Morneau Shepell’s 4th annual national survey of over 1000 working Canadians and almost 500 people managers, seeks to understand workplace mental health from their perspective.

Employees
- 4% full-time
- 17% part-time
- 79% self-employed

People managers
- 39% organizations 501 ees and more
- 61% organizations 500 ees and under

n= 1001 employees
516 = organizations 500 employees and under
502 = organizations 501 employees and more

n= 509 people managers
Margin of error: Valid 19 times out of 20 +/- 3.1%

Our research also seeks to understand the most effective practices in the context of the current and emerging workplace:

Will the evolving workplace have different needs?
What is the impact of constant change?
Do the coping skills of the past equip us for the future?
How can employer support be more relevant to more employees?
A brief recap of prior research
1 in 3 employees have or had a mental health condition

- Has/had a mental health condition 33%
- Stress condition/no diagnosis 27%
- No condition/no response 40%
Employee perception of **workplace stigma** is significant

- **71%** Indicated concerns of *workplace stigma*
- **65%** Indicated *self-stigma*
- **53%** Indicated concerns of *stigma from their physician*

**Psychological health and safety** has workplace value, given its relationship to a wide range of factors that relate to business effectiveness:

- lower personal *stress*
- less *absenteeism*
- less *presenteeism*
- higher *engagement*
- lower *workplace stigma* *(but not self-stigma)*

As Employees rated their workplace more favourably on the dimensions of **psychological health and safety**, they experienced the following:

Morneau Shepell Mental Health Priorities 2015
The youngest group of employees are the most likely to report significant stress.

- Emotional/Interpersonal: 64% (18-34), 55% (35-54), 45% (55+)
- Work/Job Issues: 58% (18-34), 50% (35-54), 45% (55+)
- Physical Issues: 46% (18-34), 34% (35-54), 34% (55+)
**Job redesign** is the organizational change that is most likely to lead to sick leave

<table>
<thead>
<tr>
<th>Type of organizational change</th>
<th>% of employees who experienced the change</th>
<th>Increased likelihood for physical health sick leave</th>
<th>Increased likelihood of mental health sick leave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team restructuring</td>
<td>39%</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Downsizing/layoffs</td>
<td>35%</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td><strong>Job re-design</strong></td>
<td>35%</td>
<td><strong>Very High</strong></td>
<td><strong>Very high</strong></td>
</tr>
<tr>
<td>Office move/re-design</td>
<td>29%</td>
<td>High</td>
<td>No relationship</td>
</tr>
<tr>
<td>Merger</td>
<td>15%</td>
<td>Moderately High</td>
<td>No relationship</td>
</tr>
</tbody>
</table>

- Job re-design has a direct personal impact
- Change as a result of mergers are somewhat “expected” and typically includes more social support
Mental health and the evolving workplace

With the current disruptions, *every business model in every industry* will change.

*Workplace values, behaviours and expectations* will also change.

- Increased emphasis on competencies related to **innovation**
- Increased value placed on **human skills**
- A very high need for **adaptability**
- Less hierarchy, **more focus on the distinct value of key groups**
Distinct groups with distinct needs will increase in prominence

High performance individual contributors
• Innovators, insight creators and intrapreneurs

Managers
• Network managers, project managers, human resource managers, cyclical managers of multi-disciplinary teams

Customer connectors:
• Sales, service, social media mavens

“Gig” workers:
• Short-term contractors, work as needed, with multiple employers

Signs of high-functioning depression:
• Increased perfectionism
• Overly driven
• Increased need for methodical approaches
• Overreliance on temporary coping strategies (e.g. alcohol, isolation, gambling)
• Relentlessly critical
• Irritability; quick to anger
• Constant low level sadness
• Increased isolation
• May continue to overachieve and not seek help as a result

Among high performers, “high-functioning depression” may go undetected until a crash
2018 research findings
Managers and employees show risk at similar levels

Managers report higher stress

Both personal and workplace stress are up 3% over two years ago
2018 research findings

Mental health risk index

25% of managers and 26% of employees indicate one or more of the following, all or most of the time:

• Felt so down or depressed that nothing could cheer me up
• Felt downhearted and blue
• I am a very nervous person
• Felt worn out or tired

Managers are defined as people managers
Employees are defined as individuals who do not have people reporting to them
Questions are from the Copenhagen psychosocial questionnaire.

Positive mental well-being index

68% of managers and 60% of employees indicate one or more of the following, all or most of the time:

• I feel calm and peaceful
• I am a happy person
• I have lots of energy/pep

Risk and well-being questions are from the Copenhagen psychosocial questionnaire.
In terms of stress, managers are more likely to report extreme stress and more likely to report the workplace as the source of stress.

<table>
<thead>
<tr>
<th>% reporting</th>
<th>Managers</th>
<th>Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extreme stress</td>
<td>40%</td>
<td>34%</td>
</tr>
<tr>
<td>Stress is all or mostly workplace stress</td>
<td>47%</td>
<td>42%</td>
</tr>
<tr>
<td>Stress is all or mostly personal stress</td>
<td>20%</td>
<td>27%</td>
</tr>
</tbody>
</table>

However, managers are less likely to seek professional help when in need.

Reluctance to seek care/delayed care is an undue risk in high performers.
Managers with high workplace stress are slightly more likely than employees with high work stress to leave their organization due to the situation.

<table>
<thead>
<tr>
<th>% who would leave</th>
<th>Managers</th>
<th>Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extreme work stress</td>
<td>20%</td>
<td>18%</td>
</tr>
<tr>
<td>Moderate work stress</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>Little work stress</td>
<td>2%</td>
<td>4%</td>
</tr>
</tbody>
</table>

2018 research findings

Workplace stress also varies by other demographic factors

- **Workload/long hours** is a bigger source of stress for *younger employees* (26%) compared to their older counterparts (18%).
- **Co-workers** are a bigger stressor for *women* than men (24% vs. 15%).
- **Workplace stress** is more likely to account for all or most of the stress among employees with *higher household incomes* of $100,000 a year or more (48%) than those with lower incomes (30%).
The top three sources of personal stress are the same for managers and employees
The top three sources of personal stress

- Financial issues
- Aging parents
- Feeling of isolation

Of the top three: employees are more likely to experience financial issues and feelings of isolation than managers.

Financial stress and isolation are more common among employees who have/had mental health issues; for managers only isolation differentiates.
**Younger employees** are more likely to report financial issues and isolation

**Employees citing financial issues**

- **71%** under 35 years old
- **59%** 35 and over

**Employees citing isolation**

- **61%** under 35 years old
- **35%** 35 and over

*Isolation is a risk factor for disease on par with smoking and obesity* [Goleman]

*Social interaction has been found to have a positive impact on brain functioning* and subsequent mental acuity [University of Michigan]

*Loneliness has been correlated with reduction in brain activity* in certain parts of the brain [University of Chicago]
Absence alone may not help identify risk, in particular for managers and high performers
Absence alone may not help identify risk, in particular for managers and high performers

Managers are more likely to continue their routine and work in spite of depression or anxiety

Managers and employees are equally likely to take time off due to stress; managers are more likely to use vacation days

<table>
<thead>
<tr>
<th>% responded yes, definitely</th>
<th>Managers</th>
<th>Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you suffer(ed) from depression are/were you able to continue your usual daily routine or work?</td>
<td>32%</td>
<td>27%</td>
</tr>
<tr>
<td>When you suffer(ed) from overwhelming anxiety are/were you able to continue your usual daily routine or work?</td>
<td>29%</td>
<td>26%</td>
</tr>
</tbody>
</table>

Total of sick and vacation days and is greater than 23%/24% given than some use both sick and vacation days

- Used sick days for stress: 16% Managers, 20% Employees
- Used vacation days for stress: 12% Managers, 9% Employees
- 77% Managers, 76% Employees
Managers under 34 years are significantly more likely than those 35 and older to take time off due to stress: 52% for those under 34, 29% for those 35-54 and 17% for those 55 and older.
Only 16% of employees and 20% of managers indicate that their workplace is strong in all four areas of key support for mental health.

**Highest/most positive is reactive support:**
- Providing support and resources to employees going through distress
- Support employees dealing with issues related to family members

**Lowest is more fundamental support:**
- Helping employees develop coping skills
- Preventing workplace risks that could create mental health issues

Just one-third (34%) of employees report having an excellent or very good understanding of their Employee Assistance Program.
Key themes

• The evolving needs of the “disruptive” workplace
• Concerns related to high functioning depression
• The hidden risk of managers
• The prevalence and significance of financial issues and isolation
• The opportunity to improve fundamental support for coping and risk management in workplaces
Organizations have a clear opportunity to mitigate current and emerging risks

1. **Review evaluation tools** consider new ways to measure mental health risk, in addition to absence and benefit use.

2. **Continue to adjust organization’s mental health and overall wellness strategy** to engage those who might not otherwise seek help.

3. **Recognize that new realities may strain old coping skills** and ensure ongoing support to deal with the change and other challenges.

4. **Consider practical ways for managers and employees to address mental health risks through** Cognitive Behavioural Therapy (CBT and eCBT).
There are three categories of intervention that are effective in treating mental disorders: chemical, physical and cognitive.
Interventions

- CBT: Cognitive Behavioural Therapy
  - has effectiveness for a range of disorders, Depression, Anxiety, PTSD, OCD, Pain, Insomnia
  - can build resilience, and
  - is skills based, which is attractive to a wide range of people, in particular high performers

- TMS: Transcranial Magnetic Stimulation

- Medication

Risk factors

Cognitive
- Thinking patterns
- Isolation
- Constant stress

Chemical
- Substance abuse
- Toxins
- General health & nutrition

Physical
- Trauma
- Brain injury
- Genetics
- General health & nutrition

Mental disorder are disorders of brain circuitry
Why CBT? Why now?

Today’s brain:

- **Vulnerable perceptions** given the high level of ambiguity that comes with constant change
- **Hyper-excited brain**, due to constant stimulation and resulting in both proneness for anxiety and unhelpful behaviours
- **Isolation** has risks and increases the impact of each of the above

CBT:

- Is not new, **but the need has increased** given that challenges facing “today’s brain” impact almost everyone to some extent
- Those with **higher intelligence may be more vulnerable** given hyper-awareness to internal and external stimuli