

---

**camh**

# **Workplace Mental Health**

*A Review and Recommendations*

Date Created:	January 6, 2020
---------------	-----------------

# Table of Contents

---

<b>Table of Contents</b> .....	<b>2</b>
<b>Section 1: Executive Summary</b> .....	<b>3</b>
<b>Section 2: Introduction and Background</b> .....	<b>5</b>
Why should employers support mental health in the workplace? .....	5
<i>Direct costs to business and the economy</i> .....	6
<i>Absenteeism</i> .....	6
<i>Presenteeism</i> .....	6
<i>Retention and recruitment</i> .....	7
<i>Human costs</i> .....	7
<b>Section 3: Recommendations for Business Leaders</b> .....	<b>9</b>
Recommendation 1: Create an organization-wide mental health strategy.....	9
<i>Leadership</i> .....	10
<i>Inclusion</i> .....	10
<i>Wellbeing</i> .....	10
<i>Job Stress</i> .....	11
<i>Work life balance</i> .....	11
Recommendation 2: Institute mandatory mental health leadership training .....	12
Recommendation 3: Develop tailored mental health supports .....	13
<i>Supports for different mental illnesses</i> .....	13
<i>Supports for diverse identities</i> .....	13
<i>Supports for different workplaces</i> .....	14
Recommendation 4: Prioritize the return to work process .....	15
Recommendation 5: Measure outcomes and build accountability .....	16
<b>Section 4: Recommendations for Government</b> .....	<b>18</b>
Recommendation #1: Provide coverage for evidence-informed psychotherapy.....	18
Recommendation #2: Use legislation to improve workplace mental health .....	18
Recommendation #3: Provide incentives for business leaders and other employers .....	18
Recommendation #4: Influence health and disability insurance providers.....	19
<b>Section 5: Conclusion</b> .....	<b>20</b>
<b>References</b> .....	<b>21</b>

## Section 1: Executive Summary

---

Mental illness is a leading cause of disability in Canada.<sup>1</sup> Every week at least 500,000 Canadians miss work due to mental illness<sup>2</sup> and the resulting personal, workplace and economic impacts can be devastating. The economic burden of mental illness in Canada is estimated to be approximately \$51 billion each year,<sup>3</sup> with \$6.3 billion resulting from lost productivity.<sup>4</sup> By 2041, it is estimated that the cumulative cost of poor mental health to the Canadian economy will exceed \$2.5 trillion.<sup>5</sup> There are also indirect costs related to poor mental health in the workplace such as absenteeism<sup>6</sup>, presenteeism<sup>7</sup> and challenges with recruitment and retention<sup>8</sup>. The human cost for employees who are directly impacted by mental illness can be great. Stigma and discrimination can make employees hesitant to disclose their mental illness at work and can prevent them from getting the help that they need.

Creating mentally healthy workplaces requires an investment of time, resources and leadership, but the outcomes are worth it for businesses and employees. For this reason, CAMH, in collaboration with business leaders and workplace mental health experts is embarking on a journey to promote mentally healthier workplaces across Canada. Informed by evidence and best practice we make five recommendations for business leaders and other employers to consider as they strive to support mental health in their workplaces.

1. Create an organization-wide mental health strategy
2. Institute mandatory mental health leadership training
3. Develop tailored mental health supports
4. Prioritize the return to work process
5. Measure outcomes and build accountability

While improving workplace mental health is mainly the responsibility of business leaders and other employers, governments also have a role to play. Therefore, CAMH also offers four recommendations to government to support workplace mental health.

1. Provide coverage for evidence-informed psychotherapy
2. Use legislation to improve workplace mental health
3. Provide incentives for business leaders and other employers
4. Influence health and disability insurance providers

Workplace mental health is the most important issue facing organizations today. Mentally healthy workplaces benefit employees, employers and the economy and implementing these recommendations should be a priority for business leaders and other employers. Governments also have an important role to play. CAMH and workplace mental health experts can further assist by sharing evidence-informed best practices and

---

<sup>1</sup> MHCC, 2014

<sup>2</sup> Dewa, Chau & Dermer, 2010

<sup>3</sup> Lim et al, 2008; MHCC, 2014

<sup>4</sup> Smetanin et al, 2011; MHCC, 2019

<sup>5</sup> Smetanin et al, 2011

<sup>6</sup> OECD, 2012, pp.12-13

<sup>7</sup> OECD, 2012, pp 12-13

<sup>8</sup> Mindshare Partners, 2019; Deloitte, 2019

encouraging dialogue on this important topic that affects so many Canadians. Together, we can create workplaces where mental health is health.

## Section 2: Introduction and Background

---

Mental illness is a leading cause of disability in Canada.<sup>9</sup> Every week at least 500,000 Canadians miss work due to mental illness<sup>10</sup> and the resulting personal, workplace and economic impacts can be devastating. At the Centre for Addiction and Mental Health (CAMH) our interest in workplace mental health is two-fold. First, as Canada's largest mental health teaching hospital and one of the world's leading research centres dedicated to transforming the lives of people with mental illness, including those with substance use disorders, we want to champion evidence-informed solutions to improving workplace mental health across the country. Second, as an employer of over 3000 staff, over 100 physicians and over 100 scientists, we are continually striving to create working environments where all of our employees are safe and well.

In collaboration with business leaders and workplace mental health experts, CAMH is embarking on a journey to promote mentally healthier workplaces across Canada. With this paper, we add to the growing dialogue on workplace mental health by sharing evidence-informed and best practices and making recommendations for business leaders and other employers. We also highlight several public policy opportunities for governments to support business leaders and other employers as they endeavor to improve mental health in their workplaces. Workplace mental health is a shared priority and when we all work together to create mentally healthy workplaces, we all benefit.

### Legal Obligations of Canadian Employers

While this paper focuses mainly on best practices that business leaders and other employers should consider implementing to address workplace mental health in their organizations, it is important to note that some aspects of workplace mental health are subject to legislation. Business leaders and other employers should be aware that there are three legal frameworks that protect employees in Canada:

1. **Employment standards legislation** such as the *Canada Labour Code* and *Ontario's Employment Standards Act* cover issues such as how shifts are scheduled, overtime and other rights.
2. **Occupational health and safety legislation** such as *Ontario's Occupational Health and Safety Act* include anti-harassment provisions and other provisions specifically aimed at psychological safety.
3. **Human rights codes and mechanisms** in each jurisdiction protect people from discrimination in employment on various grounds including disability (which generally encompasses mental illness). Often human rights bodies offer guidance on how to interpret and apply human rights legislation such as the Ontario Human Rights Commission's fact sheet on accommodation and workplace mental health.<sup>11</sup>

### Why should employers support mental health in the workplace?

Workplaces can be central to employee mental health. Working adults spend the majority of their waking hours on the job. For many, work is a source of wellbeing, an opportunity to be productive and contribute to society. For a significant number of others, however, work can be a source of stress that leads to poor mental health and/or the place where mental illness can manifest.<sup>12</sup> When business leaders and other employers fail to acknowledge or address the negative impacts that workplaces can have on employees' mental health, the results can be costly.

---

<sup>9</sup> MHCC, 2014

<sup>10</sup> Dewa, Chau & Dermer, 2010

<sup>11</sup> OHRC, 2019a

<sup>12</sup> MHCC, 2019

### *Direct costs to business and the economy*

The economic burden of mental illness in Canada is estimated to be approximately \$51 billion each year,<sup>13</sup> with \$6.3 billion resulting from lost productivity.<sup>14</sup> By 2041, it is estimated that the cumulative cost of poor mental health to the Canadian economy will exceed \$2.5 trillion.<sup>15</sup>

Poor mental health is considered “a top cost driver” for employers.<sup>16</sup> For example, a study from the UK found that the cost of lost productivity and employment from depression was 23 times higher than the cost of treating that depression in the health care system.<sup>17</sup> Further, mental illness makes up roughly 1/3 of short- and long-term disability claims, but 70% of workplace disability costs. Therefore, implementing strategies to support workplace mental health can provide businesses and organizations with significant savings.<sup>18</sup>

### *Absenteeism*

There are also indirect costs related to poor mental health in the workplace. Absenteeism due to mental illness is prevalent in Canada.<sup>19</sup> Workers with mental illness are more likely to be absent from work due to health reasons than other workers and these absences are likely to be longer.<sup>20</sup> Not only are these short-term disability episodes among the costliest types of absenteeism due to their length as well as risk of recurrence<sup>21</sup>, but they also have spillover effects on the rest of the workplace. Other colleagues may have to take on additional work to compensate for the absent employee causing the team to be more stressed and less productive.<sup>22</sup>

### *Presenteeism*

Presenteeism is also common among employees with poor mental health. When employees come in to work despite being sick, their performance suffers as a result.<sup>23</sup> Employees with poor mental health come into work when they are unwell for various reasons. Some may not be able to afford to take the day off, some feel personal responsibility for completing tasks and attending meetings and some are concerned about the accumulation of even more work when they return.<sup>24</sup> Concerns about job insecurity due to downsizing or restructuring can also factor into an employee’s decision to come into work when they are sick.<sup>25</sup> Whatever an employee’s reason for not calling in sick, poor mental health can have a significant impact on their ability to do their job. Depression, for example, can interfere with a person’s ability to complete physical job tasks about 20% of the time and reduce cognitive performance about 35% of the time.<sup>26</sup> Ensuring that these employees have access to support and treatment is essential. Employees who receive treatment for a serious depressive episode are more likely to be highly productive than those who do not receive treatment.<sup>27</sup>

---

<sup>13</sup> Lim et al, 2008; MHCC, 2014

<sup>14</sup> Smetanin et al, 2011; MHCC, 2019

<sup>15</sup> Smetanin et al, 2011

<sup>16</sup> Ibid

<sup>17</sup> OECD, 2012, p.18

<sup>18</sup> Deloitte, 2019

<sup>19</sup> Dewa, Chau & Dermer, 2010

<sup>20</sup> OECD, 2012, pp.12-13

<sup>21</sup> Dewa et al, 2016

<sup>22</sup> OECD, 2012, p.77

<sup>23</sup> OECD, 2012, pp 12-13

<sup>24</sup> CMHA Ontario, 2010

<sup>25</sup> Ibid

<sup>26</sup> Lerner & Henke, 2008

<sup>27</sup> Dewa, Thompson & Jacobs, 2011

## Retention and recruitment

In addition to absenteeism and presenteeism, there is a link between employee wellbeing and employee turnover. In one survey, 20% of respondents said they had voluntarily left a previous job for mental health reasons - a number that increased to 50% for millennials and 75% for Generation Z employees.<sup>28</sup> Losing an employee can cost an organization 1.5 to 2.5 times the departing employee's annual salary<sup>29</sup> with part of these costs related to hiring and training another worker.<sup>30</sup> Retention is not just measured in terms of departing employees, but can also include current employees' intentions to leave. When workers intend to leave their job, they are less likely to be productive.<sup>31</sup> Fortunately, comprehensive workplace mental health strategies can reduce voluntary turnover of employees.<sup>32</sup> In addition to retaining employees, businesses and organizations that commit to creating psychologically safe workplaces are also able attract top talent to their teams.<sup>33</sup>

## Human costs

Finally, poor mental health clearly has a human cost for employees directly impacted and this should be a concern to business leaders and other employers. Stereotypes that people with mental illness are irresponsible, incompetent, lazy or dangerous persist<sup>34</sup> and can prevent people from discussing their mental health at work. About 3/4 of working Canadians would either be reluctant to admit or would not admit to a boss or coworker that they have a mental illness<sup>35</sup> and fear of stigma plays a key role in their hesitancy to disclose.<sup>36</sup> Witnessing the experiences of their colleagues who have disclosed their mental illness may also contribute to their hesitancy. Over 67% of people with mental illness say they have been refused a job interview, refused a job, refused a promotion or have otherwise been disadvantaged in employment due to their mental illness.<sup>37</sup> Reluctance to acknowledge poor mental health can lead to employees feeling isolated and be a barrier to accessing treatment and seeking workplace accommodation.<sup>38</sup> Self-stigma also plays a role in preventing employees from disclosing their mental illness and from getting the help that they need.<sup>39</sup> That employees are not seeking out the mental health supports that they need is reflected in the under-use of workplace benefits and other mental health services.<sup>40</sup> Given the positive impact that mental health treatment can have for the individual, as well as on work functioning and worker retention,<sup>41</sup> encouraging employees to use their workplace benefits would be beneficial to business leaders and other employers.

---

<sup>28</sup> Mindshare Partners, 2019

<sup>29</sup> Page & Vella-Brodrick, 2009

<sup>30</sup> Deloitte, 2019

<sup>31</sup> Page & Vella-Brodrick, 2009

<sup>32</sup> Deloitte, 2019

<sup>33</sup> Ibid

<sup>34</sup> Mindshare Partners, 2019

<sup>35</sup> RBC, 2019

<sup>36</sup> Ibid

<sup>37</sup> OHRC, 2015

<sup>38</sup> RBC 2019

<sup>39</sup> CAMH, 2019g

<sup>40</sup> Benefits Canada, 2019

<sup>41</sup> OECD, 2012, p. 97

## Canadian National Standard on Psychological Health and Safety in the Workplace

Canada introduced the National Standard of Psychological Health and Safety in the Workplace in 2013. The aim of the Standard is to address the rising legal, social and economic costs of mental illness in Canadian workplaces.<sup>42</sup>

The Standard is a thorough, thoughtful and practical benchmark to help business leaders and other employers achieve workplace mental health. However, employer awareness of it is mixed and implementation can be somewhat complex.<sup>43</sup> While leading employers are already adopting the Standard, greater uptake has the promise of helping more employees.

A 3-year Case Study Research Project on the progress of Canadian organizations implementing the Standard uncovered some promising practices for business leaders and other employers to consider. These include:

1. Defining a business case
2. Ensuring commitment throughout the organization
3. Communicating widely and effectively
4. Building a psychological health and safety culture
5. Ensuring adequate resources for implementation of the Standard
6. Selecting the best actions for the organization based on the outcome of the planning process defined in the Standard
7. Considering psychological health and safety in times of change
8. Measuring the impact of implementing the Standard
9. Sustaining implementation efforts<sup>44</sup>

The Mental Health Commission of Canada and CSA Group have also developed an implementation guide to aid employers in putting the Standard into practice.<sup>45</sup>

---

<sup>42</sup> Malachowski, Kirsh, & McEachen, 2017

<sup>43</sup> Ibid

<sup>44</sup> MHCC, 2017

<sup>45</sup> CSA Group, 2014



## Section 3: Recommendations for Business Leaders

---

Poor mental health can cause significant problems for workers and workplaces. Businesses can lose money. Teams can become overwhelmed. Productivity can decrease. Employee retention and recruitment can suffer. Employees with mental illness can become sicker for fear that reaching out for support will have negative consequences for them at work. Fortunately, there is evidence-informed action that business leaders and other employers can take to address these challenges. Creating a mentally healthy workplace requires an investment of time, resources and leadership, but the outcomes are worth it for businesses and employees. In this section, we make five recommendations – supported by research and informed by experts in the field – for business leaders and other employers to consider as they strive to support mental health in their workplaces.

### Recommendation 1: Create an organization-wide mental health strategy

Implementing a comprehensive workplace mental health strategy should be a priority for all business leaders and other employers. Organizations that have a robust strategy to address workplace mental health perform better on average on measures ranging from health and safety to shareholder returns.<sup>46</sup> Despite this, only 39% of Canadian employers have a mental health strategy in place,<sup>47</sup> with employers in the health sector, education, finance, insurance, real estate, public administration, and utilities industries leading the way.<sup>48</sup>

Experts note that successful workplace mental health strategies focus on preventing harm, promoting positive outcomes and managing illnesses.<sup>49</sup> Strategies such as these that span the continuum of mental health from prevention to risk mitigation are more likely to achieve a positive return on investment (ROI) for organizations.<sup>50</sup> Successful strategies must also seamlessly integrate their various components so that they can be implemented as a whole across the workplace.<sup>51</sup> The Mental Health Commission of Canada's 2013 National Standard for Psychological Health and Safety in the Workplace sets the bar for how to develop an organization-wide mental health strategy. This voluntary standard provides a framework for addressing mental health across all parts of an organization<sup>52</sup> and can be a successful approach for organizations of various sizes.<sup>53</sup>

It is important that business leaders and other employers decide early on in the development of their mental health strategy how they will benchmark success and build accountability (see Recommendation #5). Key to success for all organizations, however, is that their mental health strategies align with the workplace's underlying mission, vision and values, and have a clear link to short- and long-term goals.<sup>54</sup> This could mean dedicating a key performance indicator (KPI) specifically to employee mental health. To ensure all employees are invested in the mental health strategy and feel accountable for its success, a cross-organization steering committee should guide its development.<sup>55</sup>

There are five key elements that business leaders and other employers should keep in mind when developing a mental health strategy for their workplace: leadership, inclusion, wellbeing, job stress and work life balance.

---

<sup>46</sup> CSA Group, 2018

<sup>47</sup> CBC, 2016

<sup>48</sup> Ibid

<sup>49</sup> LaMontagne et al., 2014

<sup>50</sup> Deloitte, 2019

<sup>51</sup> CAMH, 2019h

<sup>52</sup> CSA Group, 2018

<sup>53</sup> Leka & Jain, 2014

<sup>54</sup> CMHA Ontario, 2010

<sup>55</sup> CAMH, 2019e

## Leadership

Leaders are key agents of change within businesses and organizations<sup>56</sup> and can play a significant role in changing an organization's culture and reducing mental health stigma in the workplace.<sup>57</sup> Therefore, it is imperative that leaders be involved in creating and implementing an organization-wide mental health strategy. Leadership from the top is particularly important, especially when these leaders are willing to share their own mental health experiences.<sup>58</sup> Despite the important role of leaders in establishing organization-wide mental health strategies, one Canadian survey found that only 32% of employees thought that their organization's leadership was taking action to address workplace mental health and 26% said that their organization's leaders were unsupportive of workplace mental health initiatives.<sup>59</sup> The other 42% noted that the leaders in their organizations seemed interested, but had not yet taken any real action. This should inspire business leaders and other employers to take immediate action on mental health in their workplaces. One of the first actions that they can take is to determine where their organization currently stands on mental health. Tools like CivicAction's MindsMatter assessment tool can help leaders determine their organization's current state-of-play on workplace mental health.<sup>60</sup> Leadership training is also an essential component of an organization-wide mental health strategy that should be addressed early on. Training will help leaders to champion mental health in the workplace and provide support to their employees (see Recommendation #2).

## Inclusion

The workplace can be a particularly potent source of stress and poor mental health for visible minorities, people in the LBGTQ+ community and others who face discrimination and marginalization in daily life.<sup>61</sup> One US study found that 80% of transgender employees believed that their work or workplace environment contributed to their symptoms of mental illness compared to 37% of all respondents.<sup>62</sup> Further, having to hide or mute one's identity due to discrimination at work can cause significant stress and take a toll on the mental health of marginalized employees.<sup>63</sup> Therefore, when developing an organization-wide mental health strategy it is important that business leaders and employers embed diversity and inclusion in every facet. Experts suggest that this include cultural sensitivity training for managers and consulting with employees about their experiences of discrimination and mental health at work. It also means ensuring that the mental health supports offered in the workplace reflect the diverse needs of employees (see Recommendation #3).

## Wellbeing

Workplace mental health strategies should strive to improve the overall wellbeing of employees and not just seek to address poor mental health. Experts recognize that physical and mental health are closely connected<sup>64</sup> and that investments in physical health can be an effective component of an overall workplace mental health strategy.<sup>65</sup> Investments in lifestyle modification, specifically programs and incentives that increase levels of physical activity amongst employees have shown to be an effective strategy for improving overall wellbeing in the workplace.<sup>66</sup> A focus on overall employee wellbeing also involves creating a healthy workplace culture, free from

---

<sup>56</sup> Dimoff & Kelloway, 2019.

<sup>57</sup> LaMontagne et al., 2014

<sup>58</sup> Howatt & Palvetzian, 2018

<sup>59</sup> CMHA, 2016

<sup>60</sup> MindsMatter, 2019

<sup>61</sup> Mindshare Partners, 2019

<sup>62</sup> Ibid

<sup>63</sup> CAMH, 2019g

<sup>64</sup> Ibid

<sup>65</sup> CAMH, 2019a

<sup>66</sup> Leka & Jain, 2014

bullying and harassment. Workplaces characterized by job insecurity, bullying, psychological harassment, low social support and/or organizational injustice can lead to poor mental health outcomes amongst employees.<sup>67</sup> Therefore, it would be advantageous for business leaders and other employers who are developing organization-wide mental health strategies to implement complementary policies and procedures to mitigate bullying and harassment in the workplace.<sup>68</sup>

### *Job Stress*

The structure of work itself has an impact on employee mental health and this should be a key consideration when business leaders and other employers are developing their workplace mental health strategy. Work can exacerbate or even independently cause mental illness.<sup>69</sup> Evidence demonstrates that highly demanding jobs that offer employees little control, low reward or conflicting demands can lead to mental illness.<sup>70</sup> Similarly, high-intensity work that comes with little job security increases the number of days employees are absent from work.<sup>71</sup> One of the most profound impacts on workplace mental health is job re-design, which significantly increases the likelihood that employees will go on mental health sick leave.<sup>72</sup>

To minimize job stress amongst employees, business leaders and other employers should look at providing employees with more control over their work, lessening demands on employees, and/or increasing the amount of support available to employees. Such tactics have the potential to reduce instances of depression and anxiety in the workplace.<sup>73</sup> Managers' behaviour is also critical for mitigating work stress amongst employees<sup>74</sup> and reducing sick time.<sup>75</sup> Therefore, business leaders and other employers should be mindful of the importance of competent and supportive management in their organizations as they strive to improve workplace mental health.

Business leaders and other employers would also benefit from systematically reviewing their organizational processes to determine how they contribute to workplace stress and putting in place strategies to change these processes.<sup>76</sup> For example, eliminating annual reviews may reduce employee anxiety.<sup>77</sup> The most successful organization-level interventions, however, may be those that are multi-pronged and include addressing individual job demands and organizational structure at the same time.<sup>78</sup>

### *Work life balance*

An imbalance between work and family life is a stronger risk factor for mental illness than job stress alone<sup>79</sup> and must be a consideration when business leaders and other employers are developing their workplace mental health strategy. Evidence demonstrates that when employees are able to find balance between their work obligations and outside of work duties, such as family obligations, they have fewer absences from work.<sup>80</sup>

---

<sup>67</sup>LaMontagne et al., 2014

<sup>68</sup> CMHA Ontario, 2010

<sup>69</sup> Mindshare Partners, 2019

<sup>70</sup> D'Souza et al, 2003; Stansfield & Candy, 2006; OECD, 2012; LaMontagne et al, 2014

<sup>71</sup> OECD, 2012

<sup>72</sup> Morneau Shepell, 2018

<sup>73</sup> LaMontagne et al, 2010

<sup>74</sup> OECD, 2012, p. 65

<sup>75</sup> Ibid

<sup>76</sup> CAMH, 2019g

<sup>77</sup> Ibid

<sup>78</sup> Leka & Jain, 2014

<sup>79</sup> Wang et al, 2008

<sup>80</sup> OECD, 2012, p. 75

Business leaders and other employers can help employees better negotiate competing demands by offering flexible working arrangements so that they are able to take time during regular work hours to complete personal tasks (e.g. meet with teachers, take a sick family member to the doctor). These types of time-flexible working arrangements can give employees a greater sense of control and reduce their stress.<sup>81</sup> Moreover, because employee mental health has an impact on an organization's success, regardless of its cause, business leaders and other employers should also consider their role in assisting employees with childcare, commuting time, housing and transportation costs.

## Recommendation 2: Institute mandatory mental health leadership training

For business leaders and other employers to ensure success of their organization-wide mental health strategies, leaders across the organization, including middle management, must be trained and invested in workplace mental health. Workplace mental health training can help leaders better understand the links between job stress and health and what they can do/are required to do to prevent and support mental illness in the workplace.<sup>82</sup> This type of training does not need to be overly lengthy to be effective. Even a 3-hour training can improve leaders' knowledge, self-efficacy, and intentions around workplace mental health.<sup>83</sup> However, experts note that for training to be truly effective, it must be mandatory, offered regularly, and championed by senior leadership.<sup>84</sup>

There are various workplace mental health leadership training options that can be provided as part of a comprehensive workplace mental health strategy. Mental health awareness training (MHAT) helps leaders recognize the warning signs of a struggling employee, promote mental health in the workplace, and engage in behaviors that support employee mental health and wellbeing.<sup>85</sup> Early research suggests that MHAT training can have a positive impact on workplace mental health by helping leaders to increase their employees' use of mental health resources.<sup>86</sup> Another mental health training that has positive outcomes for participants (e.g. increased confidence providing support to struggling employees, reduced mental health stigma) and ultimately their workplaces is Mental Health First Aid.<sup>87</sup> This training helps leaders to recognize common mental illnesses and learn how to offer support until an employee can get professional help. There is also a longer and more intensive Mental Health First Aid course that prepares leaders to address mental health crises in the workplace.<sup>88</sup> Another option is the Workplace Mental Health Leadership Certificate Program offered by Morneau Shepell, in partnership with Bell Canada Mental Health and the Anti-Stigma Research Chair and Faculty of Health Sciences at Queen's University. The certificate, focused on industry best practices, including the National Standard for Psychological Health and Safety in the Workplace,<sup>89</sup> aims to increase leaders' awareness of mental illness, recognition of contributing factors to poor mental health in the workplace, and capacity to respond when issues arise. Finally, emerging and novel mental health trainings for leaders, such as a digital game-based intervention called Leadership Training in Mental Health Promotion, may be able to increase leaders' knowledge of workplace mental health and reduce mental health stigma in the workplace.<sup>90</sup>

---

<sup>81</sup> Halpern, 2005

<sup>82</sup> LaMontagne et al, 2014

<sup>83</sup> Dimoff, Kelloway & Burnstein, 2016

<sup>84</sup> CAMH, 2019g

<sup>85</sup> Dimoff & Kelloway, 2019.

<sup>86</sup> Ibid

<sup>87</sup> Kitchener &, Jorm, 2006; LaMontagne et al, 2014

<sup>88</sup> Kitchener & Jorm,, 2006

<sup>89</sup> Morneau Shepell, 2019

<sup>90</sup> Hanisch et al, 2017

### Recommendation 3: Develop tailored mental health supports

As part of an organization-wide mental health strategy, business leaders and other employers should ensure that employees have access to the mental health supports that best suit their needs. Mental health supports are not a one-size-fits-all solution and different people, environments and mental illnesses need different approaches.<sup>91</sup> To determine which mental health supports are best suited for their organization, business leaders and other employers should conduct a comprehensive needs assessment that looks at their employees' mental health needs and access barriers, as well as the organization's gaps in support. With this information, business leaders and other employers can tailor their Employee and Family Assistance Programs (EAFPs) and other mental health programs to support best outcomes amongst their employees. Providing a generous EAFP is important for supporting culture change and signals that the organization is committed to workplace mental health.<sup>92</sup>

#### *Supports for different mental illnesses*

People with different mental illnesses can benefit from varying treatment approaches. For this reason, business leaders and other employers may find it useful to be aware of the most up to date research on what works best for different illnesses.<sup>93</sup> For example, there is evidence that cognitive behavioural therapy (CBT) can be a successful treatment for people with depression<sup>94</sup> as well as being cost effective for organizations. For every dollar that is invested in workplace CBT programs, organizations can expect a return of about \$1.79 per participating employee after one year and about \$0.25 after 27 months.<sup>95</sup> Pairing CBT with care management (e.g. a case manager who coordinates and manages an employee's care plan) can have an even better ROI than CBT alone. Business leaders and other employers who offer CBT with care management can expect to get back about \$0.39 to \$3.35 for every dollar they invest after one year.<sup>96</sup> Similarly, smoking cessation programs offered in the workplace can provide a positive ROI by reducing the amount of sick leave taken by participating employees.<sup>97</sup> Smoking cessation drugs such as varenicline and bupropion or counseling sessions with a smoking cessation expert are cost-effective options that business leaders and other employers can consider.<sup>98</sup>

In addition to offering different mental health supports for different mental illnesses, business leaders and other employers should also consider offering supports for employees at different stages of their mental health journey. Employees can benefit from a continuum of programs and supports, from those that aim to reduce the risk of developing poor mental health, to those that reverse or slow down the development of mental illnesses all the way to those that are rehabilitative and treat a specific diagnosed mental illness.<sup>99</sup>

#### *Supports for diverse identities*

People from diverse communities can have different experiences of mental illness and cultural norms can affect peoples' receptivity to mental health treatment. These experiences should be a key consideration for business leaders and other employers when determining the types of mental health supports to offer their employees. Business leaders and other employers should recognize that the mental health needs of people from historically

---

<sup>91</sup> CAMH, 2019d

<sup>92</sup> CAMH, 2019c

<sup>93</sup> CAMH, 2019f

<sup>94</sup> OECD, 2012, p. 105

<sup>95</sup> de Oliveira et al, 2019

<sup>96</sup> Ibid

<sup>97</sup> Ibid

<sup>98</sup> Ibid

<sup>99</sup> Leka & Jain, 2014

underrepresented groups such as women, racial and ethnic communities, and the LGBTQ+ community have not received the same recognition as other groups<sup>100</sup> and may require different types of mental health supports. Some cultural groups may not be receptive to standard mental health treatments and will require culturally sensitive approaches to their mental health care.<sup>101</sup> Other communities, such as members of the LGBTQ+ community can be more open to mental health diagnosis, treatment and talking about mental health at work.<sup>102</sup> As business leaders and other employers consider which mental health supports to make available in their workplaces, the diverse mental health needs of their employees should be recognized and accommodated. The types of mental supports to offer can be determined using employee demographics as well as feedback from employees themselves so that everyone is able to access the supports that work best for them.

### *Supports for different workplaces*

Business leaders and other employers need to think about the structures and functions of their workplaces when determining the best types of mental health supports to offer their employees. Field workers and physical labourers can be difficult to reach with typical wellness supports due to the scattered and often remote nature of their locations. Providing similar supports and services to all employees can also be difficult in workplaces where some employees are in resource-rich cities and others are in remote locations.<sup>103</sup> Similarly, employees who work from home can pose unique challenges for the delivery of mental health supports and may have distinct needs because they are less connected to the social resources of an in-person team.<sup>104</sup> Mental health hotlines and internet-based stress management interventions may be possible solutions for connecting workers in remote and scattered locations to the mental health supports they need.<sup>105</sup> Business leaders and other employers could also use internet-based supports like Skype to include workers in remote and scattered locations in workplace mental health events and initiatives.<sup>106</sup>

The type of industry and job requirements of employees should also shape the types of mental health supports that business leaders and other employers offer their employees. Construction workers, as one example, die by suicide at a higher rate than the general population, due in part to industry-specific risk factors such as the nature of their work, culture of heavy substance use, access to lethal means, strong ethos of self-sufficiency and burden of mental health stigma.<sup>107</sup> Other types of workers that have unique mental health needs include military personnel,<sup>108</sup> corrections officers,<sup>109</sup> nurses<sup>110</sup> and first responders.<sup>111</sup> Employees in these types of high-risk professions can benefit from specially designed interventions that are tailored to employee needs and workplace culture. Such interventions, such as the US Air Force's Suicide Prevention Program, can effectively reduce suicide amongst employees in high-risk professions.<sup>112</sup> Finally, business leaders and other employers should also be aware that employees in different job classes within the same organization may need tailored mental health supports. Managers, for example, are more likely than employees to experience extreme stress, and attribute more of that stress to workplace factors, but are less likely than other employees to seek help.<sup>113</sup>

---

<sup>100</sup> Mindshare Partners, 2019

<sup>101</sup> CAMH, 2019b; CAMH 2019d

<sup>102</sup> Mindshare Partners, 2019

<sup>103</sup> CAMH, 2019g

<sup>104</sup> Ibid

<sup>105</sup> Ebert et al, 2018; de Oliveira et al, 2019

<sup>106</sup> CAMH, 2019a

<sup>107</sup> Gater, 2019

<sup>108</sup> Dewa et al, 2009

<sup>109</sup> McCraty et al, 2009

<sup>110</sup> Noben et al, 2015

<sup>111</sup> CAMH, 2019d; CAMH, 2019h

<sup>112</sup> Knox et al, 2010

<sup>113</sup> Morneau Shepell, 2018

### Focus on the Not-for-Profit Sector

The not-for-profit and charitable sector in Canada is a major employer, employing 2 million people and accounting for 8.1% of GDP.<sup>114</sup>

Employment in this sector has some troubling hallmarks such as unstable employment that can lead to stress, poor health outcomes, and a culture of self-sacrifice and can ultimately lead to burnout.<sup>115</sup>

Unfortunately, many not-for-profits are under-resourced and ill-equipped to offer comprehensive workplace mental health supports.

The Ontario Not-for-Profit Network (ONN) has developed tools to help not-for-profits create better working conditions for employees, including support for workplace mental health. In particular, ONN has developed a checklist that includes basic, better and best practices in areas including wages, benefits, contract security, scheduling, opportunities for advancement, conflict resolution, and workplace participation.<sup>116</sup>

### Recommendation 4: Prioritize the return to work process

Many organizations struggle with the return to work process for employees who have been on mental health sick leave. Improving on this process should be a priority for business leaders and other employers as it has benefits for both employees and organizations. Employees often feel insecure about returning to work and may put themselves at risk by returning to work too soon or exceeding their work capacity upon return.<sup>117</sup> Support and understanding are crucial for ensuring a successful return to work for these employees<sup>118</sup> and when handled sensitively, return to work can actually aid in an employee's recovery by helping to build self-esteem, confidence and social inclusion.<sup>119</sup>

One of the most promising and cost effective options for improving the return to work process is investing in occupational health professionals to meet regularly with employees on mental health sick leave. Employees who have regular meetings with these professionals tend to return to work faster than employees who do not have an ongoing connection to occupational health professionals in their workplace.<sup>120</sup> In fact, for every dollar that business leaders and other employers invest in sick-leave follow-up by occupational health professionals, they can see a return of about \$0.87 to \$10.63 per participating employee after one year.<sup>121</sup>

In addition to providing mental health supports to employees while they are on leave, business leaders and other employers must also ensure that returning employees get the mental health supports they need to make a successful transition back to the workplace. Experts recommend that a successful return to work process for people on mental health sick leave include a coordinated return to work plan, personalized accommodations (e.g. reduced hours, slow reinstatement of responsibilities, adaptation of job content), and access to mental health treatment.<sup>122</sup> Some also recommend a formal capability assessment for returning employees.<sup>123</sup> Training managers on their roles and responsibilities in the return to work process and teaching them how to support

---

<sup>114</sup> Sector Source, 2019

<sup>115</sup> Baines et al, 2014; Van Ymeren & Lalande, 2015

<sup>116</sup> ONN, 2018

<sup>117</sup> Andersen, Nielsen & Brinkmann, 2012

<sup>118</sup> Ibid

<sup>119</sup> Leka & Jain, 2014

<sup>120</sup> de Oliveira et al, 2019

<sup>121</sup> Ibid

<sup>122</sup> Andersen, Nielson & Brinkmann, 2012; Dewa et al, 2016

<sup>123</sup> Dewa et al, 2016

returning employees in a sensitive manner during this process is also important.<sup>124</sup> Finally, business leaders and other employers should make sure that the returning employee plays a key role in their own return to work process and should be aware of their responsibilities, including voicing any concerns or needs.<sup>125</sup>

### Recommendation 5: Measure outcomes and build accountability

Performance measurement should be a key component of all workplace mental health strategies. Tracking key performance indicators and using data is necessary to determine which specific interventions are most effective and to benchmark overall success.<sup>126</sup> Collecting quantitative and/or qualitative data can also improve an organization's workplace mental health as it promotes inclusivity and equitable service delivery and programs. Such data can help business leaders and other employers prevent and address potential barriers to workplace mental health supports such as systemic discrimination, disproportionate benefits, and limited access to supports tailored to diverse mental health needs.<sup>127</sup>

There are several KPIs that business leaders and other employers can use to track the progress of their workplace mental health strategy. Measurements to consider include absenteeism, presenteeism (e.g. productivity), and successful return to work for employees on mental health sick leave.<sup>128</sup> Other indicators to consider include use of short and long-term disability, and ROI in mental health supports.<sup>129</sup> Business leaders and other employers should also look at tailoring measurements for different components of their mental health strategies. For instance, return to work programs for employees on short-term disability leave can be evaluated by determining the number of workers who return to work, the number of workers who transition to long-term disability leave and the length of short-term disability episodes.<sup>130</sup> As noted previously, it is important that mental health KPIs and measurements be linked to the organization's broader performance objectives.<sup>131</sup> Business leaders and other employers could accomplish this by including achievements related to their mental health strategy in leaders' evaluations and by adding questions about psychological safety into employee engagement surveys.<sup>132</sup>

It is important that all employees are engaged in, and feel accountable for achieving, an organization's mental health KPIs and related performance objectives. In unionized environments, business leaders and other employers should engage with union leaders as allies in achieving good workplace mental health. Union leaders should be involved in discussions early and often on employees' mental health needs.<sup>133</sup> Employees at all levels of the organization should also have an opportunity to participate in planning, implementing and setting targets for workplace mental health strategies.<sup>134</sup> This could take the form of a 'healthy workplace committee' with representatives from every sector of the organization.<sup>135</sup> Business leaders and other employers need to make sure that they take employee input seriously and recognize that their feedback is imperative for continual improvement and eventual success of the organization's workplace mental health strategy.<sup>136</sup>

---

<sup>124</sup> OYHRC, 2011

<sup>125</sup> Ibid

<sup>126</sup> CAMH Work for Mental Health Business Leaders Roundtable Oct 10, 2019; Deloitte, 2019

<sup>127</sup> OHRC, 2019b

<sup>128</sup> CAMH, 2019a; CAMH, 2019c; CAMH 2019f; Deloitte, 2019

<sup>129</sup> CAMH, 2019c

<sup>130</sup> Dewa et al, 2009

<sup>131</sup> Deloitte, 2019

<sup>132</sup> CAMH, 2019e

<sup>133</sup> CAMH, 2019a; CAMH, 2019g

<sup>134</sup> CMHA Ontario, 2010

<sup>135</sup> CMHA, Ontario, 2010; CAMH, 2019e

<sup>136</sup> Deloitte, 2019 ; CAMH, 2019a



Business leaders and other employers should be aware that introducing a mental health strategy may result in a temporary spike in 'negative' indicators, such as an increased use of EAFP services. This should not be seen as a problem, but as a sign of reduced stigma and employees' trust in the organization's commitment to mental health.<sup>137</sup> Experts note that another sign of success could be the emergence of employee-led resource groups and alliances for mental health at work. Business leaders say this type of grassroots community building can be a powerful tool for change by reducing isolation and allowing employees to support one another. Finally, as their organization's mental health strategy progresses, business leaders and other employers need to keep in mind that eliminating mental illness in the workplace is not a realistic target. The goal of an organization-wide mental health strategy should be the long-term, continuous improvement of workplace mental health.<sup>138</sup>

---

<sup>137</sup> CAMH 2019a

<sup>138</sup> CAMH, 2019f

## Section 4: Recommendations for Government

---

While improving workplace mental health is mainly the responsibility of business leaders and other employers, governments also have a role to play. Public policies focused on improving workplace mental health can help employers, employees and mental health service providers. Here we offer four recommendations for governments to support workplace mental health.

### Recommendation #1: Provide coverage for evidence-informed psychotherapy

Provincial governments are the primary funders of many of the formal mental health supports and services available to Canadians. Most provincial health plans, however, do not fund evidence-informed psychotherapies such as CBT. As previously noted, CBT is a successful and cost-effective treatment for depression.<sup>139</sup> While some organizations' EAFPs offer coverage for psychotherapy, there is typically a cap on how much an employee can claim.<sup>140</sup> CAMH has long called for targeted funding for evidence-based psychotherapy<sup>141</sup> and once again, we encourage provincial governments to provide public funding for this much-needed mental health treatment. Making evidence-informed psychotherapy widely available to all Canadians that need it, the vast majority of whom are employees, will help to improve mental health in our communities more broadly and in our workplaces more specifically. It should be noted, however, that simply increasing public coverage for evidence-informed psychotherapy may not by itself create equitable access – it may also be necessary to increase system capacity to meet increasing demand for this service.<sup>142</sup>

### Recommendation #2: Use legislation to improve workplace mental health

Governments are responsible for developing and enforcing legal protections for workers, such as ensuring safe working conditions, providing access to job-protected leaves and ensuring that workplaces are free from harassment and discrimination. In some cases, however, business leaders and other employers may not fully live up to their legal responsibilities due to insufficient knowledge or inaction. Therefore, governments may want to consider stronger or more prescriptive measures to ensure mentally healthy workplaces. This could include providing more detailed information and supports to business leaders and employers on how to comply with accommodation requirements under human rights codes or could involve enacting stronger prohibitions on working long hours. One interesting example of government action to protect employees' mental wellbeing is France's legislation on the "right to disconnect", which requires business leaders and other employers to have a policy establishing hours where workers cannot be required to send or reply to emails.<sup>143</sup>

### Recommendation #3: Provide incentives for business leaders and other employers

Governments have tools beyond legislation to influence business leaders and other employers to support workplace mental in their organizations. Governments could consider providing positive incentives to encourage employers to act on workplace mental health such as tax incentives or subsidies for implementing robust mental health strategies, or investing in EFAPs and health/disability insurance plans that cover a full range of mental health treatments and services. Alternatively, governments could encourage publicly traded companies to have clear workplace mental health policies through "comply or explain" provisions like those already in place to measure gender diversity on corporate boards.<sup>144</sup>

---

<sup>139</sup> OECD, 2012, p.105; de Oliveira et al, 2019

<sup>140</sup> Boesveld, S. (2017).

<sup>141</sup> CAMH, 2016

<sup>142</sup> Bartram & Stewart, 2019

<sup>143</sup> BBC News, 2016

<sup>144</sup> The Canadian Press, 2019

#### Recommendation #4: Influence health and disability insurance providers

Insurance is a highly regulated industry, and with the right evidence, government could make use of regulations to encourage insurance companies to take steps to improve workplace mental health. Governments could consider relatively minimal interventions such as using consumer protection regulations to ensure that insurance providers are routinely making sure beneficiaries receive their full entitlements. Governments may also want to consider influencing insurance companies to provide portable health and disability benefits for precarious workers. This means that workers and the companies they work for would have to pay into a benefit program, regardless of whether or not they fit legal definitions of employer and employee. This type of benefit would then follow the worker, meaning they would never be without private health insurance, including for mental health services.<sup>145</sup>

---

<sup>145</sup> Johal & Cukier, 2019.

## Section 5: Conclusion

---

Workplace mental health is the most important issue facing organizations today. Mentally healthy workplaces benefit employees, employers and the economy and should be a priority for business leaders and other employers. By creating an organization-wide mental health strategy, implementing mandatory leadership training, developing tailored mental health supports, prioritizing the return to work process as well as measuring outcomes and building accountability, business leaders and other employers can demonstrate their commitment to workplace mental health. It is also imperative that business leaders share their stories – their success and challenges – and their data with one another so that organizations can learn and make progress together. Governments can show their support for business leaders and other employers in their quest to build mentally healthy workplaces by funding evidence-based psychotherapy and leveraging legislative and policy tools at their disposal. CAMH and workplace mental health experts can further assist by sharing evidence-informed best practices and encouraging dialogue on this important topic that affects so many Canadians. Together, we can create workplaces where mental health is health.

## References

---

- Andersen, M.F., Nielsen, K.M and Brinkmann, S. (2012). Meta-synthesis of qualitative research on return to work among employees with common mental disorders. *Scandinavian Journal of Work, Environment & Health*, 38(2), 93–104.
- Baines, D., Cunningham, I., Campey, J. and Shields, J. (2014). Not profiting from precarity: The work of nonprofit service delivery and the creation of precariousness. *Just Labour: Canadian Journal of Work and Society*, 22(Autumn), 74–99
- Bartram, M and Stewart J. (2019). Income-based inequities in access to psychotherapy and other mental health services in Canada and Australia. *Health Policy*, 123(1), 45–50.
- BBC News. (2016). 'French Get Right to Avoid Work Emails'. BBC News. Retrieved from: <https://www.bbc.com/news/world-europe-38479439>
- Benefits Canada. (2019). 60% of Canadians with mental-health concerns not using workplace support tools. Retrieved from: <https://www.benefitscanada.com/benefits/health-benefits/60-of-canadians-with-mental-health-concerns-not-using-workplace-support-tools-136164>
- Boesveld, S. (2017). The cost of therapy: Exploring the case for a publicly funded system. *Chatelaine*. Retrieved from: <https://www.chatelaine.com/health/therapy-cost/>
- Canadian Mental Health Association (CMHA). (2016) *Workplace mental health in Canada: Findings from a pan-Canadian survey*. Canadian Mental Health Association.
- Canadian Mental Health Association (CMHA), Ontario. (2010). *Workplace mental health promotion: A how to guide*. Canadian Mental Health Association, Ontario
- Centre for Addiction and Mental Health (CAMH). (2016). OPEN LETTER: Three Leading National Mental Health Organizations Call for Targeted Mental Health Funding in the Health Accord. Retrieved from: <http://www.camh.ca/en/camh-news-and-stories/open-letter-organizations-health-accord>
- Centre for Addiction and Mental Health (CAMH). (2019a). Key Informant Interview #1.
- Centre for Addiction and Mental Health (CAMH). (2019b). Key Informant Interview #2.
- Centre for Addiction and Mental Health (CAMH). (2019c). Key Informant Interview #3.
- Centre for Addiction and Mental Health (CAMH). (2019d). Key Informant Interview #4.
- Centre for Addiction and Mental Health (CAMH). (2019e). Key Informant Interview #5.
- Centre for Addiction and Mental Health (CAMH). (2019f). Key Informant Interview #7.
- Centre for Addiction and Mental Health (CAMH) (2019g). Work for Mental Health Business Leaders Roundtable.

Centre for Addiction and Mental Health (CAMH) (2019h). Work for Mental Health Sector Leadership Council Roundtable.

Conference Board of Canada (CBC). (2016). *Healthy brains at work. Employer-sponsored mental health benefits and programs*. The Conference Board of Canada.

CSA Group. (2014). *Assembling the pieces: An implementation guide to the National Standard for Psychological Health and Safety in the Workplace*. CSA Group.

CSA Group. (Reaffirmed 2018). *Psychological health and safety in the workplace —Prevention, promotion, and guidance to staged implementation CAN/CSA-Z1003-13/BNQ 9700-803/2013 National Standard of Canada*. CSA Group.

Deloitte. (2019). *The ROI in workplace mental health programs: Good for people, good for business - A blueprint for workplace mental health programs*. Deloitte Insights.

de Oliveira, Cho, E., Kavelaars, R., Jamieson, M., Bao, B., Govindaraj, S., Qadri, S. and Rehm, J. (2019) *Economic analyses of workplace mental health/substance use interventions: a systematic literature review*. CAMH (unreleased).

Dewa C.S., Chau N. and Dermer S. (2010). Examining the comparative incidence and costs of physical and mental health-related disabilities in an employed population. *Journal of Occupational and Environmental Medicine*, 52(7), 758-62.

Dewa, C.S, Hoch, J.S., Carmen, G., Guscott, R. and Anderson, C. (2009). Cost, effectiveness, and cost-effectiveness of a collaborative mental health care program for people receiving short-term disability benefits for psychiatric disorders. *Canadian Journal of Psychiatry*, 54(6), 379–388.

Dewa, C.S., Thompson, A.H. and Jacobs, P. (2011). The association of treatment of depressive episodes and work productivity. *Canadian Journal of Psychiatry*, 56(12), 743-750

Dewa, C.S., Trojanowski, L. Joosen, M.C. and Bonato, S. (2016). Employer best practice guidelines for the return to work of workers on mental disorder-related disability leave: A systematic review. *Canadian Journal of Psychiatry*, 61(3), 176-185.

Dimoff, J.K. and Kelloway, E.K. (2019). With a little help from my boss: The impact of workplace mental health training on leader behaviors and employee resource utilization. *Journal of Occupational Health Psychology*, 24(1), 4-19

Dimoff, J.K., Kelloway, E.K. and Burnstein, M.D. (2016). Mental health awareness training (MHAT): The development and evaluation of an intervention for workplace leaders. *International Journal of Stress Management*, 23(2), 167–189

D'Souza, R.M., Strazdins, L., Lim, L.L-Y., Broom, D.H. and Rodgers, B. (2003). Work and health in a contemporary society: Demands, control, and insecurity. *Journal of Epidemiology & Community Health*, 57(11), 849-854.

Ebert, D.D., Kahlke, F., Buntrock, C., Berking, M., Smit F., Heber E.,...Lehr, D. (2018). A health economic outcome evaluation of an internet-based mobile-supported stress management intervention for employees. *Scandinavian Journal of Work, Environment & Health*, 44(2), 171-182.

Gater, T.A. (2019). Breaking the silence: Reducing the risk of suicide in the construction industry. *Benefits Magazine*, 56(10), 16-22.

Halpern, D.F. (2005). How time-flexible work policies can reduce stress, improve health, and save money. *Stress and Health*, 21(3) 157-168.

Hanisch, S.E., Birner, U.W., Oberhauser, C., Nowak, D. and Sabariego, C. (2017). Development and evaluation of digital game-based training for managers to promote employee mental health and reduce mental illness stigma at work: Quasi-experimental study of program effectiveness. *JMIR Mental Health* 4(3). Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/28778839>

Howatt, B. and Palvetzian, S. (2018). How leadership can impact workplace mental health. *Globe and Mail*. Retrieved from: <https://www.theglobeandmail.com/business/careers/workplace-award/article-how-leadership-can-impact-workplace-mental-health/>

Johal, S & Cukier, W. (2019). *Portable Benefits: Protecting People in the New World of Work*. Public Policy Forum.

Kitchener, B.A. & Jorm, A.F. (2006). Mental health first aid training: Review of evaluation studies. *Australian & New Zealand Journal of Psychiatry*, 40(1), 6-8.

Knox, K.L, Pflanz, S., Talcott G.W., Campise, R.L., Lavigne, J.E., Bajorska, A., Tu, X. and Caine, E.D. (2010). The US Air Force suicide prevention program: Implications for public health policy. *American Journal of Public Health*, 100(12), 2457-2463.

LaMontagne, A.D., Keegal, T., Louie, A.M. and Ostry, A. (2010). Job stress as a preventable upstream determinant of common mental disorders: A review for practitioners and policy-makers. *Advances in Mental Health*, 9(1), 17-35.

LaMontagne, A.D., Martin, A., Page, K.M., Reavley, N.J., Noblet, A.J., Milner, A.J., Keegel, T. & Smith, P.M. (2014). Workplace mental health: Developing an integrated intervention approach, *BMC Psychiatry* 14. Retrieved from: <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/1471-244X-14-131>

Leka, S. & Jain, A. (2014). *Mental health in the workplace in Europe - Consensus paper*. EU Compass For Action On Mental Health And Well Being.

Lerner, D. and Henke, R.M. (2008). What does research tell us about depression, job performance, and work productivity? *Journal of Occupational and Environmental Medicine*, 50(4), 401-410.

Lim, K.L., Jacobs, P., Ohinmaa, A., Schopflocher, D. and Dewa, C.S. (2008). A new population-based measure of the economic burden of mental illness in Canada. *Chronic Diseases in Canada*, 28(3), 92-98.

Malachowski, C., Kirsh, B. and McEachen, E. (2017). The sociopolitical context of Canada's National Standard for Psychological Health and Safety in the Workplace: Navigating policy implementation, *Healthcare Policy* 12(4), 10–17.

McCarty, R., Atkinson, M., Lipsenthal, L., and Arquelles, L. (2009). New hope for correctional Officers: An innovative program for reducing stress and health risks. *Applied Psychophysiology and Biofeedback* 34(4), 251–272.

Mental Health Commission of Canada (MHCC). (2014). Why Investing In Mental Health Will Contribute To Canada's Economic Prosperity And To The Sustainability Of Our Health Care System – Background - Key Facts. Retrieved from: <https://www.mentalhealthcommission.ca/English/media/3104>

Mental Health Commission of Canada (MHCC) (2017) Case Study Research Project Findings-The National Standard of Canada For Psychological Health and Safety in The Workplace, 2014-2017. Retrieved from: [https://www.mentalhealthcommission.ca/sites/default/files/2017-03/case\\_study\\_research\\_project\\_findings\\_2017\\_eng.pdf](https://www.mentalhealthcommission.ca/sites/default/files/2017-03/case_study_research_project_findings_2017_eng.pdf)

Mental Health Commission of Canada (MHCC). Workplace. Accessed 4 December 2019 from: <https://www.mentalhealthcommission.ca/English/what-we-do/workplace>

Mindshare Partners. (2019). *Mindshare Partners' Mental Health at Work 2019 Report*. Mindshare Partners

MindsMatter. Know where your workplace stands on mental health. In under 3 minutes. Accessed 4 December 2019 from: <https://mindsmatter.civicaaction.ca/>

Morneau Shepell. (2018). *Employers connect: Workplace mental health summit presentation 2018*. Morneau Shepell

Morneau Shepell. Workplace Mental Health Leadership™ Certificate Program. Accessed 4 December 2019 from: <https://workplacelearning.morneaushepell.com/en/program/workplace-mental-health-leadership™-certificate-program>

Noben, C., Evers, S., Nieuwenhuijsen, K., Ketelaar, S., Gartner, F., Sluiter, J. & Smit, F. (2015). Protecting and promoting mental health of nurses in the hospital setting: Is it cost-effective from an employer's perspective?. *International Journal of Occupational Medicine and Environmental Health*, 28(5), 891–900,

Ontario Human Rights Commission (OHRC). (2015). *By the Numbers: A statistical profile of people with mental health and addiction disabilities in Ontario*. Ontario Human Rights Commission.

Ontario Human Rights Commission (OHRCa). Human rights and mental health (fact sheet). Accessed 4 December 2019 from: <http://www.ohrc.on.ca/en/human-rights-and-mental-health-fact-sheet>

Ontario Human Rights Commission (OHRCb). When collecting data is good. Accessed 5 December 2019 from: <http://www.ohrc.on.ca/en/count-me-collecting-human-rights-based-data/2-when-collecting-data-good-idea>

Ontario Non-profit Network (ONN). (2018) Decent work checklist for the nonprofit sector. Retrieved from: <https://theonnc.ca/our-work/our-people/decent-work/checklist/>



Organization for Economic Co-operation and Development (OECD). (2012). *Sick on the job? Myths and realities about mental health and work*. OECD Publishing.

Orygen Youth Health Research Centre (OYHRC). (2011). *Helping employees successfully return to work following depression, anxiety or a related mental health problem: guidelines for organisations*. Orygen Youth Health Research Centre, Centre for Youth Mental Health, University of Melbourne.

Page, K. and Vella-Brodrick, D. (2009). The “what”, “why” and “how” of employee well-being: A new model, *Social Indicators Research*, 90(3), 441–458.

Royal Bank of Canada (RBC). Canadian workers increasingly recognize mental illness as a disability, but stigma remains: RBC Insurance. Accessed 4 December 2019 from:

<http://www.rbc.com/newsroom/news/2019/20190924-ins-mental-hlth.html>

Sector Source. Sector Impact. Accessed 5 December 2019 from: <http://sectorsource.ca/research-and-impact/sector-impact>

Smetanin, P., Stiff, D., Briante, C., Adair, C.E., Ahmad, S. and Khan, M. (2011). *The life and economic impact of major mental illnesses in Canada: 2011-2041*. Prepared for the Mental Health Commission of Canada. Toronto: RiskAnalytica

Stansfeld, S. & Candy, B. Psychosocial work environment and mental health—a meta-analytic review. *Scandinavian Journal of Work, Environment & Health*, 32(6), 443–62.

The Canadian Press (2019). Canada lags behind the U.S. on putting women in corporate boardrooms. CBC. Retrieved from: <https://www.cbc.ca/news/business/canada-board-gender-diversity-1.5074233>

Van Ymeren, J. & Lalande, L. (2015) *Change work: valuing decent work in the not-for profit sector*. Mowat Centre at the University of Toronto

Wang, J.L., Lesage, A., Schmitz, N. and Drapeau, A. (2008). The relationship between work stress and mental Disorders in men and women: Findings from a population-based study. *Journal of Epidemiology and Community Health*, 62(1), 42–47.