WORKPLACE MENTAL HEALTH STRATEGIES IN A POST-PANDEMIC WORLD

A Search for Promising Practices

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Introduction

This report was prepared at the request of Mental Health Research Canada in partnership with the Mood Disorders Society of Canada. The goal was to find examples of best practices in post-pandemic workplace mental health from around the world that might be helpful to Canadian employers. Both academic and non-academic literatures were searched extensively. Though a number of guiding principles were identified, concrete examples of workplace initiatives were not found. Therefore, rather than reporting on international best practices, this report gives a brief, high level overview of the type of information currently available and recommends an approach gather best practice examples from Canadian employers.

Impact of the Pandemic on Mental Health

The pandemic has caused widespread psychological distress due to the health risks and impacts of the virus and due the consequences of physical isolation. Millions of people have faced economic turmoil having become unemployed or furloughed. Front-line health workers are one group that have shown high degrees of COVID related stress and burnout. Because of the sheer size of the problem, the vast majority of mental health needs have gone unaddressed. [1]

Several studies have examined the psychological effects of the pandemic on the general population showing increased psychological distress—all consistent with the survey results from Mental Health Research Canada. The first, and perhaps the largest study was done by Wang and colleagues [2]. They conducted a nation-wide survey in China to determine the psychological effects of the lock-down and quarantine. A total

of 56,679 participants from 34 provinces replied to the survey invitation from the online crowd-sourcing platform. Respondents who had experienced quarantine measures reported higher symptoms of depression, anxiety, insomnia, and acute stress. More than a third of those quarantined (34%) reported symptoms compared to 27% of those who were not quarantined. Some of the groups that experienced increased psychological symptoms were those less financially well off, those with a history of mental disorders or chronic physical diseases, those having suspected or infected relatives or friends, those who worried about being infected, and those who were in Wuhan. These findings suggest that quarantine measures may disproportionately affect the most vulnerable groups in the population and increase health inequalities within populations. The authors recommended clear communications with regular updates and access to online psychological supports, counselling services, hotlines, and other remotely delivered interventions to help alleviate the mental health burden among workers.

In a 28-country survey conducted by Ipsos, 56% of respondents indicated that their anxiety around job security had increased to some or a large extent. This ranged from a low of 24% in the Netherlands to a high of 74% in Malaysia. Almost half (45%) reported that they had experienced stress due to increased family pressures (ranging from 18% in the Netherlands to 64% in South Africa). Canada was the 7th lowest country with 47% of the sample reporting anxiety. More than half of the people surveyed (52%) indicated that they worked from home at some time during the pandemic; 32% reduced the number of hours they worked; 32% increased the number of hours worked; 30% took a leave of absence from work; and 15% left their job altogether. Low income workers and those under the age of 35 were especially disrupted with respect to reduced work hours and leaving their jobs. [3]

The Netherlands showed the best results in the Ipsos survey, perhaps because they were world leaders in remote work before the pandemic, allowing workplaces to pivot quickly and seamlessly. For example, employers typically give workers the option to work from home (whenever the work allows). The physical infrastructure needed to promote remote work is also well developed in the Netherlands. There is also a culture of trust for remote work—something that is lacking in many other countries. [4] Under the Dutch Working Conditions Act and the Dutch Civil Code employers are responsible for providing all employees, including those working remotely, with a healthy safe working environment. This includes providing employees with an ergonomic desk, chair, and computer equipment. During the pandemic, the government offered aid packages to employers to protect worker's job security and their salaries. [5]

By comparison, Japanese workers have not embraced working from home despite the Prime Minister urging them to do so. Since the start of the pandemic 20% of Japanese work from home—up only 10% from before the pandemic. In-person work is part of Japanese work cultures that are based on rigid protocols, personal interactions, constant on-the-job training, and group communications. Most companies lack the hardware, software, personnel, and organizational structure to allow remote-working. A third of the population do not have home computers and this has been dropping steadily.   In addition, there has been slow uptake of tools such as virtual private networks. [6]   These country differences reflect a combination of factors including cultural differences, differences in work cultures, differences in industry makeup, and different priorities of policy makers and employers.

Promoting Employee Mental Health

In many parts of the world, there has been a growing demand to address stress, mental health, and mental illness in the workplace, made more pressing by the pandemic. For the global economy, lost productivity due to poor mental health of employees may be more than $1 trillion per year. The COVID pandemic has accelerated the need for employers to implement strategies to create a mentally healthy workplace for employees, many of whom are worried about their return to work. Following the pandemic, companies are reassessing their working arrangements and ways of supporting workers who are returning to work. [7]

As businesses are reopening, many are looking to China to see what work life might be like in a post-pandemic world. Currently, 99% of Chinese workers spend at least 1 day in the office every week, and 2/3 spend the majority of their working time in the office. After working from home, though, a third of workers describe their workplaces as overcrowded and distracting. Nine in ten office workers continue to work with a hybrid model of remote and on-site work. Companies in other countries such as US, UK, France, and Australia are also considering the hybrid model as an ideal approach. [8]

In a McKinsey & Company global management firm survey, one third of respondents indicated that their return to work had a negative impact on their mental health. [9] Half of those who had yet to return anticipated negative mental health impacts due in a large part to concern over safety, worries about adequate protection from catching COVID, and scheduling flexibility. Employees considered that COVID safety and flexible working arrangements could relieve workplace stress. Safety

considerations included improved air filtration (62%), additional time off (62%), autonomy in determining where and when work gets done (60%), and hybrid work arrangements (57%). Communicating return-to-work policies clearly and early in the process were recommended to alleviate anticipatory stress and allow employees time to reorganize their lives. Planning for employees' mental health was also identified as an important part of the return-to-work strategy, though no specifics were provided. Their recommendations to employers were to:

1. Recognize that employees will experience their return to work differently; some positively and some negatively;
2. Employ health and safety practices such as improved air filtration, closing certain spaces to promote social distancing, and providing easy access to COVID testing;
3. Support flexible work schedules, hybrid, and remote working strategies and;
4. Address stigma by replacing negative attitudes and discriminatory policies with ones that will improve employees' well-being.

In a survey of 350 employees in Wuhan, China [10] a key aspect of a smooth return to work was the extent to which managers proactively promoted and enforced workplace health and safety rules. When rules were not consistently followed, employees became more concerned about their safety, increasing their stress levels and reducing their work engagement and productivity. Material commitment to health and safety protocols included making sure everyone understood what they were; ensuring that their teams were able to follow the rules (e.g., making personal protective equipment and sanitizers available), and going beyond public safety rules,

such as enforcing mask-wearing even if not required. It was also important that managers were seen to be consistent in following workplace protocols themselves.

Recognizing the growing demand for workplace supports caused by COVID, drought, and bushfires, the Government of New South Wales released an updated workplace strategy with four streams of activity: [11]

1. Awareness raising, including regional education, media campaigns and communications, a website, and an ambassador program using business leaders to raise awareness;

2. Evidence-informed interventions such as mental health at work training, recovery supports for people returning to work, and peer support;

3. Building employer confidence and capability including direct practical coaching, regulatory services, healthy workplaces check, and increased community engagement for at-risk workers; and

4. Research, including data guidelines, applied and action research, and an integrated physically and mentally healthy workplaces model.

The refreshed strategy incorporated feedback from business leaders, employees, and workplace experts. A review of the original plan showed that small, regional, and remote businesses needed greater supports. To address these needs, a new direct practical coaching service was identified as important to provide micro, small, and medium businesses tailored advice to resolve workplace mental health issues and provide them with support to implement mentally healthy workplaces. Industries at higher risk of poor mental health outcomes also were identified as important targets for additional supports. An important innovation was the development and validation of a workplace benchmarking tool that could be used by

employers to assess their progress toward health and safety goals and compare their progress to other organizations. The 42-item tool for employers included items pertaining to mental health, but the main focus was on physical health and safety.   A 24-item tool targeting workers contains more information on mental health.

Because employees don't always recognize their own psychological distress, particularly when it isn't completely disrupting their lives, or don't come forward when they do, some argue that it is important to embed preventative strategies into workplace cultures.   The pandemic has offered an important impetus for employers to implement preventive practices. Although the specifics of these practices will differ depending on the nature of the workplace and the country, one approach that can reach all employees in a positive way is to emphasize the importance of thriving. This would allow leaders to open a dialogue with all employees (rather than targeting those with psychological distress) concerning what supports they need to be resilient and thrive. Then they will then have to invest in and deliver that help. [12]

Staglin recommends that preventative mental health care must go beyond a set of strategies or interventions. It must be considered as a vital part of the overall organizational strategy, which includes a holistic approach to workforce well-being—emotional, physical, social, and financial. By investing in preventative mental health care, leaders are sending the message that they understand the various personal and social challenges that can impact work performance.

Outside of public health protocols and flexible work arrangements (both of which seem to reduce worker stress) there are many recommendations in the world literature but no concrete examples of activities to promote mentally health workplaces

in the post-pandemic world. Most documents suggest this is because the evolution of the pandemic has been so variable across industries, regions, and nations. However, considering the extent to which the work lives of employees has been disrupted, this stands out as a significant gap.

A way to begin to fill this gap was illustrated by Australia's National Health Commission and Mentally Healthy Workplace Alliance who, in 2013, released an Open Call for Good Practice. [13] Workplaces from across Australia were invited to share the practices and strategies they used to support good mental health and well-being. Thirty-six submissions were eligible for analysis representing small, medium, large, and very large organizations across most industry sectors. The most popular mental health interventions were workplace training (24%), access to an Employee Assistance Program and people who had been trained in Mental Health First Aid (14%), enhancing access to other resources (13%), and general health and wellbeing programs (13%). Nine out of 10 submissions did not have mental health initiatives that aided those with established mental health programs return to work.

Recommendation

Conducting an Open Call for Good Practice was a useful strategy to identify 'real world' examples of workplace mental health initiatives in Australia. Therefore, this strategy is recommended as a way to identify promising and best practices in post-pandemic workplace mental health in Canada.

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