



Mood Disorders Society of Canada  
Société pour les troubles de l'humeur du Canada

# WORKPLACE MENTAL HEALTH



**How Employers Can Create  
Mentally Healthy Workplaces  
and Support Employees in  
Their Recovery from Mental Illness**



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Mood Disorders Society of Canada is pleased to present the latest publication in our popular public education series.

*Mental Health in the Workplace* is based on the results of a survey of Canadian employees and employers talking about their perceptions of mental illness, either as experienced themselves, or as observed in their co-workers. The survey also spoke to managers who reported that they often did not know that one of their employees was struggling with a mental illness and, even if they knew, were unsure what to do to help.

We know that one in five Canadians will have a mental illness or issue each year. We also know that unaddressed mental illness in the workplace cost Canadian businesses more than \$20 billion in lost productivity (from absenteeism, presenteeism and turnover) in 2011.

This handbook will help employers and employees create and sustain a mentally healthy workplace. It is also a guide to employers for the development of programs that will support employees who are experiencing mental illness – so that they can get well and return to full productivity.

*Mental Health in the Workplace* follows on the introduction of the *National Standard for Psychological Health and Safety* by the Mental Health Commission of Canada. The Standard is the first of its kind in the world. This handbook offers employers a step-by-step approach to adopting the Standard. By summarizing both the Standard and an *Action Guide*, published earlier by the Mental Health Commission of Canada, Mood Disorders Society of Canada has created for employers an accessible resource for making positive changes in their workplaces – changes that will benefit employees and protect their company's bottom-line.

This important resource could not have been developed, printed and distributed without unconditional educational grants from Lundbeck Canada and Eli Lilly Canada. We thank them for their support.

Thanks are also due to Dr. Barbara Everett for assisting in the researching and writing of this handbook and to members of our advisory panel along with all those who have contributed their time and effort to this project.

*Mental Health in the Workplace* will encourage discussion and dialogue in your place of employment. Mental illness affects all Canadians. The overarching message that Mood Disorders Society of Canada wants to convey in all its work is that recovery from mental illness is possible.

Phil Upshall  
National Executive Director  
Mood Disorders Society of Canada

Additional hardcopies of this handbook or any other of our other publications can be ordered by going to our website at [www.mdsc.ca](http://www.mdsc.ca) and sending us an email request by clicking on “contact us.”



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*Mental illness in Canada costs an estimated  
\$51 billion per year and of that, \$20 billion is  
attributed to lost productivity in the workplace.<sup>1</sup>*

# Introduction

A mentally healthy workplace supports everyone – the employer, the company's bottom line, employees' wellbeing and everyone's job satisfaction.

## Your One-Stop Destination

The goal of the Mood Disorders Society of Canada and its funders was to produce a readable handbook on workplace mental health for employers where the information provided is accessible, practical and grounded in real life – and to offer solutions that you can see working in your company – whether large or small.

It's your one-stop destination for how to create and sustain a mentally healthy workplace – and what to do when mental illness strikes members of your workforce.

## The Survey

This handbook is based on findings from a recent survey (2014)<sup>2</sup> where employees and managers were asked about mental illness in the workplace along with their attitudes towards those who have had to struggle with, especially, depression. The survey also asked managers if they felt prepared to help employees who have a mental health problem.

### Themes From The Survey

Sections of the handbook are illustrated with the themes that arose from the survey findings and each is accompanied by its own first person story. These accounts<sup>3</sup> bring to life the personal experience of mental illness and put a human face on the struggle.

The themes are as follows:

- I'm afraid to go for help
- I'm afraid to tell
- No matter how hard I try, I can't hide the fact that I'm not well
- I just keep on working
- When I just can't go on anymore
- Co-workers may be more understanding than I think
- Depression is serious
- I don't even know if members of my staff are experiencing a mental illness and if they were, I wouldn't know what to do.







# Introduction

## Focus on depression and anxiety

Employees can experience stress and, when it is sufficiently high, it can affect their performance. However, the focus of this handbook is not on stress but on mental illness, specifically depression and anxiety. These are the most common disorders – in the Canadian population and therefore in the Canadian workforce.

## Focus on the employer (but also helpful for employees)

Basing the handbook on the findings of the survey places the spotlight on the human side of depression and anxiety in the workplace. The experience of mental illness is, after all, about employees and their struggle. However, the main focus of the handbook is what employers can do – to create mentally health workplaces and to support their employees when ill - but also to attend to their bottom-line. Unaddressed mental illness in the workplace costs everyone.

## Chapter 1

In Chapter 1, the handbook looks at the personal cost of unaddressed mental illness in the workplace, utilizing many of the themes that arose from the survey.

## Chapter 2

In Chapter 2, issues of presenteeism and absenteeism are discussed along with their impacts.

## Chapter 3

In Chapter 3, the handbook summarizes, in accessible language, the main points of the National Standard for Psychological Health and Safety.

The National Standard was published in 2013. Compliance is voluntary as it does not carry the weight of legislation like Occupational Health and Safety Acts. It has, however, served as a focus for dialogue, discussion and for organizational action. It challenges companies to purposefully look at the mental health of their workforce as an asset to be guarded and maintained.

Chapters 1,2 and 3 end with a summary of important points for readers’ convenience.

## Chapter 4

In Chapter 4, an Action Guide, originally published by the Mental Health Commission of Canada is reviewed. The Guide’s presentation here is to help readers see how the Standard can be implemented in a practical step-by-step manner. This chapter ends with an implementation checklist.



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## Chapter 5

The handbook concludes with a chapter on what small organizations can do to create mentally healthy workplaces and what to do to support their employees who may be having a mental health problem. Small businesses do not have the infrastructure assumed by the Standard and the Action Guide and therefore need to approach organizational change somewhat differently.

This chapter ends with a summary list of six things small businesses can do.

## Appendix 1 : Summary of survey findings

This Appendix summarizes all findings from the survey, along with the themes that emerged.

## Appendix 2 : Summary of resources

Each chapter ends with additional online and free resources for readers. This Appendix summarizes all resources referenced throughout the handbook, in one location for convenience.

*Note:* There are many additional resources that have fees attached to them and employers may find them helpful. Here, we have concentrated those that are available at no cost.

## References

1. The Mental Health Commission of Canada.  
Available at: <http://www.mentalhealthcommission.ca/English/issues/workplace?routetoken=b781034ae235564ceb81c64c55e65ba2&terminal=30>
2. An international study was commissioned by H. Lundbeck A/S (a global pharmaceutical company) with the intention of better understanding employee and employer perceptions regarding mental health in the workplace on a country-by-country basis. Thus far, the study has been completed in Mexico, South Africa, Australia, Canada and South Korea. It will be conducted in several more countries and will eventually result in a paper reporting comparative results. The study is carried out in each country in partnership with a patient group. In Canada, Lundbeck worked with the Mood Disorders Society of Canada (MDSC). MDSC has acted on the results of the survey by developing this educational handbook.
3. While the stories presented are fictionalized accounts, they are true in content and tone to people’s experience as told in many first person publications and documents.







*At any one time,  
from 4 - 5 % of Canadians  
are diagnosed as depressed.<sup>4</sup>*

# Chapter 1

## ***The Human Cost of Unaddressed Mental Illness in Your Workplace***

### **Introduction**

Employers, quite rightly, focus on the economic costs of untreated mental illness in the workplace. However, there are also human costs. So, in addition to bottom-line considerations, guarding the mental health of the Canadian workforce is not only good business, it constitutes the fulfilment of a social responsibility.

Given the incidence levels in the Canadian population, employers will inevitably encounter depression and anxiety in their workforce.

### **Depression**

At any one time, 4 - 5 % of Canadians are diagnosed as depressed.<sup>4,5</sup> People experiencing depression sleep a lot, or too little. They may have rapid weight gain or weight loss. They can feel agitated or sluggish. They feel sad, angry and stuck – unable to act. They also may have unexplained aches and pains. They can feel numb and experience a loss of interest in life. Suicidal thoughts may take over. Some act on these thoughts. In addition, many have what are called cognitive symptoms because they affect thinking. They may have trouble concentrating and making decisions. Their ability to problem-solve can be impaired and they may not be able to sequence the steps to completing a task.

### **Anxiety**

Anxiety is the most common mental health problem in Canada with 9% of men and 16% of women experiencing it at any given time.<sup>6</sup> An anxiety disorder is suspected when a person becomes distressed in a manner which is all out of proportion to an event or situation – or is generally highly anxious without a specific cause. Anxiety disorders can be accompanied by depression and vice versa. There are several types of anxiety disorders:<sup>7</sup>

**Panic Attacks:** Events where people experience sudden chest pains, heart palpitations and, possibly, shortness of breath so severe that they think they might be dying. These attacks can be tied to specific situations or come completely out of the blue.

**Phobias:** These are irrational fears in response to known stimuli. Social phobias occur when people fear public situations and social events. There is agoraphobia where people isolate at home and are frightened of going outside. Then there are phobias related to specific cues such as spiders, snakes, heights or the fear of flying.

### ***I'm Afraid To Go For Help***

**Michael:** I'm screwing up. They say it's the blues – whoever "they" are. If that's true, I'm bluer than blue. Yesterday, I had my big presentation and I muddled through but muddling isn't good enough. I try to hide how I'm feeling but people are getting annoyed with me and my performance is slipping. I can see that. In the back of my mind, I am beginning to think something serious might be wrong. The other day, I saw a pamphlet at the doctor's office with the standard picture of someone with their head in their hands on the front. You know, THAT picture which they always put on a booklet when it's all about bad news. This one was about depression. I read it anyway. According to it, I have depression. But that's not me. It can't be me. What will people think? They'll think I'm weak, that's what they'll think. They'll think I'm not up to doing my job. Well, that won't happen. I'll work harder and do better because no one is going to label me mentally ill.

### ***Survey Results:***

Fully 79% of those who reported experiencing depression themselves had never seen a physician to be diagnosed.



***I'm Afraid To Tell***

**Danielle:** I've lost my sister. Marie was this funny, spirited person and now she's not. She's cranky and snaps at everyone. She sleeps most weekends. That can't be right. How she manages to get up and go to work, I couldn't say. I'm guessing depression – but what do I know? I'm not trained. So I poked my nose in and got it bitten off – but she's my sister so I persisted anyway. I said, "You need help. Can't you see that? Your work has a program – you told me your friend used it when she was having trouble with her teenager. They can help you with this." The more I talked, the more agitated she became. She said, "Don't you understand? My friend had 'family things.' Everyone has those. So it was OK. I'm falling apart and they can't find out. They'll hate me. They'll think I'm a looney tune. I need this job. I can't risk it. I'll make it through. I have to." Well, she didn't make it through. She crashed and burned at work and she was right. She lost her job.

**Susan:** What happened? Marie was so good with the customers. A real delight to work with. Then she became so crabby and withdrawn – a totally different person. We tried. I said, "Look, you have to stay calm – these people are our business." I know others tried to take her aside – give her a pep talk. But nothing worked and it got worse. Then, one day, she just blew up and called the customer every name in the book – I admit he was not an easy guy – but you can't lose it like that. I saw her sister downtown the other day. She told me it was depression. I wished we'd have known. She could have told me. I have depression in my family – it didn't look quite like this but everyone's different. Maybe I could have helped. But what's done is done.

***Survey Results:***

70% of respondents considered depression to be a private issue and would not let on about their illness to their employer.

Of those, 39% felt their employer would not understand and 32% felt that to reveal their depression would put their job at risk.

**Post-Traumatic Stress Disorder:** PTSD arises when people are exposed to life threatening situations such as, for example, bank robberies, kidnapping, war and other highly frightening events. People who have experienced childhood sexual and/or physical abuse can also suffer from PTSD. Symptoms include flashbacks, angry outbursts, substance abuse, nightmares, depression and suicidal thoughts or actions.

**Obsessive Compulsive Disorder:** OCD is characterized by repetitive actions or worries. People might fear something bad will happen to them if they do not wash their hands over and over again. Or they may engage in repetitive actions such as checking multiple times to see that they've locked the door or turned off the stove. Some may have certain rituals such as counting to a certain number before they can act or organizing their workspace in a very specific way.

**Generalized Anxiety Disorder:** This is the experience of long term anxiety not tied to a specific event or situation. People may feel nauseous, have headaches, experience muscle tension - except these symptoms go on and on, possibly for years. Not surprising, they are also susceptible to developing physical illnesses as an ongoing state of anxiety affects the entire body in a negative way.

**Why Don't Employees Go For Help?**

It's not that easy to study why people don't get treatment for depression or other mental illnesses because they don't show up in physicians' offices. However, there is speculation and certainly, people who've experienced mental illness report some of their points of resistance: <sup>8</sup>

*"I thought that if I just waited, I'd snap out of it."*

Depression is not the blues. People don't snap out of it. They need help.

*"I don't want to have to take pills."*

People seem to understand that that they need to take medication for high cholesterol or arthritis, or diabetes – to name only a few physical illnesses, but they have a distrust of medications to help with their mental state. They also fear that medication is a crutch and a sign of weakness. Strong people don't have to take pills, they think.

*"I didn't know I was depressed."*

While this may seem like an odd statement, it's accurate for two reasons:

**First**, many people with depression experience an ongoing low mood and a lack of joy in life but they are still able to function. This is called dysthymia which is a long term, low grade form of depression. When, or if, they finally seek help, the most frequent comment is, "I thought everyone felt this way. I thought it was normal."

**Second**, many people have a number of physical ailments or diffuse pain and see the doctor for those. Yet, oddly, no firm diagnosis is made and no particular treatment seems to help. In fact, one of the indicators for a diagnosis of depression is the number and variety of physical complaints that a person has. This is not to say that everyone with many physical illnesses is depressed but it is one indicator that depression may be the true problem.

***Lack of publicly funded mental health services***

While it is true that people may resist going for help, there is another barrier to their getting the treatment they need when they are ready. There are a limited number of publicly funded mental health services and wait lists to see a psychiatrist can be long.

Economic analyses of health spending in Canada have shown that about 7.2% of the overall health budget goes towards mental health services. To put that in perspective, we spend less on mental illness than most developed countries. <sup>9</sup>





### **No Matter How Hard I Try, I Can't Hide The Fact That I'm Not Well**

**Jean:** One foot in front of the other. I had two hours until end of shift. The patient in 2B was a doozie – loud, demanding and impossible to please. I had tried to avoid her but it was my job to do the rounds with the afternoon meds. I wanted to throw the tray against the wall but wanting and doing are two different things. I caught Suzie watching me. She'd been doing that for a few weeks now and I didn't like the look on her face – sort of concerned/worried. I waved and she looked away. My shoulders ached and my back felt broken. Too many years on my feet – speaking of which, they felt like they were on fire. I just wanted to find a quiet spot and cry – but I knew if I started, I wouldn't stop. I gave the old battle axe her meds and I was 10 more minutes closer to end of shift. Another ten and then another ten – and then all hell broke loose. Suzie came running out of 2B and grabbed me and took me into the nursing station. She hissed, "Jean, you gave her the wrong meds! I just caught it in time. That's it. I have to call this in to the supervisor. You are messing up and you're going to kill somebody if you don't get a handle on things."

**Pamela:** I saw Jean in my office. She was shaking and crying. I told her that her performance had been off for weeks now – late, calling in sick at the last minute, forgetful, not completing her notes on time. And now this. "What is wrong with you? You used to be one of the best."

"It's a little stressed at home, that's all."

"I'm going to send you to HR. We've got programs to help, you know."

"No, I'm fine. Really. I'll do better. Thanks for, well, thanks."

"Jean. You don't get it. You need assistance. Think of what happened."

Jean left and went directly to an internal phone to call the union.

### **Survey Results:**

When asked how depression affected their workplace, respondents said that a person experiencing depression would be less productive (65%) and would likely have to take extended sick leave (49%).

They also said that having a depressed co-worker would affect the mood of all employees (42%), cost the company money (33%) and would make other employees uncomfortable (30%).

## **Stigma**

Despite progress, there is a remaining stigma attached to mental illness – and to the people who experience it.

### **The Effects Of Stigma**

Our society is not kind to people with mental illness and has no problem showing it in hurtful ways. There are multiple stereotypes and none of them are good. In a Mental Health Commission of Canada survey, 46% of respondents believed that mental illness was just an excuse for bad behaviour.<sup>10</sup>

Then there is the name calling, the portrayals on TV and in movies, all accompanied by potential real life discrimination. People are not wrong to ask themselves the questions, "if I tell, what repercussions will I face? Will I not be considered for that promotion, will my colleagues look at me differently?" Without strong workplace psychological health and safety policies and procedures, their fears may be born out.

Employees can also believe these societal stereotypes about mental illness and blame themselves for being ill. They ask, "Why am I so weak? Everyone else seems to handle themselves fine – but me." They can also begin to believe that they are fundamentally unworthy and that their only recourse is to hide their symptoms, even from health care professionals who are there to help.

Stigma also has a broader societal effect that can be seen in the lack of funding for mental health services and for research. It has been hard for advocates to persuade governments that they need to fund services in line with the well-quantified need.

## **Why "Toughing It Out" Doesn't Work**

It is relatively recent that employers have become aware of the costs to their businesses of untreated depression and anxiety in their workforces, but people have been dealing with the human cost for much, much longer.

There are real and really negative consequences when depression and anxiety go untreated.

### **Family and friends**

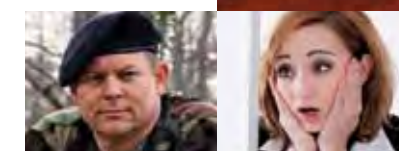
The primary cost, likely realized in retrospect for those who finally go for help, is the effect on family and friends. People with depression are withdrawn and disinterested. They may be angry. They are disengaged. These symptoms are accompanied by behaviours such as sleeping a lot, having no patience, staying home from family events and not being present for special occasions. Depressed people are not there for their spouses or children – and this absence is a heavy weight on those relationships – to the point, sometimes, of irreparable damage.

### **Effect on career**

The fact that you are under-performing at work will not go unnoticed. Without your manager knowing that you are struggling with depression or anxiety, he or she will be left to draw their own conclusions – which are highly likely to be detrimental to your career aspirations. If you manage to struggle onwards, you can risk demotion or even firing – ironically, the very thing people fear most if they were to reveal their mental illness to their employer.

### **Effect on physical health**

Not getting help for your depression or anxiety disorder can heighten your chances of developing serious physical problems. People with depression are more likely to have heart problems, strokes and other illnesses. Your mind and your body ARE connected and a depressed or anxious mind places a strain on your physical self that you may not be able to bear.







### *The negative effects of attempts to self-medicate*

People can also turn to drugs or alcohol, or both, to help with the mental pain they are suffering. While it may look more desirable than taking psychiatric medication, you are in fact, medicating yourself. Your drug of choice, however, can come with a serious price such as a drunk driving charge or entanglement with the law over the possession of illegal substances. And heavy alcohol use is known to trigger a relapse in your depression or deepen your symptoms.

### *Depression and anxiety get worse with delay*

Waiting to go for help can mean that when you finally can stand it no longer and see a doctor, your depression or anxiety disorder is much worse than it would have been had you gone sooner.

### *Suicide*

It's painful to talk about it but there is no question that people with especially depression are vulnerable to thoughts of killing themselves and some act on those thoughts, creating the ultimate cost to themselves, those who are left behind and to society.

## **The Good News**

Research shows that from 70 – 80 percent of people who go for help improve.<sup>11</sup>

The first step in your journey to wellness is **Go For Help, Now.**

Your family doctor is likely the best place to start. Treatment cannot begin before you and your physician agree upon what's wrong, in other words, settle on a diagnosis.

If you are experiencing a mild form of depression or anxiety, your physician may suggest some lifestyle changes or perhaps interpersonal therapy first.

Severe depression or anxiety requires medication as a primary part of treatment. In that case, the next step after diagnosis will be selecting a medication to try.

## **Medication**

There are a wide variety of medications for depression and anxiety. Some work for some people and some don't seem to help. Finding the right one can be frustrating, especially since, for depression especially, they can take a week or two or more to show results. This process of trial and error is hard but necessary for some people. Others find a medication that works for them on the first try. It's simply not predictable. Your physician can tell you all about what to expect from his or her selection for you and what side effects you may experience. And of course, go online and find reputable resources to inform you.

## **Other Components In Your Journey To Wellness**

### *A good night's sleep*

Almost all people who are experiencing depression or anxiety have trouble with sleep. Your physician may prescribe some sleep medication in the short term but long term use is not advised. Re-establishing a healthy sleep/wake pattern will take time but it is crucial for people who are recovering from depression and anxiety.

### *Cognitive behavioural therapy*

Cognitive behavioural therapy (CBT) is another component to treatment and it has the endorsement of research. This is a type of therapy that teaches you how your thoughts can affect your mood and your behaviours and vice versa. In other words, constant negative "self-talk" (your thoughts), can bring your mood even lower and that low mood is expressed in your behaviours. In the inverse, poor decisions, hurtful behaviours or angry outbursts can affect your thoughts. You are embarrassed, ashamed and blame yourself, which then affects your mood. Awareness of the interconnectedness of thoughts, mood and behaviour presents opportunities for change. While CBT has been proven to be effective, unfortunately it is not widely available through Canada's public health care system and is expensive if accessed privately. However, there are many versions of self-study manuals.<sup>12</sup>





### Psychoeducation

Psychoeducation is a professional term that simply means educate yourself. No one should be more interested in your journey to wellness than you and that means reading all you can find, studying professional articles (if you are so inclined), and, of course, going online.

### Self-help and peer support

If there is a support group in your area, you may wish to join because there is no substitute for being among people who are going through the same things as you are. Members exchange experiences, personal knowledge, lessons learned, tips, stories and, above all, provide support.

More and more, the public mental health system is funding peer support. These are people who have experienced a mental illness and work in mental health services providing help and care – from the perspective of “having been there.”

### Wellness Plan To Prevent Relapse

Your journey to recovery is hard-won and it may be one more burden to realize that your recovery may not last if you do not actively work to maintain it. However, for people recovering from depression or anxiety, maintaining wellness is important.

- Healthy sleep/wake patterns.
- Proper diet, nutrition and exercise.
- Examine your work/life balance and make whatever adjustments are needed to maintain your health.
- Look at health as multi-dimensional; physical, mental (brain), emotional and spiritual. All aspects are important.
- A sense of belonging and community – at work and outside of work.
- Know your early signs of relapse which will be unique to you. Take action as soon as you feel yourself slipping. Enlist friends and family so they can support you in watching for any sign of the re-emergence of symptoms. Sometimes they will be able to see things you can't.

### Special Note: It may not be the employee who is the primary sufferer

Another wrinkle to responding effectively to mental illness is that your employees may, themselves, not be the ones who are ill, but a family member or friend could be. Mental illness in the family or in a close relationship produces high levels of stress that can affect an employee's performance and understandably so. Stigma can extend to a fear of revealing the source of the distress. All the barriers that make employees reluctant to go for help may well be the same for family members. There is no question that such a difficult problem and the pressure that results will leave the employee stressed, anxious and vulnerable to developing a mental or physical illness themselves.



### Conclusion

Leaving employees on their own to deal with mental illness doesn't make good business sense but when the human side of this unaddressed suffering is emphasized, employers can see that supporting employees in regaining their health is just the right thing to do. In addition, in the context of a lack of public funding for mental health services in Canada, employers' health and benefits plans are an important component in helping employees recover and get back to work. Employees have their own responsibility – **Go For Help, Now.**

### Additional Resources

#### What is Depression brochure.

Available for free on the *Mood Disorders Society of Canada* website <http://www.mooddorderscanada.ca/>

This informative brochure, available in English and French, outlines the symptoms of depression, the effective treatments and medications, what the path to recovery looks like and how to achieve wellness and a balanced life.

It is accompanied by a companion brochure, **What is Bipolar Disorder** that covers similar topics, also available in English and French. Available at: <http://www.mooddorderscanada.ca/>

#### What Better Feels Like: Answers from people who've experienced depression.

Available at: <http://www.mooddorderscanada.ca/page/what-better-feels-like>

This resource is based on interviews with 10 people who have experienced depression. They answer questions such as; What is depression like? What are the signs of getting better? What helped and what didn't? What does better feel like? It is accompanied by a series of videos so you can meet the narrators in person.

#### Antidepressant skills at work: Dealing with mood problems in the workplace.

Available at: <http://comh.ca/antidepressant-skills/work/workbook/index.cfm>

This practical guide is accompanied by worksheets. It takes readers through the skills of effective problem solving, realistic thinking, how to reactivate their lives after depression and how to prevent relapse. It also addresses hard topics like whether or not you should tell co-workers about your depression and if it is time to take a leave from work. It is accompanied by a free workbook available at: <http://www.comh.ca/antidepressant-skills/adult/>

#### Great West Life Workplace Strategies for Mental Health videos

Available at: <http://www.workplacestrategiesformentalhealth.com/wti/HomeCaptionsTruePage.aspx>

This set of videos has real people talking about real experiences of depression in the workplace. It helps employees feel that they are not alone. It covers topics like who can help me at work, should I tell, how can I start to feel better, what to do about returning to work and many more straightforward and useful subjects – from the perspective of people who've “been there.”

#### What better feels like: A guide to maintaining wellness.

Available at: <http://www.mooddorderscanada.ca/page/what-better-feels-like>

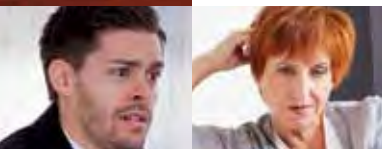
This booklet is a companion to the “What better feels like” pamphlet. People who've experienced depression share their wellness plans and make the case that their health is their responsibility. They say they owe it to themselves but also to the people who love them.





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## Summary Of Important Points In This Chapter

- 4 – 5% of Canadians experience depression at any given time.
- The most common mental illness in Canada is anxiety disorder with 9% of men and 16% of women experiencing it.
- Employees resist going for help because:

- They think that if they wait, they'll snap out of it.
- They think that they're weak if they need psychiatric medication.
- They didn't know they were depressed.
- Lack of publicly funded mental health services to turn to.

79% of survey respondents experiencing depression said that they had never seen a physician to be diagnosed.

- Stigma still exists.
  - In a recent Mental Health Commission of Canada survey, 46% of respondents felt that mental illness was an excuse for bad behaviour.
  - People with mental illness can, themselves, believe society's negative stereotypes.

- Delayed diagnosis and treatment can result in long term effects on:
  - Relationships with family and friends
  - Career prospects
  - Physical health

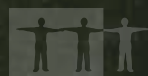
Other results can be:

- Substance abuse problems as people try to self-medicate
- The mental illness getting worse
- In worst case scenarios, suicide

- There is help.
  - Medication
  - Help with improving sleep
  - Cognitive behavioural therapy (well researched but not widely available)
  - Self-help and peer support
  - Developing your own wellness plan







*With undeclared and  
unaddressed mental illness,  
things get more complicated.*

## Chapter 2

### **Presenteeism Versus Absenteeism**

#### **Introduction**

Businesses manage numerous sources of costs that affect the bottom line. Absenteeism is one such cost. However, so is presenteeism.

#### **Presenteeism Defined**

Presenteeism has been a term utilized in studies of occupational health since the 1930's<sup>13</sup> however, it has been hard for researchers and employers to get a handle on it. Unlike absenteeism, it is more difficult to recognize and measure.

In its simplest form, presenteeism is defined as employees coming to work when they are ill. Their performance will be off – but they are there.

In a Canadian study of 78 organizations with a total of 464,000 full time employees, it was found that as few as 15% of companies tracked presenteeism and only 18% of managers were trained to recognize it.<sup>14</sup>

The costs of presenteeism are difficult to quantify<sup>15</sup> and to complicate matters further, methodologies have varied over the years. However, it has a real cost to business. Some estimates say that presenteeism is much more common than absenteeism – sometimes by a factor of three. Further, the costs that have been estimated as a result of presenteeism are often as much or more than the company's health benefits plan in entirety.<sup>16</sup>

There are other costs as well. Presenteeism can lead to accidents, or near misses in the workplace and an overall lower quality of work.<sup>17</sup>

With undeclared and unaddressed mental illness, things get more complicated. Employees who are struggling with depression, anxiety or another mental illness are motivated to hide their illness for fear of what others will think of them.

They are helped in their deception because mental illness doesn't have obvious signs of physical distress, like the flu or a back injury.

Employees may continue to work and to work and to work but they really can't hide the fact that something is wrong.

One of the predictors of serious health and safety consequences for presenteeism is cognitive impairment such as some of the symptoms associated with depression (trouble concentrating, indecisiveness and forgetfulness).<sup>18</sup> And cognitive symptoms are also a predictor of an employee's move from presenteeism to absenteeism.

#### ***I Just Keep on Working***

(Part 1)

**Paul:** We bought a house last year and we have another baby on the way. Josh is four and he's Daddy's boy. I wish I was there for him more. I just seem so down these days. When I was at the doctor for my annual physical, he said I might be suffering from depression. Well that explains some of it, that's for sure. But what about the bills? The in-laws who are always on my case? And the fights my wife has with her sisters. All that would get anyone down. I take the pills but they don't seem to help. One thing is for sure, I've got to get to work. I need the money. Maternity leave for the wife is coming up and we'll be tighter than ever. It's a slog but what am I going to do?

I manage. I make it through. The standards aren't very high anyway. Everyone seems to be trying to get away with whatever they can. Doug called in sick the other day when I know for a fact he went to the game. So what does it matter if I just hang on – who cares if the spreadsheets are late? They don't like errors though so I'd better up my game in that department – it's just so darned hard to stay with them and then to check them and then to double check them. It would drive anyone crazy – but I guess I'm already there, right?

What I wouldn't give to walk out that door and never come back.

#### **Survey Results:**

75% of respondents continued to work even though they were experiencing the symptoms of depression, although 54% of those said that they had had to take time off at one time or another.





## Absenteeism

Absenteeism, unlike presenteeism, is easier to measure. It is estimated that absenteeism costs Canadian employers \$16 billion per year in lost productivity.<sup>19</sup>

When employees are absent from work for a mental health problem, the average time they are off is greater than for employees with a physical illness alone, but those who have both stay off the longest.<sup>20</sup>

Absenteeism has costs for everyone. Employees lose income and may have additional expenditures associated with their treatment. There is an impact on the family and possible loss of promotion or advancement at work due to the absence. Employees' absence records may also figure into references when they search for a new job. Employers deal with the costs of replacement workers and lost productivity. Co-workers may be stressed with a heavier workload.

## Awareness of the role of cognitive symptoms



Employers are not medical specialists and don't want to be. However, awareness of the role of cognitive symptoms in depression or anxiety is crucial for two reasons. First, our

general perception of a successful outcome for the treatment of depression, especially, is improved mood and a restoration of interest and activity levels. This is, indeed, important. However, cognitive symptoms can linger. Research has shown that when people who are considered to be clinically in remission are tested on cognitive measures, they continue to show significant impairment.

The second reason that this is important information is that it can inform return to work plans and illuminate the potential need for accommodation.<sup>21</sup>

## Cognitive symptoms

The existence of cognitive symptoms is the most likely trigger that moves an employee from presenteeism to absenteeism – having to request sick leave, or perhaps even disability benefits.

Employees need to learn new information, to remember, to analyze, to problem solve, and to make decisions – all necessary cognitive skills. When these abilities are impaired, employees are at a stark disadvantage when it comes to fulfilling their duties.

### When I Just Can't Go On Anymore

(Part 2)

**Paul:** As hard as I try, my error rate is up and I can see the frustration in the boss's face. I sit at my terminal and I just don't seem to be able to engage the brain. I'm fuzzy. And I forget things. I missed part of Josh's graduation from playschool. Can you believe that? They now graduate from play. I could have been there. I was just whiling away the time here at work but it slipped my mind. He's a little kid so he forgave his Daddy – but his mother didn't. And neither do I.

You know, I get these thoughts. They sort of take over my mind. I think that we're never ever going to get out of debt. I think, "What a loser I am. I can't even make minimum payment on the credit cards. How are we ever going to save for Josh's education? This treadmill is never going to end." They just go round and round in my head like a never ending loop.

I've taken all my sick days but I know, in a week or two, I won't be able to hold on anymore and I'll need a day – just a day - to get myself straight so I can go on. But that will mean I don't get paid and then I'm in even deeper.

I'm losing ground here. I can see that. What am I going to do?

### Survey Results:

The defining factor for those who had to take time off work was their experiences of the cognitive symptoms associated with depression (trouble concentrating, indecisiveness and forgetfulness). People who reported not having these symptoms seemed to be able to stay at work even though they were less productive.



Research has identified the types of cognitive symptoms associated with depression and other mental illness<sup>22</sup>

Employees will have:

- An impaired capacity to pay attention
- Difficulty remembering information
- Trouble thinking analytically and problem solving. They also can have difficulty categorizing and organizing information.
- Slower reflexes that can affect their ability to quickly coordinate eye-hand movements.

Additional cognitive symptoms can be:

- Overwhelming negative and intrusive thoughts
- Distorted thinking

In today's largely knowledge-based work environment, it is easy to see why such symptoms would be so troubling to employees. They clearly would impair productivity to the point where employees' inability to function would be obvious – to all.

## Physician Assessments

Physicians are asked to consider a comparative analysis of the benefits and costs to recommending that employees take time off work, before they make a decision.<sup>23</sup> The benefits may be that the employees have more time to attend appointments and the other tasks of treatment and recovery. They may also benefit from less stress. However, the costs must also be considered. Inactivity may worsen the symptoms of depression or anxiety. Employees may begin to isolate. They may lose confidence in their abilities. And research has shown that the longer employees are off work, the less likely they are ever to return.

### Co-Workers May Be More Understanding Than I Think

(Part 3)

**Marty:** Paul is having a hard time, I can see it and have been seeing it for a while. Last week, I suggested that maybe he needed to have a sit-down with HR – maybe he could use some support, you know? He ignored me. But, somehow I just can't leave it alone. The guy looks so down and he never used to be like that. Something's wrong. So, here I go again.

I say, "Paul, how about lunch? They're having a two-fer at the wings joint." Lo and behold, he says yes. When we get in the car, I say, "So what's up? You're looking like you lost your best friend and, I hate to say it, but your work is suffering." And that was it. He just broke down and cried like a baby. I pulled the car around the corner so no one could see us and to give him time to get a grip. Took forever. Well, maybe five minutes but it seemed like forever. I've seen guys cry - not often, but this seemed different. He seemed broken, just broken. When he stopped, I said, "This is not right, Paul. What's going on?" And then it comes out. The bills, the family stuff and the depression. "Well", I said, "I can't do much about the bills and the family stuff but my sister has depression and that's nothing to mess with. She got help and she seems fine now but I have to say, we keep an eye on her. Tried to off herself, you know. Scared us. Well, let's be honest, terrified us. You got anything like that in mind?" He just sat there, silent. Uh oh.

"That's it for you Paul. No wings today. We're going to HR and see what can be done to help." He started to tell me where to go but I said, "No way José. Been there, done that and you need help." So he came with me. Thank God. I don't know what I'd have done if he hadn't.

### Survey Results:

Although respondents said they were afraid, 53% said they did tell a co-worker that they were depressed.

In fact, 42% of co-workers reported that they suspected but were not told that a co-worker was depressed.

Despite their fears, when respondents told a co-worker about their depression, their colleague discussed it with them and asked if they could help in any way (48%).

An additional 40% of respondents said that they encouraged their co-workers to talk with a health care professional.





Conclusion

Both presenteeism and absenteeism have significant costs for employers and employees. For employees experiencing depression or anxiety, the defining line between the two can be the existence of cognitive symptoms. Understanding that these illnesses can have both mood and cognitive consequences can assist employers in designing successful return to work and accommodation programs for employees who have had to take leave.

Additional Resources

Return to work. Great West Life Workplace Strategies for Mental Health.

Available at: <http://www.workplacestrategiesformentalhealth.com/display.asp?l1=175&l2=5&d=5>

This resource is based on a guide developed for the Canadian Mental Health Association’s program called Mental Health Works. It discusses topics such as: Maintaining contact during leave, co-workers’ potential reactions during return, the role of the supervisor, the jobs and tasks of accommodation and the employee’s and the employer’s role in creating a workplace plan.

Accommodation. Great West Life Workplace Strategies for Mental Health.

Available at: <http://www.workplacestrategiesformentalhealth.com/display.asp?l1=175&l2=6&d=6>

This is a comprehensive resource specifically for employees returning to work after a mental illness. It takes cognitive symptoms into consideration and offers ideas for accommodation when they are a lingering factor.

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Summary Of Important Points In This Chapter

➤ Presenteeism

- Presenteeism is defined as an employee coming to work despite being ill, affecting performance.
- A Canadian study found that as few as 15% of companies surveyed tracked presenteeism and only 18% of managers were trained to recognize it.
- Some estimates say that presenteeism is much more common than absenteeism - sometimes by a factor of three.
- The presence of cognitive symptoms related to depression or anxiety is a predictor of the employee’s move from presenteeism to absenteeism.

Cognitive symptoms are:

- An impaired capacity to pay attention
- Difficulty remembering information
- Trouble thinking analytically, problem solving and difficulty categorizing and organizing information.
- Slower reflexes that can affect their ability to quickly coordinate eye-hand movements.

Additional cognitive symptoms can be:

- Overwhelming negative and intrusive thoughts
- Distorted thinking

➤ Absenteeism

- The costs of absenteeism to Canadian businesses are estimated at \$16 billion per year.
- Employees who are off work for mental health problems take more time than those who are off for a physical illness.
- Employees who are experiencing both a mental illness and a physical illness take the most time.
- Successful treatment for depression may be defined only as improvement in mood and the restoration of interest in daily life - to the neglect of lingering cognitive symptoms.
- Accommodation plans focused on still present cognitive symptoms (and other individual issues) can help returning employees to improve their performance.
- It is recommended that physicians consider very carefully a decision to place an employee on leave as, for many, the structure of work can actually be helpful in their journey of recovery.







*Employers know that unaddressed  
mental illness affects productivity  
and costs companies money.*

## Chapter 3

### **What Employers Can Do: The National Standard For Psychological Health And Safety**

#### **Introduction**

Employers know that unaddressed mental illness affects productivity and costs companies money. They also know that people are suffering and that there is a human cost when employees with mental illness don't get help.

There is a long history of occupational health and safety legislation in Canada (addressing employees' physical wellbeing and safety) so it is not surprising that employers' focus has been on physical health rather than addressing mental health and illness in the workplace. However, to their credit, even without the weight of legislation, 53% of Canadian employers offer mental health and wellness programs in the workplace.<sup>24</sup>

With employers left on their own to take whatever actions they can, the implementation of an overall workplace mental and emotional wellness policy can be spotty, depend on the knowledge and expertise of the individual employer and may continually have to be re-invented in each workplace.

In response to employers' and employees' needs, the *Mental Health Commission of Canada*, along with the *Bureau de normalisation du Québec* and the *Canadian Standards Association* developed a *National Standard for Psychological Health and Safety*.<sup>25</sup> The Standard is voluntary. It has no legal standing and employers are not compelled to comply but it has provided a focus for important conversations and actions around mental health and mental illness in the workplace.

It is, indeed, the first of its kind in the world and Canadian businesses have an opportunity to lead the way, for their own and their employees' benefit.

#### **Depression is Serious**

**Alice:** When I was nine, my mother went to bed and stayed there. My little brothers were four and two at the time and my dad was at work most of the time. Looking back, I think he just didn't know what to do. I had to do the laundry, get the meals and basically take care of everything. On the odd occasion, my mother would leave her room but she looked just awful – I could hear her crying in there a lot of the time. She was like that for two years until my dad said he couldn't stand it anymore and he took her to a doctor. She never came back.

So here I am, 30 years later and I know now what my nine year-old self didn't. My mother was depressed. They say it runs in families and I can believe it. I've been depressed now for over a year and I can't function – just like my mom. I tried, Lord knows I tried but I just couldn't make it at work. I loved that job but I had to take sick leave. I didn't get any better. Finally, I asked to be placed on disability and thank heavens we had a good plan. But I knew they were angry with me – thought I was milking the system. They don't understand, you see – just like I didn't. How can they? They haven't been there. Or maybe it's just that they don't know what to do. I know I don't.

So now I sit at home, day after day in the most awful pain I've ever experienced. I just want to die. I know, that's a terrible thought but I just can't get it out of my head that the world would be better off without me and, finally, the pain would stop.

#### **Survey Results:**

Depression was rated as more disabling than deafness, heart problems and alcoholism.

When respondents were asked about the major symptoms of depression, they were able to name low mood (74%) and loss of interest in daily life (72%).

For those who reported experiencing depression, 82% said their major symptoms were low mood (for 87% of the 82%) and loss of interest in daily activities (for 84% of the 82%).

Other symptoms were insomnia (55%) and cognitive symptoms (trouble concentrating, indecisiveness and forgetfulness) (52%).





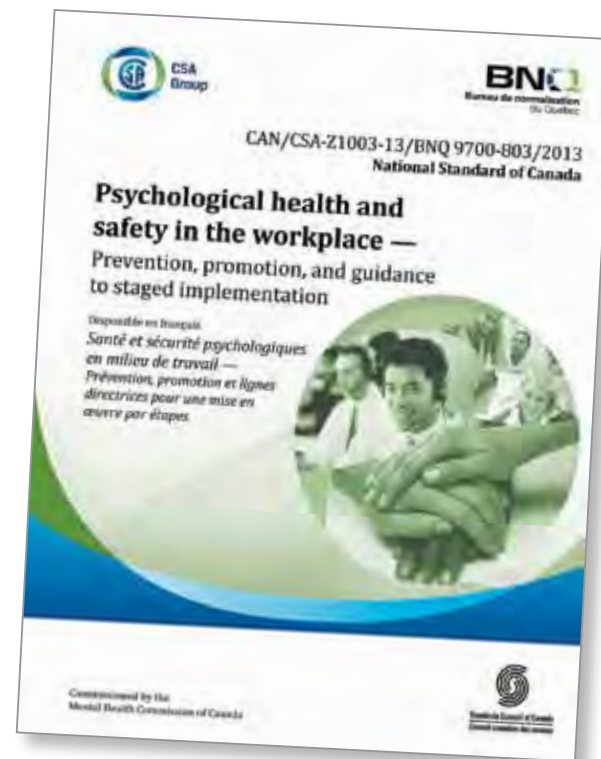
### The National Standard for Psychological Health and Safety

Research has shown that workplaces that are psychologically healthy are better able to recruit and retain employees, have higher productivity, are more innovative and have higher profits. They also have fewer morale problems, grievances, turnover, disability claims, injuries and absenteeism.<sup>26</sup>

The four reasons for workplaces to adopt the Standard are:

- Risk avoidance (compliance with existing legislation and other legalities)
- Cost effectiveness (reduced disability claims along with the costs associated with low performance and worker turnover)
- Improved ability to recruit and retain needed talent
- The attainment of organizational excellence and ongoing viability

The pillars of a psychological health and safety policy are strategies that prevent harm in the first place, promote psychological well-being and health and resolve, positively, incidents of mental illness when they occur.



### Why Organizations Should Adopt the National Standard

#### 1. Unaddressed mental illness in the workplace is a serious issue

The consequences of having employees suffering from a mental illness are no different than if they were suffering from a physical illness. However, lack of awareness has meant that mental illness has gone unrecognized and thus, unaddressed. Given that mental illnesses are common, employers who don't pay attention miss a serious threat to their bottom-line and to the well-being of their workforce.

#### 2. Work is important to an employee's well being

We spend a good portion of our waking hours at work. It provides us with a living, at the very least, but for many people, it also provides a sense of accomplishment and the feeling that we're making a contribution. The workplace is a source of camaraderie and friends. Our jobs help form an important part of our identity. We like to answer with pride the most common of social questions, "So, what do you do?"

The workplace can also have a big impact on our psychological wellbeing, for better or for worse. While, ideally, our work environments should support our performance and reward our effort, there are pressures. Some are unavoidable like interpersonal conflict and competition for promotion but there can be other pressures which make us uncomfortable, wear us down and lead to psychological distress.

Additionally, when we get ill and most of us will at some time, we expect our workplace to understand and support us so that we can focus on getting well and returning to health as soon as we can. Over the decades, most employers have developed support plans to do just this and knowing they are present and there for us in time of need gives a sense of security.

Mental illness has received less attention from employers. In some instances, the case can be made that they just don't care but in many others, it is because they don't know exactly what to do. Co-workers can be confused. Reach out? Leave the person alone? Suggest help? Another important factor is that the employee with the mental illness is afraid to let on that they are ill.

One thing is certain; when employees are experiencing an undiagnosed and untreated mental illness in the workplace, everyone is affected.





### 3. Employers are taking note of the costs of unaddressed mental illnesses in their workplaces

Along with many mental health advocacy organizations, the Mental Health Commission of Canada has contributed to raising the awareness of mental illness in Canada. One of its initiatives has been to help employers understand the costs associated with unaddressed mental illness.<sup>27</sup> The Commission has compiled the following figures:

- 21.4% of Canada's working population is currently experiencing a mental illness with the youngest workers among us being the hardest hit.
- 28% of people aged 20 – 29 experience a mental illness in any given year. By the time a worker is 40 years old, he or she will have a 50% chance of having or having had a mental illness.
- 30% of short and long term disability claims are for mental illness with 80% of Canadian employers identifying mental illness as one of three top drivers of the rise in disability claims.
- It is estimated that the overall yearly economic burden of mental illness in Canada is \$51 billion with \$20 billion directly attributable to workplace losses.<sup>28</sup>

Costs that relate to employees experiencing unaddressed mental illness are the same as if employers were to neglect the physical health of their employees. They include:

- High turn over.
- Repetitive recruitment costs.
- Training costs related to numerous new employees.
- High levels of costs for replacement workers or temps.
- Burdens on team members who have to take up the slack – which, in turn, may affect their health.
- Costs of presenteeism and absenteeism.
- Increased use of drug plans, disability claims, sick leave, EAP and other costly supports.
- Increased accidents and injuries.
- Increased numbers of grievances.
- Low level productivity, missed deadlines, lost contracts/customers, poor reputation.

In addition to these costs, there are legal risks for employers who neglect the psychological well-being of their employees. These risks can be attached to workplaces where retaliation is common, employees are chastised publicly, blame and accusations are common, bullying is ignored, harassment goes unaddressed or where the work environment is generally unsafe physically.<sup>29</sup>

The bottom line, however, is that most employers want to do right by their employees and more and more, they are becoming aware that unaddressed mental illnesses in their work environments hurt everyone.

The National Standard was developed in response to real life factors that employers and employees were recognizing as having a significant impact on Canadian businesses.



### How the National Standard was Developed

The Standard was developed collaboratively and, in its crafting, included employers, unions, workplace health specialists, government representatives, insurers, regulators and interested community groups.

The Standard rests on a clear business case. Just like physical health and safety, psychological health and safety is a cost effective way of doing business. It adds to the profitability of the company. It enhances the company's ability to contribute to Canada's overall prosperity and its ability to compete on the world stage. Not to mention, its adoption is simply the socially responsible thing to do for Canadian workers and Canadian workplaces.<sup>30</sup>





### What the Standard Says

The following summary provides a brief overview of the Standard so that readers can understand its essential points.

The Standard is aimed at employers' responsibility to create and sustain a psychologically healthy and safe workplace. Without a formally endorsed program of policies, procedures and performance standards, employees are left adrift, forced to rely on their own common sense or resources to keep themselves emotionally healthy and safe at work. It is a rare employee (or group of employees) that feels strong enough or empowered enough to confront management on practices that are making the workforce over-stressed and psychologically ill.

The Standard defines a psychologically safe workplace as one that "is the result of every reasonable effort being made to protect the mental health of employees."<sup>51</sup>

It outlines **13 factors** over which an employer has influence and which define a psychologically healthy workplace.

- 1.** An organizational culture that is respectful but still holds people accountable. When problems arise, they are confronted and solutions developed which employees feel are reasonable. There is trust.
- 2.** Psychological and social support is available, meaning that there is a norm of collegiality. Employees feel supported in their work. There are obvious and well-recognized supports and services to help employees maintain their mental well-being or to support them in times of mental un-wellness.
- 3.** There is clear leadership. Lines of authority are recognized and respected. Employees know what is expected of them and are rewarded for a job well done. Leadership communicates effectively and when change occurs, employees feel that they understand what's going to happen.
- 4.** There is a value for civility and respect. Bosses, employees, customers and suppliers are treated with consideration. Conversely, when disrespect is shown, corrective action is taken and seen to be taken.
- 5.** Both the psychological and physical demands of the job are taken into account and hazards are identified along with proposed remedial actions.
- 6.** Employees can see opportunities for growth and development in their workplace. New challenges are available to them.
- 7.** Recognition and rewards are offered for accomplishments and when jobs are well done. Pay scales are seen as fair and directly related to effort put forth.
- 8.** Involvement and influence are encouraged so that employees feel part of decision making and that their views matter.
- 9.** Workload management is practiced, meaning that both the demands of the job and the resources to complete it are assessed and calibrated for success.
- 10.** Employees are engaged and feel connected and motivated.
- 11.** Work/life balance is acknowledged and actively encouraged.
- 12.** There are policies for psychological protection. People feel that they can speak out without retaliation. There are also policies for the extremes of hazards such as bullying, harassment, discrimination or violence.
- 13.** There are policies for the protection of physical safety, as injury can also have psychological consequences.



### Adopting the Standard includes:

- Identifying and eliminating hazards in the workplace that pose a risk of psychological harm.
- Assessing and controlling the risks in the workplace associated with any hazards that cannot be eliminated. Examples of unavoidable stresses are those associated with needed organizational change or reasonable job demands.
- Implementing structures and practices that support and promote psychological health and safety in the workplace.
- Fostering an organizational culture that promotes psychological health and safety.



Conclusion

Canadian employers and employees know that mental illness is serious. What the Standard has done, along with the resources it has spawned, is provide a focus for doing something about unaddressed mental illness in the workplace.

Link to the Full Standard

To download the National Standard in full, go to: [http://shop.csa.ca/en/canada/occupational-health-and-safety-management/canca-z1003-13bnq-9700-8032013/invt/z10032013/?utm\\_source=redirect&utm\\_medium=vanity&utm\\_content=folder&utm\\_campaign=z1003](http://shop.csa.ca/en/canada/occupational-health-and-safety-management/canca-z1003-13bnq-9700-8032013/invt/z10032013/?utm_source=redirect&utm_medium=vanity&utm_content=folder&utm_campaign=z1003). You will have to enter your name and email address but the publication is free.

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[http://shop.csa.ca/en/canada/occupational-health-and-safety-management/canca-z1003-13bnq-9700-8032013/invt/z10032013/?utm\\_source=redirect&utm\\_medium=vanity&utm\\_content=folder&utm\\_campaign=z1003](http://shop.csa.ca/en/canada/occupational-health-and-safety-management/canca-z1003-13bnq-9700-8032013/invt/z10032013/?utm_source=redirect&utm_medium=vanity&utm_content=folder&utm_campaign=z1003).  
You will have to enter your name and email address but the publication is free.

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Summary Of Important Points In This Chapter

- The National Standard for Psychological Health and Safety is the first of its kind in the world.
- The four reasons for businesses to adopt the Standard are :
  - Risk avoidance
  - Cost effectiveness
  - Improved ability to recruit and retain needed talent
  - The attainment of organizational excellence and ongoing viability
- The reasons why organizations should adopt the Standard are :
  - Unaddressed mental illness in the workplace is a serious issue
  - Work is important to an employee's psychological wellbeing
  - Employers are becoming aware of the costs of unaddressed mental illness in their places of business
    - 24% of Canadian workers are currently experiencing a mental illness
    - The youngest workers are affected the most. 28% of people aged 20 – 29 experience a mental illness in any given year
    - By the time a worker is 40 years of age, 50% will have – or have had – a mental illness
    - 30% of short and long term disability claims are for mental illness with 80% of Canadian employers identifying mental illness as one of three top drivers of the rise in disability claims
    - The overall cost of mental illness in Canada is \$50 billion per year, with \$20 billion of that attributed directly to productivity losses in businesses
- The Standard defines a psychologically safe workplace as being “the result of every reasonable effort being made to protect the mental health of employees.”
- The 13 factors which define a psychologically healthy workplace are :
  1. Respectful organizational culture
  2. Available psychological and social supports
  3. Clear leadership and lines of authority
  4. Value for civility
  5. Physical and psychological demands of the job are taken into account
  6. Opportunities for growth and development
  7. Recognition and reward for a job well done
  8. Involvement and influence is encouraged
  9. Workloads are managed effectively
  10. Employees are engaged and connected
  11. Work/life balance is valued
  12. Policies exist for psychological protection – anti-retaliation, anti-bullying and anti-harassment
  13. Policies for physical safety recognize that there may be a psychological component
- Adopting the Standard includes:
  - Identifying and eliminating hazards in the workplace that pose a risk of psychological harm
  - Assessing and controlling the risks in the workplace associated with any hazards that cannot be eliminated
  - Implementing structures and practices that support and promote psychological health and safety in the workplace
  - Fostering an organizational culture that promotes psychological health and safety







*Employers welcome*

*a guide to assist them in*

*how to implement the Standard.*

# Chapter 4

## How To Implement a Program of Psychological Health and Safety in Your Workplace

### Introduction

It was thought that, in the wake of the development and publication of the Standard, employers would welcome a “how to” guide to assist them in implementation. It must be stressed that, for many, this is new ground and help is appreciated.

And it is available. *The Mental Health Commission of Canada* commissioned the development of an Action Guide<sup>32</sup> that outlines a step-by-step program of implementation.

It is called *Psychological Health And Safety: An Action Guide For Employers* by authors M. Gilbert and D. Bilsker. It is available in its entirety at: [http://www.sfu.ca/content/dam/sfu/carmha/resources/phsguide/Workforce\\_Employers\\_Guide\\_ENG.pdf](http://www.sfu.ca/content/dam/sfu/carmha/resources/phsguide/Workforce_Employers_Guide_ENG.pdf)

The Guide is aimed at fairly large businesses that have considerable infrastructure. It assumes a Human Resources department and people who can gather data, plan and monitor implementation.

Chapter 5 looks at what small businesses can do because they rarely have the administrative infrastructure that the Standard and the Action Guide assumes.

Here, we concentrate on midsize to large organizations.

*I don't even know if members of my staff are experiencing a mental illness and, if they were, I wouldn't know what to do.*

**Chris:** Susan and I were just getting back from an information session on the National Standard. I said, “Do you believe those figures? One in five with mental illness. That's like an epidemic. I don't have people in my area with those sorts of troubles.”

She said, “Duh. You have 40 people working for you. Do the math. How many are off on sick leave or disability?”

I had to think about that. “We have three out but I haven't heard that it was a mental illness, like depression or something.”

“And you won't.” she said. “That's their private business. But you have to assume that someone sometime will be off with that and I think we have to make some changes – you know, just in case.”

“What sort of changes?”

“Well, let's investigate. This Standard thing has got me thinking. There must be some resources, someone must have done some research on what employers can do.”

“Better not cost much. This place is not big on spreading the bucks around, especially after the melt down.”

“Let's see. Maybe there's something we can do and you have to admit, if we can get people back to work successfully or we can support them so that they don't have to go off in the first place, well, that's big bucks too.”

### Survey Results:

40% of managers reported that one or more of their employees had experienced depression but the same percentage (40%) said they didn't know if any of their employees had depression.

Of the employees who took time off for depression, 59% revealed the reason for their absence but 40% hid it from their employer.

67% of managers had no idea how many sick days employees took were related to depression and 33% said they had no formal support in their workplace to help them assist an employee who was experiencing depression.

Of those that had formal support, 39% said that they felt it was good but 25% reported that the available support was neither good nor bad, poor, or that they simply didn't know what quality it was.

When asked what they thought would help, 67% identified counselling services as their first preference while 44% thought training for all employees would help.



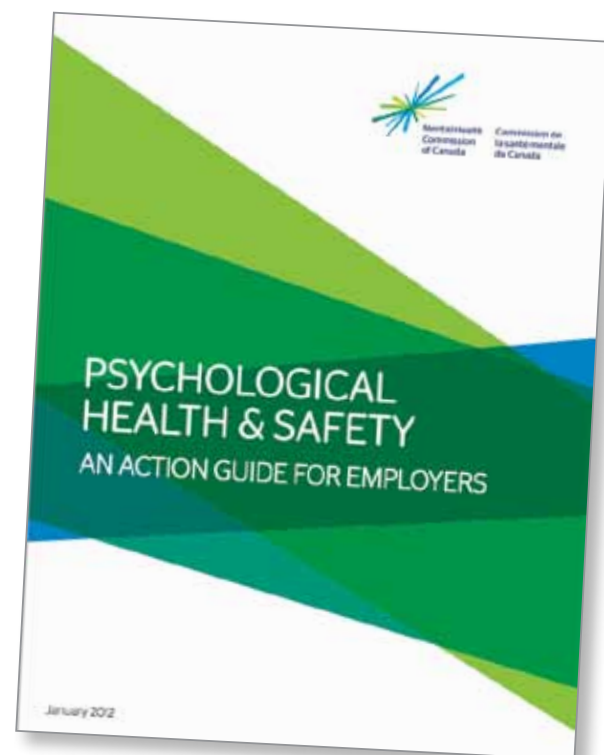


## The Action Guide

\*Note that this chapter concludes with a checklist that can be used as a short-form reminder of the steps to implementation.

One of the primary goals of the *National Standard for Psychological Health and Safety* is to encourage employers to create workplaces that, in multiple ways, tell their employees that mental illness is a treatable disease and that they have tools to support people who are suffering, so they can get back to productivity – a message that says, “Here, at this company, you don’t have to be afraid to tell us. We have supports available for you”.

The Guide is summarized here so that readers can get a feel for its content. Some sections are expanded upon with added comments to enhance clarity.



## P 6 Format

The Guide sets out action steps under the **6 “P’s”: Policy, Planning, Promotion, Prevention, Process and Persistence**. It also contextualizes its content within the widely known and accepted International Standards Organization’s (ISO) approach to organizational excellence. ISO provides companies with a framework that helps them ensure compliance with legislation and meet continuous improvement goals.

### Policy

The impetus for developing organizational psychological health and safety policy may come from senior executives or from the Human Resources department. The policy, at this stage, need not be too complicated. It can simply set out the organization’s commitment. Here is a sample policy developed by senior business leaders:

“The ABC company considers the mental health and psychological safety of its employees to be as important as other aspects of health and safety. ABC is committed to supporting a mentally healthy workplace through policies, programs and services.”<sup>33</sup>

However, the next steps are important to forward movement:

- Obtain or confirm the endorsement of senior leadership.
- Build an action team to expand and refine the policy. This will set the stage for involving relevant people and departments in the organization. If the company is unionized, its leadership must also be at the table. This breadth of participation provides for later buy-in – crucial when it comes to implementation. At this point, the team may want to flesh out the initial high level statement with much more detail.
- Communicate the policy clearly, often and widely.

While such a policy makes good business and legal sense – a motivator for the business’s leadership - it should also be inclusive of all interests in the company, not just bottom line concerns. A psychologically healthy and safe work environment improves morale, employee commitment and productivity and it fosters job satisfaction. In other words, it should show that it speaks to everyone’s concerns and needs.



### Planning

This is where you flesh out the policy in operational terms. What actions does the organization need to take? Are there new programs that could be implemented? What policies and procedures need to be revamped? Is the organization's benefits package in line with the aims of the new policy? Do you need to relook at return to work policies? Do your accommodation guidelines assume physical illnesses only? What are the budgetary implications? Planning allows people to think things through before moving to action.

#### 1. Gather the facts.

It is important to emphasize that employee confidentiality is paramount. You are gathering aggregate data and analyzing overall trends. Another point is that the tracking should occur over time. You are looking for trends and a time-limited snapshot will not deliver what you need.

Answers to the following questions should point to trends that may be traced back to unaddressed (or inadequately addressed) mental illness in the workplace. Note that it is a wise business practice to track trends for all illness and injury anyway but it is possible to isolated aggregate claims for psychological distress – noting that some employees may hide the true reason for their claims. However, even if some are less than forthcoming, an overall baseline can still be established.

- Is the company experiencing an unacceptable number of days away for employees, in general? How many of these days away are attributed to psychological distress? What is the overall trend?
- Over the long term, have short or long term disability claims risen? How many are related to psychological distress?
- Has there been a rise in use of EAP services?
- Has benefits utilization increased? Is it possible to work with your benefits carrier to obtain a detailed aggregate report on prescription drug usage? <sup>34</sup>

It is also important for managers to look for signs of generalized problems such as:

- A pattern of missed deadlines.
- Grievances are up.
- Increased incidences of accidents, injury or near misses.
- Unhappiness or unrest in the workforce in general.
- An unacceptable level of turnover.
- Increased recruitment costs.
- Over use of temporary workers.

While employees may have been afraid to reveal that they were struggling with a mental illness, the reality is that they just can't hide the fact that *something* is wrong. The clues to what is wrong are in the objective data employers can collect. The answers to the above questions will lay the ground work for change. You've identified and quantified the problem. You've also developed a set of data against which you can measure the impact of your change management strategy.

#### 2. Conduct a survey of employees or perhaps hold focus groups.

What thoughts do employees have about the new policy and what ideas do they have for implementation?

**3. Measure readiness for change.** What information about the organization shows that it would welcome change and where do points of resistance lie? Knowing the answers to these questions will help in implementation because they allow the organization to plan wisely and to take both opportunities and objections into account.



### Promotion

In planning the implementation of a psychological health and safety policy, the first place to start is to consider actions and programs that promote psychological health in the work environment.

**1. Building a resilient workforce:** What resources or programs could be put in place that allow employees to support their wellness, learn about emotional and mental health and take care of their own health? What costs are attached and how will they be covered?

**2. Create a respectful workplace:** This can involve setting an expectation that all employees and leadership interact in ways that are calm, mindful of one another's contributions and opinions and which promote dialogue among team members. Workplaces can be and often are competitive but the atmosphere should promote healthy, rather than cut throat, competition. Rewards should be and should be seen to be, aligned with effort. Harassment and bullying prevention policies signal to all that such extreme behaviour will be swiftly addressed.

**3. Enhance mental health knowledge:** There are now many resources that describe mental illnesses and their symptoms, the various treatments and how to launch a journey of recovery. Many are online and free. Having them available in the workplace shows the organization's support of its psychological health and safety policy.

Additional supports can be posters and possibly educational seminars on maintaining mental health and wellness and what the signs of illness might be. These supports signal to all that, "We can talk about it here." The reality is that mental illness is still subject to stigma. The creation of a workplace culture where conversations can be had without fear is central to the implementation of a psychological health and safety policy.

Develop a list of local mental health services, help and crisis lines and self-help groups. Have the list available for employees to use if they wish to.

Also, many local mental health programs and patient groups provide presentations for free. Invite them in. You and your employees will acquire new knowledge and be inspired by their stories of struggle and recovery.

Employers might also want to implement *The Elephant in the Room* anti-stigma program which asks people to place a small blue elephant on their desk to signal that this is a place where it is safe to talk about mental health and illness. *The Elephant in the Room* is available from the Mood Disorders Society of Canada at: <http://www.mooddisorderscanada.ca/>. It is accompanied by workplace awareness posters and one-page flyers that employers and employees can download.





Prevention

Here the Guide uses the health care language of primary, secondary and tertiary prevention so let's pause for a moment and define these terms. Primary prevention means doing healthful things that prevent illness from occurring in the first place. Secondary prevention means recognizing illness early and getting help before things get worse. And tertiary prevention means having an array of supports for people who have become ill. In the workplace, this would mean sick leave, disability benefits, return to work plans and accommodation.

Primary Prevention

**Job design and employee/job fit:** This means looking at the tasks and demands associated with the jobs in your company and reducing (or eliminating, if possible) areas that could cause undue psychological stress. For example, do managers really need to be able to contact their employees at home and at all hours? In addition, it is now common for applicant screening to look at personality/job/company culture fit. Are you a person who will fit in with the work demands naturally? For example, people who are outgoing will enjoy the networking, meet and greets and client entertaining that goes with a sales job while people who are introverted may not. That doesn't mean that they can't do it. It means that it is not a natural fit.

**Provide stress management training:** There will always be stress in the workplace but training can help people deal effectively and competently with stress rather than becoming overwhelmed.

**Support work/life balance:** Employees have a lot of balls in the air and many of them have nothing to do with work. As just two examples, employers can have policies where employees can stay home with a sick child or elderly parent, without taking a sick day. They can have Employee Assistance Programs where employees can, in confidence, get help for their own or their family's problems.

**Attitude towards blame:** The Guide mentions this in passing under "creating a psychologically safe culture," however, it merits emphasis. An organization that has allowed a "gotcha" mentality to flourish will have employees afraid to take innovative risks or report or admit mistakes. Employees observe how others are treated and adjust their behaviour accordingly. Information the business needs so that it can be effective and competitive will go underground. In order to create and sustain a psychologically safe culture, businesses will have to tell themselves the truth about how blame is handled and if it is handled badly, take clear actions to change things.

Secondary Prevention

**Provide self-care tools:** These can be embedded on the company website or may be pamphlets in the Human Resources department. Create and make available a listing of local mental health resources, self-help groups and help lines. Organizations may also want to launch programs such as how to relieve stress, quiet rooms, good nutrition, exercise or meditation, to name only a few examples.

**Train managers to recognize employees in psychological distress:**<sup>35</sup> The appropriate focus of a manager's concern is an employee's performance but it is reasonable for a manager to speculate that a drop in performance, erratic performance or behavioural changes may be related to an unaddressed mental health issue. The managers should be fully aware of what supports the company has to offer and feel comfortable having a frank conversation with an employee about performance and the aids available to him or her.<sup>36</sup> Training helps managers know what they are looking for and how to address it when they find it. It also assists them to stay focused on performance not diagnosis - as the employee's health matters are confidential.



**Provide early intervention:** If the problem is caught early, there can be supports available to the employee that mean they won't get worse and what is often important, that they can stay at work. Employee Assistance Programs are just such a support.

Tertiary Prevention

**Support to stay at work can include accommodation:** The structure of work is an important support in itself for someone who is experiencing depression and anxiety or another mental illness. Therefore, it is important to do whatever is within the company's power to help the employee continue at work, noting that this strategy is sometimes not effective – for the employee or the company. Research has been pretty clear that the longer an employee is off work, the chances of returning start to diminish.

**Support to make the decision to take leave:** Despite effort, things don't always work out so some employees will need help if they just can't carry on.

The Guide suggests that companies may consider negotiating access to Cognitive Behavioural Therapy, to be included in their health plans. This therapeutic approach has significant research attached to it and has shown itself to be, time and time again, an effective intervention. It is, however, hard to access through the public health sector.

**Disability management and return to work:** Very large companies may have people on staff dedicated to these tasks but smaller ones can contract with their insurer for these services. These professionals can coordinate treatment, stay in touch with the employee, monitor gains and help craft solid plans for return to work. In other words, employees are not left on their own during their time off.

Special note: Although not included in the Guide, return to work plans should include some idea of what cognitive impairments still exist for the employee.<sup>37</sup>



Process

The Guide uses the term "process" to mean ongoing evaluation. You have developed and communicated your psychological health and safety plan and it has rolled out. It is working as intended?

Evaluation is usually best considered right from the beginning – in the planning phase. What are you going to measure? How are you going to measure it? And when are you going to measure it? Then, given your results, how are you going to respond or adjust your plan? While it may be a bit pessimistic, the fact is that nothing goes as expected. There will always be bumps but the key is to learn from mistakes and make adjustments.

Persistence

This step relates to sustainability. To last over time, your psychological health and safety plan must become part of the business culture. To do this, the Guide suggests:

**Support the plan's champions:** Some employees will be more enthusiastic than others. Some of the company's leaders will offer more visible endorsements. Acknowledge them.

**Plan Do Check Act:** The Guide also suggests a *Plan Do Check Act* cycle, meaning that the plan is monitored on an ongoing basis and adjusted where needed.



Conclusion

Implementation of a psychological health and safety policy has many steps and many facets to consider. However, many companies see the benefit of taking on the challenge.

Additional Resources

**Psychological Health and Safety:** An action guide for employers by authors M. Gilbert and D. Bilsker. Available at: [http://www.sfu.ca/content/dam/sfu/carmha/resources/phsguide/Workforce\\_Employers\\_Guide\\_ENG.pdf](http://www.sfu.ca/content/dam/sfu/carmha/resources/phsguide/Workforce_Employers_Guide_ENG.pdf)

**Mental Health in the Workplace Guidelines.**  
The Mood Disorders Society of Canada. It features tips on:

- Health and wellness in the workplace
- Developing workplace policy
- Roles and responsibilities in developing workplace policies
- Identifying problem areas
- Workplace stress
- Workplace stress audit
- Maintaining work/life balance
- Promoting wellness in the workplace

Please visit at: [www.mooddisorderscanada.ca](http://www.mooddisorderscanada.ca)

**Managing Mental Health In The Workplace: How To Talk To Employees, Deal With Problems, And Assess Risks.** Mental Health Works. Available at: <http://www.mentalhealthworks.ca/employers/free-resources/managing-mental-health-in-the-workplace>  
This free downloadable booklet, in English and French, talks about the warning signs managers should look for, how to approach an employee who might be experiencing a mental illness and how to begin the accommodation process.

**Work With Us.** Available at: <http://workwithus.ca/>  
This is a free workplace-based program that is a partnership between the *Mood Disorders Society of Canada* and the *Arthritis Society*. It offers supports to employees who are experiencing both depression and arthritis.



**Guarding Minds @ Work.** Available at: <http://www.guardingmindsatwork.ca/info>  
This website is hosted by the *Canadian Centre for Occupational Health and Safety*. It offers an extensive set of resources for how employers can implement psychological health and safety programs. For example, it lists 13 psychosocial factors in the workplace that can affect employees' mental health either positively or negatively and accompanies each with a definition and how-to downloadable pdf to help employers address each one.

**Great West Life Workplace Strategies for Mental Health.** Available at: <http://www.workplacestrategiesformentalhealth.com/>  
This website follows the change management strategy suggested by the *National Standard for Psychological Health and Safety* and provides resources for topics like commitment and leadership, planning, implementation, evaluation and corrective action and management review. It also offers concrete advice on topics like prevention and promotion, accommodations that work, and the employer's legal obligations.

**Questions To Ask Yourself Before Engaging An Employee In A Discussion About Job Performance.** Courtesy of Mental Health Works and published on the *Great West Life Workplace Strategies for Mental Health* website. Available at: [http://www.gwlcentreformentalhealth.com/english/pdf/Questions\\_to\\_ask\\_before\\_engaging\\_en.pdf](http://www.gwlcentreformentalhealth.com/english/pdf/Questions_to_ask_before_engaging_en.pdf)

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Implementation Checklist

This checklist is a summary of the implementation steps presented in Chapter 4. Please refer back to the longer explanations of each step if you need clarification or additional information. It is also suggested that you access the full Guide to help you flesh out your plans and actions.

**Psychological Health and Safety: An action guide for employers** by authors M. Gilbert and D. Bilsker. It is available in its entirety at: [http://www.sfu.ca/content/dam/sfu/carmha/resources/phsguide/Workforce\\_Employers\\_Guide\\_ENG.pdf](http://www.sfu.ca/content/dam/sfu/carmha/resources/phsguide/Workforce_Employers_Guide_ENG.pdf)

Policy

- Develop a high level policy statement that has the endorsement of the senior leadership of the organization.
- Build an action team with representation from across the organization.
- The team may want to flesh out the initial high level statement with much more detail.
- Communicate the policy – clearly, often and widely.

Planning

- Gather the facts.
  - Is the company experiencing an unacceptable number of days away for employees, in general?
  - How many of these days away are attributed to psychological distress? What is the overall trend?
  - Over the long term, have short or long term disability claims risen? How many are related to psychological distress?
  - Has there been a rise in use of EAP services?
  - Has benefits utilization increased? Is it possible to work with your benefits carrier to obtain a detailed aggregate report on prescription drug usage? <sup>38</sup>

It is also important for managers to look for signs of generalized problems such as:

- A pattern of missed deadlines.
- Grievances are up.
- Increased incidences of accidents, injury or near misses.
- Unhappiness or unrest in the workforce in general.
- An unacceptable level of turnover.
- Increased recruitment costs.
- Overuse of temporary workers.

- Conduct a survey of employees or perhaps hold focus groups.
- What thoughts do employees have about the new policy and what ideas do they have for implementation?
- Measure readiness for change. What information about the organization shows that it would welcome change and where do points of resistance lie?

Promotion

Determine what actions and programs that promote psychological health in the work environment are needed.

- What resources or programs could be put in place that allow employees to support their resilience and wellness?
- What costs are attached and how will they be covered?
- What does the organization need to do to create a respectful workplace? What policies need to be in place?
- What educational programs need to be in place to enhance mental health knowledge of the workforce?



Examples:

- Posters, public education brochures, self-support aids.
- Educational seminars.
- Publishing lists of local mental health resources.
- Inviting patient advocacy and self-help groups in to present their stories to employees.
- Participating in the Elephant in the Room anti-stigma campaign.

Prevention

Primary prevention

- Review job descriptions/job design with employee/job fit in mind. Do they need to change? This means looking at the tasks and demands associated with the jobs in your company and reducing (or eliminating if possible) areas that could cause undue psychological stress.
- Provide stress management training.
- In what ways will the organization support work/life balance?
- How does the company deal with mistakes? If there is a culture of blame and “gotcha,” it must be addressed and changed.

Secondary prevention

- Research and provide self-care tools, educational pamphlets, a list of local mental health resources, self-help groups and help lines and perhaps exercise, nutrition or meditation programs.
- Train your managers to recognize when employees are in psychological distress, along with providing them with strategies to address issues of performance that have arisen as a result.
- Provide early intervention opportunities such as Employee Assistance Programs.

Tertiary prevention

- Review and alter, if necessary, your organization’s accommodation policies to include support for people with mental illness.
- Put supports in place to help employees who need to make the decision to take leave.
- Review or put in place disability management and return to work programs. Do they need altering to respond to the needs of employees with mental illness? Pay special attention to the possibility of lingering cognitive impairments.

Process (ongoing evaluation)

- How are you going to evaluate the roll out of your psychological health and safety policy?
- How will you determine if the new programs and actions are working as intended?
- What are you going to measure? How and when are you going to measure it?
- Given your results, how are you going to respond or adjust your plan?

Persistence (sustainability)

- How will you support the plan’s champions in an ongoing way?
- What will you do to monitor your Psychological Health and Safety policy and its programs into the future?



*Mental illness isn't picky.*

*It can strike employees of small*

*organizations just as well as large ones.*

## Chapter 5

### **What Small Organizations Can Do**

#### **Introduction**

Many, many Canadian employees work in or run small businesses. By definition, they don't have a lot of organizational infrastructure and most don't have disability plans or Employee Assistance Programs.

Just like larger organizations, whether or not small businesses are psychologically healthy and safe places of work can be a matter of luck (good or bad).

The National Standard for Psychological Health and Safety challenges both large and small organizations to look at the mental health of their employees as an asset.

However, the Standard and the accompanying Guide are so detailed and comprehensive that they may not speak to the realities of a very busy entrepreneur with customers to serve, suppliers to pay and employees to supervise.

"We don't have time for all this."

And they're right. They don't.

However, mental illness isn't picky. It can strike employees of small organizations just as well as large ones.





## Creating A Psychologically Healthy Work Environment In The First Place

Here are some questions for small business owners to think about:

1. As the boss, do I look after my own mental health?
2. Have I fostered a respectful working environment?  
Do I treat my employees with respect? Do they treat one another with respect? Do they treat me with respect?
3. Do the people who work for me interact with one another in a civil manner?  
Can they analyze and solve problems without getting into a row? Are our customers and suppliers genuinely welcomed?
4. Is there a sense of fairness in the workplace? Are employees held accountable and seen to be held accountable?  
Do they feel that there is a balance between effort and reward?
5. Does communication flow? Are employees telling one another what they need to know to do a good job?  
Do I, as the boss, communicate regularly with my employees? Do they communicate with me so I can do my job?
6. What happens when someone makes a mistake? Are they helped to do better?  
Or are they called out and chastised publicly?
7. Does the work environment support family time?  
Do I model work/life balance?
8. It is a common story in start-ups that everyone is “on” 24/7. This may, in fact, be necessary for some time but if goes on and on and on, everyone’s mental and perhaps physical health may suffer.  
Do I encourage employees to take and use down-time when they can? Do I take it myself?
9. Do I have a posted statement that this workplace is a harassment and bullying free zone?

There can be more questions, particular to your organization, but you get the idea.  
The golden rule still stands: Treat others as you want them to treat you.



## Educate Yourself

A very common statement from friends, family, co-workers, and bosses is, “I had no idea.” Mental illness is now known to be a common occurrence – unfortunately. It will be a rare Canadian that won’t be touched in his or her lifetime. In fact, there is a distinct possibility that you and your employees have had the experience of supporting a friend or family member through a mental illness already.

Educating yourself will take time. But it won’t take money. Below are a number of helpful resources that were mentioned earlier in this handbook but they bear a re-introduction:

**What is Depression** brochure is available for free on the Mood Disorders Society of Canada website  
Available at: <http://www.mooddorderscanada.ca/>

**What is Bipolar Disorder** is a companion brochure also available for free  
Available at: <http://www.mooddorderscanada.ca/>

**What better feels like: Answers from people who’ve experienced depression.**  
Available at: <http://www.mooddorderscanada.ca/page/what-better-feels-like>

**Antidepressant skills at work: Dealing with mood problems in the workplace.**  
Available at: <http://comh.ca/antidepressant-skills/work/workbook/index.cfm>.  
It is accompanied by a free workbook available at: <http://www.comh.ca/antidepressant-skills/adult/>

**Great West Life Workplace Strategies for Mental Health** videos  
Available at: <http://www.workplacestrategiesformentalhealth.com/wti/HomeCaptionsTruePage.aspx>

## Get the message out that you don’t have to hide it here

Put the little blue *The Elephant in the Room* on your desk. Let it sit there. It will start conversations. Print out the accompanying poster – it’s free. *The Elephant in the Room* is available at: <http://www.mooddorderscanada.ca/>

“When you display your blue elephant, you show that you care about the wellness of others, that THIS is a safe place to talk about mental illness without fear of being looked upon differently, thought less of, or punished.”

## Recognize when an employee is having a mental health issue and take action

If you have educated yourself, the evidence of your own eyes and ears should suffice. People say that they try to hide the fact that they are struggling with depression or anxiety or another mental illness but they just can’t. Co-workers and bosses can see that their performance is off. Signs are in the changes you see in an employee who otherwise has been a great part of the team - mistakes, changes in behaviour, missed deadlines, bad temper or accidents. The key words here are “performance” and “change.”

Employees’ health concerns are private. They may end up telling you what’s wrong but, as the boss, your focus is on performance. In fact, you don’t need to know what’s actually wrong and you may never know specifically. What you *do* need to know is how and when they are going to improve their performance and how you and their co-workers can support them in getting whatever help they need so they can return to a fully functioning member of the team.



Support Employees Staying At Work – If They Can

Treatment professionals recognize the importance of continued employment. It provides structure to the day. It allows the employee to maintain a sense of identity, not to mention a source of income.

The supports to help an employee stay at work during treatment is formally called accommodation but what that really means is you or your manager and your employee putting you heads together and coming up with a plan for a modified work schedule, a reduction in tasks, flexible hours (to attend appointments) or other things you may identify. Put it into practice, adjust as you go along and in a nut shell, that’s accommodation. The focus remains on performance – how can the employee do his or her job despite challenges – and without undue burden on co-workers or the business?

Also, work with the whole team so that duties are re-distributed fairly and that the employee on modified work isn’t seen as letting the team down. The clear message from you is that, “This is how we support people here. It’s not *you* this time but if it ever is, we’ll be there for you too.”

What To Do When A Leave From Work Is The Best Option For Becoming Well Again

Sometimes the struggle gets too heavy – for you, the team or for the employee or for everyone. The employee’s physician may recommend time off work or if there is a crisis, the employee may be hospitalized.

This is the point where you need to ask yourself two serious questions:

- 1. If an employee of mine was hospitalized for a heart attack, would I visit him or her? Would co-workers reach out?
- 2. If an employee of mine was hospitalized for depression, would I visit him or her? Would co-workers reach out?

These questions get at the issue of stigma. It is a common experience for employees who have been off work for a mental illness or a hospitalization to hear nothing, not one word – from employers or co-workers.

As with a staying-at-work plan, the loss of even one worker places a burden on the rest of the team. Help redistribute the workload fairly so that the business can run smoothly and so that no one person or team is carrying the whole load. Let the team know that if they were off ill, you’d do the same for them so that they could recover without worrying about what was piling up back at work.

Here’s another thing you can do. Insofar as the employee welcomes it, stay in touch while they are off, noting that you are not a therapist, you’re the boss. Your goal is to have them come back to work and resume their place as a productive team member.

How To Support Their Return To Work

Staying in touch with an employee who is off work means that you can both better manage the transition back to work. Again, there may need to be some modifications to the work until the employee is fully functioning.

Also note that a returning employee is going to feel fragile. Their confidence has taken a hit. Ease them into their role and check in regularly – in a supportive “you can do it” way.



Conclusion

No, small businesses don’t necessarily have to develop formal policies and procedures like big organizations do. But it is important that you recognize the value of your own mental health and that of your employees – just the same as you would their physical health and safety. It takes some thought and some time – but the pay-off is especially valuable for a small business. After all, you hired and trained your employees and that is an investment you don’t want to throw away.

Additional Resources

**Job Role: Small Business Owner.** Great West Life Workplace Strategies for Mental Health.  
Available at: <http://www.workplacestrategiesformentalhealth.com/display.asp?l1=253&d=253>

**Questions To Ask Yourself Before Engaging An Employee In A Discussion About Job Performance.** Courtesy of Mental Health Works and published on the Great West Life Workplace Strategies for Mental Health website.  
Available at: [http://www.gwlcetreformentalhealth.com/english/pdf/Questions\\_to\\_ask\\_before\\_engaging\\_en.pdf](http://www.gwlcetreformentalhealth.com/english/pdf/Questions_to_ask_before_engaging_en.pdf)

**Managing Mental Health In The Workplace:** How to talk to employees, deal with problems, and assess risks.  
Courtesy of Mental Health Works.  
Available at: <http://www.mentalhealthworks.ca/employers/free-resources/managing-mental-health-in-the-workplace>  
This free downloadable booklet, in English and French, talks about the warning signs managers should look for, how to approach an employee who might be experiencing a mental illness and how to begin the accommodation process.

Summary Of Six Things Small Organizations Can Do

While the above chapter is more detailed, this checklist summarizes the main points.

- 1. Walk the talk - Look after your own mental health and work/life balance.
- 2. Educate yourself about mental illness.
- 3. Put it out there. Employees don’t have to hide it if they are experiencing a mental health problem.
- 4. Recognize when an employee is having a mental health problem, even if they don’t tell you.
- 5. Support the employee staying at work, if they can, while they get help.
- 6. If an employee has to take leave, stay in touch if it’s OK with them and support their return to being a productive team member.



## Summary of Survey Findings

An international study was commissioned by H. Lundbeck A/S (a global pharmaceutical company) with the intention of better understanding employee and employer perceptions regarding mental health in the workplace on a country-by-country basis. Thus far, the study has been completed in Mexico, South Africa, Australia, Canada and South Korea. It will be conducted in several more countries and will eventually result in a paper reporting comparative results.

The study is carried out in each country in partnership with a patient group. In Canada, Lundbeck worked with the Mood Disorders Society of Canada (MDSC). MDSC is now in a position to act on the results of the survey by developing this educational handbook.

Between January 21st and 28th, 2014, Ipsos MORI<sup>39</sup> conducted an online survey of 1000 people. Respondents were between the ages of 16 – 64 and were either current workers or managers or had been employed as workers or managers in the last 12 months. They were asked a series of questions about their own or their co-workers' experiences of depression in the workplace. Managers were specifically asked if they knew if any of their employees had experienced depression and what resources they had to help.

These are real people with real-life experiences. And this is what they said.

### *I'm afraid to go for help*

Fully 79% of those who reported experiencing depression themselves had never seen a physician to be diagnosed.

### *I'm afraid to tell*

Respondents said that they would feel nervous about revealing to a co-worker that they were struggling with depression but they were really reluctant to tell their employer for fear that they wouldn't understand or in a worst case scenario, would lose their job as a result of their illness.

### *Findings*

70% of respondents considered depression to be a private issue and would not let on about their illness to their employer. Of those, 39% felt their employer would not understand and 32% felt that to reveal their depression would put their job at risk.

### *No matter how hard I try, I can't hide the fact that I'm not well*

Co-workers were very aware of the impact on the workplace of people "soldiering on" with their depression.

### *Findings*

The most common observed behaviour of a depressed person was withdrawal from colleagues. Those who had experienced depression themselves agreed.

When asked how depression affected their workplace, respondents said that a person experiencing depression would be less productive (65%) and would likely have to take extended sick leave (49%). They also said that having a depressed co-worker would affect the mood of all employees (42%), cost the company money (33%) and would make other employees uncomfortable (30%).



### *I just keep on working*

Knowing they were less productive, people felt that they just had to keep going, if they could.

### *Findings*

75% continued to work even though they were experiencing the symptoms of depression, although 54% of those said that they had had to take time off at one time or another. Respondents reported that their depression affected their performance negatively.

### *When I just can't go on anymore*

The defining factor for those who had to take time off work was their experiences of the cognitive symptoms associated with depression (trouble concentrating, indecisiveness and forgetfulness). People who reported not having these symptoms seemed to be able to stay at work even though they were less productive.

### *Findings*

Experiences of cognitive symptoms were especially affecting with 62% of respondents, who had these symptoms, saying that they had to take time off work. Only 36% of those who did not report cognitive symptoms took time off.

Of those that took time off, they were away an average of 47 days (seven weeks).

### *Co-workers may be more understanding than I think*

For those who did speak with a co-worker, most found a sensitive response.

### *Findings*

Although respondents said they were afraid, 53% said they did tell a co-worker that they were depressed. In fact, 42% of co-workers reported that they suspected (but were not told) that a co-worker was depressed.

Despite their fears, when respondents told a co-worker about their depression, their colleague discussed it with them and asked if they could help in any way (48%). An additional 40% of respondents said that they encouraged their co-workers to talk with a health care professional.

### *Depression is serious*

Respondents identified depression as a serious illness. They could also accurately name the major symptoms.

### *Findings*

Depression was rated as more disabling than deafness, heart problems and alcoholism.

When respondents were asked about the major symptoms of depression, they were able to name low mood (74%) and loss of interest in daily life (72%).

For those who reported experiencing depression, 82% said their major symptoms were low mood (87% of the 82%) and loss of interest in daily activities (84% of the 82%). Other symptoms were insomnia (55%) and cognitive symptoms (trouble concentrating, indecisiveness and forgetfulness) (52%).

# Appendix 1

***I don't even know if members of my staff are experiencing a mental illness and if they were, I wouldn't know what to do.***

Some managers reported being aware that they had a depressed employee but others had no idea. Many said that their company had no formal support for employees experiencing depression.

## Findings

40% of managers reported that one or more of their employees had experienced depression but the same percentage (40%) said they didn't know if any of their employees had depression.

Of the employees who took time off for depression, 59% revealed the reason for their absence but 40% hid it.

67% of managers had no idea how many sick days employees took were related to depression and 33% said they had no formal support in their workplace to help them assist an employee who was experiencing depression. Of those that had formal support, 39% said that they felt it was good, but 25% reported that the available support was neither good nor bad, poor, or that they simply didn't know what quality it was.

When asked what they thought would help, 67% identified counselling services as their first preference while 44% thought training for all employees would help.

## References

39. Ipsos MORI is a large UK research firm, the result of a merger between two firms, Ipsos and MORI (MORI is an acronym for Market and Opinion Research International). It is a member of the international Ipsos Group.

# Appendix 2

## Summary of Resources

### For Employers

**The Elephant in the Room** is available at: <http://www.mooddisorderscanada.ca/>

“When you display your blue elephant, you show that you care about the wellness of others, that THIS is a safe place to talk about mental illness without fear of being looked upon differently, thought less of, or punished.”

The Mood Disorders Society of Canada has its own Mental Health in the Workplace guidelines that features tips on:

- Health and wellness in the Workplace.
- Developing workplace policy.
- Roles and responsibilities in developing workplace policies.
- Identifying problem areas.
- Workplace stress.
- Workplace stress audit.
- Maintaining work/life balance.
- Promoting wellness in the workplace.

Please visit : [www.mooddisorderscanada.ca](http://www.mooddisorderscanada.ca)

### The National Standard for Psychological Health and Safety.

Available at: [http://shop.csa.ca/en/canada/occupational-health-and-safety-management/canca-z1003-13bnq-9700-8032013/invt/z10032013/?utm\\_source=redirect&utm\\_medium=vanity&utm\\_content=folder&utm\\_campaign=z1003](http://shop.csa.ca/en/canada/occupational-health-and-safety-management/canca-z1003-13bnq-9700-8032013/invt/z10032013/?utm_source=redirect&utm_medium=vanity&utm_content=folder&utm_campaign=z1003).

You will have to enter your name and email address but the publication is free.

**Psychological Health and Safety: An action guide for employers.** Gilbert, M. & Bilsker, D. (2012). Commissioned by the MHCC.

Available at: <http://workwithus.ca/current-research/>

An easy to read, how-to manual to help employers work through a step by step implementation of a psychological health and safety protocol for their workplace. Each topic is introduced by “Why it matters” and then continues on to “How it is done.” Each section offers additional resources and many are illustrated with success stories from employers who have addressed mental health and mental illness in the workplace.

**Managing mental health in the workplace: How to talk to employees, deal with problems, and assess risks.** Mental Health Works.

Available at: <http://www.mentalhealthworks.ca/employers/free-resources/managing-mental-health-in-the-workplace>

This free downloadable booklet, in English and French, talks about the warning signs managers should look for, how to approach an employees who might be experiencing a mental illness and how to begin the accommodation process.

### Work With Us.

Available at: <http://workwithus.ca/>

This is a free workplace-based program that is a partnership between the **Mood Disorders Society of Canada** and the **Arthritis Society**. It offers supports to employees who are experiencing both depression and arthritis.



# Appendix 2

## Guarding Minds @ Work.

Available at: <http://www.guardingmindsatwork.ca/info>

This website is from the Canadian Centre for Occupational Health and Safety. It offers an extensive set of resources for how employers can implement psychological health and safety programs. For example, it lists 13 psychosocial factors in the workplace that can affect employees' mental health either positively or negatively and accompanies each with a definition and how-to downloadable pdf to help employers address each one.

## Great West Life Workplace Strategies for Mental Health.

Available at: <http://www.workplacestrategiesformentalhealth.com/>

This website follows the change management strategy suggested by the National Standard for Psychological Health and Safety and provides resources for topics like commitment and leadership, planning, implementation, evaluation and corrective action and management review. It also offers concrete advice on topics like prevention and promotion, accommodations that work and the employer's legal obligations.

## Return to work. Great West Life Workplace Strategies for Mental Health.

Available at: <http://www.workplacestrategiesformentalhealth.com/display.asp?l1=175&l2=5&d=5>

This resource is based on a guide developed for the Canadian Mental Health Association's program called Mental Health Works. It discusses topics such as: Maintaining contact during leave, co-workers' potential reactions during return, the role of the supervisor, the jobs and tasks of accommodation and the employee's and the employer's role in creating a workplace plan.

## Accommodation. Great West Life Workplace Strategies for Mental Health.

Available at: <http://www.workplacestrategiesformentalhealth.com/display.asp?l1=175&l2=6&d=6>

This is a comprehensive resource specifically for employees returning to work after a mental illness. It takes cognitive symptoms into consideration and offers ideas for accommodation when they are a lingering factor.

## Job role: Small business owner. Great West Life Workplace Strategies for Mental Health.

Available at: <http://www.workplacestrategiesformentalhealth.com/display.asp?l1=253&d=253>

**Questions to ask yourself before engaging an employee in a discussion about job performance.** Courtesy of Mental Health Works and published on the Great West Life Workplace Strategies for Mental Health website.

Available at: [http://www.gwlcentreformentalhealth.com/english/pdf/Questions\\_to\\_ask\\_before\\_engaging\\_en.pdf](http://www.gwlcentreformentalhealth.com/english/pdf/Questions_to_ask_before_engaging_en.pdf)

# Appendix 2

## For Employees

### What is Depression (English and French) brochure.

Available for free on the Mood Disorders Society of Canada website  
<http://www.mooddorderscanada.ca/>

This informative brochure outlines the symptoms of depression, the effective treatments and medications, what the path to recovery looks like and how to achieve wellness and a balanced life.

**What is Bipolar Disorder** (English and French) is a companion brochure also available for free at:

<http://www.mooddorderscanada.ca/>



### What Better Feels Like: Answers from people who've experienced depression.

Available at: <http://www.mooddorderscanada.ca/page/what-better-feels-like>

This resource is based on interviews with 10 people who have experienced depression. They answer questions such as, What is depression like? What are the signs of getting better? What helped and what didn't? What does better feel like? The results are two helpful documents and several videos that tell the stories of people who've experienced depression. Often the stories are told within the framework of how their illness affected their work life. The booklet is accompanied by online videos where many of the interviewees tell their story.

### What Better Feels Like: A Guide To Maintaining Wellness.

Available at: <http://www.mooddorderscanada.ca/page/what-better-feels-like>

This booklet is a companion to the "What better feels like" pamphlet. People who've experienced depression share their wellness plans and make the case that their health is their responsibility. They say they owe it to themselves but also to the people who love them.

### Antidepressant Skills At Work: Dealing With Mood Problems In The Workplace.

Available at: <http://comh.ca/antidepressant-skills/work/workbook/index.cfm>

This practical guide is accompanied by worksheets. It takes readers through the skills of effective problem solving, realistic thinking, how to reactivate their lives after depression and preventing relapse. It also addresses hard topics like whether or not you should tell co-workers about your depression and if it is time to take a leave from work. It is accompanied by a free workbook available at: <http://www.comh.ca/antidepressant-skills/adult/>

### Great West Life Workplace Strategies for Mental Health videos.

Available at: <http://www.workplacestrategiesformentalhealth.com/wti/HomeCaptionsTruePage.aspx>

This set of videos has real people talking about real experiences of depression in the workplace. It helps employees feel that they are not alone. It covers topics like who can help me at work, should I tell, how can I start to feel better, what to do about return to work and many more straightforward and useful subjects – from the perspective of people who've "been there."



# Notes

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Mood Disorders Society of Canada  
Société pour les troubles de l'humeur du Canada



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