

Workplace Mental Health Priorities: 2016

A Morneau Shepell research group report

The link between stress, mental health and absence remains a significant challenge for many Canadian employers. In the fall of 2015, Morneau Shepell conducted its second annual national mental health survey to understand and compare the perspectives of working Canadians, employers and physicians regarding workplace mental health and absence.

The previous survey (conducted in the fall of 2014 and published in the Workplace Mental Health Priorities report in 2015) uncovered trends that validate the importance and impact of psychological health and safety in the workplace and emphasized the need for more focused efforts on specific areas of stigma. The findings from the most recent survey illuminate the specific impact of personal versus workplace stress and the link between each and mental illness. The results of this year's survey also provide a specific indication of what employees do and do not value in a workplace mental health strategy, as well as the views and experiences of physicians and employers with respect to mental health issues.

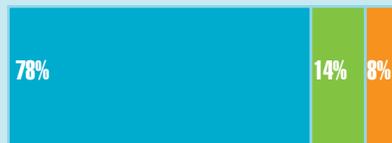


Methodology

Conducted in October 2015, the survey polled employees (working full time, part time or self-employed), employers (senior decision makers for benefits) and practicing physicians (general practitioners and psychiatrists) across Canada.

The composition of respondents included:

Employees (n = 1,023)



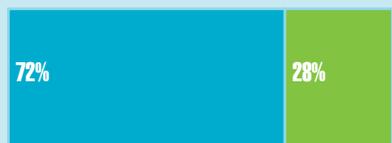
- working full time
- working part time
- self-employed

Employers (n = 100)



- owner/president/C-suite
- vice-president/senior executive
- other management

Physicians (n = 100)



- general practice
- psychiatry

Margins of error

Valid 19 times out of 20:

+/- 3.1% for employees

+/- 9.8% for employers

+/- 9.8% for physicians

Scope of stress and mental health issues

Depression and other mental health issues are emerging as top health issues in Canada.

- Depression is now equal to high blood pressure in terms of the top issue physicians see in their practice (24%) with musculoskeletal disorders a distant third (11%). The majority of physicians (63%) see depression, anxiety and stress disorders as the fastest-growing issues over the past two to three years.

More than half of managers believe that they currently have employees with mental health, significant stress or substance issues.

- In total, 51% of managers believe they currently have employees who have mental health, significant stress or substance issues: 37% indicate employees have significant stress, 31% indicate depression or anxiety, and 22% indicate substance issues.

The impact of stress, mental health and physical health on work

Among chronic health conditions, employees with mental health issues report it has the greatest impact on their work.

- Eight in 10 (82%) employees with mental health issues indicate that it impacts their work; 67% of those with significant stress issues report the same. In comparison, 53% of those with physical health issues say that it impacts their work.

Both personal and workplace stress appear to have similar prevalence rates and similar relationships to both physical and mental health.

- Overall, 30% of employees indicate extreme work stress and 23% indicate extreme personal stress, with very little overlap.¹ Of those employees who report having a chronic health issue, almost half (48%) report extreme work stress, with the same percentage indicating extreme personal stress. In comparison, only 19% and 21% of employees with low work or personal stress respectively indicate a chronic health issue. Furthermore, 75% of employees who report low work stress

and 71% of employees who report low personal stress claim excellent or very good mental health.

- Employees aren't the only stakeholders to indicate high levels of workplace stress. More than a third (35%) of employers note an extreme level of general workplace stress in their organization, while another 46% say workplace stress is at a moderate level.

The relationship between mental health and engagement is very strong and much stronger than physical health and engagement.

- Two-thirds (67%) of highly engaged employees report excellent or very good mental health compared to one-third (35%) of employees who are not engaged. Almost six in 10 (58%) engaged employees claim excellent or very good physical health versus 43% who are not engaged.

Risks and predictors of work absence

One in four employees with high workplace or personal stress reports taking a mental health related absence in the previous two years.

- 26% of employees with high work stress report taking a mental health absence versus 6% of employees with low work stress.
- 25% of employees with high personal stress report taking a mental health absence versus 8% of employees with low personal stress.

The absence impact of mental health is under-recognized: A large majority of absences taken due to mental health reasons are not officially reported.

- For those who took time off for a mental health issue, 66% did so unofficially, with the days not recorded as absence days.

While a range of factors influence employee absenteeism, employers identify workplace culture as a major factor.

- Nearly two-thirds (63%) of employers believe that work culture is the main difference between organizations/groups with high absenteeism versus organizations/groups with low absenteeism (type of work performed is second with 33%).

¹Less than one-third of employees indicate both personal and work stress.

Employees on disability leave clearly indicate specific challenges in returning to work and health.

- When returning to work from disability leave, employees indicate that options for accommodation (21%) and fear regarding the return (20%) are the main barriers they face.
- When returning to health while on disability leave, employees identify getting the right diagnosis (30%), access to a specialist (29%) and difficulty with medication (22%) as the main barriers they face.

The roles and requirements of a mental health strategy

Employees who are absent for mental health reasons are more likely to have suggestions regarding workplace prevention than employees who are absent for physical health reasons.

- The majority (54%) of employees who have had a mental health absence have suggestions regarding workplace absence prevention strategies whereas approximately a quarter (27%) of those who have had a disability absence due to physical health reasons have suggestions.

Suggestions regarding workplace actions that may have prevented the mental health leave include:

- better working conditions
- more respect/listening
- stopping abusive managers
- making co-workers accountable for their conduct

Suggestions for prevention made by those who have had a mental health disability leave relate to emotional/interpersonal issues, which is consistent with employees' reported sources of undue workplace stress.

- Emotional/interpersonal issues were indicated by 60% of employee respondents as a source of workplace stress. In comparison, 43% say workplace stress is related to job issues and 14% say it is related to the physical environment or demands of the job.
- Those emotional/interpersonal issues include the overall workplace culture, the behaviour of the person's manager, the behaviour of co-workers and the feeling of isolation at work. Job stresses include deadlines, dislike for the job, job responsibilities, not having the skills/resources to do the job well, and

physical stresses that include physical demands and strain.

Reports of personal stressors, such as relationships, finances and health, as well as reports of work stressors are strongly associated with age.

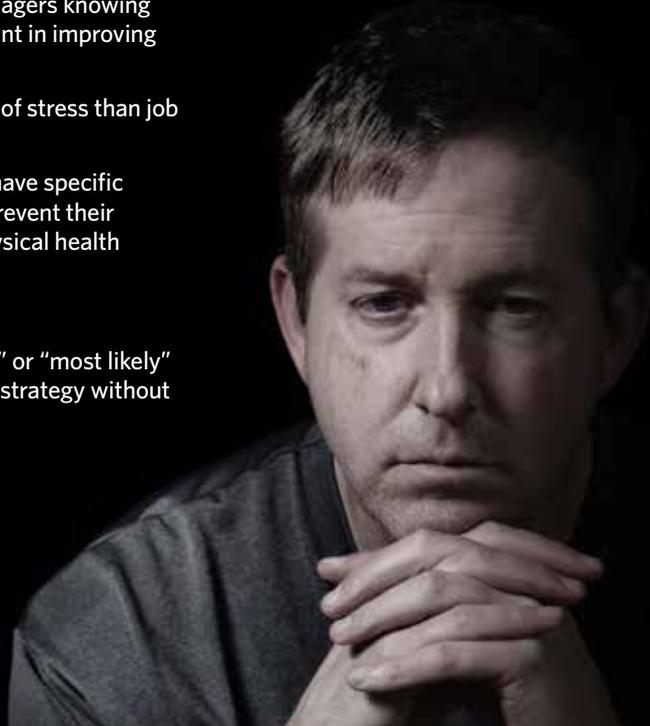
- All sources of personal and workplace stress correlate with age, with the youngest employees (aged 18-34) reporting the greatest impact.

Managers knowing what to do when an employee shows signs of distress is the top priority for all groups.

- Employees and employers agree that managers knowing what to do when an employee shows signs of distress is the most important factor for a workplace mental health strategy to achieve.
- For employees, the second most important factor for a workplace mental health strategy to achieve is improving the overall work culture.
- For employers, the second most important factor for a workplace mental health strategy to achieve is increasing employees' willingness to get help.

Key Findings

- Both work and personal stress are associated with poor mental health in relatively equal measure.
- Almost half of both employees and employers indicate that managers knowing what to do when an employee shows signs of distress is important in improving workplace mental health.
- Emotional and interpersonal issues at work are a greater source of stress than job demands such as deadlines.
- Over half of employees who have had a mental health absence have specific suggestions regarding what the workplace could have done to prevent their absence. This is twice the rate of employees who have had a physical health disability leave.
- Mental health absenteeism is significantly under-reported.
- Almost three in four employers indicate that it would "definitely" or "most likely" be possible to obtain organizational support for a mental health strategy without making a financially based business case.



Solutions to date

As well as exposing the scope and source of workplace stress and absence, the results of Morneau Shepell's survey highlight potential solutions. The latest data show a strong relationship between support and the resources put towards mental wellness and the reported state of an organization's absence management and disability management programs. In fact, there is a statistically significant relationship between improved support for mental wellness and stating that the organization's absence and disability management programs are "best in class."

Many organizations are already putting support and resources towards mental wellness: 31% of employers say support for mental wellness has improved over the last two to three years, while 62% say it stayed the same. One quarter (27%) add

that resources for mental health issues have improved compared to 70% who say it stayed the same.

Interestingly, survey findings suggest that organizational support and resources may be obtained without making a financially based business case. Seven in 10 (71%) employers indicate it would "definitely" or "most likely" be possible.

Recommendations

Any efforts made and objectives placed in implementing a workplace mental health strategy should be integrated with an absence management and engagement strategy, given the significant overlap in key factors and outcomes in each area.

When considering a workplace mental health strategy, employers should address the issues that are of greatest concern to

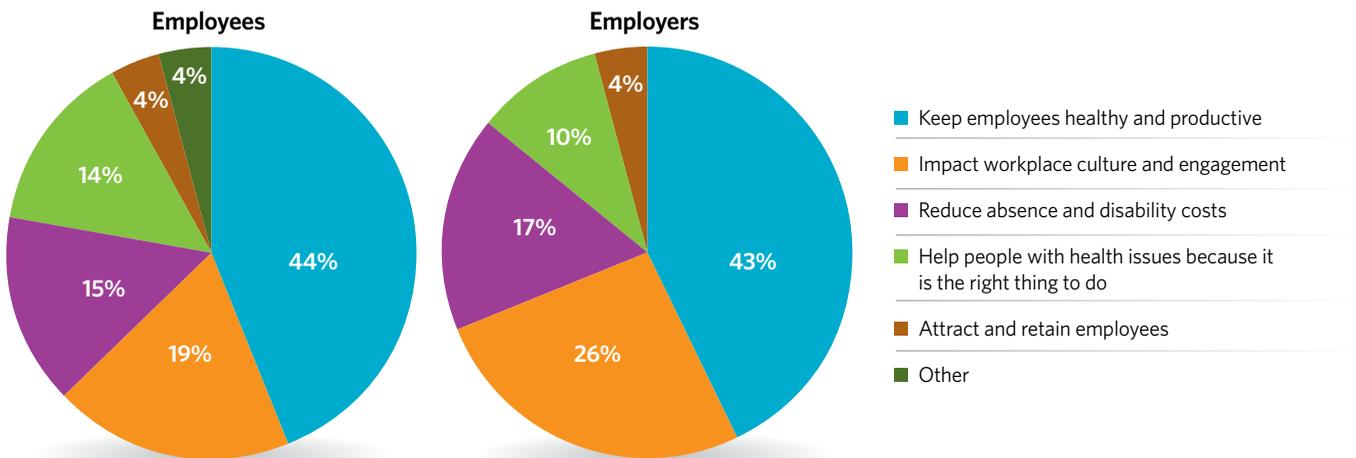
employees as a key component. These include not only manager knowledge of what to do when an employee is in distress but also manager knowledge of how to support mental wellness. Access to care is also a key issue for employees at work and those on disability leave.

Workplace strategies should actively include tools and resources to address both personal and workplace stress. Interpersonal factors at work, such as co-worker behaviour, are almost as significant as managerial behaviour and should be addressed from the perspective of culture, expectations and personal response.

Younger employees appear most vulnerable to both personal and workplace stress. Those younger workers are a group worthy of specific focus in any mental health strategy.

Additional Findings

Main objective of a wellness program



Top employee responses in defining a mentally healthy workplace

Rank		Emotional/interpersonal factor	Job factor
1	No harassment, bullying or major conflicts	✓	
2	Culture is generally positive and supportive	✓	
3	Relationships at work are generally positive	✓	
4	People value what I do	✓	
5	I have reasonable control		✓
6	I feel reasonably secure in my job	✓	
7	I am supported with tools and training		✓

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