources lack participation from the public (Matthews et al., 2021). Mental health resources can be utilized more in the workplace. However, employees are limited by the lack of knowledge on at-work resources, lack of support from their leaders regarding direction and implementation, and lack of knowledge with overall mental health.

Organizations do not have access to more mental health resources because there is not enough training. Employees have allowed their own beliefs to shape their attitudes towards the services (Passey et al., 2018). When an individual hears that most EAP interactions are brief telephonic exchanges, the participant may perceive the service as an inconvenience rather than adequate support (Taranowski & Mahieu, 2013). An individual's expectation of the quality of service influences their overall satisfaction with a program (James, 2011). More people must be

open to services before they can decide on the potential benefits from the service. Like most other programs within an organization, employees' satisfaction with their job motivates their participation in mental health resources (Marshall, 2020). Various factors can contribute to an employee's job satisfaction, but a significant contributor is a support that they have present in the workplace (Hassan et al., 2014). Ultimately, the successful implementation of mental health resources and other EAPs is feasible via leadership buy-in, employee awareness (input), policy support, and economic investment by the organization (Bailey et al., 2018).

### **Mental Health Neglect**

Mental health disorders have detrimental effects on people's health and work performance (Goetzel et al., 2002). When employee concerns are not addressed, work performance and wellbeing go down (Sturm et al., 2014). With COVID-19, there has been an acute increase in both anxiety and depression around the world (Taquet et al., 2021). When untreated or under-treated, mental health conditions can negatively impact one's job performance. The impact can be seen in employees' submission of lower quality work, decreased pace at work, and increased mistakes due to employee attention being divided by personal concerns (Hennekam et al., 2019). Despite such analysis, many employees do not receive adequate accommodations. Without significant accommodations like EAPs, employee work stress increases, and there is more absenteeism and higher turnover in the workplace (Hsu et al., 2020).

Organizations need to be more familiarized and invested in the adverse effects on employee health (Van de Voorde et al., 2012). Mental health concerns go beyond the personal struggles that an individual with mental health disorders experiences. Mental health affects everyone around the individual suffering from mental health disorders. Employees who are not

accommodated with mental health resources suffer from communicating effectively with others (DeVries & Wilkerson, 2003). The lack of workplace communication makes work challenging since communication is critical in getting work done, especially in team-oriented settings (Yukl, 2020).

Research has shown that when employees are questioned on job functionality, 20% of them have reported that personal problems are why they struggle at work and why 66% of employees face job terminations (Carchietta, 2015). The lack of mental health resources affects people's recovery to good health and exemplary job performance (Lindebaum, 2013). There is a lack of recognition for mental health services, and 55% of individuals who meet the criteria for mental health disorders are not using services (Dewa & Hoch, 2015). The challenge is more complex than just helping people recognize their need for services; employers need to provide those services accordantly.

### **Employee Success**

Very little is known about how individuals with mental health problems perform in the workplace when supportive services are available, throughout the day, during work hours (Hennekam et al., 2019). Once recognition and access to services have been determined, organizations can help alleviate and reduce employees' stress of problems in the workplace (Caillier, 2017). Support starts with identifying the problem and then working with the team to attempt to present a solution. As previously mentioned, it takes the employer's support to direct their employees towards work success and better health. The more employers show that they are committed to the overall welfare of their workers, the greater the level of loyalty employees express towards their employer (Sabharwal et al., 2019). This reciprocated feeling helps with the reduction of turnover (Asencio & Mujkic, 2016). Supported mental health in the workplace is

essential to maintaining a healthy and productive team (Gervais & Millea, 2014). As Van de Voorde et al. (2012) note, good employee health and wellbeing appear to be more like similar organizational performance outcomes. Thus, organizations must put more focus and resources on ensuring that their employees are satisfied in their workplace and content with their overall health.

Many organizations have looked into performance management to measure employee success in the workplace (de Menezes & Escrig, 2019). The quality of work presented in the workplace has been found to connect to monitoring employee performance and employee needs (de Menezes & Escrig, 2019). Performance management alone is not efficient in improving employees' work (Poister et al., 2013). Organizations can better measure the performance of employees by first clarifying organizational goals and then monitoring employees' work to offer solutions or some support when employees are struggling (Poister et al., 2013). Satisfaction and productivity are two different concepts expressed by employees, but when clients are satisfied with their workplace, they tend to produce more (Sasaki et al., 2020). As research continues to show, a big part of an employee's job satisfaction is the available support and benefits that an organization offers its employees.

While support towards better health for workers is not a new idea, existing research is limited in studying the benefits of available mental health services during work hours. The literature acknowledges the same importance for mental health to the general health of workers. However, the research is dense when attempting to address the variety of resources an employee may use to better their mental health in the workplace. EAPs are limited on how and when an employee may access their services. This literature presents administrative issues on implementing more mental health resources while identifying the potential benefits of having a

healthier workforce. This literature continues the question of how mental health resource availability during work hours affects employee work performance in the public sector?

## **Section 4: Methodology**

This research is designed to fill the knowledge gap on how the availability of mental health resources affects work performance in the public sector. Davenport et al. (2016) promote extensive knowledge on the effects of positive mental health. Assessment is crucial to analyzing the effects of mental health resources on work performance and employee satisfaction. The primary objective of this research is to examine line staff's perspective on the effects of mental health resources in the workplace and their experiences with leadership support from management within the County of Los Angeles (LAC). This study will utilize a qualitative research approach, including semi-structured interview questions, to analyze further how the availability of mental health resources impacts work productivity. The methods in this study will contain semi-structured individual questions with line staff (non-supervisors nor management) from five of the 34 LAC departments and a separate focus group with managerial staff. There will be two focus groups composed of management, and they will also be from the same five departments as the line staff.

A qualitative research design is essential for this study because it will describe the current situation with public organizations and their view on mental health resources and point to areas of improvement, particularly with work productivity (Gerrish, 2016). Gerrish et al. (2016) also claim that multiple perspectives are essential when understanding new data collection. Interviewing line staff and management will allow this study to be analyzed from multiple perspectives. This study will address the gaps mentioned in the literature review where past research did not study mental health resources available at work and the effects of the availability of these resources on productivity. The qualitative approach will enhance the quantitative data that is commonly sought after when studying work performance.

The target population for this study will be LAC employees, each of whom will be from one of the five selected LAC departments. The departments that will be selected are the Department of Mental Health (DMH), the Department of Public Social Services (DPSS), the Department of Public Works (DPW), the Department of Children & Family Services (DCFS), and the Department of Public Health (DPH). The sample will consist of 35 total participants. This includes 25-line staff and 10 individuals from upper management. The 25 workers will be interviewed individually, and the ten managers will be a part of two separate focus groups with five managers in each session. Since the topic in research may be sensitive for specific participants, interviews will be semi-structured to establish an informal setting to allow a discussion to occur. LAC employees are the desired sample for this study because the research question is about employees in the public sector. These participants may be familiar with the availability of mental health resources in the workplace. The selected participants can provide organizational insight into their work, observe what is not functioning well in the workplace, and make efficient changes. Also, the participants will be able to provide feedback on existing policy on current mental health support and recommendations on what LAC and other public organizations should be doing to invest more in the needs and success of the employees.

Managers can track employee productivity (Hsu et al., 2020) and are more knowledgeable on available resources for their staff (Larsson et al., 2016). Managers are also the first point of contact when employees search for resources to better their work (Marshall, 2020). A focus group will be a more appropriate setting for managers who may share similar organizational experiences supporting their employees with available resources. Focus groups can help establish a group dynamic where collaboration can contribute to possible solutions that can later be proposed to their respected Directors or The Board of Supervisors. The Board of

Supervisors oversees County operations to implement new policy changes throughout the County (County of Los Angeles, 2021).

All participants will be chosen conveniently. *Convenience (Haphazard)* sampling is the non-probability sampling that allows researchers to select participants based on a specific population close to hand (Pajo, 2018). The desired participants for the study are employees in the public sector, specifically employees within five departments of LAC. The nonprobability sampling will be conveniently because the desired participants are easily accessible to the researcher and the participants are readily available (Alkassim & Tran, 2016). This study will attempt to avoid any biases and conflicts of interest to capture the data better. Participants will be chosen from five different departments to prevent any familiarity, such as choosing employees who work in the same division or team. This selection process will help reduce a participants' discouragement with answering specific questions if it is known that a coworker is participating in the same study. Potential influence from known coworkers can manipulate responses. The selected sample of both line staff and upper management will be conveniently chosen from the five departments in LAC to analyze differences in responses. A convenience sampling will help reduce the time dedicated in the research as well as help save on resources as the research setting and dedication from participants will be supported by LAC. The difference in departments will also include the difference in participants' services areas. LAC is made up of 8 service areas which include: Antelope Valley (Service Area 1), San Fernando Valley (Service Area 2), San Gabriel Valley (Service Area 3), Metro LA (Service Area 4), West LA (Service Area 5), South LA (Service Area 6), East LA (Service Area 7), and South Bay (Service Area 8) (County of Los Angeles, 2021). Line staff and managers will be invited to participate in the study via email utilizing the LAC's email service, Microsoft Outlook. A mass email will be sent to the selected



LAC departments, and the first five recipients from each department (line staff) to respond to the email will be invited to the study. The same will be done for management. The researcher will do its best to diversify the sample and avoid having a sample of all males or all white participants. Participants who decline to be a part of the study will be allowed to refer another LAC employee within their department. The researcher will also collaborate with LAC Directors to promote the study via flyers in the office settings if the email approach is unsuccessful.

The interviews for this study will implement the "bottom-up" approach, starting with initial questions on how mental health has affected employees' work performance. These questions will then ask about the employees' knowledge of available mental health resources in the workplace. Line staff will finally be asked about their organization's and management's support with assisting with employees' mental health and work performance. The researcher will ask additional questions if needed. Researchers will end the study at the next interval to prevent data saturation and an excess of similar interview responses. For example, if responses are repetitious on interview 23, the final interview will be at 24.

The two focus groups will consist of 5 managers each, with a total of 10 participants. All of the participants in the focus groups will be from a different LAC department. Focus groups will be divided into two sessions to allow all members to participate and share their responses out loud. Splitting the focus groups into two will shorten the sessions' time if the participants have other commitments. Each session will be provided with interview questions that will be discussed amongst the participants. The questions will be open-ended to allow for conversations to develop and invite initial responses. Participants will act as both the moderators and observers. The context of the questions will be similar to those of the individual interviews, but for these sessions, the questions will have a stronger administrative focus. Questions will also be semi-

structured with a greater emphasis on policies and organizational support. Sessions will be set for an hour discussion but may be allowed to go overtime if participants want to carry out the discussion. After the one-hour session, the researchers will end the discussions if the responses within the discussions become redundant and no new information is presented.

The researchers will transcribe both interviews and focus group discussions. The researchers will then code the collected responses to structure recurring areas of concern utilizing the selection of common themes throughout the interviews. The data for the group session will be reported collectively, unlike the individual responses. Researchers will implement a semi-structured coding strategy, creating a list of themes as new topics are shared during the interviews. To shorten the time of the study, the coding will be performed by computer software. Utilizing software technology helps reduce human errors and reduce the overall time, which will primarily be invested in transcribing the interviews (Zhou & Li, 2012). Patterns discovered during the coding process, with the themes discussed by both line staff and management, may be reflective and supportive of previous findings from quantitative studies. The questions to the interviews and focus groups are available in Appendix A.

### **Research Limitations**

Since semi-structured interview questions allow participants to answer each question uniquely and independently, every interview may differ. Due to interviews being different, the responses may stray from pre-defined themes, affecting the consistency of the data collection. Incorporating a convenience sampling may result in some bias data as the selected participants may not be representative of the entire population (Alkassim & Tran, 2016). Although the desired participants are from LAC, they may not be representatives of all LAC or the public sector. Other limitations include a participant's unwillingness to consent to a recording, making it

difficult for researchers to collect any data and reducing the proffered sample size. Researcher bias can also affect if the researcher steps in the discussion and lures participants to a particular direction or theme. Half of the study takes place in group sessions. Some data may fall into consensus-based responses to indicate what is best for an organization, but this is not true as some participants may fall into groupthink (Davenport et al., 2016).

### **Ethical Consideration**

The study is meant to be entirely voluntary, and each participant will have the right to step away anytime during the study. Sampling search will occur a month before the start of the study, and participants will be contacted directly two weeks before the study. All communication will be via email, and participants will be asked to provide their preferred email address. The initial contact attempt will be via the client's work email due to the sampling extraction coming from the LAC mass email contact approach. Once participants are identified, the official email correspondence addressing the participants' selection will include: a short description of the study's primary objective, consent forms, suggested interview dates (all within the same week) to check participants' availability, and the guide for the semi-structured interviews and focus group. Consent forms will be read, electronically signed, and return to the researchers no later than four days before the start of the study.

Both interviews and focus groups will be offered in-person at the Department of Mental Health's new Headquarters in Service Area 4. Alternatively, due to the current COVID-19 Pandemic and preference for social distancing (Sasaki et al., 2020), video conferencing will be offered to participants who opt out of meeting in person. The video communications will be via Microsoft Teams due to employees' free access and familiarity with the program through LAC. The interviews and focus groups will be recorded with participants' consent. In-person interviews

will be recorded digitally via a voice recorder or researchers' cellular devices. If interviews and focus groups take place via Microsoft Teams, the recording feature will be activated. There will be no direct benefit or monetary gain for the participants if they become involved in the study. Participants will be allowed to answer semi-structured interview questions freely and will be able to omit or not answer questions if they do not wish to. Some of the interview questions may cause the clients to feel stress, anxiety, or discomfort. At any point of the study, participants will be allowed to stop and exit the study. Only the researchers will have access to the responses collected in this study. All information and interview responses within the study will be confidential to protect participants from information getting to their employer. The researcher knows the risks of confidential information getting to the participants' employer and colleagues. All efforts will be taken to protect the participants' identity and contributions.

All information collected will be protected. All identifiable information on the participants will be stored separately from the collected data and will be deleted after the data is analyzed and published. Identifiable information, including age, education, ethnicity, employment, gender, and race, will be separate from the research data. All data will be stored electronically and will be encrypted with a password only known to the researchers. Additional to the data encryption, all information will be kept in USB flash drives placed in a secured location. No private information will be shared unless legal documentation is presented or separate consent forms from the participants are provided. After the research is completed and published, all information will be deleted.

## **Section 5: Policy Recommendation and Conclusion**

The purpose of this study has been to analyze the effects of mental health resource availability on work performance in the public sector. Pak and Kim (2018) noted that most organizations offer mental health resources in wellness programs or Employee Assistance Programs (EAPs). The researchers expect to see strong support for mental health resources in the workplace and a need for more mental health resources available to employees during work hours. There is a loss in productivity when workers with mental health conditions fail to receive treatment or support (Dewa & Hoch, 2015). Additionally, mentally fit and content workers, or mental health support, are more productive (DeVries & Wilkerson, 2003). The researchers expect to see higher productivity and better work performance with the availability of more mental health resources in the workplace, but this may be hindered by the dedication of time more to services than actual work. There is the possibility of workers exhausting work time on services than focusing on their tasks.

This study will influence organizational leaders and policymakers to understand the lack of support for employees' mental health in the workplace. Policymakers may revise existing policies and initiatives like EAPs and wellness programs to expand on the need for mental health services. This study will hint at the importance of mental health stability and study additional topics to improve employees' work performance. The literature states that although workers perform better when they receive mental health services, management must also be trained to acknowledge their employees' mental health needs and provide the linkage to adequate services (Hennekam et al., 2019; Larsson, 2016; Marshall, 2020; Osilla, 2010). Thus, the new policy would also be required to incorporate managements' current struggles, and organizational

support would be vital for management if employees are provided with more mental health resources.

Based on previous research, policymakers and organizational leaders' recommended course of action is to expand mental health resources, expecting employees to access the resources during work hours. Management must also be supported with professional development in mental health to address their employees' mental health needs and guide their employees towards mental health services. The most feasible approach that policymakers can take is to increase funding in employee wellness and assistance programs specific to mental health, mindfulness, and workplace access to these services. Organizational leaders and management provide great support systems to their employees. Suppose no changes are made to the funding of employees' need for mental health resources. In that case, employees with mental health conditions will continue to struggle in the workplace and at home and experience a higher loss in work productivity.

The existing literature does not focus on mental health resources and their use in the workplace to improve work performance. The literature emphasizes quantitative studies that assess employees' performance but has relatively few qualitative studies. The literature also falls short in the perspective of management and their role in assisting their employees in accessing mental health services. This study analyses federal policies and the support for mental health resources at the departmental, administrative, and organizational levels. Knowledge gained from the study will help the public sector and other organizations improve their support towards their workers by having better access to mental health resources in the workplace and improving employees' work performance.

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## Appendix A: Semi-Structured Interview Questions

Questions below will be utilized during semi-structured interviews with County of Los Angeles' (LAC) employees selected randomly. The purpose of these questions is to study an employee's perspective on their need for mental health resources in the workplace. Questions may not be asked if the participant(s) decline(s) to provide certain information. Questions may be disregarded if the participant(s) previously answered the question(s) in response to another question. A separate set of questions will be provided to management, which will be participating in a focus group. Both interview and focus group responses will collect background information, including demographics.

### Section One: Background

1. **Gender:** Male  Female  Prefer to not disclose  Other: \_\_\_\_\_
2. **Age Range:** Below 21 years  21 - 30  31 - 40  41 - 50  51 - 60  Above 60 years   
Prefer to not disclose
3. **Education Level:** AA degree  BA degree  Masters  PhD  Prefer to not disclose  Other: \_\_\_\_\_
4. **Department:** \_\_\_\_\_
5. **Program:** \_\_\_\_\_
6. **Position:** \_\_\_\_\_
7. **Years working in LAC:** \_\_\_\_\_
8. **Work Schedule:** 4/40  9/80  5/40  Other: \_\_\_\_\_
9. **Service Area:** (circle one) Antelope Valley, San Fernando Valley, San Gabriel Valley, Metro L.A., West L.A., South L.A., East L.A., South Bay & Harbor

### Section Two: Line-staff Interview Questions

1. How would you describe your mental health? How is your mental health right now?
2. How important is your mental health? How important is your mental health in the workplace?
3. Considering that your mental health is essential to you, what are the reasons it matters to you the most?
4. How has your view on mental health changed over time? What has been a primary factor in why your view on mental health has changed?
5. What kind of actions do you do to manage or cope with your mental health? What actions do you take with managing or coping with your mental health at work?
6. What do your actions communicate about your mental health?
7. Do you feel supported at work in regard to mental health?
8. Is there anyone at work that you can talk to about your frustrations, work struggles, challenges, or mental health?
9. Have you ever felt anxious, depressed, or frustrated due to a work assignment or a work-related situation? Do you feel comfortable talking about your challenges or mental health at work?
10. Have you personally ever considered hiding or withholding your mental health because of the opinions of other people?
11. Do you know of any colleagues who may be living with a mental health condition? How do they function at work? Are they able to perform their daily tasks?
12. Has your mental health or a personal problem prevented you from doing your best at work?
13. Has mental health or a personal concern pushed you to take some time from work?
14. What are your department's perceptions and take on mental health?

15. What are some things that your department can be doing better to make a more inclusive community? What can they do better to address mental health barriers in the workplace?
16. What resources are you aware of that are available to you (at work) in supporting mental health?
17. Have you ever helped a colleague with seeking mental health services? What resources were you able to provide them with? Or where were you able to link them to?
18. Have you ever experienced ridicule, exclusion, or discrimination due to your mental health?
19. Do you believe your mental health is more important than the job you do?
20. Are you able to easily approach your supervisor or manager when you have a concern? What about when you want to address your mental health and need support?
21. What is management doing to help support your mental health?
22. Do you feel that mental health stability and workplace content are part of management's agenda?
23. How important is your mental health to your work performance?
24. What can management or your department do to better support your work performance?
25. Do you wish your department had more straightforward access to employee resources? If there was a designated work time for employee mental health resources, would you use it?

### **Part Three: Focus Group Questions**

1. Do you discuss mental health with your employees?
2. How important is your employees' mental health? What are you doing to support them?
3. Is it difficult for you to address a personal concern or a possible mental health concern with employees?

4. What are you doing to elevate work performance? What has been the general response and productivity from an employee with an open mental health struggle or mental health condition?
5. Do you value Employee Assistance Programs (EAPs)? How often do you encourage your employees to seek EAPs? Do you educate your employees on available EAPs or wellness programs?
6. Have your staff requested a support that you may not be able to provide? If so, would you request further support from H.R., department leads, or higher-ups?
7. How has LAC been addressing mental health in the workplace? Would you recommend that department leads decrease, increase, or keep the same funding for EAPs and mental health resources? Why?
8. What is your biggest challenge in helping improve your staff's work performance?
9. How can the department better support you to best support your staff?
10. What advice would you give someone entering a supervising position or managerial position for the first time?
11. What is more critical, productivity or your staff's mental health?
12. Any additional questions?