Workplace Mental Health in Canada
Findings from a Pan-Canadian Survey

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**Key Findings**

**Workplace Mental Health Goals**

- The top three workplace mental health goals identified by respondents are: to provide employees with access and support to internal health and wellness programs and resources; to be proactive about employee health and wellness; and to create a culture of respect and trust in the workplace.
- Not-for-profit organizations are most likely to have workplace mental health goals followed by public organizations. Private organizations are least likely to have workplace mental health goals.

**Workplace Mental Health Tools and Resources**

- ‘Mental Health First Aid’ is by far the resource most known by respondents followed by the Canadian Centre for Occupational Health and Safety.
- Respondents are most satisfied with the Bottom Line Conference, the Canadian Centre for Occupational Health and Safety, and Guarding Minds at Work.
- The most effective tools according to respondents are CMHA workplace mental health workshops, Workplace Strategies for Mental Health (free online resources), and The National Standard of Canada for Psychological Health and Safety in the Workplace.
- Respondents indicate that the best methods for learning about workplace mental health tools and resources are through in-person seminars, workshops and presentations followed by having an internal team (e.g., health and wellness team) charged with disseminating information.
- Respondents indicate the need for more education about the tools and resources that exist to support workplace mental health as well as organizational cultural shifts that exemplify acceptance of mental health concerns as a legitimate health issue.

**Internal Support for Workplace Mental Health**

- In most cases, the executive leadership followed by Human Resources are responsible for oversight of workplace mental health goals.
- 32% of leadership is described as taking action to address workplace mental health; 42% are aware and showing interest but real actions have yet to happen; and 26% are experienced as unsupportive.
- 42% of respondents indicate that their organization is ‘not doing well’ in their efforts to address workplace mental health; 33% indicate that their organization is doing ‘somewhat well’; 13% indicate that their organization is doing ‘quite well’; and 12% indicate that their organization is doing ‘very well’ or ‘extremely well’.
3% of respondents indicate that their organization has fully implemented the Standard; a further 7% are ‘well on the way’; and 7% have ‘just started’.

Challenges and Needs to Addressing Workplace Mental Health

- The top challenges to addressing workplace mental health include lack of resources and capacity; lack of understanding of workplace mental health and leaders who do not walk the talk or role model workplace mental health.
- The top factors that need to be addressed in order to improve workplace mental health include work overload/demands; challenges with work-life balance; lack of trust in leadership; lack of transparency and honesty; and lack of support/tools.

Workplace Mental Health Engagement Strategies

- The main ways in which organizations have engaged with employees around workplace mental health include a company website or portal; emails; and in-person/satellite meetings.
- In organizations where there is a union, 8% report a high degree of union-organization collaboration to support workplace mental health; 28% report a moderate level of collaboration; and 24% a minimal level of collaboration. 40% of respondents report that there is no collaboration.

External Support for Mental Health

- By far, employee assistance programs are the most utilized external support for mental health followed by the health and benefits provider.

Overall Assessment of Efforts to Address Workplace Mental Health

- 48% of respondents indicate that their organization is taking steps to address mental health in the workplace.
- The biggest impacts of efforts in addressing workplace mental health include improved attitudes toward mental health and reduced stigma around mental health.
Survey Background

Lundbeck Canada, Canadian Mental Health Association – B.C. Division (CMHA BC) and the Workforce Mental Health Collaborative teamed up to take the “pulse” of workplace mental health in Canada. The goal of this project was to better understand where employers are in their organization’s journey and what supports could assist them in efforts to promote workplace mental health. With current understanding of the Canadian workplace culture around mental health, CMHA will be in a better position to strategically design ways to support employers.

In order to gather this information, an anonymous survey was implemented during November and December 2015. The survey was available in French and English and distributed through various networks. It consisted of 32 questions exploring current knowledge and use of workplace mental health resources, challenges to addressing workplace mental health, internal and external support for workplace mental health, and the impact of efforts to promote workplace mental health.

Respondent Demographics
A total of 597 individuals from across Canada participated in the survey. Twelve of the thirteen provinces and territories were represented (Note that there were no respondents from Nunavut).
Respondent Role at the Organization (n=568)

- Staff (non-management): 66%
- Management: 19%
- Executive: 8%
- Senior management: 7%

Respondent Length of time in Current Position (n=573)

- 1 year or less: 21%
- 2-5 years: 38%
- 6-10 years: 19%
- 11-20 years: 13%
- More than 20 years: 9%

Respondent Length of time at Organization (n=569)

- 1 year or less: 15%
- 2-5 years: 32%
- 6-10 years: 21%
- 11-20 years: 18%
- More than 20 years: 14%
Organizational Size

Respondents were asked to indicate the number of employees at the organization’s office where they currently work. They were asked only to report on their location in the event that the organization has several branches.

Respondents were then asked to consider all branches of their organization and report the total number of employees. 55% (n=326) of respondents indicated that their organization had offices across the province or territory; 30% (n=180) indicated that their organization had offices across Canada; and 13% (n=80) indicated that their organization had offices internationally.
Organizational Type
Respondents were asked to describe their organization with regards to whether it was public, private, not-for-profit, union or a combination of the aforementioned. Note that numerous organizations included more than one description (e.g., an organization that was partially private and partially public).

Unknown included post-secondary institutions and medical clinics which were not clearly described as to whether they were private, public or not-for-profit.
**Organization Industry**

Respondents were asked to identify their organization’s sector(s). Several respondents identified more than one sector in which their organization operated. The following table outlines sectors represented.

<table>
<thead>
<tr>
<th>Sector</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation and Food Services</td>
<td>29</td>
<td>4%</td>
</tr>
<tr>
<td>Administrative and Support, Waste Management and Remediation Services</td>
<td>10</td>
<td>1%</td>
</tr>
<tr>
<td>Agriculture, Forestry, Fishing and Hunting</td>
<td>4</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Arts, Entertainment and Recreation</td>
<td>23</td>
<td>3%</td>
</tr>
<tr>
<td>Construction</td>
<td>15</td>
<td>2%</td>
</tr>
<tr>
<td>Educational Services</td>
<td>104</td>
<td>13%</td>
</tr>
<tr>
<td>Finance and Insurance</td>
<td>38</td>
<td>5%</td>
</tr>
<tr>
<td>Food Manufacturing</td>
<td>13</td>
<td>2%</td>
</tr>
<tr>
<td>Health Care and Social Assistance</td>
<td>211</td>
<td>26%</td>
</tr>
<tr>
<td>Information and Cultural Industries</td>
<td>14</td>
<td>2%</td>
</tr>
<tr>
<td>Management of Companies and Enterprises</td>
<td>6</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>9</td>
<td>1%</td>
</tr>
<tr>
<td>Mining, Quarrying, and Oil and Gas Extraction</td>
<td>10</td>
<td>1%</td>
</tr>
<tr>
<td>Not-for-Profit</td>
<td>149</td>
<td>18%</td>
</tr>
<tr>
<td>Other Services (except Public Administration)</td>
<td>20</td>
<td>3%</td>
</tr>
<tr>
<td>Police and Corrections</td>
<td>9</td>
<td>1%</td>
</tr>
<tr>
<td>Professional, Scientific and Technical Services</td>
<td>46</td>
<td>6%</td>
</tr>
<tr>
<td>Public Administration</td>
<td>45</td>
<td>5%</td>
</tr>
<tr>
<td>Real Estate and Rental and Leasing</td>
<td>3</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Retail Trade</td>
<td>17</td>
<td>2%</td>
</tr>
<tr>
<td>Transportation and Warehousing</td>
<td>13</td>
<td>2%</td>
</tr>
<tr>
<td>Utilities</td>
<td>11</td>
<td>1%</td>
</tr>
<tr>
<td>Wholesale Trade</td>
<td>5</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

**Unionization**

Respondents were asked to indicate whether their organization was unionized. 95% (n=570) responded to this question with the following:

- 42% (n=237) indicated that their organization was unionized
- 42% (n=239) indicated that their organization was not unionized
- 16% (n=94) indicated that their organization was partially unionized (depending on the employee group)

12% (n=69) of respondents indicated that they were a union representative. 36% (25 of the 69) indicated that they were responding to the survey from the perspective of a union representative.
Survey Results: Workplace Mental Health in Organizations

Workplace Mental Health Goals
56% (n=325)\(^1\) of respondents indicated that their workplace has mental health goals. Respondents were asked to rank their organization’s top three goals. 82% (n=268) of the 325 respondents ranked these goals.

<table>
<thead>
<tr>
<th>Top Workplace Mental Health Goals</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide employees with access and support to internal health and wellness programs and resources</td>
<td>141</td>
<td>18%</td>
</tr>
<tr>
<td>To be proactive about employee health and wellness</td>
<td>123</td>
<td>16%</td>
</tr>
<tr>
<td>To create a culture of respect and trust in the workplace</td>
<td>117</td>
<td>15%</td>
</tr>
<tr>
<td>To minimize costs associated with mental illness such as disability claims, medical and drug costs</td>
<td>80</td>
<td>10%</td>
</tr>
<tr>
<td>To decrease stigma associated with mental health in the workplace</td>
<td>74</td>
<td>9%</td>
</tr>
<tr>
<td>To decrease absenteeism and turnover rates</td>
<td>70</td>
<td>9%</td>
</tr>
<tr>
<td>To minimize or prevent productivity loss</td>
<td>49</td>
<td>6%</td>
</tr>
<tr>
<td>To decrease workplace violence, bullying and/or discrimination</td>
<td>40</td>
<td>5%</td>
</tr>
<tr>
<td>To implement the National Standard on Psychological Health and Safety</td>
<td>38</td>
<td>5%</td>
</tr>
<tr>
<td>To prevent psychological harm</td>
<td>30</td>
<td>4%</td>
</tr>
<tr>
<td>To prevent or decrease risk of legal liability in the workplace that may be associated with psychological injury</td>
<td>23</td>
<td>3%</td>
</tr>
</tbody>
</table>

When comparing private, public and not-for-profit organizations as to whether they have workplace mental health goals...

- 62% of organizations identified as not-for-profit had workplace mental health goals
- 57% of organizations identified as public had workplace mental health goals
- 43% of organizations identified as private had workplace mental health goals

Further to this, organizations that were larger and had offices across the country and internationally were more likely to have workplace mental health goals. Being unionized did not impact the likelihood of having goals.

\(^1\) Based on 585 responses to this question.
Tools and Resources to Support Workplace Mental Health

Respondents were asked to review a list of workplace mental health tools and resources and to indicate how familiar they are with the tool/resource, how satisfied they are with the tool/resource and how effective they find the tool/resource to be in promoting workplace mental health. The following tables present the results for each of these areas.

Level of Familiarity with Tools and Resources

Respondents were asked to rate their level of familiarity with several workplace mental health tools and resources.

<table>
<thead>
<tr>
<th>Workplace Mental Health Tools and Resources</th>
<th>Not at all familiar</th>
<th>Somewhat familiar</th>
<th>Quite familiar</th>
<th>Very familiar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health First Aid (n=369)</td>
<td>45%</td>
<td>22%</td>
<td>12%</td>
<td>21%</td>
</tr>
<tr>
<td>Canadian Centre for Occupational Health and Safety (n=353)</td>
<td>47%</td>
<td>33%</td>
<td>14%</td>
<td>6%</td>
</tr>
<tr>
<td>CMHA Workplace Mental Health Workshops (including Mental Health Works) (n=377)</td>
<td>54%</td>
<td>25%</td>
<td>14%</td>
<td>7%</td>
</tr>
<tr>
<td>The National Standard of Canada for Psychological Health and Safety in the Workplace (n=374)</td>
<td>56%</td>
<td>26%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Mood Disorders Society of Canada (online information) (n=354)</td>
<td>59%</td>
<td>27%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Mental Health Commission Webinars and Online resources (n=381)</td>
<td>62%</td>
<td>24%</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Workplace Strategies for Mental Health (free online information) (n=370)</td>
<td>64%</td>
<td>22%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Not Myself Campaign (n=359)</td>
<td>67%</td>
<td>19%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Morneau Shepell Workplace Training and programs (n=357)</td>
<td>68%</td>
<td>18%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Bottom Line Conference (n=382)</td>
<td>69%</td>
<td>14%</td>
<td>10%</td>
<td>7%</td>
</tr>
<tr>
<td>Conference Board of Canada (webinar, conferences, workshops) (n=351)</td>
<td>71%</td>
<td>17%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>Managing Mental Health Matters (free online information) (n=367)</td>
<td>74%</td>
<td>19%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Psychological Health and Safety: An Action Guide For Employers (n=368)</td>
<td>74%</td>
<td>16%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>Guarding Minds@Work (n=350)</td>
<td>74%</td>
<td>15%</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Canadian Mental Health Association (CMHA) Certified Psychological Health and Safety (PH&amp;S) Advisor Training (n=375)</td>
<td>75%</td>
<td>16.5%</td>
<td>4.5%</td>
<td>4%</td>
</tr>
<tr>
<td>Road to Mental Readiness (n=354)</td>
<td>86%</td>
<td>10%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Assembling the Pieces - Implementation Guide (n=359)</td>
<td>87%</td>
<td>5%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Excellence Canada Training - Mental Health At Work (n=354)</td>
<td>88%</td>
<td>9%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Mindful Employer (n=355)</td>
<td>88%</td>
<td>10%</td>
<td>1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>For My Health (CMHA BC Physical and Mental Screening Program) (n=367)</td>
<td>89%</td>
<td>9%</td>
<td>1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Wellness Fits (n=347)</td>
<td>89%</td>
<td>7%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Stressed Out Solutions (n=369)</td>
<td>91%</td>
<td>6%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Canadian Standard Association Training (online; in-person) (n=354)</td>
<td>92%</td>
<td>6%</td>
<td>1.5%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>The Tema Memorial Trust (TEMA) (n=349)</td>
<td>93%</td>
<td>4%</td>
<td>1.5%</td>
<td>1.5%</td>
</tr>
<tr>
<td>University of Fredericton Psychological Health &amp; Safety Programs (n=350)</td>
<td>96%</td>
<td>3%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Vital Workplace (n=351)</td>
<td>96%</td>
<td>3%</td>
<td>&lt;1%</td>
<td>0%</td>
</tr>
</tbody>
</table>
### Level of Satisfaction with Tools and Resources

Respondents were asked to rate their level of satisfaction for those tools and resources with which they are familiar.

<table>
<thead>
<tr>
<th>Workplace Mental Health Tools and Resources</th>
<th>Very dissatisfied/Dissatisfied</th>
<th>Neither satisfied or dissatisfied</th>
<th>Satisfied/Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bottom Line Conference (n=93)</td>
<td>6%</td>
<td>23%</td>
<td>71%</td>
</tr>
<tr>
<td>Canadian Centre for Occupational Health and Safety (n=127)</td>
<td>2%</td>
<td>32.5%</td>
<td>65.5%</td>
</tr>
<tr>
<td>Guarding Minds@Work (n=62)</td>
<td>3%</td>
<td>31%</td>
<td>66%</td>
</tr>
<tr>
<td>Workplace Strategies for Mental Health (free online information) (n=87)</td>
<td>5%</td>
<td>32%</td>
<td>63%</td>
</tr>
<tr>
<td>Mental Health Commission Webinars and Online resources (n=91)</td>
<td>3%</td>
<td>34%</td>
<td>63%</td>
</tr>
<tr>
<td>Mental Health First Aid (n=131)</td>
<td>8%</td>
<td>29%</td>
<td>63%</td>
</tr>
<tr>
<td>CMHA Workplace Mental Health Workshops (including Mental Health Works) (n=124)</td>
<td>5%</td>
<td>34%</td>
<td>61%</td>
</tr>
<tr>
<td>The National Standard of Canada for Psychological Health and Safety in the Workplace (n=103)</td>
<td>4%</td>
<td>37%</td>
<td>59%</td>
</tr>
<tr>
<td>Managing Mental Health Matters (free online information) (n=66)</td>
<td>6%</td>
<td>35%</td>
<td>59%</td>
</tr>
<tr>
<td>Vital Workplace (n=61)</td>
<td>7%</td>
<td>34%</td>
<td>59%</td>
</tr>
<tr>
<td>Assembling the Pieces - Implementation Guide (n=48)</td>
<td>4%</td>
<td>36%</td>
<td>58%</td>
</tr>
<tr>
<td>Not Myself Campaign (n=79)</td>
<td>6%</td>
<td>37%</td>
<td>57%</td>
</tr>
<tr>
<td>Mood Disorders Society of Canada (online information) (n=29)</td>
<td>7%</td>
<td>38%</td>
<td>55%</td>
</tr>
<tr>
<td>Morneau Shepell Workplace Training and programs (n=65)</td>
<td>8%</td>
<td>37%</td>
<td>55%</td>
</tr>
<tr>
<td>Psychological Health and Safety: An Action Guide For Employers (n=68)</td>
<td>7.5%</td>
<td>38%</td>
<td>54.5%</td>
</tr>
<tr>
<td>Excellence Canada Training - Mental Health At Work (n=31)</td>
<td>3%</td>
<td>48.5%</td>
<td>48.5%</td>
</tr>
<tr>
<td>Mindful Employer (n=34)</td>
<td>3%</td>
<td>50%</td>
<td>47%</td>
</tr>
<tr>
<td>Conference Board of Canada (webinar, conferences, workshops) (n=69)</td>
<td>4%</td>
<td>49.5%</td>
<td>46.5%</td>
</tr>
<tr>
<td>Wellness Fits (n=32)</td>
<td>9%</td>
<td>47%</td>
<td>44%</td>
</tr>
<tr>
<td>Road to Mental Readiness (n=37)</td>
<td>3%</td>
<td>54%</td>
<td>43%</td>
</tr>
<tr>
<td>Canadian Mental Health Association (CMHA) Certified Psychological Health and Safety (PH&amp;S) Advisor Training (n=58)</td>
<td>9%</td>
<td>50%</td>
<td>41%</td>
</tr>
<tr>
<td>The Tema Memorial Trust (TEMA) (n=22)</td>
<td>4%</td>
<td>64%</td>
<td>32%</td>
</tr>
<tr>
<td>For My Health (CMHA BC Physical and Mental Screening Program) (n=32)</td>
<td>9%</td>
<td>59.5%</td>
<td>31.5%</td>
</tr>
<tr>
<td>Canadian Standard Association Training (online or in-person) (n=26)</td>
<td>4%</td>
<td>65%</td>
<td>31%</td>
</tr>
<tr>
<td>Stressed Out Solutions (n=32)</td>
<td>9%</td>
<td>63%</td>
<td>28%</td>
</tr>
<tr>
<td>University of Fredericton Psychological Health and Safety Programs (n=15)</td>
<td>13%</td>
<td>67%</td>
<td>20%</td>
</tr>
</tbody>
</table>
Level of Perceived Effectiveness of Tools and Resources in Addressing Workplace Mental Health

Respondents were asked to rate the level of perceived effectiveness for those tools and resources they have used in the workplace.

<table>
<thead>
<tr>
<th>Workplace Mental Health Tools and Resources</th>
<th>Very ineffective/ Ineffective</th>
<th>Neither effective or ineffective</th>
<th>Effective/ Very effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMHA Workplace Mental Health Workshops (including Mental Health Works) (n=85)</td>
<td>6%</td>
<td>27%</td>
<td>67%</td>
</tr>
<tr>
<td>Workplace Strategies for Mental Health (free online information) (n=64)</td>
<td>8%</td>
<td>28%</td>
<td>64%</td>
</tr>
<tr>
<td>The National Standard of Canada for Psychological Health and Safety in the Workplace (n=76)</td>
<td>3%</td>
<td>33%</td>
<td>64%</td>
</tr>
<tr>
<td>Managing Mental Health Matters (free online information) (n=47)</td>
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<td>30%</td>
<td>62%</td>
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</tr>
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<td>59%</td>
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<tr>
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<td>11%</td>
<td>33%</td>
<td>56%</td>
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<tr>
<td>Morneau Shepell Workplace Training and programs (n=44)</td>
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<td>34%</td>
<td>55%</td>
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<td>Bottom Line Conference (n=81)</td>
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<td>Mental Health Commission Webinars and Online resources (n=58)</td>
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<td>39%</td>
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<td>Assembling the Pieces - Guide (n=41)</td>
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<td>Excellence Canada Training - Mental Health At Work (n=23)</td>
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<td>39%</td>
<td>48%</td>
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<td>Canadian Mental Health Association (CMHA) Certified Psychological Health and Safety (PH&amp;S) Advisor Training (n=45)</td>
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<td>Vital Workplace (n=13)</td>
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<td>69%</td>
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</tr>
<tr>
<td>University of Fredericton Psychological Health and Safety Programs (n=14)</td>
<td>14%</td>
<td>72%</td>
<td>14%</td>
</tr>
</tbody>
</table>
Best Methods for Learning about Tools and Resources

Respondents were asked to comment on the best methods for learning about tools and resources related to workplace mental health. Several respondents commented that before any dissemination strategies can be created there must be initial work on engaging organizations in acknowledging the importance of workplace mental health. This work includes encouraging management to listen to staff about their needs around workplace mental health. Without this initial work, several respondents commented that they did not think tools and resources would be helpful.

The most favoured methods for learning about tools and resources were:

- In-person seminars, workshops and presentations
- Having a team (e.g., health and wellness team) or person (champion for mental health) in charge of disseminating information.

The second most popular group of methods included:

- Webinars
- Emails (e.g., newsletters, listserves)
- Online resources
- Conferences

The third most popular group of methods included:

- Mandatory training for all management
- Company intranet
- Staff meetings
- Facebook page

Other mentioned methods included learning about tools and resources through:

- Stakeholder networks
- Mental Health Commission
- Canadian Mental Health Association
- Surveys
- Ministry of Labour guidelines
- Benefits providers
- Organizational Human Resources
- Online training
- Training modules

It was also suggested that a consolidated matrix of all resources be developed which could be widely distributed to organizations.
Other Organizational Resources and Tools

Other Resources that respondents noted as being helpful include the following. Note that specific references to organizations are noted.

- Ontario Occupational Health Clinics - mental health stress tool (ohcow.on.ca)
- Great West Life EAP program (greatwestlife.com)
- WHMIS Training (aixsafety.com)
- Community Cares Mental Health Response Training (communitycarestraining.com)
- ASIST Training (livingworks.net)
- BUILT Network (nmnh.ca)
- MIND UK (mind.org.uk)
- Labour Community Advocate Training (www.labourcommunityservices.ca)
- Nonviolent Crisis Intervention (crisisprevention.com)
- “When Something’s Wrong – Strategies for the Workplace” (healthymindscanada.ca)
- Commission des Normes, de l’Équité, de la Santé et de la Sécurité du Travail (csst.qu.ca)
- Pairs Aidants Reseau au Quebec (aqrpsm.org)
- Groupe Entreprises en santé (groupeentreprisesensante.com)
- The Neutral Zone (theneutralzone.ca)
- Congé Mobile – time off (travail.gouv.qc.ca)
- Living Life to the Full (littf.ca)
- Homewood Health (homewoodhealth.com)
- Crew Talks (bcmsa.ca)
- Canadian Association of College and University Student Services (caucuss.ca)
- BC211
- Mindful.org
- Coaching
- Internal surveys asking employees to indicate topics for employee education
- Weekly mindfulness sessions

On other strategies….

“Group social times and shared meals were initially helpful, but they turned into an obligation which carried resentment.”

“Through our benefits we have a crisis intervention line.”

-Survey Respondents

On other strategies….

“Each employee is given a number of ‘wellness days’ per year that we are encouraged to take as a day where we can relax and practice self care so that we can decompress and come back to work with a clear mind. Within our workplace, our staff routinely checks in on one another to make sure everything is going alright, and to give people a chance to talk about things if they are not feeling like themselves.”

-Survey Respondent
Several respondents noted that an Employee Assistance Program was available for individual assistance. Respondents had mixed reviews of their providers. A couple of respondents indicated that their organization brings in a professional from their EFAP provider to conduct sessions on topics such as mindfulness, compassion fatigue, and grief. One respondent noted that they have an outside psychologist who supports the organization’s clinical team that in turn provides clinical interventions.

“When hired hands have differences of opinion on absenteeism, wage theft and issues at work, all workplaces, and governments in the nation should have some mechanisms in place that can help hired hands deal with these issues without the need of private or public intervention. Worker’s Compensation Boards, Employment Standards Organizations, federal and provincial labor standards programs, employment programs and private employment agencies are unequipped to help both the employed and unemployed deal with this topic without lawsuit use.”

-Survey Respondent
Needed Resources to Support Workplace Mental Health

Respondents were asked what resources are needed in their organization in order to better support workplace mental health. Several respondents indicated that they needed knowledge about what tools and resources are available. They noted that although they know there are tools and resources out there, they perceived accessibility to be an issue. Other perceived needs included:

Organizational Cultural Shift

- Overall organizational commitment and support for workplace mental health
- Increased workplace sensitivity for mental health
- Recognition that mental illness is a legitimate illness
- More leadership by HR to promote positive initiatives for employee health and wellness
- Staff wellness days
- Employee survey related to mental health needs
- Time and funding to devote to workplace mental health
- Hearing success stories of individuals who have overcome mental illness and are in the workforce

Resources

- Awareness campaigns and workshops
- Mental health promotion and prevention strategies for the workplace
- Knowledge of how to access services that are easy for HR to fit into the workplace
- Strategies for organizations to lower employee stress
- Policies, protocols and procedures for handling mental health concerns
- Assistance on how to implement the Standard
- Better understanding of job design that does not promote work overload
- Joint Health and Safety Committee tools
- Tools that can be used with employees who have varying literacy levels

“It would also be nice if there was a step in between disability and work. Something that allowed financial assistance to those, like me, whose mental health challenges limit them to part-time or low paying work.”

-Survey Respondent

“I believe the resources are there, but without buy-in from managers and our executive director, we cannot use them or apply them at our agency.”

-Survey Respondent
Training Topics

- Bullying and harassment policies
- General education on mental health and how the workplace supports or harms well-being
- Employee confidentiality
- Creating accommodations for staff with mental illness
- Development and implementation of return to work plans
- Information on Compliance with the Human Rights Code
- Bill 168 – Workplace Violence
- Duty to Accommodate and the Duty to Inquire

Communication-related

- Communication training for employers and employees
- Improved communication between employers and employees
- Open communication about mental health in the workplace
- Reporting mechanism (aside from HR and ideally a neutral outside party) when the organization is not responding appropriately to mental health concerns

Mental Health Support

- Access to a list of low-cost mental health services in each community
- Support for family members who have mental health concerns
- EAP for all employees
- Improved benefits packages that allow for greater access to mental health interventions
- Mental health first aid trainers
- Employer hotline for crisis management

“What is needed is something that is cost efficient and is prepared to be immediately rolled out to the management team or all staff that will make a difference. While the information provided by a number of organizations or conferences is current and useful, it is hard to implement it without a lot of work or jeopardizing your own work, while focusing on supporting mental illness.”

-Survey Respondent

“Many of the employees we have worked with have not received an appropriate diagnosis/treatment plan. How do we ensure they are getting the right support and treatment to help them get back to work or stay at work in an appropriate capacity?”

-Survey Respondent
Internal Support for Workplace Mental Health
Respondents were asked who, at their workplace, has oversight for their workplace mental health goals.

Leadership Support for Workplace Mental Health
Respondents were asked to describe their organization’s leadership related to workplace mental health. 32% were described as taking action; 42% as aware and showing interest but real actions have yet to happen; and 26% as unsupportive.
On full support for workplace mental health…

“Our Senior Leadership Team is completely committed to adopting the framework to implement the National Standards and is fully supportive of the work that we are doing.”

On limited support for workplace mental health…

“Our leaders support courses, online learning, and have created a mandatory list of courses to assist with / support learning around mental health in the workplace. However, our leaders are less available to implement strategies in the workplace that are requested from staff...i.e., they walk the talk, as long as the talk is about what they see as important. In fairness, they are working under decreased resources and steady requests for service.”

“Senior management (the decision makers) won’t support mental health initiatives unless they don’t cost money or interrupt productivity. There are people working in HR who would be quite willing to talk about workplace mental health and initiatives to address problems, but their hands are tied by senior management.”

“Even though they are open to listening to us and supporting us when an issue arises, there are no steps in place to prevent burn out or make sure that there is adequate work-life balance.”

“Our leaders pay lip service to workplace mental health initiatives but don’t want to play any active role in promoting a mentally healthy workplace other than sending e-mails to employees telling them that they should eat well, exercise and get a good night’s sleep.”

On being unsupportive for workplace mental health…

“Our leaders pretend to support workplace mental health, but yet when it comes down to it, they do not stop behaviours from various levels of management that have an opposite effect. They are aware of many examples, including several people needing time off for mental health in one particular department, and yet they do nothing to rectify the situation.”

“Our leaders send intimidating letters, by certified mail, to the private residence of employees on leave threatening with “termination of employment”, literally.”

“Our leaders talk about mental health supports in the media. But realistically they do nothing. People are afraid of being “found out” when it comes to mental health issues since the general [message] is that you won’t last log in the org. if you reveal too much. It all comes down to money. They will not pay to support programs that contribute to employee wellness...at least not for something that would actually help.”
Organizational Effort to Address Workplace Mental Health

Respondents were asked to rate how well their organization is doing in their efforts to address workplace mental health.

Organizational Effort (n=372)

Respondent comments on organizations doing well or on the road to doing well

“Free appointments with a psychiatrist every Monday to discuss needs with clients or personal difficulties.”

“Mental illness is looked upon as a normal illness. Stigma is starting to lessen.”

“Managers and directors seem to be attending to the new initiatives quite enthusiastically.”

“We have provided workshops to all of our managers and supervisors around MH in the workplace, with a goal to reduce the stigma and help leadership to recognize signs and symptoms and ultimately have a conversation with employees in distress.”

“We are at the initial stages of planning to implement the national standard.”

“The staff in our organization are VERY supportive of one another and recognize the need for mental health care. Managers allow for “mental health days”... essentially using sick time to care for your mental health like you would your physical health. But we lack to funds, time, and energy to implement anything “official”.”

“There are no initiatives to address workplace mental health, nothing proactive. However, once a disability is proven, the employer is quite willing to accommodate the employee under the Duty to Accommodate. However, they have trouble thinking outside the box. Someone has to tell them what the accommodation needs to be, then they will usually initiate it.”

“In an indirect way as the leadership is generally supportive of staff and families.”
Respondent comments on lack of clarity in organizations

“The organization has said that they are implementing the psychological health and safety standard but there is no progress updates or clear actions that have been taken and communicated to indicate this.”

“I am sure it is addressed however not publically known.”

Respondent comments on organizations doing not well

“When I told my manager that I suffer from anxiety and depression and am under the care of a psychiatrist and needed a schedule that was 8 to 12 weeks out so that I could book appointments to manage my health they refused and even changed my schedule on a moment’s notice so that I worked every other day without two days off in a row not allowing me to manage self care and use my supports as my psychiatrist has taught me to do. My manager thinks mental health is weakness and must be punished.”

“Several people are on sick leave or have quit due to treatment in the workplace and lack of support.”

When serious issues at work are equated with the mental health problems of individuals, this sets up an ‘us versus them’ mentality that set the overall organization for failure in many areas of endeavour.

“The “we want to provide a workplace free of stress and give support [for] the positive mental health of all employees” statement is there, but they don’t really understand or are [not] willing to work with persons who suffer/have mental illness. They seem out of touch with what mental health includes; that it isn’t just stress reduction or depression.”

“I do not feel that mental health in the workplace is discussed as it should be. We do not have any support systems in place. We have limited benefits and many staff are unable to pay for therapists. We do not have an employee assistance program.”

“My organization is more concerned about mitigating risks than the well-being of its employees.”

“Our staff is completely burnt out and fed up with trying to get support.”

“It is an area that has been ignored for too long. As an advocate for mental health, I have been educating management at each opportunity. However, the entire workplace management & unionized employees require training, awareness and a plan of action.”

“I'm not aware of other employee's experiences. However, they were not fond of me taking stress leave. They were very aware of my personal situation. They said if I needed any more time than I requested (3 weeks) I should resign and reapply when I felt better.”

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2 These are but a few examples of comments related to organizations not doing well.
“Our organization fights to improve the mental health of many. However, oddly enough, we do not currently (at our location) do anything to address the mental health of our staff. We have very removed managers who do not communicate with us on a regular basis. We do not have staff meetings, we are not told of any tools we can use to better our workplace mental health. As such, a lot of resentment and unhappiness has started to build up. I strongly believe we could greatly benefit from being more involved with workplace mental health.”

“After four years of campaigning for our union to adopt or support or even look at Psychological Health & Safety in the Workplace, and to have Mental Health First Aid Canada training provided to job stewards, the union has responded as minimally possible, and sometimes taking steps in the backwards direction, i.e., counting the number of members who die by suicide and comparing with those who die by heart problems and concluding that death by suicide is insignificant or unimportant. Some positives, several union members have taken the initiative to take Mental Health First Aid.”

National Standard Implementation

Respondents were asked to indicate how far along their organization was in the implementation of the ‘National Standard of Canada for Psychological Health and Safety in the Workplace’. Percentages represent respondents who endorsed a given rating on implementation progress.

Other includes: no intention to implement the Standard; using elements of the Standard without formal implementation; and implemented at management level only.
Organizational Challenges to Addressing Workplace Mental Health

Respondents were asked to indicate challenges that their organization had related to addressing workplace mental health. Percentages represent respondents who endorsed a given challenge.

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of resources and capacity</td>
<td>57%</td>
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<tr>
<td>Lack of understanding of workplace MH</td>
<td>56%</td>
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<tr>
<td>Leaders do not walk the talk/role</td>
<td>52%</td>
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<tr>
<td>Lack of time commitment and governance</td>
<td>47%</td>
</tr>
<tr>
<td>Lack of trust among employees</td>
<td>47%</td>
</tr>
<tr>
<td>Difficulties sustaining leadership commitment</td>
<td>36%</td>
</tr>
<tr>
<td>Lack of senior leadership buy-in</td>
<td>36%</td>
</tr>
<tr>
<td>Lack of participation from employees/leaders</td>
<td>33%</td>
</tr>
<tr>
<td>Challenges sustaining employee engagement</td>
<td>33%</td>
</tr>
<tr>
<td>Challenges with initial employee engagement</td>
<td>29%</td>
</tr>
<tr>
<td>Lack of ownership from employees</td>
<td>26%</td>
</tr>
<tr>
<td>Seen as an unrealistic workplace focus</td>
<td>26%</td>
</tr>
<tr>
<td>Employee turnover</td>
<td>26%</td>
</tr>
<tr>
<td>Unable to fill the gaps or needs of employees</td>
<td>24%</td>
</tr>
<tr>
<td>Unable to manage employee expectations</td>
<td>21%</td>
</tr>
<tr>
<td>Lack of good business case</td>
<td>18%</td>
</tr>
<tr>
<td>Company restructuring</td>
<td>14%</td>
</tr>
<tr>
<td>Slow return on investment</td>
<td>12%</td>
</tr>
</tbody>
</table>

Number of respondents endorsing the challenge
Top Factors that Organizations Need to Address
Respondents were asked to indicate the top five factors that their organizations need to address in order to improve workplace mental health. Percentages represent the respondents who indicated the need for a given factor to be addressed.

Organizational Factors That Need to be Addressed
(n=332 respondents; 1,533 responses)

- Work overload/demands: 62%
- Challenges with work-life balance: 50%
- Lack of trust in leadership: 34%
- Lack of transparency/honesty: 33%
- Lack of support/tools: 32%
- Bullying and harassment: 28%
- Disrespect: 27%
- Lack of growth发展机遇: 26%
- Lack of accountability by management: 26%
- Limited pay and rewards: 23%
- Lack of involvement in decision-making: 23%
- Problems with performance review: 22%
- Unclear job expectations: 18%
- Conflict with co-workers: 16%
- Conflicts with management: 14%
- Lack of job security: 13%
- Lack of autonomy: 8%
- Incivility: 7%
Communication About Workplace Mental Health
Respondents were asked to indicate the ways in which their organization has engaged with employees around workplace mental health. Note that of the 324 respondents who answered this question, 36% (n=117) indicated that there had been no engagement.

'Other' includes: bringing in a speaker to talk about mental wellness; including workplace mental health in the policy manual; giving employees a certain number of mental health days; and having informal conversations (sometimes without management) about workplace mental health.
Collaboration with Unions and/or Labour Associations

Respondents, who worked in an organization where there is a union or labour association, were asked to indicate the degree to which they have collaborated with unions and/or labour associations around workplace mental health.

**Degree of Collaboration (n=234)**

<table>
<thead>
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<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>High level of collaboration</td>
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<tr>
<td>Moderate level of collaboration</td>
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<tr>
<td>Minimal level of collaboration</td>
<td>24%</td>
</tr>
<tr>
<td>No collaboration</td>
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External Supports for Addressing Workplace Mental Health

Respondents were asked to indicate which external supports that their organization accesses in order to assist in addressing workplace mental health. Employee assistance programs (90% of respondents indicated this as a support) were by far the most noted external support for workplace mental health among organizations that accessed external supports.

**External Support for Workplace Mental Health**

(n=228 individuals; 521 responses)

- Employee assistance program provider: 90%
- Health and benefits provider: 62%
- Community mental health/addictions: 49%
- Disability management provider: 24%
- Other: 4%
‘Other’ includes: mediation services, Mental Health Commission of Canada, Human Rights Commission, public health services, and consulting psychologist. Several respondents made comments about finding support for mental health on their own. This generally included such supports as private counselling, seeking support from a family physician, reading self-help books etc.

**Comments about the external support included:**

“The extended health benefits program was recently revamped. The amount of coverage for access to mental health services (e.g., psychologist) has increased very slightly, but these services generally remain inaccessible for many people due to inability to pay. EAP services are generally of poor quality -- they pay poorly. I recently spoke to an EAP service provider who gets paid $40/hr!!”

“If the topic arises, then the health benefits are talked about. There is an EAP but you wouldn’t know it - information about it is practically non-existent. I am guessing usage is extremely low - since it is fairly unknown and the provider bills back sessions to HR in the organization.”

“The company has benefits - they are not very good and not available to everyone; not available to me too. I use my common-law-spouse’s work benefits, which are decent.”

**Overall Assessment of Efforts to Address Workplace Mental Health**

Respondents were asked to reflect back on their surveys answers and indicate whether they thought their organization was taking steps to address workplace mental health. Among the 350 respondents who answered the question, 48% [n=168] indicated that their organization is taking steps. Those respondents who indicated that their organization has taken steps were asked to indicate what impacts they have seen as a result of organizational actions. Improved attitudes toward mental health was the most cited with 30% of respondents witnessing this impact followed by a reduction in stigma around mental health illness, witnessed by 28% of respondents. Full results are on the following page.

“Our organization recognizes the importance of addressing this issue in our workplace, removing the stigma surrounding mental health issues and providing the resources necessary for our staff to be safe and healthy. It is a long journey to implement the Standards and make cultural changes, but we are committed to doing just that.”

-Survey Respondent
Impacts of Addressing Workplace Mental Health
(n=229 individuals; 589 responses)

- Improved attitudes toward mental health: 30%
- Reduced stigma around mental health illness: 28%
- Improved employee morale: 27%
- Increased employee engagement: 21%
- Increased EAP utilization: 21%
- Increased rate of employee participation in wellness programs: 19%
- Improved levels of trust in the workplace: 18%
- Increased satisfaction with leadership: 16%
- Decreased rate of absenteeism: 14%
- Improved satisfaction with return to work/accommodation practices: 13%
- Increased productivity: 11%
- Improved employee retention: 11%
- Reduced conflicts/grievances: 8%
- Reduced employee turnover: 7%
- Decreased medical costs: 5%
- Decreased disability costs: 5%
- Decreased drug utilization: 3%

Number of respondents endorsing the impact
Differences in Perception

Staff versus Management

When survey results were examined comparing staff versus those respondents who identified as management, senior management and executive, results were quite different. Staff were more likely to report:

- Lack of organizational workplace goals
- Less emphasis on workplace mental health by leadership
- Poorer overall efforts by organizations to address workplace mental health

Although both groups rated the two biggest factors that needed to be addressed in organizations as work overload/demand and work-life balance, the third overall factor ‘lack of trust in leadership’ was ranked high by staff as a factor that needed to be addressed and relatively low by management, senior management and executive.

There were no striking differences when comparing length of time in which an employee had been at an organization.

Final Comments

Final comments were made by a wide range of respondents. It was clear from the comments that there is a perception of inadequate attention given to mental health in the workplace. This crosses many sectors, including several public services that provide mental health and physical health services as well as public safety services (i.e., policing, corrections). Comments reflected three broad areas.

- The need for more awareness of workplace mental health
- The need for more actions related to improving workplace mental health
- Examples of actions to improve workplace mental health.

More awareness needed

“There needs to be openness on mental health instead of ignorance.”

3 Although this finding is interesting it must be interpreted with caution as there is no way of knowing if there is representation from staff and management from the same organizations in the survey results. It could be that the individuals who identified as management, senior management and executive were from different organizations than those who identified as staff. The result is included as it may point to an important line of future inquiry to better understand if and how large the differences in perception are between staff and management with regards to organizational efforts to address mental health.
“This is a very important initiative that I wasn’t even aware was being implemented across Canada. I hope that workplace mental health resources become available. This needs to come from leadership and union to be implemented.”

“Did not know there were resources and standards available.”

“C’est encore un sujet tabou et le jugement est encore très présent.” (It’s still a taboo subject and judgement is still very present).

“The profile of workplace mental health keeps rising and it is a good thing. I am sure many organizations are paying attention to it. I think a downside is - there are so many options out there and it might be difficult to determine the best approach. This will likely improve over time.”

“This survey has opened my eyes to how lacking my organization is in educating front line staff about available resources. Being as I have a diagnosed mental illness that has prevented me from working a few times, I am confused as to why barely any of these tools are used.”

More Action Needed

“The organization says they are taking steps and they are trying but this needs to be communicated to staff and more overtly demonstrated.”

“It has been an exercise in futility, despite years of advocacy, both personally and professionally, to move the post in my organization. I have been an advocate of mental health and wellness for over 40 years. My only hope in my organization is for new leadership which will be able to tip the balance. Until then, I remain a ‘champion’ and outspoken advocate for both!”

“As I personally have taken the CMHA mental health first aid, I am very disappointed in my company and their attitudes towards its employees for any health issues. They expect more and unreasonable actions of the employee, to do the job safely, then they use the “insubordination” term when you stand up for your actions. I don’t understand how they think [this is not] an unsafe attitude towards employees.”

“For a workplace that is about providing mental health services, it is a mentally unhealthy workplace that treats employees like widgets and not people.”

“We have a long way to go on workplace mental health. Some of us at the senior and middle management levels recognize this is a problem. We need more commitment from our executive director who isn’t overly interested in this topic.”
“Many organizations are still operating in the "dark ages" -- in a culture where doing unpaid overtime is seen as "valiant" and being a "good employee." If you were to go to HR to complain about bullying or harassment, they are most likely to blame it on something you must be doing wrong to solicit it. Employees really have little autonomy, despite an outward structure and talk that is supposed to convey that they do. Things are created to look good on paper, but that's not really how they function. Especially without unions, there is no accountability. Further, an environment that encourages use of "positive" corporate lingo (e.g., we have "challenges" not problems) breeds mistrust among employees -- there is research to support this assertion -- but it goes unchecked nonetheless.”

“I personally find it offensive that my employer doesn't provide any assistance or support in relation to mental health. In fact, we've been notified that we could lose our position if we are not in good physical and psychological health. That makes myself and co-workers frustrated at the employer and management.”

“I believe the organization means well. Stigma is a continuing issue. There have been 'mandatory' presentations on bullying/harassment but after leaving the room and going about business, it's out there in insidious ways and no one really wants to take on a problem.”

Moving Ahead

“We are emphasizing the 13 factors in GM@W and the Standard as ways to prevent mental injury. Although important and part of our work, our focus is not on how to accommodate for mental illness in the workplace etc.”

“I have been an avid supporter of mental health in the workplace for a number of years. Sharing the importance and value with senior leaders has been challenging; however, we have been making small strides over the last few years. I feel more attention and support is still needed and would like to see conferences held locally or within Ontario so that we may access additional resources and learn more from the experts.”

“Having an understanding employer helps me, a person with lived experience of mental illness, contribute and earn through paid employment.”