

Suspicion

“I am the person that everyone is watching, an outcast and a psychiatric patient. I am afraid to blend in because I don’t know what normal is anymore. It is difficult to have a social life and be a member of society.”

— Almier

Improving Psychological Health in the Workplace

BY SUE CAVANAUGH

“If you walked through a construction site today and saw a person without a hard hat or boots on, you’d be shocked,” Sapna Mahajan says. Mahajan, director of mental health prevention and promotion initiatives at the Mental Health Commission of Canada (MHCC), is part of a new generation that is striving to ensure workplaces are as safe psychologically as they are physically. It’s easy to forget, she points out, that it took decades before occupational health and safety standards became the norm in workplaces.

In January 2013, the Canadian Standards Association, Bureau de normalisation du Québec and the MHCC released *Psychological Health and Safety in the Workplace — Prevention, Promotion, and Guidance to Stage Implementation*, a voluntary national standard containing guidelines, resources and tools for employers. Mahajan, one of the leads on the development and release of the standard, knows how great the need is for improved workplace

mental health. “There have been 16,000 downloads of the document in its first year,” she says. “That’s an astounding number.”

The costs of neglecting employees’ mental health are high. Psychologically unhealthy work environments lead to higher levels of absenteeism, sick-leave usage, short- and long-term disability claims, and turnover. The numbers are compelling: in any given week more than 500,000 employed Canadians are unable to work because of mental health problems, and approximately 30 per cent of disability claims and 70 per cent of disability costs are attributed to mental illness. A 2012 survey found that 70 per cent of Canadian workers have some degree of concern about the psychological health and safety of their workplace.

This level of concern isn’t news to nurses. Burnout, fatigue and bullying — which can all be directly related to the psychological health of the workplace — have been studied in the nursing workforce for decades. The 2005 National Survey of the

Is my workplace healthy?

A recently released policy statement from the Canadian Healthcare Association encourages health-care organizations to adopt the standard. The statement highlights key workplace factors that promote psychological health and safety:

- civility and respect
- praise, recognition, acknowledgment, fairness
- growth and development opportunities
- clear leadership and expectations
- recognition of the need for balance in personal life, family and work
- manageable workloads
- adequate resources to do the job
- consideration of employees’ work-related opinions and suggestions
- psychological services and supports

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Work and Health of Nurses found that nine per cent of nurses of both sexes had experienced depression, compared with seven per cent of employed women and four per cent of employed men overall. One in five nurses reported that their mental health had made it difficult to handle their workload in the previous month. The Quality Worklife-Quality Healthcare Collaborative, a coalition of 12 national organizations, has declared that “it is unacceptable to fund, govern, manage, work in, or receive care in an unhealthy healthcare workplace.”

Mental illness is included as a disability in human rights codes, meaning that employees with such a disability must not be discriminated against and must be accommodated. At the same time, nurses have a legal and ethical duty to report to their employers if there is any question of their fitness to provide care. Despite these legal protections and obligations, nurses may be reluctant to disclose that they are experiencing a mental health issue. There may be concern about privacy, fear of workplace stigma and worry about the possibility of being either removed from direct patient care or reported to the college and losing their licence.

Mark Toews, a Winnipeg lawyer who practises primarily in the areas of labour relations and professional discipline, has represented nurses who have a mental illness. Over the last decade, he’s noticed a positive change in the way health-care employers approach workplace mental health. “In the past, there

seemed to be an assumption that one could dismiss employees who struggled to carry out their duties, without any further consideration,” he says. “Today, employers are far more willing to explore the underlying causes of such struggles and to incorporate measures to assist these individuals in the workplace.”

One thing Toews regularly addresses in the case of clients who have returned to work is accountability. “When should it end? That’s the challenge,” he explains. “Some employers insist on being able to intrude on their employees’ private lives into perpetuity, even though the individuals have proven they’ve addressed their mental health issues adequately. There needs to come a time, after the employees have shown they are functioning well and have put all the appropriate safeguards in place in her private lives, that employers trusts them again.” Toews gives the example of an employee who is expected to submit to drug tests for years after she has overcome her addiction. “In such cases, we’ve worked out a resolution that puts a time limit on the testing.”

Linda Brogden, the University of Waterloo’s occupational health nurse, was an early champion of the standard. Like many other organizations, the university was encountering a rise in the number of employees with either a primary or a secondary diagnosis of mental illness. “Using the standard as a guide, we found that many of the

factors that affect psychological health and safety were already embedded in the university’s policies. In some instances we needed to do some tweaking, so we examined our policies to determine the best way to strengthen compliance.”

Brogden started from the ground up, convincing first her colleagues and eventually senior leadership that the university could do more to support its employees psychologically. To help reduce stigma, mental health education was provided for all staff. The response, she says, has

Tools you can use

Employees play an important role in creating mentally healthy workplaces. Here are some resources, recommended by the MHCC, for those who may be wondering what they can do to improve their work environment:

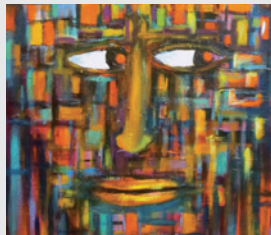
- Explore the Bell Let’s Talk toolkit
- Visit the Great-West Life Centre for Mental Health in the Workplace website for free tools, information and strategies
- Take advantage of the free resources offered by Guarding Minds @ Work
- Learn about employee supports offered by Mental Health Works
- Investigate Mental Health First Aid Canada’s training programs

been encouraging. She has seen an improvement in the way the university accommodates employees who have a mental illness. As well, the increased awareness has encouraged staff members to come to Brogden, allowing her to provide early interventions such as a reduction in work hours for a set number of weeks for people who are beginning medications or undergoing intensive therapy. “Instead of waiting until employees are on sick leave, we’re often working with them sooner,” she explains. “We’re also advocating for early, healthy and safe returns. People spend 60 per cent of their waking hours at work — it’s a normal part of their daily routine. The longer they’re away, the more anxiety they feel about coming back.”

A key component of one of the themes in the university’s new strategic plan is the mental well-being of employees and students, a commitment Brogden is thrilled about. She has advice for people who aren’t sure about where to start when it comes to improving workplace mental health. “Don’t be intimidated by the standard. It’s

highly likely you’ve already implemented some of the recommended strategies,” she says. “Start by assessing what you’re already doing, and move forward from there. And make sure to celebrate the successes — even the small ones.” ■

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About the artist:

Almier is a member of the Out of the Shadows Artists’ Collective, an Edmonton community-based program that promotes recovery and wellness through the arts. For more information on the program, contact Erin Carpenter, occupational therapist, or Cathy McAlear, recreation therapist, from Alberta Health Services, Regional Mental Health at 780-342-7754.