Meeting of International and National Mental Health Commissions  
March 11 and 12 2013, Sydney, Australia

WORKPLACE AND MENTAL HEALTH

**Workshop proposition:** What is good for people with mental health difficulties is also good for the economy. The participation of people in meaningful work is a matter for governments, business and communities. This session will enable discussion of effective strategies and lessons learned and explore interest in collaboration. The response to Canada’s newly released voluntary Standard for Psychological Health and Safety in the Workplace will be a particular discussion point.

**Introduction to Topic**
Most adults spend more waking hours in the workplace than anywhere else, and many youth also work at least part-time. The workplace can contribute to mental well-being and play an essential part in helping people to attain their full potential. However, it can also be a very stressful environment that can contribute to the development of mental health problems. No workplace is immune, no matter its size, whether it is in the private or public sector, manufactures goods or delivers services. Creating mentally healthy workplaces in all sectors benefits workers, their families, and employers, while contributing to the economic prosperity of the country.

The OECD’s landmark report, *Sick on the Job*, shows the costs of not addressing mental health issues in the workplace are significant, that most people with mental disorders are in work and many more want to work but cannot find jobs:

- The employment rate of people with a mental disorder is around 55-70%, or 10-15 percent lower than for people without a mental disorder, on average across the OECD.
- People with a mental disorder are typically twice as likely to be unemployed as people with no such disorder.

In Canada:
- In 2010, mental health conditions were responsible for 47 per cent of all approved disability claims in the federal civil service, almost double the percentage of twenty years earlier.
- Mental health problems and illnesses are the number one cause of disability in Canada, estimated to account for nearly 30% of disability claims and 70% of the total costs.
- 10% and 25% of mental disability costs currently directly born by many employers could be avoided.
- the longer someone is away from work due to illness, the less chance there is of a successful return to the workplace (6 months off – 50%, 9 months – 10%).
- If unaddressed, the impact of mental health problems on lost productivity (due to absenteeism, presenteeism and turnover) will cost Canadian businesses CAN$198B over the next 30 years.
• On top of shouldering these costs, employers are increasingly being held legally responsible for psychological health and safety in their workplaces — making them liable to claims, for example, if a worker is harassed or bullied or even chronically overworked.

In Australia there are similar trends:
• Mental health now exceeds physical injury as the reason for increased work absences; 3.2 days per worker are lost each year through workplace stress
• Stress-related workers’ compensation claims have doubled in recent years, with the total cost of worker’s compensation claims for stress-related conditions estimated at over AUS$200 million every year.
• Preliminary research shows that businesses lose over AUS$6.5 billion each year by failing to provide early intervention and support for employees with mental health conditions.
• A recent survey of senior managers believed that none of their staff will experience a mental health problem at work.

Discrimination and stigma are underlying issues that add to the complexity of improving mental health in the workplace and must be addressed. They are major barriers preventing people from seeking help. More than 60 per cent of individuals with mental health problems will not seek assistance because they are afraid of being labeled as weak, unproductive or even dangerous. Many people say the stigma they face is often worse than the illness itself.

In additional to preventing harm and promoting wellness in the workplace, there is also the “Aspiring Workforce” (AW), which describes those people who, due to mental illness, have been unable to enter the workforce, or who are in and out of the workforce due to episodic illness, or who wish to return to work after a lengthy period of illness. Like any other individual, they share a desire and need for meaningful employment and a sustainable income. In Canada, a disproportionate number of people with serious mental illness are unemployed, or detached from the labour market, and the numbers of people with mental illness transitioning onto disability income support programs are rising.

Many of our current ways of thinking about the work capacity of people with mental illness, and acting upon the problem, are ineffective. Systemic forces can lead to the employment marginalization of people who have skills and expertise to contribute to the Canadian economy and workforce. There are effective ways to increase employment; this is a problem that has solutions. There is no one answer, but instead, a system of responses are required to effectively improve this issue.

**Progress to date**

In 1996, Harvard’s School of Public Health released the landmark study “Global Burden of Disease” in which the growth of psychiatric illness was stated as the leading source of human disability. Recognizing that disability is a huge business issue, the Global Business and Economic Roundtable on Addiction and Mental health was established in 1998 as an instrument to share information and ideas concerning the linkage between business, the economy, mental health and work. The Roundtable consists of business, health and education leaders who have undersigned the proposition that mental health is a business and economic issue.
The Mental Health Commission of Canada (MHCC) commissioned Dr Martin Shain to undertake research focused on how Canadian employers face a "perfect legal storm" for failing to provide or maintain a psychologically safe workplace. The reports explain how Canadian courts and tribunals are:

- Increasingly intolerant of workplace factors that threaten psychological safety.
- Ordering management to change workplace habits that threaten employees.
- Imposing dramatically increased financial punishments for transgressions.

Building upon this work, MHCC and Great West Life Centre for Mental Health in the Workplace co-hosted a Forum in Vancouver in 2009. At that meeting, leaders and specialists from government, labour, business, research, standards development and occupational health and safety reached consensus on the need for a national standard for psychological health and safety in the workplace, and indicated that the MHCC should take the lead on developing that standard. Underlying this consensus was concern about increasingly stressful work environments and their detrimental effect on employees and employers alike.

MHCC commissioned the Bureau de Normalisation du Quebec (BNQ) and the CSA Group (CSA), to develop the first of its kind in the world, National Standard on Psychological Health and Safety in the Workplace using the BNQ and CSA Standard development processes. This standard aligns with existing relevant standard and is available free of charge through the MHCC, BNQ, and CSA websites for up to five years to encourage organizations with its implementation. This Standard is voluntary. The Standard includes information on:

- The identification of psychological hazards in the workplace;
- The assessment and control of the risks in the workplace associated with hazards that cannot be eliminated (e.g. stressors due to organizational change or reasonable job demands);
- The implementation of practices that support and promote psychological health and safety in the workplace;
- The growth of a culture that promotes psychological health and safety in the workplace;
- The implementation of systems of measurement and review to ensure sustainability of the overall approach.

The Standard provides information to help organizations implement key components, including scenarios for organizations of all sizes, an audit tool, and other resources and references.

Despite data pointing to the high incidence of psychosocial hazards in the workplace throughout the world, few voluntary standards exist that provide guidance on psychological health and safety management process and there are no international standards at the present time. The newly released Standard, is the first national, consensus-based, voluntary standard to address this critical subject in the world. Attached is a brief overview of other similar activities from around the world.

In addition to developing the Standard, the Commission launched Opening Minds to address the underlying issue of stigma and discrimination. It is the largest systematic
effort to reduce the stigma of mental illness in Canadian history. Opening Minds is working with partners across Canada to identify and evaluate existing anti-stigma programs to determine their effectiveness and potential to be rolled out nationally. One of the target groups is the workplace.

MHCC is working with three research institutions to develop a report on Aspiring Workforce, focusing on promising and best practices/approaches. The project will be completed in the Spring of 2013 and includes five distinct sections, each of which can stand alone:

- Effective ways to provide services to people who want to work, services that are proven to be effective
- What systematic incentives and disincentives exist in returning to work
- How to develop social businesses that as part of their mission provide jobs to people with mental illness
- How to provide disability supports that also focus on a person’s capacities and ability to work
- The key things people need to know about succeeding at work

The Australian Mental Health Commission is currently working with a number of sector and industry leaders to develop evidence of what works in the Australian context and a number of products and strategies that will engage employers.

Mental Health First Aid (MHFA) was originally developed in Australia by Dr. A. Jorm and researcher B. Kitchener and operates under the auspices of the Orygen Research Centre at Melbourne University. Mental Health First Aid Canada became a part of the Commission in April 2010. Since 2007, over 65,000 Canadians have been trained by a network of more than 750 instructors.

Canada has taken a unique approach to delivering MHFA – tailoring it to specific target groups, such as workforce. A multi-pronged approach that focuses on the employer, management, unions, and workforce at large will ensure that occupational health and safety in the workplace will see that early detection of signs and symptoms, immediate care in a crisis, and assistance in recovery from a mental health problem are of significant individual and organizational benefit.

To that end, MHFA Canada offers tailored, in-house courses to agencies across sectors and across the country. From secondary school districts – where some are in the process of training their second round of instructors in order to ensure MHFA capacity in each school in the region, to airport security personnel, government departments, and first responders. MHFA is providing immediate and quality proactive responses to psychological health and safety in the workplace.

For all MHFA programs, case studies are created with the host agency to reflect most realistic workplace situations, and statistics used in course reflect the reality of the workplace.

**What would success look like in 5 years time?**

The long term impact for employees would be the reduction in stigma and discrimination in the workplace, protection from psychological harm in the workplace and the promotion
of psychological wellbeing in the workplace. People with lived experience, who may not be in the workforce, may have an easier time rendering meaningful employment. Family members would have flexible working arrangements that allow them to balance their work and caring commitments and stay in the workforce.

For employers, some of the long term impact would be enhanced competitive advantage and organizational effectiveness; reduced absenteeism as well as short- and long-term disability costs; reduced turnover and enhanced recruitment; higher levels of employee engagement, creativity and innovation; lower rates of error and physical injuries; greater potential for becoming an “employer of choice” (enhanced reputation as a good place to work); and reduced risk of legal issues related to psychological health and safety.

Evidence, Metrics and Research?
As the Standard was only launched on January 16 2013, there is little evidence at this time on the impact of the Standard in workplaces. However, MHCC is proposing to do case studies over the next 24 months to determine the economic impact of the Standard in different organizations. MHCC has implemented the Standard in its own workplace over the last year which has provided insight on some of the challenges and opportunities.

Opening Minds is working with a number of employers and organizations across Canada to identify programs that are effective at reducing stigma in the workplace. It is using an evidence based approach and has developed a survey tool which is used to determine whether interventions are actually achieving successful outcomes. Opening Minds is also collecting the data from these surveys to help it develop a “key ingredients” process model which will be used to measure the efficacy of existing programs and help develop new interventions. Opening Minds ultimate goal is to help promote successful programs, approaches and tools so they are replicated across Canada.

Main Suggested Areas for Discussion and Debate
- The issue and the public health and economic impact
- Business case for investment
- Discrimination and stigma
- Aspiring Workforce – more than just prevention and promotion
- Integrating PH&S with OH&S
- The Standard - how can it be used and replicated in other jurisdictions

Suggested Reading Material:
1. The Canadian National Standard on Psychological Health and Safety in the Workplace (http://www.csa.ca/z1003/)
3. Review of other similar activities globally (attached)
4. The Road to Psychological Safety: Legal, scientific and social foundations for a national standard for psychological safety in the workplace (http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Workforce_2011/The_Road_to_Psychological_Safety.pdf)