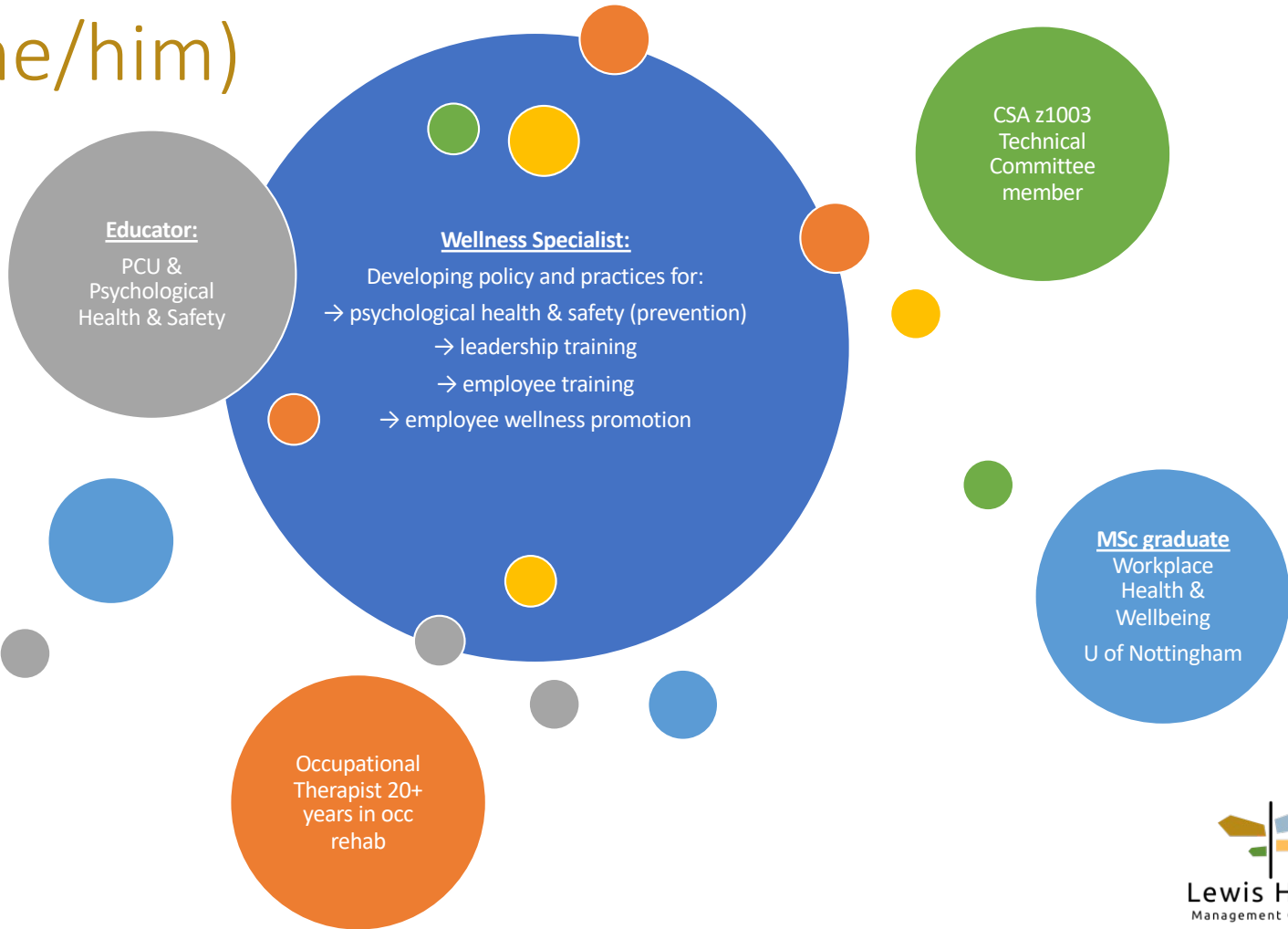


Understanding the workplace mental health landscape

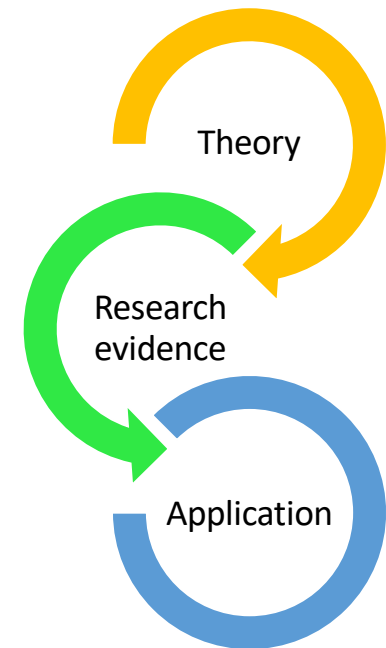
Ian Lewis M.Sc., B.Sc.(OT), OTReg(SK)

Ian Lewis (he/him)



Objectives

1. To understand the theoretical underpinnings of workplace mental health recommended practices.
2. To be familiar with categorizing common workplace mental health activities according to the integrated approach to workplace mental health (LaMontagne et al., 2014).
3. To have a jumping off point for influencing workplace mental health in your sphere of influence.



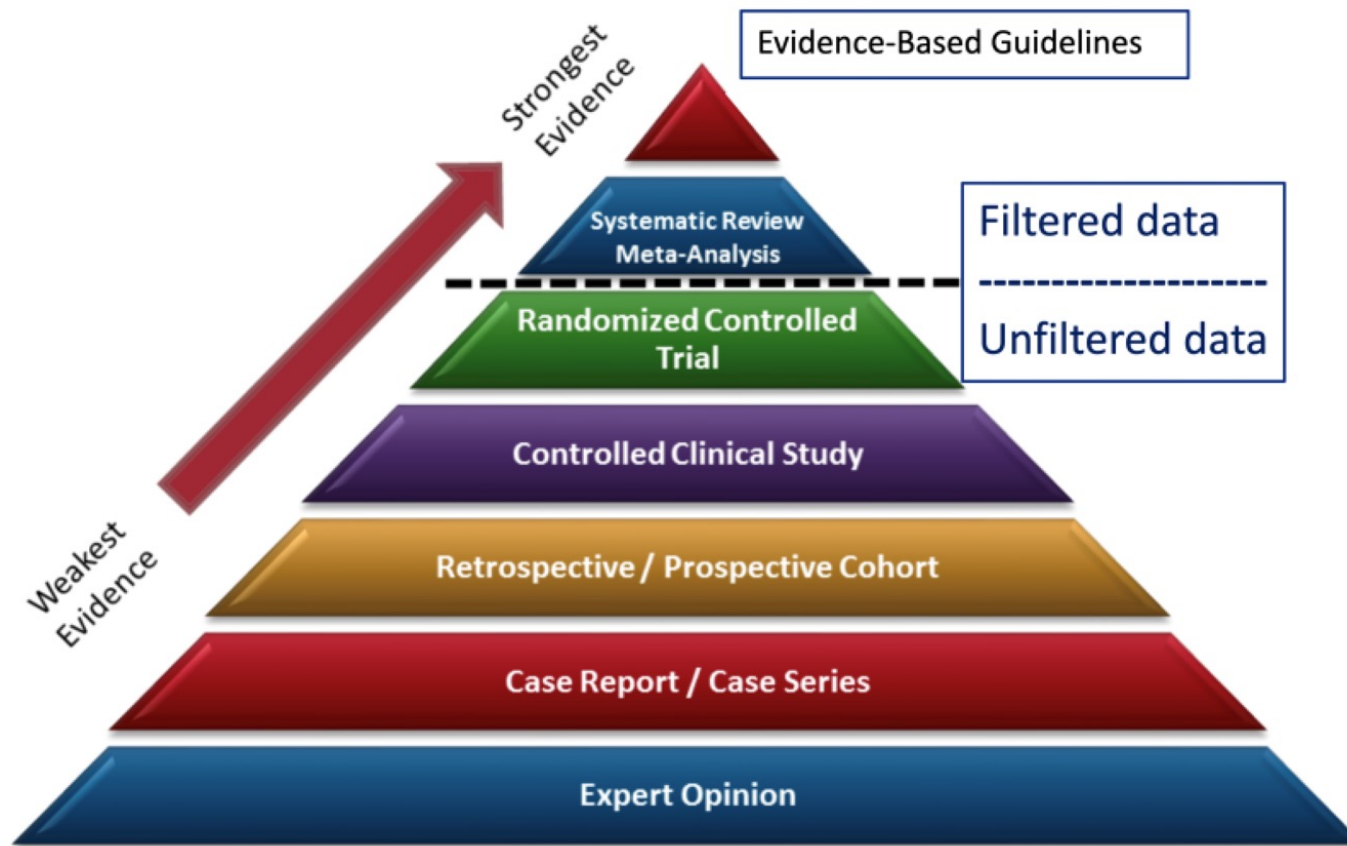


Diagram from van der Sluis & Bongers, 2020

Key resources (links in reference list)

Evidence-based guidelines

- WHO guidelines on mental health at work: executive summary (World Health Organization, 2022)
- Mental health at work: policy brief (World Health Organization & International Labour Organization, 2022)
- Workplace health: long-term sickness absence and capability to work (National Institute for Health and Care Excellence, 2019)

Reviews:

- A mentally healthy framework to guide employers and policy makers (Deady et al., 2024)
- Work-related causes of mental health conditions and interventions for their improvement in workplaces (Rugulies et al., 2023)
- International Labour Organization. *The Psychosocial Working Environment: Global Developments and Pathways for Action: Global Report*. [1st ed.]. ILO, 2026. <https://doi.org/10.54394/00033223>.

Where do workplace mental health problems come from?



- People come to work with problems and/or work demands cause problems (Schulte et al., 2024).
- Exposure to commonly-cited psychosocial hazards to have between 1.3 → 1.9 times greater risk of stress-related mental health problems (see meta-analysis of longitudinal studies van der Molen et al., 2020).

Mechanism of harm

- Chronic strain places body on the defense and does not adapt. Chronic allostatic loading – a stressed body under strain – is more susceptible to various physical & psychological problems (Guidi et al., 2021; Ilies et al., 2015)
- Sudden events can overwhelm coping causing acute and chronic strain
 - Exposure to traumatic event
 - Sudden change in social environment (death of spouse or child)
 - Violence and harassment: 158% increased risk of depression with bullying (Rugulies et al., 2023)



Job demands – Resources (JD-R) model explaining job strain or motivation



Chronic overwhelming of resources by demands creates strain and eventual health erosion.

Full & detailed JD-R Model, please see Bakker et al. 2023

Job demands – Resources (JD-R) model explaining job strain or motivation



High job demands are motivating when adequate resources are present.

Full & detailed JD-R Model, please see Bakker et al. (2023)

Job demands – Resources (JD-R) model explaining job strain or motivation



Job resources are “physical, psychological, social, or organizational aspects of the job that are either/or: functional in achieving work goals, reduce job demands and the associated physiological and psychological costs, or stimulate personal growth, learning, and development” (Bakker & Demerouti, 2007, p. 312). They meet basic psychological needs such as autonomy, relatedness, and competence. (Li et al., 2023)

Full & detailed JD-R Model, please see Bakker et al. (2023)

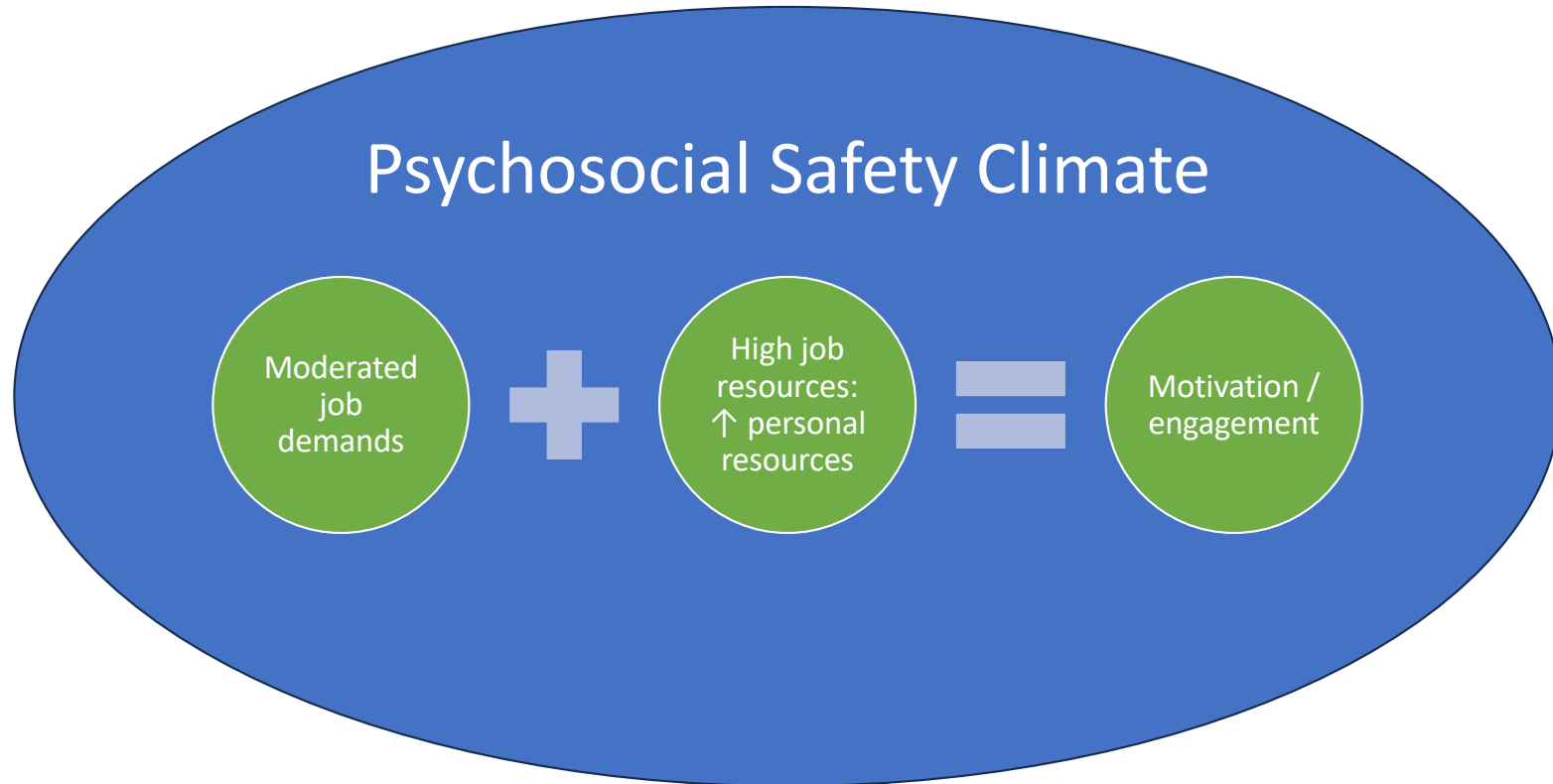
Job demands – Resources (JD-R) model explaining job strain or motivation



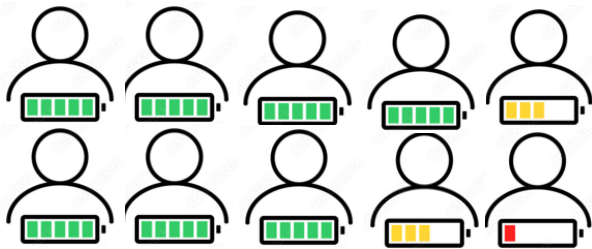
Personal resources are individual characteristics or capacities such as experience, psychological capital and adaptive personality traits. When job resources are present – a permissive environment – personal resources are important moderators (Bakker, 2015; Bakker & Demerouti, 2017) and mediators (Schaufeli & Taris, 2014) of job demands on well-being.

Full & detailed JD-R Model, please see Bakker et al. (2023)

Resource-full environments



Overview of Psychosocial Safety Climate: Amodu et al., 2023; Dollard et al., 2012)



- In 2022 Statistics Canada found 18.4% of Canadians met diagnostic criteria for a mental illnesses diagnosis and only half of those obtained help from a health professional (Stephenson, 2023).
- 27% of Canadians felt poor mental health affected their productivity at work. 11% missed school or work due to mental health concerns for an average of 2.8 days each time (Mental Health Research Canada, 2024).
- 1 in 4 & 1 in 7 Canadians experience moderate to severe depressive or anxiety symptoms respectively (Mental Health Research Canada, 2026).

People experiencing mental health problems, burnout, and distress experience loss spirals:



- Inflexible coping (Bakker & de Vries, 2021)
- Self-undermining (Bakker & Costa, 2014; Bakker & Wang, 2020)
- Increased negative thinking and lower self-efficacy (Bakker & de Vries, 2021)
- Turn inward and less use of resources (Hobfoll, 1989; Hobfoll et al., 2018)
- Fatigue, problems concentrating, relationship issues, increased substance use, and other problems on the Mental Health Continuum Model (Chen et al., 2020).
- Fear of judgment prevents 2 in 5 Canadians (39%) from talking about their mental health with others. 1 in 3 (33%) wait until their mental health seriously affect their life before seeking support (Mental Health Research Canada 2026).

Workers and workplaces can expect:

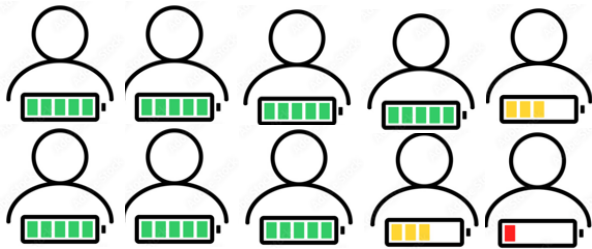
- 14.3% reduction in production due to poor health (absenteeism / presenteeism) (Brunner et al., 2019)
- Increased errors and accidents (Ishimaru et al., 2019; Johansson & Melin, 2018; Lemonaki et al., 2021; Niven & Ciborowska, 2015)
- Job strain is a major public health problem. For example:
 - Job strain or ERI showed a 48% increase of coronary heart disease or if exposed to both 103% increase in risk of an event (Lavigne-Robichaud et al., 2023).
 - Umbrella review of 72 reviews showed increased risk of
 - 17 – 45% coronary heart disease
 - 9 – 22% increased risk of stroke
 - 8 – 29% increased risk of diabetes, 35 – 62% risk of MSD. (Niedhammer et al., 2021)
- Early workforce exit and losses of living knowledge (Dobson et al., 2024; van Rijn et al., 2014).



“The workplace offers considerable potential to influence mental health by preventing harm and promoting positive aspects of work, and by facilitating timely, safe, and **non-discriminatory support for those showing signs of mental health problems.**”

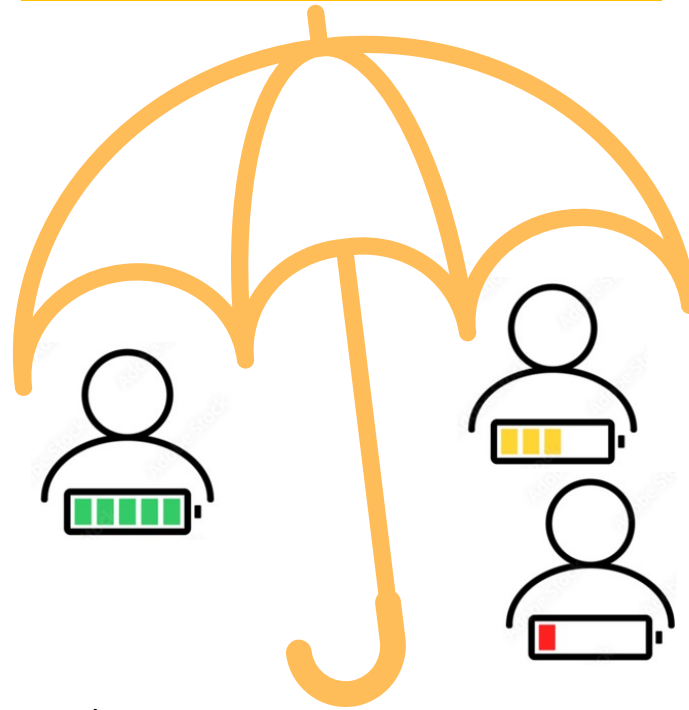
Rugulies et al., 2023, p. 1376

Promote thriving. Eliminate Hazards



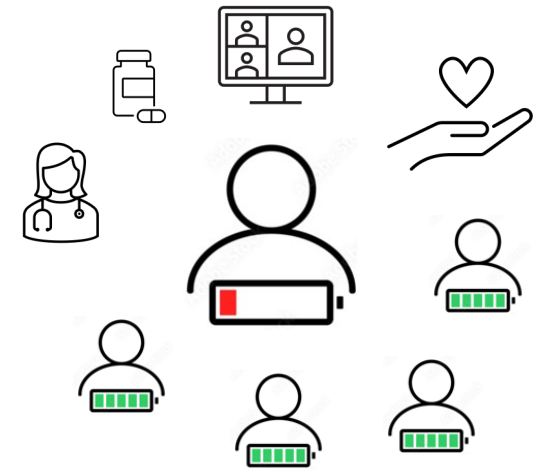
Systems approaches e.g. CSA z1003
 Worker-centered job design
 Bullying & harassment prevention
 Job demands-resources balance
 Manager training & support
 Job control & job crafting

Protect workers at risk



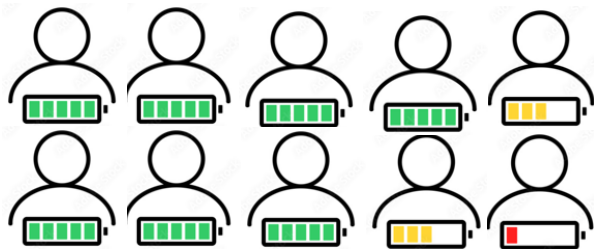
Employee resource groups, peer support
 EAP, Extended Health Benefits
 Work-related CBT
 MHFA, CISM, incident response
 Flexible work policies
 Job placement support

Support the affected



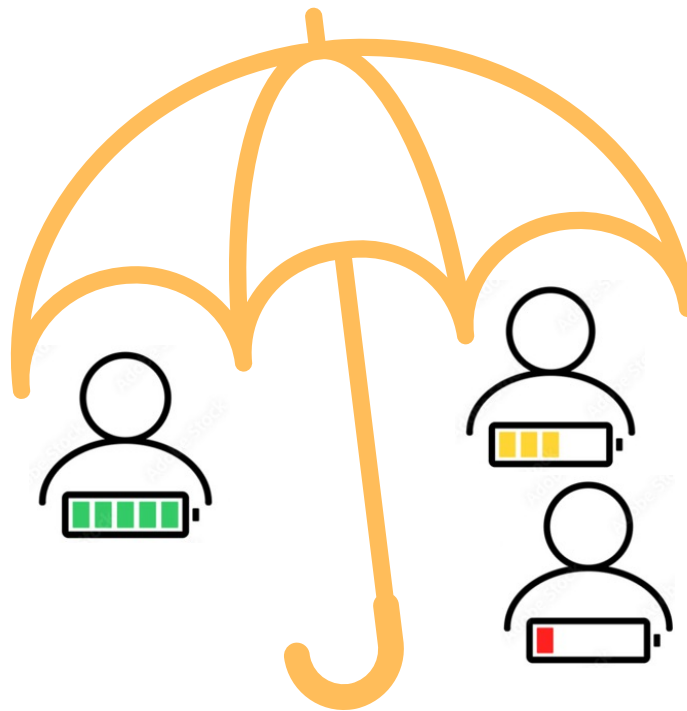
Helpful contact from supervisor
 Job adjustment, re-integration
 RTW coordination
 Healthcare provider communication
 Access to specialty care

Primary:
Promote thriving.
Eliminate Hazards



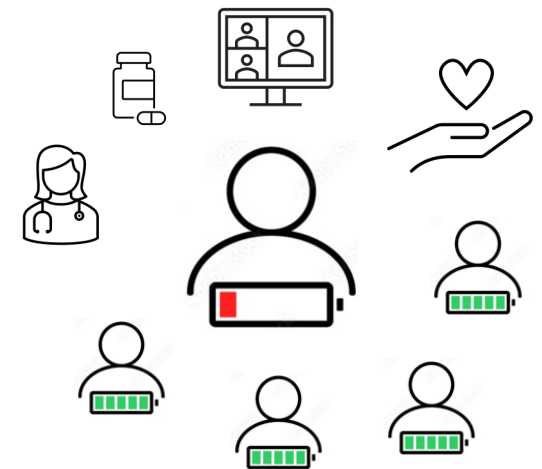
Systems approaches e.g. CSA z1003
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Secondary: protect workers at risk



Employee resource groups, peer support
EAP, Extended Health Benefits
Work-related CBT
MHFA, CISM, incident response
Flexible work policies
Job placement support

Tertiary: support the affected



Helpful contact from supervisor
Job adjustment, re-integration
RTW coordination
Healthcare provider communication
Access to specialty care



Maturity ladders

- You can't jump rungs
- There may be rungs missing you need to create or get help to create.

Maturity self-assessment

	Minimum / compliance (1)	Early stages (2)	Leading practices (3)
Who	Isolated people in org “off the side of their desk”	“Out of scope” team tasked with psychological health & safety (PHS) No or very little OHC awareness	Senior management takes responsibility, delegates w/ accountability, tracks key metrics Employee participation in PHS
Company messaging	Absent	Awareness days, passive promotion of company resources “Take care of yourself”	People matter more than production and your [psychological] well-being is a priority. Invite dialogue about working conditions.
Services	+/- passive benefits (EAP, health benefits, sick time, disability benefits)	Mental health aware RTW coordination Targeted mental health benefits Flexible work policy	Stay @ work/RTW accommodations Employee resource groups Peer support program (app, MHFA, etc.)
Education	None or passive	Mental health awareness during workday Little training in leadership One-off education not integrated into business practices (low benefit)	Training leaders in leadership & PHS Leadership accountability for PHS (including harassment, leadership quality, communication, etc.) Employee training in hazardous tasks
Policies & practices	Legislative compliance for violence and harassment with little monitoring	Data awareness Reactive response to PHS hazards Employee experience feedback without strategic management action.	PHS policy statement & strategy w/ objectives Tracking and using pertinent data including employee experience @ work PHS hazard identification & control program Compliance to National Standard

References: scan QR code



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