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MENTAL HEALTH



prevention and mental health
programs in the workplace,
and the tremendous return on
saving just **ONE LIFE**



THE TIME IS RIGHT TO PUT MENTAL HEALTH ON THE CORPORATE AGENDA

The cost of poor mental health in the workplace is staggering, amounting to an estimated \$20.7 billion in lost labour-market participation in 2012.¹ It is the second-leading cause of short-term disability (STD), and its cost is twice that of the average for the top five causes of STD.²

With numbers like these, the question is not whether employers need to become actively involved in the mental health of their employees, but why is it taking them so long. From a cost perspective alone, efforts to support mental health are well worth the investment.

While the destination is clear, the road can be long. Poor organizational health often poses the first barrier. A fast pace, heavy workload and lack of management skills exacerbate mental illness, and provide infertile soil to plant initiatives in support of mental health. Stress is a precursor of more serious mental health concerns. Unfortunately, today's business climate can create a very stressful and difficult environment more often than not.

And then there is the nature of the illness itself. Unlike most physical conditions, psychiatric conditions carry the crushing weight of stigma. While media attention and advocacy campaigns have made great strides in general acceptance levels of mental illness, when it affects you or a person close to you, reactions of prejudice, discrimination or blame are often instinctive.

Fortunately, numerous resources and practical tools already exist to help overcome these barriers. There are affordable programs and training that employers can implement that help destigmatize poor mental health and increase workplace knowledge regarding mental illness. Most recently, the Mental Health Commission of Canada released an action guide and a national standard that are widely heralded as road maps for employers.

Perhaps the biggest cost or barrier to a psychologically healthy workplace is time. The employers profiled on the following pages underscore the need for dedicated staff time to plan and execute mental-health strategies, including training. While such time upfront is admittedly a precious commodity in the competitive world of business, its relative value is beyond calculation. "Lost productivity, sick days and disability cost a whole lot more," says Paul MacKenzie, full-time coordinator of the Halifax Firefighters Family Assistance Program (profiled on page 12). "If we are saving even one individual's career—and perhaps even that person's life—it's a very good deal."



MIND MATTERS

Why psychological health and safety need to become a part of doing business

If early signs are any indication, a one-day workshop held to train managers to support mental health will save weeks in short-term disability leave, predicts Karen Whitehead-Lye, regional independent living manager, March of Dimes Canada.

“The results began almost instantly,” she says. “By the end of the day, everyone was thinking about certain employees who had shown a change in behaviour that affected work performance. After the training, the supervisors realized they could approach these difficult situations differently, with a supportive conversation. Many of them are now doing so, and are amazed at where the conversations take them. In some cases, they refer the employee to our EAP; in other cases, it is a simple accommodation such as time off for appointments. They’re all saying it’s making a difference, and I know it will save us many days if not weeks of absenteeism down the road.”

Whitehead-Lye represents a growing number of employers who recognize the benefits of pro-

moting psychological health in the workplace (for more on programs run by the March of Dimes as well as other employers, see pages 12 to 14). “In the past five years we’ve really noticed a shift in conversation among employers, due in large part to a lot more media attention and strong messaging from government and advocacy groups,” says Kathy Jurgens, national program manager, Mental Health Works, Canadian Mental Health Association (CMHA), Ontario Division. “We’re starting to engage employers who used to think that ‘stress management’ meant yoga mats at lunchtime. They’ve come to appreciate the business gains of supporting mental health much more proactively—and the cost of doing nothing.”

A number of factors are leading to “a larger cultural shift, and this will further change how we view work,” continues Jurgens. “We’re already seeing it among younger employees, who are entering the workforce with an expectation of work/life balance, for example.”

“A perfect legal storm is brewing in the area of mental health protection at work.”

—Martin Shain. *Tracking the perfect legal storm: converging systems create mounting pressure to create the psychologically safe workplace.* Mental Health Commission of Canada. May 2010.

A PUBLIC PUSH

One key driver of this cultural shift is the Mental Health Commission of Canada, established in 2007 and funded by Health Canada. In May 2012, it released *Changing Directions, Changing Lives*, Canada's first mental health strategy. Strategy one includes the creation of mentally healthy workplaces, and to that end it released the *National Standard of Canada for Psychological Health and Safety in the Workplace* in November 2012.

The Standard “takes good practices from a wide variety of sources and distills them into a framework that any employer can use with its own existing resources, whether that’s an entire human resources department, an occupational health professional or a single business owner,” says Mary Ann Baynton, workplace health consultant and co-chair of the Standard’s technical committee.

Baynton expects the Standard will give rise to “a new industry dedicated to psychological health and safety, similar to what happened with occupational health and safety. ‘Safety’ is the key word, in that an organization is responsible for a work environment that does no harm and protects safety.”

The Standard puts into words the dawning awareness that employees’ safety is as much psychological as it is physical. “A number of things are driving this awareness. First, the financial recognition that the primary causes for short- and long-term disability are increasingly psychological, and that psychological factors are often implicated in accidents, injuries and grievances,” says Dr. Merv Gilbert, psychologist and co-author of *Psychological*

Health and Safety: An Action Guide for Employers, released in April 2012 by the Mental Health Commission. “Parallel to that is the emergence of the Standard, which is in concert with new provincial legislation and the growing number of court cases that involve psychological health.”

As well, the modern economy is increasingly knowledge-based. “We need to protect our cognitive faculties as well as our physical abilities,” says Dr. Gilbert. While some sectors, such as resource-based industries, may have a longer way to go, “any sector will see the value once it looks at the impact of psychological ill health on the bottom line and the financial and productivity benefits of taking action.”

“Employers will see this more and more as good business, and a practice that can build employee loyalty. You don’t want a business that is psychologically unsafe,” says Baynton.

THE RIGHT THING TO DO

Finally, there is a growing moral or ethical recognition that it’s the right thing to do, says Dr. Gilbert. Some of Canada’s largest employers have invested millions in public initiatives. They’re helping to open the conversation both within and outside the workplace, as a matter of public health.

For its part, the public sector is stepping up efforts to work with private-sector employers. The recent mental health strategies for British Columbia, Alberta and Ontario, for example, specify the need to partner with employers. “We recognize that workplaces are an effective environment to support mental health and well being,” says Beth Evans, manager, mental health promotion, Alberta Health Services. The agency recently became engaged in pilot projects within its own organization and with three external employers—Husky Energy, Calgary Police Service and Alberta Environment and Sustainable Resource Development—that will see the government contribute manpower and resources, including possible funding, to mental health initiatives “that can influence the corporate culture,” says Evans (for more on Husky Energy, see page 13).

It was important “to select the right employers, based on their level of readiness,” adds Evans. “We are focusing on pioneers in different sectors, because we know that people in the industry watch each other.”

WORKING RECOVERY

Last but not least, evidence shows that the workplace can significantly contribute to positive mental health. “Quite simply, employees are happier when they can do meaningful work in a psychologically healthy environment,” says Donna Hardaker, workplace mental health specialist, Canadian Mental Health Association, York. On the flip side, “research shows that illnesses can actually worsen when employees are on disability. This can be especially true for mental illness. Working helps keep people well.”

Dr. Ash Bender couldn't agree more. As clinic head of the Work, Stress and Health program at the Centre for Addiction and Mental Health, Toronto, he's part of a disability management team for complex cases of mental illness. “Part of the recovery is getting back to work. You don't want to wait until they're 100%.”

You may even be saving lives. Suicide is among the top four leading causes of death in adults aged 35 to 54,³ and clinical studies show that unemployment is a significant risk factor, particularly if mental illness is present.^{4,5} By exercising their capacity to provide psychologically safe employment, employers are doing so much more than protecting productivity and reducing absenteeism—“I'm convinced they're saving lives,” says Hardaker. ■

UP TO STANDARD

The National Standard of Canada for Psychological Health and Safety in the Workplace can be downloaded from the Mental Health Commission of Canada's website, www.mentalhealthcommission.ca. To encourage uptake by employers, the Standard is available at no cost until the end of 2017.

THE BUSINESS CASE

- Approximately 7% of adult Canadians have been diagnosed with a mental illness; another 6% are experiencing symptoms but have not been diagnosed.⁶
- Globally, only 10% of people with a mental illness who wish to work, and who are judged capable of working, are in fact employed.⁷
- Mental illness is the second-leading cause of short-term disability (STD), and the average cost per STD leave per person is \$18,000, compared to \$9,000 on average for the top five leading causes.²
- Claims data show that mental health-related claims accounted for 26.2% of all claims in 2011, up from 24.6% in 2006.⁸
- If current trends continue, by 2020, mental illness will be the second-leading cause of all disability globally (after heart disease).⁹
- In 2012, poor mental health will cause an estimated loss of \$20.7 billion in labour-market participation in Canada, increasing to \$29.1 billion by 2030.¹
- More than 450,000 unemployed Canadians would be working in 2012 if they were not affected by mental illness. Canada's gross domestic product would increase by 1.3%.¹
- Canadian research indicates that 57% of employees with a moderate depressive episode and 40% of those with a severe depressive episode do not use treatment. Those who do use treatment are significantly more likely to be highly productive.¹⁰
- Clinical studies estimate that major depression reduces productivity by 11%.¹¹
- Canadians with depression estimate that they work at 62% of their capacity; when experiencing symptoms, they spend an average of two hours per working day on non-work-related activities, and 42% leave work early.¹²



A LOOK IN THE MIRROR

Psychological health begins with corporate soul-searching

“In my former job, I was the go-to person for all the challenging tasks. Then I was in a car accident and the physical trauma triggered depression, though it would take many months to diagnose. I could no longer handle the chaotic work environment. Even though I started taking medication, my working relationships fell apart. My manager did not know what to do; for the last year she did not speak to me. My co-workers avoided me. I was struggling to become better, but couldn’t because I was in a psychologically unsafe workplace.”

Donna Hardaker, former manager for a large employer in the services sector, knows first-hand the debilitating effects of a psychologically unsafe workplace. Now a workplace mental health specialist at the Canadian Mental Health Association, York, she continues to work with employers who are seeing the need to address workplace culture while implementing more direct efforts to support

mental health, such as benefits coverage or return-to-work strategies.

“It is absolutely key for employers to understand the impact of the organization’s culture on mental health,” says Hardaker. Companies must strive for “a socially supportive workplace, which serves as a protective factor for all employees. Essentially it is a workplace where everyone has a sense of belonging and regularly exhibits behaviours that show they recognize, value and listen to each other. It can be as simple as making eye contact. It sounds funny, but I regularly hear about senior managers who do not make eye contact with employees when passing in the hallway.”

Civility, stress management (including resilience training, which helps employees recover from periods of high stress) and emotional intelligence are just a few of the building blocks of positive organizational health—and all are skills that can be trained, adds Hardaker.

HARD TRUTHS

“Organizational health is the canary in the mine,” says Dr. Stan Dermer, Ontario occupational psychiatric consultant and principal of Workplace Insight (an organization that offers e-learning mental-health programs for managers). “The extent of employee sick leave based on a psychiatric condition can be a concrete measure of a company’s level of organizational health.”

Unfortunately, the existing economic climate does not help. “We’re beginning to see the effects of companies retrenching,” says Dr. Dermer. “Organizations are running leaner operations with fewer hires, usually on a contract basis without health benefits. The workforce is expected to do more with less, and support measures for those suffering from mental health problems are viewed as unaffordable expenses.”

He adds that management’s perception of organizational health can be distorted by a focus on “high flyers,” or employees who tend to be resilient in almost any environment. However, “the majority of employees who usually perform well but unobtrusively are often more vulnerable to environmental stressors at home and in the workplace.” Many of these employees with mental health issues continue to tough it out at work, he continues, “although with lower productivity, contributing to the phenomenon known as ‘presenteeism.’ Such presenteeism may be the forerunner of the ‘tsunami’ of mental-health absenteeism.”

Results from a 2011 survey support Dr. Dermer’s observation: while 82% of Canadian senior executives believe their company promotes a mentally healthy work environment, only 30% of employees agree.¹³

ONE STEP AT A TIME

Psychological Health and Safety: An Action Guide for Employers (available for free at www.mentalhealthcommission.ca) outlines six steps for a mental health strategy in the workplace: policy, planning, promotion, prevention, process and persistence. When asked to name the one that generally requires more attention from employers, Dr. Merv Gilbert, co-author of the guide, notes that “although the most attention is typically paid to prevention, because

“Organization-level approaches to improving mental and physical health generate effects that are stronger and longer-lasting than interventions delivered at the individual level.”

—Mark Attridge. *A quiet crisis: the business case for managing employee mental health.* Homewood Human Solutions. 2008.

that’s where employers feel the pain, if there’s one thing that’s neglected, it’s the planning. Employers often do things reflexively, without enough information or before they’re ready. If an activity to support employee mental health is not planned properly, it may not make a difference. This could create cynicism among employees and make employers less likely to take subsequent action. Workplace psychological health and safety is not just the flavour of the month, it is here to stay.”

Suzanne Jolly, health promotion coordinator at the University of British Columbia, can attest to the value of planning. Years of preparation went into the University’s Focus on People framework that launched in 2008. Psychological health underpins all of the initiatives under the strategy that focuses on building a healthy, sustainable workplace. In the ensuing years, employees have become increasingly involved in activities that address mental illness and promote mental health.

Focus groups, employee surveys, presentations, training, non-stop communication and grassroots programming serve to both measure and move forward the level of readiness for change, advises Jolly. “The emphasis is on supporting our departments and units, not just doing things for them or giving to them. This may have been a longer road initially, but the results have been amazing.” ■



WORDS INTO ACTION

Many cost-effective tools already exist to help overcome stigma and support treatment

When Paul MacKenzie sees the same car drive by his building three or four times on the same day, he knows that someone is gathering the courage to step through his front door to ask for help. While the coordinator of the Firefighter Family Assistance Program in Halifax works closely with a team of trained peer referral agents to make that step easier, the stigma attached to mental illness can be the toughest barrier to overcome (for more on their program, see page 12).

In the workplace, fear of consequences fuels self-stigma among employees. In a Canadian

survey, 54% of employees believed that disclosing their mental illness to management would jeopardize their chances for promotion. Only 26% felt their supervisor effectively manages mental health issues.¹³

Employees also fear becoming “part of the workplace gossip line,” says Dave Gallson, associate national executive director, Mood Disorders Society of Canada. Discrimination, bullying and shunning often result. “Employers have a responsibility to stop this gossip line.”

In addition to training and education, employers will ideally “find champions to come forward and model open communication.”

Internal spokespersons, particularly if they are well-known or at a senior level, can make a powerful impact. “People can see a well-functioning person who lives and works with a mental illness,” says Margaret Tebbutt, senior consultant, workplace initiatives, Canadian Mental Health Association, B.C. Division. “They are living proof that mental illness can happen to anyone and that recovery is a normal outcome.”

TRAINING AT MANY LEVELS

Experts agree that manager training is key not only to reduce stigma, but also for “primary prevention through early recognition of a performance issue that may be linked to mental health,” says Dr. Anthony Levinson, associate professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University. “It’s not the job of managers to diagnose. They need training interventions that have a practical focus. This type of training will make their lives easier, as well.”

“We want to equip managers to enjoy their jobs,” agrees Donna Hardaker, workplace mental health specialist, Canadian Mental Health Association (CMHA), York. “Without training, managers walk on eggshells when they see behaviour that may indicate that an employee is struggling with a possible mental health issue.”

Employee training is also vital. “Often an employee’s peers will see the signs first, and some employees may not feel comfortable speaking with their supervisor about their mental health,” says Suzanne Jolly, health promotion coordinator at the University of British Columbia, which worked with the CMHA to develop a training program about peers reaching out to peers, which is offered year-round. “The training includes managers as well, of course, with the intent that everyone is engaging in the same conversation.”

Fortunately, numerous resources for education and training already exist, many at low or no cost

“Treatment success rates for mental illness can be higher than those for physical conditions.”

—Dr. Ash Bender,
Centre for Addiction and Mental Health

(see page 15). Practical tools to measure individual levels of risk are also available. “Employers would be wise to introduce programs that screen for ‘stress’ as an indicator of someone in need of support. This kind of screening should go side by side with any screenings for physical health conditions,” says Dr. David Gardner, professor, Department of Psychiatry and College of Pharmacy, Dalhousie University.

Such screening tools, however, must come into play after supportive measures have been put in place, adds Dr. Merv Gilbert, psychologist and co-author of *Psychological Health and Safety: An Action Guide for Employers*. “There is an ethical, if not legal, obligation to do something if you identify persons with a mental health disorder. A blanket statement to go see your doctor if you score above a certain score is pretty weak.”

TREATMENT GAPS

A survey of Canadians indicates that only a third of those with symptoms of mental illness seek professional help,¹⁴ and nonadherence levels are high among those who have sought treatment (see sidebar page 11). On the other hand, treatment success rates for mental illness can be higher than those for physical conditions, says Dr. Ash Bender, clinic head, Work, Stress and Health program, Centre for Addiction and Mental Health, Toronto. “The vast majority of people achieve a significant reduction of symptoms and can lead full lives with treatment, which is usually a combination of pharmacological and cognitive behavioural therapy.”

ACCESS TO NEWER MEDICATIONS

"There is limited understanding of the wide differences in treatment responsiveness, medication tolerability, clinical outcome, and biologic risk factors for mental illnesses....

Hence the availability of a wide choice of medications is essential to provide the best treatment possible for the individual patient's response and tolerability to medications."

—Rajamannar Ramasubbu. Position paper: Access to newer medications. Canadian Psychiatric Association Standing Committee on Scientific Affairs and Research. *Can J of Psychiatry* 2011; 56(7):2.

Employers can avert significant costs by improving access to treatment, urges Dr. Bender. This is particularly true for cognitive behavioural therapy (CBT), a scientifically proven talk therapy. Resources are scarce and waiting lists are long for publicly funded CBT, and many companies do not have an employee assistance program (EAP). Among those that do, services range from limited coverage for CBT, capped at three or four sessions, to fully integrated disability management with a mental health focus and longer-term CBT.

Dr. Bender notes that people experiencing mental-health issues require an average of 12 CBT sessions. "Employers really need to balance their benefits packages," he states. "Why are they paying for vision care and massage therapy and orthotics, but not 12 sessions of CBT?"

"When we look at the primary causes of disability and medication usage, employers and unions have to ask themselves if they are investing their benefits dollars where it makes most sense," adds Tebbutt.

Training managers and HR staff on how to accommodate employees can also save costs down the road, says Hardaker. Accommodation could include time off for appointments, flexible hours or working at home. The objective is to keep people working, because employment is an important part of recovery.

COORDINATED CARE

The health system is not easy to navigate, particularly when you're ill. Employers who provide services that coordinate care between healthcare providers and comply with their benefits offerings stand to avert significant disability costs down the road. A small but growing number of EAP providers are filling that space, supplementing their preventive measures with coordination of treatment plans and, if necessary, disability case management that focuses on the unique needs of people with mental illness. To make such services accessible to smaller employers, some EAPs offer pooled programs to mitigate costs. The Employee Assistance Society of North America (EASNA) offers an EAP purchaser's guide to help employers realize the full value of their investment in an EAP.

Dr. Stan Dermer, a psychiatrist in Burlington, Ontario, agrees that workplaces are recognizing the gaps in timely access to health services. He provides consulting services to large- and medium-sized companies as part of disability management programs that are built upon collaborative relationships between healthcare providers. Family physicians and occupational health professionals appreciate the access to objective opinions and treatment recommendations from a psychiatrist familiar with the workplace, says Dr. Dermer, adding that the availability of telemedicine further breaks down geographic barriers to consultation.

"This approach may prove to be a useful alternative to the conventional, more adversarial independent medical evaluation. In the end, preventing the disabling effects of a mental-health episode by early intervention and collaboration should be the goal, and the result is a cost-effective solution for employees as well as employers."

Coordinated care for those on disability is equally critical, adds Dr. Bender, who is part of an independent, multidisciplinary clinic treating people on long-term disability. "Currently there is a dearth of services for people on leave from work due to mental illness. Public plans don't fund something like this."

His funding comes from insurers and workplace safety and insurance boards, and “there is a clear ROI of two to four dollars for every dollar spent. Our return-to-work rate is 65% versus the typical rate of 10% for complex patients who have been on leave for at least one year.”

“There is also a clear ROI for employers who take advantage of all their EAP can offer, includ-

ing additional services like long- or mid-term cognitive behavioural therapy and mental health assessments. Today many employers take a two-pronged approach, investing in prevention and healthy workplace initiatives while also investing in mental health treatment and quality counselling,” states Dr. Ann Malain, vice-president, client services, Homewood Human Solutions. ■

THE MEDICATION DIVIDEND

Medications used to treat mental illness are as effective as those used to treat physical illnesses; however, challenges to treatment success include stigma, side effects and the time, effort and expertise required to find the right medication or combination for each individual. Ongoing monitoring and support are essential to ensure drug plans are getting full value for their investment, says Dr. David Gardner, professor, Department of Psychiatry and College of Pharmacy, Dalhousie University.

“One size does not fit all,” says Dr. Gardner. “Finding the right medications take a lot of effort. The diagnosis itself is often an evolution, especially in younger adults.”

The majority need to continue taking their medications after their symptoms are gone, he adds. For those with depression, “for every three to four people who stay on their antidepressant after getting well, one relapse is avoided down the road,” says Dr. Gardner. “This demonstrates the profound value of benefits coverage in terms of averting costs associated with absenteeism and presenteeism.”

Effectively treating mental illness also improves adherence to treatment for physical conditions, since people with mental health problems are much likelier to have chronic conditions such as cardiovascular disease, diabetes and chronic pain. “It



often comes as a surprise that the leading cause of ‘extra’ or ‘unexpected’ deaths in people with severe mental illness is not suicide but the more familiar and treatable cardiovascular disease,” says Dr. Gardner.

Allied health professionals, particularly pharmacists, can provide ongoing patient support. “Research clearly shows that when there is a good relationship between pharmacist and patient it gives tremendous value,” says Dr. Gardner. As provincial governments across Canada expand scopes of practice for pharmacists and other allied health professionals, “there is a great opportunity here for employers.”



EMPLOYER PROFILES

CLEARING THE AIR

Peer-to-peer program and medication management protect mental health of Halifax firefighters

Firefighter Wendell MacNeil saves lives—sometimes without even leaving the station. As one of 21 firefighters carefully selected and trained by the Halifax Firefighters Family Assistance Program (FFAP), MacNeil helps safeguard the psychological health of his peers.

A big man with a big voice, the 25-year veteran describes himself as a “bull in a china shop kinda guy.” Yet when it comes to mental health, he knows to tread gently, with a clear purpose. “Historically in our job, the mentality was to ‘suck it up.’ What people don’t realize is that years later it may come back to haunt you, showing up as either alcohol or drug abuse.”

In the five years since the FFAP implemented the peer referral agent program for Halifax’s 450 firefighters, MacNeil has noticed that co-workers “are far more open about mental health concerns. Everybody is looking out for each other.” While work-related critical incident stress is often the focus, the agents are trained to refer people to support services for any source of mental stress, be it marital, financial or parental.

The initial two-week training program is followed up with full-day sessions about once a month. Day and night, two agents are on call for two-week stretches. As well, “we will approach people we know

or feel are struggling. We are trained in communication skills, including how to read body language and how to listen. We are always on the lookout,” says Paul MacKenzie, coordinator of the FFAP.

Utilization of the FFAP has climbed to 10%–12%. “Some people would say that’s high and a sign of a sick environment,” says MacKenzie. “I say the opposite is true, that it’s a sign of a healthier environment with a big payoff for the employer in terms of fewer sick days and fewer meds. In fact, the focus on much earlier intervention means we don’t always have to refer people and can now avert services altogether.”

The firefighters’ benefits plan recently turned its attention to supporting employees taking antidepressants, in partnership with pharmacists at local Sobeys’ and Lawtons’ pharmacies. For new prescriptions, pharmacists follow up within two weeks to help employees manage any side effects or, if necessary, recommend medication or dose adjustments; pharmacists then reach out every one to three months as needed to offer ongoing support and referrals.

“We want to help ensure they don’t stop [taking] their medications. We don’t want to pay for drugs that people don’t take,” says Chris Camp, chair, Halifax Firefighters Benefits Trust. The bottom line, however, is better health. “If the health outcome is better, then the financial outcome is better. They go hand in hand.”

MATTER OF SAFETY

Partnership with health and safety helps position psychological health as good business

At Husky Energy, managing employee mental health is more than a health initiative, it's a business strategy.

"Healthy employees are happier and more productive, which results in longer retention, less recruitment, lower costs and a safer work environment," says Steve Sproule, team lead, health, benefits and retirement.

By promoting a greater understanding of mental health and addressing areas that could potentially impact safety or performance, Husky has made wellness a part of its bottom line. The approach has now evolved into a broader corporate strategy that includes psychological health—and occupational factors such as fatigue and stress—as integral to the company's rigorous health and safety protocols.

Awareness around employee mental health began six years ago with the launch of an annual wellness fair at the company's head office in Calgary.

Wanting to build upon the success of the event, which offered information, certain diagnostic tests and flu shots, Sproule began to develop and target programs for all 4,500 employees across Canada. His first step was to take a closer look at benefits utilization.

Analysis from the employee family assistance program (EFAP), drug utilization, and short- and long-term disability statistics proved that there was a growing focus on mental health-related issues. "We then realized the key was to think more in terms of prevention," he says, adding that the utilization numbers were vital when presenting the business case to senior management.

The next step was to partner with the occupational Health, Safety & Environment committee, which examines the "people issues" that may contribute to an accident. Issues may include fatigue, pressure to quickly complete work, and anxiousness, among others. "We received great support when we presented the impact of mental health

"We received great support when we presented the impact of mental health on the safety of our organization."

—Steve Sproule,
Husky Energy

on the safety of our organization," says Sproule. "There was a reaffirmation that we needed to find out 'why' people felt fatigued, rushed or anxious."

The Health, Safety & Environment committee recently surveyed employees about their causes of stress, and two years ago the company revised its internal operating principles to include psychological health within its definition of health and safety. "The health and safety committee works to ensure workers are both physically and psychologically safe when entering the work site," says Sproule.

For his part, last year Sproule spoke at the Company's senior management safety summit meeting, which served as a springboard to schedule 20-minute business unit and regional office presentations. He's also worked with plant managers to produce "turnaround survival kits" for employees and contractors. The kits provide guidance on how to cope with refinery overhauls, which require staff to work 10 to 14 hour days, six days a week for up to six weeks. "We addressed fatigue management and nutrition, and brought in speakers for the families. There were TV monitors throughout the plant to help remind people of the many available support services. As a result, we had an incident-free turnaround."

Equally important was the kit's effect on engagement. "The managers loved it; they worked hard on it and had some fun with it. Employee feedback was very positive. It's important that employees know we care about their well-being."

Husky is now preparing for a broader mental health strategy, working with Homewood Human Solutions, its mental health, disability and EFAP

provider. “It’s Canadian leaders like Husky who always think about the impact of organizational events on their employees. Not only has Husky made collaboration critical, it prioritizes mental health at both the micro level for employees, and the macro level for a healthy and psychologically safe workplace,” says Dr. Ann Malain, vice-president, client services, Homewood Human Solutions.

Husky is also part of a pilot project with Alberta Health Services, which has offered support in many ways, including possibly manpower and funding in year one (for details on Alberta’s mandate, see page 4). “Initially, we intend to target a business unit or location and use the Guarding Minds @ Work tool to determine priorities based on risks,” says Sproule. The plan also includes the Mental Health First Aid training program from the Mental Health Commission of Canada.

Sproule looks forward to the results. “Calgary is a hot employment market and retention is the name of the game. Wellness is a reflection of our culture and proof that we care—something that really resonates with our employees.”

STARTING THE CONVERSATION

Manager and employee training open the door to mental health strategies for non-profit employer

In less than a year, the office for the Central and North Simcoe Muskoka Region, March of Dimes Canada, has embarked on a mental-health journey buoyed by the enthusiasm of employees and turnkey training tools.

Karen Whitehead-Lye, regional independent living manager, had noticed lengthy short-term disability leaves among the company’s 165 employees, including prolonged return-to-work efforts. When she spoke to managers, “most of them suspected mental health issues but they weren’t sure and certainly felt they couldn’t ask. The idea was that we had to tiptoe around it.”

She decided it was time to step firmly into the mental-health arena. “I felt this is something we could

have an impact on, unlike other physical conditions.” She spoke to the lead of the health and wellness team, who coincidentally had just been a guest at another employer’s workshop put on by the Canadian Mental Health Association (CMHA). Less than two months later, in January 2012, CMHA was on-site at the March of Dimes’ office, delivering its one-day manager training program to the 10 supervisors.

The relief in the room was almost palpable. “It’s all about seeing what’s different in employees’ behaviour, and building a supportive conversation around that,” says Whitehead-Lye. “When the trainer broke it down in those terms, you really were just having a good conversation.” Similarly, the training equipped managers with a return-to-work template for accommodation, such as flex hours and rest time.

Employee awareness was next. Whitehead-Lye decided that the office’s annual Staff Appreciation Day in September would be the perfect launching pad. Attended by 105 full- and part-time staff, the day consisted of half a day for education—in this case, CMHA’s half-day workshop for employees—followed by an afternoon of team building.

Feedback for both workshops was overwhelmingly positive—perhaps the best result, says Whitehead-Lye, is the momentum that’s been building ever since. A working group, established early in 2012, is working with the health and wellness team to determine next steps for a supportive workplace. It is also communicating with the HR department and health and safety team at head office. “It’s important to keep them in the loop in case they can assist down the road,” says Whitehead-Lye, adding that costs so far have been reasonable: the one-day workshop for managers was \$4,000, and the half-day session for employees was \$2,000 (or just \$20 per person).

When asked what advice she’d give to other employers, particularly in small-office settings, Whitehead-Lye responds: “Honestly, if I had one piece of advice it would be to just talk about it. Talk about mental health and workplace support. If we don’t talk about it, then employees are going to think the support is not there.” ■

RESOURCES

Here's a list of national resources for workplace mental health programs. For a complete list and more details, including provincial resources, go to www.benefitscanada.com/roi-one-life-mental-health.

**Canadian Alliance on
Mental Illness & Mental Health**
613-237-2144
www.camimh.ca

Canadian Mental Health Association
(see online listing for provincial contacts)
www.cmha.ca

Employee Assistance Society of North America
703-416-0060
www.easna.org

Healthy Workplaces
(Homewood Human Solutions)
www.healthyworkplaces.info

Mental Health Commission of Canada
403-255-5808 or 613-683-3755
www.mentalhealthcommission.ca

Mental Health First Aid Canada
1-866-989-3985
www.mentalhealthfirstaid.ca

Mental Health Works
416-977-5580 ext. 4120 or 1-877-977-5580
www.mentalhealthworks.ca

Mood Disorders Society of Canada
519-824-5565
www.mooddorderscanada.ca

Schizophrenia Society of Canada
204-786-1616 or 1-800-263-5545
www.schizophrenia.ca

Workplace Solutions for Mental Health
(Manulife Financial)
https://hermes.manulife.com/Canada/wmHomepagesPub.nsf/public/mh_home

Workplace Strategies for Mental Health
(Great-West Life Centre for Mental Health in the Workplace)
1-866-407-5888
www.workplacestrategiesformentalhealth.com

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