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# Discussing Mental Health with Stakeholders

CSPDM Webinar

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# Key principles and messages that need to be communicated

- A Biopsychosocial Perspective: The personal and functional characteristics of a worker, supervisor or manager interact with the work and personal life environments to either enable a person to continue to be engaged in productive work or to disable them in terms of participation in work.
- An effective workplace response to mental health must be based on an integrated approach that sets out to:
  - Protect the psychological health of all workers, supervisors and managers by removing, reducing or mitigating risk factors in the workplace
  - Promote positive mental health through responsive management strategies and building the resilience of workers
  - Address the needs of workers experiencing mental distress or illness, regardless of the cause, through effective job retention and return to work processes (LaMontagne, et al., 2014).



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# The audience for these messages workplace stakeholders

- Joint Occupational Health and Safety or DM Committee
- Human Resources
- Occupational Health and Safety professionals
- Senior and middle managers
- Supervisors
- Union representatives and shop stewards.

Corbière, M., Mazaniello-Chézol, M., Bastien, MF. et al. (2020). Stakeholders' Role and Actions in the Return-to-Work Process of Workers on Sick-Leave Due to Common Mental Disorders: A Scoping Review. *Journal of Occupational Rehabilitation*, 30: 381–419. <https://doi.org/10.1007/s10926-019-09861-2>



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# Mental health impact of Covid-19

- There can be benefits to working remotely
  - Work satisfaction of remote workers can be high
  - It can reduce absence and increase productivity and eliminate the stress of long commutes
- There are also challenges
  - Increased isolation,
  - Disrupted communication flow
  - Balancing personal and work life.



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# Mental health impact of Covid-19 (1)

- Lyra Health Survey (1,200 respondents) (2020)
  - Over 80% reported mental health issues related to Covid-19
  - 65% felt that it impacted on their ability to work
  - 40% reported feeling close to burn out
  - 25% described severe impact on their work
  - Only 14% had accessed professional help
  - The majority of these had paid for themselves



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# Mental health impact of Covid-19 (2)

- Lyra Health Survey (1,200 respondents)
  - Over 50% believed that things would improve
  - 47% had received no supportive employer communication for over 3 months
  - 40% believed the employer didn't care about their MH beyond productivity
  - 35% were considering a new career
  - 25% reported that the employer did no support their mental health



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# Mental health impact of Covid-19 (3)

- CSPDM Member survey (McAnaney, 2020)
  - Increased mental health concerns and claims were cited as a factor contributing to increased work demands
  - Providing virtual support was considered to reduce its effectiveness
  - Stress and anxiety in the workplace, mental health promotion, and psychological health and safety were all rated as very relevant by over two thirds of respondents
  - A significant challenge for respondents was providing support to workers and clients whose mental health was at risk, particularly those working remotely, and to family members who were under stress.



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# The economic case for workplace mental health strategies (1)

- The cost of mental ill-health to the economy is between 3% and 4% of Gross Domestic Product (GDP) (OECD, 2011).
- In Canadian terms, this would represent between \$46.58 and \$62.11 billion.
- Another estimate is \$50 billion CAD with \$6 CAD billion per annum attributed to lost productivity – both absenteeism and presenteeism
- 500,000 Canadians are unable to work due to poor mental health in any week (Chapman, et al., 2019).





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# The economic case for workplace mental health strategies (2)

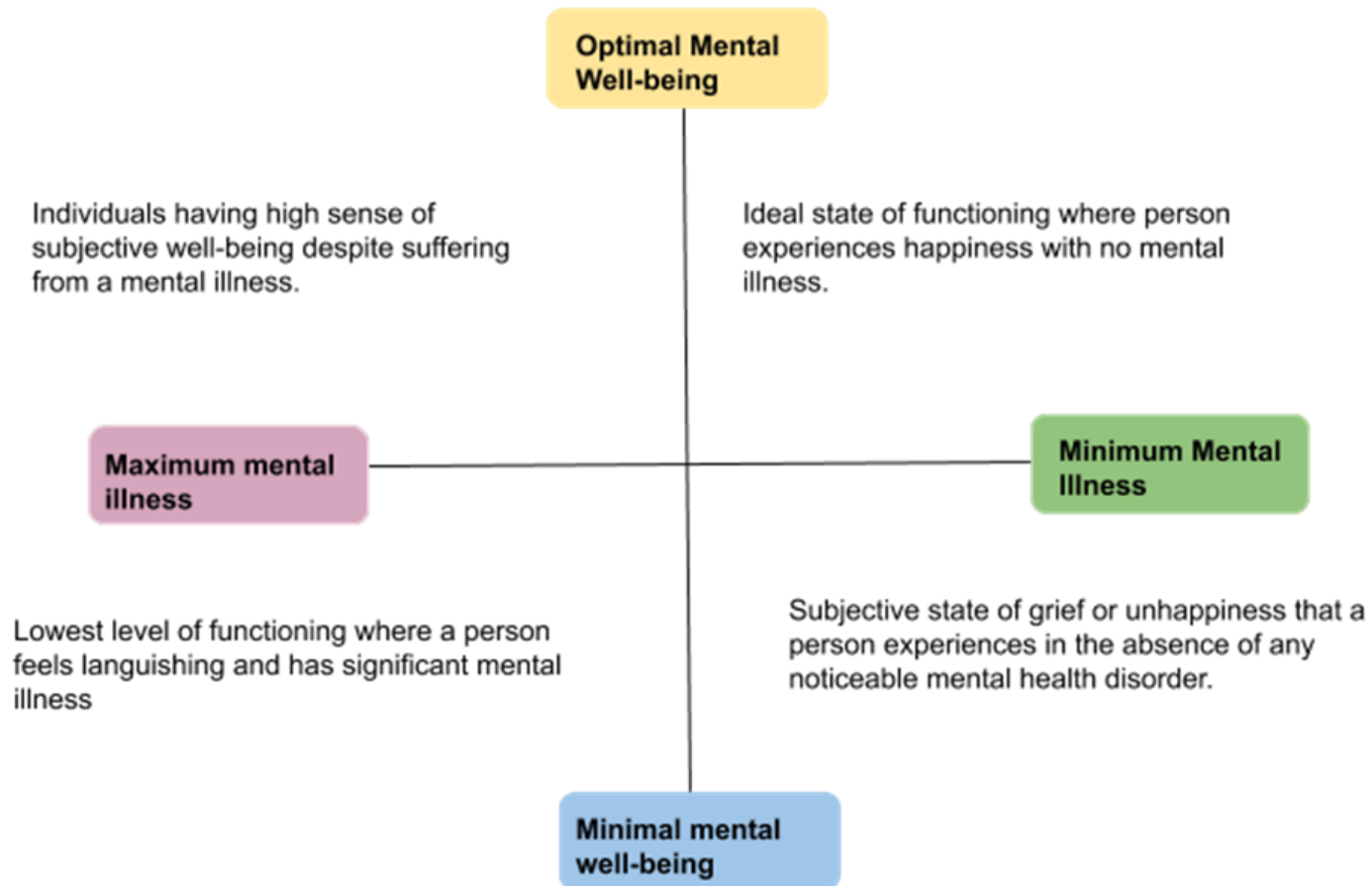
- Employers who were viewed as managing mental health well had productivity levels over 2.5 times higher than those perceived as managing health less well (Wang & Samson, 2009).
- Staff turnover was 4 times higher in less well-performing companies
- Mental health-related presenteeism can result in up to three times the cost of absence and is increasing rapidly



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# The distinction between mental health and mental illness

(Westerhof, & Keyes, 2010)





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# Mental health disorders

- Common Mental Health Disorders (CMDs)
  - Depression/Bipolar Disorder
  - Anxiety Disorders – Generalized Anxiety Disorder, Panic Disorder, Obsessive Compulsive Disorder, Phobias
  - Chronic Stress Disorder (depression), Burnout
  - Post Traumatic Stress Disorder/Acute Stress Disorder
  - Substance Use Disorders/Other Addictions (gambling/social media)
- Severe Mental Health Disorders
  - Schizophrenia



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# Presenteeism

- Presenteeism is the action of employees coming to work despite having a sickness that justifies an absence and as a consequence, performing their work under sub-optimal conditions
- Mental health-related presenteeism costs three times more than absence (Chapman, et al. 2019).
- Presenteeism is monitored by about 15% of companies surveyed and only 18% of managers were trained to recognise it (Mood Disorders Society of Canada, 2018)
- Best approach to addressing Presenteeism is to improve the overall health of all employees and the early identification of workers who are coping with reduced work capacity



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# Factor Associated with Presenteeism

- Heavy workloads
- High skill discretion
- Positive commitment to co-worker relationships
- Role conflict
- Psychological distress
- Psychosomatic symptoms (Biron, et al., 2006).



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# Factor Associated with Presenteeism

- Caring responsibilities
- Being on low pay
- Chronic health problems
- Not being able to afford to go absent
- Not having anyone else to take over their job,
- Worry about work piling up,
- Concern about being made redundant (Canadian Mental Health Association, Ontario, 2015).



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# Indicators of Presenteeism

- An impaired capacity to pay attention
- Difficulty remembering information
- Trouble thinking analytically, problem solving and difficulty categorising and organising information.
- Slower reflexes that can affect the ability to quickly coordinate eye-hand movements.
- Overwhelming negative and intrusive thoughts
- Distorted thinking (Mood Disorders of Canada, 2018; p. 27)



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# The Benefits of Self-Disclosure

- A key question for a DM professional in conversation with stakeholders how best to encourage workers to self-disclose at work and to whom they should do so
- Self-disclosure is an important means to support early intervention
- The extent to which workers feel secure in disclosing can be influenced by organisational culture as well as the consequences for workers who have previously disclosed (Brouwers, et al., 2020).





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# The Factors in Self-Disclosure (Moll, 2014)

- Uncertainty in identifying mental health issues
- Stigma and shame surrounding mental health issues
- Discourse of professional competence
- Social tensions
- Workload pressures
- Confidentiality expectations
- Timely access to mental health supports



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# Facilitators of self-disclosure

- Individual colleagues or managers who were considered to be empathetic and intuitive
- The culture of teams which embraced mutual support
- Training managers and supervisors to respond to mental health challenges in a supportive manner
- Breaking the silence, secrecy and inaction that often surrounds the experience of mental distress
- A relatively short (3 hour) training session for leaders can impact on the extent to which workers were willing to access mental health resources (Dimoff, & Kelloway, 2019).



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# Using ICT to support mental health (1)

- US Centre for Disease Control Workplace Health Centre (2020)
  - Create personal connections using multiple channels
  - Use e-mail, webinars, training videos, and phone conferences to communicate
  - Connect and build relationships with remote employees through regular, one-on-one conversations
  - Allow flexible scheduling to facilitate additional time for rest and exercise, meditation, volunteering or medical appointments
  - Communicate through social media and other technology to engage remote workers in their health and well-being



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## Using ICT to support mental health (2)

- US Centre for Disease Control Workplace Health Centre (2020)
  - Engage remote workers in team activities using apps that monitor physical activity through an online tracking system.
  - Set achievable goals and give rewards to motivate remote employees to participate in health and wellness activities
  - Encourage remote employees to participate in walking meetings through mobile technology and to participate in calls while standing, walking on a treadmill, or riding a stationary bike
  - Share examples of healthy living stories of remote workers through blogs.
  - Reimburse all or part of fitness centre memberships, at-home exercise equipment, fitness trackers, and or healthy food delivery services
  - Include workers in a wellness event at which they can come together safely such as a walk/run to raise funds for charity



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## Using ICT to support mental health (3)

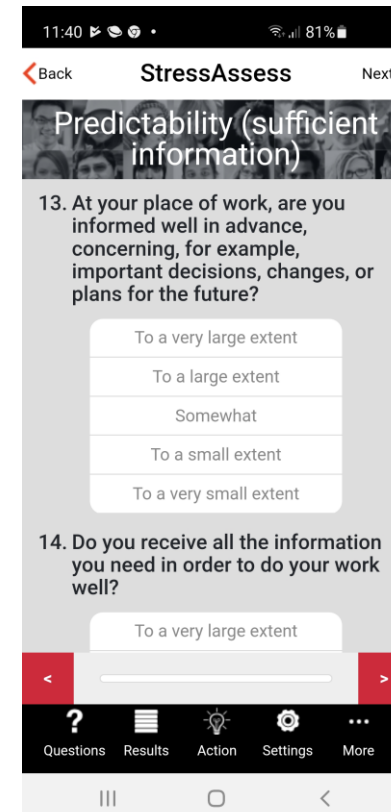
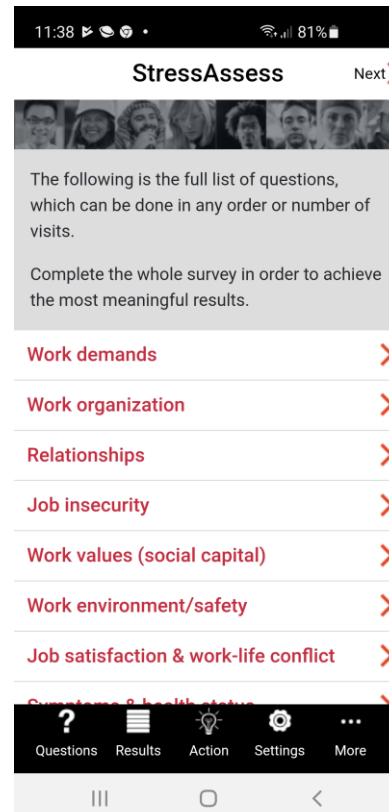
- Over 900 mobile apps that were intended to support were identified in a systematic review (Coulon, Monroe & West, 2016)
- Only 60 of these were considered to meet an adequate standard for evidence-based content, transparency, and functionality



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# Using ICT to support mental health (4)

- StressAssess is one useful app that was developed by the Occupational Health Clinics for Ontario Workers (OHCOW) in collaboration with the Canadian Centre for Occupational Health and Safety (CCOHS)





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# Integrated workplace mental health programs

- The Business Case (Chapman, et al., 2019)
  - The annual ROI for engaging in workplace mental health programs was estimated at \$1.62 CAD
  - Programs that had been in place for three years or more had a median ROI of \$2.18 CAD
  - A higher ROI can be achieved by addressing the continuum of mental from prevention and promotion to intervention
  - Bell Canada resulted in a \$4.10 CAD ROI with significant reduction in STD claims and mental health-related incidents.
  - S&P rated Companies with higher health and wellness scores outperformed stock market competitors in terms of value over a six-year period by over 140%
  - You don't have to formally adopt the Canadian National Standard for Psychological Health and Safety in the Workplace (CSA, 2013) to achieve positive outcomes!



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# Integrated workplace mental health programs

- Success Factors
  - Prioritizing positive mental health at both the leadership and workforce levels.
  - Acknowledging that suboptimal mental health is a very significant cost factor
  - Integrating workplace mental health to organizational objectives
  - Investing in actively promoting mental health and well-being, not just intervening in times of crisis
  - Focusing investments on high-impact areas when resources are limited
  - Tracking outcomes to future-proof the program
  - Evolving programs over time based on data analysis





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# An Integrated Approach to Workplace Mental Health (LaMontagne, et al., 2014;

- **Thread 1:** Protect mental health by reducing work–related risk factors. This thread is clearly aligned with the Canadian Standard (CSA, 2013).
  - Primary interventions seek to prevent workplace mental problems
  - Secondary interventions are targeted at individual workers at risk
  - Tertiary interventions respond to workers who develop or experience a mental health disorder



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# An Integrated Approach to Workplace Mental Health (LaMontagne, et al., 2014;

- **Thread 2:** Promote mental health by developing the positive aspects of work as well as worker strengths and positive capacities
  - Organizational (positive leadership, meaningful work and a positive organizational ethos)
  - Individual level interventions (improving resilience, enhancing wellbeing and building capabilities)



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# An Integrated Approach to Workplace Mental Health (LaMontagne, et al., 2014;

- **Thread 3:** address mental health problems among working people regardless of cause.
  - Strategies to respond to workers who develop mental health symptoms
  - Psychoeducation
  - Mental health literacy;
  - Encouraging early help-seeking
  - Mental health first aid
  - Reducing stigma
  - Providing stay-at-work and return-to-work supports and interventions such as accommodations.



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