

## “It’s Okay Not To Be Okay”: Shining a Spotlight on Our Mental Health in 2020

**Host:** Bertie Thomson, CFA

**Guest:** J. Raymond DePaulo Jr., M.D., Kristen Roby Dimlow, Richard Frank, Ph.D.

00:00:01 **Ken Stuzin:** Hello. This is Ken Stuzin. I’m a partner at Brown Advisory. Welcome to our NOW 2020 podcast. NOW stands for Navigating Our World. We are simply trying to understand the world better, to navigate some of the most pressing questions that are shaping our lives, our culture and our investment challenges. We are committed to sharing the views of CEOs and other leaders so that we can all learn from their perspectives on how to navigate the future. We would like to hear from you as well. We invite you to leave a review or take a moment to complete the short questionnaire on the NOW website so that we can learn from your thoughts, questions and feedback. As we look to the future, whether we agree or disagree with each other, the one thing we know for sure is that none of us can figure this out on our own. At Brown Advisory, we are focused on raising the future, and we hope these NOW conversations will help us do just that.

00:01:11 **Bertie Thomson:** We’re living through the most profound public health crisis any of us have ever experienced, and slowly, as we’ve begun to understand the full impact of the coronavirus, we’ve come to recognize it as a mental health crisis as well. In the short term, it’s a crisis of loneliness and disruption to our lives. Further down the road, there will be other mental health challenges as unemployment takes its toll, as we begin to deal with our grief over the many thousands who have died, as we reckon with a legacy of racial violence and discrepancy in health outcomes, and, perhaps as much as anything, as we come to understand our sense of belonging in these very changed circumstances.

Whether it’s family, community or work, our relationship with these pillars of our lives and our well-being will be altered. A generation ago, most of us would have focused solely on our physical health. I’m Bertie Thomson. I’m a partner at Brown Advisory, and I’m delighted to say that we’re also now focusing on our mental well-being, and we’re having conversations about mental health openly and candidly. Whereas in the past, our employers would have said, “That has nothing to do with us,” companies today know that the mental health of their people is very much their business. But that’s not to say that we always know how to approach these issues, how to have conversations with people about how they are really doing, how to factor mental well-being into our culture and our workplaces. All of that was true before the pandemic, and it will be much more so afterward. So it’s been an amazing and thought-provoking experience for me to bring together three true experts in this field.

Ray DePaulo is the co-director of the Mood Disorder Center at Johns Hopkins Medicine. Richard Frank is a professor of health economics at Harvard Medical School, and Kristen Roby Dimlow is a vice president at Microsoft, where she runs employee benefits and is responsible for the company’s Enlighten Mental Health programs.

Richard, thank you so much for joining us on the podcast today. So we are dealing with triple simultaneous crises: the pandemic, the economic crisis and also the recent racial violence. What do you think these impacts are having on our collective mental health?

00:03:45 **Richard Frank, Ph.D.:** I would say that certainly there’s essentially three buckets of issues here. The first one is that people on the frontlines of medical care, people in the heavily affected communities, are actually facing quite a bit of trauma as they face loss of loved ones, seeing many members of their communities grieving. Those have become somewhat traumatic events in terms of the impact for COVID.

Second, there's the racial unrest. There's the trauma of people being killed, the threat to certain minorities, the impact of some of the violence. Those create trauma. They create anxiety and some despair. And then third is the broader impact on the population of the dramatic economic downturn. It's long been recognized that when the economy turns downward, and particularly dramatically downward in the form of unemployment, you get a lot of depression and anxiety.

00:05:01 **Bertie Thomson:** Kristen, how are you addressing mental wellness at Microsoft?

00:05:05 **Kristen Roby Dimlow:** One of the things we know about mental wellness is anxiety is tremendously dangerous when it comes to mental wellness, because, you know, we have learned that uncertainty is worse than bad news, and it feels as if we've had wave after wave of events that are leading to tremendous uncertainty and anxiety in our employee population. So, as you noted, first the coronavirus, you know, the fear of perhaps getting sick or finding out that a family member is ill, and then the economic fallout of that and fear for one's job, or perhaps one loses one's job and is trying to understand what that's going to do. And then finally, more recently, in the United States, and also we've seen the protests throughout the world in terms of Black Lives Matter and the frustration and pain and anger of continued acts of police brutality and misconduct against people of African American or Black race. So it's just been wave after wave.

And I think when I talk to employees and even when I consider myself, you know, one of those would be OK. But you get all four of them, it really starts to get wearing.

00:06:17 **Bertie Thomson:** Ray, how are you thinking about our collective mental health, given the simultaneous crises that we are dealing with as a society?

00:06:26 **Richard Frank, Ph.D.:** It's interesting that these things all end up being sort of a circle, in my view. And so mental health is actually one of the things that I would see also as an evolving crisis. In a sense, the only thing that's new in the picture is the COVID. Now, COVID brought with it economic distress, but really, economic distress is familiar to us. The other part to that, though, are that the fear for your health, the fear for your family's health, the fear for your future, especially economically, are certainly powerful stimuli, and they have unleashed an awful lot in what we could call the mental health arena. And there's no doubt about it -- it'll certainly show up in standard things like depression and anxiety, but it also shows up in addictions, and it also shows up in a number of social behaviors.

00:07:23 **Bertie Thomson:** Are employees engaging more with the mental health resources at Microsoft at the moment as a result of the crisis?

00:07:30 **Kristen Roby Dimlow:** Absolutely. So when the crisis really was at its peak, when we were really getting into the quarantining at home phase, we started emails twice a week from our chief operating officer to all employees to give them information on what is going on, what can you expect, what are we hearing on the health front, how you can keep yourself healthy both physically and mentally, and then pointing people to resources that we have. So we definitely saw an uptake in people leveraging some of the resources that we have online, and then we also very quickly created manager-specific training on supporting employees at the time of COVID. There were a couple of them. One was facilitating a conversation with team members about anxiety and sort of taking care of themselves. Another was even thinking about our reward system. We know that that was generating anxiety for people. Every summer, we have our annual rewards time, and I think a lot of people, especially those maybe with small children who were balancing work from home, school from home, you know, not having a lot of support, they were feeling particularly anxious that this would impact their annual rewards. And so we put COVID-specific training into our reward system so that we could destress managers and employees in thinking about this.

00:08:55 **Bertie Thomson:** We seem to be hearing more and more about the epidemic of loneliness. How are you seeing this manifest itself?

00:09:01 **J. Raymond DePaulo Jr., M.D.:** When we sort of are forced to retreat into our homes and our communities, we're less in the world. We're less sort of touching other communities and other people, which I think serves to sort of compromise our ability to understand and empathize.

00:09:22 **Richard Frank, Ph.D.:** You know, we've known for years that simply going to church seems to be associated with getting fewer heart attacks, less Alzheimer's disease, less suicide, those kind of things that we were talking about before. And we didn't exactly look at what it was about going to church, and people thought, "Well, it was religion. It's God." And it turns out that the thing that drives it is how much you go to church. If you actually go to church, it isn't what you believe so much as it is that you go and you engage with the others in that church -- that's a big part of the message.

Now, the interesting thing is we might think we're over connected right now with our kids always on their screens and social networking, which we thought was going to be a source of both goodwill and better engagement. But it turns out there's an awful lot of the social networking that is about, "Well, here's what I have, and look at the picture of my family," and so many people getting on there and feeling that that's what they don't have.

00:10:24 **Bertie Thomson:** How are you seeing this issue sort of playing out within Microsoft and also how this kind of distributed workplace setup may be impacting the employees and whether that is resulting in depression, anxiety and this kind of sense of being on your own?

00:10:44 **Kristen Roby Dimlow:** Well, the good news is that there's a lot that's going right. So in terms of working remotely, leveraging Microsoft teams, you know, that's been a good story. One of the things we do is have a daily pulse of employee sentiment. We basically sample 4,500 employees every day to see what's on their mind. And so we adjusted that to ask some COVID-specific questions, and we learned some pretty interesting things.

One is that most people feel that their productivity is quite strong. We have seen it dip as time has gone on just because I think there's a certain amount of fatigue, and we have seen a difference between managers and individual contributors. So the individual contributors are reporting that they're at least as productive after COVID as before, in most cases. The managers are feeling a little bit more stressed and feeling that they're putting in more hours. And I think a lot of that is this idea of connectedness, of trying to keep the team together. So in addition to having their normal set of meetings that they use to run their team, many of them are also introducing social connections or kind of virtual happy hours or virtual coffees where they get together, and so I think that part has been going well.

It's been really cool, because this is basically a giant experiment where all of a sudden, a massive amount of our workforce is now working remotely. And so we're learning a lot about what is working, what's not working. And the piece that isn't working as well is that sense of connection and the serendipity that you get from maybe seeing somebody at the coffee stand or bumping into somebody at lunch or strolling down to someone's office to say, "I'm having a problem sorting this out. Can we white board something together?" So that is an area that we really want to learn more about. And from a product standpoint, we really want to think about how can we adjust our products to enable that kind of white board collaboration and also to reduce the sense of isolation.

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00:12:44 **Bertie Thomson:** How joined up is the sort of internal approach to mental health to the external, product-related side to mental health in Microsoft, because obviously there are a number of products that the company has such as Teams, but also gaming as well, with the hugely successful Xbox. I love to sort of think about how the internal focus on mental health also plays out in the external product-facing world.

00:13:13 **Kristen Roby Dimlow:** I think this part has been super cool too where, you know, everyone is really passionate in the space. And I would say, for many, many years, Microsoft has been focused on accessibility in our products and really ensuring that our products can be used by everybody. Our mission is to empower every person in every organization on the planet to achieve more. And so we really want to think about how to make our products accessible.

And I'd say when we started this journey, we were thinking of more traditional accessibility issues, I'd say, like maybe visual or hearing impairment, maybe some physical disabilities. I think more recently, say in the last several years, we've been really thinking about mental wellness. And so you really see it play across all the products. One of the cool ones right now is Workplace Analytics. So Workplace Analytics sits on top of Outlook and Exchange, and it monitors how you're using your products like email. And it gives you little tips, things like, "Hey, during a meeting, you checked email, like, five times. Did you know how distracting it is for you to try to multitask?" You know, I think if you take one email during a meeting, it distracts you for, like, 23 minutes. These are the kinds of things we learn. And so we give people nudges on ways that they can provide themselves more focus time.

The other thing, you mentioned the game studios. Like, they have just done a phenomenal job. We have -- through Minecraft, we have some educational products that promote mindfulness for younger children and middle school years, get them to start thinking about mental wellness and social wellness, which is pretty neat. And then more recently, we have a studio in the U.K. that's been working on -- in the game Hellblade, they have a character who has some mental wellness issues, and they're promoting sort of understanding what triggers are and then thinking about how you can address those. And so there are all kinds of things.

The other thing we're really big on is AI for health and for mental wellness. And then every year, we have a week in the summertime called OneWeek, and there's a giant hackathon where anybody can work on anything. So if I want to do a project, I can post that: "Hey, come join me. Work on this project," and people from around the company will raise their hands. There's dedicated time to work on it.

Last year as part of hackathon, we also did mental wellness hackathon, and we had an idea come out of that that's now been put into a product.

00:15:49 **Bertie Thomson:** What silver linings, do you think, have emerged from the crises that we're going through at the moment, and how have you seen them manifest themselves or present themselves at Microsoft?

00:16:01 **Kristen Roby Dimlow:** You know, for the last several years, we've been talking about employee holistic wellness, so physical, financial, mental, social wellness. And so a few years ago, we really tried to start to have a more open conversation with a campaign called It's Okay Not To Be Okay. And during that time, we also expanded the service levels that we have for employees to support their mental wellness. We implemented an employee assistance program throughout the world. We'd always had it in the United States, but we wanted to ensure that our global employee base had access to counseling and support. We also have strong wellness benefits, health benefits. So if people need additional support through their physicians, they can

get that. And then we also invested in a global wellness platform that provides all kinds of tips on mental wellness, financial wellness and physical wellness, and that's been terrific, because it's more self-guided. You can take a self-evaluation and see what kinds of things you need help with, and then you can supplement some of the other programs I mentioned with specific support on this online platform.

And I think, you know, the silver lining for me on this is we were already getting an enormous outpouring of support from employees who really appreciated that we were stepping up to have more of an open conversation. And so we were already sort of making some good traction in destigmatizing mental wellness, but I think COVID has really helped us to accelerate destigmatizing and sort of providing more access and really living the value that it's OK not to be OK. As part of COVID, we packaged up all the mental wellness things we have and put them out for all employees to leverage. We also worked on manager toolkits so that they could have conversations with their employees and sort of discuss, you know, how are you doing, how are you balancing all this work and COVID, what can I do to support you? We've been pushing really hard with managers on setting boundaries, trying to reprioritize work. So, you know, I'm sure with every company in the world, there's this big shift to work from home. You know, it's really stressing people from a productivity standpoint, and so trying to think about what's really urgent and needs to happen now versus what can be delayed. So there's been a lot of goodness.

I'd also say we're getting pretty good at remote. So I think this whole idea of working remotely, working over Teams, Zoom calls, whatever people are using, people are really starting to leverage the technology in a great way to stay connected.

00:18:36 **Bertie Thomson:** Ray, let me ask you about silver linings.

00:18:40 **J. Raymond DePaulo Jr., M.D.:** Telehealth, which is something that had been so regulated and so concerning based on legal things and licensure and so forth, so very few people did it. All of a sudden, all the regulations were taken off, and we realized that we can do an awful lot of medicine, certainly a lot of psychiatry, through video. One is we all recognize how much better it is than a telephone, so we do see some nonverbal behavior, but also we see that people are keeping their appointments more. We have lower no-show rates for our appointments now. In fact, in many places, the "budgets," hospital budgets, which have been hit hard because of lack of the usual and customary things that often psychiatry is -- "Well, we're right on budget. What's the matter with you guys," OK? So telehealth and communicating this way, I think, is a silver lining.

The unity, the idea that we're all in this together is probably the big one that we want to try to -- because it's the best anecdote to the problems that come with polarization, fear, anxiety and prejudice. It includes encouraging people to not worry about seeking help for their mental health conditions, for example, and not waiting until they have to have a specific mental disorder to seek counseling of some sort, whether it's from their church or their family or their social worker or a mental health provider.

00:20:06 **Bertie Thomson:** We can move to the idea of belonging, and I guess many of these issues really come to the idea of where we belong within society. How do you feel that we can instill a sense of belonging at scale?

00:20:22 **Richard Frank, Ph.D.:** If you look at conversations and surveys that are done of people who carry mental illnesses and addictions, what they seek is really things that relate to their ability to function in the mainstream of society -- that is a job; the ability to maintain relationships; adequate, safe housing; neighborhoods where they're free from the risk of victimization; protection against homelessness, those types of things. And I think about those are requiring a kind of new politics of inclusion -- that is, that our treatment arrangements, our support systems really have to be targeted at addressing those basic needs and figure out how to best support the inclusion. And I think too often, we focus on symptoms of illness as opposed to the functional outcomes that come from it.

00:21:29 **J. Raymond DePaulo Jr., M.D.:** For my patients, one of the things that happens when they get too depressed is, of course, they stop doing anything social, and they eventually can't even go to work or do work when they're at work. Everybody knows about absenteeism at work -- and depression, by the way, and alcoholism are two large leaders there. But even because of depression in particular, there's a new term that was created called presenteeism, meaning they're present but nothing else, and we can actually assign a

cost in that way.

But on the health side of it, my patients, when they start to get out of their depression, work itself is very, very valuable. Yes, it does supply the money we need to have a living, but it's important even at that. The other part to that is the work that's hardest for my patients when they do go back to work is if they have to work on personnel issues, if they have to be a supervisor or they have to complain to their boss that they didn't get a fair shake, or they have to handle a customer's complaint. Those are the hardest parts. It's the routine parts of their work that can make them feel like, "OK. I can do this again," and so that's where you want to start them, and that's where they want to go, and I want to get them back into something that they can succeed at.

00:22:40 **Bertie Thomson:** So for a company like Microsoft that's been so incredibly successful, how does the company think about instilling this sense of belonging?

00:22:48 **Kristen Roby Dimlow:** So, you know, coming back to our purpose of empowering every person in every organization on the planet to achieve more, like, we really need to involve everyone. We really need people to feel that they belong. And I think Satya and the senior leadership team have done a phenomenal job of really thinking about building a culture that's aligned to that purpose. You know, so one of our big culture pillars -- well, two I'll point out. One is growth mindset, and the other is diversity and inclusion. And I think both of those really drive the sense of inclusion. Growth mindset, for example: In former Microsoft times, there was a real focus on individual excellence, and even our own performance management systems really focused on the individual. But what we've learned is really when you're building technology, when you're trying to have inclusive design, you really need to encourage people to come together and work together and make, you know, sort of every individual understand in this world that is moving so fast with so much uncertainty that no one person has all the answers, and we're sort of better together, engaging others, and being open to having conversations and even uncomfortable conversations, and challenging each other, but doing so respectfully.

The other one is diversity and inclusion. So, you know, when I talk to our CDO, our chief diversity officer, we talk about how the more diverse we become, the more important it is for inclusion. So, you know, if you cannot come and be yourself at work, if you have to cover, if you're not comfortable in the way things are done, you're not going to be at your best, you're not going to get the most out of somebody. I would say we've been on a journey for several years, but the recent incidents in the United States against African American and Black communities, more recently with George Floyd's murder, it's really been sort of this deep moment of introspection for all of us, and I think for the senior leadership team to think about how can this be. And we cannot live up to our full potential and our purpose if we don't ensure that there's a fair and equal and just playing field for everybody.

00:25:07 **Bertie Thomson:** And on this topic of resource allocation, how do you think we could reallocate dollars more effectively within public policy, Richard?

00:25:20 **Richard Frank, Ph.D.:** Well, we spend a tremendous amount of our money on treating people in very intensive settings -- broadly speaking, you know, that involves residential care. That involves hospitalizations, and to some extent, that also involves using jails and prisons to house people with mental illnesses. And I think that what we've learned from the COVID experience has been in part that we can accomplish a tremendous amount by using more direct, less intensive methods that touch people directly. And I think we've also learned that there are promising developments in communities at least around the United States where intervening early, getting the police and community programs to interact differently, creating crisis response units can all head off very expensive, very disruptive kinds of expenditures if we're planful and thoughtful about it and make the best use of the evidence that's out there.

So, you know, telehealth, crisis interventions, mobile treatment, a greater emphasis on community supports, all of them, I think, would lead us to happier outcomes for the same amount of money by reallocating them.

00:26:59 **Bertie Thomson:** And as we look to the future, what do you think we can do as individuals to improve mental health in the community?

- 00:27:09 **Richard Frank, Ph.D.:** I think we can do several things as citizens. First of all, I think we can, through our voting and our political expression, support the things, the programs and the investments that are most likely to support people when they are touched by mental illnesses and addiction. And I think in part, that is a recognition that actually most of us are at risk for this. This is like -- people of all walks of life are touched by mental illness. And I think one of the real tragedies of the stigma is that there is an “us” and “them” created by the stigma. But, you know, if you ask anybody you know, almost all of them have relatives, friends, neighbors who have been touched by mental illness and, in many cases, had their lives majorly disrupted by it. So I think that’s one important step.
- I think a second important thing is not to allow ourselves to be affected by the fear and the stigma of mental illness. You know, very often, many people who would vote to support mental health programs are also people who would oppose having a community treatment program in their neighborhood. And so I think learning to be more tolerant, understanding how you can work with civil society to try to support people in the neighborhood and to keep everybody safe, is, I think, a better way to address that than to sort of essentially continuously try to separate oneself.
- 00:29:03 **Bertie Thomson:** Kristen, we’ve been talking about destigmatizing mental health. Microsoft is really at the vanguard in thinking about mental wellness. What suggestions do you have for other business leaders?
- 00:29:16 **Kristen Roby Dimlow:** So I would encourage senior leaders and, you know, CEOs and CHROs at other companies to lean into the conversation and make it OK to not be OK and be vulnerable if you’re willing to share your own experiences. I’m also fortunate that at Microsoft, I have an amazing wellness team. We have an amazing accessibility team. We have an awesome diversity and inclusion team. They all work together to provide services and support to our employees, and then we also have amazing product leaders who are really thinking about inclusive design. We’ve been working so hard with our managers to encourage them to have empathy for their teams and for themselves, establish boundaries. We’re telling managers, like, hey, if you take a staycation day, put it on your OOF message or out of office message so you’re really clear with your employees that it’s OK to take time off and decompress. So I think there are all kinds of things. You don’t need to have a really fancy program. There are so many resources, but I would start by modeling at the top that it’s OK not to be OK. So please, you know, for all of you out there, start the conversation. You’re going to see that it accrues to greater productivity, wellness and engagement for your employee population.
- 00:30:34 **Bertie Thomson:** Kristen, Richard, Ray, thank you so much for your time and your insights. This is an important issue and one I really care about, whether as an individual, a father, a colleague and as an investment manager with a keen interest in understanding how our minds work. I’ve learned a lot by talking with you, and you’ve given us all a lot to think about. Next week, we’ll be back with another NOW conversation. And I hope you can join us.