WORKPLACE MENTAL HEALTH PROMOTION: A HOW-TO GUIDE
# Table of Content

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace Mental Health Promotion</td>
<td>3</td>
</tr>
<tr>
<td>Introduction and Purpose</td>
<td>5</td>
</tr>
<tr>
<td>Glossary</td>
<td>8</td>
</tr>
<tr>
<td><strong>Section 1: Workplace Mental Health – Core Concepts, Definitions and Issues</strong></td>
<td>13</td>
</tr>
<tr>
<td>What is Mental Health and Mental Illness?</td>
<td>14</td>
</tr>
<tr>
<td>Workplace Mental Health Promotion</td>
<td>17</td>
</tr>
<tr>
<td>Psychological Risk Factors</td>
<td>19</td>
</tr>
<tr>
<td>Issues in the Workplace That Affect Employee Mental Health</td>
<td>20</td>
</tr>
<tr>
<td>Stigma and Discrimination</td>
<td>21</td>
</tr>
<tr>
<td>Anti-stigma: Knowing The Facts and Speaking With Dignity and Respect</td>
<td>23</td>
</tr>
<tr>
<td>Stress</td>
<td>24</td>
</tr>
<tr>
<td>Work-life Balance</td>
<td>27</td>
</tr>
<tr>
<td>Presenteeism</td>
<td>29</td>
</tr>
<tr>
<td>Job Burnout</td>
<td>31</td>
</tr>
<tr>
<td>Harassment, Violence, Bullying and Mobbing</td>
<td>33</td>
</tr>
<tr>
<td>Mobbing</td>
<td>36</td>
</tr>
<tr>
<td>Substance Use, Misuse and Abuse at Work</td>
<td>38</td>
</tr>
<tr>
<td><strong>Section 2: Comprehensive Workplace Health Promotion – Affecting Mental Health in Workplace</strong></td>
<td>40</td>
</tr>
<tr>
<td>Introduction to Comprehensive Workplace Health Promotion</td>
<td>51</td>
</tr>
<tr>
<td>Element 1: Obtaining Management Support</td>
<td>52</td>
</tr>
<tr>
<td>Element 2: Establishing a Healthy Workplace Committee – How To Get Staff Involved</td>
<td>61</td>
</tr>
<tr>
<td>Element 3: Conducting a Situational Assessment – Getting To The Root of The Problem</td>
<td>62</td>
</tr>
<tr>
<td>Element 4: Developing a Healthy Workplace Plan – What To Do With Situational Assessment Results</td>
<td>64</td>
</tr>
<tr>
<td>Element 5: Developing a Program and Evaluation Plan</td>
<td>65</td>
</tr>
<tr>
<td>Element 6: Obtaining Management Support</td>
<td>79</td>
</tr>
<tr>
<td>Element 7: Implementing the Plan</td>
<td>80</td>
</tr>
<tr>
<td>Element 8: Evaluating CWHP Efforts</td>
<td>85</td>
</tr>
<tr>
<td><strong>Conclusion</strong></td>
<td>92</td>
</tr>
<tr>
<td><strong>Additional Resources</strong></td>
<td>93</td>
</tr>
<tr>
<td><strong>Appendix A – Printable Resources</strong></td>
<td>94</td>
</tr>
<tr>
<td><strong>Appendix B – Healthy Workplace Committee Materials</strong></td>
<td>110</td>
</tr>
<tr>
<td><strong>Appendix C – Bibliography</strong></td>
<td>121</td>
</tr>
</tbody>
</table>
Workplace Mental Health Promotion

This resource was developed in partnership with The Health Communication Unit at the Dalla Lana School of Public Health, University of Toronto, and the Canadian Mental Health Association, Ontario. This is the latest in a series of resources on workplace health promotion. This series includes Introduction to Comprehensive Workplace Health Promotion, Influencing the Organizational Environment to Create Healthy Workplaces and Evaluating Comprehensive Workplace Health Promotion. These resources are available on The Health Communication Unit’s Workplace Project website at www.thcu.ca/workplace.

The Canadian Mental Health Association, Ontario (CMHA Ontario)

Founded in 1952, CMHA Ontario is a non-profit, charitable organization committed to improving the lives of people with mental illness and their families, and to the promotion of mental health for all Ontarians.

CMHA Ontario achieves its mission through public education; applied research and policy analysis; by advocating for healthy public policy; and by advocating for an effective and efficient health system. CMHA Ontario also developed and operates Mental Health Works, an award-winning national workplace mental health training program. See www.mentalhealthworks.ca.

CMHA Ontario is a dedicated partner within the network of CMHAs at the national, provincial and local level. CMHA Ontario works closely with its 33 branches to ensure best practices in the organization and management and to ensure the delivery of services to consumers and families of individuals with mental illness, dual diagnosis and concurrent disorders. The CMHA in Ontario works in a variety of partnerships to provide a co-ordinated continuum of care using the social determinants of health model.

For more information on CMHA Ontario, visit www.ontario.cmha.ca.

The Health Communication Unit (THCU)

THCU at the Dalla Lana School of Public Health, University of Toronto (U of T), is funded by the Ontario Agency of Health Protection and Promotion (OAHPP). Founded in 1993, THCU was developed to provide training and support in health communication. In 1997 and 1998, its mandate was expanded to include health promotion planning, evaluation and policy change. In 2000, it was further expanded to include sustainability. That same year, THCU received extra funding to research and develop resources for health promotion in the workplace. This was the beginning of the Comprehensive Workplace Health Promotion (CWHP) project, now in its tenth year.

The purpose of THCU’s CWHP project is to contribute to, support and otherwise improve workplace health promotion activities that assist adults in Ontario workplaces in leading healthy lives, through the provision of services and materials to intermediaries. The CWHP is designed to increase the capacity of intermediaries to guide those in workplaces who make decisions about the activities and services provided to employees.
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**INTRODUCTION AND PURPOSE**

Many Canadian organizations know they need to create a mentally healthy workplace and to adopt mentally healthy practices and policies. However, many do not know what constitutes a mentally healthy workplace, how it would function or how to start moving toward creating one. According to Shepell-fgi, 84 percent of organizations have no process in place to address significant changes in employee productivity or behaviours.¹

The purpose of this resource is to provide workplace intermediaries with a high-quality, research-based, practical tool to improve the health of individuals and organizations. The focus of this resource is on creating mentally healthy workplaces that promote positive mental health and mental well-being for all employees. This resource uses a CWHP approach, which is defined as an approach to protecting and enhancing the health of employees, one that relies on and builds upon the efforts of employers to create a supportive management under and upon the efforts of employees to care for their own well-being. It is a continuous process that looks at environmental improvement (physical, psychosocial, organizational, economic), personal empowerment and personal growth. Readers are invited to explore this resource for information, ideas and resources for their workplaces.

This Info-Pack is not specifically focused on working with individuals experiencing mental illness within the workplace; however, the promotion of mental health within a workplace positively affects those with and without mental illness. Therefore, downstream and reactive workplace topics that focus on mental illness, such as return-to-work and accommodation, will not be discussed in this resource. However, with one in five Canadians experiencing a mental illness, breaking down stigma and discrimination within the workplace is an important part of creating a mentally healthy workplace. Therefore, stigma and discrimination will be addressed. As stigma and discrimination are reduced, employees who have a mental illness are able to receive the support they need. Also, this will ensure that other employees, who do not currently have a mental illness, will know that it’s safe to seek help if ever needed.

**BACKGROUND**

Over the past couple of years there has been a stronger demand to address stress, mental health and mental illness in the workplace. The financial cost associated with mental illness to the Canadian economy is staggering at an estimated $51 billion per year from health care expenditures and lost productivity.² In fact, 56 percent of Canadian employers consider the continuous rise in employee mental health claims to be a top concern.³ With most adults spending so many of their waking hours at work, the workplace environment is now acknowledged as a key determinant of health.

CMHA Ontario and THCU are not strangers to working collaboratively with the private and public sector to assist in improving workplace environments. Both organizations have conducted needs assessments and have identified a need to develop further support information on mental health promotion in the workplace, specifically around CWHP. For more information on CMHA’s study entitled *Research Snapshop: Workplace Health Promotion*, see [www.ontario.cmha.ca/network_story.asp?cID=121256](http://www.ontario.cmha.ca/network_story.asp?cID=121256).

How to use this resource

This resource is divided into two sections. Section 1 provides information on mental health, answering questions such as, “What is mental health?” and “What is mental illness?” Section 1 looks at issues related to mental health in the workplace, such as work-life balance, bullying and stress.

Section 2 provides information on creating mentally healthy workplaces by taking a comprehensive approach to workplace health promotion. The information in Section 2 is divided into eight comprehensive workplace health promotion elements (see the diagram below). Each element has an overview of the issues related to workplace mental health promotion and will provide additional information, tools and case studies to enrich the material and enhance the usability of the content.
Throughout this Info-Pack, additional **information**, **tools** and **case studies** are provided to illustrate the concept more clearly. The tools will aid in the completion of the element they are linked to.

**Symbols used throughout this resource:**

- **Information**: Free resources, such as fact-sheets, articles and documents.
- **Tools**: Interactive and useful resources, such as a logic model creator, situational assessment catalogue and surveys.
- **Case Studies**: Real examples of the concepts in practice.

The appendix contains additional templates and tools to simplify workplace health promotion programming.
**Glossary**

**Burnout** is a state of physical, emotional and mental exhaustion caused by long-term exposure to demanding work situations. Burnout is the cumulative result of stress.\(^5\)

Comprehensive Workplace Health Promotion (CWHP) is an approach to protecting and enhancing the health of employees that relies and builds upon the efforts of employers to create a supportive management under and upon the efforts of employees to care for their own well-being.\(^6\) It is a continuous process that looks at environmental improvement (physical, psychosocial, organizational, economic), personal empowerment and personal growth.\(^7\)

**Concurrent disorder:** An individual who is experiencing both a mental illness and a substance abuse problem.\(^8\)

**Consumer, consumer/survivor and survivor** are North American terms to describe people who have experienced mental illness. These terms are used to value the particular experience and point of view that people who have, or have had, mental illness bring with them.\(^9\)

**Discrimination** describes the way people living with mental illness are treated, intentionally or unintentionally, due to stigma. People with mental illness are often treated with disrespect, experiencing such behaviours as exclusion, bullying, aggression, ridicule and devaluation. Such discrimination can result in limits and barriers to many of life’s opportunities.\(^10\)

**EAP** is an Employee Assistance Program.

**Employee Assistance Program (EAP)** is a confidential, voluntary program of information, referral and/or counselling designed to help employees with a variety of personal problems.

**Employee health program** is a program designed to maintain or enhance employee health. Also referred to as workplace health program.

**Environment** refers to the surroundings, conditions, or circumstances that affect people’s lives. In this document it refers to the factors in the workplace or at home that affect employee wellness.

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Environmental scan: a form of situational assessment.

Feedback groups are informal group sessions led by a facilitator and designed to elicit information on a specific topic. In this document, feedback groups refer to groups of 10-12 employees participating in a feedback session to help validate and enhance survey results.

Flourishing mental health is an individual's subjective well-being, of which there are several dimensions – emotional well-being (e.g., positive affect, happiness, life satisfaction), psychological well-being (e.g., self-acceptance, personal growth, purpose), and social well-being (e.g., social acceptance). 11

Fitness is the degree to which a person's physical condition is conducive to good health.

Health is the extent to which a person's physical, mental and spiritual resources enable them to cope with the environment.

Health practices are voluntary activities affecting health, such as smoking, exercise and diet.

Indicator: a category of change that is used to judge programs.

Languishing mental health is the absence of mental health (extremely poor) and the opposite of flourishing (optimal mental health). People who are languishing are neither mentally ill nor mentally healthy; rather, they are living lives of despair, “running on empty,” and feeling “hollow” or devoid of positive emotions toward life (Keyes, 2003; Keyes & Haidt, 2003). 12

Logic model is a diagrammatic representation of a program. 13 A logic model provides a graphic depiction of the relationship between the main strategies of a program and associated goals, objectives, population(s) of interest, indicators and resources.

Mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” 14

Mental health literacy is the knowledge and skills that enable people to access, understand and apply information to mental health.

Mental health promotion is the process of developing positive mental health for and with the community in general, and for and with individuals who experience mental illness. The concept of mental health promotion recognizes that people’s mental health is inextricably linked to their relationship with others, environmental and lifestyle factors, and the degree of power they can exert over their lives.\textsuperscript{15}

Mental illness is “a recognized, medically diagnosable illness that results in the significant impairment of an individual’s cognitive, affective, or relational abilities.”\textsuperscript{16}

Mobbing is an ongoing, systematic and often unintentional bullying, such as social ostracism and exclusion, of an individual by his or her colleagues.\textsuperscript{17}

Needs assessment is a process or tool designed to gather information on the health needs of employees with reference to their health practices and the work environment.

Organizational culture refers to the underlying values and beliefs that guide workplace behaviours.

Personal resources, in this document, refers to the psychological and social means by which people cope with the various stresses in their environment.

Presenteeism is the reduced productivity of someone who is present at work but either physically and/or mentally unwell, and therefore not as effective, efficient or productive as they would normally be.\textsuperscript{18} It is an inability to focus and achieve work outcomes due difficulty concentrating because of stressors. The distracting stressors often include health problems, workplace conflict, bullying and home-life issues.

Psychological health is a state of mental well-being which consists of the ability to think, feel and behave in a manner that enables a person to perform at work and at home.

Psychological injury is a stress-related emotional condition resulting from real or imagined threats or injuries that may become the subjects of personal injury litigation, workers compensation claims, criminal injury compensation, other disability claims or human rights tribunals. It is an injury to mental well-being and/or an injury to or loss of cognitive function.\textsuperscript{19}

Psychological safety is the risk that a worker might experience injury to, or loss of, cognitive function or injury to mental well-being. It calls for taking precautions in order to avert injury, danger or loss to cognitive function and to maintain mental well-being.\textsuperscript{20}

\begin{itemize}
\item \textsuperscript{17} Mental Health Works, “Cubicle bullies: “Mobbing” at work,” Canadian Mental Health Association, Ontario, \url{www.mentalhealthworks.ca/articles/mobbing_at_work.asp} (accessed January 6, 2010).
\item \textsuperscript{18} Joan Burton, “Healthy workplace framework and model: Background and supporting literature and practices,” World Health Organization (2009). \url{www.who.int/occupational_health/healthy_workplace_framework.pdf}
\item \textsuperscript{20} Guarding Minds at Work, “What is psychological safety and health?” \url{http://www.guardingmindsatwork.ca/SafetyWhat.aspx} (accessed November 9, 2009).
\end{itemize}
Psychologically safe workplace is a workplace that does not permit harm to employee mental health in careless, negligent, reckless or intentional ways.

Psychosocial Risk Factors (PSRs) are organizational factors that impact psychological safety and health of employees.

Qualitative research is the gathering and analysing of data based on interviewees’ own perceptions or experiences in order to provide insight into their beliefs about their circumstances rather than measurable data.\(^\text{21}\)

Quantitative research is the gathering and analysing of measurable data.\(^\text{22}\)

Situational assessment is a process that identifies analyzes and prioritizes what is required of a program by looking at the problems and difficulties, as well as the assets and opportunities of a community or organization.\(^\text{23}\)

Societal norms are customs, expectations and standards for behaviour that exist within a group of people, culture or society. Social norms may be explicit or implicit.

Stigma is the negative and prejudicial ways in which people living with mental illness are labelled. Stigma is an internal attitude and belief held by individuals, often about a minority group such as people with mental illness.\(^\text{24}\)

Substance abuse, in this document, refers to “a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.”\(^\text{25}\)

Stress, in this document, as in most health promotion literature, refers to potentially negative physical or mental tensions experienced by a person.

Stressor refers to any event or situation that an individual perceives as a threat; precipitates either adaptation or the stress response.\(^\text{26}\)

Target group is a group that has a common need, can be identified as having that need and can be reached through health programs.


\(^{22}\) Ibid.


**Wellness and well-being** is the personal experience of physical and mental health.

**Work-life balance** is a state of well-being that a person can reach, or can set as a goal, in order to allow that person to manage effectively multiple responsibilities at work, at home and in the community. Work-life balance is different for everyone. It supports physical, emotional, family, and community health and does so without grief, stress or negative impact.27

**Work-life conflict** occurs when roles within the workplace and outside it are overwhelming to an employee or interfering with one another.28

**Workplace**: the organization or business employing a person.

**Workplace bullying** is repeated, unreasonable or inappropriate behaviour directed towards a worker, or group of workers, that creates a risk to health and safety.

**Workplace harassment**: engaging in a course of vexatious comments or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome.

**Workplace health committee** is the committee or task group responsible for developing workplace health programs.

**Workplace health promotion program** is a continuous process for the enhancement of the quality of working life, health and well-being of all working populations (management and employees) through environmental improvement (physical, psychosocial, organizational, economic), personal empowerment and personal growth.29

**Workplace violence** is an exercise of physical force or the attempt to exercise physical force by a person against a worker in a workplace that causes, or could cause, physical injury to the worker.

**Worksite** is the actual place of work.

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SECTION 1

Workplace Mental Health - Core Concepts, Definitions and Issues
**What is Mental Health and Mental Illness?**

**Mental health** is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.\(^{30}\)

**Mental illness** is a recognized, medically diagnosable illness that results in the significant impairment of an individual’s cognitive, affective or relational abilities. Mental disorders result from biological, developmental and/or psychosocial factors and can be managed using approaches comparable to those applied to physical disease (i.e., prevention, diagnosis, treatment and rehabilitation).\(^{31}\)

Although the terms are often used interchangeably, mental health and mental illness is not the same thing; but they are also not mutually exclusive. A fundamental difference between mental health and mental illness is that everyone has some level of mental health all of the time, just like physical health, whereas it is possible to be without mental illness. Mental illness is extremely prevalent in Canada and around the world. However, the main burden of illness is concentrated in a much smaller proportion — about 6 percent, or one in 17, who suffer from a serious mental illness.\(^{32}\) Figure 2, shown to the right, is adapted from Mental Health for Canadians: Striking a Balance. It illustrates how mental health and mental illness are found on two separate continuums. Optimal mental health, often referred to as mental well-being or mental wellness, is at one end of the continuum, while poor mental health, also referred to as languishing, is at the other end. On the horizontal axis, having a serious mental illness is at one end of the continuum, while having no symptoms of a mental illness is at the other end. Ultimately, this means that someone can be mentally healthy with a mental illness and that someone can have poor mental health without a mental illness.\(^{33}\)

One in five Canadians meets the criteria for having a mental illness in their lifetime, 24.1 percent of women and 17.0 percent of men — this 20 percent affects every one of us, whether at work, at home or personally.

*(Government of Canada. The Human Face of Mental Health and Mental Illness in Canada 2006.)*

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Despite poor mental health not defined as an illness, having poor mental health is associated with emotional distress and psychosocial impairment comparable to that of a major depressive episode. The effects of poor mental health are both severe and prevalent, with poor mental being more common than depression.

The three most significant determinants of mental health are:

- social inclusion;
- freedom from discrimination and violence;
- access to economic resources.

These factors are inextricably intertwined with employment. As workplaces develop mental health promotion programs, these determinants must be addressed in the programming.

Mental health is not static

It is important to remember that mental health and mental illness are not static; they change over time depending on many factors. Some of the factors that influence mental health include: levels of personal and workplace stress; lifestyle and health behaviours; exposure to trauma; and genetics. When the demands placed on any individual exceed their resources and coping abilities, their mental health will be negatively affected. Two examples of common demands that have the ability to wear away at people are: i) working long hours under difficult circumstances, and ii) caring for a chronically ill relative. Economic hardship, unemployment, underemployment and poverty also have the potential to undermine mental health. In fact, three out of 10 Canadian employees report that their work environments are not psychologically safe or healthy.

Types of mental illnesses

There are many different types of mental illnesses, just as there are many types of physical illness. Some of the defining characteristics of a mental illness are:

- that it is a recognized, medically diagnosable illness;
- that it can cause significant cognitive, affective, or relational impairment;
- that it results from biological, developmental and/or psychosocial factors;
- that it can be managed using physical disease approaches (i.e. prevention, diagnosis, treatment and rehabilitation).

Research on mental illness is evolving. As time passes, more mental illnesses are being discovered and diagnosed. Some of the more common and well researched mental illnesses, by category of illness, include:

- **Mood disorders (affective disorders):** Depression, mania and bipolar
- **Anxiety disorders:** Generalized anxiety disorder, post-traumatic stress disorder, obsessive-compulsive disorder, panic disorder
- **Psychotic disorders:** schizophrenia
- **Concurrent disorders:** addictions and substance abuse
- **Personality disorders:** antisocial personality disorder, obsessive-compulsive personality disorder

Mental illness is much like diabetes, heart disease and a broken leg — one can live with it and recover from it. Recovery is not an end state; it does not mean that the individual no longer has depression, schizophrenia or another mental illness. Recovery means that the person has stabilized and regained their role in society.37 Learning more about mental health and mental illness is a crucial step in dispelling stigma, stopping prejudice and promoting early identification and effective treatment.

Information: Report on Improving the Health of Canadians: Exploring Positive Mental Health

Exploring Positive Mental Health (Archived Resource) is a two hour and fifteen minute web-conference recording that features CPHI’s most recent report, “Improving the Health of Canadians: Exploring Positive Mental Health.”

**Workplace Mental Health Promotion**

A workplace health promotion program is a series of activities, initiatives and policies developed for the continuous enhancement of the quality of working life, health and the well-being of all working populations. These interventions are developed to improve the environment (physical, psychosocial, organizational, economic), to increase personal empowerment and for personal growth development.38

There is no blueprint for a mentally healthy workplace because every workplace is different: the people doing the work, the work that needs to be done, the leaders running the organization, the size of the organization, the external environment that influences the societal norms, and the external resources the company draws. They all affect employee mental health.

As illustrated in the diagram, workplace health promotion activities can fall under three categories: occupational health and safety, health and lifestyle practices and organizational culture. In practice, workplace health promotion activities can fall under multiple categories.

This model is discussed in more detail in Section 2: Comprehensive Workplace Health Promotion - Affecting Mental Health in Workplace.

Below are eight strategies that positively affect mental health in the workplace.39

**Eight workplace strategies to promote mental health:**

1. Encouraging active employee participation and decision making.
2. Clearly defining employees’ duties and responsibilities.
4. Encouraging respectful and non-derogatory behaviours.
5. Managing workloads.
6. Allowing continuous learning.
7. Having conflict resolution practices in place.
8. Recognizing employees’ contributions effectively.

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Similar to mental health promotion in the workplace, the effects of more general workplace health promotion initiatives are broad reaching and can build on each other. Programs focused solely on improving workplace mental health can produce multiple benefits.

**Possible benefits of a comprehensive workplace health promotion program include:**

**Improved**: productivity, morale and employee satisfaction, staff retention, staff co-operation, creativity, loyalty to company and recruitment

**Reduced**: medical leave, staff turnover (and therefore lower recruitment and training costs), workplace injuries and accidents, work time lost, health costs, absenteeism and presenteeism (inability to concentrate at work and to achieve work outcomes)

**What is a mentally healthy workplace versus a psychologically healthy workplace?**

**Psychological injuries** are stress-related emotional conditions resulting from real or imagined threats or injuries.

Psychologically healthy workplaces and mentally healthy workplaces are synonymous terms that describe the same high-functioning, respectful and productive workplace. The term “psychologically healthy workplace” is often used in the context of prevention of psychological injury. The term “mentally healthy workplace” is often used within the context of mental health promotion and is often viewed as a strategy used to reduce risk factors for developing mental illness.

As mentioned, environments that follow occupational health and safety legislation and guidelines show respect for the health of its employees. Occupational health and safety guidelines vary by province so it’s important to check industry-specific, jurisdictional guidelines.

**Information:**

- **Mental Health Works** provides information on employer’s duty to accommodate and their need to manage the performance of employees with mental health issues. See [www.mentalhealthworks.ca](http://www.mentalhealthworks.ca).
- **WorksWell** provides information on workplace mental health promotion. See [www.ontario.cmha.ca/workswell](http://www.ontario.cmha.ca/workswell).
- **Stress at Work, Mental Injury and the Law in Canada** is a discussion paper from the Mental Health Commission of Canada. This report provides a detailed overview of the legal regulations facing employers with respect the stress and mental health in the workplace.

**Tools:**

- **Check Up from the Neck Up** is a simple, online, private, mental health check-up. This site provides information on common mood disorders. See [www.checkupfromtheneckup.ca](http://www.checkupfromtheneckup.ca).
Psychosocial Risk Factors (PSRs) are organizational factors that impact the psychological safety and health of employees. These factors include the way work is carried out and the context in which work occurs. PSRs have the ability to affect employee mental responses to work and to cause mental health problems.

Guarding Minds @ Work identified the 12 PSRs below:

1. **Psychological Support**: a work environment where co-workers and supervisors are supportive of employees’ psychological and mental health concerns, and respond appropriately as needed
2. **Organizational Culture**: a work environment characterized by trust, honesty and fairness
3. **Clear Leadership & Expectations**: a work environment where there is effective leadership and support that helps employees know what they need to do, how their work contributes to the organization and whether there are impending changes
4. **Civility & Respect**: a work environment where employees are respectful and considerate in their interactions with one another, as well as with customers, clients and the public
5. **Psychological Job Fit**: A work environment where there is a good fit between employees’ interpersonal and emotional competencies, their job skills and the position they hold
6. **Growth & Development**: a work environment where employees receive encouragement and support in the development of their interpersonal, emotional and job skills
7. **Recognition & Reward**: a work environment where there is appropriate acknowledgement and appreciation of employees’ efforts in a fair and timely manner
8. **Involvement & Influence**: a work environment where employees are included in discussions about how their work is done and how important decisions are made
9. **Workload Management**: a work environment where tasks and responsibilities can be accomplished successfully within the time available
10. **Engagement**: a work environment where employees enjoy and feel connected to their work and where they feel motivated to do their job well
11. **Balance**: a work environment where there is recognition of the need for balance between the demands of work, family and personal life
12. **Psychological Protection**: a work environment where employee psychological safety is ensured

**Tools:**

- **Guarding Minds @ Work (GM@W)** is a resource that assists employers in assessing the psychological health and safety of their workplace and offers practical solutions for developing mentally healthy environments. This tool was developed as a public resource to support employers in meeting upcoming legal requirements for providing a psychologically safe workplace and ultimately protect employees’ mental health. See [www.guardingmindsatwork.ca](http://www.guardingmindsatwork.ca).
**Issues in the Workplace that Affect Employee Mental Health**

There are several key issues shown to have a significant effect on employee mental health. Within each key issue are various factors that organizations need to consider in their efforts to create a mentally healthy workplace.

The following issues affecting employee mental health fall under one or multiple psychosocial risk (PSR) factors. These PSRs will be used as a common thread throughout this guide; they will be linked to specific assessment tools and program activities that can be used within a workplace to address specific risk factors.

Stress and work-life balance issues are extremely prevalent in Canada. The 2005 Statistics Canada biennial Canadian Community Health Survey (CCHS), noted that three in 10 workers found most work days “quite a bit” or “extremely” stressful. More research and development has been focused on stress and work-life balance, which is why these topics are not discussed in as much detail as stigma and discrimination, harassment, violence, bullying, mobbing and substance use, misuse and abuse. High quality resources focusing on stress and work-life balance have already been developed; some of these resources are listed in the additional information and tools sections.
**STIGMA AND DISCRIMINATION**

**Discrimination**: The way people living with mental illness are treated, intentionally or unintentionally, due to stigma. People with mental illness are often treated with disrespect, experiencing such behaviours as exclusion, bullying, aggression, ridicule and devaluation. Such discrimination can result in limits and barriers to many of life’s opportunities.  

**Stigma**: The negative and prejudicial ways in which people living with mental illness are labelled. Often that means being labelled as nothing more than the disease itself. Stigma is an internal attitude and belief held by individuals, often about a minority group such as people with mental illness.

- 50 percent of Canadians would tell friends or co-workers that they have a family member with a mental illness, whereas 68 percent would disclose a family member’s diagnose of diabetes and 72 percent for cancer.
- 12 percent of Canadians said they would hire a lawyer who has a mental illness.
- 49 percent of Canadians say that they would socialize with a friend who had a serious mental illness.
- 46 percent of Canadians think people use the term mental illness as an excuse for bad behaviour.
- 27 percent are fearful of being around people who suffer from a serious mental illness.

In the workplace, attitudes toward mental health and mental illness make a big difference for all employees but especially for those experiencing mental health issues.

Mental illness is often called an invisible illness. Often, the only way to know whether someone has been diagnosed with a mental illness is if they tell you. The majority of the public is unaware of how many mentally ill people they know and encounter every day. And, mental illness doesn’t discriminate; anyone can develop a mental illness or experience poor mental health (languishing). People facing these issues often face discrimination due to stigma.

An organization may need to address stigma and discrimination before its members would be willing to talk about mental health and to make positive changes. Mental health literacy in the workplace is critical to combating stigma.

Self-stigma, or embarrassment about having a mental illness, often keeps people from seeking treatment for what is often a very treatable illness. Organizations that are committed to the mental health of their employees are pro-active in implementing policies and programs that promote the positive mental health of employees and support early identification, treatment and recovery of employees experiencing mental illness.

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41. Ibid
43. Ibid
44. Ibid
45. Ibid
46. Ibid
The consequences of stigma

Stigma is deeply discrediting and isolating and causes feelings of guilt, shame, inferiority and a wish for concealment. Canadians acknowledge that they exhibit stigma towards people with serious mental illnesses such as schizophrenia. Stigma and discrimination in the workplace causes negative repercussions for individuals experiencing mental health problems as well as for the rest of the staff team. Some of the negative repercussions include:

- delayed access to treatment that promotes disability and impedes recovery;
- weakened social support;
- hindered social integration;
- the prevention and obstruction of the performance of social roles;
- reduced quality of life;
- diminished self-esteem;
- increased unemployment.

**Anti-stigma: Knowing the Facts and Speaking With Dignity and Respect**

Stigma is not just a matter of using the wrong word or action. Stigma is about disrespect. It is a personal attitude and belief that negatively labels a group of people, such as those with mental illness. Stigma creates fear and consequently results in discrimination which discourages individuals and their families from getting the help they need. One study found that 30 percent of people who experience mental illness have experienced stigma in the workplace.

**Anti-stigma: speaking with dignity and respect**

There are many ways to describe people; some are respectful, sensitive and provide dignity, while others do not. It is important that organizations ensure everyone within a workplace is treated with respect. Often people are unintentionally or intentionally exposed to stigma through words. The following are some examples of ways to show sensitivity through words:

<table>
<thead>
<tr>
<th>Do...</th>
<th>Do NOT...</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use respectful language.</td>
<td>• Portray successful people with disabilities as the exception.</td>
</tr>
<tr>
<td>• Emphasize abilities, not limitations.</td>
<td>• Use generic labels such as “retarded” or “the mentally ill.”</td>
</tr>
<tr>
<td>• Refer to the person not the disability or illness (e.g., “person with schizophrenia” rather than the “schizophrenic”).)</td>
<td>• Use terms like “crazy,” “lunatic,” “manic depressive,” or “slow functioning” in general conversation and much less when speaking to the individual with a lived experience in mental illness. The term “insane” (unsound mind) should only be used in a strictly legal sense.</td>
</tr>
<tr>
<td>• Tell people when they express a stigmatizing attitude.</td>
<td></td>
</tr>
</tbody>
</table>

**Information:**

- **Stigma and Mental Illness**, by CMHA, Ontario, provides organizations with more information on stigma, its effects, and how to stop it. See [www.ontario.cmha.ca/fact_sheets.asp?cID=2795](http://www.ontario.cmha.ca/fact_sheets.asp?cID=2795).
- **Stigma: The Facts**, by the Mental Health Commission of Canada, provides a brief printer ready PDF describing stigma and its effects.
- **A Way with Words and Images** is a resource developed by Human Resources and Skills Development Canada to provide information on how to speak with dignity. See [www.hrsdc.gc.ca/eng/disability_issues/reports/way_with_words/page08.shtml](http://www.hrsdc.gc.ca/eng/disability_issues/reports/way_with_words/page08.shtml).

**Tools:**

- **Stigma**: Understanding the Impact of Prejudice and Discrimination on People with Mental Health and Substance Use Problems is a PDF brochure by CAMH. See [www.camh.net/Care_Treatment/Resources_clients_families_friends/stigma_brochure.pdf](http://www.camh.net/Care_Treatment/Resources_clients_families_friends/stigma_brochure.pdf).

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**Stress**

Stress, in this document, as in most health promotion literature, refers to potentially negative physical or mental tensions experienced by a person. A Stres sor is any event or situation that an individual perceives as a threat; precipitates either adaptation or the stress response.  

Employers and employees alike talk about stress. However, it is often not clear what stress is. Stress can come from good and bad experiences. The effects of stress can be positive or negative. Stress is needed; without stress, there would be no productivity or engagement. Stress becomes a problem when individuals are not able to handle an event or situation and become overwhelmed.

Sources of stress are different for everyone. An environmental factor that hinders the work of one employee can help another employee. For example, one employee may like a lot of structure and routine in their day, while another employee may need variety and challenge to stay engaged.

**Demand/control and effort/reward relationships**

The major causes of job stress come from problems with conflicts in demand vs. control as well as effort vs. reward. Excessive job stress can be caused by many factors but research shows that some stressors are worse than others. When the demand and control an employee has at work changes, stress results if either factor is not increased or decreased proportionately. The same is true for the relationship between effort and reward. Social support, however, can serve as a buffer for the negative effects of stress and strain on an individual.

**High demand** (e.g., constant deadlines over prolonged periods) and **low control** (e.g., little choice over the day to day organization of work) jobs can lead to:

- more than double the rate of cardiovascular problems. They also lead to significantly higher rates of anxiety, depression, and low morale;
- significantly higher alcohol, prescription and over-the-counter drug use and a significantly higher susceptibility to infectious diseases—which in turn lead to increased disability claims.

**High effort** (physical or mental) and **little reward** (compensation, status, financial gain or career enhancement) jobs are associated with:

- triple the rate of cardiovascular problems;
- significantly higher rates of depression, anxiety and conflict-related problems.


Accumulated home and job stress affects an individuals’ health too. More information on this is provided in the work-life balance section of this Guide.

Organizations need to be aware of the amount of stress their employees are experiencing. Changes to the organization can make for a more mentally healthy workplace, especially when employees feel appropriately rewarded for their effort and in control of their work.

**Case study: giving employees control at Delta Hotels**

**Situation:** Keeping employees engaged through giving them more control.

**Action:** The Power to Please program was initiated to give employees more responsibility and accountability. By giving employees the authority to make decisions, it was thought that this would get rid of the stress of asking for permission. For example, staff can give a guest more towels or more coffee when asked. Housekeepers have input into cleaning products, processes for cleaning and amenity packages. If a customer complains, staff members have the authority to have room service send up a cheese tray with an apology.

**Result:** Employees have gained more control over their work. They stay more engaged because they know their work directly impacts the business.

To read the whole case study visit [www.vifamily.ca/library/social/delta.html](http://www.vifamily.ca/library/social/delta.html).

**Case study: rewards and recognition at Lee Valley**

**Situation:** Lee Valley Tools wanted to recognize and reward its employees.

**Action:** Lee Valley implemented a series of small programs and policies to recognize and reward its employees. One example is Lee Valley’s profit sharing program for its employees. Rather than pro-rate the profits based on performance or salary, the company takes 25 percent of pre-tax profit and distributes it equally among all the employees, from senior management to warehouse staff.

**Result:** Employees feel that they are valued and appreciated by management.

To read the whole case study visit [www.vifamily.ca/library/social/lee_valley.html](http://www.vifamily.ca/library/social/lee_valley.html).

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Information:

- **Mental Health at Work... From Defining to Solving the Problem** is a series by the Chair in Occupational Health and Safety (OHS) Management at Université Laval. It comes in a kit made up of three booklets on the scope, causes and prevention of workplace stress. This kit deals with the problem of workplace stress, which affects both individuals and organizations, and attempts to analyze its symptoms, causes and consequences. See [www.cgsst.com/eng/publications-sante-psychologique-travail/trousse-la-sante-psychologique-au-travail.asp](http://www.cgsst.com/eng/publications-sante-psychologique-travail/trousse-la-sante-psychologique-au-travail.asp).

- **Work Related Stress - Together We Can Tackle It** is a site by the Health and Safety Executive. It provides resources for stress prevention, management and reduction. See [www.hse.gov.uk/stress](http://www.hse.gov.uk/stress).

- **Coping with Stress mini-site** is a CMHA resource that provides information on what workplaces can do to reduce stress and to help their employees cope with it. See [www.cmha.ca/english/coping_with_stress](http://www.cmha.ca/english/coping_with_stress).

Tools:

- **Are You Stressed?** is a printable resource in the appendix. This resource can be used to raise employees’ awareness and knowledge about stress and its effects.
**Work-Life Balance**

**Work-life balance** is a state of well-being that a person can reach or can set as a goal in order to allow them to manage effectively multiple responsibilities at work, at home and in their community. Work-life balance is different for everyone and it supports physical, emotional, family and community health and does so without grief, stress or negative impact.  

**Work-life conflict** occurs when individuals, at any level within an organization, find their roles within the workplace and outside it are overwhelming to them or interfering with one another.

Poor work-life balance can directly negatively impact an individual’s mental health and it can also hinder the prevention and management of mental illness.

Work-life balance falls directly into PSR 11, Balance, from the Guarding Minds @ Work list. It is defined as “a work environment where there is recognition of the need for balance between the demands of work, family and personal life.” Poor work-life balance can directly impact an individual’s mental health and mental illness prevention and management. A recent study found a significantly higher prevalence of anxiety and depression in employees who work more than 49 hours per week.  

There may be periods when employees may have to work more than their normal hours however, this should not become a constant expectation.

Not all employees will have the same work-life balance issues. Baby Boomers will most likely have different issues than Generation Y employees. Age, cultural, gender, family and marital status, care-giver demands, socioeconomic status and many other factors affect an employee’s work-life balance. Those same factors can also influence how individuals are affected by demands. Everyone responds differently to stress. What creates a serious problem for one employee may not be felt in the same way by colleagues.

To help employees achieve/maintain a sense of work/life balance, Health Canada suggests that employers:

- Identify ways of reducing employee workloads. Special attention needs to be given to reducing the workloads of managers and professionals in all sectors. Employees should be asked for suggestions — they often are in the best position to identify ways of streamlining work.
- Reduce reliance on both paid and unpaid overtime by employees.
- Recognize and reward overtime work.
- Reduce job-related travel time for employees.
- Make alternative work arrangements more widely available within the organization. These might include flex-time or the opportunity to work at home for part of the work week.

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• Give employees the opportunity to say “no” when asked to work overtime. Saying “no” should not be a career-limiting move. Employees should not have to choose between having a family and career advancement.

• Examine work expectations, rewards and benefits through a “life-cycle” lens (i.e. what employees are able to do and motivated to do and what rewards and benefits they desire will change with each life-cycle stage).

More examples of strategies, programs and activities to improve work-life balance are available in the Examples of Workplace Mental Health Strategies Programs and Activities section.

Case study: work-life balance at Northwood Technologies

Situation: Northwood Technologies software company is trying to create a culture where quality work can be accomplished in the context of a quality life.

Action: The company introduced flexible workplace schedules, telecommuting opportunities and the chance to volunteer in the community during the work day. It organized a variety of healthy groups, including a walking club, running club and a badminton club. This was all done in an office of 85 people.

Result: Employees are less stressed and more content with their workplace because of reduced work-life conflict.

To read the whole case study visit www.hrsdc.gc.ca/eng/lp/spila/wlb/ell/11northwood_technologies.html.

Information:

• Work-Life Balance, by Health Canada, includes information regarding the benefits and costs of work-life balance to employers and to the community; a section offering concrete and practical implementation and management tools; experience and lessons learned by individuals and organizations; successful and innovative practices; definitions and descriptions of individual workplace programs, policies and practices; answers to frequently asked questions on work-life balance; and a section of Research and Documents. See www.hrsdc.gc.ca/eng/lp/spila/wlb/06worklife_balance.shtml.

• Cost-Benefit Review of Work-Life Balance Practices: This document outlines the different types of work-life balance practices and it provides information on how to calculate the return on investment for an organization. See www.caall-acalo.org/docs/Cost-Benefit%20Review.pdf.


• Work-Life Balance, by the CMHA, is a resource page filled with articles, websites, fact sheets and quizzes about work-life balance. See www.cmha.ca/bins/content_page.asp?cid=2-1841&lang=1.

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Presenteeism

Presenteeism is the action of employees coming to work despite having a sickness that justifies an absence and as a consequence, they are performing their work under sub-optimal conditions.63

When employees come to work not mentally present due to an illness, extreme family/life pressures or stress, they are not giving themselves adequate time to get better. While they are at work their performance can deteriorate. Presenteeism can affect an organization just as sickness or absence can in terms of productivity and performance.

Stressful life events have been directly linked to health problems, absenteeism and presenteeism64. The cause of the event determines whether an employee is more likely to contribute to absenteeism or presenteeism. Individuals who have undergone treatment for a physical illness, such as a heart condition, have a higher correlation with absenteeism than presenteeism. Where as individuals who have sought psychological help or undergone counselling have a higher correlation with presenteeism than absenteeism.

Presenteeism is most common in people with children, lower waged workers, employees with poor health status and those who have difficulties setting limits when confronted with excessive demands65.

Some of the reasons employees have for presenteeism include:

- cannot afford to take the day off;
- there is no back-up plan for tasks the individual is responsible for;
- when they returned to work, there would be even more to do;
- committed to personally attending meetings or events;
- concerned about job insecurity related to downsizing or restructuring.

Heavy workload was found to be the most important predictor of increased presenteeism. Some of the other factors that affect presenteeism rates are:66

<table>
<thead>
<tr>
<th>Lower Presenteeism</th>
<th>Higher Presenteeism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>Heavier workloads</td>
</tr>
<tr>
<td>Social Support</td>
<td>Higher skill discretion</td>
</tr>
<tr>
<td>Decision authority</td>
<td>Harmonious relationships with colleagues</td>
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<tr>
<td></td>
<td>Role conflict</td>
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<tr>
<td></td>
<td>Precarious job status</td>
</tr>
<tr>
<td></td>
<td>Higher self-efficacy</td>
</tr>
</tbody>
</table>

66. Ibid
Although it is often not measured as closely as absenteeism, presenteeism is a major issue in workplaces. It is estimated that the costs of presenteeism may be even greater than the costs of absenteeism.\textsuperscript{67} Workers in one study reported going to work in spite of illness 50 percent of the time.

Many organizations assume that if sickness rates are low, employees are generally healthy. This measurement can create a false positive because presenteeism may be high within the organization despite low absenteeism rates. Many absenteeism reduction measurements do not measure the increase in presenteeism that can accompany reduced absenteeism\textsuperscript{68}. This increase can occur when employees feel pressure to attend work despite an illness. Short absences from work can actually be a healthy coping mechanism for some people because it allows them to recuperate\textsuperscript{69}. Without measuring presenteeism, productivity can stay constant despite a reduction in absenteeism. WHPP aimed at improving employee health have the ability to reduce both absenteeism and presenteeism. Both of these workplace problems should be measured in order to accurately evaluate the impact of health promotion programming on the organization.

The best way to reduce presenteeism within a workplace is to improve the overall health of employees.

\begin{itemize}
  \item [\textbf{Information:}]
    \begin{itemize}
      \item [\textbf{Here in Body, Absent in Productivity}] is an informative article by Dr. Graham Lowe. See \texttt{www.grahamlowe.ca/documents/26/2002-12-02-Lowe.pdf}.
    \end{itemize}
\end{itemize}

Job Burnout

Job burnout is a state of physical, emotional and mental exhaustion caused by long-term exposure to demanding work situations. Burnout is the cumulative result of stress.70

Anyone can experience job burnout. However, research has shown that working in professions with high job demands and few supports can increase the prevalence of burnout and reduce engagement71. Helping professions, such as jobs in health care, teaching or counselling, report high rates of burnout.

Burnout has three main characteristics:72

1. exhaustion (i.e. the depletion or draining of mental resources);
2. cynicism (i.e. indifference or a distant attitude towards one’s job); and
3. lack of professional efficacy (i.e. the tendency to evaluate one’s work performance negatively, resulting in feelings of insufficiency and poor job-related self-esteem).

What causes job burnout?73

- **Lack of control**: This is an employee’s lack of influence on decisions that affect their job. Examples include hours of work, which assignments they receive, and an inability to control the amount of work that comes in.
- **Unclear job expectations**: Examples include uncertainty over what degree of authority an employee has and not having the necessary resources to complete work.
- **Dysfunctional workplace dynamics**: Examples include working with an office bully, being undermined by colleagues or having a boss who micromanages your work.
- **Mismatch in values**: If personal values differ from the way an organization does business or handles employee grievances, it will wear on employees.
- **Poor job fit**: An employee working in a job that doesn’t fit their interests and skills is certain to become more and more stressed over time.
- **Extremes of activity**: When a job is always monotonous or chaotic, an employee needs constant energy to remain focused, leading to energy drain and job burnout.

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Burnout can stem from many negative conditions at work. Examples of these conditions include low levels of control and support from co-workers and supervisors, job dissatisfaction and low organisational commitment. Job dissatisfaction, reduced self-efficacy, and low levels of workplace peer support in particular can lead to higher levels of cynicism.\(^7^4\)

Employees are at a higher risk of job burnout if they:

- feel so pressured to complete high amounts of work that they do not have a balance between work and personal life;
- try to be everything to everyone;
- have little variety and are bored with their job;
- think they have minimal control over work.

Although burnout is common, depending on the profession, it should not be taken lightly. Burnout can be hazardous to an employee’s health. It is positively related to many mental and physical health problems, including depression, anxiety and psychosomatic health complaints.\(^7^5\) The health problems that accompany burnout are linked to extreme exhaustion.\(^7^6\) People experiencing burnout should be encouraged to see a health professional.

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**Harassment, Violence, Bullying and Mobbing**

**Workplace harassment:** engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome.

**Workplace violence:** an exercise of physical force or the attempt to exercise physical force by a person against a worker in a workplace that causes or could cause physical injury to the worker.

**Workplace bullying** is repeated, unreasonable or inappropriate behaviour directed towards a worker, or group of workers, that creates a risk to health and safety.

It is the legal duty of an employer to protect the mental and physical health of employees. That means protection from harassment, violence and bullying. Across Canada, there has been a major push through legislative amendments to make employers more accountable for fostering mentally safe work environments. This push is backed by case law which has found employers liable for exposing employees to unsafe work environments that have caused unnecessary psychological harm.

Many provincial occupational health and safety acts have been expanded to include harm to psychological well-being in the definition of harassment. Managers should never tolerate any violent behaviour including aggression, harassment or threats of violence. Violent or aggressive behaviour hurts the mental health of everyone in the organization and creates a psychologically unsafe work environment filled with fear and anxiety.

Many organizations think that harassment, violence and bullying do not affect their workplace however, the prevalence is staggering. The Workplace Bullying Institute conducted a survey in 2007 which found these stats about workplace bullying:77

- 37 percent of workers have been bullied: 13 percent currently and 24 percent previously.
- 40 percent of bullied individuals never tell their employers and 62 percent of employers who are told ignore the problem, hoping that it will stop on its own, not knowing what to do or normalizing this damaging behaviour.
- 45 percent of targets suffer stress-related health problems.

**Mental illness and violence:**
There is a popular myth that people with mental illness are more violent than the rest of the population. In actuality, people with mental illness are 2.5 times more likely to be victims of violence than the general population78 and therefore, in need of protection from workplace violence, just like the rest of employees. Dr. Heather Stuart, an epidemiologist and co-founder and co-chair of the Scientific Section on Stigma and

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Mental Disorders for the World Psychiatric Association, released data showing that only three percent of all violent crimes can be attributed to people with mental illness.79

Freedom from discrimination and violence is one of the three most significant determinants of mental health.80 When work environments become unsafe and individuals think they must protect and fend for themselves, the entire organization suffers.

Policies and practices for workplace harassment, violence and bullying
Organizations must implement policies and practices that promote and protect employee mental health and psychological safety. Organizations should review their current policies and procedures and consider how they might be positively or negatively contributing to issues of violence and harassment in the workplace.

The following are examples of practical measures that employers can put in place to reduce the risk of workplace violence and harassment:81

- Create written workplace violence and harassment policies and train employees on such policies.
- Include this element in the health/risk assessments done in the workplace to determine the possibility or prevalence of workplace violence or harassment.
- Disclose incidents of workplace violence and harassment to the health and safety committee.
- Provide ways for employees to report instances or risks of workplace violence and harassment.
- Discipline employees for not following workplace violence and harassment policies or for committing workplace violence or harassment.
- If available to the organization, promote EAP services so that employees who are subject to workplace violence or harassment can talk to someone confidentially about issues they are facing.
- Ensure that proper security measures are in place at the workplace to protect workers from members of the public or customers.
- Keep detailed records of any workplace violence or harassment, investigation or work refusal.

A bullying prevention policy should:82

- include a statement from top management to all workers stating that bullying is inappropriate and will not be tolerated;
- describe bullying and the types of behaviour that constitute bullying;
- include a statement of risks to the organization and individuals;
- identify where complaints should go (ex., Human Resources);
- encourage workers who experience or witness bullying to report it;

• clearly state that retaliation against or victimization of workers who report workplace bullying will not be tolerated;
• state the process that will be followed if a complaint is received; and
• state a commitment to prompt action if workplace bullying occurs.

**Information:**

- **Developing Health Promotion Policies**, by THCU, provides a practical framework for the planning, implementation and evaluation of healthy public policies. The manual also provides real-life examples of policy initiatives that address a range of health issues, including workplace stress. These can illustrate the policy development process. See [www.thcu.ca/infoandresources/resource_display.cfm?resourceID=773&emailID=520](http://www.thcu.ca/infoandresources/resource_display.cfm?resourceID=773&emailID=520).

**Tools:**

- **Bullying in the Workplace: A Handbook for the Workplace** is a free resource created by the Ontario Safety Association for Community and Healthcare. It provides many practical tools and strategies to help prevent, identify and address bullying in the workplace. Topics include explaining the occurrence of workplace bullying; tips for preventing workplace bullying and for creating a respectful work environment; recognizing and removing the risks of workplace bullying; workplace bullying policy; and tips for developing a complete complaint resolution process. See [www.osach.ca/products/resrcdoc/rvioe528.pdf](http://www.osach.ca/products/resrcdoc/rvioe528.pdf).
- **Violence in the Workplace Prevention Guide**, by the Canadian Centre for Occupational Health and Safety, will assist in the development and implementation of a workplace-specific violence prevention program. It is filled with clear-language text including safety tips, charts, diagrams, checklists and illustrations. See [www.ccohs.ca/products/publications/violence.html](http://www.ccohs.ca/products/publications/violence.html).
- A sample workplace bullying policy is included in Appendix A.
Workplace mobbing can be overt and intentional, taking the form of rudeness and physical intimidation. But often it is subtle and possibly unintentional, involving social ostracism and exclusion. In fact, each individual incident may seem inconsequential but over a period of time, mobbing erodes the self-confidence and self-esteem of the mobbed employee.

Mobbing may be occurring in your workplace if:

- conversations stop when someone comes into the office;
- someone is not invited to meetings he/she normally had been included in;
- information essential to someone's job performance was withheld;
- during interactions with the person, co-workers are either hostile or passive-aggressive.

The Canada Safety Council reports that victims of mobbing spend up to 52 percent of their time at work defending themselves, networking for support, thinking about the situation, losing motivation and becoming stressed. Protecting employees from mobbing is critical to organizational productivity and overall success.

Whether intentionally or unintentionally, many co-workers actively participate or are complicit in mobbing, succumbing to peer pressure more frequently associated with children and teens. Despite the fact that mobbing is far more prevalent than other destructive behaviours such as sexual harassment and racial discrimination, which are prohibited by legislation, in Canada only the province of Quebec has legislation to protect workers against mobbing.

To combat mobbing in the workplace, organizations need to integrate their violence and harassment policy; provide education and training that ensures employees know how to recognize mobbing; and provides concrete ways for colleagues to recognize and talk about mental health issues in general. Managers in particular can contribute to a positive work environment if they have the skills and knowledge to identify and respond to issues before they escalate.

See Appendix A for sample bullying and mobbing policies. These types of policies can inform staff that they can request supports (accommodations), which can help employees with mental health issues thrive. Moreover, the organization protects itself from the legal liability of not meeting their duty to accommodate employees with disabilities.

Case Study:

- **Cubicle Bullies: ‘Mobbing’ at Work** is a study created by Mental Health Works that looks at the effects of mobbing and bullying at work. See [www.mentalhealthworks.ca/articles/mobbing_at_work.asp](http://www.mentalhealthworks.ca/articles/mobbing_at_work.asp).

Information:

- **Getting Help at Work** is a resource created by CMHA Ontario and the Mood Disorders Association of Ontario. It looks at the roles of various players in the workplace in the context of mental health. Roles that are examined include: manager, union representative, human resources representative, occupational health and safety physician or nurse and EAP counsellor. See [www.gwlcentreformentalhealth.com/english/wti/SectionResource.aspx?SectionID=6&ResourceID=8](http://www.gwlcentreformentalhealth.com/english/wti/SectionResource.aspx?SectionID=6&ResourceID=8).

- **Workplace Violence** is a set of resources created by the Great-West Life (GWL) Centre for Mental Health in the Workplace. It provides information on: **Addressing Workplace Violence** the processes to address incidents of workplace violence; **Violence and Harassment Prevention** how to prevent and address harassment in the workplace; **Responding to Workplace Bullying** interventions for incidents of workplace bullying; and **Harassment and Bullying Policy** which provides considerations for developing an anti-harassment policy. See [www.gwlcentreformentalhealth.com/english/display.asp?l1=7&l2=101&l3=117&d=117](http://www.gwlcentreformentalhealth.com/english/display.asp?l1=7&l2=101&l3=117&d=117).

Tools:

- **Mental Health Works** has a variety of award-winning workshops and tools that provide in-depth training for supervisors, managers, union reps, human resource personnel, occupational health professionals and employees in general to address areas of communication, awareness and other workplace issues. See [www.mentalhealthworks.ca/training_and_tools/index.asp](http://www.mentalhealthworks.ca/training_and_tools/index.asp).


- A sample workplace mobbing policy is included in Appendix A.
Substance Use, Misuse and Abuse at Work

Substance abuse, in this document, refers to “a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.”

Concurrent disorder: An individual who is experiencing both a mental illness and a substance abuse problem.

Organizations must also recognize that substance use, misuse, abuse and coping strategies can have a significant impact on mental health at work. Addictions and mental health conditions are often coupled. This is called a concurrent disorder. However, it is often the addiction that first gets noticed, especially in the workplace. Substance use is very common and can even be instilled or encouraged in the organizational culture. It is therefore sometimes difficult to recognize if an employee or co-worker has a problem or is at risk of developing a problem.

Generally, substance use becomes a problem when an individual has lost control over their use and/or continues to use despite experiencing negative consequences.

Everyone has a need to reduce pain, including emotional pain, and to fill voids in life. It can be done with such things as relationships, work, hobbies or recreation. It can also be done with alcohol, drugs, Internet use, gambling or other potentially addictive behaviours.

Organizations need to respond to the person, not the addiction, because addiction is often a mask that people in pain use to cope and disguise their mental health issues. Employers should look out for warning signs that indicate an employee may be struggling with substance abuse. Some signs to look out for are:

- decreased job performance: not meeting deadlines, low productivity, frequent breaks;
- increased absenteeism: missing work, coming in late and leaving early;
- uncharacteristic behaviour: mood swings, irritability, easily angered or upset, negative attitude;
- breakdown in social skills: poor listening, uncooperative, increased conflicts with co-workers, blaming others;
- change in personal appearance: poor hygiene, inappropriately dressed, excessive weight loss or gain, does not appear physically competent (i.e., walking is unsteady, slurred speech);
- errors in judgment: increased mistakes or accidents, illogical reasoning.

When employees with addictions and concurrent disorders are treated with respect and given the support they need, they are often some of the hardest working and loyal employees. The office of Ontario’s Auditor General found that there is a 565 percent return on investment for making addiction treatment easily accessible to employees.

Some signs of substance abuse are similar to those caused by increased stress, lack of sleep and physical or mental illness. Don’t assume that an employee has a substance abuse problem; however, ignoring warning signs will only exacerbate the problem if someone is indeed struggling.

Employees struggling with substance use problems cannot simply be pushed out of the workplace; alcoholism is recognized under employment law as a disability, so employers cannot terminate an employee suffering from alcoholism without first trying to help. Ensuring managers and teams are supportive can be a key factor to finding success. Employees who have battled these issues say that having a supportive manager say, “We need your skills, we need you here, so tell me what you need from us” can make a big difference. Employers can help employees build their self-esteem, confidence and loyalty to the organization when they make employees feel valuable and valued.

Organizations also need to ensure they have detailed substance abuse policies (i.e., use of illicit drugs at work, alcohol consumption at work, inappropriate Internet use, etc.) and make sure that all employees are aware of them. This provides a platform for managers and employers to talk to employees about their substance use. These policies let employees know that breaching the rules while at work can put their job security at risk.

Employers need to focus on finding solutions at work. That way, they are achieving success while meeting their ethical and legal obligations to the organization. Medical and therapeutic interventions need to be left to objective and qualified professionals. Employers can help employees find the medical assistance they need.

Information:

- **Addiction** is a set of resources created by GWL Centre for Mental Health in the Workplace. It provides free resources to assist in following a 10-step strategy for addressing addictions. The ten steps are: (1) **Understand Substance Abuse and Addiction** (2) **Assess Your Workplace Risks** (3) **Develop a Wellness & Substance-Free Workplace Committee** (4) **Develop a Substance-Free Workplace Policy** (5) **Train Management** (6) **Educate Employees** (7) **Respond to Crisis** (8) **Help Employees Get Assistance** (9) **The Return to Work** (10) **Follow-Up**. Also, this site provides a list of organizations that can help support organizations in dealing with addictions. This resource is found at www.gwlcentreformentalhealth.com/english/display.asp?l1=7&l2=101&l3=102&l4=107&d=107.

- When an Employee Has an Addiction Problem looks at employer’s and manager’s roles in helping employees with an addiction. See www.mentalhealthworks.ca/employers/faq/question18.asp.

Tools:

- **Directory of Canada Alcohol and Drug Education and Prevention Programs** is a tool created by the Canada Alcohol and Drug Rehab. It provides links to drug and alcohol education and prevention programs. See www.canadadrugrehab.ca/Drug-Alcohol-Education-Prevention.html#workplace.

SECTION 2

COMPREHENSIVE WORKPLACE HEALTH PROMOTION - AFFECTING MENTAL HEALTH IN WORKPLACE
Mental health effects and is affected by countless factors within the workplace and outside of the workplace. Mental health issues are something an organization might not always be able - or want - to see. The question remains, “How can mental health be positively affected in workplaces?” This next section reviews the steps and questions to consider when developing a comprehensive mental health promotion plan for the workplace.

Section 2 elaborates on the range of mental health problems, solutions and resources introduced in Section 1. Section 2 helps promote workplace mental health and prevent and resolve the mental health issues discussed in Section 1.

A noted before, CWHP is “an approach to protecting and enhancing the health of employees that relies and builds upon the efforts of employers to create a supportive management under and upon the efforts of employees to care for their own well-being.” It is a continuous improvement process that looks at environmental improvement (physical, psychosocial, organizational, economic), personal empowerment and personal growth. Comprehensive workplace health promotion is a series of strategies and related activities that a company provides continually to improve or maintain the health of its employees.

“A healthy work organization is defined as one whose culture, climate and organizational practices create an environment which promotes employee mental and physical health, as well as productivity and organizational effectiveness.”

Comprehensive workplace health promotion model
CWHP considers and addresses three important categories: occupational health and safety, voluntary health practices and organizational culture. Effective workplace health promotion programs address all of these categories. Mental health is integrally associated with each of the categories of effective workplace health promotion initiatives.

Occupational health and safety is usually thought of as the promotion and maintenance of the physical, mental and social well-being of workers. This includes reducing work-related injury, illness and disability by addressing the physical environment. Reducing physical job hazards can also alleviate stress employees may feel in the workplace.

Voluntary health practices and healthy lifestyles are often used interchangeably to describe individuals acting in a way that is thought to promote health. These behaviours have traditionally been thought of as a way to promote physical health, however as the connection between physical and mental health has evolved, the benefits of healthy living on mental health is becoming clearer.

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**Organizational culture** refers to the underlying values and beliefs that guide workplace behaviours and influence the work environment. It focuses on factors that affect the interaction between people, their work and the organization. This category is arguably the most interconnected with the protection and promotion of employee mental health and overall health. Factors related to organizational culture are:

<table>
<thead>
<tr>
<th>Communication</th>
<th>Job Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Support</td>
<td>Job Control and Decision Making</td>
</tr>
<tr>
<td>Beliefs, Values and Norms</td>
<td>Leadership Style</td>
</tr>
<tr>
<td>Management Practices</td>
<td>Work-life Balance</td>
</tr>
<tr>
<td>Worker Attitudes and Perceptions</td>
<td>Human Resource Systems</td>
</tr>
</tbody>
</table>

**Health promotion approaches using a comprehensive model**

Comprehensive programs must have multiple avenues of influence and integrate a combination of approaches to impact and reach employees at various stages of readiness ([see chart below](#)). The most gains are found in organizations that adopt a comprehensive strategy that includes multiple activities across the three sides of the CWHP triangle model, rather than purely lifestyle focused activities.93

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<table>
<thead>
<tr>
<th>Awareness Raising*</th>
<th>Occupational Health and Safety</th>
<th>Voluntary Health Practices</th>
<th>Organizational Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Implement poster campaign about injuries related to sleep deprivation and lack of concentration.</td>
<td>• Distribute pamphlets on the link between healthy eating/physical activity and mental health. • On-site health fair with screening tools available.</td>
<td>• Send memos promoting the organizations support of volunteerism. • Safety talks about providing input to management on work-life balance concerns.</td>
</tr>
<tr>
<td>Education/ Skill Building</td>
<td>• Teach shift-workers techniques to manage their sleep schedules Educate employees on new technologies and equipment as they are updated.</td>
<td>• Teach how to incorporate healthy eating habits into their work day – specifically which foods boost mood, brain and mind health. • Provide a workshop on stress management.</td>
<td>• Teach managers how to support people who are struggling with work/life balance or heightened work demands. • Train senior staff on the signs and symptoms of mental health problems.</td>
</tr>
<tr>
<td>Environmental Support</td>
<td>• Conduct ergonomic assessments and make improvements to the work environment and how job tasks are conducted e.g., reducing steps.</td>
<td>• Provide quiet spaces. • Provide yoga or other group exercise classes on site. • Provide a fitness-related subsidy. • Sponsor employees to participate in sports teams.</td>
<td>• Promote social support between employees by providing a lunch room and collaborating space. • Provide or subsidize child or eldercare services.</td>
</tr>
<tr>
<td>Policy Development</td>
<td>• Create and implement an anti-violence policy.</td>
<td>• Develop a cafeteria healthy foods policy that ensures healthy food options are provided at reduced costs.</td>
<td>• Allow employees to utilize flexible scheduling opportunities.</td>
</tr>
</tbody>
</table>

*Note: all awareness-raising examples are merely examples of one activity that could be included as part of broader awareness-raising campaigns. For health communications to be effective they must be well planned and implemented as part of a broad, multi-faceted strategy.
Case Study: Two comprehensive workplace health promotion tactics at Vancity:

A program focus on occupational health and safety:
Situation: As a credit union, Vancity employees are at a higher risk of robberies than most industries. Consequently, employees can experience increased stress and possible psychological injury and trauma.
Action: Vancity has their third party EAP counsellors call the employee and the employee’s family to touch base with everyone, talk about the event and help assess whether the employee or their families needs additional services. In addition, Vancity sends in complementary massage therapists or reflexologists to work with the employees.
Result: Employees are more likely to access needed services and move past some of the trauma.

A program focus on organizational change:
Situation: Addressing the balance between work and life demands.
Action: Employees are encouraged to find a work-life dynamic rather than balance because work and home demands fluctuate over time. Vancity offers “care days” rather than sick days, allowing human resources to see whether employees are away caring for themselves, a child or an elderly person. Knowing why an employee is away can help Vancity to decide if employees may need addition supports to help them succeed at work.
Results: The support Vancity provides for their employees makes them more successful at work.

A program focus on voluntary health practices:
Situation: Wanting to make sure that employees have access to health screening tools and information.
Action: Ran a Gift of Health campaign where employees had access to tests and consultations conducted by health care professionals during work hours. The employees left the session with a confidential report on their health status which explained whether there were any health concerns.

To read the whole case study visit www.vifamily.ca/library/social/vancity.html.

Case Study: comprehensive workplace health promotion program at QLT94
Situation: QLT Inc. valued the health of their 300 employees and wanted a program to support them.
Action: Implemented a program that addressed multiple components of workplace health. Programs and activities addressed:
• Occupational health and safety: ergonomically sound workstations; and mandatory ergonomics training.
• Lifestyle practices: on-site gym and fitness centre, with personal trainer; wide array of sports teams and events; encouragement to bike to work; and healthy cafeteria choices.
• Organizational culture: ‘Family Room’ (a last resort child care service); proactive work-life balance practices; flex-time; sabbaticals and unpaid leave arrangements.

To read the whole case study visit www.clbc.ca/files/Reports/summary_of_key_conclusions-final-e.pdf.

Information:

- **Introduction to Comprehensive Workplace Health Promotion** is a guide developed by THCU. It contains an overview of comprehensive workplace health promotion, a suggested process for helping workplaces take effective action, practical ideas and strategies to consider and available resources. See [www.thcu.ca/workplace/documents/intro_to_workplace_health_promotion_v1.1.FINAL.pdf](http://www.thcu.ca/workplace/documents/intro_to_workplace_health_promotion_v1.1.FINAL.pdf).

- **Health Promotion 102**: TBD


Occupational health and safety resources:


Voluntary health practices resources, related to mental health promotion:

- **Feeding Minds, the Impact of Food on Mental Health** is a web guide created by the Mental Health Foundation. It provides information on what foods might help to manage your mental well-being. See [www.mentalhealth.org.uk/feedingminds/](http://www.mentalhealth.org.uk/feedingminds/).

- CMHA, Ontario offers a workshop on the connection between mental health, healthy eating and physical activity. See [www.ontario.cmha.ca/workswell](http://www.ontario.cmha.ca/workswell).

Organizational culture resources:

- **Organizational Culture: From Assessment to Action**: This THCU Info-Pack contains an overview of three potential approaches that can be used to understand and assess organizational culture, practical ideas and strategies to consider that can help change an organization’s culture when necessary, examples of good practice in organizational culture change and a list of available resources about organizational culture change. See [www.thcu.ca/Workplace/pdf/2009_03_10_Organizational_Culture.pdf](http://www.thcu.ca/Workplace/pdf/2009_03_10_Organizational_Culture.pdf).

- **Influencing the Organizational Environment**: This THCU Info-Pack contains an overview of key factors which impact organizational health, strategies to promote the health of the organizational environment and ideas for workplace health promoters. See [www.thcu.ca/workplace/documents/influencing_org_envir_infopackv_1.1.FINAL.pdf](http://www.thcu.ca/workplace/documents/influencing_org_envir_infopackv_1.1.FINAL.pdf).

Tools:

- **MentalHealthMinute** is a collection of short videos on mental health-related topics that provides the viewer with credible information in order to help them make the best decisions. See [www.mentalhealthminute.com](http://www.mentalhealthminute.com).
**Conditions for Successful Implementation of a Comprehensive Mental Health Promotion Program**

Before implementing a program, it’s important to pause and make sure the time and conditions are right. If conditions are suitable, it’s important to approach the process in a systematic way. Following THCU’s Comprehensive Workplace Health Promotion Planning Framework that outlines eight generally agreed upon steps to workplace health promotion will assist in planning, implementing and evaluating efforts, increasing the chances of program success and sustainability.

There is widespread agreement that the conditions listed below are needed in order to implement a successful workplace health promotion initiative. The following conditions for success outline how to support the creation of a mentally healthy workplace.

1. **Senior Management Involvement**

   Evidence of enthusiastic commitment and involvement of senior management is imperative if employees are going to understand their employers’ serious commitment to creating a healthy workplace.

   **Case Study: Supportive leadership at Kraft Canada**

   **Situation:** A national survey of employees showed work-life balance to be an issue.

   **Action:** After further assessment, an improvement plan called the ‘Work-Life Harmony’ initiative was developed and management support was highlighted as a critical success factor. The C.E.O. of Kraft Canada discussed at an all-staff meeting his own work-life challenges as a father of four and actively encouraged employees to participate in the work-life harmony initiative and to embrace new company values around flexibility, self-awareness and respect.

   **Result:** As a result the employees of Kraft Canada were able to see that their leaders were on board with their workplace health promotion initiatives.

   To read the whole case study visit [www.hrsdc.gc.ca/eng/lp/spila/wlb/ell/10kraft_canada.shtml](http://www.hrsdc.gc.ca/eng/lp/spila/wlb/ell/10kraft_canada.shtml).

   

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2. Participatory Planning
Workplace health planning should be undertaken in partnership with employees. Employees from all levels of staff should be actively engaged in the health and management aspects of the project as well as all on-going processes of workplace health initiatives.

Case Study: Employee-focused flexibility at MDS Nordion97

**Situation:** For several years, employee flexibility has been a key business strategy at Nordion. Employees and managers wanted individual solutions to help manage work-life balance.

**Action:** MDS Nordion interviewed employees to learn the flexible arrangements that would be helpful, as well as what was needed to make these arrangements successful for both the individual and the business. Arrangements included telework; replacing desktop computers with laptops to allow working from home; job sharing; and part-time work. One option developed specifically for individuals who worked shift work was to post shift schedules in advance and allow employees to trade shifts.

To stay in tune with the staff needs, Nordion takes a quarterly employee opinions survey*. Employees have a chance to talk about stress, work-life balance and to share their general thoughts.

**Results:** Receiving input from employees allows Nordion to see trends and incorporate that information into planning. Employees understand how the work they do fits into the organization, they have opportunities to provide input and receive feedback, they are held accountable for their work, and ultimately they feel valued and supported.

To read the whole case study visit [www.vifamily.ca/library/social/mds.html](http://www.vifamily.ca/library/social/mds.html).

3. Primary focus is on the employees’ needs
A workplace health promotion program should meet the needs of all employees, regardless of their current level of health. It should recognize the needs, preferences and attitudes of different groups of employee participants. Program designers should consider the major health risks in the target population, the specific risks within the particular group of employees and the organization's needs.

Case Study: Meeting employee and organizational needs at Kraft Canada98

**Situation:** Employees who are parents were facing stress and anxiety about returning to work after the birth of a child.

**Action:** A number of flexible options were introduced to meet the needs of employees who were struggling with the traditional full-time schedule. A supportive and flexible culture was encouraged through the implementation of five flexible policies which included allowing part-time workers to receive benefits; participate in job-sharing; work flexible hours; and take leaves of absence.

**Action:** Employees appreciate the efforts being made to help them deal with life and workload issues. They returned to work with less stress and anxiety and Kraft is confident that it has already positively affected morale and retention.

To read the whole case study visit [www.hrsdc.gc.ca/eng/lp/spila/wlb/ell/10kraft_canada.shtml](http://www.hrsdc.gc.ca/eng/lp/spila/wlb/ell/10kraft_canada.shtml).


4. Optimal use of on-site resources
Planning and implementation of initiatives should optimize the use of on-site personnel, physical resources and organizational capabilities. For example, whenever possible, initiatives should use on-site specialists in areas such as health and safety, management, work organization, communications and human resources.

**Case Study: CIBC’s employer-paid back up child care**

**Situation:** Employees were struggling to find a balance between work and caring for children. The business needed to find creative ways to provide services to their employees in various settings.

**Action:** CIBC hired a company called Children First to build a back up child care centre for its 12,000 employees in Toronto. Outside of Toronto, CIBC contracted Kids & Company to reserve a percentage of their spaces for emergency backup care for CIBC employees.

**Results:** The program got a positive review from all employees because there is less work-life conflict and employees are less stressed because they can trust that their colleagues will be able to come to work and not forced to stay home because there’s no childcare available. CIBC estimates that in its first three years operating, it saved the organization $1.5-million in productivity costs.

To read the whole case study visit [www.vifamily.ca/library/social/cibc.html](http://www.vifamily.ca/library/social/cibc.html).

5. Integration
The policies governing employee health must align with the organization’s corporate mission and its vision and values, supporting both short and long-term goals.

**Case Study: Integrating health into Husky Injection Molding Systems’ business strategy**

**Situation:** Husky wanted to make sure that employee health, safety and wellness were integrated throughout the business.

**Action:** The company integrated the Human Resources and Environment and Health and Safety functions into the overall business strategy. Also, it had the leads from those departments sit equally beside Operations, and Sales and Marketing at the Management Team table. The Human Resources department proactively monitors the pulse of the employees, which helps inform discussions and business strategy development.

**Result:** The statements, attitudes and actions of management show it is committed to providing a mentally safe and healthy work environment.


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6. Recognition that a person’s health is determined by an interdependent set of factors
Any health initiative must address multiple components of an individual’s life. For example, their lifestyle choices, social conditions and work environment must be taken into account.

**Case Study: Irving Paper setting up employees for success from all sides**

**Situation:** Work-life conflict is a common source of stress for many employees and families. Not being committed to healthy lifestyles can be a barrier to behaviour change for many employees.

**Action:** Employees’ families were invited to participate in a wellness program. The programs were designed in a way that builds social support, which is important to an employee’s mental health. Multiple aspects of health that affect employees’ lives were addressed.

**Result:** Whole families participate in health challenges, such as quitting smoking, take daily walks together and eating healthier foods.


7. Tailoring to the special features of each workplace
Comprehensive workplace health promotion initiatives must be responsive to the unique needs of each workplace’s procedures, organization and culture.

**Case Study: Petro Canada Burrard Products Terminal (BPT)**

**Situation:** Shift workers at BPT wanted increased flexibility.

**Action:** Employees are able to take advantage of flexible work arrangements. Employees are allowed to use ‘flex days’ and can take up to 15 days of personal leave each year. Also, informal working arrangements are permitted. For example, employees could arrange to switch shifts to suit personal and family needs.

**Result:** Employees of Petro Canada and Burrard Products Terminal describe their flexible work hours as a great way to reduce work-life conflict and improve employee well-being. Burrard Products Terminal has worked to design a wellness program to meet the unique needs of both their employees and their organization.

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8. Evaluation
Evaluation must include a clearly defined set of process measures and outcomes, in terms of both employee satisfaction and bottom-line business benefits.

**Case Study: Annual evaluation at M&M Meat Shops**

**Situation:** To make sure M&M Meat Shops is a great place to work, management strives for continuous improvement and evolution.

**Action:** Every year, 50 percent of M&M employees are randomly assessed against employment equity and pay equity legislation. As well, M&M benchmarks itself against the industry standard in terms of fairness and equity both in compensation packages and in programs. These types of evaluation ensure that M&M meets or exceeds current labour practices.

**Result:** The positive results gathered by the annual evaluation proved to employees and management the importance of having a fair, equitable and mentally healthy place to work. The company has an average tenure of almost 13 years, turnover of around one employee every two years, and no absenteeism problems.

To read the whole case study visit [www.vifamily.ca/library/social/m_m.html](http://www.vifamily.ca/library/social/m_m.html).

9. Long-term commitment
To sustain the benefits, the workplace must continue the initiative over time, reinforcing risk-reduction behaviours and adapting programs to ongoing personal, social, economic and workplace changes.

**Case Study: More than 50 years of workplace health commitment at BC Telephone Company (BC TEL)**

**Situation:** BC Telephone Company (BC TEL) has run corporate health initiatives to support their employees since 1946.

**Action:** Since the program was initiated, it has evolved from a program focused on alcohol-related issues into a program that does broad corporate social work, providing assessment and referrals for employees who need help coping with problems. To support their employees’ health, they created a centralized Corporate Health Services Department and included employee health in their mission statement, “To enhance organizational competitiveness and optimize individual health.”

Over the years, various studies were conducted, including “Work and Family,” “Supportive Manager” and “Pulsecheck.” Corporate Health Services works to ensure that employees receive professional and confidential health care to support the employee in the management of health. They promote wellness and lifestyle initiatives, ergonomic intervention, fitness facilitation, and employee assistance counselling.

**Result:** BC TEL has shown a long-term commitment to investing in the health of its employees. Their program constantly evolves to meet the needs of employees.


Introduction to Comprehensive Workplace Health Promotion

Although the idea of a comprehensive approach may seem daunting, it is helpful to break down the elements of CWHP as it relates to addressing workplace mental health.

Information:
- **Introduction to Comprehensive Workplace Health Promotion**, developed by THCU, contains an overview of comprehensive workplace health promotion, a suggested process for helping workplaces take effective action, practical ideas and strategies to consider and available resources. See [www.thcu.ca/workplace/documents/intro_to_workplace_health_promotion_v1.1.FINAL.pdf](http://www.thcu.ca/workplace/documents/intro_to_workplace_health_promotion_v1.1.FINAL.pdf).
- **Health Promotion 102**: TBD

Tools:
**Online Health Program Planner** is a tool that can help provide a framework for developing a program in a systematic, evidence-informed way. See [www.thcu.ca/ohpp/index.cfm](http://www.thcu.ca/ohpp/index.cfm).

This tool can aid in:
- creating a logic model;
- writing outcome objectives;
- planning the collection and analysis of situational assessment data;
- prioritizing possible activities to optimize resources;
- assigning tasks, responsibilities, timelines and resources.
**Element 1: Obtaining Management Support**

Why should an organization care about employee mental health?

Changes to legislation are reflective of broader social, economic and political trends. Mental health as a general public concern – and its role in the workplace – has garnered increasing attention over the past several years. One in five Canadians will experience a mental disorder in their lifetime.\(^{104}\) Whatever the reason for this new awareness, mental illness and poor mental health is now being recognized as a business concern.

In order for workplace health promotion to be adopted, it must make a difference to the financial bottom line and be presented as a strategic priority to organizations. Taking a proactive approach to protecting employees’ mental health is the right move for organizations looking to keep a healthy staff team and a healthy budget.

Over the past decade, enough Canadian research has been conducted to show that investing in the mental health of employees is beneficial in helping both the individual and the whole organization to achieve long-term excellence.

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Creating a business case for addressing mental health in the workplace

In order to begin the process of healthy workplace planning, it is important that all levels of the organization support the concept. Key organizational “players” who need to support the program are:

- senior management/owners;
- unions, employee associations;
- employees;
- other key stakeholders, such as occupational health, health and safety, human resources, benefits, training and development departments.

Often, obtaining management and labour support begins with the business case.

Understanding the financial and human costs of workplace mental health is essential to helping organizations develop an action plan for improving employee well-being, and in turn, the business’ bottom line. Developing a business case is one way to urge the organization to create a workplace mental health promotion program. A business case can include the benefits to management and statistics related to benefits and costs, due diligence and legal requirements, and reasons why it will benefit employees. Often, examples from organizations with successful programs are also given.

When creating a business case, organizations can use a combination of pre-existing research and the organization’s own figures, such as disability and turnover rates, drug usage and absenteeism. Also the organization should consider the organizational culture of the workplace, specifically the policies and procedures that support or hinder employee mental health. Creating linkages between the research that has already been done and the organizational data demonstrates the benefits to promoting mental health. Organizations should set aside enough time to make a strong case, as gathering the necessary data can be time intensive.

To help support the business case, data is presented below on the financial, legal and health care costs associated with poor mental health in the workplace. A printable document containing these statistics and figures is available in Appendix A.
The FINANCIAL case for workplace mental health promotion

Every year, the Canadian economy loses billions to mental health issues

- Workplace mental health disorders cost Canadian companies nearly 14 percent of their net annual profits and up to $16 billion annually.\(^{105}\)
- More recent calculations, which include indirect costs (i.e., presenteeism), suggest that upwards of $51 billion is lost to the Canadian economy annually due to mental health and addiction issues (i.e., depression, anxiety, burnout, substance misuse).\(^{106}\)
- $34 billion is the cost of mental illness and addictions to the Ontario economy.\(^{107}\)
- Mental disorders are the leading cause of disability in the U.S. and Canada for people ages 15 to 44 years.\(^{108}\)
- Mental illness is the second leading cause of disability and premature death in Canada.\(^{109}\)
- In 2005, mental disabilities such as stress and depression were the leading cause of disability in the labour force, which accounted for over $8 billion in productivity losses 2006.\(^{110}\)
- Mental health (primarily depression and anxiety) has surpassed cardiovascular disease as the fastest growing category of cost for disability claims in Canada.\(^{111}\)
- 75 percent of all short-term disability claims and 82 percent of long-term disability claims in Canada are related to mental illness.\(^{112}\)
- The amount an employer will save, per employee per year, for those who get treatment is from $5000 - $10,000 on average in wage replacement, sick leave and prescription drug costs.\(^{113}\)
- A study, released in 2004 by the Public Health Agency of Canada, identified that 58 percent of employees report having work-life conflict; being overwhelmed by their jobs, families or finances.\(^{114}\)

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\(^{106}\) Ibid


- PriceWaterhouseCoopers 1999 International Student Survey found 57 percent of graduating business students rated work-life balance as their primary career goal and therefore influential in choosing an employer.\textsuperscript{115}
- Assessment of costs relating to stress and psychosocial risks\textsuperscript{116}

This chart can be used as a template. Organizations should use their own data to create realistic estimates of the costs of stress and psychosocial risks.

<table>
<thead>
<tr>
<th>Cost</th>
<th>Category</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linked to absenteeism</td>
<td>Days lost</td>
<td>- Benefits paid to the absent employee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Professional health insurance contributions</td>
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<tr>
<td></td>
<td></td>
<td>- Overtime for colleagues</td>
</tr>
<tr>
<td>Replacement of absent</td>
<td></td>
<td>- Job advert fees and temporary staff agency fees</td>
</tr>
<tr>
<td>employee</td>
<td></td>
<td>- Extra salary costs for insecure jobs</td>
</tr>
<tr>
<td>Linked to presenteeism</td>
<td>Drop in productivity</td>
<td>- Penalties linked to extended deadlines</td>
</tr>
<tr>
<td></td>
<td>Risks linked to a decline in collective and interpersonal relationships</td>
<td>- Legal fees: lawsuits and grievances</td>
</tr>
<tr>
<td></td>
<td>(harassment, conflicts with management, etc.)</td>
<td>- Increase in costs of resulting absenteeism</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Increase in work insurance premiums</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Rise of benefits for work stoppages</td>
</tr>
<tr>
<td>Stress-related industrial</td>
<td></td>
<td>- Management and human resources’ time</td>
</tr>
<tr>
<td>accidents</td>
<td></td>
<td>- Recruitment, training and apprenticeship time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Extra work for colleagues during the transitory period</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Slowing of pace/ decline in results</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- More errors</td>
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<tr>
<td></td>
<td></td>
<td>- Reduced quality</td>
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<tr>
<td></td>
<td></td>
<td>- Drop in innovation</td>
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<tr>
<td></td>
<td></td>
<td>- Loss of ability to win a market / satisfy clients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Management’s time spent on adaptations within the team</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Tarnished image for clients / group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Reduced attractiveness of company</td>
</tr>
</tbody>
</table>


Information:


- **CFO Framework for Mental Health and Productivity** was developed by the Global Business and Economic Roundtable on Addiction and Mental Health to build the case for CFOs and to allow for the measurement of the value of programs aimed at promoting mental health. This was done so that the rate of mental disabilities and their associated costs can be reduced. See [www.thcu.ca/workplace/documents/CFO_Report_Final_Nov_2007.pdf](http://www.thcu.ca/workplace/documents/CFO_Report_Final_Nov_2007.pdf).

- **Why Is Psychological Safety & Health Important?** Guarding Minds @ Work answers this question by breaking the case into the Legal and Regulatory Case, the Business Case, and the Health Case. See [www.guardingmindsatwork.ca/SafetyWhy.aspx](http://www.guardingmindsatwork.ca/SafetyWhy.aspx).

Tools:

- **Building a Business Case** is a PowerPoint template created by THCU. See [www.mdfilestorage.com/thcu/pubs/977287265.ppt](http://www.mdfilestorage.com/thcu/pubs/977287265.ppt).

- **Mental Health Leadership Framework** is a website designed to take top leaders of organizations quickly through the business case for creating a mentally healthy workplace. Included in this website are tools and information for implementing workplace mental health strategies. See [www.mhcleadership.ca](http://www.mhcleadership.ca).

- **Business Results Through Health and Safety** is a guidebook developed by the Workplace Safety and Insurance Board (WSIB) is designed to:
  - help organizations calculate the direct and indirect costs of poor health and safety in the workplace and understand why addressing and improving employee health and safety can lead to shareholder value, improved operations and better bottom line results;
  - allow organizations to evaluate the business benefits of improving their management of health and safety;
  - provide guidance and tools with which employers and others can conduct self assessments to identify strengths and weaknesses of how their health & safety system contributes to the bottom line.

The LEGAL case for workplace mental health promotion

“Taken as a whole, the law is imposing increasingly restrictive limitations on management rights by requiring that their exercise should lead, at a minimum, to no serious and lasting harm to employee mental health.”117

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The legal case for workplace mental health promotion rests on the notion that a mentally healthy and supportive environment is less likely to actively contribute to mental harm and injury. According to Dr. Martin Shain, a leading researcher in workplace mental health, there was a 700 percent increase in court-awarded settlements due to mental injury in Canadian workplaces between 2003 and 2008.\(^{118}\)

Today, legislation is evolving to find employers increasingly responsible for their employees’ mental and physical health. Employers can be found liable for psychological injury to employees. In 1995 a judge ruled that “there is no logical reason why risk of psychiatric damage should be excluded from the scope of an employer’s duty of care...” For more information on this case see the Walker vs. Northumberland County Council Case Study below. Since then, this opinion has been growing. The reputation of an organization can be tarnished if legal action is taken. And, the organization may be forced to pay significant legal fees.\(^{119}\)

It is not the responsibility of an organization to diagnose a mental health problem. However, organizations are responsible by law for supporting employees with mental illness. According to the Canadian Human Rights Code, accommodation is required when an employee’s disability results in “functional limitations” preventing them from performing an “essential duty” of their job.\(^{120}\) Accommodations are “reasonable” so long as they don’t impose “undue hardships” on the employer, and recent Supreme Court of Canada decisions have placed the burden on employers to demonstrate how providing accommodations will cause undue hardship, usually by compromising safety or jeopardizing the organization’s solvency.\(^{121}\)

Employers may soon face litigation based on the lack of due diligence that creates excessive stress for employees.\(^{122}\) As well, an unhealthy employee may threaten the safety of others. As employees become more stressed, they become more likely to be involved in workplace accidents and sustain injuries.\(^{123}\) By providing a healthy workplace environment, employers protect themselves from liability charges related to exposure to an identified workplace hazard.

According to Guarding Minds @ Work, what has been punishable by law has expanded considerably. The range of unacceptable behaviours now spans from incivility and passive-aggressive behaviours, such as mobbing, to bullying, violence and harassment. Essentially, new legal standards are not permitting conduct that would have been tolerated less than a decade ago.\(^{124}\) Therefore, it is prudent for all employers to proactively promote the creation of a mentally healthy workplace.

\(^{118}\) Ibid  
\(^{120}\) Mental Health Works. “Rights and responsibilities.” www.mentalhealthworks.ca/employers/rights_and_responsibilities.asp  
\(^{121}\) Ibid  
Case Study: Walker vs. Northumberland County Council case 125

**Situation:** As a social worker, Mr. Walker had worked in the field for fifteen years with no prior history of mental illness. With a sudden increase in workload, he frequently communicated his concerns and requested more staff, but due to financial reasons, these needs were not met. Walker experienced a nervous breakdown and took a sick leave. Prior to his return to work, accommodations for Walker were agreed upon; however, these accommodations were not followed through. He experienced a second breakdown five months later. Following his second illness, he was unable to return to work.

**Result:** Walker successfully sued his employer for negligence on the grounds that the accommodations required by Walker in his return to work were not met, putting him in a situation of ‘foreseeable’ psychological harm, which ultimately resulted in his second nervous breakdown.

To read the whole case study, visit Walker versus Northumberland: Smithfield Performance Limited: stress litigation at www.smithfieldperformance.co.uk/articles/rcw/rcwSL/rcwSL001.

Information:

- **Best Advice on Stress Risk Management in the Workplace**, by Health Canada, is a presentation that was intended to both increase awareness and encourage action on the risks to health and safety posed by toxic stress in the workplace. See www hc-sc gc ca/ewh-semt/pubs/occup-travail/stress-part-1/index-eng php.
- **Stress at Work, Mental Injury and the Law in Canada** is a discussion paper from the Mental Health Commission of Canada. This report provides a detailed overview of the legal regulations facing employers with respect to stress and mental health in the workplace.
- **Rights and Responsibilities**, by Mental Health Works, provides a brief overview of employers’ rights and responsibilities when it comes to responding to employees mental health issues. See www.mentalhealthworks.ca/employers/rights_and_responsibilities.asp.

The HEALTH case for workplace mental health promotion

- 500,000 Canadians miss work every day because of psychiatric problems. Mental health problems account for nearly 30 percent of disability claims and 70 percent of the total costs. 126
- In the past two years, 21 percent of all workers have experienced physical health problems caused by stress, anxiety or depression. Approximately one in five of these workers experienced fatigue, sleeping problems, anxiety or depression. 127
- People experiencing stress are more likely to report hypertension, anxiety or depression and obesity. 128

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• 62 percent of workers who suffered from physical problems caused by stress, anxiety or depression tried their best to maintain their usual work schedule. However, when outside of work, most (59 percent) could not keep up their usual pace and needed more rest. 129

• Close to four in 10 workers (37 percent) who reported experiencing physical problems but did not take time off work said they continued to work because they need the income (called “presenteeism”). 130

Prevention and early identification of mental health problems can aid in and improve the recovery process. The first two to three months are critical to successful treatment and preventing mental health problems from becoming chronic. 131 When issues are identified early, the person experiencing the mental health issue has a higher likelihood of recovery.

Reducing the prevalence of mental health problems in a workplace could reduce the probability of other health issues developing. Once mental health has been adversely affected, mental health influences the likelihood that future physical health and safety problems will emerge. Physical and mental health problems can add to an individual’s stress and cause more issues.

The diagram to the right shows the Wheel of Harm. It illustrates how various outcomes of health can be connected by mental health problems. 132 The asymmetrical lines within the circle show areas where there are connections between the outcomes of poor mental health. Knowing that mental health problems are connected to so many negative outcomes makes it clear that prevention and early interventions can help in reducing the amount of stress an employee will face. It can allow them to protect and promote their own mental and physical health.

Addressing mental health problems in the workplace is a financially sound idea. More than half of all accommodations cost less than $500 each. Most employers report benefits in excess of $5,000 in return for putting that accommodation into place. 133 Employees who were diagnosed with depression and who took the appropriate medication saved their employer an average of 11 days a year in prevented absenteeism. 134

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130. Ibid.
Gaining management support

The goal is to gain enough support to establish a healthy workplace committee, to undertake a situational assessment and to develop a program plan. The situational assessment provides a clearer picture of the organizational and employee needs and interests and will inform the planning and decision making. Once the information is gathered and a plan is developed, re-affirm management support. Obtaining support twice will ensure the efforts are maintained and sustained.

Information:


- **Mental Health and Addiction Statistics**, by the Centre for Addiction and Mental Health (CAMH), provides summary of statistics on prevalence and incidence, access, stigma and costs to society. See [www.camh.net/News_events/Key_CAMH_facts_for_media/addictionmentalhealthstatistics.html](http://www.camh.net/News_events/Key_CAMH_facts_for_media/addictionmentalhealthstatistics.html).
Element 2: Establishing a Healthy Workplace Committee – How To Get Staff Involved

Creating a staff-led healthy workplace committee is an important step in planning and implementing a workplace health promotion program. This could be the formation of a new committee within the organization or it could be a sub-committee of an already established wellness, joint health and safety or occupational health and safety committee. Some organizations choose to establish a mental health focused sub-committee as part of an existing healthy workplace committee.

Healthy workplace committees lead to higher employee engagement, which in turn improves productivity and loyalty to the organization. Engagement can be heightened in many ways, such as by involving the whole staff in decision-making, communicating the management’s vision for the future and by creating time for positive social interactions between staff.

Members of the committee should be representatives of a number of stakeholders in the organization, such as front-line workers, senior management, union representatives and occupational health and safety representatives. When developing programming focused on mental health, bring in interested and available members from across the organization. It is important to value employees with and without expertise and/or a lived experience with mental health issues. Further, as many employees as possible should be made aware of and given an opportunity to be involved with the program planning process.

Tools:
- CWHP Stakeholder Diagram, created by THCU. See www.thcu.ca/infoandresources/resource_display.cfm?resourceID=781.
- Tools and templates for creating a Healthy Workplace Committee is in Appendix B, including:
  - responsibilities of the committee;
  - checklist for creating a sustainable and useful committee;
  - templates for a healthy workplace committee’s terms of reference, agendas, minutes.
**Element 3: Conducting a Situational Assessment – Getting to the Root of the Problem**

The first major task of a healthy workplace committee is to conduct a situational assessment. This will help ensure an organization accurately identifies the main issues affecting the majority of employees. Without conducting a situational assessment the committee’s program can be biased to the needs and preferences of the committee members. A situational assessment can also help to further strengthen the case for improved programming with senior management, ensure that company resources are put to best use and serve as a baseline measurement in program evaluation.

A situational assessment should start with a review of existing information, such as previous employee survey results, absenteeism reports, exit interview data and health benefit use data. Typically, data gaps are then filled by using focus groups, interviews, audits, assessments or surveys. Ideally, various types of data are gathered from multiple sources, not just from one assessment tool. It should use a combination of methods, such as face to face consultation, surveys and existing large data sets and by accessing existing sources of data, such as researchers, community organizations and government websites. There are many different ways to conduct situational assessments and there are many different types of assessment tools, such as current practice surveys, health risk assessments and needs assessments. Surveys typically are thought to be the easiest method to gather input from the largest number of people possible. Organizations using surveys should make sure that it is of a high quality, comprehensive and is asking the “right” questions.

Involving the whole organization by asking for input can help employees feel valued and important. However, this is only the case if employee input is taken into consideration. Make sure that the assessment is completed in such a way that everyone feels comfortable and safe sharing their opinions. This can be done by keeping the results confidential and anonymous. When possible offer to report the pooled results back to the employee group. If it is within the organization’s capacity, an organization should think about having an external consultant or service provider gather and analyze the data.

The healthy workplace committee should review the results and identify any red flags or gaps. Looking at the results, the committee will need to determine a process and criteria for prioritizing the urgent and important issues. For example, it might be a priority to make some small visible and popular changes that can help obtain more buy-in across the organization, even if it is not as high an employee need as some issues which may take years to produce an impact. There are a number of evidenced, informed, decision-making tools that can be used to prioritize the issues.

Think about where the organization’s resources and efforts will have the greatest impact and which initiatives will require more time and have a longer-term investment. Be realistic about what can be accomplished with the human and financial resources available.
Information:
• Setting Strategic Priorities Webinar by THCU. See www.thcu.ca/videos/webcasts.htm.

Tools:
Guarding Minds @ Work www.guardingmindsatwork.ca.
Guarding Minds @ Work provides an evidence-based process that employers can implement to protect psychological safety and promote psychological health in the workplace. It offers practical, user-friendly tools designed specifically to measure the psychological safety and health of the workplace. Guarding Minds @ Work provides different types of assessment tools to meet the needs of the organization, action steps to help move forward after an assessment and evaluation tools to help review the progress after an organization has implemented any programs.

This tool is intended to help workplace champions, healthy workplace committees, human resource personnel and any other workplace health promotion intermediary to find and use an appropriate situational assessment tool for the workplace. This resource contains almost 30 recommended and promising situational assessment tools. These tools fall under the following categories:

• Current practice survey
• Health risk assessment
• Interest survey
• Needs assessment
• Organizational culture survey
• Workplace audit

For more information about the specific types of assessment tools visit www.thcu.ca/workplace/sat/bkg/concepts2.cfm#hra.
Element 4: Developing a Healthy Workplace Plan – What To Do With Situational Assessment Results

Once the results of the situational assessment have been collected, a plan needs to be developed. At this step the vision and mission for a mentally healthy organization will be clarified with the committee. Ideally, it will be linked to the larger organizational plan or corporate vision. The committee will need to define its goals for the program, the broad strategies to accomplish the goals and the key audiences for its activities. This level of planning is the strategic planning for the workplace mental health strategy.

**Types of planning:**

**Strategic planning** is high-level, long-term planning that strives to affect the strategic direction of the organization. The plan will either link with the organization’s overall mission, vision and values or strive to change or shift them. This is a long-term strategy that takes three to five years.

At the **program planning** level, specific program goals, objectives, target populations and activities are defined. It will generally be completed on a yearly cycle.

**Operational planning** encompasses the roles, resources, deadlines and day to day operations for specific activities.

**Remember:** If issues such as stigma and discrimination are long engrained in individual employees and the organization itself, change does not happen overnight. Often it takes three to five years of programming before there are significant results.

**Information:**
- Introduction to Health Promotion Planning Workbook, by THCU, provides additional information and tools for program planning. See [www.thcu.ca/infoandresources/resource_display.cfm?resourceID=781&emailID=534](http://www.thcu.ca/infoandresources/resource_display.cfm?resourceID=781&emailID=534).
ELEMENT 5: DEVELOPING A PROGRAM AND EVALUATION PLAN

Creating a program plan

A program plan links to the strategies or broad approaches to facilitating change identified in the program plan. For example, “building healthy public policy” or “creating supportive environments” are strategies. Each strategy contains one or more activities. Planning terms may vary between organizations. One common point of confusion is the difference between “tasks” and “activities.”

According to THCU, activities are products or services that are made or held for a given audience, such as an event, a phone-in counseling service or a self-help group. Output is another fairly common term that may be used to replace activity.

Tasks are different from activities. Each activity may require multiple tasks. Tasks are a part of operational work plans. They are assigned people, resources and deadlines. They are required to make activities happen. Tasks are sometimes called action steps. Tasks include such things as hiring a consultant, researching potential speakers or booking meetings. Tasks are operational steps or actions that contribute to the development of activities for an audience.

Priority setting and decision making:

It is important to prioritize efforts. Where will resources and efforts have the most impact? What projects will require a longer-term investment? It’s important to be realistic about what can be accomplished with the human and financial resources available.

Not all activities will be compatible with the culture of an organization. Be critical when choosing activities. Many practices that are used to promote mental health are also strategies for supporting employees who have mental illness. Therefore, one benefit of implementing many of these programs is that they also aid people with mental health issues. They may allow them to be successful without requiring them to disclose their illness.

Ideally, healthy workplace plans are flexible and allow individuals to indicate the changes or supports they need in order to work well and be productive. Flexible work programs support everyone within the workplace, they enable every employee to be more productive, less stressed and have overall better mental health. The majority of Canadians are reporting higher levels of burnout, major depression, anxiety and other mental health problems. Mentally healthy workplaces provide mentally healthy options and programs for all employees. By making these programs available to everyone, employees with mental illness can access them without disclosing and potentially exposing themselves to stigma and discrimination.

Creating an evaluation plan

Evaluations of CWHP initiatives are carried out to:

- determine the effectiveness or impact of a program (i.e., the extent to which program goals and objectives were met);
- be accountable to program stakeholders such as the employers, employees, and other groups with an interest in the CWHP initiative,
- identify ways of improving a program, such as ensuring that all activities are relevant and appropriate to the health needs of employees and removing potential barriers to participation;
- assess the economic efficiency of a program through costs benefit or cost effectiveness analysis;
- compare a CWHP program with similar initiatives being implemented elsewhere;
- use the evaluation information for a range of purposes, including promotion, fundraising, attracting potential partners and advocating for policy changes to create healthier workplaces.

An evaluation plan should be created before evaluation has started. It must consider both formative and summative evaluation.

Formative evaluation plans must be created during the program planning phase, before implementation.

Summative evaluation is completed at the end of the project. This shows whether the program was successful and can be used to decide whether it should continue.
There are three types of evaluations to consider\textsuperscript{136}, not all of which will necessarily be used for every program.

<table>
<thead>
<tr>
<th>Type of Evaluation</th>
<th>Description</th>
<th>Examples of what it evaluates</th>
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</table>
| **Formative Evaluation** | • Focuses on programs that are under development  
  • Used in the planning stages of a program to ensure program is based on stakeholders’ needs and is using effective and appropriate materials and procedures  
  • A situational assessment is a critical formative evaluation activity                                                                 | • Needs Assessments  
  • Creation of Program Logic Models  
  • Pre-testing of program materials  
  • Audience analysis.                                                                                                                     |
| **Process Evaluation**   | • Focuses on programs that are already underway  
  • Examines the procedures and tasks involved in providing a program  
  • Answers “what services are actually being delivered and to whom?”                                                                 | • Tracking the quantity and descriptors of people who are reached by the program  
  • Tracking the quantity and types of services provided and descriptions of what actually occurred while providing services |
| **Summative Evaluation** | • Focuses on programs that are already underway or completed  
  • Investigates the effects of the program, both intended and unintended  
  • Answers, “What difference did the program make?” (impact evaluation) and, “Which stated goals and objectives were met?” (outcome evaluation)  
  • Summative evaluations can assess short-term outcomes and long-term outcomes                                                            | • Changes in attitudes, knowledge or behaviour;  
  • Changes in morbidity or mortality rates;  
  • Cost-benefit analysis;  
  • Cost-effectiveness analysis  
  • Changes in policies  
  • Impact assessments                                                                                                                      |

Formative evaluation measurement can help improve the program during and after the implementation. Summative evaluation measures provide the proof that the program works.

<table>
<thead>
<tr>
<th>Formative Evaluation – Improve</th>
<th>Summative Evaluation – Prove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides information that helps improve the program. Generates periodic reports. Information can be shared quickly.</td>
<td>Generates information that can be used to demonstrate the results of the program to funders and the community.</td>
</tr>
<tr>
<td>Focuses most on program activities, outputs and short-term outcomes for the purpose of monitoring progress and making mid-course corrections when needed.</td>
<td>Focuses most on the program’s intermediate-term outcomes and impact. Although data may be collected throughout the program, the purpose is to determine the value and worth of a program based on results.</td>
</tr>
<tr>
<td>Helpful in bringing suggestions for improvement to the attention of staff.</td>
<td>Helpful in describing the quality and effectiveness of the program by documenting its impact on participants and the community.</td>
</tr>
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</table>


When conducting evaluations, practitioners should think about expected outcomes, how achievements will be measured and the role of the workers themselves in program planning, design, implementation and evaluation. In order to begin an evaluation plan, effective process and outcome objectives need to be created.

Indicators also need to be set. Indicators are the units of measurement used to assess the extent to which objectives have been met. Outcome indicators help you decide whether your program is effective and successful. Process indicators help you decide whether your program was implemented in the way you intended.

Indicators are a building block for a comprehensive evaluation plan. They should be reliable, valid and accessible. A mix of health and business indicators should be used and if organizational levels of change have been included, indicators regarding the workplace culture, including the psychosocial environment, will be necessary.
Working life indicators and measures\textsuperscript{137}

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress</td>
<td>Percentage of adults who find their job very or extremely stressful</td>
</tr>
<tr>
<td>Work-life balance</td>
<td>Mean score for how satisfied adults are with their work-life balance (paid work)</td>
</tr>
<tr>
<td>Demand</td>
<td>Percentage of adults who often or always have unrealistic time pressures at work</td>
</tr>
<tr>
<td>Control</td>
<td>Percentage of adults who often or always have a choice in deciding the way they do their work</td>
</tr>
<tr>
<td>Manager support</td>
<td>Percentage of adults who strongly or tend to agree that their line manager encourages them at work</td>
</tr>
<tr>
<td>Colleague support</td>
<td>Percentage of adults who strongly or tend to agree that they get the help and support they need from colleagues</td>
</tr>
</tbody>
</table>

There are many things to think about when developing an evaluation plan, only some have been explored in this guide. To learn more about the steps to evaluating a comprehensive workplace health promotion plan, review THCU’s Evaluation Info-Pack at www.thcu.ca/workplace/documents/EvaluationInfoPackFinalWeb.pdf.

Developing a work plan

An organization’s healthy workplace committee is responsible for developing a detailed work plan. The work plan should outline the program objectives, activities and evaluation methods in each phase of the plan. Developing a plan is the key to successful programs. The program work plan needs to be revisited regularly to check on progress and to make any necessary modifications.

Example of a work plan:

A healthy workplace committee used an organizational culture audit—a type of situational assessment. They held focus groups. One of the issues flagged was that employees felt their stress levels were almost unmanageable. Many felt they were not being supported by management. Employees said they dreaded coming to work and often spent long hours answering emails on their off hours. They would often call in sick to avoid these feelings. As a response to the assessments, the healthy workplace committee set a goal of creating a more resilient and mentally supportive workplace and decided to tackle three issues: 1) individual stress management skills, 2) management support skills, and 3) workplace policies around workload.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Program</th>
<th>Health Promotion Approach</th>
<th>Activities</th>
<th>Timeline</th>
<th>Partners</th>
<th>Process Indicators</th>
<th>Outcome Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>To create a more resilient and mentally supportive workplace</td>
<td>Awareness campaign on resiliency and burnout</td>
<td>Awareness raising</td>
<td>Handout pamphlets, put up posters and send out information with employee pay stubs</td>
<td>Sept-Dec</td>
<td>Canadian Mental Health Association Marketing Dept.</td>
<td># of posters put up # flyers handed out # pay stub information sent out % people aware of resiliency (pre)</td>
<td>% or people aware of resiliency and efforts to improve post</td>
</tr>
<tr>
<td>Improve resiliency skills in employees</td>
<td>Education/Skill Building</td>
<td>Individual counselling available for employees</td>
<td>Ongoing</td>
<td>Counsellors</td>
<td># employees attending counselling sessions</td>
<td>Participant satisfaction levels</td>
<td></td>
</tr>
<tr>
<td>Improve management’s skills in identifying and alleviating employee stress.</td>
<td>Education/Skill Building</td>
<td>Educational sessions on supportive mental health practices</td>
<td>Sept-Dec</td>
<td>Employee Assistance Program provider (EAP) Outside consultants</td>
<td># management who take workshop</td>
<td>Employees reactions to new management practices</td>
<td></td>
</tr>
<tr>
<td>Improve the physical environment to alleviate stress.</td>
<td>Environmental supports</td>
<td>Designates space where employees can conduct mindfulness sessions or participate in yoga</td>
<td>Sept-Sept</td>
<td>Senior Management Space Planners</td>
<td>Space designated for employees to relax</td>
<td># employees who are using the space</td>
<td></td>
</tr>
<tr>
<td>Improve the overall culture to help employees manage their stress and work levels.</td>
<td>Advocacy and policy development</td>
<td>Develop and obtain approval of a policy of no work e-mail use from 8 pm – 6 am</td>
<td>Sept-Sept</td>
<td>Senior Management</td>
<td>1 policy drafted and approved</td>
<td>% employees satisfied with the policy % employees who say it is improving their work-life balance and stress levels</td>
<td></td>
</tr>
</tbody>
</table>
Examples of workplace mental health strategies, programs and activities:

The following examples are from a comprehensive workplace mental health promotion plan. They are practices that can promote positive mental health within an organization. The examples are matched with their corresponding psychosocial risk factor, which is an element that affects employees’ mental responses to work and the work environment and have the ability to cause mental health problems.138

In Canada and the rest of the world, not enough research has been conducted to find the workplace interventions that are good practices, those that work well and those interventions that do not work as intended. The following components address the PSR factors identified by Guarding Minds @ Work. They are based on workplace health promotion concepts. For example, social and environmental support is extremely beneficial when trying to promote behaviour change. The following activities have been generated through anecdotal examples of programs that have worked well within various organizations, from research and from the activities provided by Guarding Minds @ Work PSR Action Sheets.139,140 As outlined earlier, multiple strategies should be used to make sure that the program is comprehensive, reaching the maximum number of employees and making a sustained cultural change. Also, from the onset of the program, an organization should evaluate and share its findings. More Canadian groups need to contribute to the evidence base for good practices in workplace mental health promotion.

138. Guarding Minds @ Work, www.guardingmindsatwork.ca
<table>
<thead>
<tr>
<th>Psychosocial Risk Factors</th>
<th>Activities</th>
</tr>
</thead>
</table>
| **Psychological Support:** A work environment where coworkers and supervisors are supportive of employees’ psychological and mental health concerns and respond appropriately as needed. | • Provide education and training to all employees (including senior management) to heighten mental health awareness (i.e., “mental health literacy”).  
• Provide a portable computer to enable an employee’s ability to work at home or at unusual hours when needed.  
• Create opportunities for training and mentoring to enhance managers’ interpersonal and people management skills.  
• Ensure widespread awareness of the company benefits and programs that employees can access to address and support their mental health.  
• Create “stay-at-work” policies and programs to assist employees who remain at work while dealing with mental health concerns including formal and informal accommodations, such as allowing an employee to temporarily work part-time when they are returning from an absence. |
| **Organizational Culture:** A work environment characterized by trust, honesty and fairness. | • Create a support net for new employees by pairing them with a mentor and a peer during their orientation.  
• Create an organizational mission statement that incorporates values of trust, honesty and fairness and display it prominently for staff and the public.  
• Create standardized orientation sessions for new employees with information about company’s mission and values and standards for employee behaviour.  
• Identify role models or mentors for new and junior employees to strengthen and ensure the continuity of organizational culture.  
• Hold all members of the organization accountable for their actions and ensure that managers and leaders are held accountable to the same or higher standard. |
| **Clear Leadership and Expectations:** A work environment where there is effective leadership and support that helps employees know what they need to do, how their work contributes to the organization and whether there are impending changes. | • Circulate a quarterly letter from the C.E.O. describing what he or she has been doing in the past month and what is coming up in the future.  
• Develop a schedule of ‘check-ins’ with employees and managers to address issues of concern.  
• Create mandatory training sessions for management and aspiring managers that builds skills around emotional intelligence, mental health in the workplace, assertive and non-violent communication, leadership and ethics.  
• Ensure that job descriptions are current, clear and specific.  
• Conduct regular performance reviews for all staff (including management) that include collaborative/bi-directional feedback. |
| Involvement and Influence: A work environment where employees are included in discussions about how their work is done and how important decisions are made. | Ensure that staff have an identified contact person (e.g., supervisor, office manager, union steward) for issues pertaining to how their work is done. Also, allow employees a venue for communicating their thoughts and concerns with senior executives. This could be through email, online forum, drop box or a breakfast/lunch meeting.  
• Ensure management is approachable and available to communicate by implementing an open door policy and by being visible around the office.  
• Involve employees in the interviewing and screening for job candidates to ensure that existing team members are comfortable with hiring decisions.  
• Encourage employee participation and involvement during times of organizational change, providing empathy and support throughout.  
• Create employment agreements/contracts that explicitly value and encourage employee input into how work is conducted. |
|---|---|
| Psychological Job Fit: A work environment where there is a good fit between employees’ interpersonal and emotional competencies, their job skills and the position they hold. | Hire managers and leaders based on their ability to demonstrate and understanding and commitment to leadership capabilities and supportive management practices rather than technical skills.  
• Have employees complete a personality and skills assessment before they are hired and placed into a position.  
• Have job counselling available for employees who are struggling in their positions.  
• Provide reinforcement and praise for employees’ demonstration of interpersonal and emotional competencies.  
• Where appropriate, consider a process allowing employees to explore internal positions that may better match their skills and style (e.g., via job-shadowing or career-development discussions). |
| Workload Management: A work environment where tasks and responsibilities can be accomplished successfully within the time available. | Work with employees to develop clear project realistic goals and work plans. Plans should be based on mutually agreeable productivity expectations.  
• Train managers to be flexible with schedules to accommodate staff needs and to model good practices.  
• Cultivate a work culture that clearly values the quality of work done not simply the quantity of work (e.g., hours worked).  
• Inform and prepare staff for anticipated periods of increased work (e.g., seasonal demands, peak shift hours) and acknowledge and appreciate employees’ efforts during times of high work demand.  
• Provide pay or accrued time off for overtime worked.  
• Provide education on resiliency, stress management and burnout (e.g., on signs and effects of stress and strategies for self-care). |
| Civility and Respect: A work environment where employees are respectful and considerate in their interactions with one another, as well as with customers, clients and the public. | Create a “Matter of Respect” policy that goes above regulatory requirements to foster an environment that respects diversity and ensures a safe workspace where employees feel comfortable to be themselves.  
  - Encourage managers to have an open door policy for employee complaints.  
  - Adopt non-discriminatory language in all communications.  
  - Maintain the confidentiality of employees’ personal information in all communications.  
  - Give equal consideration in employment and advancement decisions to qualified persons with mental health disabilities. |
|---|---|
| Growth and Development: A work environment where employees receive encouragement and support in the development of their interpersonal, emotional and job skills. | Create a mentor program that links new employees to experienced employees to create a social and professional support. Mentors can help develop skills and competencies and can teach new hires how to successfully navigate the organization’s culture.  
  - Host an annual education fair that highlights opportunities for personal and professional development and provides information on the company’s reimbursement policies.  
    - Create reimbursement policies for tuition, for example:  
      - 50 percent of the cost for bachelor’s or master’s degree credits;  
      - total reimbursement for job-related courses;  
      - exam fee reimbursement;  
      - monetary bonuses for passing exams.  
  - Develop an internal training and development syllabus that lets employees know about all available opportunities in the company for growth, education and training. This can involve an outline of possible career planning opportunities and include the technical and personal leadership expectations of all employees. This way, employees are able to know what skills are needed for them to progress to the next level.  
  - Provide seminars, workshops, lunch and learns, seminars, conferences and educational activities for employees that focus on both individual and department needs. These educational opportunities could be provided by internal experts or external organizations.  
  - Create stretch assignments that expand employee skill sets. During these assignments employees can be paired with a formal mentor. This can drive employee growth and development.  
  - Provide onsite adult tutoring for employees who would like to develop their skills. Employees can receive two hours of tutoring a week within their regular work schedule at no personal cost and employees are paid for one of the two hours. Progress is tracked and celebrated quarterly. Curriculum could feature mathematics, adult literacy, GED preparation, English as a second language, basic computing and life skills classes. |
<table>
<thead>
<tr>
<th><strong>Recognition and Reward:</strong> A work environment where there is appropriate acknowledgement and appreciation of employees’ efforts in a fair and timely manner. These recognition practices make employees feel valued and that their effort is noticed.</th>
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<tbody>
<tr>
<td><strong>Employer Recognition</strong></td>
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<tr>
<td>• Formally recognize individuals based on individual contribution and exemplary effort.</td>
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<tr>
<td>• Provide a non-monetary prize for all members of a team that works well. Working well can be determined by providing exceptional service, supporting organizational programs, fostering teamwork or by staying late during a heavy work period. Find out from the team what they would value receiving by giving them a choice between a couple of different prizes, one example of a prize could be a gift certificate to the cafeteria.</td>
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<tr>
<td>• Celebrate employee dedication by providing an INDIVIDUALIZED GIFT to the employee on their 10, 15, 20-year employment anniversaries and recognize to the whole organization in a newsletter, email or announcement.</td>
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<tr>
<td>• Reward long standing employees with scholarships for their own growth or child-education savings accounts.</td>
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<tr>
<td>• Feed employees who have to work overtime.</td>
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<tr>
<td>• Three or four times during the summer, the company hosts a free barbecue lunch to which all employees are encouraged to come.</td>
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<tr>
<td>• Provide employees with constructive informal rewards such as closing the office early on a Friday after a hard week or allowing an employee who has done a good job the opportunity to try a new role and to take on additional responsibilities.</td>
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<tr>
<td>• Provide dental, vision and mental health coverage that takes effect on the first day of employment.</td>
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<tr>
<td><strong>Peer Recognition</strong></td>
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<tr>
<td>• Encourage employees to publicly acknowledge and thank their peers for exceptional effort, doing an outstanding job, enhancing the work environment, showing tremendous passion for the job or for providing leadership. This can help reinforce positive communication, provide a venue for thinking about coworkers’ positive characteristics, break down communication barriers between staff members and help to frame staff interactions positively. This can be done through:</td>
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<td>• starting all major company meetings with at least one person’s words of praise;</td>
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<tr>
<td>• allowing managers, partners and employees to nominate their co-workers for an outstanding work or contribution award, this can include a written certificate of recognition and recognition at a staff meeting;</td>
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<tr>
<td>• have an employee selected “Employee of the Year.”</td>
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</table>
- **Engagement**: A work environment where employees enjoy and feel connected to their work and where they feel motivated to do their job well. This helps increase feelings of control, alignment or buy-in to the company’s mission and increases employees’ sense of pride in their work.

- When work plans are being created for the year, involve employees in the decisions. Ideally their involvement would be included from the beginning, if not however they should at least be consulted before the plan is finalized.

- Conduct stay interviews with new staff members. Stay interviews are where new employees meet with a human resources manager after three months and then again after six months to have a formal retention interview. This can help managers understand what they are doing well and what the managers and the organization as a whole could do even better to support their employee.

- Conduct an annual satisfaction survey where employees can evaluate and provide feedback on their manager’s performance in the areas of communication, leadership, conflict management and innovation.

- Allow employees to help make the decisions when the office decor is being changed (i.e. furniture set up, paint, carpet and furniture colours, etc.).

- Ensure leadership accountability for retention and engagement (e.g., use metrics to document leaders’ impact on retention and morale among their teams).

- **Psychological Protection**: A work environment where employees’ psychological safety is ensured.

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<thead>
<tr>
<th>Psychological Supports</th>
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<tr>
<td>Provide Mental Health First-Aid training during employees’ regular hours and funded by company.</td>
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<tr>
<td>Encourage a safety culture by rewarding areas that have low accident rates with points towards prizes or bonuses.</td>
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<td>Host emotional wellness seminars to teach employees new skills and strategies for staying psychologically fit in an emotionally demanding job environment.</td>
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<tr>
<td>Have a zero tolerance policy for workplace violence and harassment.</td>
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<tr>
<td>Provide retraining and gradual return to work for employees as needed who have been away for an extended leave.</td>
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- **Environmental Supports**

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<tr>
<th>Environmental Supports</th>
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<tr>
<td>Providing employees the option to turn off fluorescent lights in their offices and bring in floor or table lamps.</td>
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<tr>
<td>Provide a quiet break room or an enclosed office for employees to go to when they need a break.</td>
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<tr>
<td>Providing partitions, room dividers, or otherwise enhancing soundproofing and visual barriers between workspaces or, alternatively, removing barriers in the work environments where people need to feel less isolated/more connected to colleagues.</td>
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<tr>
<td>Providing a private space for employees to make phone calls during the day for personal or professional support.</td>
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<tr>
<td>Allowing workers to consume non-alcoholic drinks (ex. Water, juice) at their work stations throughout the work day (e.g., if needed due to medication side effects).</td>
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</table>
• **Balance**: A work environment where there is recognition of the need for balance between the demands of work, family and personal life. These practices can help reduce work-conflict and unhealthy stress and can improve productivity.

• Promote usage of the company’s Employee and Family Assistance Program (EFAP/EAP) ability to help with finding childcare or eldercare.
• Provide personal days rather than sick days – this allows additional flexibility for employees who have childcare or eldercare concerns.
• Allowing workers to take paid or unpaid time during the day for medical appointments or deal with urgent family issues encourage employees to take time off to spend with family.
• Identify ways to help employees with filling childcare needs during school breaks:
  • Family Day open-house event where the family is invited to join staff for a day of games, tours, stories and food.
  • Subsidize summer camps for employees’ children.

**Alternative Work Schedules**
• Allow for flexibility for work day start time and end time (ex. working 8:00-4:00, 9:00-5:00 or 10:00-6:00) or working a compressed work week (ex. Every other week get a day off and work longer hours the other days).
• Hold employees accountable to getting all the work they need to get done finished, but enable them to work in the evenings or mornings at home if they cannot spend their full day in the office.
• Allow a full-time employee to job share rather than quit by allowing them to become a part-time employee and hire a second part-time employee to cover the other half of the work. This also creates a succession plan for if the employee decides that they do want to retire or stop working all together.
• Provide telecommuting options during the summer so that those with school-aged children, employees caring for aging parents or employees with other circumstances can opt to work from home.

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**Case Study: growth and development at Lee Valley**

**Situation**: To reduce turnover, Lee Valley wanted to show employees that there was room for growth within the organization.

**Action**: Before jobs are advertised publicly, Lee Valley posts them internally. This gives employees first crack at these positions and many people have grown and developed their careers through this feature. For employees who want to further their education, Lee Valley has an education policy, paying the tuition as long as it has some relevance to their job or is along the lines of professional development.

**Result**: Employees see that opportunities for growth and development come in many shapes and forms and many employees have grown and developed their careers at Lee Valley through these measures. To read the whole case study visit [www.vifamily.ca/library/social/lee_valley.pdf](http://www.vifamily.ca/library/social/lee_valley.pdf).

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**Information:**

**Tools:**
- **Logic Model Workbook**, by THCU, provides an overview of logic models including what they are, why they are important and how to use their four-step approach to creating program logic models. See [www.thcu.ca/infoandresources/publications/logicmodel.wkbk.v6.1.full.aug27.pdf](http://www.thcu.ca/infoandresources/publications/logicmodel.wkbk.v6.1.full.aug27.pdf).
- **From Strategic Plan to Program Plan and Back Again** contains answers to important questions such as “Who should be involved in the planning process?” “Where does strategic planning stop and program planning begin?” “How do you keep the plan realistic?” “When should indicators be included in a plan?” “Are there templates or supports to develop a strategic plan on our own?” See [www.thcu.ca/infoandresources/resource_display.cfm?resourceID=958&emailID=527](http://www.thcu.ca/infoandresources/resource_display.cfm?resourceID=958&emailID=527).
**Element 6: Obtaining Management Support**

Yes, obtaining management support appears twice in the eight elements of a CWHP framework. The first time it is to gain enough support to undertake a situational assessment in order to generate a plan and take that back for more support. The second time, organizations look for support to implement the workplace mental health promotion plan.

The healthy workplace committee should present the situational assessment results, the rationale and the program and evaluation plan to senior management for approval. This is to guarantee their support and approval for any necessary funding or human resources participation. It’s also a time to continue to ensure management is clear on and has “bought-in” to their role in actively supporting the plans. The organization must have support and communication about the strategy from senior management.

Find someone with strong presentation skills to be the manager and if possible find someone with organizational clout to support the plan. It is important to think about what is known about the decision-maker(s) so the “pitch” can be customized to them.

In presentation, the committee should provide both the business plan and the evaluation plan. This will show management that the program can be kept accountable and that the results will be measured.

Tie in the case to the company’s strategic plan. Show how the mental health promotion program will help the organization to meet its goals. For example, if the organization wants to become a recognized leader in its field then build the case around how reduced turnover and absenteeism and improved engagement will help the organization to excel.
Element 7: Implementing The Plan

The most common definition of program implementation is “how well a proposed program or intervention is put into practice.”\(^{142}\) The detailed work plan should guide the implementation of the program in terms of timing, content, strategies, monitoring and evaluation. The plan developed should be based on the needs and interests of the workforce as well as “best practices,” which include committing to evaluating both the processes undertaken and the impacts achieved. There is a commitment from senior levels to proceed so now it is time for the “rubber to hit the road” and implement the planned programs.

Whenever possible, get employees involved in the decision making, as this can improve employee interest in the program. Also, when implementing the plan, tell all employees about the plan is, how it was developed, how they can be involved and that the program needs feedback.

Aspects of implementation\(^{143}\)

- Program adherence or fidelity - the degree to which core program components were delivered as planned
- Exposure – the frequency and duration of the program
- Quality of program delivery – the skill and style of delivery
- Participant responsiveness – engagement with and reaction to the program
- Program differentiation – verifying the conditions of the study design

When implementation is documented, it is clear that the level and quality of implementation influences program effectiveness and that higher quality implementation is associated with stronger, more positive outcomes\(^{144}\).

The research into how to implement health promotion programs in general is fairly limited, with that geared to mental health promotion and/or the workplace setting being even scarcer. Therefore, what is presented here is a combination of what is known and what can be readily extrapolated from other applications.

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When implementing a health promotion program, there are several recommended generic principles:

**Theoretical basis** - The content, structure and implementation of successful interventions is founded on sound scientific theory and research.

**Clarifying goals and objectives** - The development of a shared mission and clear goals and objectives for a given intervention are critical to its success.

**Program provider training and support** - Effective programs build capacity through adequate resources and comprehensive professional development for program providers.

**Evaluation and high quality research methods** - High quality, systematic rigorous evaluation and ongoing monitoring procedures are essential to successful intervention programming.

**Infrastructural support from management** - The degree of administrative or infrastructural support for a program can have a critical influence on its success or failure.

**Program fidelity versus reinvention** - Programs should be implemented with high quality which includes, among others, the fidelity of the program implementation.\(^{145}\)

In addition, there are two principles that apply specifically to the workplace as a setting for implementing mental health promotion programs:

**Participatory**
A participative approach engages employees, employers and management in communication and joint participation, appears to be an important success factor for the development and implementation of interventions for mental health promotion in the workplace.

**Advocacy**
There is an especially strong case for demonstrating the cost-benefit of implementing mental health promotion programs in the workplace. Work stress interventions that actually reduce health care costs for employers or improve productivity are much more likely to be adopted and implemented (Briner and Reynolds, 1999). Advocacy efforts underlying the costs and benefits of intervening at the workplace, including social and other welfare benefits, will enhance the likelihood of management support for intervention implementation and ownership.

With these implementation principles in mind, there are a few barriers to keep in mind as well. An organization may want to develop a contingency plan.

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Implementation barriers\textsuperscript{146}

- Failure to commit time and resources
- Engaging implementers who lack the appropriate skills to deliver the program
- Insufficient organizational and key leader support
- Poor motivation and buy-in of implementing staff
- Failure to provide ongoing support and technical assistance
- Lack of program monitoring

RE-AIM is a framework for evaluating health behaviour interventions. It can be used to estimate the potential impact of interventions on public health. RE-AIM Framework identifies five aspects by which an intervention can be maximized: Reach, Efficacy/Effectiveness, Adoption, Implementation, Maintenance. RE-AIM\textsuperscript{147} suggests the following ways to improve implementation of an intervention and to have a greater positive impact:

- **Be sure that intervention protocols are clear and easy to follow.** Choose an intervention that fits well with the target audience, the setting, and the amount of resources. Automate part(s) of the program when useful or necessary.

- **Monitor and provide staff with feedback and recognition for successful implementation.** Implementation is assessed by reporting on what percentage of process objectives was achieved (e.g., what proportion of pamphlets were distributed, how many class hours were taught, or prescribed phone calls completed). Information is often very important for predicting if others will try a program.

- **Maintenance** - The extent to which a program or policy becomes part of the routine organizational practices and policies. See sustaining the program below for more information on maintenance.

Sustaining the program:

- After the CWHP has been developed and implemented, the healthy workplace committee should think about devising a sustainability strategy. Ask, “What is trying to be sustained over time?”

- How do we keep mental health in the workplace as an important issue to the organization?
  - Keep the issue on a variety of agendas, some or all stakeholders – including the employee groups, senior management, partners and decision makers
  - Raising/maintaining awareness about and support for individual and organizational changes.
  - Providing effective messages so that policy-makers know that mental health issues are important


• What behaviour changes have employees made or have started to make?
  • Involves building skills and creating/modifyng the physical and social environment so that the changes are supporting mentally healthy behaviours
  • Involves creating programs that address the important elements of behaviour change
  • Helps support individuals in maintaining their behaviour changes

• Tips to help employees implement the changes:
  • Organize booster sessions within six weeks of the original program offered to reinforce key concepts and help manage challenges.
  • Set long-term goals but emphasizes the smaller steps. That way, successes can be seen, recognized and celebrated.
  • Provide supports – mental health promotion policies within the workplace will help reinforce the expected behaviours, social supports, such as support groups or buddy systems or a place to ask questions, when the going gets tough and physical supports such as access to online or hard copy resources.
  • Monitor the changes and shift the intervention as required to make adaptations easier.

• What effective programs are still needed?
  • Sustaining mental health promotion programs involves integrating one or more related activities, such as an awareness campaign, a support group or an educational session into the existing organization.
  • What partnership do we need to form and sustain?
  • This involves creating and maintaining productive working relationships and maximizing the benefits of addressing mental health issues with a group of stakeholders.
  • Who agrees to take responsibility for the program over the long-term?

CMHA Ontario and THCU can support workplace mental health promotion efforts in various ways. Both organizations have a collection of tools and resources that can help. For more information on work being done at CMHA Ontario, visit www.onotario.cmha.ca/workswell or www.mentalhealthworks.ca. For information about workplace projects that are being done at THCU visit www.thcu.ca/workplace/workplace.html.

In conclusion, research shows that the most successful companies spend 90 percent of their workplace wellness resources developing strategy and getting people on board. They spend just 10 percent on implementation. For this reason, it is important to maximize the impact of these usually scarce implementation resources.
Information:

- **Organizational Change Strategies** is a series of articles written by Graham Lowe on implementing organizational change programs. This website houses many articles and reports on various workplace topics. See [www.grahamlowe.ca/subject.php?subject=37](http://www.grahamlowe.ca/subject.php?subject=37).

- **Creating Healthier Workplaces**, by Great-West Life Centre for Mental Health in the Workplace, provides additional information and tools, including [10 Factors in Building a Psychologically Healthy Workplace](http://www.oee.ch/publications/10Factors_in_Building_a_Psychologically_Healthy_Workplace.pdf); [Create Your Own Mental Health Resource List](http://www.oee.ch/publications/10Factors_in_Building_a_Psychologically_Healthy_Workplace.pdf); [Leader’s Role in Creating Healthier Workplaces](http://www.oee.ch/publications/10Factors_in_Building_a_Psychologically_Healthy_Workplace.pdf); [Occupational Health and Safety](http://www.oee.ch/publications/10Factors_in_Building_a_Psychologically_Healthy_Workplace.pdf); and [Helping Raise Awareness & Reduce Stigma](http://www.oee.ch/publications/10Factors_in_Building_a_Psychologically_Healthy_Workplace.pdf).

- **Chart of Barriers to Maintaining Change and Strategies for Removing Them** was created by the Community Tool Box at [http://ctb.ku.edu/en/tablecontents/sub_section_tools_1871.htm#tool1](http://ctb.ku.edu/en/tablecontents/sub_section_tools_1871.htm#tool1).

- **Health Communication Message Review Criteria** This resource provides a set of criteria to help you develop truly persuasive health communication messages, regardless of the change you are trying to elicit in your audiences. [www.thcu.ca/infoandresources/publications/Complete%20Message%20ReviewTool%20March20-03.pdf](http://www.thcu.ca/infoandresources/publications/Complete%20Message%20ReviewTool%20March20-03.pdf)

Tools:

- **Sustainability at a Glance** is a workbook by THCU that provides additional information on the concept of sustainability; suggestions and tools regarding approaches that will increase the likelihood of sustainability; and examples of sustained health promotion activities. See [www.thcu.ca/infoandresources/resource_display.cfm?resourceID=784](http://www.thcu.ca/infoandresources/resource_display.cfm?resourceID=784).

- **RE-AIM Framework** identifies five aspects by which an intervention can be maximized: Reach, Efficacy/Effectiveness, Adoption, Implementation, Maintenance. To view this resource go to [www.re-aim.org](http://www.re-aim.org)
**Element 8: Evaluating CWHP Efforts**

**Collect data**

Data collection tips:

- The timing of data collection is critical. For programs targeting individual behaviour change, evaluating adherence over time is an important component of measuring impact. Most experience suggests that data should be collected twice after implementation – at six months and 12 months. Organizational change lags behind and some effects may not be seen for several years.
- There are ethical issues associated with some evaluation designs and methods, particularly if using previously collected data such as insurance claims or attendance records that were not collected for the programmatic purpose. Similarly, some employees may be hesitant to provide personal data if they think it might be used against them in the future when promotions are being considered.
- When determining the evaluation instruments for data collection, first look for those that already exist, have been validated and have been found to be reliable. Ensure the information being sought through the tool will be accessible to the workplace being studied.

It’s not easy to undertake workplace health evaluation effectively. Workplaces are diverse in terms of the demographics of the workforce, the complexities of the organizational structure, size and the mix of issues and programs underway. This makes it challenging to undertake conventional health promotion evaluation strategies. This can be compounded if the committee is trying to evaluate the impact across settings – from the workplace into the community and to the employee’s home. One way to alleviate some of the challenges is to utilize a Participatory Action Research approach. This engages the participants from the diverse population of the workplace in shaping the evaluation plan – from setting the research questions to identifying the most appropriate means of collecting data to analyzing results to communicating the results.

**a) Communicating evaluation results**

The data has been collected and analyzed appropriately. It’s now time to interpret the results and to communicate these to the various stakeholders.
Interpret and disseminate results

The format of the evaluation results will depend on the audience who receives it. The Kellogg’s Foundation offers the following suggestions in their Evaluation Toolkit148:

- Be creative and innovative in reporting evaluation findings. Use a variety of techniques such as visual displays, oral presentations, summary statements, interim reports and informal conversations.
- Write and disseminate a complete evaluation report, including an executive summary and appropriate technical appendices.
- Write separate executive summaries and popular articles using evaluation findings, targeted at specific audiences or stakeholder groups.
- Write a carefully worded press release and have a prestigious office or public figure deliver it to the media.
- Hold a press conference in conjunction with the press release.
- Make oral presentations to select groups. Include demonstration exercises that actively involve participants in analysis and interpretations.
- Construct professionally designed graphics, charts, and displays for use in reporting sessions.
- Make a short video or audiotape presenting the results, for use in analysis sessions and discussions.
- Stage a debate or advocate-adversary analysis of the findings in which opposing points of view can be fully aired.

Below is a typical outline for the presentation of evaluation results:

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<tbody>
<tr>
<td>1. Title</td>
<td>7. Research/findings</td>
</tr>
<tr>
<td>2. Executive summary</td>
<td>8. Discussion</td>
</tr>
<tr>
<td>3. Introduction</td>
<td>9. Conclusion</td>
</tr>
<tr>
<td>4. Program rationale and logic</td>
<td>10. Acknowledgements</td>
</tr>
<tr>
<td>5. Description of the initiative/program</td>
<td>11. References</td>
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</table>

Tips on Writing Effective Reports

- Know who your audience is and what information they need.
- Relate evaluation information to decisions.
- Start with the most important information.
- Develop concise reports by writing a clear abstract and starting each paragraph with the most important point.
- Write short focused paragraphs.
- Highlight important points.
- Do not use professional jargon or difficult vocabulary.
- Use active verbs.
- Have your report edited, looking for unnecessary words and phrases.

Best practices for workplace mental health promotion evaluation

The World Health Organization offers the following best practices (adapted for mental health promotion) for the monitoring and evaluation of workplace health promotion programs149:

1. Include outcome indicators on each level of formative, process, intermediate and impact evaluation.
2. Outcome indicators should directly be related to and be dependent on intervention components and objectives. They should be a logical consequence of decisions made in each level of evaluation.
3. An extensive process evaluation should always be included; qualitative information on program preparation and implementation will provide useful information on how to make the programs more successful.
4. A measure to quantify the inside (worksite) or outside environment should be included. An increasing number of such instruments are currently being developed for research purposes.
5. Use of validated and shorter Internet or Intranet questionnaires to decrease improve data management and to increase the response rate of subjects.
6. Use innovative objective instruments to monitor and evaluate.
7. The inclusion of an extensive and expensive set of biological indicators may not be necessary or feasible. In correspondence with program components and objectives, a relatively small set of feasible and less expensive biological indicators might be sufficient in practice.
8. In combination with the continuous monitoring of sick leave at most worksites, regular (yearly) health check-ups of employees should likewise be incorporated in company health policy. Including the recommended small set of biological indicators and/or a questionnaire into a yearly check-up could:
   • give insight into long term in health changes;
   • automatically measure health changes due to newly implemented policy or intervention elements;
   • provide insight into efficacy of interventions so that health trends can be anticipated;
   • be utilised as a bench-mark of company’s health policy;
   • provide continuous data flow making cost-benefit analysis achievable;
   • contribute to the employee’s perception of the commitment of the company to occupational health management.

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Information:


- **Prevention and Promotion in Mental Health**, by the World Health Organization, provides information on a variety of evaluation methods specific to mental health promotion. See [www.who.int/mental_health/media/en/545.pdf](http://www.who.int/mental_health/media/en/545.pdf).


Tools:

- **Factors to Consider When Deciding on an Evaluation Type**, This tool created by THCU will help determining which type of evaluation is best suited for a particular program.

### Factors to Consider When Deciding on an Evaluation Type

**Table 1 Commonly Used Qualitative Methods:**

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<thead>
<tr>
<th>Method</th>
<th>Description</th>
<th>Purpose</th>
<th>Strengths</th>
<th>Limitations</th>
</tr>
</thead>
</table>
| **Focus groups**| • A semi-structured discussion with 8 to 12 stakeholders  
• Lead by a facilitator who follows an outline and manages group dynamics  
• Proceedings are recorded | • To gather in-depth information from a small number of stakeholders  
• To pre-test materials with a target audience  
• Develop a better understanding of stakeholder attitudes, opinions, and language  
• Often used to prepare for a survey | • Provides in-depth information  
• Implementation and analysis requires a minimum of specialized skills  
• Can be inexpensive to implement | • Participants influence each other  
• Subjective  
• Potential for facilitator bias  
• Can be difficult to analyze  
• Results are not quantifiable to a population |
| **In-depth interviews** | • Telephone or in-person one-on-one interviews  
• Interviewer follows an outline but has flexibility  
• Usually 10 to 40 are completed per ‘type’ of respondent | • To investigate sensitive issues with a small number of stakeholders  
• To develop a better understanding of stakeholder attitudes, opinions, and language | • Provides a confidential environment  
• Eliminates peer influence  
• Opportunity for interviewer to explore unexpected issues  
• Provides more detailed information than focus groups | • More expensive to implement and analyze than focus groups  
• Potential for interviewer bias  
• Can be difficult to analyze  
• Results are usually not quantifiable to a population |
<table>
<thead>
<tr>
<th><strong>Open-ended survey questions</strong></th>
<th>• Structured questions on a telephone or e-mail survey that allow the respondent to provide a complete answer in their own words</th>
<th>• To add depth to survey results</th>
<th>• Adds depth to quantitative data</th>
<th>• Time-consuming to analyze properly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• To further explore the reasons for answers to close-ended questions for exploratory questions</td>
<td>• Generalizable to population</td>
<td>• Adds considerable time to the survey</td>
<td>• Not flexible</td>
</tr>
<tr>
<td><strong>Diaries</strong></td>
<td>• Detailed account of aspects of a program</td>
<td>• Used primarily for process evaluation</td>
<td>• Puts other evaluation results in context</td>
<td>• Can be difficult and expensive to analyze</td>
</tr>
<tr>
<td></td>
<td>• On-going documentation by one or more stakeholders</td>
<td></td>
<td>• Captures information often not thought of before</td>
<td>• Observations are subjective</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Very inexpensive to collect</td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td>Purpose</td>
<td>Strengths</td>
<td>Limitations</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>----------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>
| **Surveys**                         | • Completion of structured questionnaire by many stakeholders within a relatively short time frame  
• Can be completed by telephone, mail, fax, or in-person | • To collect feedback that is quantifiable and generalizable to an entire population | • Rarely provides comprehensive understanding of respondent’s perspective  
• Can be very expensive  
• Requires some statistical knowledge and other specialized skills to process and interpret results |
| **Process tracking forms/records**  | • Collection of process measures in a standardized manner  
• Usually incorporated into a program routine | • To document the process of a program  
• To identify areas for improvement | • Can be incorporated into normal routine  
• Fairly straightforward to design and use  
• Can provide very accurate, detailed process information | • Can be seen as extra burden on staff/volunteers  
• Risk that forms/records will not be completed regularly or accurately |
| **Large data sets**                 | • Accessing existing sources of research data for information about your population of interest | • To position your program within a broader context  
• To monitor trends in your population of interest | • Can be expensive or free to access  
• Can provide accurate, well-researched information  
• Can lead to networking and information-sharing opportunities | • Minimal usefulness for evaluating your program  
• Can be difficult to relate specifically to your program |
CONCLUSION

Workplace mental health promotion is important to individual and organizational health and success. The evidence is clear that changes need to be made and that mental health in the workplace is a real concern. In moving forward with workplace mental health promotion programs, remember every individual and organization is unique. Find and tailor programs specifically to the needs of the specific organization, make sure to have commitment from senior management and to involve employees in the planning and decision making. Also, make sure to find the baseline, evaluate the program and share the findings. The time is now to start make positive changes.
**ADDITIONAL RESOURCES**

- **Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention**  
  [www.phac.gc.ca/cbpp](http://www.phac.gc.ca/cbpp)
- **Creating Healthy Workplaces** Industrial Accident Prevention Association (IAPA)  
  [www.mentalhealthroundtable.ca](http://www.mentalhealthroundtable.ca)
- **Great-West Life Centre for Mental Health in the Workplace**  
  [www.gwlcentreformentalhealth.com](http://www.gwlcentreformentalhealth.com)
- **Guarding Minds @ Work**  
  [www.guardingmindsatwork.ca](http://www.guardingmindsatwork.ca)
- **Mental Health Promotion Tool Kit** created by CMHA National. The tool kit is a comprehensive guide for communities that wish to undertake mental health promotion initiatives. It contains everything anyone would need to know about implementing a mental health promotion program, including examples, strategies, tips and tools.  
  [www.cmha.ca/mh_toolkit/intro/index.htm](http://www.cmha.ca/mh_toolkit/intro/index.htm)
- **Mental Health Works** Canadian Mental Health Association  
  [www.mentalhealthworks.ca](http://www.mentalhealthworks.ca)
- **ProMenPol:** supports the research and knowledge transfer of mental health promotion practices and policies. ProMenPol contains an extensive toolkit of mental health promotion (MHP) tools.  
  [www.mentalhealthpromotion.net/?i=promenpol.en.toolkit.123](http://www.mentalhealthpromotion.net/?i=promenpol.en.toolkit.123)
- **Quick Facts about Mental Illness and Addiction in Canada 3rd Edition.** Mood Disorders Association of Canada  
  Plain Text Version:  
- **THCU** at the Dalla Lana School of Public Health, University of Toronto  
  [www.thcu.ca/workplace](http://www.thcu.ca/workplace)
- **Working Through It** an innovative video-based resource that provides practical insights and strategies from people who have worked through it to feel better and cope more effectively.  
  [www.gwlcentreformentalhealth.com/wti](http://www.gwlcentreformentalhealth.com/wti)
- **WorksWell** Canadian Mental Health Association, Ontario Division  
  [www.ontario.cmha.ca/workplace](http://www.ontario.cmha.ca/workplace)
Appendix A
Printable Resources
These resources are provided for informational purposes only and every workplace is different. Consider the organization’s situation and environment before making using these sample resources. They are not intended to offer legal, medical or other professional advice and should not be relied on as such.

**SAMPLE WORKPLACE BULLYING POLICY**

[Company Name] considers workplace bullying unacceptable and will not tolerate it in any circumstances.

Workplace bullying is behaviour that harms, intimidates, offends, degrades or humiliates an employee, possibly in front of other employees, clients or customers. Workplace bullying may cause the loss of trained and talented employees, reduce productivity and morale and create legal risks.

[Company Name] believes all employees should be able to work in an environment free of bullying. Managers and supervisors must ensure employees are not bullied.

[Company Name] has grievance and investigation procedures to deal with workplace bullying. Any reports of workplace bullying will be treated seriously and investigated promptly, confidentially and impartially.

[Company Name] encourages all employees to report workplace bullying.

Managers and supervisors must ensure employees who make complaints, or witnesses, are not victimized.

Disciplinary action will be taken against anyone who bullies a co-employee. Discipline may involve a warning, transfer, counselling, demotion or dismissal, depending on the circumstances.

The contact person for bullying at this workplace is:

Name: __________________________________________

Phone: __________________________________________

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150. Ontario Safety Association for Community & Healthcare, Bullying in the Workplace: A handbook for the workplace (Toronto, 2009), 24.
SAMPLE WORKPLACE MOBBING POLICY

This policy will help ensure that employees of [Company Name] are provided a safe, respectful work environment, free of intimidation, hostility, harassment and other mobbing behaviours. All employees are expected to refrain from participating in mobbing at all times.

Workplace mobbing is a form of harassment and is perpetrated by an employee or group of employees against another employee. Mobbing can occur between peers, from a manager to an employee, manager and group of employees to a single employee, or from an employee(s) to a manager.

Mobbing is considered intentional or non-intentional verbal or non-verbal conduct by one or more individuals against another individual, continuously and systematically over a period of time (i.e., a single offensive comment is unacceptable and may require discipline however, it is not mobbing. Similarly, a critical performance review may have an adverse impact on a worker’s mental health, however it is not considered mobbing).

Mobbing is considered any action that:

- Intimidates, shows direct or passive aggression, offends, disgraces, or ostracizes any co-worker;
- Impedes a co-worker’s productivity or overall performance; or negatively impacts a co-worker’s mental or physical health; or
- Generally affects a co-worker negatively.

Any breech of [Company Name] mobbing policy should be immediately reported to the supervisor of the individual who has experienced the mobbing, or a Human Resources Officer. Disciplinary action will be taken against anyone who participates in mobbing a co-worker. Discipline may involve a warning, transfer, counselling, demotion or dismissal, depending on the circumstances.

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151. This mobbing policy was modified from: State of Oregon, Department of Environmental Quality ANTI-MOBBING POLICY no. 50.110. www.mobbing-usa.com/R_legal.html#Four (accessed December 2, 2009).
**Sample “Matter of Respect” Policy**

At [Company Name] it is a priority to create and maintain a work environment where employees are respectful and considerate in their interactions with one another, as well as with customers, clients and the public.

This policy outlines our commitment to mutual respect, dignity and safety which are essential to building a workplace that provides all employees and management the opportunity to thrive in. We will never tolerate harassment of any form, physical, sexual or psychological, or any discrimination. We will not tolerate any act of abuse or violence, sexual or otherwise.

[Company Name] strives to be a civil and respectful workplace in which there is a mutual respect among all employees, management and stakeholders who come in contact with [Company Name]. Everyone is responsible for creating a climate that promotes diversity and respect for the entire organization.

Any breach of [Company Name] this policy should be immediately reported to the supervisor of the individual who has experienced the offense, or a Human Resources Officer. Disciplinary action will be taken against anyone who is disrespectful or uncivil a co-worker. Discipline may involve a warning, transfer, counselling, demotion or dismissal, depending on the circumstances.
The Business Case for a Comprehensive Workplace Mental Health Promotion Program: Quick Fact Sheet

The Financial Costs

Every Year the Canadian Economy Loses Billions to Mental Health Issues

- Workplace mental health disorders cost Canadian companies nearly 14% of their net annual profits and up to $16 billion annually.\(^{152}\)
- More recent calculations, which include indirect costs (i.e., presenteeism), suggest that upwards of $51 billion is lost to the Canadian economy annually due to mental health and addiction issues (i.e., depression, anxiety, burnout, substance misuse).\(^{153}\)
- Mental disorders are the leading cause of disability in the U.S. and Canada for ages 15-44.\(^{154}\)
- In 2005, mental disabilities such as stress and depression were the leading cause of disability in the labour force, which accounted for over $8 billion in productivity losses 2006.\(^{155}\)
- Mental health (primarily depression and anxiety) has passed cardiovascular disease as the fastest growing category of cost for disability claims in Canada.\(^{156}\)
- 75% if all short-term disability claims and 82% of long-term disability claims in Canada are related to mental illness.\(^{157}\)
- The amount an employer will save, per employee per year, for those who get treatment: from $5000 - $10,000 in average in wage replacement, sick leave and prescription drug costs.\(^{158}\)
- A study, released in 2004 by the Public Health Agency of Canada, identified that 58% of employees report having work-life conflict; being overwhelmed by their jobs, families or finances.\(^{159}\)
- PriceWaterhouseCoopers 1999 International Student Survey found 57% of graduating business students rated work life balance as their primary career goal and therefore influential in choosing an employer.\(^{160}\)
- Fifteen million Canadians spend one-half of their waking hours at work.\(^{161}\)

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153. Ibid
**The Legal Costs**

Legislature is evolving to find employers increasingly responsible for their employees’ mental and physical health and so employers can be found liable for psychological injury to employees. Claims against organizations hurt the defending organization both by tarnishing their reputation and by forcing them to pay for large legal fees.162

**The Health Costs**

- 500,000 Canadians miss work every day because of psychiatric problems. Mental Health accounts for nearly 30% of disability claims and 70% of the total costs.163
- In the past two years, 21% of all workers have experienced physical health problems caused by stress, anxiety or depression. Approximately one in five of these workers experienced fatigue, sleeping problems, anxiety or depression.164
- People experiencing stress are more likely to report hypertension, anxiety or depression and obesity.165
- 62% of workers who suffered from physical problems caused by stress, anxiety or depression tried their best to maintain their usual work schedule. However, when outside of work, most (59%) could not keep up their usual pace and needed more rest.166
- Close to four in 10 workers (37%) who reported experiencing physical problems, but did not take time off work, said they continued to work because they need the income (called “presenteeism”).167

Reducing the amount of stress facing an employee can allow them to protect and promote their own mental and physical health. Early detection is important; when issues are identified early the person experiencing the mental health issue has a higher likelihood of recovery. Addressing mental health problems in the workplace is a financially sound idea. The Job Accommodation Network, a service of the Office of Disability Employment Policy of the United States Department of Labour, found that more than half of all accommodations cost less than $500 and that most employers report benefits in excess of $5,000.168 Employees who were diagnosed with depression and who took the appropriate medication saved their employer an average of 11 days a year in prevented absenteeism.

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167. Ibid
**Stressed?!?**

We all talk about stress, but we are not always clear about what it is. This is because stress comes from both the good and the bad things that happen to us. If we did not feel any stress, we would not be alive! Stress becomes a problem when we are not sure how to handle an event or a situation. Then worry sets in, and we feel ‘stressed.’

The things that cause stress for you may not be a problem for your co-worker, and things that bring stress to your co-worker’s life may not worry you at all. The outcome, positive or negative, easy or hard, depends on how you react and adapt to meet it.

Your reaction to stress can affect your mental and physical health; so it is important for you to learn how to deal effectively with stress as it occurs. Everyone has a different range of stress tolerance and a different level where they function optimally. Learn the range and limits of your zone of positive stress. Recognize early warning signs near the edges and to live within that zone most of the time.
Understanding Stress

Your feelings about the events in your life are very important. By understanding yourself and your reactions to stressful events, you can learn to handle stress effectively. The best place to start is by figuring out what produces stress in you, such as:

- **major events in your life**: changing jobs, moving your home, getting married or divorced, or coping with the death of a loved one,
- **long-term worries**: concern about your children’s future, financial or economic problems, or an ongoing illness,
- **daily hassles**: traffic jams, rude people, or machines that just don’t work when you want them to,
- **job misfit**: A common source of stress is a misfit between the demands of the job and the worker’s zone of stress. If an employee works best in a fast-paced environment and their work is slow and not overly stimulating the employee will become stressed. The opposite is also true, if the job is fast paced and highly demanding and the employee likes to work steadily towards a long-term goal then there is also a job misfit.
Reflect on the Symptoms of Stress

Everyone reacts and copes with stress differently. Stress can affect people physically, emotionally, socially, mentally or spiritually. Many people have been under high levels of chronic stress for so long that they have become accustomed to the negative effects and symptoms of stress. Read the following list and try to see how you cope with stress.

<table>
<thead>
<tr>
<th>Physical</th>
<th>Mental</th>
<th>Emotional</th>
<th>Social</th>
<th>Spiritual</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Headache</td>
<td>• Poor concentration*</td>
<td>• Irritability</td>
<td>• Isolation</td>
<td>• Lack of meaning and purpose</td>
</tr>
<tr>
<td>• Fatigue</td>
<td>• Forgetfulness*</td>
<td>• Crying spells</td>
<td>• Resentment</td>
<td>• Loneliness</td>
</tr>
<tr>
<td>• Muscle tension</td>
<td>• Negative attitude</td>
<td>• Worrying</td>
<td>• Lowered sex drive</td>
<td>• Loss of self-esteem and self-worth</td>
</tr>
<tr>
<td>• Teeth Grinding</td>
<td>• Low productivity</td>
<td>• Anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Insomnia*</td>
<td>• Confusion*</td>
<td>• Frustration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Back aches</td>
<td>• No new ideas</td>
<td>• Mood swings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Stomach and digestion problems</td>
<td>• Lethargy</td>
<td>• Easily discouraged</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Impact on the Immune System</td>
<td>• Boredom*</td>
<td>• Guilt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Drug misuse*</td>
<td></td>
<td>• Shame</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Many of these symptoms of stress can lead directly or indirectly to workplace accidents.

If you relate to these symptoms here are some things you can do:

- Talk to your doctor or another health care professional
- Watch Working Through It www.gwlcentreformentalhealth.com/wti
- Visit CMHA’s Coping with Stress mini-site www.cmha.ca/english/coping_with_stress/
- Call your Employee Assistance Provider
COPING WITH STRESS

Because each of us is different, there is no one ‘correct’ way to cope with stress. However, there are a number of different things that can be done, and it is helpful to look at both short and long-term solutions to reducing stress.

- **Identify the problem(s).** Is the job, relationships with coworkers or spouse, or money worries causing stress? Are unimportant, surface problems masking real, deeper ones? Once you are fairly sure you know what the problem is, you can do something about it.

- **Solve the problems.** Start thinking about solutions. What can you do, and what will be the consequences? Should you be looking for a less stressful job? Do you need marriage counselling? Should you talk to a financial expert about money management? What will happen if you do nothing? If you follow this problem-solving strategy, you should be able to make some changes to take the pressure off yourself. This long-term way of reducing stress in your life is something everyone, sooner or later, will need to do.

- **Talk about your problems.** You may find it helpful to talk about your stress. Friends and family members may not realize that you are having a hard time. Once they understand, they may be helpful in two ways: first, by just listening to you vent your feelings and second, by suggesting solutions to your problems. If you need to talk with someone outside your own circle of friends and relatives, your family doctor may be able to refer you to a mental health counsellor.

- **Learn about stress management.** There are many helpful books, films, videos and courses to help you cope with stress. There are also counsellors who specialize in stress; ask your family doctor for a referral to one. There may also be community college courses and stress management workshops available in your community.

- **Reduce tension.** Physical activity can be a great stress reducer. Go for a walk, take up a sport, dig in the garden, or clean the house. You may find it helpful to learn some relaxation exercises. These can be as simple as deep breathing - slowing inhale through your nose until you cannot take in any more air, and then exhale through your mouth. Another simple exercise is stretching - stretch and relax each part of your body, starting from your neck and working downward; exhale as you stretch, and inhale as you release the tension. If you make a habit of taking pressure off yourself by getting rid of your tension in a productive way, you will find yourself less stressed and more able to solve the problems that caused your stress in the first place.

- **Take your mind off your problems.** You may be able to get rid of stressful feelings temporarily by getting busy. If you get involved in hobbies, sports or work, you can give yourself a ‘mental holiday’ from your stress. Not thinking about your problems for a while can give you a little mental distance from them and make them easier to solve later on.

---

**PREVENTING MORE STRESS IN YOUR LIFE THAN YOU CAN EFFECTIVELY HANDLE**

Once you have lowered your stress level, it is wise to look for ways to prevent excessive stress from building up again. The best way to cope with stress is to prevent it. Some good ways to do this are:

- **Avoid putting things off.** Make a weekly schedule, including leisure activities as well as chores. If you need assistance in doing this talk to your EAP or ask your manager if there is a possibility having some flexible work options. Another strategy can be to work with your supervisor to create a timeline or your responsibilities so that you can create a realistic work plan.

- **Make decisions.** Not making them causes worry and, therefore, stress. One strategy for helping you to make decisions could be to make a list of the things that need to be decided. Systematically go through the different options writing out what you know and what you need to know about each topic. Find out the information that you do not know and then look at the strengths, weaknesses, opportunities and threats associated with the scenario. If after looking at the issue in that level of detail ask a co-worker, manager or trusted friend to analyse the situation with you and help you make the decision.

- **Ask for help.** If you need support it is good to ask for it and if you can’t get everything done then try delegating some of your responsibilities so that you are not trying to do everything by yourself.

Remember, it is impossible to have a completely stress-free life. Your goal should be to avoid getting to the point where your energy stores have been drained by your stressors. By doing this, you will avoid becoming chronically stressed.
**Do you need more help?**

If you or someone you know is feeling too much stress and you need more information about resources in your area, contact a community organization, such as the Canadian Mental Health Association, which can help you find additional support.

**Additional Resources:**
- **Coping with Stress mini-site** this CMHA resource provides information on what workplaces can do to reduce stress or help their employees cope with it [www.cmha.ca/english/coping_with_stress/](http://www.cmha.ca/english/coping_with_stress/)
- **Check Up from the Neck Up** a simple, online, private, mental health check-up. This site provides information on common mood disorders so you or your family and friends can get help if you need it. [www.checkupfromtheneckup.ca](http://www.checkupfromtheneckup.ca)
**Quick Quiz: 5-Minute Stress Test**

**What’s Your Stress Index?**

Find your stress level right now by completing this test.

<table>
<thead>
<tr>
<th>Do you frequently:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect your diet?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Try to do everything yourself?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Blow up easily?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Seek unrealistic goals?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fail to see the humour in situations others find funny?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Act rude?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Make a ‘big deal’ of everything?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Look to other people to make things happen?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have difficulty making decisions</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Complain you are disorganized?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Avoid people whose ideas are different from your own?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Keep everything inside?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Neglect exercise?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have few supportive relationships?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Use sleeping pills and tranquilizers without a doctor’s approval?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Get too little rest?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Get angry when you are kept waiting?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ignore stress symptoms?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Put things off until later?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Think there is only one right way to do something?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fail to build relaxation time into your day?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Gossip?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Race through the day?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Spend a lot of time complaining about the past?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fail to get a break from noise and crowds?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

---

What Your YES Score Means:

0-5: There are few hassles in your life. Make sure though, that you are not trying so hard to avoid problems.

6-10: You’ve got your life in fairly good control. Work on the choices and habits that could still be causing you some unnecessary stress in your life.

11-15: You’re approaching the danger zone. You may well be suffering stress-related symptoms and your relationships could be strained. Think carefully about choices you’ve made and take relaxation breaks every day.

16-25: Emergency! You must stop now, re-think how you are living, change your attitudes and pay careful attention to diet, exercise and relaxation.
**Quick Quiz: Does your organization have mentally healthy practices?**

<table>
<thead>
<tr>
<th>Does your organization:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Welcome all qualified job applicants and value diversity in applicants?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Treat mental illnesses with the same urgency, respect and compassion as physical illness?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Promote and support employee health and work-life balance through programs, practices and policies?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Train managers and front-line supervisors in mental health workplace issues, including the identification of performance problems that may indicate worker distress and possible need for mental health supports?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Practice respect and confidentiality when dealing with employee health information?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Provide access to an Employee and Family Assistance Program (EFAP), Employee Assistance Program (EAP) or other appropriate referral resources to assist staff?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>7. Support employees who are on disability leave while they are way and provide an effective return-to-work plan?</td>
<td>☐</td>
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</tr>
<tr>
<td>8. Provide communication to the whole organization about company programs and policies that promote equal opportunity employment, reasonable accommodations, mental health literacy, and mental and physical health and wellness programs?</td>
<td>☐</td>
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</tr>
</tbody>
</table>

If you answered no to any of these questions for your organization’s policies and practices then your organization could use this toolkit to help you move towards becoming a more mentally healthy workplace.

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**Quick Quiz: Could Bullying Affecting your Workplace?**

The following questions were designed to help determine whether or not there is a potential for bullying behaviour in your workplace. If you answer NO to any of the following questions you may need to conduct a risk assessment of your workplace and develop the appropriate policies and procedures (for more information read the Situational Assessment section of this toolkit and refer to Bullying in the Workplace: A handbook for the workplace).

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have workplace procedures and reporting procedures in place relating the workplace bullying?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Have you established and promoted expectations for appropriate behaviour?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are employees made aware of workplace bullying procedures, their specific roles and responsibilities and appropriate behaviours concerning workplace bullying?</td>
<td>☐</td>
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</tr>
<tr>
<td>Is there a clear process or procedure for dealing with and resolving conflict and aggression within the workplace?</td>
<td>☐</td>
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<tr>
<td>Are your employees aware of the Human Rights Code, in particular its provisions that acts of discrimination or harassment are unlawful and will not be condoned in the workplace?</td>
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APPENDIX B
HEALTHY WORKPLACE COMMITTEE MATERIALS
**Appendix B – Healthy Workplace Committee Materials**

**Responsibilities (Template)**

A Healthy Workplace Committee is responsible for contributing to the planning and implementing of a healthy workplace plan that reflects the needs of the whole staff within the organization and takes into consideration the structure and culture of the workplace. The Healthy Workplace Committee should become educated on the basics of comprehensive workplace health promotion and know that the workplace is affected by occupational health and safety, health and lifestyle practices, and organization’s culture. The committee’s plan should take into consideration both the mental, physical and emotional health of the employees.

The responsibilities of the healthy workplace committee include:

- Meeting with and representing the views of various stakeholder groups with the organization;
- Reporting on health and wellness issues that are important to employees;
- Developing a plan that is set around S.M.A.R.T. (specific, measurable, achievable, realistic and time oriented) goals for the workplace;
- Researching and identifying healthy programs and resources that the committee could use to implement within the workplace.

The committee should set a standard time each month to meet in order to work towards achieving their goals and objectives through implementing their action plan. The employees must be provided with time during their work day to participate on the healthy workplace committee. Members of the committee should all agree to the Terms of Reference (sample provided below). The committee should be comprised of employees from all different levels of the organization and from the various departments. This will help you get input from all areas of the organization, help you coordinate activities, and share the work. Ask the Joint Health and Safety Committee (JHSC) to provide a representative for the committee and at least one person from management. When developing a healthy workplace committee it is important to make sure that the committee does not become another silo; invite all staff members to meetings, poll the whole organization when making larger programmatic decisions and send out the minutes of the meetings to all employees.
CHECKLIST FOR CREATING A MENTALLY HEALTHY WORKPLACE COMMITTEE

Include committee role in employees and leaders’ job descriptions.
Healthy workplace committees should be open to anyone in the organization who has an interest in promoting workplace health; however, when the committee is totally comprised of volunteers who are not held responsible for the success of the committee then during busy times committee work can be left behind. Having a couple of the members be responsible for making sure that the work is completed makes it more likely that committee deadlines will be met.

When choosing who it is that will be responsible for moving the committees’ agenda and action plans forward make sure that a strong leader is chosen to be involved. Running a committee takes organization, dedication and the ability to motivate others to meet the group’s goals. It can be an asset for the leader to know about workplace health promotion, but it is not essential as the committee members will be helping to brainstorm, develop and implement the plans.

Ensure diversity.
Moving towards a mentally healthy workplace includes putting practices into place that encourage input and feedback from all groups throughout the organization. One way to create a safe environment that values all employees is to include representatives from as many different stakeholder groups as possible. This means actively recruiting members from different divisions, genders, ages, cultures, levels within the organization. When recruiting team members communicate that the group values diversity and welcomes committee members of all health statuses and levels of ability. The more different groups you can have actively participating on the committee the more you can prevent the “us vs. them” attitude.

Communicate what is being done.
By letting both committee and non-committee members know what is going on the entire staff team has the opportunity to feel involved with the work the committee is doing. Giving people the opportunity to contribute helps create the feeling that people are working together, feeling valued and can potentially provide hope that the workplace may get better for an employee who feels discouraged because of a poor workplace culture. Communicating to the rest of the staff can be as simple as distributing a survey to see what programs people would like to participate in or sending out the minutes of the meeting See the end of this section for meeting, agenda, minutes, and survey template.

Be efficient and productive.
This committee can be no different than any other committee in the organization it must get work done the same as any other work group. Being productive can help ensure that management keeps supporting the group and that the employees stay motivated and engaged. Have everyone on the committee set aside time for monthly or bi-monthly meetings. Having the group to come together more frequently for shorter periods of increases the likelihood that the work plans are accomplished in a timely manner. To make sure that you are efficient and productive and that the group knows what you intend to cover an agendas should be created for each meeting.

See the end of this section for meeting, agenda, minutes, and survey template.
Equip the committee.
We have already discussed why the committee needs to be given the time to meet and work on the project but they also must be allocated some funds to run the programs that group are looking for. A healthy workplace group does not necessarily have to be given a lot of funding to implement a healthy workplace plan, but they do need to be given enough to run some of the programs or lunch and learns that the staff team request. Also, to make the committee members successful, engaged and dedicated to working on creating a healthy workplace they need to be trained. Challenge your staff to grow by giving them leadership opportunities. They will appreciate that you have confidence in them and gain leadership experience. The more training the better; diversity training, stress management training, conflict training, technical skills training are all options. Great workplaces invest and commit resources to develop their staff, this investment will pay off because not only will the staff you train improve but their new knowledge can be passed on to the other employees.
**Healthy Workplace Committee Terms of Reference (Template)**

**Purpose:**

*Organization name* will strive to create a workplace that is conducive to the promotion of positive mental and physical health in order to support the health and wellbeing of the whole organization.

**Principles:**
- Uses a modeled approach for developing a planned workplace process
- Use of best practices and evidence based-decision making
- Employee driven and management supported
- Evaluated outcomes
- Use solution-focused problem solving
- Embrace *Organization name* values in the planning and work of the committee.

**Tasks:**
- Create a Comprehensive Workplace Health Promotion Plan (CWHP).
- Send the plan to management for approval
- Assist with implementation of programs, policies and practices that are deemed necessary by the Healthy Workplace Committee
- Evaluate the CWHP plan at least once annually, more often if deemed necessary by management and the Healthy Workplace Committee
- Evaluate and report on the success of the plan’s policies, practices and program initiatives to the CEO
- Engage as many employees in the planning and evaluation process and planned initiatives as possible
- Identify the issues at *Organization name* that impact health and well-being of the organization and seek solutions to these issues.
- Promote the benefits of a mentally healthy organization through sharing the planning and findings of the committee to the entire employee population at regular staff meetings.

**The mandate of the committee will be achieved by:**
- Identifying the issues at *Organization name* that impact organizational health and safety and organizational change. Seek solutions to these issues
- Seeking ways to improve employee engagement and personal well-being
- Seeking employee and management commitment and support
- Promotion of the benefits of a mentally healthy organization through awareness raising by sharing the research and findings of the committee to the entire employee population
- Evaluating and selecting best practice models, theories, policies, procedures, programs, assessment tools and evaluation measures

**Committee Composition:**
- Membership in the committee is open to any employee of (organization name)
- Membership includes but is not limited to one representative from each department. Each department will select at least one staff member to act as a representative. That person may be a manager or a staff member. Other members are also welcome to become members
- The term of membership is a minimum of 4 months , with no maximum
Roles and Responsibilities:

**Facilitator is responsible to:**
- Preside over all regular and special meetings
- Ensure that a civil, respectful and psycho-socially safe meeting is held
- Prepare and present reports, to members, CEO and board of directors if necessary
- Regularly report at staff meetings the committee’s work and decisions made during time period between last update
- Set the agenda, location and meeting dates with input from committee members
- Ensure the committee’s Terms of Reference are reviewed by the committee annually
- Bring forward research, models, theories and best practices in area of Comprehensive Workplace Health Promotion to assist in evidence-based decision making of the committee members.

**Members are responsible to:**
- Attend meetings and be prepared to discuss the items on the agenda
- Represent the views of his/her department if appointed representative
- Participate in ad hoc groups or teams when specific tasks are required

Decision Making Mechanism:
- The Healthy Workplace Committee submits all recommendations to management team for approval
- Decisions at the committee level will be made through majority

Reporting Mechanism:
- The Healthy Workplace Committee Facilitator will report to the CEO
- Healthy Workplace Committee will report back to staff at each monthly staff meeting
# HEALTHY WORKPLACE MEETING AGENDA (TEMPLATE)

## HEALTHY WORKPLACE MEETING

7/28/2009  
3:30 PM to 4:30 PM  
Boardroom

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<tr>
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<tr>
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<td>Conclusions:</td>
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<td>Special notes:</td>
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# Healthy Workplace Meeting Minutes (Template)

**Healthy Workplace Committee Meeting Minutes**

<table>
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<tbody>
<tr>
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<tr>
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**Minutes**

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<td>Discussion:</td>
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**Conclusions:**

**Action items**

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**Appendix B – Healthy Workplace Committee Materials**
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<th>Action items</th>
<th>Person responsible</th>
<th>Deadline</th>
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**Agenda item:**

**Presenter:**

**Discussion:**

**Conclusions:**

**Action items**

**Person responsible**

**Deadline**

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**Other Information**

**Observers:**

**Resources:**

**Special notes:**
STAFF SURVEY OF HEALTHY WORKPLACE PROGRAM IDEAS (TEMPLATE)

Hello Everyone,

As a follow up from our Healthy Workplace Committee meeting yesterday I am sending you this survey to see what activities you, as part of the staff team, would like to participate in. I know you are all busy and I appreciate you taking five minutes to complete this questionnaire. I tried to make it as quick and user friendly as possible. Please see below for the survey (or insert electronic survey link here).

The Healthy Workplace Committee really would like hear from everyone on the staff team so we know exactly what it is that you would like to have happen in our office. If we don’t know what you do or do not want, we can’t make it happen.

Thank you for your time and input.

Best regards,
Jane Doe
Healthy Workplace Chair

Options for Healthy Workplace Activities

1. Please choose which of the following types of activities you would be interested in participating in. (Please indicate all that apply)

   • Professional development (directly related to our field of work i.e. mental health)
   • Professional development (related to something other than mental health ex. public speaking)
   • Educational or Organizational Health Seminar (Adding Humour to your Life)
   • Educational and Social
   • Social
   • Other (please specify) ________________________________

2. These are the organizational health seminars available through WorksWell and Mental Health Works, please indicate the seminars that you would attend.

   • Complex Issues, Clear Solutions – provides clear strategies and practical tools for managers, supervisors, human resources, union reps and occupational health professionals.
   • Issues and Solutions – Helps organizational leaders and decision makers work with and manage employees who may be emotionally distressed.
   • Advanced Strategies: Working through the tough stuff – enhances effectiveness in working through the tough issues at work such as mental health concerns, complex performance issues, conflict, and addiction issues.
   • Awareness of Workplace Mental Health – This presentation is aimed at all employees and helps to reduce discomfort, fear and misunderstanding around mental health issues.
• **Workplace Influence** – encourages individuals to deal effectively and healthily with their own stress and anxiety.
• **Introduction to Mental Health in the Workplace**
• **Personal Stressors and Mental Well-being**
• **Nutrition and Mental Health in the Workplace**
• **Physical Activity and Mental Health in the Workplace**
• Are there other lunch and learn seminars that you would be interested in attending? ________________

3. Which of the following social events would you be interested in participating in?

   • Summer luncheon picnic
   • Summer pool party/BBQ
   • Scheduled coffee break with coffee and treats
   • Social lunches where the group tries new restaurants in the area
   • Would not be interested in going to a social event
   • Other (please specify) ____________________________

4. How often would you be interested in attending a lunch activity?

   • One event per month
   • One educational or professional development event per month and one social event
   • One event every lunch event every other month
   • I like my lunch, I would only participate if it is during regular work hours
   • I am not interested in participating
   • Other (please specify) ____________________________

5. Would you be interested in helping organize an activity?

   • Yes
   • No

Thank you for completing the survey!
APPENDIX C

BIBLIOGRAPHY
Appendix C: Bibliography


Bachman, K. “Health promotion programs at work a frivolous cost or a sound investment.” Conference Board of Canada. (2002).


