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Report June 2011



Building Mentally
Healthy Workplaces
Perspectives of Canadian
Workers and Front-Line Managers

HUMAN RESOURCE MANAGEMENT



Building Mentally Healthy Workplaces: Perspectives of Canadian Workers and Front-Line Managers
by Karla Thorpe and Louise Chénier

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Preface

Building Mentally Healthy Workplaces: Perspectives of Canadian Workers and Front-Line Managers provides a national perspective from working Canadians on their work environment and the degree to which it supports their mental well-being. The report highlights the workplace challenges faced by employees with mental health issues, and provides insight into how employers can best support these employees.

The research is based on a survey—conducted by The Conference Board of Canada in January 2011—of 1,010 individuals currently employed on either a part-time or full-time basis, including 479 front-line managers who supervise or manage other people in the workplace. The research is supplemented with a total of 30 follow-up, in-depth interviews.

The study was sponsored by Bell, Manulife Financial, Morneau Shepell, Canada Post Corporation, and TD Bank Group. We are extremely grateful for their generous support.

We also owe a special thank you to all of the individuals who took the time to answer the comprehensive questionnaire and so willingly provided us with follow-up information during the in-depth interviews. Their openness was much appreciated, and it is through their participation that The Conference Board of Canada was able to produce this publication.

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EXECUTIVE SUMMARY

Building Mentally Healthy Workplaces Perspectives of Canadian Workers and Front-Line Managers

At a Glance

- ◆ Mental health is a significant business issue that requires attention.
- ◆ This report presents new insights based on a national survey of over a thousand employees and front-line managers.
- ◆ The research reveals many opportunities for action on the part of employers in the areas of education and communication, workplace culture, leadership, and managerial skills and capacity.
- ◆ There remains a need for an agreed-upon set of standards and practices—shown to have the greatest impact on addressing workplace mental health issues—which organizations can strive to attain.

People who experience mental health issues face incredible challenges in the workplace. Many are misunderstood, shunned, and underutilized. From an organizational effectiveness and sustainability perspective, this is a significant business issue and one that requires attention. In a world where shortages of critical skills are, and will continue to be, a priority for many organizations, employers cannot afford to allow the situation to continue.

The purpose of this report is to provide managers and executives from private and public organizations across Canada with information that will assist them to more effectively manage employee mental health and wellness. The information presented—the issues, the challenges, and the solutions—is based primarily on the results arising from a national survey of over a thousand employees, including 479 front-line managers, as well as 30 follow-up, in-depth interviews.

A total of 44 per cent of employees surveyed reported experiencing a mental health issue.

This research confirms that mental health issues are prevalent in the workplace. A total of 44 per cent of the employees surveyed reported they were either currently experiencing (12 per cent) or had previously personally experienced (32 per cent) a mental health issue. Despite the advances made over the past few years in increased openness about mental health issues and challenges, employees remain concerned about disclosing a mental health issue to their employer. They fear that making a disclosure would jeopardize their future success in their organizations. Most employees told us that, if they experienced a mental health issue, they would feel uncomfortable speaking to their manager, union representative, or a colleague.

Managers play a critical role in helping or hindering employees' mental health. Yet, many are ill-equipped to help employees who require support for a mental health issue. Only 26 per cent of surveyed employees feel that their supervisor "effectively manages mental health issues."

A full 44 per cent of managers have had no training on how to manage employees with mental health issues. Managers revealed that they would benefit from receiving more training in a variety of areas, including:

- ◆ recognizing the signs and symptoms of specific mental health issues;
- ◆ handling difficult conversations; and
- ◆ becoming knowledgeable about their legal obligations and constraints.

Employees, in general, do not rate their managers highly in terms of their capacity to support employees who are experiencing mental health issues. For example, only 29 per cent of those surveyed reported that their manager was knowledgeable about mental health issues. This further emphasizes the need for managers to receive additional training.

Accommodating employees with mental health issues remains a challenge for some employers. Just over half of employees (56 per cent) who required accommodations in the workplace as a result of a mental health issue received them in a timely manner. Most employees surveyed felt that the organization and their supervisor were supportive when dealing with a return-to-work situation.

However, those employees who participated in the in-depth interviews were more likely to report negative experiences when they returned to work after being absent because of a mental health issue. Some of the challenges the returning employees encountered were:

- ◆ their manager was insensitive and non-supportive;
- ◆ they were made to feel guilty about their time away from work; and
- ◆ they were sometimes isolated and ignored or "given the cold shoulder" by managers and staff.

Employees also noted that many employers have not yet struck the right balance between keeping in touch with staff that are on a leave of absence, and allowing them the space and time to get better.

The culture of an organization plays a central role in setting the conditions in which employees either can or cannot sustain their mental health. There is currently a significant disconnect between the perceptions of executives and employees about the degree to which their workplaces sustain employees' mental health. While 82 per cent of senior executives surveyed stated that their company promotes a mentally healthy work environment, only 30 per cent of employees—who work in occupations such as service, labour, and production—believe that is the case.

Less than one-quarter of all employees surveyed (22 per cent) received information on mental health from their employer.

There is room for more public and workplace education in the area of mental health. While the clear majority of employees (86 per cent) have at least some knowledge about mental health, only slightly more than one-third (37 per cent) rate themselves as being extremely or very knowledgeable on the subject. In 2010, less than one-quarter of all employees surveyed (22 per cent) received information on mental health from their employer. Most of this information related to the supports available to employees and how to access them.

Use of workplace mental health resources by employees appears somewhat limited. Less than one-third (31 per cent) of individuals who experienced a mental health issue accessed resources through their employer. Barriers to accessing resources include a lack of awareness of organizational supports and a lack of trust that the information would remain confidential. Employee Assistance Programs (EAPs) are the most common support employees rely on—used by 65 per cent of employees who accessed workplace supports.

While many opportunities for action were revealed through the survey and interviews with employees and front-line managers, the findings clearly point to four areas in particular where employers could take further action with regard to mental health. These are to:

- ◆ focus on education and communication to reduce fear, stigma, and discrimination in the workplace;
- ◆ ensure the organizational culture is conducive to supporting employees' mental health;
- ◆ encourage senior executives to show demonstrable leadership; and
- ◆ build managers' capacity, in their role to support employees, by providing the tools and training required.

This report shares suggested actions for employers based on the perceptions and recommendations of employees and front-line managers. Employers can make a difference by creating the conditions in which employees experiencing mental health issues can work more productively. This will have a positive impact not only on the lives of employees, but also on the organization's success. Additional work is required to provide employers with policies, practices, and approaches that are the most effective in addressing workplace mental health issues.

CHAPTER 1

Introduction

Chapter Summary

- ◆ While one in five Canadians will experience a mental health issue in his or her life, many continue to function productively in the workplace.
- ◆ Workplaces impact, in both positive and negative ways, on the mental health and well-being of employees.
- ◆ This report explores the challenges and successes encountered by employees with mental health issues. It provides suggestions to help employers ensure that their workplaces are supportive, healthy, and high-performing.

A community that excludes even one of its members is no community at all.

—Dan Wilkins

As an essential element of overall health, mental health is the “state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can

work productively and fruitfully, and is able to make a contribution to his or her community.”¹ At any point of time, a person’s mental health is determined by multiple social, psychological, and biological factors.² Yet, multiple factors in the workplace can also influence the level of a person’s mental health, including:

- ◆ his or her social support network;
- ◆ the absence of discrimination and violence; and
- ◆ economic security.³

According to recent studies, one out of every five Canadians will face a mental health issue in his or her life.⁴ The onset of many mental health conditions is gradual, detectable, and treatable—and individuals can carry on healthy, productive relationships and careers. Employers need to recognize how they can, and do, contribute to the promotion of their employees’ mental health and well-being. With the majority of adults spending more hours at work than in other pursuits, the workplace environment is now recognized as a key determinant of health.

1 World Health Organization, “Mental Health: Strengthening Our Response.”

2 Ibid.

3 Keleher and Armstrong, *Evidence Based Mental Health Promotion Resource*, 22.

4 Government of Canada, *The Human Face of Mental Health*, 30–31.

THE BUSINESS CASE

Why should employers be concerned about the mental health of their employees? There is increasing evidence of the impact of mental health issues in organizations, and the financial cost to the Canadian economy is considerable. For example, in 2009–10, 78 per cent of short-term disability claims and 67 per cent of long-term disability claims in Canada were related to mental health issues.⁵ According to a study from the Centre for Addiction and Mental Health, diagnosed and undiagnosed mental health issues cost the Canadian economy \$51 billion a year in health services usage, long-term and short-term work loss, and reductions in health-related quality of life (e.g., increases in pain and suffering).⁶

In 2009–10, 78 per cent of short-term disability claims and 67 per cent of long-term disability claims in Canada were related to mental health issues.

However, the literature suggests that due to the stigma of mental illness, many employees are fearful of disclosing their illness and reluctant to seek help. In this context, while the majority of Canadians would discuss a family member's diagnosis of cancer or diabetes, only 50 per cent would tell friends or co-workers they have a family member with a mental illness.⁷

In 2006, a Senate report on mental health identified specific issues related to mental health in the workplace. Specifically:

- ◆ employers and co-workers may fear people who are experiencing mental health issues and believe they are potentially violent;
- ◆ employers may consider that individuals with mental health issues are unskilled, unproductive, or unreliable;
- ◆ employers are reluctant to hire those who choose to disclose they experience mental health issues;

- ◆ job loss is possible if employees reveal they have a mental health issue;
- ◆ although the effectiveness of workplace disability management programs for employees with physical conditions has been reviewed, there is a need to assess their value for employees experiencing mental health issues; and
- ◆ managers and employees are poorly informed about mental health. This reduces the likelihood of speedy identification and resolution of mental health problems at work.⁸

As competitive pressures contribute to ever-rising performance expectations, workplaces can trigger and/or exacerbate conditions. Employers and leaders must be mindful of how their organizational practices and workplace culture impact their employees. They must also learn more about mental health issues, including:

- ◆ prevention;
- ◆ detection;
- ◆ treatment and rehabilitation; and
- ◆ reintegration into the workforce.

Yet, according to the literature, many managers in today's organizations receive little training about mental health and, as a consequence, they are ill-equipped to resolve issues of employee productivity, absenteeism, and disability.⁹

ABOUT THIS REPORT

This report offers new insights from employees and front-line managers on how employers can make workplaces more effective and supportive for employees experiencing mental health issues.

The research is based on a national survey of over a thousand employees, including 479 front-line managers, as well as 30 follow-up, in-depth interviews. A complete survey methodology and respondent profile can be found in Appendix A.

5 Towers Watson, *2009/2010 North American Staying@Work Report*, 22.

6 Lim and others, "A New Population-Based Measure," 96.

7 Canadian Medical Association, *8th Annual National Report Card on Health Care*, 29.

8 Kirby, *Out of the Shadows*, 180–191.

9 Jackson, *The Missing Link*, 2.

This report is organized as follows. In Chapter 2, we begin by exploring the perspectives of employees who have experienced mental health issues in the workplace. The report then explores the roles of different stakeholders in supporting mental health—including employers, unions, colleagues, the health-care community (Chapter 3), and the unique role of the supervisor (Chapter 4). Chapter 5 covers challenges and strategies related to accommodation and return to work. In Chapter 6, we explore the role of senior management in setting the “tone from the top” to ensure the corporate culture promotes a mentally healthy work environment. The next two chapters review employees’ knowledge of mental health (Chapter 7) as well as

sources of mental health information, resources, and supports (Chapter 8). The report concludes by outlining some recommendations for human resources practitioners and leaders in moving forward to create more mentally healthy workplaces (Chapter 9). As well, information (showcased in text boxes with a book icon) that is not based on the original research findings, but rather on external or secondary sources, can be found throughout the chapters. A list of additional resources for employers is also provided in Appendix B.

This study was funded by Bell, Manulife Financial, Morneau Shepell, Canada Post, and TD Bank Group.

CHAPTER 2

Employees' Mental Health Experiences in the Workplace

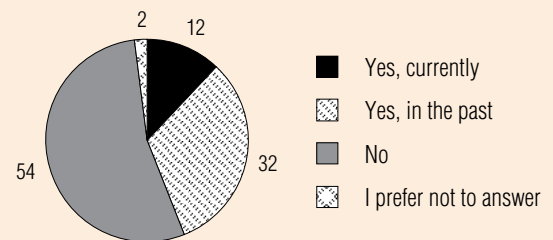
Chapter Summary

- ◆ Mental health issues are prevalent in the workplace. Twelve per cent of survey respondents reported they were “currently experiencing” a mental health issue and 32 per cent noted that they had experienced a mental health issue at some point in the past.
- ◆ A significant number of employees are not comfortable talking about their mental health issues in the workplace.
- ◆ Many employees have concerns about the impact that disclosing a mental health issue would have on their success at work.

experienced (32 per cent) a mental health issue.¹ (See Chart 1.) This is higher than other estimates suggesting that one out of every five Canadians will face a mental health issue in his or her life. The higher prevalence is likely influenced by this study's broad definition of mental health issues (see page 6).

Chart 1

Personal Experience With a Mental Health Issue
(percentage of respondents, n=1,010)



Source: The Conference Board of Canada.

Mental illness is nothing to be ashamed of, but stigma and bias shame us all.

—Bill Clinton

PREVALENCE OF MENTAL HEALTH ISSUES

A total of 44 per cent of employees reported they were either currently experiencing (12 per cent) or had previously personally

While there are differences based on various demographics of the respondents, Table 1 clearly highlights that mental health issues affect a wide variety of people across age groups, genders, industry sectors, and job levels across the country.

¹ In the survey, employees were asked to anonymously identify if they were either currently experiencing or had previously personally experienced a mental health issue. Those individuals who were employed at the time they experienced a mental health issue (either with their current or previous employer) were asked to share additional information to help establish what employers can do better to support employees.

Table 1
Personal Experience With a Mental Health Issue
(percentage of respondents, n=1,010)

| | | | |
|---------------------------------------|----|--|----|
| Gender | | Management responsibility | |
| Male | 40 | Front-line managers | 39 |
| Female | 51 | Non-managers | 50 |
| Age | | Size of employer | |
| 18–24 years old | 49 | Small (less than 50 employees) | 44 |
| 25–34 years old | 48 | Medium (50–499 employees) | 44 |
| 35–44 years old | 44 | Large (500 or more) | 43 |
| 45–54 years old | 47 | Union membership | |
| 55–64 years old | 43 | Unionized | 50 |
| 65 years old and over | 29 | Non-unionized | 43 |
| Region of residence | | Scope of organization | |
| Atlantic | 52 | Local, regional, provincial | 48 |
| Quebec | 37 | National | 46 |
| Ontario | 46 | International | 37 |
| Prairies/Nunavut | 46 | Employer industrial classification | |
| Alberta/Northwest Territories | 51 | Natural resources, including oil and gas | 41 |
| British Columbia/Yukon | 44 | Manufacturing | 35 |
| Employment status | | Food, beverage, and tobacco products | 46 |
| Permanent full-time | 44 | Chemical and pharmaceutical products | 25 |
| Full-time contract, term, or seasonal | 51 | Construction | 26 |
| Permanent part-time | 51 | High technology | 28 |
| Part-time contract, term, seasonal | 42 | Communications and telecommunications | 47 |
| Casual | 43 | Transportation and utilities | 46 |
| Employee group | | Finance, insurance, and real estate | 36 |
| Senior executive | 40 | Retail and wholesale trade | 54 |
| Executive, director, senior manager | 39 | Education | 44 |
| Middle/line manager, supervisor | 38 | Health | 50 |
| Professional—technical | 43 | Government | 53 |
| Professional—non-technical | 51 | Not-for-profit | 63 |
| Technician, skilled tradesperson | 40 | Services—accommodation, food, personal | 42 |
| Service, labour, and production | 52 | Services—professional, scientific, technical | 42 |
| Clerical and support | 48 | | |

Source: The Conference Board of Canada.

Women were statistically more likely than men to report that they were currently experiencing or had previously experienced a mental health issue. However, while 51 per

cent of female respondents identified having experienced a mental issue, so too did 40 per cent of men.

Definition of Mental Health Issue

For this report, our definition of a mental health issue is very broad. It includes excessive stress; anxiety; depression; burnout; addictions and substance abuse; and mania, bipolar, and schizophrenia disorders, among others.

METHODOLOGICAL NOTE

Throughout the report, where differences are reported by age, industry, job level, and other categories, the differences were found to be statistically significant in the analysis.

By industry, workers employed in retail and wholesale trade, health, government, and not-for-profit were more likely than their counterparts working in other sectors to report that they had previously experienced or were currently experiencing a mental health issue. Least likely to report having, or having had, a mental health issue were employees working in the chemical and pharmaceutical products sector (25 per cent) and in the construction sector (26 per cent).

Other differences of note when looking at who reported mental health issues were that:

- ♦ managers (39 per cent) were less likely to report that they had personally experienced a mental health issue than non-managers (50 per cent); and
- ♦ unionized employees (50 per cent) were more likely than those who were non-unionized (43 per cent) to report that they had experienced a mental health issue.

TO TELL OR NOT TO TELL? DISCLOSING MENTAL HEALTH ISSUES AT WORK

Disclosing a mental health issue at work can be daunting for employees in distress. This section discusses some critical conditions for success in supporting employees who come forward and disclose a mental health issue to their employer.

Many factors can influence the experiences of employees who choose to disclose a mental health issue in the workplace. These include the degree to which employees' privacy is protected, the perceived repercussions of

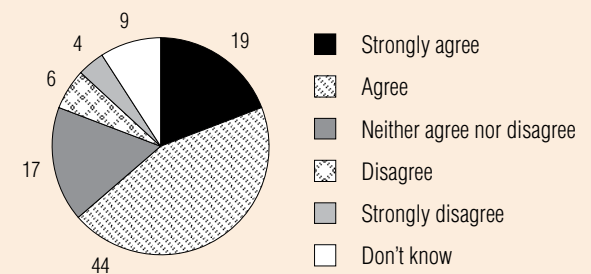
coming forward, employees' previous workplace experiences, and the quality of the organization's people managers. The organizational culture, which is also an important determinant, is discussed in Chapter 6.

PROTECTING EMPLOYEES' PRIVACY

Employees' issues and concerns about confidentiality and privacy can act as barriers to seeking or receiving the help that they need.

In this context, it is positive to note that nearly two-thirds (63 per cent) of employees believe that management shows respect and confidentiality when dealing with health information. However, 10 per cent of employees disagree that management shows respect and confidentiality when dealing with employee health information, and 26 per cent are unsure. (See Chart 2.)

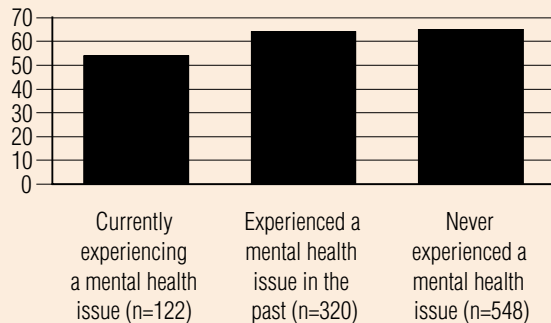
Chart 2
Health Information Treated With Respect and Confidentiality
(percentage of respondents, n=1,010)



Note: Total may not add to 100 due to rounding.
Source: The Conference Board of Canada.

There are interesting differences among respondents based on their current mental health status. As shown in Chart 3, 54 per cent of those who were currently experiencing a mental health issue agree that management protects the privacy of their employees' health information. This is fewer than those who had past experiences with a mental health issue (64 per cent) and those who report having had no mental health issue (65 per cent). This finding suggests that when employees feel at their most vulnerable, they are less likely to be trusting of their employer. This may prevent employees from seeking help at work and using workplace resources.

Chart 3
 Perception That Health Information Is Kept in Confidence
 (percentage of respondents who strongly agree/agree)



Source: The Conference Board of Canada.

Voices of Employees

“It is more prevalent than people think and there should be no stigma to it. It is nothing to be ashamed of.”

“People need to feel confident that their illness is not going to be shared or told A high level of confidentiality (or the feeling that is there) is a big reason why someone would reach out. But if there is a fear of knowledge getting out to their co-workers, or being ridiculed, etc., I’m sure lots of people just won’t share.”

“When someone says that they have a mental health issue, the major things that people equate with it are: ‘They can’t handle stress. They can’t handle responsibility. We can’t put more responsibilities on them.’ Therefore, the room for advancement is limited.”

REPERCUSSIONS OF DISCLOSING MENTAL HEALTH ISSUES

While most employees remain relatively confident that their employer would keep their health information in confidence, they are concerned about how a disclosure of a mental health issue could affect them in their jobs and careers. Over half of employees (54 per cent) fear that if management was aware that they had experienced a mental health issue, their opportunities for promotion would be negatively affected—and 38 per cent feel it would hamper their success. (See Table 2.)

Both of these fears are heightened among employees who are currently experiencing a mental health issue.

- ◆ Sixty-five per cent believe that their chances at a promotion would be negatively impacted if senior management were aware of their mental health issue.
- ◆ Forty-three per cent believe that it would negatively impact their success in their organization.

While the majority of employees (52 per cent) who experienced a mental health issue indicated that it did not negatively impact their job or career advancement

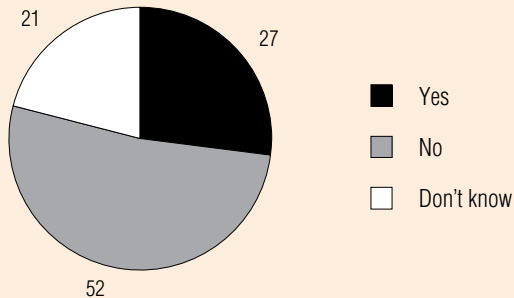
Table 2
 Perceived Impact of Disclosure on Success Within the Organization
 (average, scale of 1 to 5; percentage of respondents, n=1,010)

| | Average rating* | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don’t know |
|---|-----------------|-------------------|----------|----------------------------|-------|----------------|------------|
| I believe that my chances at a promotion in my organization would be negatively affected if senior management knew that I experienced a mental health issue | 3.5 | 5 | 12 | 20 | 38 | 16 | 10 |
| If I experienced a mental health issue it would negatively impact my success in the organization | 3.2 | 6 | 20 | 28 | 25 | 13 | 8 |

*Respondents were asked to rate statements on a scale of 1 to 5, where 1 = strongly disagree and 5 = strongly agree.
 Note: Total may not add to 100 due to rounding.
 Source: The Conference Board of Canada.

in the organization, there was a significant minority (27 per cent) who said that their advancement was negatively impacted in terms of their opportunities for promotions and pay raises. (See Chart 4.)

Chart 4
Mental Health Issue Negatively Impacted Career Advancement
(percentage of respondents, n=410)



Source: The Conference Board of Canada.

The impacts reported in the survey by employees who experienced repercussions first-hand were often severe. Consequences experienced by employees included:

- ♦ losing their job—having been either fired, laid-off, or encouraged to leave the organization;
- ♦ having limited career advancement;
- ♦ receiving a lower salary increase or bonus;
- ♦ experiencing long-lasting views about their lack of competence and abilities from others in the workforce; or
- ♦ having limited opportunities at work (e.g., the types of assignments they were given).

The impacts reported by employees who experienced repercussions were often severe.

The interviews revealed that individuals in more tenuous positions, including those on contract and those on probation, were more fearful about the repercussions from disclosing a mental health issue to their employer.

The concerns about all of these repercussions prevented the individuals interviewed from being comfortable disclosing their mental health condition to their employer.

Voices of Employees

“My supervisor attached a lot of stigma to mental health care and services. If I had discussed with him that I had gone to see a psychologist, he would have viewed me differently—as someone who is not as stable or as reliable.”

“The stigma is still out there. You really need to eradicate the stigma—in and out of the workplace—when it comes to mental health issues. [The] media has to do it. Movies have to do it. People like myself should be able to talk openly and not be criticized, scrutinized, or belittled because we have an illness. Just like someone with a heart condition who takes their medication, I have a mental health issue and I take my medication. Just because you physically can’t see my illness . . . [I] shouldn’t be judged.”

The survey results confirm that employees who were uncomfortable discussing their mental health with their supervisor were significantly more likely to believe that doing so would negatively impact their careers. Almost seven of ten employees (68 per cent) who were reluctant to have a discussion about their mental health with their supervisors also believed that having a mental health issue would negatively affect their chances for promotion. Two-thirds of employees (66 per cent) who were not comfortable talking to their supervisor believed that their mental health issue would negatively impact their success in the organization.

HOW ARE EMPLOYEES WITH MENTAL HEALTH ISSUES TREATED IN THE WORKPLACE?

Employees’ perceptions about the impact of disclosing a mental health issue can be affected by the experience of others who have come forward in the organization. Almost three in ten employees say that people in their organization who have experienced mental health issues are treated differently by colleagues, their supervisor, and senior management (Table 3). This rises closer to four in ten among employees who are currently experiencing a mental health issue.

As Table 3 reveals, there is also some uncertainty about whether employees who come forward to report mental health issues are treated with the same urgency, respect, and compassion as those who have physical conditions. Almost one in five employees (19 per cent) believe that employees with mental health issues are treated differently,

Table 3

Treatment in the Workplace
(average, scale of 1 to 5; percentage of respondents, n=1,010)

| In my organization, I believe that employees who experience a mental health issue: | Average rating* | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
|---|-----------------|-------------------|----------|----------------------------|-------|----------------|------------|
| Are treated fairly | 3.5 | 3 | 9 | 23 | 39 | 8 | 18 |
| Are treated differently by their colleagues | 3.1 | 3 | 22 | 31 | 24 | 5 | 16 |
| Are treated differently by their direct supervisor | 3.0 | 3 | 23 | 29 | 22 | 5 | 19 |
| Are treated differently by senior management | 3.1 | 4 | 21 | 30 | 20 | 6 | 20 |
| Are treated with the same urgency, respect, and compassion as employees with physical illnesses | 3.3 | 5 | 14 | 24 | 33 | 7 | 18 |

* Respondents were asked to rate statements on a scale of 1 to 5, where 1 = strongly disagree and 5 = strongly agree.
Note: Total may not add to 100 due to rounding.
Source: The Conference Board of Canada.

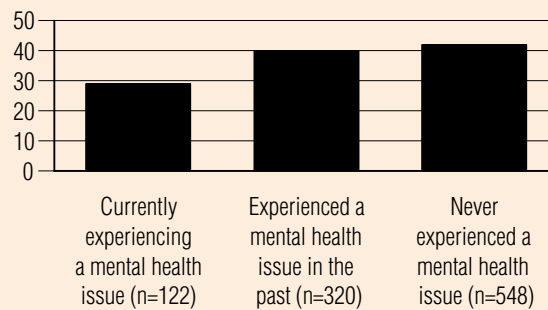
while four in ten (40 per cent) contend that employees are treated in the same manner. A further 42 per cent of respondents are either neutral or unsure.

Among employees currently experiencing a mental health issue, less than three in ten (29 per cent) agree that they are treated in the same dignified, respectful manner as employees with physical illnesses. At 40 per cent, the responses of employees who have experienced a mental health issue in the past are similar to those of workers who have never experienced a mental health issue (42 per cent). (See Chart 5.)

Employees who are currently experiencing a mental health issue hold starkly different views in several areas than do others. Their perception of the workplace may be shaped by the circumstances they presently face. With the passage of time, the memory of workplace experiences may fade. Employees who have previously experienced a mental health issue begin to perceive the work environment in a way that is similar to those who have never experienced a mental health issue.

Chart 5

Perceptions That People With Physical Illness and Mental Health Issues Are Treated the Same
(percentage of respondents who strongly agree/agree)



Source: The Conference Board of Canada.

Voices of Managers

“A lot of employers today . . . one word that they don’t have is compassion. If people have personal issues on the job site, that comes secondary to performing the task at hand.”

“We all need to be listened to. Sometimes the solution comes from just having it out in the open and talking about it.”

COMFORT WITH SUPERVISOR

The majority of employees (57 per cent) agree or strongly agree that their immediate supervisor cares about their emotional and mental well-being. However, only 36 per cent of employees would feel comfortable talking to their manager about a mental health issue. (See Table 4.)

The type and length of employment can also affect the degree of comfort an employee has in disclosing a mental health issue to their employer. In the survey, full-time and permanent employees indicated they would feel more comfortable discussing a mental health issue with their supervisor than casual employees or those on part-time contracts or term assignments. (See Chart 6.)

During the in-depth interviews, most employees reported that they did, in fact, disclose to their employer that they had experienced (or were currently experiencing) a mental health issue. The interviews highlighted that the quality of an organization’s people managers is critically important. When employees have “good” managers (see box “How Do Employees Define ‘Good’ People Managers?”), they are more apt to feel comfortable stepping forward to discuss their mental health issue.

OTHER CONDITIONS FOR SUCCESS

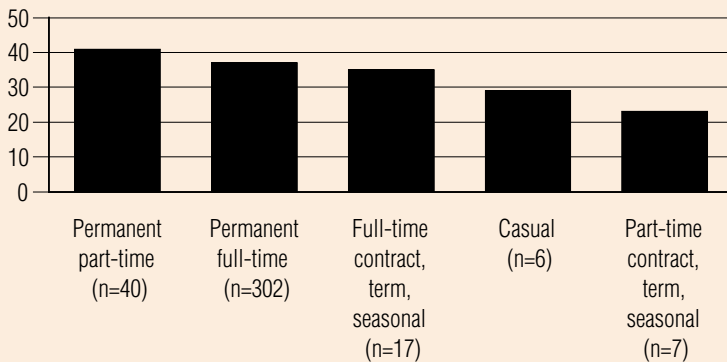
Aside from having good managers that employees feel comfortable speaking with, there are many other things employers can do to create an environment

Table 4
Employees’ Comfort With Their Supervisor
(average, scale of 1 to 5; percentage of respondents, n=1,010)

| | Average rating* | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don’t know |
|--|-----------------|-------------------|----------|----------------------------|-------|----------------|------------|
| My immediate supervisor cares about my emotional and mental well-being | 3.5 | 6 | 9 | 22 | 43 | 14 | 6 |
| If I experienced a mental health issue I would feel comfortable discussing it with my immediate supervisor | 2.9 | 13 | 26 | 20 | 29 | 7 | 4 |

* Respondents were asked to rate statements on a scale of 1 to 5, where 1 = strongly disagree and 5 = strongly agree.
Note: Total may not add to 100 due to rounding.
Source: The Conference Board of Canada.

Chart 6
Degree of Comfort Discussing Mental Health Issues With Supervisor
(percentage of respondents who strongly agree/agree)



Source: The Conference Board of Canada.

How Do Employees Define “Good” People Managers?



INSIGHTS FROM THE RESEARCH

During the in-depth interviews, employees were asked to describe how their relationship with their manager impacted their degree of comfort discussing a mental health issue at work, and how the manager responded when the mental health issue was disclosed.

In the eyes of employees, “good” people managers are friendly, supportive, understanding, approachable, patient, and empathetic. When approached by a direct report to discuss a mental health issue, these managers react in a way that is accommodating and cooperative. The managers focus on the employee in an effective way, ensuring that they are taking care of themselves (e.g., seeing a doctor, taking medications).

Source: The Conference Board of Canada.

where employees can talk openly about mental health issues. This includes creating a workplace culture that is supportive of employees with mental health issues (which will be discussed in Chapter 6) and providing mental health resources, services, and supports for employees (which will be discussed in Chapter 8). There are also other factors, over which employers have little control, that influence an individual's decision to come forward and disclose a mental health issue. These include an employee's previous workplace experiences. (See box "Experience Matters.")

KEY TAKEAWAYS

The prevalence of mental health issues should send a signal to employers that they need to pay close attention to how they manage employee mental health and wellness. Mental health issues are not easy for employees to discuss in the workplace. Employees fear that disclosing

Experience Matters

INSIGHTS FROM THE RESEARCH



During the interviews, it became evident that the first experience (either positive or negative) an employee has with respect to disclosing a mental health issue to their employer carries over into the future. That is, employees whose past experiences were positive, tend to be open about their mental health issue in the workplace and disclose it to their boss. Individuals, whose experiences were not as positive, often choose to remain silent. They tend not to disclose their mental health issue to their next employer because of fear of potential negative reactions or repercussions.

Source: The Conference Board of Canada.

a mental health issue would limit their success and are often not comfortable talking to their immediate manager. Quality people managers, who have the skills to be open-minded with employees and support them in times of need, are critical.

CHAPTER 3

The Role of Different Stakeholders in Supporting Mental Health

Chapter Summary

- ◆ Employees expect their employer to take an active role in sustaining their mental health.
- ◆ Unionized employees agree that their union would support them if they experienced a mental health issue, but these employees are no more comfortable talking to their union representative than to their supervisor.
- ◆ The health-care community is critical to ensuring that employees receive the proper care they need. It plays an even greater role when employees do not have, or choose not to access, workplace supports.

Courage is what it takes to stand up and speak; courage is also what it takes to sit down and listen.

—Winston Churchill

THE ROLE OF THE EMPLOYER

Most—but not all—employees believe there is a role for their employer to play in sustaining their mental health. In fact, two-thirds of employees (66 per cent) believe their employer should play a role in promoting mental health in the workplace. (See Chart 7.) This belief was held equally by those employees who had experienced a mental health issue and those who had not. Some employees do see mental health as a personal issue rather than a work-related concern.

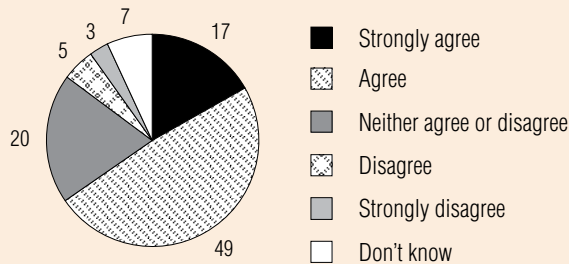
What are employers doing to promote mental health? Only one-third of employees say their organization has a policy in place for promoting mental health in the workplace (34 per cent). An additional one-third says their employer does not have a mental health policy (33 per cent) and one-third aren't sure whether a policy exists or not (33 per cent). (See Chart 8.)

THE ROLE OF UNIONS

The majority of employees (59 per cent) in unionized workplaces believe that their union has a role to play in supporting employees with mental health issues. In times of need, two-thirds (66 per cent) of the unionized employees surveyed believe their union would support them if they experienced a mental health issue. (See Table 5.)

Chart 7
Employer Has a Role in Sustaining Employees' Mental Health

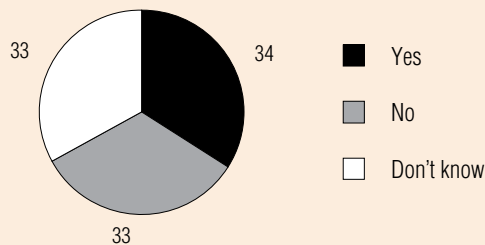
(percentage of respondents, n=1,010)



Note: Total may not add to 100 due to rounding.
Source: The Conference Board of Canada.

Chart 8
Workplace Policies in Place for Promoting Mental Health

(percentage of respondents, n=1,010)



Source: The Conference Board of Canada.

As discussed earlier, many people in the workplace have difficulty talking about mental health issues. Somewhat surprisingly, employees are no more comfortable disclosing a mental health issue to a union representative or shop steward than they are to their supervisor. Only a third (37 per cent) of the unionized employees surveyed would feel comfortable going to their union representative or shop steward to report a mental health issue. (Thirty-six per cent of employees said they would feel comfortable going to their supervisor.) This suggests that unions, like employers, have work to do in making employees feel more at ease in coming forward.

**THE ROLE OF CO-WORKERS:
DOES HAVING A FRIEND AT WORK HELP?**

Having a friend at work is often discussed as a determinant of employee engagement. Certainly, having a friend, or trusted colleague, at work can also provide employees with another channel to discuss personal problems, physical illnesses, or mental health issues. Not only can employees receive support, as they would outside the workplace, but they may also receive guidance on workplace resources and services.

Our research shows that the majority of employees (54 per cent) do feel that their co-workers care about their emotional and mental well-being. (See Table 6.)

Table 5
The Union's Role in Supporting Mental Health

(average, scale of 1 to 5; percentage of respondents, n=284)

| | Average rating* | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
|--|-----------------|-------------------|----------|----------------------------|-------|----------------|------------|
| There is a role for my union in sustaining my mental health | 3.7 | 4 | 6 | 23 | 45 | 14 | 8 |
| I believe my union would support me if I experienced a mental health issue | 3.8 | 3 | 6 | 18 | 50 | 16 | 8 |
| I would feel comfortable going to my union representative if I experienced a mental health issue | 3.0 | 13 | 16 | 27 | 28 | 9 | 7 |

* Respondents were asked to rate statements on a scale of 1 to 5, where 1 = strongly disagree and 5 = strongly agree.
Note: Total may not add to 100 due to rounding.
Source: The Conference Board of Canada.

Table 6
The Co-Worker’s Role in Supporting Mental Health
(average, scale of 1 to 5; percentage of respondents, n=1,010)

| | Average rating* | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don’t know |
|--|-----------------|-------------------|----------|----------------------------|-------|----------------|------------|
| My co-workers care about my emotional and mental well-being | 3.5 | 4 | 7 | 30 | 44 | 10 | 6 |
| I would feel <i>uncomfortable</i> having a conversation with a co-worker about my mental health | 3.2 | 6 | 22 | 24 | 32 | 12 | 3 |
| I would feel <i>comfortable</i> having a conversation with a co-worker about their mental health | 3.3 | 6 | 18 | 25 | 39 | 10 | 3 |

* Respondents were asked to rate statements on a scale of 1 to 5, where 1 = strongly disagree and 5 = strongly agree.

Note: Total may not add to 100 due to rounding.

Source: The Conference Board of Canada.

However, employees are even less likely to speak to a co-worker about their own mental health than they are to talk to their supervisor. Only 28 per cent of employees said they would be comfortable talking to a co-worker about their own mental health, as compared with 36 per cent who would feel comfortable speaking to their supervisor. Significantly more employees (49 per cent) indicate they would be comfortable having a conversation with a colleague about the colleague’s mental health issue. (See Table 6).

Employees are even less likely to speak to a co-worker about their own mental health than they are to talk to their supervisor.

Employees who choose to talk to co-workers about their own mental health issues do so with those with whom they are comfortable and have an established friendship.

Most of the “confidants” are seen to be helpful—offering advice for resources or programs in the community or workplace. In one case, a co-worker suggested that the respondent contact a GP psychotherapist (a general

Voices of Employees

“When we do decide to talk to someone it is a BIG deal. Because a lot of the times we don’t talk because we’re afraid.”

“At the time, they were uncomfortable and didn’t know how to react. They told me that many years later: ‘We didn’t know what to do. We didn’t know how to react. We didn’t know if [we were to] treat you like normal’ They were worried.”

practitioner/family doctor with a special interest in psychotherapy) because the provincial health plan would not cover a psychologist.¹ Other co-workers simply listen and are supportive.

However, this is not always the case. One employee had a very negative experience after disclosing a mental health issue to co-workers. This employee was shunned and ignored by fellow colleagues who no longer wanted to be friends.

¹ According to the Centre for Addiction and Mental Health, although GP psychotherapists have a special interest in psychotherapy, no additional training is required to belong to the GP Psychotherapy Association.

Direct Ways Unions Support Employees With Mental Health Issues

ADDITIONAL INSIGHTS FROM SECONDARY SOURCES



Unions can directly support employees' mental health in a number of ways. But many unions acknowledge more could be done—particularly at the workplace level—to equip their leaders and stewards with the tools necessary to deal with workplace mental health issues.

Some outside organizations offer training and tools specifically designed for union representatives to assist members who are experiencing mental health issues.¹ However, uptake of these services is not yet widespread.

A number of unions are working to directly enhance the mental health of members. For example, the International Brotherhood of Electrical Workers (IBEW) and the Canadian Auto Workers (CAW) Union offer training on workplace stress directly to members.² CAW is also working at the provincial level with the Occupational Health Clinics for Ontario Workers (OHCOW) to draft a survey tool that will be used to assess mental health in the workplace. CAW is also exploring the adoption of a mental health peer support program launched by the Mental Health Commission of Canada.

Unions have historically played, and continue to play, an active role in advocating for health and safety in the workplace, although this has traditionally focused on physical workplace hazards. There is some evidence that this focus has recently expanded to encompass risk prevention specifically targeted to mental health. For instance, Canada Post and the Canadian Union of Postal Workers (CUPW) have established a joint union–management committee aimed at developing informative and supportive solutions for employees with mental health issues. (See box “Focusing on Mental Health at Canada Post.”)

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- 1 For example, Mental Health Works, and Workplace Strategies for Mental Health.
 - 2 The International Brotherhood of Electrical Workers (IBEW) Local 37, for instance, offers a two-day seminar on this issue.

Indirect Ways Unions Support Employees With Mental Health Issues

ADDITIONAL INSIGHTS FROM SECONDARY SOURCES



Unions currently provide a great deal of support for workplace mental health initiatives in numerous indirect ways, including:

- ◆ negotiating working conditions and benefits that affect employees' overall well-being (e.g., flexible hours, sick leave provisions);
- ◆ helping members understand and access the negotiated conditions and benefits to which they are entitled;
- ◆ managing conflict in the workplace;
- ◆ policing the collective agreement; and
- ◆ working to ensure that employees with health issues—both physical and mental—are accommodated in the workplace.

Aside from activities at the workplace level, unions are also engaged in mental health initiatives at the broader public policy level. For instance, in 2009, the National Union of Public and General Employees (NUPGE) called on all levels of government in Canada to combat stigma, and to prevent, diagnose, and treat mental illness.¹ Likewise, in 2010, the Canadian Union of Public Employees (CUPE) sponsored a mental health conference to promote mental health services and support.² CAW too, has committed to a national awareness campaign to educate members on mental illness, and to help eliminate any associated stereotypes and stigma.³

There are clearly opportunities for unions to contribute further, both directly and indirectly, to ensure that employees with mental health issues are properly supported in the workplace.

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- 1 National Union of Public and General Employees, “NUPGE Puts Spotlight on Mental Health Care.”
 - 2 Canadian Union of Public Employees, “CUPE Sponsors Thriving and Beyond.”
 - 3 Sairanen, “Promising Practices Addressing Mental Health and Addictions.”

THE ROLE OF THE HEALTH-CARE COMMUNITY

The health-care community is key to employees receiving proper assistance with mental health issues. For example:

- ◆ half of employees (49 per cent) would first seek assistance from their doctor or other health-care provider; and

- ◆ two-thirds of individuals who experienced a mental health issue sought help from a doctor or other health-care provider in addition to workplace resources.

The health-care community plays an even greater role for employees who do not have, or choose not to access, any workplace resources. Among those who did not access

workplace resources, an even higher proportion (82 per cent) sought help from a doctor or other health-care provider than those who did access workplace supports (66 per cent). Employees who did not access workplace resources also relied more heavily on loved ones, spiritual advisors, and community resources than others. (See Table 7.)

Table 7
Where Do Employees Go for Help?
(percentage of respondents)

| | Employees who accessed workplace supports (n=177) | Employees who did not access workplace supports (n=128) |
|---|---|---|
| My doctor or other health-care provider | 66 | 82 |
| A family member | 31 | 45 |
| A friend | 25 | 42 |
| A spiritual advisor (e.g., priest, rabbi, imam) | 3 | 13 |
| Other community resources | 1 | 10 |
| An emergency department | 4 | 8 |
| A community mental health clinic | 3 | 8 |
| Other* | 2 | 5 |
| Did not seek assistance | 9 | 3 |

*Other sources of help included books, pamphlets, and written materials; the Provincial Ombudsman; coaches; support groups; and youth workers.
Source: The Conference Board of Canada.

KEY TAKEAWAYS

Most employees do see a role for their employer in sustaining their mental health. Unions and co-workers can also be a source of support to employees, but employees are no more comfortable discussing a mental health issue with either their union rep or a colleague than they are with their immediate supervisor. The health-care community is important in making sure employees obtain the care required. Family doctors and other health-care providers are often the first place that people go for help.

Focusing on Mental Health at Canada Post

ADDITIONAL INSIGHTS FROM SECONDARY SOURCES



Canada Post and the Canadian Union of Postal Workers (CUPW) negotiated the development of a Health Risk Prevention Program in the collective agreement, with a focus on mental health. A joint committee was formed and established the following goals of:

- ♦ reducing the stigma associated with mental health issues; and
- ♦ developing informative and supportive solutions to help workers with mental health issues.

The committee agreed that the first step in this process was to conduct a survey to better understand postal workers' knowledge and perception of mental health. The survey also identified workplace and personal risk factors along with related information and resource needs. This survey was conducted by a third party on behalf of the joint committee and was completely confidential.

In the fall of 2010, 15,000 randomly selected employees received the survey at their homes. The response rate was 15 per cent, which ensured that, statistically, the results appropriately represented the overall population. Some of the highlights include the following:

- ♦ participants wanted to learn more about the topic, but they expressed a preference for methods and media that ensure self-learning rather than open dialogue and education;
- ♦ while participants are in agreement that mental illness affects everyone, there is less agreement about the causes and effects of mental illness;
- ♦ respondents associate certain stigmas with mental illness;
- ♦ due to trust and confidentiality, if a respondent were at risk for developing a mental illness, most respondents would first seek help from a family doctor; and
- ♦ respondents identified personal and workplace risk factors for mental health.

The next step on this initiative is for Canada Post and CUPW—along with other key stakeholders—to prioritize areas for future work, and to develop practical and effective strategies for addressing mental health issues.

Sources: Judy Middlemiss, Canada Post; and Jamie Kass, Canadian Union of Postal Workers.

CHAPTER 4

The Unique Role of Supervisors in Supporting Mental Health

Chapter Summary

- ◆ Front-line managers believe they are effective at managing mental health issues in the workplace, but employees do not agree.
- ◆ Half of managers have received some training from their organization in the area of mental health, but managers believe the training is too basic.
- ◆ Organizations should leverage EAP resources designed specifically for supervisors in their role as a people manager.

Great organizations demand a high level of commitment by the people involved.

—Bill Gates

The previous chapter explored the role of various stakeholders in supporting employees' mental health—including employers, unions, co-workers, and the health-care community. While all of these stakeholders contribute to promoting workplace mental health, supervisors play a very unique role. One's direct supervisor or manager has a profound impact on the workplace

experiences of his or her team members, not only in terms of their career progression and success, but also in managing a variety of workplace issues that impact on employees' day-to-day engagement and health at work.

ARE MANAGERS EQUIPPED TO SUPPORT EMPLOYEES?

THE VIEW OF MANAGERS

In our survey, managers reported being very confident that they are effective at managing mental health issues. Overall, 81 per cent of managers say they would feel comfortable having a discussion with a staff member about mental health, and the same percentage (81 per cent) agree they would be able to direct staff to the appropriate supports. In fact, only 10 per cent of front-line managers say they would not know how to proceed if someone came to them with a mental health issue. (See Table 8.) Yet, as we see later, too few managers have received any information from their organizations on how to deal with, manage, and assist employees with mental health issues.

The box "What Would Managers Do?" explores how managers would respond in a situation where the behaviour of one of the employees they manage suddenly changed.

Table 8

Do Front-Line Managers Feel Equipped to Assist?
(average, scale of 1 to 5; percentage of respondents, n=479)

| If one of the employees that I supervise came to me with a mental health issue: | Average rating* | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
|---|-----------------|-------------------|----------|----------------------------|-------|----------------|------------|
| I would feel comfortable discussing it with him/her | 4.0 | 1 | 5 | 12 | 56 | 25 | 1 |
| I would be able to direct him/her to the appropriate supports | 4.0 | <1 | 4 | 12 | 59 | 22 | 2 |
| I would not know how to proceed | 2.1 | 25 | 49 | 15 | 9 | 1 | 1 |

* Respondents were asked to rate statements on a scale of 1 to 5, where 1 = strongly disagree and 5 = strongly agree.

Note: Total may not add to 100 due to rounding.

Source: The Conference Board of Canada.



What Would Managers Do?

INSIGHTS FROM THE RESEARCH

Managers generally believe they are well equipped to support employees with mental health issues, but what exactly would they do? We asked managers in our survey what they would do in a situation where the behaviour of one of the employees they manage suddenly changed (e.g., increased incidents of lateness or absences, decreased productivity). The results are as follows:

- ◆ Fifty-two per cent would treat the change as a performance management issue, and either address the issue immediately or at the employee's next performance management meeting.
- ◆ Twenty-four per cent would adopt a "wait and see approach"—waiting to see if the behaviour change is temporary and improves over time.
- ◆ Twenty-one per cent would discuss the reasons for the behaviour with the employee and direct the employee to the appropriate resources.
- ◆ Three per cent would refer the employee to either the company's human resources or occupational health and safety department.

The survey results indicate that there is a need to help managers adjust the way they view sudden changes in employees' behaviour.

Employers need to encourage managers to start asking themselves whether the behavioural change might be the result of a health issue rather than a performance management issue.

Once they suspect an employee might be experiencing a mental health issue, managers feel equipped and comfortable to have a conversation. Most indicated they would approach the employee directly to initiate the discussion. However, managers did acknowledge the limitations of their knowledge and comfort in delving more deeply into discussions with employees about their mental health.

Managers did feel prepared, during a conversation with an employee, to explore possible solutions such as referring the employee to the EAP. If the manager knew of additional supports (either in their community or offered by their organization), he or she would make these recommendations. The goal was often to provide relevant resources or contact information so that the employee could reach out to someone with more mental health expertise.

Source: The Conference Board of Canada.

Managers who participated in the in-depth interviews indicated they are most knowledgeable in the following areas:

- ◆ identifying different types of mental health issues (e.g., they can name a number of specific mental health issues);
- ◆ recognizing mental health issues in others (specifically, depression and stress);
- ◆ knowing how to accommodate an employee who has a mental health issue; and
- ◆ directing an employee to workplace resources (e.g., EAP).

THE VIEW OF EMPLOYEES

There is a tremendous divide between managers' self-assessment of their readiness to help employees experiencing a mental health issue and the perceptions of employees. Employees do not agree that managers are well equipped to assist them if they were to experience a mental health issue. (See Table 9.) In particular:

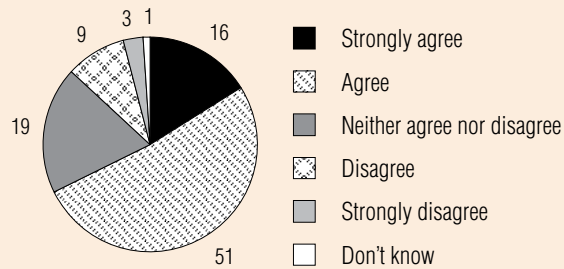
- Twenty-nine per cent of employees believe that their manager is knowledgeable about mental health.
- Twenty-six per cent feel their manager is effective at managing mental health issues.
- Thirty-six per cent responded that it would be helpful to discuss their mental health issue with their manager.

PREPARING MANAGERS FOR THEIR ROLE

Over two-thirds of managers (67 per cent) say they receive the organizational support they need in their role as a people manager. (See Chart 9.) Slightly over half (56 per cent) of managers have received some support from their organization to help them more effectively manage employees with mental health issues.

One-third of managers (33 per cent) have received information on internal and external resources available to assist employees experiencing a mental health issue. About one-third of supervisors (32 per cent) also indicate the organization has procedures to follow if a direct report

Chart 9
Managers Receive Organizational Support for Role as People Managers
(percentage of respondents, n=479)



Note: Total may not add to 100 due to rounding.
Source: The Conference Board of Canada.

Voices of Managers

"I think I know a lot, but every individual is different and can act in different ways."

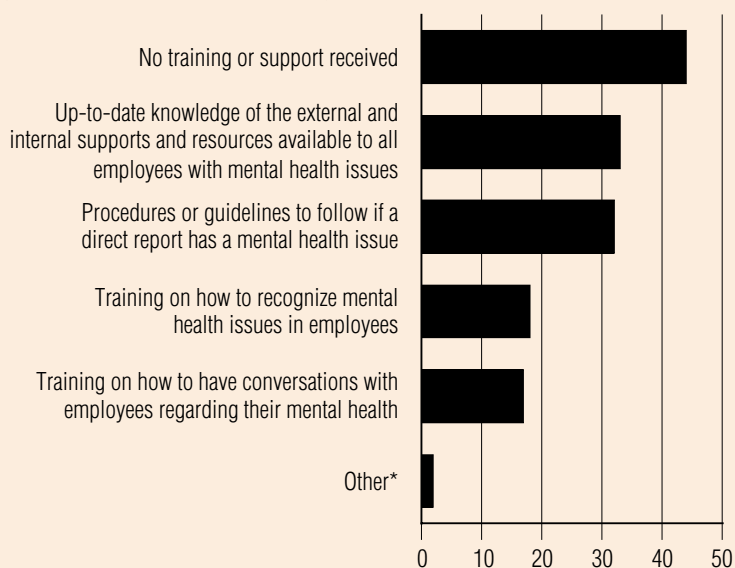
comes to them with a mental health issue. However, only 17 per cent of managers have received training on how to have a difficult conversation with an employee regarding his or her mental health. And, only 18 per cent have had training on how to recognize mental health issues in others. More than four in ten managers (44 per cent) have not had any training at all on how to manage employees with mental health issues. (See Chart 10.)

Table 9
Employees' Perception of Manager Readiness
(average, scale of 1 to 5; percentage of respondents, n=1,010)

| | Average rating* | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
|---|-----------------|-------------------|----------|----------------------------|-------|----------------|------------|
| My supervisor is knowledgeable about mental health issues | 3.1 | 8 | 13 | 30 | 23 | 6 | 22 |
| My supervisor effectively manages mental health issues | 3.0 | 8 | 12 | 37 | 21 | 5 | 17 |
| If I experienced a mental health issue, discussing it with my immediate supervisor would be helpful | 3.0 | 11 | 21 | 26 | 30 | 6 | 5 |

* Respondents were asked to rate statements on a scale of 1 to 5, where 1 = strongly disagree and 5 = strongly agree.
Note: Total may not add to 100 due to rounding.
Source: The Conference Board of Canada.

Chart 10
Training Received by Front-Line Managers
 (percentage of respondents, n=478)



*Other answers include human resources department consultations, Employee Assistance Program support for managers, supportive work environment, and an occupational health and safety and wellness department.
 Source: The Conference Board of Canada.

The in-depth interviews revealed that for those managers who received workplace training in the area of mental health, the training sessions were often short and very basic. There were many areas identified where managers wanted additional training. (See box “What Additional Mental Health Training Do Managers Want?”)

Front-line managers stressed that employers need to be proactive in offering training rather than waiting until an incident occurs. They also noted that resources should be easy to access and that it would be helpful for the organization to designate a specific individual (or group) who would serve as a gateway for managers to receive assistance on how to manage workplace mental health issues.

The interviews revealed that very few managers knew of supports, specifically in place, to help them manage an employee with a mental health issue. Managers believed that resources, such as EAP, had an employee focus without specific supports tailored to managers.

What Additional Mental Health Training Do Managers Want?

INSIGHTS FROM THE RESEARCH



“You need to know a full range of approaches and be prepared for a full range of responses. Response training has never been provided and managers need to know what the next steps are when the manager approaches an employee and they don’t get an appropriate response—where do you go from there? What else do you do? What are the steps?”

“Who do you contact when you see an employee who starts to exhibit changes in their behaviour? I would appreciate [knowing] what my employer expects of me and who I should contact.”

The survey and interviews revealed that managers would like to receive more training on:

- ◆ recognizing the signs and symptoms of a mental health issue;
- ◆ how mental health issues can affect people differently;
- ◆ the community supports available;
- ◆ the medical factors influencing mental health issues (e.g., the facts behind chemical imbalances);
- ◆ strategies for keeping employees functional and successful in the workplace;
- ◆ what to do if an employee refuses to recognize a mental health issue or get help;
- ◆ how to respond to a negative reaction when approaching an employee;
- ◆ insight into the legal requirements and constraints. (What are managers legally required to provide to an employee suffering from a mental health issue? What should or should not be disclosed to human resources or employees’ co-workers? How much is too much intrusion?);
- ◆ handling difficult conversations (e.g., how to approach an employee without offending the person and how to have a difficult and potentially confrontational conversation with an employee);
- ◆ softer skills (e.g., how to be understanding, supportive, compassionate, and empathetic); and
- ◆ creating an inclusive work environment.

Learning mechanisms that managers would find helpful include:

- ◆ role-playing techniques; and
- ◆ personal success stories.

Source: The Conference Board of Canada.

Over time, EAP providers have developed a variety of services to support managers in their role. Organizations need to ensure they are leveraging the supports offered by their EAP provider and communicating what is available to managers. (See box “Utilizing Your EAP to Support Managers.”)

KEY TAKEAWAYS

Most managers believe that they are knowledgeable about mental health and that they deal effectively with mental health issues when they arise in the workplace. But, most employees do not agree. Managers want, and need, more workplace training in order to bridge this gap.



Utilizing Your EAP to Support Managers

ADDITIONAL INSIGHTS FROM SECONDARY SOURCES

There are currently many tools offered by EAP providers to help support organizations' front-line managers. Specifically, organizations can establish a dedicated section of the EAP website that offers managers:

- ◆ orientation sessions or “refreshers” on the EAP services available to employees;
- ◆ information on mental health;
- ◆ self-assessment tools/skill tests;
- ◆ online courses/training videos;
- ◆ links to articles;
- ◆ access to EAP forms; and
- ◆ downloadable guides/checklists.

Often, front-line managers are also able to access EAP counsellors either by telephone or via confidential e-mail for consultation, coaching, or advisory services. Counsellors can give advice to managers on:

- ◆ recognizing when a direct report needs support;
- ◆ evaluating/assessing potential mental health problems in the workplace;

- ◆ developing return-to-work plans;
- ◆ people management practices;
- ◆ constructively dealing with employees;
- ◆ change management; and
- ◆ dealing with traumatic events in the workplace.

Organizations can work with their EAP provider to develop a customized guide for managers and supervisors in their organization that outlines:

- ◆ how the referral process works;
- ◆ the supervisor's role in the process;
- ◆ the EAP counsellor's role and responsibilities;
- ◆ guidelines/tips for approaching an employee;
- ◆ strategies for responding to various reactions or responses from an employee; and
- ◆ preparing for an employee's return to work.

Sources: COPE incorporated; Corporate EAP Resources Inc.; EAP Resources; Homewood Corporation; Morneau Shepell; and ValueOptions.

CHAPTER 5

Accommodation and Return to Work

Chapter Summary

- ◆ Accommodations for mental health issues pose some unique challenges for employers and often require flexibility and creativity.
- ◆ Nearly one-third of employees did not receive the supports needed from their employer in order to accommodate their mental health issue.
- ◆ Reintegration after a mental health-related leave of absence is most successful when facilitated by supportive and understanding managers.

What Is the Duty to Accommodate?

ADDITIONAL INSIGHTS FROM
SECONDARY SOURCES



The duty to accommodate is an employer's legal obligation to "implement whatever measures are necessary to allow its employees to work to the best of their ability." According to the *Canadian Human Rights Act*, an employer must provide an accommodation when a disability prevents an employee from performing an essential job duty—as long as this accommodation does not impose undue hardship on the employer, such as by compromising safety or jeopardizing the organization's solvency. In such cases, the employer has to demonstrate how providing an accommodation will cause undue hardship.

Source: Canadian Human Rights Commission.

Things do not happen; things are made to happen.

—John F. Kennedy

Accommodation and return to work after any kind of absence presents challenges for employers and employees alike. Whether it is for a physical or a mental issue, the employer's duty to accommodate is theoretically the same. (See box "What Is the Duty to Accommodate?") With physical issues,

the appropriate accommodations are more obvious—including the implementation of ergonomic workstation designs, the use of speech recognition software or foot mouse, and the provision of aerial personal lifts and work platforms, among others.¹ The appropriate accommodations for mental health issues are often less apparent and can pose unique challenges for employers and employees.²

1 Williams, "Accommodation Quick Reference."

2 Payne and Fenton, *Accommodating Mental Illness*, 1.



Keeping in Touch . . . What's the Right Balance?

ADDITIONAL INSIGHTS FROM SECONDARY SOURCES

“They required me to call in every single day to let them know I wasn't coming in and it was more stressful to do that on a daily basis than to just go into work.”

According to interviewees, in many instances, employees who had taken a leave of absence from work due to a mental health issue were pressured to return to work. In some cases, their supervisor called them on a daily basis to find out when they would be returning. In other cases, the employee was required to call in every day to report whether or not he or she would be coming back to work the following day. Employers need to understand the difference between keeping in touch and keeping tabs on staff.

There are many decisions that employers need to make about keeping in touch with employees on a leave of absence, such as:

- ◆ Which type of contact is best (e.g., telephone calls, voice messages, or e-mails)?
- ◆ How often should the employee be contacted?
- ◆ Who should contact the employee (e.g., human resources, manager, colleague)?

If possible, these decisions should be made at the time the leave of absence is requested, and should be based on the employee's condition and preferences.

All employees should be made aware of company policies about staying in touch throughout a sick or disability leave. When an employee does require an extended absence from work, he or she knows this will occur and the regular contact is not intimidating. And, when contacting an employee on leave, the discussion should be a demonstration of support regarding the employee's health and well-being. Organizational events and news can also be shared during this contact. This allows the employee on leave to still feel part of the organization.

As the employee recovers and his or her return to work approaches, he or she can be invited to attend workplace social events. This can help ease the transition back to work. As well, if it is organizational practice to send cards or flowers to employees who are absent due to a physical illness, the same should be done for employees who are away from work due to a mental health issue.

Source: Workplace Strategies for Mental Health.

Mental health issues include a wide range of conditions. As a result, they call for a wide variety of accommodations. Challenges employers face in accommodating employees experiencing mental health issues include:

- ◆ creating flexibility at work;
- ◆ dealing with tension between the employer's right to information and the employee's right to privacy;^{3,4}
- ◆ eliminating the siloed approach to accommodation and return to work. For example, in some organizations, the person responsible to support an employee's return to work has no authority over a supervisor;^{5,6}
- ◆ creating accommodation strategies that allow for recurrences; and
- ◆ supporting team members through a colleague's return-to-work process.⁷

Despite the challenges noted above, most solutions are relatively inexpensive to implement, but require flexibility and creativity on the part of employers.⁸

Employees can help their employer by being concrete and specific about which accommodations they need.

As the employee knows more about his or her needs than anyone else, communication between the employer and employee is the key to a successful accommodation process. Employees can help their employer by being concrete and specific about which accommodations they need. For example, when a leave of absence from work is necessary, the employee and the employer should determine together, at the time of the request, how they will keep in contact during the leave, and how they will effectively manage the return-to-work process. (See box “Keeping in Touch . . . What's the Right Balance?”)

3 Roper Greyell, *What to Do*, 4.

4 Ibid.

5 Baynton, “Return to Work: Strategies for Supporting the Supervisor,” 1.

6 Ibid.

7 Baynton, “Return to Work: Addressing Co-Worker Reactions,” 2.

8 Mental Health Works, “Accommodations.”

When an employee clearly defines what is required and puts it in writing, the employer is in the best position to be able to implement effective and supportive accommodations. A partnership approach is the most effective.⁹

WORKPLACE ACCOMMODATIONS

Approximately half (48 per cent) of the employees surveyed agree that proper accommodations are provided in the workplace for employees with mental and/or physical disabilities. (See Table 10.) But, many employees (33 per cent) are either neutral or don't know whether this is the case, and a further 19 per cent do not believe employees are accommodated.

Voices of Employees

“Never mention that you are taking leave for a mental health issue. Unless it is absolutely necessary to take time off for the issue, don't do it. And if you need to take the time off, don't label it as a mental health leave.”

Of the employees surveyed who were currently experiencing, or had previously experienced, a mental health issue, one-quarter (26 per cent) required workplace accommodations. These included modified work hours, telework, or other changes to the working conditions.

Among employees who required accommodations in the workplace:

- ◆ more than half of employees (56 per cent) said the accommodations were provided in a timely manner;
- ◆ in 13 per cent of cases, the accommodations were provided—but it was a very lengthy process; and
- ◆ for nearly one-third (31 per cent) of employees in need, no workplace accommodations were provided by the employer.

The in-depth interviews confirmed that upon re-entry into the workplace after a leave of absence, most individuals had a graduated return-to-work program (e.g., modified shifts, time allowed for appointments, part-time hours, and flexible hours) that helped ease the transition. However, for many employees who received workplace accommodations upon their return, the experiences were not always positive. For example, in some cases, employees were made to feel guilty for their modified work hours.

SUPPORT UPON RETURN TO WORK

Emotionally, it is difficult for employees to return to the workplace after a mental health-related absence. The in-depth interviews confirmed that whether the employee has been absent for a few days or for several months, feelings of personal inadequacy, guilt, shame, and embarrassment are common. This makes organizational support for the employee even more critical upon return to work.

9 Canadian Psychiatric Association, “Mental Illness and Work.”

Table 10
Corporate and Managerial Support for Accommodation and Return to Work
(average, scale of 1 to 5; percentage of respondents, n=1,010)

| | Average rating* | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
|--|-----------------|-------------------|----------|----------------------------|-------|----------------|------------|
| My organization provides accommodations in the workplace for employees with both mental and physical disabilities (e.g., modified work hours, telework, other changes) | 3.4 | 7 | 12 | 20 | 36 | 12 | 13 |
| My organization supports employees returning to work after an absence due to a mental health issue | 3.8 | 2 | 4 | 18 | 45 | 14 | 17 |
| My supervisor supports employees returning to work after an absence due to a mental health issue | 3.8 | 2 | 4 | 20 | 42 | 14 | 19 |

*Respondents were asked to rate statements on a scale of 1 to 5, where 1 = strongly disagree and 5 = strongly agree.

Note: Total may not add to 100 due to rounding.

Source: The Conference Board of Canada.

CORPORATE/MANAGERIAL SUPPORT

The majority of employees believe that their organization (59 per cent) and supervisor (56 per cent) support employees returning to work after an absence due to a mental health issue. (See Table 10.)

Interestingly, in the survey, employees who required a workplace accommodation due to a mental health issue were even more positive about the extent to which their employer was supportive. Almost seven of ten (67 per cent) employees who asked for a workplace accommodation reported that their organization supports employees returning to work after an absence due to a mental health issue, and 65 per cent agreed that their supervisor was also supportive.

Employees who had required a mental health-related absence revealed that their manager was often insensitive, unsympathetic, and unsupportive upon their return.

Although the survey results reveal that the majority of workers believe their organization and supervisor support employees returning to the workplace after a mental health-related absence, the interviews revealed some significant challenges faced by employees upon return to work. Indeed, very few employees who were interviewed stated that the organization was helpful or supportive upon their return. Employees who had required a mental health-related absence revealed that their manager was often insensitive, unsympathetic, and unsupportive upon their return. Many said their employer made them feel guilty about their time away from work. Employees also sometimes reported they were ignored or given the “cold-shoulder” upon their return (e.g., supervisor and senior management abruptly stopped interacting with them). Throughout the survey and interviews, employees provided many suggestions on how employers could have been more supportive. (See box “How Do Your Employees Want You to Support Them?”)

How Do Your Employees Want You to Support Them?



INSIGHTS FROM THE RESEARCH

The survey and interviews gathered suggestions or advice from employees—who had experienced a mental health issue—on how their employer’s approach to workplace mental health could improve.

The primary recommendations from employees—who were currently experiencing or had previously experienced a mental health issue—for their employer were to:

- ◆ become educated on the nature and treatment of mental illness;
- ◆ offer workplace resources—and be able to direct employees to these resources, if needed;
- ◆ talk openly about mental health in the workplace;
- ◆ offer flexible work arrangements;
- ◆ keep an open mind when an employee discloses a mental health issue; and
- ◆ be empathetic, supportive, and respectful when managing an employee with mental health issues.

Source: The Conference Board of Canada.

Voices of Employees

“If I don’t have the energy to get to work that day, my supervisor is more supportive and understanding.”

“When people go on leave of any kind, they return to a hostile work environment and are encouraged to leave. If you return to work, you are blacklisted.”

“Don’t tell anybody associated with your job. They’re going to second-guess you; they are going to make assumptions; they are going to say certain things. If you are talking about a corporation of any size, you are a number—a cog in the wheel. It might not be negative that day, but sooner or later they will use it. It is not something you can take back.”

According to employees, another common difficulty for those returning from a leave of absence was a concern that their employer would think of them as being less capable than previously. As an example, one employee reported that their mental health issue was brought forward in every performance review after returning from a leave of absence.

CO-WORKER SUPPORT

Returning to the workplace after a leave of absence for a mental health issue can be awkward for both the employee and their colleagues. People may be unsure how to act; which questions, if any, to ask; or whether to say anything at all.

The employees interviewed who had taken a leave of absence experienced varying reactions from co-workers upon their return to the workplace. In some cases, colleagues treated the employee as if nothing had ever happened. This reception caused employees to feel more shame and embarrassment, because there wasn't any acknowledgement or understanding from co-workers or the employer about what they had experienced.

In other cases, employees felt isolated, ignored, or shunned by colleagues. Employees expressed that, at times, they were the brunt of office gossip. Others were made to feel guilty for their absence because of the additional workload this placed on co-workers.

The team needs to know what to expect, how to act, which questions to ask or not to ask, and what arrangements have been made for the returning employee.

A key lesson from the research is that managers need to ensure that they prepare co-workers prior to an employee's return. (See box "Return-to-Work Action Plan.") The team needs to know what to expect, how to act, which questions they should or should not ask, and what arrangements have been made for the employee upon returning to work.

ENSURING A SUCCESSFUL RETURN TO WORK

After taking a leave of absence for a mental health issue, some employees did not return to their workplace either because they willingly chose not to or unwillingly exited from the organization.

How can employers ensure a better return-to-work transition? Not all employees had negative experiences when returning to the workplace. Successful reintegration into

Voices of Employees

"I was treated as if I were on vacation, as if nothing had ever happened (even though I was off for five weeks!)."

"I went from being a part of the team to being completely isolated. . . . I could feel the daggers every time I went to work."

Voices of Managers

"Number one—be a mentor, not a critic. Help people succeed, not watch them fail."

"If someone's been ill to the point that they have been absent from work, how do you create a supportive environment to make them successful upon return?"

the workplace was facilitated by some employees' managers. These managers were described as supportive, accepting, and understanding. In the eyes of employees, these managers truly wanted the employee to be successful upon re-entry.

For some, once the manager knew of the employee's mental health issue, the manager was more supportive, understanding, and accepting. The manager did not treat the employee as if he or she was weak or fragile. Ensuring managers have an understanding of mental health issues is important. That way, managers are less likely to have unwarranted concerns about the returning employee (e.g., apprehensions about violence or outbursts in the workplace).

KEY TAKEAWAYS

Appropriate accommodations are not consistently being provided to employees experiencing mental health issues. Many employees can be accommodated inexpensively, if employers are flexible and creative. There are many decisions that employers need to make about staying in contact with employees who are on a leave of absence due to a mental health issue. Employers should also prepare carefully for the employee's return to the workplace.



Return-to-Work Action Plan

ADDITIONAL INSIGHTS FROM SECONDARY SOURCES

Although every employee's experience is unique, the following process can be adapted when facilitating an employee's return to work.

STEP 1: MAINTAIN CONTACT WITH EMPLOYEES ON LEAVE

- ◆ At the start of the leave, decide with the employee who will contact them, by which method, and how often contact will be made.

STEP 2: SUPPORT THE CRITICAL ROLE OF THE SUPERVISOR

- ◆ Involve supervisors at the start of the return-to-work and accommodation process to ensure that the strategies developed are appropriate for the work environment and group dynamics.
- ◆ Prior to the employee returning from leave, ensure that the supervisor and the employee meet to discuss a return-to-work plan—focusing on its implementation, any anticipated challenges, and the available organizational supports. Ask the employee what may or may not be communicated to his or her co-workers regarding the employee's return to work.

STEP 3: UNDERSTAND THE EMPLOYEE'S VARIOUS TASKS AND RESPONSIBILITIES

- ◆ Understand which tasks are essential, which can be exchanged with another colleague, and which can be modified to allow the returning employee to work differently, but as effectively as before.
- ◆ Provide as much flexibility as possible around work hours and the location of work.

STEP 4: UNDERSTAND AND ADDRESS CO-WORKER REACTIONS

- ◆ Offer mental health education and awareness sessions at regularly scheduled times instead of coordinating the timing with the return of a particular employee.
- ◆ If a workplace accommodation will affect co-workers, include them in the discussion. Consider its impact on their workloads and job duties and offer solutions to address their concerns.

STEP 5: UNDERSTAND THE IMPACT OF THE WORKPLACE ON THE EMPLOYEE

- ◆ Consider the workplace stressors and challenges, and assist the employee with developing coping strategies for those particular issues.
- ◆ Assist with the resolution of the workplace issues that potentially contributed to the development of the mental health issue.

STEP 6: CREATE THE RETURN-TO-WORK PLAN

- ◆ Have a conversation with the employee about how to help the person be successful at work, how to ensure the success of the return to work, and how to deal with future issues in a healthy way.

STEP 7: MAKE THE EMPLOYEE'S FIRST DAY BACK A POSITIVE EXPERIENCE

- ◆ Welcome the employee back and update the employee on workplace changes during his or her absence.
- ◆ Review the return-to-work plan and expectations regarding workload, duties, and performance.
- ◆ Ensure the employee understands his or her privacy rights.

Sources: Manulife Financial; Workplace Strategies for Mental Health.

CHAPTER 6

The Impact of Corporate Culture

Chapter Summary

- ◆ According to employees—particularly those farther down in the organizational hierarchy—a significant number of employers are not promoting a mentally healthy work environment.
- ◆ Only 36 per cent of employees say that senior management in their organization openly discuss the importance of mental health in the workplace.
- ◆ In the eyes of employees, some key factors leading to unhealthy workplaces include poor work-life balance and a lack of effective conflict resolution practices.

Setting an example is not the main means of influencing another, it is the only means.

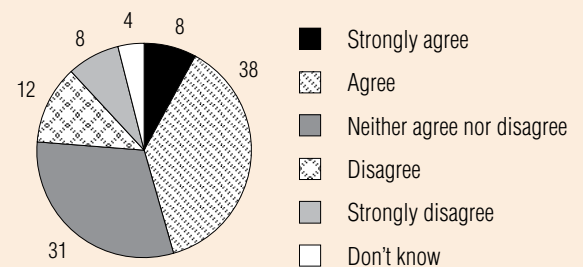
—Albert Einstein

The culture of an organization plays a large role in setting the conditions in which employees either can or cannot sustain their mental health.

An unhealthy corporate culture can set off a chain reaction. The culture and work environment can impact on employees' levels of stress and anxiety. And persistent anxiety can foster feelings of guilt, inadequacy, and hopelessness which can, over time, lead to mental health problems.¹

According to Canadian workers, a significant number of employers are not promoting a mentally healthy work environment. Overall, less than half of employees (46 per cent) say their organization promotes a mentally healthy work environment. (See Chart 11.)

Chart 11
Employer Promotes a Mentally Healthy Work Environment
(percentage of respondents, n=1,010)



Note: Total may not add to 100 due to rounding.
Source: The Conference Board of Canada.

¹ Desjardins Financial Security, "Size Up How Your Work/Life Balance," 3.

There is a major disconnect between the perceptions of executives and non-management employees about the degree to which their workplaces promote mental health.

- ◆ While 82 per cent of senior executives surveyed stated that their employer promotes a mentally healthy work environment, only 63 per cent of executives and 47 per cent of middle and front-line managers believe that is the case.
- ◆ The proportion falls to 45 per cent of professionals who believe their employer promotes a mentally healthy work environment.
- ◆ Only 30 per cent of employees in service, labour, and production occupations reported that their employer promotes an environment that supports employees' mental health.

Voices of Employees

"Don't ignore it. It's real—it's very real. It's a very strong and distinguishable medical condition. And there's help for it. Employers need to listen to the employees. Don't push it away, deal with it."

"If someone has a mental health problem, the company would rather avoid it than talk about it and assist."

If they are willing, employers can learn much from employees about both the positive and negative things that are affecting the mental health of the workforce. (See box "What Is a Mentally Healthy Workplace?")



What Is a Mentally Healthy Workplace?

INSIGHTS FROM THE RESEARCH

The in-depth interviews explored the policies, practices, culture, and other aspects of the workplace environment that support employees' mental health. In their own words, employees and front-line managers told us what they think represents a mentally healthy workplace. While there are certainly other characteristics that impact on the health of the work environment, below are some of the characteristics mentioned by those interviewed.¹

WORKLOAD

- ◆ Workloads are monitored to ensure they are not excessive.
- ◆ "Face time" at the office does not equate to better job performance.
- ◆ There is sufficient staff to do the work required.
- ◆ Overtime is compensated.

WORK SCHEDULING

- ◆ Flexible work arrangements exist—including flexible schedules, compressed work weeks, and telework.

WORK-LIFE BALANCE

- ◆ Work-life balance is promoted.
- ◆ Employees are encouraged to take their allotted vacation time.
- ◆ Employees are not expected to respond to e-mail 24/7.

WORK ENVIRONMENT

- ◆ People are friendly, empathetic, understanding, and supportive in the workplace.
- ◆ Employee morale is high.
- ◆ The organization holds social activities for staff.

- ◆ Employees are respected.
- ◆ Bullying, harassment, and discrimination are not tolerated.
- ◆ People are not manipulated.
- ◆ Policies and procedures are in place and enforced (e.g., overtime practices, anti-discrimination policies).
- ◆ It is not a high-stress environment.
- ◆ There is an absence of hostility and conflict.
- ◆ Employees are acknowledged, rewarded, and recognized for a job well done.
- ◆ There is not widespread negativity.

MANAGEMENT STYLE

- ◆ Managers are well trained and good people managers.
- ◆ Managers are not autocratic, authoritarian, controlling, and aggressive.
- ◆ Managers do not bully employees.
- ◆ Employees have autonomy over their work.
- ◆ Employees are not blamed or punished for mistakes.
- ◆ Employees are appreciated.

COMMUNICATION

- ◆ There is open communication between management and employees.
- ◆ Human resource professionals and managers are approachable.
- ◆ Discussions are kept confidential.

¹ Workplace Strategies for Mental Health outlines 10 factors in building a psychologically healthy workplace. Many of the same characteristics noted by employees and managers during the course of our research are included on this list. Other characteristics include role clarity, job security, removing class distinctions, and the physical environment.

Source: The Conference Board of Canada.

SETTING THE TONE AT THE TOP

Like any successful venture within an organization, the full support and involvement of senior leaders is required for change to occur. Senior management often sets the tone in terms of organizational priorities, practices, and workplace norms.

Despite all the strides that have been made over the past number of decades, it appears there is still a “hush” around mental health issues. Only 36 per cent of employees report that senior management openly discusses the importance of mental health.

Employers could do more to ensure that the right conditions are in place to support the psychological health of their employees. Only about half of survey respondents believe that employees’ duties and responsibilities are clearly defined (59 per cent); employee contributions are recognized (56 per cent); workloads are manageable (54 per cent); and conflict resolution practices are in place (49 per cent). (See Table 11.)

Individuals who have never experienced a mental health issue are more positive about their workplace culture than employees who have experienced a mental health issue. This was particularly evident among employees who are currently experiencing mental health issues.

Voices of Managers

“If it’s not being supported by our VP for our own people, how are we supposed to deliver this message to the entire employee base and make it effective?”

“Everybody has something valuable to contribute to an organization and we, as employers, have a responsibility to assist people in being able to fulfill that.”

“There is a lack of sensitivity among employers. They don’t want to deal with mental [health] issues and substance abuse. Over the years, I’ve seen a lot of companies become more bottom-line driven. . . . There is less compassion in the workplace today than there was 20 years ago. Everybody has to cut costs, cut expenses, and increase productivity out of their people. This causes a catch 22 situation. The more pressure that’s put on people, the more they cannot cope working under pressure.”

These employees were more likely than the other respondents to disagree or strongly disagree that:

- ♦ their employers promote a mentally healthy work environment (35 per cent disagree);
- ♦ their workloads are manageable (41 per cent disagree); and
- ♦ senior management openly discusses the importance of mental health in their organization (40 per cent disagree).

Table 11

Employee Assessments of the Corporate Culture
(average, scale of 1 to 5; percentage of respondents, n=1,010)

| | Average rating* | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don’t know |
|--|-----------------|-------------------|----------|----------------------------|-------|----------------|------------|
| In my organization, senior management openly discusses the importance of mental health | 3.0 | 12 | 19 | 21 | 27 | 9 | 12 |
| Employee’s duties and responsibilities are clearly defined | 3.5 | 6 | 13 | 20 | 48 | 11 | 1 |
| Employee contributions are recognized | 3.4 | 6 | 13 | 23 | 44 | 12 | 3 |
| Workloads are manageable | 3.3 | 8 | 17 | 19 | 46 | 8 | 1 |
| Conflict resolution practices are in place | 3.4 | 5 | 12 | 26 | 40 | 9 | 8 |

* Respondents were asked to rate statements on a scale of 1 to 5, where 1 = strongly disagree and 5 = strongly agree.

Note: Total may not add to 100 due to rounding.

Source: The Conference Board of Canada.

Changing the organizational culture, to create a more mentally healthy work environment, is an incredibly challenging task. It requires the full support of senior management and an investment in human and financial resources, time, and energy. Leaders need to be prepared to address systemic and long-standing issues involving workloads, compensation, and other workplace barriers.

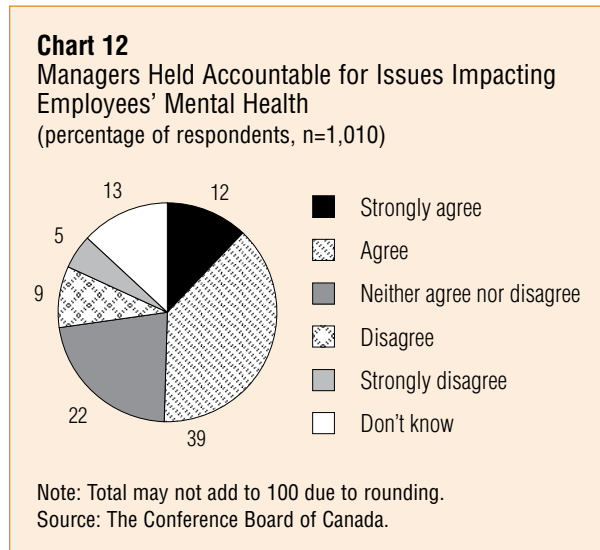
ARE MANAGERS SUPPORTING A HEALTHY WORK ENVIRONMENT?

Managers are instrumental in ensuring the work environment is mentally healthy. They take the lead on allocating resources, managing workloads, and dealing with workplace conflicts. Just as they need support in other areas, managers need organizational support to create and sustain a mentally healthy work environment—and they need to be held accountable for change.

ACCOUNTABILITY

Employees are divided on whether their organizations hold managers accountable for addressing workplace issues that may negatively impact the mental well-being of employees. (See Chart 12.)

In terms of promoting an environment that sustains employees’ mental health, managers are seen to be most effective at encouraging respectful behaviours in



the workplace and least effective at managing work-life balance. In fact, only 42 per cent of employees agree that their supervisor promotes work-life balance. (See Table 12.) These perspectives are shared by all employees, whether or not they have experienced a mental health issue.

The survey also found that the majority of employees (54 per cent) agree that management responds when there are incidents of bullying or harassment. Only a small proportion (13 per cent) disagree that management takes action in this regard. Employers may be more aware of the need to respond to these incidents

Table 12
The Supervisor’s Role in Supporting Mental Health
 (average, scale of 1 to 5; percentage of respondents, n=1,010)

| | Average rating* | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
|--|-----------------|-------------------|----------|----------------------------|-------|----------------|------------|
| Management encourages respectful behaviours | 3.9 | 4 | 5 | 15 | 52 | 23 | 2 |
| Management responds when there are incidents of bullying or harassment | 3.6 | 6 | 7 | 21 | 38 | 16 | 12 |
| Managers encourage active employee participation and decision-making | 3.3 | 7 | 15 | 24 | 43 | 9 | 3 |
| Managers promote work-life balance | 3.2 | 9 | 17 | 29 | 33 | 9 | 3 |

* Respondents were asked to rate statements on a scale of 1 to 5, where 1 = strongly disagree and 5 = strongly agree.
 Note: Total may not add to 100 due to rounding.
 Source: The Conference Board of Canada.

due to recent changes in legislation in Canada. (See box “Workplace Bullying and Harassment.”) The reporting of workplace bullying and harassment by victims and witnesses is important in enabling employers to take timely action.² The survey did not explore the degree to which employees felt comfortable coming forward to report such incidents.

KEY TAKEAWAYS

A majority of leaders think that their work environment supports mental health, but the majority of employees do not share this view. Managers are seen to be most effective at encouraging respectful behaviour in the workplace and least effective at enabling employees to appropriately manage their work-life balance. It is still relatively uncommon in organizations for senior management to openly discuss the importance of mental health.

2 Ferris, “A Preliminary Typology,” 390.

Workplace Bullying and Harassment

ADDITIONAL INSIGHTS FROM
SECONDARY SOURCES



The issue of workplace bullying and harassment is one that is attracting considerable attention of late, particularly in light of the Bill 168 amendments to Ontario’s *Occupational Health and Safety Act* that took effect in June 2010. The legislation now requires employers to consider both the physical harm (i.e., violence) and psychological harm (i.e., harassment) that may arise in the workplace.¹ The issue of bullying and harassment is important since it can be a causal factor for mental health issues in the workplace.² Research shows that workplace bullying results in increased referrals to Employee Assistance Programs, more third-party mediation, and longer-term counselling for employees.³

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- 1 Hughes and Ruten. *Managing the Risks of Workplace Violence and Harassment*, 3.
 - 2 Richmond and others, “Sexual Harassment and Generalized Workplace Abuse,” 361.
 - 3 Ferris, “A Preliminary Typology,” 392.

CHAPTER 7

What Do Employees Know About Mental Health?

Chapter Summary

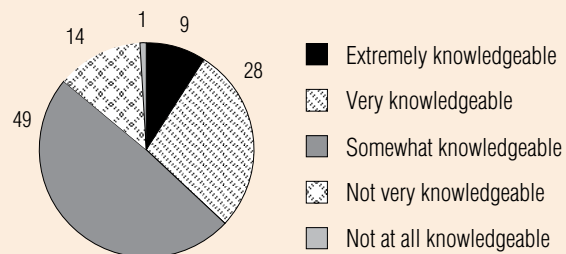
- ◆ Employees have some knowledge of mental health but their mental health literacy could be substantially improved.
- ◆ Education and awareness initiatives may need to be targeted at specific groups in the workplace, such as mature workers and employees who are at lower levels in the organizational hierarchy.
- ◆ Some myths about mental health still exist—particularly ones related to addiction, propensity for violence, and absenteeism. Additional education in these areas is required.
- ◆ Even employees who consider themselves knowledgeable about mental health hold some misconceptions about mental health.

about mental illness. A lack of mental health literacy is often a source of problems—it can lead to numerous misconceptions and fears about mental health.^{1,2} Understanding the knowledge level of employees can help a company provide the right kind of information and education to fill in the gaps.

MENTAL HEALTH LITERACY

Most employees (86 per cent) have at least some knowledge about mental health. However, with only one-third of employees (37 per cent) rating themselves as being knowledgeable or very knowledgeable regarding mental health, there is still much they can learn. (See Chart 13.)

Chart 13
Level of Mental Health Knowledge
(percentage of respondents, n=1,010)



Source: The Conference Board of Canada.

Fear is the main source of superstition, and one of the main sources of cruelty. To conquer fear is the beginning of wisdom.

— Bertrand Russell

For employers who are developing a mental health strategy, it is important to gauge the level of knowledge their employees have

1 Jorm, "Mental Health Literacy," 397.

2 Kirby, *Out of the Shadows at Last*, 27.

As shown in the table in Appendix C, the self-reported level of knowledge on mental health varied significantly according to specific characteristics of the respondents.

- ◆ Mature workers, born before 1965, were significantly less likely to rate themselves as being knowledgeable or very knowledgeable than their younger colleagues.
- ◆ Employees in local, regional, and provincial organizations rated themselves as being more knowledgeable about mental health than those employed in national or international organizations. The advantage in more localized organizations is that the human resources department and other support services are located closer to the actual employee—so it may be easier to get information to employees. Education and outreach present greater challenges in national or international organizations where services and supports may be centralized in a headquarter location quite far from an employee’s work location.
- ◆ Employees working in certain industries—including the chemical and pharmaceutical, education, health, not-for-profit, and professional services sectors—rated themselves as being significantly more knowledgeable than those employed in the construction, high technology, communications and telecommunications, and transportation and utilities sectors.
- ◆ Technicians, skilled trades people, and employees in clerical and support occupations rated themselves as significantly less knowledgeable about mental health than did senior executives and professionals.

Education and awareness initiatives may need to be targeted to specific groups within the workplace.

These findings suggest that education and awareness initiatives may need to be targeted to specific groups within the workplace, such as mature workers and employees at lower levels within the organization. As well, organizations in certain sectors of the economy where mental health literacy rates are lower should place a greater emphasis on educational efforts.

However, as will be discussed later in the report, a challenge is that these findings are based on employees’ perceptions of their own level of knowledge of mental health, which may not reflect how much they truly know.

Voices of Managers

“[Employers need] understanding and knowledge—it’s not necessarily someone who just feels lazy or depressed . . . sometimes [mental health issues] can be a real, actual chemical imbalance.”

MISCONCEPTIONS ABOUT MENTAL HEALTH

In the survey, we tested respondents’ level of knowledge of mental health by asking them to either agree or disagree with a number of myths about mental health. Our objective was to determine how many individuals disagreed with myths about mental health.

The survey also tested respondents’ level of knowledge of mental health by asking them to either agree or disagree with a number of facts about mental health. Our objective was to determine how many individuals agreed with these truths about mental health.

It is clear from our survey that some myths about mental health still exist. (See tables 13 and 14.) The most common myths include the belief that:

- ◆ people with mental health issues miss more days of work than those with other physical chronic health conditions (22 per cent agree or strongly agree);
- ◆ addiction is a lifestyle choice (20 per cent agree or strongly agree); and
- ◆ people with addictions lack the willpower to change (18 per cent agree or strongly agree).

Employees are most unsure about whether people with mental health issues miss more days of work than people with other chronic conditions such as diabetes or heart disease (47 per cent were unsure) and whether people with mental health issues are more violent than others (37 per cent were unsure). Additional public education in these areas is required. (See box “Did You Know . . .”)

Front-line managers need to be cognizant of the misconceptions and fears that employees have about mental illness, and work actively to dispel these myths. Otherwise, the workplace environment will suffer. Employee morale may be affected if members of a work team assume that a team member, suffering from a mental health

issue, is not carrying his or her weight—either because the team member is seen as missing an inordinate number of work days, or because he or she is perceived as being unproductive.

Team dynamics can also be affected if colleagues are concerned about the potential for violence from a peer suffering from a mental illness.

Table 13

Myths About Mental Health

(percentage of respondents, n=1,010)

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
|--|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|-------------------|
| Mental health issues are not real medical conditions | 58 | 30 | 7 | 2 | 1 | 2 |
| Mental illness is caused by a personal weakness | 50 | 30 | 12 | 5 | 1 | 3 |
| People with a mental health issue never get better | 32 | 46 | 15 | 4 | 1 | 3 |
| There is no way to treat certain mental health issues such as schizophrenia | 28 | 42 | 14 | 6 | 2 | 9 |
| People who suffer from some mental health issues such as depression could “snap out of it” if they tried hard enough | 36 | 32 | 19 | 9 | 2 | 3 |
| Addiction is a lifestyle choice | 24 | 33 | 22 | 16 | 4 | 2 |
| People with addictions lack the willpower to change or stop their behaviour | 21 | 35 | 24 | 15 | 3 | 3 |
| People with mental health issues are more violent than others | 21 | 33 | 32 | 8 | 1 | 5 |
| People with mental health issues miss more workdays than people with chronic physical conditions such as diabetes or heart disease | 9 | 22 | 32 | 19 | 3 | 15 |

Note: Total may not add to 100 due to rounding.

Source: The Conference Board of Canada.

Table 14

Truths About Mental Health

(percentage of respondents, n=1,010)

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
|--|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|-------------------|
| There are multiple types of mental health issues | 1 | 1 | 4 | 39 | 54 | 2 |
| A stressful work environment can contribute to the development of mental health issues, such as depression and anxiety disorders | 1 | 2 | 7 | 49 | 40 | 1 |
| People with mental health issues play a big part in their own recovery | 1 | 2 | 14 | 54 | 27 | 3 |
| People with mental health issues are no more or less intelligent than others | 4 | 3 | 12 | 42 | 36 | 3 |
| The symptoms of mental health issues can be kept under control with proper treatment | 1 | 2 | 16 | 63 | 16 | 3 |
| Many people do recover from mental illness | 1 | 5 | 17 | 52 | 19 | 5 |
| People with mental health issues can function well in the workplace | 1 | 7 | 21 | 51 | 18 | 2 |

Note: Total may not add to 100 due to rounding.

Source: The Conference Board of Canada.

Did You Know . . .**ADDICTION IS NOT A CHOICE**

Addiction is not a lifestyle choice nor is it the result of a lack of willpower to change. It is not a voluntary condition nor is it the result of low socio-economic status. Addiction is a disease resulting from complex biochemical, cellular, and molecular changes in the brain. It develops with the ongoing use, despite harmful effects, of one or more substances.¹

PEOPLE WITH MENTAL HEALTH ISSUES DON'T NECESSARILY MISS MORE WORKDAYS

In Canada, mental health issues form the largest category of illnesses and conditions affecting Canadians and, overall, they lead to the greatest number of missed workdays.² However, one should not assume that people with mental health issues miss more workdays than people with chronic physical conditions, such as diabetes or heart disease. Mental health issues include a wide range of conditions—not all of which lead to extended absences from work.³ The number of days missed depends very much on the individual's specific mental health condition.

PEOPLE WITH MENTAL HEALTH ISSUES ARE NOT MORE VIOLENT THAN OTHERS

People with mental health issues are not more likely to perpetrate violent acts than others. The strongest predictor of violence is not mental illness, but the past history of violence. Other factors—including age, gender, substance abuse, and educational level—have also been linked to violence.⁴ According to the Canadian Mental Health Association, an increased risk of violence is found only in a small subgroup of individuals with “severe and persistent mental illnesses, which are not being appropriately treated.”⁵

1 Pfizer, Human Solutions, and Morneau Shepell, *Addiction in the Workplace*, 4.

2 Lim and others, “A New Population-Based Measure of the Burden of Mental Illness in Canada,” 94.

3 Canadian Mental Health Association, “Understanding Mental Illness.”

4 Arboleda-Florez and others, *Mental Illness and Violence*.

5 Canadian Mental Health Association, *Violence and Mental Illness*.

Voices of Managers

“Many, many people function quite well with a mental illness. So, in addition to acknowledging that we have people with mental health issues in the workplace, we should support them in their own recovery process. In doing so, remember that everyone is unique.”

“Regardless of a person's mental health, everyone is employable and has something to contribute.”

ARE EMPLOYEES AS KNOWLEDGEABLE AS THEY SAY?

Employees' self-assessments of their knowledge surrounding mental health issues are somewhat tenuous. Even some employees who rated themselves as either very or extremely knowledgeable on the subject held misconceptions about mental health. For example:

- ◆ 26 per cent agreed, or strongly agreed, that people with mental health issues miss more days of work than those with other physical chronic health conditions;
- ◆ 19 per cent agreed, or strongly agreed, that addiction is a lifestyle choice;
- ◆ 17 per cent agreed, or strongly agreed, that people with addictions lack the willpower to change or stop their behaviour; and
- ◆ 10 per cent agreed, or strongly agreed, that people with mental health issues are more violent than others.

KEY TAKEAWAYS

Employees have some knowledge of mental health, but still hold a number of misconceptions. In particular, these misconceptions involve addictions, propensity for violence, and the workplace productivity of people experiencing mental health issues. More can be done in workplaces to raise awareness of the issues, and shatter myths.

CHAPTER 8

Mental Health Information, Resources, and Supports

Chapter Summary

- ◆ Twenty-two per cent of employees received mental health information from their employer in 2010—most of the information is related to the workplace supports available and how to access them.
- ◆ The majority of employees (62 per cent) say they know where to go in the workplace for help.
- ◆ Fifty-six per cent of employees agree that the programs and supports offered in the workplace address their mental health needs.
- ◆ Only one-third of employees suffering from a mental health issue accessed resources through their employer—most often EAP or counselling services.
- ◆ Barriers to getting help at work include not having workplace resources available, a lack of awareness of resources, and employees' fear of accessing resources.

The great aim of education is not knowledge but action.

—Herbert Spencer

SOURCES OF INFORMATION ON MENTAL HEALTH

Employees access information on mental health from a wide variety of sources. As with many other subject areas, the Internet—for better or worse—is an increasing source of information for employees about mental health. In fact, based on our survey, it is currently the source most frequently used by employees to access information on the subject of mental health. Other printed materials, such as books or magazines, as well as the mainstream media (TV and radio) also play a role. (See Chart 14.) Unlike their younger colleagues, who use the Internet as their primary source of information, mature workers are significantly more likely to read printed materials—such as books and magazines—to keep informed about mental health.

The health-care community is key to ensuring employees receive proper assistance with mental health issues. While people may search for information on the Internet, more than half of all employees (56 per cent) also report that they receive information on mental health from either their doctor or other health-care providers.

Workplace information and resources are not heavily relied upon as a general source of information about mental health. In the following section, we explore some of the reasons why this may be the case and how employers can encourage employees with a mental health issue to obtain the help they need. (See box “Setting the Stage.”)

Chart 14
Sources of Mental Health Information
(percentage of respondents, n=1,010)



*Other sources of information include the union, workplace training, youth worker, and public health (e.g., public health announcements, websites, and advertising campaigns).
Source: The Conference Board of Canada.



Setting the Stage

INSIGHTS FROM THE RESEARCH

“Just because you struggle with something and you seek help for it doesn’t make you a weak person, it actually makes you stronger to be able to admit that you have a problem and you need help.”

What can employers do to create an environment that encourages employees to get the help they need? The employees that we surveyed and interviewed suggest that employers:

- ◆ encourage employees to seek help as soon as possible from the company’s EAP, their doctor/other medical professional, or from resources in the community;
- ◆ talk openly about mental health so that their employees feel comfortable confiding in a trusted colleague, their supervisor at work, or the organization’s human resources department;
- ◆ treat mental health issues in the same manner as physical conditions—don’t make employees feel embarrassed or guilty; and
- ◆ make sure employees know what their rights are—and respect those rights in the workplace.

Source: The Conference Board of Canada.

WORKPLACE MENTAL HEALTH INFORMATION

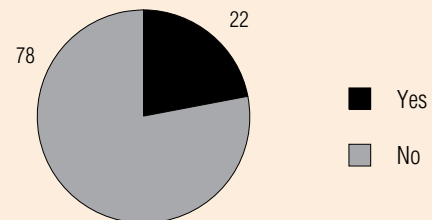
Earlier, we explored the means by which individuals access information on mental health more generally. This next section speaks specifically to employer-provided information on mental health. A following section explores other resources and supports available in the workplace.

EMPLOYER DISTRIBUTION OF INFORMATION ON MENTAL HEALTH

In 2010, most employees did not receive information from their employer on how to take care of their own mental health.

In fact, less than a quarter of all employees surveyed (22 per cent) received information on mental health from their employer in 2010. (See Chart 15.) It should be noted that employees may have received mental health information from their employer in prior years.

Chart 15
Received Workplace Information
(percentage of respondents, n=1,010)



Source: The Conference Board of Canada.

Employees working in large organizations are significantly more likely to have received information on mental health from their employers.¹ While approximately 32 per cent of employees from large organizations received information, only 12 per cent of those from small organizations and 19 per cent of respondents from medium-sized organizations received any information. While budget constraints may be a barrier for smaller organizations, there are a wide variety of free resources available.

¹ For the purposes of this research, organizational size has been defined as: small (fewer than 50 employees), medium (50–499 employees), and large (500 employees and over).

Employees working in certain industries, including natural resources; chemical and pharmaceutical products; food, beverage, and tobacco products; and education sectors are significantly more likely to have received information from their employers than employees in the construction; high technology; communications and telecommunications; and the retail and wholesale trade sectors. This is of concern since employees in some of these sectors also rate themselves as the least knowledgeable about mental health issues.

Front-line supervisors and managers are significantly more likely (28 per cent) to have received information on mental health from their employers than employees who do not manage others (17 per cent).

An employee’s employment status also affects whether or not he or she receives information on mental health. One-quarter of permanent full-time employees received information on mental health from their employer. However, the proportion of employees receiving workplace information was significantly lower for full-time contract, term, or seasonal employees (15 per cent); permanent part-time employees (11 per cent); part-time, contract, term, or seasonal employees (7 per cent); and casual employees (5 per cent). (See Chart 16.) Employers may want to reconsider their reach, since it may not be significantly more costly for an employer to distribute information on mental health to the entire workforce, including contingent workers. Certainly, as the contingent workforce grows—and employers are increasingly competing for talent—broadening benefits and support programs beyond the traditional full-time workforce may be prudent.

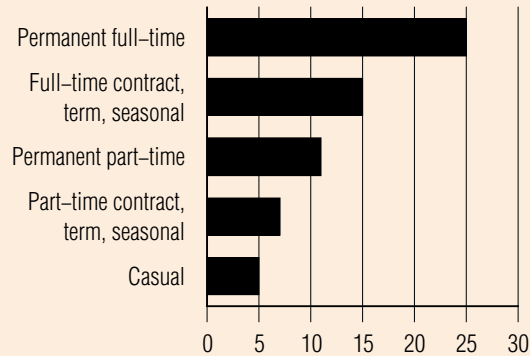
CONTENT OF WORKPLACE MENTAL HEALTH INFORMATION

Of employees who received information from their employer, the majority said it related to how to access workplace supports (69 per cent) and the mental health supports that are available to them (63 per cent). Far fewer received information on helping others who may be experiencing a mental health issue. (See Table 15.)

Voices of Managers

“Most companies shy away from mental health. They don’t inform managers or employees about how to address it.”

Chart 16
Employment Status and Information Received
(percentage of respondents, n=225)



Source: The Conference Board of Canada.

Table 15
Types of Mental Health Information Received
(percentage of respondents, n=225)

| | |
|---|----|
| How to access your workplace supports | 69 |
| Which mental health supports are available at your workplace | 63 |
| What to do if you have a mental health issue | 49 |
| How to recognize mental health issues in yourself and others | 45 |
| How mental illness is defined | 34 |
| What to do if you think a colleague has a mental health issue | 25 |
| What to do if a family member has a mental health issue | 18 |
| Stress management | 2 |
| General health | 2 |
| Other* | 1 |

*Other types of information received included work-life balance and community resources.

Source: The Conference Board of Canada.

EMPLOYEE ASSESSMENT OF QUALITY OF WORKPLACE MENTAL HEALTH INFORMATION

Employees rated the workplace mental health information they received as above average. (See Table 16.)

However, there are some opportunities for improvement to ensure the materials provided are as informative and useful as possible.

Several interviewees noted that workplace resources seem to be focused on overall wellness and occupational health and safety rather than on mental health specifically. Employees would like to see their employer have dedicated mental health resources in place. They suggest that information on mental health should not be buried within broader information on occupational health and safety or workplace health and wellness. Online resources could have a dedicated section on mental health that employees can refer to for support.

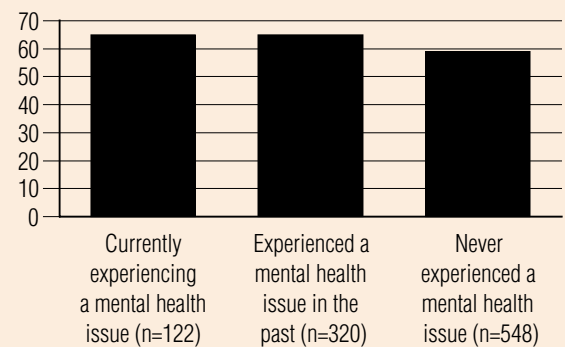
WORKPLACE MENTAL HEALTH SUPPORTS

DO EMPLOYEES KNOW WHERE TO GO FOR HELP?

Nearly two-thirds of employees (62 per cent) say they know where and how to access the programs and services that their organization offers. A challenge in interpreting

these results is that employees may not know “what they don’t know.” Employees may believe they are aware of all the services available, but there may be offerings or supports available about which they have not yet heard. Interestingly, employees who are either currently experiencing a mental health issue, or have experienced one in the past, are only slightly more likely than those who have never experienced a mental health issue to say they know how to access mental health supports in the workplace. (See Chart 17.)

Chart 17
Awareness of Programs and Services Offered
(percentage of respondents)



Source: The Conference Board of Canada.

Table 16

How Do Employees Rate the Information They Received?
(average, scale of 1 to 5; percentage of respondents, n=226)

| | Average rating* | Poor | Fair | Good | Very good | Excellent | Don't know |
|--------------------------------|-----------------|------|------|------|-----------|-----------|------------|
| Easy to understand | 3.8 | 0 | 5 | 28 | 47 | 16 | 3 |
| Provided in a sensitive manner | 3.8 | 0 | 6 | 26 | 45 | 20 | 4 |
| Relevant | 3.7 | 0 | 7 | 32 | 44 | 13 | 4 |
| Informative | 3.7 | <1 | 7 | 29 | 47 | 14 | 3 |
| Easy to access | 3.7 | 1 | 6 | 27 | 47 | 13 | 5 |
| Easy to use | 3.7 | <1 | 8 | 26 | 46 | 14 | 6 |
| Useful | 3.6 | 0 | 7 | 33 | 44 | 12 | 4 |
| Timely | 3.6 | <1 | 11 | 29 | 39 | 12 | 10 |

* Respondents were asked to rate statements on a scale of 1 to 5, where 1 = poor and 5 = excellent.

Note: Total may not add to 100 due to rounding.

Source: The Conference Board of Canada.



PROGRAMS AND SUPPORTS OFFERED

A challenge for employers is ensuring they are offering programs and supports that satisfy the needs of their diverse workforce. (See box “The Challenge of Ethnocultural and Other Forms of Diversity and Mental Health.”)

Currently, 56 per cent of employees report that their organization offers supportive programs, services, and benefits that address their mental health needs. Assessments of the workplace supports offered did not vary significantly according to employees’ personal experiences with mental health issues. (See Chart 18.)

The mental health supports and benefits most widely available to employees include more traditional types of benefits—such as prescription drug coverage, paid sick leave or disability leave, Employee Assistance Programs, or Employee and Family Assistance Programs. (See Table 17.)

During the in-depth interviews, many employees commented that EAP services are the most advertised mental health resources in the workplace. Most employees are provided with brochures, EAP contact information, and reminder e-mails about the EAP services available.

Other types of support, such as on-site medical professionals and health risk assessments, are much less commonly provided to employees.

There are questions about whether the benefits offered by employers are sufficient to meet the needs of employees who require access to therapy. There can also be long wait times to see certain types of therapists—especially those covered by provincial health-care plans, such as psychiatrists.² And while employer-sponsored benefit plans may provide employees with extended health-care coverage for paramedical services, including psychologists, there is often either a combined maximum for all services or a maximum amount per service that is covered by the plan. Typically, the maximum amount covered is \$500 per service each year.³ A challenge is that patients

The Challenge of Ethnocultural and Other Forms of Diversity and Mental Health

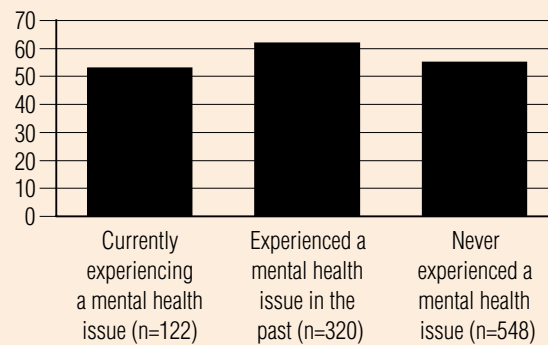
ADDITIONAL INSIGHTS FROM SECONDARY SOURCES

Canada’s population is increasingly diverse—and so too are our workplaces. In this context, it is critical for organizations to develop communication and support mechanisms that are sensitive to the different needs and experiences of diverse groups of employees. For example, in some cultures, admitting to having a mental health issue would bring shame to the individual and his or her family. This fact, as well as language issues, lack of trust in institutions, and perceived discrimination, may present obstacles for immigrants and other diverse groups to seek the care and support they need within their workplaces when they are experiencing mental health issues.¹

1 McKenzie and others, “Improving Mental Health Services,” 22–24.

Sources: Mental Health Commission of Canada; Centre for Addiction and Mental Health.

Chart 18
Supportive Programs Offered
(percentage of respondents)



Source: The Conference Board of Canada.

may need up to 8 to 12 sessions to treat certain mental health issues—such as depression. However, many employer benefit plans cover only up to three sessions.⁴

2 Centre for Addiction and Mental Health, “About Therapy.”

3 Thorpe, *Benefits Benchmarking 2009*, 9.

4 Seward, “Emerging Trends in Mental Health.”

Table 17
Supports/Benefits Available to Employees
(percentage of respondents, n=1,010)

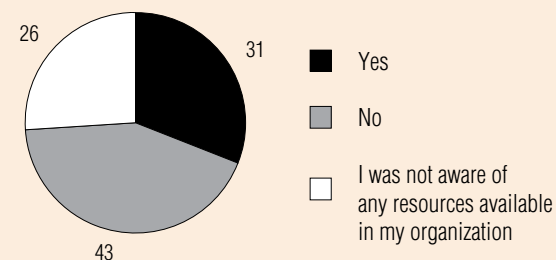
| | |
|---|----|
| Prescription drug coverage | 71 |
| Paid sick days | 69 |
| Extended health care coverage (e.g., hospital accommodation, service provided by practitioners such as psychologists) | 64 |
| Short-term disability | 62 |
| Long-term disability | 62 |
| Employee Assistance Program or Employee and Family Assistance Program | 61 |
| Extended leaves of absence (unpaid) | 49 |
| Paid leave days for medical appointments or family obligations | 44 |
| Flexible work hours | 43 |
| Occupational health services | 35 |
| Unpaid sick days | 33 |
| Employee recognition and other incentive programs | 33 |
| Alternative work arrangements (e.g., work from home) | 27 |
| Professional development, training sessions, workshops on mental health in the workplace | 25 |
| Program/service to help employees understand and manage stress | 22 |
| Guaranteed return to full-time status for employees who decide to work part-time temporarily as a result of their mental health issue | 20 |
| Pro-rated benefits for part-time workers | 16 |
| Space for privacy (e.g., quiet room) | 15 |
| Job sharing | 14 |
| Protected seniority for employees shifting from full- to part-time work or vice versa | 14 |
| Health risk assessment tool | 13 |
| None of the above/no supports are offered | 7 |
| Don't know | 2 |

Source: The Conference Board of Canada.

USE OF WORKPLACE MENTAL HEALTH RESOURCES

Less than one-third (31 per cent) of individuals who experienced a mental health issue while they were employed accessed resources through their employer. Almost as many (26 per cent) indicated they were not aware of any resources available. (See Chart 19.)

Chart 19
Accessed Workplace Resources
(per cent of respondents, n=410)



Source: The Conference Board of Canada.

Even among those aware of the resources available, less than half (43 per cent) of employees experiencing mental health issues are taking advantage of the resources available to them in the workplace.

Women and mature workers are significantly more likely to access workplace resources than their colleagues.

- ◆ Forty-eight per cent of the female employees who were aware of the supportive programs available in their workplace accessed them as compared with 37 per cent of the male employees.
- ◆ Forty-nine per cent of mature workers (born before 1965) accessed the resources offered by their employers as compared with 36 per cent of Gen X workers (born between 1965 and 1979) and 22 per cent of Gen Y employees (born between 1980 and 1993).

These results suggest that there is an opportunity for employers to reach out to mature workers in particular. This segment of the employee population is the least likely to disclose a mental health issue, but appear more willing to access resources made available anonymously. Female employees may be the easiest segment for employers to reach as they are more likely to disclose a mental health issue and are also more predisposed to seek out resources.

Employees from large organizations were significantly more likely to access workplace resources than those employed in medium-sized and small organizations. Thirty-nine per cent of employees who experienced a mental health issue while employed in a large organization availed themselves of their workplace's supportive practices as compared with only 29 per cent of employees from medium-sized organizations and 23 per cent of employees from small organizations. This may be due, in part, to the fact that larger organizations have more workplace resources available. As will be explored in the next section, the increased tendency to access resources is also related to the greater degree of comfort employees feel in doing so in larger organizations.

REASONS FOR NOT ACCESSING WORKPLACE RESOURCES

The research probed in detail why employees, who experienced a mental health issue, did not access any workplace resources.

A lack of awareness of organizational supports is a key barrier to employees receiving help in the workplace for mental health issues. Of employees with a mental health issue, 41 per cent were not aware of any resources in the workplace to assist them. In addition, for 14 per cent of employees, no resources were available at all. (See Table 18.)

Only about half of employees agreed that they would feel comfortable using the organization's programs and services if they experienced a mental health issue.

However, other barriers also exist. The interviews confirmed that employees, who were aware of organizational supports offered by their employer, tended not to access any workplace resources because they did not think it was necessary. They were either dealing with the issue on their own (e.g., receiving no extra help); had accessed resources outside of work (e.g., family doctor, counselling); or controlled their mental health issue with medication and/or other techniques (e.g., breathing techniques for anxiety disorders).

Table 18
Reasons Employees Did Not Access Resources
(percentage of respondents, n=281)

| | |
|--|----|
| Not aware of resources | 41 |
| Accessed external resources (e.g., doctor) | 17 |
| No resources available/inadequate supports | 14 |
| Did not trust confidentiality/hinder career | 11 |
| Not necessary (e.g., did not believe issue was serious enough) | 11 |
| Uncomfortable accessing workplace resources | 6 |
| Worked for different employer at that time | 3 |
| Believed stress and workload issues "all part of the job" | 2 |
| Other* | 5 |

*Other answers included: the mental health issue did not affect the employee's work performance; the existing supports were not helpful; there was no process to access resources; and the employee had no time to access resources.
Source: The Conference Board of Canada.

Employees' belief that their mental health issue will remain confidential, and that they will not suffer any repercussions, also affects their level of comfort accessing workplace resources. In the survey, only about half of employees (55 per cent) agreed they would feel comfortable using the organization's programs and services if they experienced a mental health issue. However, this varied significantly depending on the industry sector in which the respondent was employed.

- ◆ Employees in the public sector appear to be more comfortable accessing their organization's programs and services than employees in the private sector.
- ◆ For example, almost seven of ten (69 per cent) government employees, individuals employed in the education sector (69 per cent), and 63 per cent of respondents from the health sector agreed that they would feel comfortable accessing their organization's programs and services.
- ◆ Only about four of ten employees in the retail and wholesale trade (36 per cent); accommodation, food, and personal services (40 per cent); and manufacturing (42 per cent) shared this level of comfort.

The degree of comfort in accessing workplace resources is also influenced by the size of the organization. Employees in larger organizations reported a significantly higher level of comfort accessing their organization's resources than those in small and medium-sized organizations. Employees may feel more comfortable accessing the resources in large organizations because they perceive there to be more anonymity.

Employees' degree of comfort in accessing workplace programs and services varied significantly according to their personal experiences with mental health issues. Employees currently experiencing mental health issues were slightly less likely than others to feel comfortable using workplace supports. (See Chart 20.)

The interviews confirmed that some employees would not access workplace resources because they worried about their employer finding out about their issue. The employees were concerned because of the stigma in their work environment regarding mental health issues.

RESOURCES ACCESSED

EAP or counselling services are the most popular form of support sought by employees. In fact, 65 per cent of those who accessed services and supports offered by their organization used EAP or counselling services. Other forms of support accessed included short-term disability, long-term disability, or paid leaves of absence (15 per cent), and prescription drug coverage or extended health benefits (11 per cent). (See Table 19.)

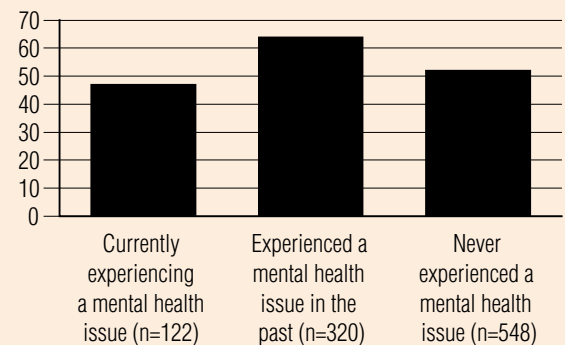
ASSESSMENT OF RESOURCES ACCESSED

The majority of employees rated the workplace mental health resources they accessed as either "good" or "very good" on all elements. (See Table 20.)

The employees interviewed found their employer's EAP services to be very helpful. The counsellors were supportive, could direct them to appropriate sources, and could be reached in a timely manner. Some employees did caution that the EAP is not a complete solution, but

Chart 20

Degree of Comfort Accessing Workplace Resources (percentage of respondents)



*Other sources of information include the union, workplace training, youth worker, and public health (e.g., public health announcements, websites, and advertising campaigns).
Source: The Conference Board of Canada.

Table 19

Which Resources Did Employees Access?
(percentage of respondents, n=127)

| | |
|---|----|
| Employee Assistance Program counselling | 65 |
| Paid leave of absence (e.g., STD and LTD*) | 15 |
| Prescription drug coverage/extended health benefits | 11 |
| Organization's doctor, therapist, nurse or occupational health and wellness committee | 8 |
| Referred health professional | 6 |
| Support from manager or colleague | 5 |
| Human resources department | 4 |
| Modified work arrangements | 4 |
| Internet | 2 |
| Organization's intranet | 2 |
| Wellness pamphlets | 2 |
| Other** | 8 |

*Short-term and long-term disability

**Other answers included: corporate e-learning program; union; a phone line to a health professional; informational CDs; unpaid time off; use of the company car for appointments; medical travel; and company policies.

Source: The Conference Board of Canada.

Table 20

How Do Employees Rate the Resources They Accessed?
(average, scale of 1 to 5; percentage of respondents, n=128)

| | Average rating* | Poor | Fair | Good | Very good | Excellent | Don't know |
|-----------------------------|-----------------|------|------|------|-----------|-----------|------------|
| Easy to understand | 3.7 | 3 | 8 | 27 | 43 | 19 | 1 |
| Easy to access | 3.7 | 2 | 11 | 23 | 45 | 19 | 0 |
| Easy to use | 3.7 | 4 | 8 | 24 | 45 | 20 | 0 |
| Relevant | 3.6 | 6 | 7 | 24 | 43 | 18 | 2 |
| Timely | 3.6 | 6 | 10 | 25 | 40 | 18 | 2 |
| Offered in sensitive manner | 3.6 | 6 | 8 | 27 | 37 | 22 | 1 |
| Useful | 3.5 | 8 | 9 | 26 | 38 | 20 | 0 |
| Informative | 3.5 | 7 | 8 | 32 | 34 | 17 | 2 |

* Respondents were asked to rate statements on a scale of 1 to 5, where 1 = poor and 5 = excellent.

Note: Total may not add to 100 due to rounding.

Source: The Conference Board of Canada.

primarily a first point of contact. Employers need to recognize that an EAP, while an excellent addition to an employer's health and wellness program, should not be the sole resource and support offered to employees with mental health issues.

The in-depth interviews also revealed several suggestions for improvement. Employees reported they were not able to access workplace resources easily. Employees often had to do a thorough search to find specific information (e.g., EAP or union representatives' phone numbers). Therefore, employers should continue to direct more efforts to communicating information on where to go for help. (See box "Getting the Message Out.")

Also, while front-line managers told us that they do refer their direct reports to additional resources, such as EAP, employees tended to disagree. Some employees who disclosed their mental health issue to their supervisor indicated they did not get any help accessing resources or direction on where to go for help. Employers need to continue to provide training to managers, as well as guidelines and protocols for them to follow, to ensure that employees are directed to the right resources when they do come forward to disclose a mental health issue.



Getting the Message Out

INSIGHTS FROM THE RESEARCH

The survey and interviews revealed a number of suggestions for employers in communicating with employees about mental health. Any educational efforts should:

- ◆ be sustained. Efforts should be ongoing—not one-time events;
- ◆ clarify that most people with mental health issues manage their conditions very well on a daily basis, just as those with other ailments do. Some people with diabetes take insulin. Some people with mental health issues take medications to help them manage their illness;
- ◆ provide information on specific forms of mental health issues;
- ◆ continue to raise and debunk myths forcefully;
- ◆ clearly highlight where and how people at all levels can seek support—inside and outside the organization;
- ◆ emphasize that mental health issues can be exacerbated or caused by an unhealthy work environment or workplace incident(s);
- ◆ feature current leaders and others in the organization having conversations about mental health—their own or others. The conversations should be two-way. Leaders can learn directly from staff—who may have mental health issues—about what it is/has been like for them in the organization. Leaders need to listen;
- ◆ include various approaches—such as “lunch and learns,” experiential learning, and role-playing—to help executives, managers, and staff learn how to respond to a colleague, a boss, or subordinates who are/may be dealing with issues related to mental health;
- ◆ be geared to diverse audiences in both messaging and delivery;
- ◆ use a variety of mediums as employees prefer to access information in different ways; and
- ◆ ensure that employees can access some material privately—either written material they can read at home or information they can confidentially access online.

Source: The Conference Board of Canada.

METHODS OF COMMUNICATING WITH EMPLOYEES ABOUT MENTAL HEALTH

Employers most often distribute information about mental health to their employees either in a newsletter (51 per cent) or by e-mail (43 per cent)—the two mediums most preferred by employees to receive future information on mental health programs, services, and benefits. The in-depth interviews with employees confirmed that online resources are also a popular medium for receiving information. (See Table 21.)

KEY TAKEAWAYS

Employees obtain information on mental health from a wide variety of sources. Most did not receive information from their employer during the past year,

Voices of Employees

“In my experience the most important tool for me (other than having a great relationship with my manager) has been EAP. If your employer offers EAP, then absolutely take advantage of it. It’s a great first step. It needs to be communicated better that EAP is completely confidential—your employer doesn’t know anything about what you’re approaching. It’s there for you to use and it’s confidential.”

particularly those working in smaller organizations. Regardless, employees feel confident that they know how to access the workplace supports that are available. With the exception of EAPs, workplace resources are not being widely used by employees experiencing mental health issues.

Table 21
Ways of Disseminating Workplace Mental Health Information
(percentage of respondents)

| | Preferred medium (n=1,009) | Medium used by employer (n=222) |
|--|-------------------------------|------------------------------------|
| Organization newsletter, health and wellness bulletin | 47 | 51 |
| E-mail | 51 | 43 |
| Corporate intranet site | 33 | 36 |
| Pamphlets or bulletins from Employee Assistance Program provider | 25 | 33 |
| Workshop/training sessions | 26 | 22 |
| Flyers/posters on employee bulletin board | 20 | 21 |
| “Lunch and Learn” sessions | 17 | 17 |
| Staff meeting | 20 | 16 |
| Webcasts, web conferences, webinars, e-learning | 7 | 5 |
| Union newsletter and information seminars | 9 | 5 |
| Podcasts | 3 | 0 |
| Other* | 1 | 1 |
| I want this information to come to my house | 11 | n.a. |
| I do not want to receive information | 6 | n.a. |

*Other preferred methods included receiving information from a human resource department and an individual meeting. Others had no preference or it was not applicable. Other mediums used include individual meetings and mailings.

n.a. = not applicable

Source: The Conference Board of Canada.

CHAPTER 9

Moving From Research to Action: Creating Positive Change in Organizations

Chapter Summary

- ◆ Although organizations and society have made progress over time, critical challenges still remain in eliminating the fear and stigma that surround people living with mental health issues. A persistent focus on communication and education is required to overcome this challenge.
- ◆ There is some work yet to be done in convincing leaders that fundamental changes are required to create mentally healthy work environments. Demonstrable leadership from the top is required for significant change to occur.
- ◆ Managers have a major effect on employees' well-being, and many lack the skills, training, and tools required to help them manage staff experiencing mental health issues.

Canadians, Canadian society, and Canadian employers have come a long way toward bringing mental health issues and challenges “out of the closet” and into the mainstream. In many organizations, we have seen the issue move from the back room—where no one speaks about it, to the boardroom—where CEOs, presidents and deputy ministers discuss the topic openly and in public forums. The popular press and the social media abound with articles, information, and insights about mental health and mental illness that simply did not exist just a few years ago. Numerous academic, consultancy, and government reports have been authored. Commissions have been struck. Conferences and workshops have been developed.

However, as the previous chapters demonstrate, although there is a greater recognition of the issues in general, critical challenges still remain.

Based on our research with employees and front-line managers in this final chapter, we highlight four significant areas where we believe employers need to take further action in order to improve the experiences of employees with mental health issues and to ensure that the employees' skills and competencies are fully utilized.

All mankind is divided into three classes: those that are immovable, those that are movable, and those that move.

—Benjamin Franklin

1. FOCUS ON EDUCATION AND COMMUNICATION TO REDUCE FEAR, STIGMA, AND DISCRIMINATION

As we have seen through our research, people with mental health issues are all too frequently shunned, misunderstood, discriminated against, and underutilized in organizations. In a world where shortages of critical skills are, and will continue to be, a major concern for many organizations, employers cannot let this situation continue. They cannot afford to exclude or otherwise sideline or marginalize some of the key talent that will contribute to their future success.

When it comes to mental health, misinformation, fear, and prejudice remain far too prevalent. It is time for change.

While over the past few years, mental health organizations, agencies, government departments, and others have attempted to obliterate some of the fear and stigma associated with mental illness, it is clear that much more can, and should, be done. Too many people, with whom we connected in the survey and in our in-depth interviews, spoke about their experiences with fear and stigma. They told us how their relationships were changed at work—with their organization, their supervisor, and their colleagues—when it became known they live with or are experiencing a mental health issue. Many lost respect or dignity as a result, and some even lost their job. For many, it has taken years to get over this experience—and some never will.

Keeping silent about an issue will not make it disappear and will not create the conditions by which change can occur.

The first experience of prejudice or other negative response is long-lasting, and contributes to an individual's desire to keep this part of his or her life hidden. This has proven detrimental to the individual and to the employer. Keeping silent about an issue will not make it disappear and will not create the conditions by which change can occur.

Within the workplace, reducing and even eradicating the stigma and fear associated with mental health problems or issues begins with education and awareness. It ends with a fundamental culture change and ensuring that human resource policies, practices, and behaviours are aligned to support the organizational changes needed.

Developing awareness and teaching people about mental health would go a long way to debunking myths, demolishing stereotypes, and banishing fear and stigma.

Education is a critical component of reducing fear and stigma. As the Canadian Mental Health Association notes, "It is human nature to fear what we do not understand." Developing awareness and teaching people about mental health, and some of the specifics about particular conditions, would be particularly helpful and would go a long way to debunking myths, demolishing stereotypes, and banishing fear and stigma.

Those who participated in our research were strong in their view that there continues to be a need within organizations and in society generally to build awareness and to be persistent in educational and communication efforts.

2. CREATE A CULTURE CONDUCIVE TO GOOD MENTAL HEALTH

The culture of a workplace can either help or hinder employees' mental health. Workplace norms and practices regarding how work is organized; how much control people have over their work; how they are rewarded and recognized; and how organizations deal with bullying, harassment, and discrimination have been identified—along with many other factors—as key influencers on employees' mental health. In the eyes of the employees and front-line managers that we surveyed, an overhaul of organizational culture is required in order to create healthier work environments.

Creating a work environment where people feel free to discuss issues openly, and to seek support and help when needed, is a fundamental change in how most

organizations currently operate. A challenge, however, is convincing leaders that such fundamental change is required—and that there is a cost to the organization when it does not change. The research shows that senior leaders have a very different perspective—than do employees—on the degree to which their organizational culture supports employees’ mental health. Our survey revealed that a majority of leaders think that their work environment supports mental health, while the majority of employees *do not*.

When leaders or managers perceive that the issues or problems in the workplace are insignificant, they will pay little attention to them and expend little or no resources to deal with them. It is critical for employers to challenge their own perceptions, listen closely to employees, and take action to bridge gaps where necessary in order to produce change.

A majority of leaders think that their work environment supports mental health, while the majority of employees *do not*.

While it may be easy to propose a culture change, achieving that change is incredibly hard to do. It is not a simple or short-term endeavour—it takes time, resources, and persistence. And it takes leadership and strategy. The latter point was a key message from interviewees: the fundamental changes needed in organizations require leadership—demonstrable leadership—from the top.

3. DEMONSTRATE LEADERSHIP AT THE TOP

Leaders who are serious about creating healthy, high-performing workplaces; eradicating fear and stigma; and wanting to make a difference go far beyond words to action. These leaders:

- ◆ **Educate themselves.** They learn more about mental health and the experiences of people living with mental health issues in their workplaces.
- ◆ **Champion the cause.** They act as role models. Leaders speak openly, publicly, and often inside and outside the organization about the importance of employees’ mental health. They share stories about their own experiences—or of those they know about—in internal staff meetings, events, and externally to public audiences. Leaders’ support, voices, and actions are critical in any efforts to de-stigmatize mental health issues.
- ◆ **Invest in organizational resources.** They invest in appropriate resources and supports to encourage healthy work environments and to support staff when they are ill or when they return to the workplace. Leaders ensure people have the tools, the information, and the resources they need to do their jobs effectively.
- ◆ **Measure progress and develop accountability frameworks and tools.** They hold themselves and others accountable for the changes they want to see. Leaders ensure performance agreements contain metrics for themselves, executives, managers, and staff for creating healthy work cultures. And they ensure alignment between rewards and recognition and performance criteria.

4. PROVIDE THE TOOLS AND TRAINING TO SUPPORT MANAGERS IN THEIR ROLE

While organizational support “from the top” is of paramount importance in creating required changes in organizations, survey and interview respondents were clear about the role that their immediate managers play in helping or hindering employees’ mental well-being. It is essential for organizations to recognize this and to develop processes and practices to build managers’ capacity to manage, work with, and support people with mental health issues.

As a first step, organizations need to ensure that the people in management roles have the appropriate skills set to manage or supervise staff. This speaks to the need for appropriate selection, promotion tools, and frameworks—as well as the provision of appropriate leadership training and development opportunities.

Second, managers need to be provided with the information and the tools to identify and support workers who experience mental health issues. The investment in managers' training is critical to ensure that these workers are understood, and are supported when necessary.

A challenge may be to convince managers that they require additional training and tools to better support employees experiencing mental health issues. The survey data suggest that there is a disconnect between managers' assessments of their own competencies and employees' experiences with their managers on the job. For example, as we have seen, the survey revealed that most managers believe that they are knowledgeable about mental health and that they deal effectively with mental health issues that arise in the workplace. However, most employees *do not* agree.

A FINAL WORD

This report has helped to identify some of the key challenges facing employees who are experiencing or have experienced mental health issues. Their voices, and those of front-line managers, point to real opportunities for improvements in organizations—improvements that will not only lead to greater employee well-being, but to a higher level of organizational performance. However, there remains a growing need for organizations to understand the specific policies, practices, and approaches that are the most effective in addressing workplace mental health issues and in enhancing organizational performance. It is hoped that some of the important work currently being done in this area, by the Mental Health Commission of Canada and others, will provide employers with additional guidance on the right strategies to implement.

APPENDIX A

Survey Methodology and Respondent Profile

In January 2011—as part of a study sponsored by Bell, Manulife Financial, Morneau Shepell, Canada Post, and TD Bank Group—The Conference Board of Canada surveyed a total of 1,010 individuals currently employed on either a part-time or full-time basis. The survey included 479 front-line managers who supervise or manage other people in the workplace. The research did not include currently unemployed individuals or those self-employed.

The survey data were collected electronically, between January 19 and 31, 2011, using an online panel provider. Quotas were set by region (Atlantic Canada, Quebec, Ontario, Prairies/Nunavut, Alberta/Northwest Territories, and British Columbia/Yukon) according to the total employed labour force, based on Statistics Canada's 2006 census data. A stratified sampling plan by region, age, and gender was used to develop the sample frame. The expected response rate within each region, age, and gender was factored into the development of the sample frame. The final data were not weighted, as the profile of respondents by region, age, and gender reflected the population of employed Canadians.

A total of 11,084 individuals were invited to take part in the survey. The overall response rate of those who attempted to participate in the survey was 22.3 per cent. However, 1,277 individuals were ineligible to respond because they resided outside Canada, they were not employed, or the quota for respondents in their region was full. Another 185 surveys were incomplete and could not be used in the analysis. The final response rate, composed of qualified respondents with complete survey responses, was 9.1 per cent.

Respondents represent a cross-section of working Canadians from across different regions, sectors, and occupational levels. (See the table below.) The profile of employed Canadians by firm size is consistent with Statistics Canada estimates of the distribution of employment by small, medium, and large companies.¹

The goal of the survey was to obtain a national perspective from working Canadians on their work environment, and the degree to which it supports their mental well-being, the workplace challenges faced by employees with mental health issues, and new insights into how employers can best support employees with mental health issues.

1 Statistics Canada, "Employment, by Enterprise Size."

Respondent Profile

(total number of respondents = 1,010)

| Characteristics of respondents | Percentage of respondents | Characteristics of respondents | Percentage of respondents |
|---|---------------------------|--|---------------------------|
| Personal experience with a mental health issue | | Management responsibility | |
| Employees with a mental health issue | 44 | Front-line managers | 47 |
| Employees without a mental health issue | 54 | Non-managers | 53 |
| Employees who preferred not to answer | 2 | Size of employer | |
| Region of residence | | Small (less than 50 employees) | 28 |
| Atlantic | 6 | Medium (50–499 employees) | 27 |
| Quebec | 23 | Large (500 or more employees) | 45 |
| Ontario | 39 | Union membership | |
| Prairies/Nunavut | 7 | Unionized | 28 |
| Alberta/Northwest Territories | 12 | Non-unionized | 72 |
| British Columbia/Yukon | 13 | Scope of operations | |
| Gender | | Locally, regionally, provincially | 51 |
| Male | 58 | Nationally | 23 |
| Female | 42 | Internationally | 26 |
| Age | | Employer industrial classification | |
| 18–24 years old | 3 | Natural resources, including oil and gas | 3 |
| 25–34 years old | 16 | Manufacturing | 7 |
| 35–44 years old | 19 | Food, beverage, and tobacco products | 3 |
| 45–54 years old | 31 | Chemical and pharmaceutical products | 1 |
| 55–64 years old | 26 | Construction | 2 |
| 65 years old and over | 5 | High technology | 6 |
| Employment status | | Communications and telecommunications | 5 |
| Permanent full-time | 81 | Transportation and utilities | 4 |
| Full-time contract, term, or seasonal | 5 | Finance, insurance, and real estate | 8 |
| Permanent part-time | 10 | Retail and wholesale trade | 8 |
| Part-time contract, term, seasonal | 3 | Education | 13 |
| Casual | 2 | Health | 10 |
| Employee group | | Government | 11 |
| Senior executive | 4 | Not-for-profit | 6 |
| Executive, director, senior manager | 14 | Services—accommodation, food, personal | 5 |
| Middle/line manager, supervisor | 14 | Services—professional, scientific, technical | 9 |
| Professional—technical | 18 | | |
| Professional—non-technical | 15 | | |
| Technician, skilled tradesperson | 6 | | |
| Service, labour, and production | 14 | | |
| Clerical and support | 15 | | |

Source: The Conference Board of Canada.

APPENDIX B

List of Mental Health Resources for Employers

GENERAL INFORMATION

Canadian Mental Health Association,
National Office (CMHA)
www.cmha.ca

Centre for Addictions and Mental Health (CAMH)
www.camh.net

Mental Health Commission of Canada (MHCC)
www.mentalhealthcommission.ca/english/pages/default.aspx

Mood Disorders Society of Canada
www.mooddisorderscanada.ca

National Institute of Mental Health (U.S.)
www.nimh.nih.gov/index.shtml

Public Health Agency of Canada—Mental Health
www.phac-aspc.gc.ca/mh-sm

World Federation for Mental Health
www.wfmh.com

World Health Organization—Mental Health
www.who.int/mental_health/en

WORKPLACE MENTAL HEALTH

Consortium for Organizational Mental Healthcare (COMH)
www.comh.ca

Guarding Minds@Work—A Workplace Guide to Psychological Safety & Health
www.guardingmindsatwork.ca/Index.aspx

HeretoHelp
www.heretohelp.bc.ca

Human Resources and Skills Development Canada—Work-Life Balance in Canadian Workplaces
www.hrsdc.gc.ca/eng/lp/spila/wlb/01home.shtml

Manulife Financial—Workplace Solutions for Mental Health
https://hermes.manulife.com/canada/wmhomepagespub.nsf/Public/mh_home

Mental Health Works
www.mentalhealthworks.ca/index.asp

Morneau Shepell
www.shepellfgi.com/EN-CA/goodmentalhealth/index.asp

The Partnership for Workplace Mental Health
www.workplacementalhealth.org

Workplace Mental Health Promotion: A How-To Guide
<http://wmhp.cmhaontario.ca>

Workplace Strategies for Mental Health
www.gwlcentreformentalhealth.com/index.asp

WORKPLACE VIOLENCE, BULLYING, AND HARASSMENT

Canada Safety Council—Targeting Workplace Bullies
<http://archive.safety-council.org/info/OSH/bully-law.html>

Canadian Centre for Occupational Health and Safety—
Violence in the Workplace
www.ccohs.ca/oshanswers/psychosocial/violence.html

Mobbing.ca
<http://members.shaw.ca/mobbing/mobbingCA/index.htm>

Ontario Ministry of Labour—Preventing Workplace
Violence and Workplace Harassment
[www.labour.gov.on.ca/english/hs/sawo/pubs/
fs_workplaceviolence.php](http://www.labour.gov.on.ca/english/hs/sawo/pubs/fs_workplaceviolence.php)

The Canadian Initiative on Workplace Violence
www.workplaceviolence.ca/aboutus.html

Workplace Safety and Insurance Board (WSIB)
Ontario—Violence in the Workplace
[www.wsib.on.ca/en/community/WSIB/230/ArticleDetail/
24338?vgnextoid=bb194c23529d7210VgnVCM10000
0449c710aRCRD](http://www.wsib.on.ca/en/community/WSIB/230/ArticleDetail/24338?vgnextoid=bb194c23529d7210VgnVCM100000449c710aRCRD)

DUTY TO ACCOMMODATE

Canadian Human Rights Commission
[www.chrc-ccdp.ca/preventing_discrimination/
duty_obligation-eng.aspx](http://www.chrc-ccdp.ca/preventing_discrimination/duty_obligation-eng.aspx)

Mental Health Works
www.mentalhealthworks.ca/employers/faq/question7.asp

LEGISLATION

Alberta Human Rights Commission—Human Rights
in the Workplace
www.albertahumanrights.ab.ca/employment.asp

Canada Labour Code (CLC)
<http://laws-lois.justice.gc.ca/eng/acts/L-2/index.html>

Department of Justice, Canada Occupational Health
and Safety Regulations—Violence Prevention in the
Work Place
[http://laws-lois.justice.gc.ca/eng/regulations/
SOR-86-304/page-166.html#h-313](http://laws-lois.justice.gc.ca/eng/regulations/SOR-86-304/page-166.html#h-313)

Ontario Human Rights Commission—Human Rights
and Mental Health
www.ohrc.on.ca/en/issues/mental_health

The B.C. Human Rights Coalition—Grounds of
Protection in B.C.
[www.bchrcoalition.org/files/GroundsProtection.
html#Disability](http://www.bchrcoalition.org/files/GroundsProtection.html#Disability)

The Industrial Accident Prevention Association
(IAPA)—Workplace Violence Legislation
www.iapa.ca/main/articles/2009_workplace_violence.aspx

The Nova Scotia Human Rights Act
<http://nslegislature.ca/legc/statutes/humanrt.htm>

APPENDIX C

Demographic Variations in Mental Health Literacy

During our analysis, mental health literacy varied significantly according to the respondents' demographic profile. The following table illustrates the self-reported level of mental health knowledge of the respondents by these demographic characteristics.

Knowledge of Mental Health

(average, scale of 1 to 5; percentage of respondents)

| | Average rating* | Not at all knowledgeable | Moderately knowledgeable | Somewhat knowledgeable | Very knowledgeable | Extremely knowledgeable |
|--|-----------------|--------------------------|--------------------------|------------------------|--------------------|-------------------------|
| Overall level of knowledge regarding mental health (n=1,010) | 3.3 | 1 | 14 | 49 | 28 | 9 |
| Gender | | | | | | |
| Male | 3.3 | 1 | 16 | 48 | 27 | 8 |
| Female | 3.4 | 1 | 11 | 49 | 29 | 10 |
| Age | | | | | | |
| 18–24 years old | 3.4 | 3 | 12 | 38 | 35 | 12 |
| 25–34 years old | 3.3 | 2 | 18 | 41 | 29 | 10 |
| 35–44 years old | 3.3 | 1 | 11 | 50 | 30 | 9 |
| 45–54 years old | 3.4 | 0 | 14 | 47 | 29 | 10 |
| 55–64 years old | 3.3 | 0 | 12 | 57 | 23 | 7 |
| 65 years old and over | 3.3 | 0 | 16 | 49 | 27 | 8 |
| Region of residence | | | | | | |
| Atlantic | 3.5 | 0 | 9 | 45 | 34 | 12 |
| Quebec | 3.2 | 1 | 19 | 49 | 23 | 7 |
| Ontario | 3.3 | 1 | 13 | 47 | 29 | 10 |
| Prairies/Nunavut | 3.4 | 0 | 10 | 50 | 32 | 7 |
| Alberta/Northwest Territories | 3.4 | 3 | 11 | 47 | 27 | 13 |
| British Columbia/Yukon | 3.3 | 1 | 10 | 55 | 27 | 7 |

(continued . . .)

Knowledge of Mental Health (cont'd)
(average, scale of 1 to 5; percentage of respondents)

| | Average rating* | Not at all knowledgeable | Moderately knowledgeable | Somewhat knowledgeable | Very knowledgeable | Extremely knowledgeable |
|--------------------------------------|-----------------|--------------------------|--------------------------|------------------------|--------------------|-------------------------|
| Employment status | | | | | | |
| Permanent full-time | 3.3 | 1 | 13 | 50 | 27 | 9 |
| Full-time contract, term or seasonal | 3.3 | 2 | 13 | 44 | 35 | 6 |
| Permanent part-time | 3.3 | 1 | 12 | 50 | 31 | 6 |
| Part-time contract, term, seasonal | 3.5 | 0 | 16 | 39 | 23 | 23 |
| Casual | 3.2 | 0 | 24 | 43 | 19 | 14 |
| Employee group | | | | | | |
| Senior executive | 3.6 | 0 | 8 | 47 | 24 | 21 |
| Executive, director, senior manager | 3.3 | 0 | 13 | 51 | 29 | 6 |
| Middle/line manager, supervisor | 3.3 | 0 | 10 | 57 | 23 | 10 |
| Professional—technical | 3.3 | 1 | 15 | 43 | 36 | 6 |
| Professional—non-technical | 3.5 | 1 | 10 | 44 | 34 | 12 |
| Technician, skilled tradesperson | 3.3 | 0 | 12 | 59 | 21 | 9 |
| Service, labour and production | 3.2 | 3 | 23 | 39 | 24 | 11 |
| Clerical and support | 3.2 | 1 | 13 | 57 | 22 | 7 |
| Management responsibility | | | | | | |
| Front-line managers | 3.3 | 0 | 12 | 50 | 29 | 9 |
| Non-managers | 3.3 | 1 | 15 | 48 | 27 | 9 |
| Size of employer | | | | | | |
| Small (less than 50 employees) | 3.3 | 0 | 15 | 49 | 27 | 9 |
| Medium (50–499 employees) | 3.3 | 0 | 15 | 50 | 27 | 8 |
| Large (500 or more employees) | 3.4 | 1 | 11 | 48 | 29 | 11 |
| Union membership | | | | | | |
| Unionized | 3.4 | 1 | 11 | 48 | 30 | 10 |
| Non-unionized | 3.3 | 1 | 15 | 49 | 27 | 9 |
| Scope of organization | | | | | | |
| Local, regional, provincial | 3.4 | 0 | 12 | 48 | 27 | 12 |
| National | 3.3 | 2 | 12 | 52 | 27 | 7 |
| International | 3.2 | 0 | 17 | 47 | 29 | 7 |

(continued . . .)

Knowledge of Mental Health (cont'd)
(average, scale of 1 to 5; percentage of respondents)

| | Average rating* | Not at all knowledgeable | Moderately knowledgeable | Somewhat knowledgeable | Very knowledgeable | Extremely knowledgeable |
|--|-----------------|--------------------------|--------------------------|------------------------|--------------------|-------------------------|
| Employer industrial classification | | | | | | |
| Natural resources, including oil and gas | 3.2 | 3 | 16 | 47 | 28 | 6 |
| Manufacturing | 3.1 | 3 | 21 | 44 | 26 | 6 |
| Food, beverage, and tobacco products | 3.3 | 0 | 15 | 46 | 35 | 4 |
| Chemical and pharmaceutical products | 3.4 | 0 | 8 | 50 | 33 | 8 |
| Construction | 3.1 | 0 | 16 | 63 | 16 | 5 |
| High technology | 3.1 | 0 | 28 | 43 | 23 | 5 |
| Communications and telecommunications | 3.0 | 2 | 17 | 60 | 17 | 4 |
| Transportation and utilities | 3.2 | 0 | 18 | 55 | 23 | 5 |
| Finance, insurance, and real estate | 3.2 | 0 | 18 | 51 | 28 | 4 |
| Retail and wholesale trade | 3.3 | 3 | 15 | 48 | 22 | 12 |
| Education | 3.5 | 1 | 7 | 49 | 32 | 12 |
| Health | 3.6 | 0 | 8 | 44 | 32 | 16 |
| Government | 3.3 | 1 | 9 | 56 | 31 | 4 |
| Not-for-profit | 3.5 | 0 | 11 | 45 | 27 | 17 |
| Services—accommodation, food, personal | 3.2 | 0 | 21 | 40 | 34 | 4 |
| Services—professional, scientific, technical | 3.5 | 0 | 8 | 48 | 27 | 17 |

*Respondents were asked to rate statements on a scale of 1 to 5, where 1 = not at all knowledgeable and 5 = extremely knowledgeable.

Note: Total may not add to 100 due to rounding.

Source: The Conference Board of Canada.

APPENDIX D

Bibliography

Arboleda-Florez, Julio, Heather L. Holley, and Annette Crisanti. *Mental Illness and Violence: Proof or Stereotype?* Health Canada, 1996.

www.phac-aspc.gc.ca/mh-sm/pubs/mental_illness/index-eng.php (accessed April 22, 2011).

Baynton, Mary Ann. "Return to Work: Addressing Co-worker Reactions When Mental Health Is a Factor." www.gwlcentreformentalhealth.com/pdf/OOHNA_article2_addressing_co_worker_reactions.pdf (accessed April 26, 2011).

———. "Return to Work: Strategies for Supporting the Supervisor When Mental Health Is a Factor in the Employee's Return to Work." www.gwlcentreformentalhealth.com/pdf/OOHNA_article1_strategies_for_supporting_the_supervisor.pdf (accessed April 26, 2011).

Canadian Human Rights Commission. "Duty to Accommodate Fact Sheet," Canadian Human Rights Commission. www.chrc-ccdp.ca/preventing_discrimination/duty_obligation-eng.aspx (accessed May 16, 2011).

Canadian Medical Association. *8th Annual National Report Card on Health Care*. Canadian Medical Association, August 2008. www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Annual_Meeting/2008/GC_Bulletin/National_Report_Card_EN.pdf.

Canadian Mental Health Association. *Violence and Mental Illness: Unpacking the Myths*. British Columbia: Canadian Mental Health Association BC Division, 2005. www.cmha.bc.ca/files/3-violence_myths.pdf (accessed on April 22, 2011).

———. "Understanding Mental Illness," Canadian Mental Health Association. www.cmha.ca/bins/content_page.asp?cid=3&lang=1 (accessed April 22, 2011).

Canadian Psychiatric Association. "Mental Illness and Work," Canadian Psychiatric Association. <http://publications.cpa-apc.org/browse/documents/22> (accessed April 26, 2011).

Canadian Union of Public Employees. "CUPE Sponsors Thriving and Beyond 2010 Mental Health Care Conference," Canadian Union of Public Employees. <http://cupe.ca/health-care/sponsors-thriving-beyond-2010-mental> (accessed May 11, 2011).

Centre for Addiction and Mental Health. "About Therapy," Centre for Addiction and Mental Health. www.camh.net/care_treatment/resources_clients_families_friends/challenges_and_choices/challenges_choices_abouttherapy.html#types (accessed April 28, 2011).

- COPE incorporated. "DC EAP Information," COPE incorporated. <http://cope-inc.com/dc.cope-inc.com/dc-sup.htm> (accessed April 23, 2011).
- Corporate EAP Resources Inc. *Guidelines for Managers & Supervisors*. Corporate EAP Resources Inc., August 2003. www.corpeapresources.com/mgrguidelines.pdf (accessed April 23, 2011).
- Desjardins Financial Security. "Size Up How Your Work/Life Balancing Act Is Affecting Your Health." *Health Is Cool!* Volume 3: 2008 Survey on Canadian Attitudes Towards Physical and Mental Health. www.desjardinslifeinsurance.com/en/life-events/Documents/Health%20survey%202008%20Health%20is%20cool%20Family.pdf.
- EAP Resources. "Management Support Services," EAP Resources. www.eapresources.com/content.asp?id=208937 (accessed April 23, 2011).
- Ferris, P. "A Preliminary Typology of Organizational Response to Allegations of Workplace Bullying: See No Evil, Hear No Evil, Speak No Evil." *British Journal of Guidance and Counselling*, 32, 3 (August 2004), 389–395.
- Government of Canada. *The Human Face of Mental Health and Mental Illness in Canada*. Government of Canada, 2006.
- Homewood Corporation. "Supervisory Consulting Services," Homewood Corporation. www.homewoodemployeehealth.com/content.sz?cid=105&par=136 (accessed April 23, 2011).
- Hughes, Lisa, and Bjorn Rutten. *Managing the Risks of Workplace Violence and Harassment*. Ottawa: The Conference Board of Canada, October 2010.
- Jackson, Marla. *The Missing Link: Supervisor's Role in Employee Health Management*. Morneau Shepell, Summer 2009. www.shepellfgi.com/EN-US/AboutUs/News/Research Report/pdf/The_Missing_Link.pdf (accessed April 4, 2011).
- Jorm, A.F. "Mental Health Literacy: Public Knowledge and Beliefs About Mental Disorders." *British Journal of Psychiatry*, 177 (2000), 396–401.
- Keleher, Helen, and Rebecca Armstrong. *Evidence Based Mental Health Promotion Resource*. Melbourne: Public Health Group, Victorian Government Department of Human Services, February 2006. www.seniorspolicyens.ca/Root/Materials/evidence%20base%20mental_health_promotion%20resource.pdf (accessed January 6, 2010).
- Kirby, The Honourable Michael J.L. (Chair). *Out of the Shadows at Last*. Ottawa: Standing Senate Committee on Social Affairs, Science and Technology, May 2006. www.mooddorderscanada.ca/documents/Publications/Out%20of%20the%20Shadows_Highlights_EN.pdf.
- Lim, K.-L., P. Jacobs, A. Ohinmaa, D. Schopflocher, and C.S. Dewa. "A New Population-Based Measure of the Burden of Mental Illness in Canada." *Chronic Diseases in Canada*, 28, 3 (2008), 92–98. www.phac-aspc.gc.ca/publicat/cdic-mcc/28-3/pdf/cdic28-3-2eng.pdf.
- Manulife Financial. "Returning to Work," Manulife Financial. https://hermes.manulife.com/canada/wmhomepagespub.nsf/Public/mh_return_employeeemployers (accessed May 9, 2011).
- McKenzie, Kwame, Emily Hansson, Andrew Tuck, Janice Lam, and Fatimah Jackson. *Improving Mental Health Services for Immigrant, Refugee, Ethno-Cultural and Racialized Groups: Issues and Options for Service Improvement*. Mental Health Commission of Canada and Centre for Addiction and Mental Health, November 12, 2009. www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2010/Issues_Options_FINAL_English%2012Nov09.pdf.
- Mental Health Works. "Accommodations—What Kinds of Accommodations Are People With a Mental Health Problem Likely to Need?," Mental Health Works. www.mentalhealthworks.ca/employers/faq/question17.asp (accessed April 26, 2011).

- . “Bridging the Gap—Unions and Workplace Mental Health,” *Mental Health Works*. www.mentalhealthworks.ca/articles/unions_and_mental_health.asp (accessed May 11, 2011).
- Morneau Shepell. “People Leader Resources,” Morneau Shepell. www.shepellfgi.com/EN-CA/Employers/People%20Leader/index.asp (accessed April 23, 2011).
- National Union of Public and General Employees. “NUPGE Puts Spotlight on Mental Health Care,” National Union of Public and General Employees. www.nupge.ca/node/2616 (accessed May 11, 2011).
- Payne, Janice, and Trevor Fenton. *Accommodating Mental Illness in the Workplace: Principles and Practice*. Nelligan O’Brien Payne LLP, September 2005. www.nelligan.ca/e/pdf/Mental_Illness_Workplace.pdf (accessed April 26, 2011).
- Pfizer, Human Solutions, and Morneau Shepell. *Addiction in the Workplace: An Employer’s Guide*. September 2009. www.worklifeharmony.ca/include/get.php?nodeid=200 (accessed April 22, 2011).
- Richmond, Judith, A., Kathleen M. Rospenda, Stephanie J. Nawyn, Joseph A. Flaherty, Michael Fendrich, Melinda L. Drum, and Timothy P. Johnson. “Sexual Harassment and Generalized Workplace Abuse Among University Employees: Prevalence and Mental Health Correlates.” *American Journal of Public Health*, 89, 3 (1999), 358–363.
- Roper Greyell LLP. *What to Do When an Employee Reports or Exhibits Mental Health Problems: Medical Information and Accommodation*. Vancouver: Roper Greyell, November 2005. www.ropergreyell.com/FYI/pdf/publication%20RG.pdf.
- Sairanen, Sari. “Promising Practices Addressing Mental Health and Addictions in the Workplace: Leadership From the Field.” Presentation at *4th Annual Canadian Congress for Research on Mental Health and Addiction in the Workplace*. Conference held at Toronto, October 28–29, 2009.
- Seward, Karen. “Emerging Trends in Mental Health.” Presentation at *The Conference Board of Canada’s Mental Health Research Roundtable*. Roundtable held at Ottawa, October 18, 2010.
- Statistics Canada. “Employment, by Enterprise Size, by Province and Territory,” Statistics Canada. CANSIM Table 281-0042 and Catalogue No. 72-002-X. www40.statcan.gc.ca/l01/cst01/labr77a-eng.htm (accessed May 12, 2011).
- Thorpe, Karla. *Benefits Benchmarking 2009: Balancing Competitiveness and Cost*. Ottawa: The Conference Board of Canada, March 2010.
- Towers Watson. *2009/2010 North American Staying@Work Report: The Health and Productivity Advantage*. Towers Watson, December 2009. www.towerswatson.com/assets/pdf/648/The%20Health%20and%20Productivity%20Advantage%20-%20Staying@Work%20Study.pdf.
- ValueOptions. *ValueOptions Launches Online EAP Resources for Managers*. News release. Norfolk, Virginia: ValueOptions, March 7, 2006. www.valueoptions.com/company/Releases/2006/March_7_2006.htm (accessed April 23, 2011).
- Williams, Amy. “Accommodation Quick Reference.” Manulife Financial. https://hermes.manulife.com/canada/wmhomepagespub.nsf/Public/mh_return_quickreference (accessed May 13, 2011).
- Workplace Strategies for Mental Health. “10 Factors in Building a Psychologically Healthy Workplace,” Workplace Strategies for Mental Health. www.gwlcentreformentalhealth.com/display.asp?11=4&12=43&d=43 (accessed April 22, 2011).
- . “Return to Work,” Workplace Strategies for Mental Health. www.gwlcentreformentalhealth.com/display.asp?11=5&d=5 (accessed April 19, 2011).
- . “Step 1: Maintain Contact,” Workplace Strategies for Mental Health. www.gwlcentreformentalhealth.com/display.asp?11=5&12=72&d=72 (accessed April 19, 2011).

———. “The Union’s Role in Workplace Mental Health,” *Workplace Strategies for Mental Health*. www.gwlcentreformentalhealth.com/display.asp?11=7&l2=98&d=98 (accessed May 11, 2011).

World Health Organization. “Mental Health: Strengthening Our Response,” World Health Organization. Fact Sheet No. 220, September 2010. www.who.int/mediacentre/factsheets/fs220/en/ (accessed April 8, 2011).

APPENDIX E

Related Reports and Services

What You Need to Know About Mental Health: A Tool for Managers

Healthy work environments are critical to preventing stress and other mental health problems. Managers play an important role in building and sustaining healthy work environments. This tool will help managers learn more about mental health issues. It provides advice on preventing and recognizing mental health problems, getting employees the help they need, planning for an employee's return to work, and creating a welcoming workplace.

Making It Meaningful: Recognizing and Rewarding Employees in Canadian Organizations

This report looks at the current practice in rewards and recognition and discusses the value that a well-thought-out rewards and recognition program can bring to an organization. The report serves as a tool for organizations to benchmark against, features best practices in this area, and provides insights into how organizations can improve upon their reward and recognition programs.

Human Resources Trends and Metrics: Valuing Your Talent

The 2010 Human Resources Trends and Metrics report presents survey findings on talent management practices as well as the human resources function. It also explores the economic and demographic trends driving human resources planning.

Beyond Benefits: Creating a Culture of Health and Wellness in Canadian Organizations

This report discusses the links between workplace health and wellness programs, employee health, and greater organizational health.

Council on Workplace Health and Wellness

Interact with senior leaders committed to improving organizational performance and productivity through enhanced workplace health, wellness, and safety. Council meetings offer members the opportunity to learn from subject matter experts, and to share best practices from leading organizations across Canada.

Councils of Senior Human Resource Executives— National, East, and West

The Councils of Senior Human Resource Executives are three of the longest-standing and most successful networking and learning groups at the Conference Board. For over 30 years, senior HR leaders have come together to explore the trends and issues they deem critical to future success. They learn from each other, from Conference Board professionals, and from external experts.

Compensation Research Centre

Established in 1976, the Compensation Research Centre (CRC) is one of the Conference Board's most mature networks. The CRC's goal is to enhance the strategic and competitive position of member organizations through a combination of meetings, research, and customized information services. It provides access to knowledge and networking opportunities that are a must for Canada's compensation professionals.

Council of Industrial Relations Executives

The Council of Industrial Relations Executives (IRC) provides insights to assist you in leading the labour relations function in your organization. Whether your interest is in collective bargaining, managing union–employer relations, or discussing the impact of trends on labour relations in Canada, IRC is your gateway to knowledge and networking with other industrial relations leaders.

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