

Engaging Frontline Managers and Supervisors to Promote Mental Health and Psychological Safety in the Workplace



Final Report

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Executive Summary

In section (ii) **Project Introduction and Overview**, we provide context for Vital Life Inc.'s project "Engaging Frontline Managers and Supervisors to Promote Mental Health and Psychological Safety in the Workplace and note some of the research which has motivated it, while also providing an overview of the project's core objectives. Specifically, an overview of objectives is provided for the delivery of manager trainings in workplace psychological safety and addictions, including the accompanying resource guide for managers and supervisors. An overview of objectives is also provided for the corresponding employee lunch and learn sessions in workplace psychological safety and addictions, including the Fact Sheet and tent card for employees. Our knowledge transfer objectives are also briefly outlined here.

In section (iii) **Work Completed**, we describe the our approach and method to carrying out the core project objectives. In this section, we describe

- the project launch and hiring phase, including the formation of our Project Advisory Committee
- the content development phase for manager training and resource guide, the content development phase for employee lunch and learn sessions and accompanying Fact Sheet and tent card, as well as program evaluation design and questionnaire content
- the training and evaluation phase, including critical information concerning who participated, representation from the three target sectors of construction, manufacturing, and service, and other relevant information concerning participation, and
- the knowledge transfer activities undertaken, with emphasis on the Leaders for Workplace Psychological Safety Conference held on May 3 2017.

In section (iv) **Program Evaluation Results**, we provide a summary of our findings. We focus, first, on data gleaned concerning prevalence of mental health and psychological safety conditions in our three target sectors (construction, manufacturing, and service) as perceived by participating managers, current accommodations practices in the target sectors as perceived by participating managers, and current psychological health and safety climate in participants' workplaces as perceived by the participating managers. Second, we briefly describe the measurable skills, knowledge, and insight participants gained as a result of their training. Finally, we outline the feedback participants offered regarding their perception of training usefulness and design. Quantitative evaluation data and commentary are provided in a comprehensive report in **Appendix B Complete Program Evaluation-Kaplan & Associates Inc.**

In section (v) **Proposed Recommendations**, we discuss some of our conclusions and recommendations based both on observations made throughout the course of the project and our program evaluation findings. Several of the six core recommendations offered in this section provided the entry-point and motivation for our proposed 2017 to 2019 RWIP project: "Engaging Managers in Workplace Psychological Safety" targeting the oil, gas, mining, agriculture, and healthcare sectors.

In addition, **Appendix A: Knowledge Transfer: "Leaders for Workplace Psychological Safety Conference"** found in the current report outlines and summarizes the planning and execution of the May 3 2017 "Leaders for Workplace Psychological Safety Conference"/Knowledge Transfer Event.

Materials developed over the course of the project are appended in Appendices C-H.

(i) Acknowledgments

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From Vital Life Inc.

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Joel Gervais, Adv. BA Psych. CCAC Addictions and Training Specialist
Michelle Paterson, BA, RRP, Project Coordinator, Workshop Facilitator
Emily Walker, B.A., J.D. Workshop Content Developer

Members of the Project Advisory Committee

Members of the project advisory committee provided feedback on the workshop content and format, reviewed the draft questionnaire, and participated in a field-test of the form. Committee members were:

Brad Boehm, Environmental, Health and Safety Manager, DeFehr Furniture (2009) Ltd.
& Perimeter Industries Ltd. & Triple D Developments Ltd

Janice Desautels, Director, WRHA Regional Laundry Services

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(ii) Project Introduction and Overview

Engaging Frontline Managers: Workplace Psychological Safety and Addictions Training Program

Supported by the Research and Workplace Innovation Program of the Workers Compensation Board of Manitoba

INTRODUCTION

Mental illness in the workplace results in increased disability and insurance costs (Caveen et al. 2006), accounting for more than 30% of disability claims in Canada (MHCC 2014). The direct costs of mental illness for the Canadian economy are over \$40 billion per year, with substance abuse and addictions alone costing the Canadian economy \$24.3 billion in lost productivity (Rehm et al. 2006). Employers have recently begun to recognize the economic and human costs of neglecting these 'invisible disabilities' (Irvine 2011). Employers in the construction, manufacturing, and service sectors not only face direct losses due to mental health related absences, but also indirect losses: chronic-onset stress and associated illnesses result from such workplace stressors as long or irregular work hours and systemic bullying and harassment¹ while psychological factors and harmful substance use contribute to heightened risk of accidents and injury. While the links between promoting psychological health and safety in the workplace and preventing illness and injury are well-established in the current literature, Manitoba's education and training efforts in workplace mental health promotion and mental illness prevention lag behind.

Research shows that promoting a supportive and effective approach to mental health issues and addictions in the workplace begins with a commitment from organizational leaders to improve measures for psychological health and safety awareness and prevention (MHCC National Standard 2013). While employers are increasingly aware of their duty to accommodate and the consequences of a failure to intervene, managers and supervisors remain fearful of initiating workplace mental health and addictions intervention due to concerns around confidentiality, liability, and interpersonal discomfort resulting from ignorance of correct roles and procedures. A 2011 National Survey of 1,010 workers and frontline managers carried out by the Conference Board of Canada indicates a felt lack of self-efficacy among frontline managers and supervisors due to a lack of training in effective mental illness and addictions related policy, prevention, intervention, and accommodation (Conference Board of Canada 2011). With the recent release of the *National Standard of Canada for Psychological Health and Safety in the Workplace* (CSA Group & BNQ 2013, MHCC 2013), Vital Life Inc. judged that education and training experts are well-positioned to deliver consistent and effective content in accordance with best practices.

OVERVIEW

In what follows, we provide a description of the essential components of our project to deliver psychological safety training to managers and employees in the high-risk manufacturing, construction, and service sectors under the Research and Workplace Innovation Program of the Workers' Compensation Board of Manitoba. Vital Life Inc.'s 2015-2017 Research and Workplace Innovation Program project consisted in:

- 24 manager training sessions in workplace psychological safety and addictions (with an additional pilot training session)
- 25 employee lunch and learn sessions in workplace psychological safety and addictions
- Resource Guide for Managers and Supervisors offering resources, tools, and supports.
- Fact Sheet and Tent Card for employees
- Detailed program evaluation
- Knowledge Transfer Activities, including a half day conference

Workplace Psychological Safety and Addictions Training for Managers

-1 pilot session and 24 half day sessions-

The Workshop's content was designed to be consistent with the guidelines and best practices identified by the 2013 ***MHCC National Standard of Canada for Psychological Health and Safety in the Workplace***. In keeping with these recommendations, it focused on prevention, early identification and recognition, early and appropriate intervention or action, and assessment and planning. The workshops followed an evidence-based approach, integrating two models:

A **fact-based model** to increase managers' and supervisors' knowledge of mental health and addictions issues, common signs and symptoms, and the impact of mental illness and addictions in the workplace.

An interactive model, with interactive case studies emphasizing group processes, to increase managers' and supervisors' self-efficacy in appropriately identifying mental health issues in the workplace, approaching an employee with performance-related concerns, and providing appropriate resources and assistance.

Specifically, these manager trainings were designed to:

- Engage managers and supervisors in developing knowledge and facility with organizational strategies, policies, and procedures to support awareness and prevention, which includes:
- The importance of an effective workplace policy and action plan with regards to mental health issues, drugs and alcohol, bullying and harassment and workplace violence.
- The importance of strategies to communicate policy and procedures to employees in promoting respectful workplace.
- The importance of a supportive policy in setting the parameters for appropriate procedures from early identification and structured intervention to return to work plans if needed.

- Enable leaders to identify signs and symptoms of psychological health and safety issues in the workplace, and to provide initial assistance
- Dispel managers' and supervisors' apprehension that expertise and counseling skills are a requirement of successful workplace intervention.
- Show leaders how discussions regarding performance can direct and facilitate supportive intervention and the manner in which drop in attendance, behavioural changes, lateness, poor performance, and other such markers may indicate a mental health or substance abuse problem.
- Providing cross-training for co-occurring disorders and for harmful substance use in the workplace.
- Emphasize the well-established link between psychosocial factors (stress, substance abuse, bullying) and illness and injury from musculoskeletal injuries due to falls and other accidents.
- Prepare leaders to support employees with psychological issues stay at work or return to work in a safe and sustainable manner.
- Increase leaders' intentions to promote psychological safety by conveying the impacts of management **practices on preventing injury and illness**, which includes:
 - Discussing the importance of managers and supervisors creating a climate for workers to feel safe and to ask questions and speak up; improving adherence to safety standards.
 - Emphasizing the special significance of this climate for new workers (young workers and new immigrants).
- Train managers and supervisors in the correct documenting process.

Awareness-Raising 'Lunch and Learn' Session for Employees

25 one-hour sessions

The one-hour employee awareness sessions emphasize that an effective communications strategy is required to convey that leadership regards psychological health as important to the sustainability of business and as consistent with its mission and values. This recognizes that awareness is the key driver in prevention. Awareness-raising sessions are particularly important for young workers and new workers who may have no prior exposure to such information, and who are highly represented in the three target sectors. These sessions were provided on-site over lunch hours, along with a fact sheet. The awareness-raising Lunch and Learn was designed to:

- Provide employees with on-site, accessible information on addictions and mental conditions in the workplace from a health and safety standpoint.
- Emphasize the importance of asking questions/voicing concerns about psychological safety.
- Raise awareness among employees concerning services and resources both within and outside of the organization, which includes a one-page fact-sheet with links to resources for employees

- Key message centers on speaking up, making use of an easily remembered **T.A.L.K.S** This stands for: **T**alk to coworkers about stressors and mental health concerns. **A**sk supervisors for resources. **L**earn your employer's mental health policies and procedures. **K**now the risks of not speaking up. **S**eek out the help of your own medical professional if you have concerns about your own mental health.

Resource Guide for Managers and Supervisors

Vital Life Inc.'s Resource Guide for Managers and Supervisors is a glossy stock tri-fold brochure offering key resources for psychological safety, addictions, and mental health in a digestible format. The resource guide summarized key workshop content, provided tools for assisting struggling employees, and offered a list of resources and supports, including links and contact information.

Fact Sheet and Tent Card for Employees

Vital Life Inc.'s tent card for employees is a glossy stock resource guide for employees, offering key resources for psychological safety, addictions, and mental health in a digestible format. The tent card summarized the T.A.L.K.S mnemonic, provided a recap of workplace signs and symptoms and offered key resources and links. It was translated into Tagalog, Hindi, Cantonese, French, German, and Russian.

Program Evaluation Study and Knowledge Transfer

The project was designed with the intent to carry out a carefully designed pre--post program evaluation study to assess program effectiveness along key measures, and to share the results of the evaluation with key stakeholders both during and beyond the funding period. The approach to our program evaluation is outlined in Section iii Work Completed, including Vital Life Inc.'s initiatives to share the findings of the study, while the results themselves are summarized in Section iv Program Evaluation Results below.

(iii) Work Completed

Project Launch:

Vital Life Inc.'s project, **Engaging Frontline Managers and Supervisors to Promote Mental Health and Psychological Safety in the Workplace** was launched in the spring of 2015. The first six months of the project were devoted to hiring the project team and carrying out the development of effective training content and resource guide material in addition to focusing on the development of an effective and feasible program evaluation study. Upon project launch, Jolen Galaugher was appointed as Project Manager to manage timelines, budget, reporting, and ensure quality of deliverables. Michelle Patterson was then hired as Project Coordinator and employer liaison to coordinate key project tasks and book all manager and employee training sessions, and was also hired as training facilitator responsible for program delivery. Emily Walker was hired as Content Developer, and Gerry Kaplan of Kaplan and Associates Inc. was hired as program evaluator.

With guidance from the WCB of Manitoba, a Project Advisory Committee (PAC) was formed to ensure a mechanism by which leaders in the target sectors and other relevant stakeholders could provide input on training content and format, as well as feedback on program evaluation design. The PAC met several times over the course of the project, at key junctures where feedback or updates were required. Committee members were:

- Brad Boehm, Environmental, Health and Safety Manager, DeFehr Furniture (2009) Ltd. & Perimeter Industries Ltd. & Triple D Developments Ltd
- Janice Desautels, Director, WRHA Regional Laundry Services
- Dave Erl, Director of Occupational Health and Safety, Safety Services Manitoba
- Jim LeBlanc, Occupational Abilities Coordinator, Canada Post
- Joanne Machado, Project Coordinator, Research and Workplace Innovation Program Of the Workers Compensation Board of Manitoba
- Devan Mackin, Project Planner, FWS Group of Companies
- Amie Membreno, Manager, Employment Services, Immigrant Center Manitoba Inc
- Yvette Milner, President, Merit Contractors Association of Manitoba
- Veronica Suszynski, Portfolio Leader, SafeWork
- Michelle Walker, Senior Consultant, Health and Wellness, Manitoba Liquor & Lotteries
- Barry Warrack, Data Scientist, Business Intelligence Unit, Workers Compensation Board of Manitoba
- Christine Webb, Manager, Compensation and Benefits, Manitoba Public Insurance
- Shannon Weiss, Case Manager, Manufacturing and Voluntary Sectors, Workers Compensation Board of Manitoba.

Training and Resource Guide Content Development and Program Evaluation Design:

In consultation with the PAC and subject matter experts, materials for PowerPoint slideshows were developed by the Content Developer both for the manager training and employee lunch and learns. With a view to accessibility and best practices, the training slideshows and resource guide were revised in consultation with Vital Life Inc.'s mental health and addictions training expert Joel Gervais, Addictions and Training Specialist and Lynn Hiscoe, Regional Manager--British Columbia, selected for their expertise in developing programs in workplace mental health and addictions including manager training. The Content Developer ensured EAL and adult education principles were observed.

The final manager training workshop content included:

- An introduction to Mental Health and Addictions
- Costs of Mental Health Problems and Addictions in the workplace
- Workplace Signs and Symptoms
- Why Should Employers Care?
- 13 Workplace Factors Known to Impact Mental Health
- Stereotypes and Stigma
- Key Questions for a Manager/Supervisor
- Interventions in the workplace
- What You Can Do
- What You Shouldn't Do

- Your responsibilities as an employer
- Toolkit for Managers
- Reasonable Accommodations
- Promoting mental health and psychological safety
- Resources
- National Standard of Canada: Psychological Health & Safety at Work
- Tips for Improved Mental Health

The final resource guide for managers included:

- a list of organizations and associations which offer mental health and addictions resources and programs
- a summary of the 13 psychosocial workplace factors for mental health
- a list of some of the signs of addiction or mental health problems in the workplace
- recaps core training material on possible accommodations for workers with a mental health problem, and
- a manager toolbox with checklists for "what you can do" and "what you shouldn't do" in intervening with employees

Once the manager resource guide was developed and revised, layout and design were executed by Pat Perka of Next Phase Multimedia Inc.

The final lunch and learn content for employee sessions included:

- Definitions--mental health, mental illness, addictions
- Workplace behavioural, physical, and performance signs of a problem
- Workplace costs
- Why employees don't get help
- What to do: T.A.L.K.S:
 - Talk about stressors and mental health concerns
 - Ask supervisors for resources and supports
 - Learn employers policies
 - Know the risks of not speaking up
 - Seek the help of a medical professional if concerned about own mental health
- 13 psychosocial factors known to influence workplace psychological safety
- tips for improved mental health
- employee resources and supports

In addition to the lunch and learn training content, an employee fact sheet was developed along with a tent card including the T.A.L.K.S mnemonic, a list of workplace signs and symptoms, and key resources and links. These were translated into Tagalog, Hindi, Cantonese, French, German, and Russian languages strongly represented within the target sectors of service, construction, and manufacturing. Layout and design was executed by Next Phase Multimedia Inc.

Program Evaluation Design:

Finally, a detailed questionnaire and tracking method was developed by Kaplan & Associates Inc. to measure the effectiveness of the manager training program, modeled roughly on study design proposed by Jolen Galaugher and revised to ensure valid data (the questionnaire is

appended in Appendix C: Program Evaluation Participant Questionnaire). Questionnaire format and content was revised multiple times in the light of feedback from the project team and PAC. Vital Life Inc. judges both the resulting study design and questionnaire design and content to have been highly effective. (In subsequent sections, it is noted that the original proposed study design to follow up with participants at several months post training to measure whether gains were sustained was abandoned largely for logistical reasons. Despite this limitation, program evaluation data are informative and highly indicative of program success.) Findings of the study are summarized in the following section, (iv) Program Evaluation Results and described more comprehensively in **Appendix B: Complete Program Evaluation--Kaplan & Associates Inc.** and the detailed questionnaire is appended in **Appendix C: Program Evaluation Participant Questionnaire.**

Facilitation of Manager and Employee Trainings:

In February 2016, Vital Life Inc. launched the trainings in the form of an initial pilot delivered to a mixed audience of Vital Life Inc. managers and representatives from target sectors. Trainings were facilitated by Michelle Patterson. Following the pilot and review by the project team, Michelle revised training content to improve learning outcomes and attended a one day facilitation course to ensure appropriate activities and interactive methods were employed to amplify training content and improve retention.

Trainings were then advertized to employers through Vital Life Inc.'s website and conference activities, by Safety Services Manitoba to its membership, and by Merit Contractors' Association of Manitoba to its members, as well as through announcements at conferences, notably the Construction Safety Association of Manitoba which generated a high response. The Project Advisory Committee served as champions of the project and increased our reach in accessing employers in the target sectors.

From February 2016 to November 2016, Vital Life Inc. subsequently began to deliver a series of 24 trainings for managers in Workplace Psychological Safety and Addictions in the construction, manufacturing, and service sectors with corresponding awareness-raising lunch and learn seminars for employees carried out over the same period, with the final lunch and learn sessions being delivered in the spring of 2017. Training facility space was generously provided by Safety Services Manitoba and, in many cases, employers requested that training be provided onsite, which we accommodated. This reduced room rental costs and the costs of light snacks which could be provided at lower cost without obligating the team to purchase through a venue's catering services. As a result of opportunities to promote the trainings through various supporting safety associations and through the PAC, Vital Life Inc. did not encounter difficulty in attracting participants to the training program.

The following points are worth noting concerning manager training participants and target sectors:

- 360 participants attended the manager workshops with an approximate average of 15 participants per training. (Lunch and learn enrollments varied significantly between sessions with enrollments of 5-25+ per session for an estimated total of 250-300 participants.)
- the majority of participants were employed in the manufacturing sector at 54.5%, followed by the service sector at 25.7% and the construction sector at 12.7%. (The relatively low enrollment in the construction sector and feedback and observations throughout the project indicates reduced training length for managers in the construction sector,

elaborated in subsequent sections). 7.1% of participants were from 'Other' sectors, a number which results largely from participant confusion as to which sector they belonged to, and/or the assumption that they could not both belong to a 'senior manager' category and one of the three project sectors, an assumption which was corrected by the facilitator once it was recognized

- among participants, 46.3% were unionized and 52% were not, with the remainder being unsure.
- the largest percentage of participants were managers or directors at 46%, followed by supervisors and lead hands at 33%, participants in the human resource field at 12.4%, and health and safety specialists at 11.6%, and those in 'other' positions.
- almost two-thirds of all participants had ever been aware of an employee with mental health conditions, and just under half had been aware of an employee with addictions.
- approximately forty percent of all participants were currently aware of at least one employee experiencing a mental health condition, compared with one-fifth who were currently aware of at least one employee experiencing an addiction.

The project team and program evaluator are in agreement that the trainings were, along every relevant measure, highly successful. Between November 2016 and March 2017, Program Evaluation data were analyzed and a final report was generated by Kaplan & Associates Inc.

Knowledge Transfer:

Vital Life Inc.'s project team representatives attended various industry conferences over the course of the project to promote the trainings and convey program evaluation results, including CSAM's The Safety Conference in April 2016, the HRMAM's Human Resources and Leadership Conference in October 2016, the Manitoba Occupational Health Nurses Week Conference in October 2016, the Return to Work Conference: What's the Buzz in Disability Management April 2017. Most notably, Michelle Patterson (Coordinator/Facilitator) and Jolen Galaugher (Project Manager) attended the SAFE Work Manitoba conference: Psychological Health and Safety- Make it the Standard conference in November 2016, with a booth devoted to raising awareness concerning mental health, addictions and psychological safety, promoting the training project, and sharing initial results. A variety of informal conversations resulted and some of the individuals who interacted with the project team at these knowledge transfer activities received and accepted invitations to our "Leaders for Workplace Psychological Safety" conference on May 3, 2017. It is also worth mentioning that in March of 2017, Gerry Kaplan of Kaplan and Associates gave a detailed presentation of results and findings to the Project Advisory Committee.

Due to reduced costs of room rental and coffee/snacks and somewhat reduced printing fees, Vital Life Inc. submitted a proposal for the reallocation of remaining project funds toward a further knowledge transfer event: the "Leaders for Workplace Psychological Safety Conference" held on the morning of May 3 2017. Reallocation of funds was approved in January, 2017. The conference hosted 112 participants in the relevant training sectors (construction, manufacturing, service), in the sectors targeted for Vital Life Inc.'s 2017-2019 RWIP project (gas, oil, mining, agriculture, and healthcare), to PAC members, WCB representatives, representatives of other safety associations, and to other organizations identified by Vital Life

Inc. as likely to benefit from greater awareness of workplace psychological safety. The conference program included:

- a talk from a prominent Manitoba employment lawyer
- project results presented by the program evaluator and project manager
- an employer panel featuring 4 employers working toward greater workplace psychological safety and representing various stages of implementing the National Standard, and
- an inspirational talk by a professional speaker on workplace mental health.

The event was envisioned by the Project Team as a wrap up of the 2015-2017 project and a launch of the 2017-2019 project. A summary of the event-- its planning, execution, and result-- can be found in Appendix A of this report.

(iv) Program Evaluation Results

Vital Life Inc. engaged a third party program evaluation consultancy, Kaplan & Associates Inc., to conduct a detailed, research-based program evaluation of the project. The design of the evaluation study involved measuring changes experienced by workshop participants based on their pretest and post-test responses to replicated questions delivered by means of a detailed pre and post training questionnaire. The data have empirically demonstrated statistically significant gains in knowledge, insight, and skills for workshop participants across the board.

RESPONSE RATE:

Of the 360 individuals participating in Vital Life Inc.'s manager trainings, 355 pretest questionnaires were completed for an exceptional response rate of **98.6%**, and 343 post-test questionnaires were completed for an equally exceptional response rate of **95.3%**.

PERCEIVED PREVALENCE OF WORKPLACE MENTAL HEALTH CONDITIONS AND ADDICTIONS:

- Almost two-thirds of all participants had ever been aware of an employee with mental health conditions, and just under half had ever been aware of an employee with addictions.
- About forty percent of all participants were currently aware of at least one employee experiencing a mental health condition, compared with one-fifth who were currently aware of at least one employee experiencing an addiction.
- This most frequently applied to one to three of their employees reported by each participant.

WORKPLACES ADDRESSING THE NEEDS OF EMPLOYEES WITH THESE PROBLEMS:

- About one-third of the participants reported that their workplaces very much accommodate employees experiencing mental health conditions, and about one-fifth reported that this was case for employees experiencing addictions.
- When participants were asked what health and wellness policies their workplace have, this most frequently included policies related to harassment, respectful workplaces,

violence in the work-place. The policies least often reported related to addictions and psychological health and safety.

- There were significant correlations between workplaces accommodating employees with mental health conditions and addictions, and the existence of workplace accommodation policies, psychological health and safety policies, and addictions policies.
- Of the participants who were aware of employees experiencing mental health conditions, over half reported “having conversations with them” about this, while this applied to almost forty percent of participants who were aware of employees with addictions.
- The outcomes of participants’ conversations with these employees most frequently included, in ranked order: providing them with support and encouragement; encouraging them to seek help from their employee assistance programs; and encouraging them to seek medical help.

ASSESSING THE PSYCHOLOGICAL HEALTH AND SAFETY OF THEIR WORKPLACES:

Participants were asked to assess their workplaces based on the **13 Workplace Factors** published by the **National Standard of Canada for Psychological Health and Safety in the Workplace**.

The factors most frequently identified as being ‘very much’ adhered to were:

- Providing physically safe working environments
- Protecting employees from violence, bullying and harassment
- Employees being treated with civility and respect

Factors least frequently identified were, in reverse ranked order:

- Employees feeling engaged at work
- Employees having control and influence at work, as appropriate
- Employees maintaining a healthy work/life balance
- Employees having manageable workloads
- Employees being recognized and rewarded for work well-done
- Workplaces providing employees with adequate psychological and social supports
- Workplaces providing employees with supportive organizational cultures
- Employees having opportunities for growth and development
- Workplaces providing clear leadership
- Workplaces providing clear job expectations for their employees

MEASURING PARTICIPANTS’ GROWTH OVER TIME:

An important component of this evaluation involved measuring changes experienced by workshop participants based on their pretest and post-test responses to replicated questions. The data have empirically demonstrated statistically significant growth for workshop participants across the board. The following areas of growth have been identified:

- Significantly greater identification of employees with ‘current’ mental health conditions and addictions over time.
- Participants were significantly more likely over time to feel that their employees were negatively affected by mental health conditions and addictions in their workplaces. This

is taken to indicate an improvement in their ability to identify when employees may be experiencing these conditions.

- Participants were significantly more knowledgeable about how to recognize and assist employees experiencing these conditions, as this relates to knowing:
 - When employees may have mental health conditions
 - When employees may have addictions
 - How to have a conversation with employees experiencing mental health conditions or addictions
 - The supports and assistance that may be appropriate to assist these employees.
- Participants were significantly more aware of the National Standard of Canada on Psychological Health and Safety in the Workplace over time.
- Participants were significantly more likely, over time to feel that they would assist employees experiencing mental health conditions or addictions.

PARTICIPANTS EVALUATING THE WORKSHOPS:

- Virtually all participants felt that each of the 18 topics provided in this half day workshop was useful for them.
- The topics most frequently identified as being *very useful* to participants included, in ranked order:
 - 13 Workplace Factors Known to Impact Mental Health
 - Why Should Employers Care?
 - Workplace Signs and Symptoms
 - Resources
 - An introduction to Mental Health and Addictions
 - Key Questions for a Manager/Supervisor
 - Your responsibilities as an employer
 - What You Can Do
 - What You Shouldn't Do
 - Promoting mental health and psychological safety
- Virtually all participants were satisfied with the quality of the information provided through the workshops.
- Virtually all participants felt that they received information relevant to their workplaces.
- Virtually all participants felt that the workshop presenters were knowledgeable.
- Virtually all participants felt that they will be able to apply the knowledge they gained to help their employees.
- Just over three-quarters of all participants felt that the workshops provided just the right amount of information. The rest were evenly divided between participants who wanted more information and those who wanted less.
- Virtually all participants felt that their participation in the workshops represented a good use of their time.
- Virtually all participants were likely to recommend the workshop to others in their sectors.
- When participants were asked to comment on what they liked most about the workshops, 213 responded. The most frequent comments related to:
 - The usefulness of specific topics and information
 - Receiving (unspecified) helpful information

- Those who liked the fact that everyone participated with positive interactions
- The quality of the presenters
- The positive workshop processes and setting
- The role playing and interactive sessions
- When participants were asked to comment about the changes that they would make to the work-shops, if they could, 144 responded. The most frequent comments related to:
 - New and different topics to be considered, or making sessions longer
 - A large proportion indicated that no changes are needed

(v) Proposed Recommendations

Vital Life Inc.'s training seminars meet the proven need for practical approaches to increasing capacity in workplace mental health and addictions prevention and intervention in accordance with best practices. On the basis of our comprehensive program evaluation and observations throughout the project's duration, Vital Life Inc. has the following core recommendations:

1. Existing training should be extended to new high-risk sectors. Our program evaluation results showed success on all measures of training effectiveness. In addition, interest levels in our training were high and the project team faced few to none of the anticipated difficulties in attracting participants to the trainings. With a clear indication of interest and with several companies being declined due to not falling clearly within any of the identified target sectors, it is recommended that priority be given to ensuring that such training may be extended to other sectors and in making training content available beyond the period of Vital Life's funding.

2. Occupational Health and Safety content of trainings should be expanded. There are a variety of occupational health and safety issues which directly or indirectly relate to workplace psychological safety and addictions issues. Vital Life's training content covered basic OHS material-- for instance, harmful substance use in safety sensitive positions and psychosocial workplace factors which contribute to bullying or violence-- but there is room to expand. (Interestingly, a significant number of participants were Occupational Health and Safety representatives.)

3. Existing training should be revised to increase appropriateness of content and training length for diverse audiences. Training content and design were highly effective. However, Vital Life Inc. recognizes that the training needs and availability of frontline managers in high-risk sectors differ from those of senior managers, HR managers, and Occupational Health and Safety staff program participants. It is the recommendation of the project team that manager trainings be broader in scope, including information on the National Standard of Canada for Psychological Health and Safety in the Workplace, the workplace psychosocial factors for mental health, and employer obligations. According to workshop feedback, it should also include elaborated content concerning policy and case law. Trainings for supervisor staff/frontline managers should focus more narrowly on a selection of the training topics already included in the existing manager training, with greatest emphasis on workplace signs and symptoms and toolkits for providing assistance and offering resources to employees.

4. A follow-up strategy should be devised to track whether gains are maintained and ensure momentum toward promoting workplace psychological safety continues beyond the project. If at all feasible, a post-post assessment method should be employed, measuring

participant growth subsequent to training, but also at three to four months post-training to measure sustainability of program gains. In Chapter Six: Summary and Conclusions, under IV Future Research Opportunities (located on the final page of Kaplan & Associates Inc.'s program evaluation found in Appendix B of the current report), Kaplan notes that a follow-up strategy for a post-post study design was prevented due to lack of resources. It is the considered opinion of the project team, however, that despite its recommendation that a post-post study design be implemented, such an approach was prevented in the current case primarily by logistical obstacles in maintaining a high response rate and confidentiality while not burdening participant companies' administrative and HR staff. This is important to note, as it presents an obstacle that is not confined to lack of resources and which will need to be navigated in the subsequent funding cycle if the sustainability of training gains is to be measured.

5. Education and training efforts should emphasize the importance of adequate workplace policies. Emphasis should be placed on ensuring employers are educated on the advantages and requirements of workplace policies related to psychological safety, addictions, and workplace accommodations. Initiatives and programs to encourage employers to invest resources in communicating existing policy and procedures to staff, particularly in high-risk sectors, are recommended. (Our study found that high numbers of participants remained unaware of whether they had such policies in place, though our training participants were primarily senior managers, HR managers, and OHS representatives. When participants were aware of workplace policies, they reported having policies related to harassment (reported by 84.5% of all participants), respectful workplaces (83.1%), and violence in the workplace (76.6%) at much higher rates than policies concerning workplace accommodations (56.2%), addictions or drugs and alcohol (40.7%) and comprehensive psychological health and safety (34.2%). Both a lack of awareness of existing policies among managers and a lack of critical policies is risk to employees. Moreover, on inquiry/investigation our study found a statistically significant correlation between the willingness of workplaces to accommodate employees with mental health conditions and addictions with the existence of (and manager awareness of) the related policies. This is significant also in that the two policies least often reported concerned addictions and psychological safety)

6. Emphasis should be placed on ensuring employer awareness of appropriate accommodations and modified duties for employees struggling with mental health and addictions issues. Awareness of appropriate accommodations increases the likelihood of offering accommodation and reducing accidents, injuries, grievances, and disability claims. Our study shows that education significantly increases willingness and intent to intervene to assist employees with mental health and addictions issues. Among our 360 participants, 29.4% of all participants were unable to answer whether their workplaces accommodate employees with mental health conditions, and 40.4% were unsure whether their workplaces accommodate employees with addictions. This is a risk to employees.

In closing, Vital Life Inc. concludes that, in partnership with various Safety Associations in Winnipeg, and with the support and guidance of an active Project Advisory Committee and the Workers' Compensation Board of Manitoba, trainings and accompanying resources delivered to managers and employees in three high-risk target sectors have been highly successful in increasing participant skills, insight, knowledge and intent to intervene to assist employees with mental health conditions and addictions. Vital Life Inc. thanks all who have participated to ensure the success of the project.

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APPENDIX A: KNOWLEDGE TRANSFER

Vital Life's Leaders for Workplace Psychological Safety Conference

May 3, 2017

OVERVIEW

As a key component of Vital Life Inc.'s 2015-2017 RWIP project, the project team planned and executed a half day conference/knowledge transfer event, *Leaders for Workplace Psychological Safety Conference*, held on the morning of May 3, 2017 at the Royal Aviation Museum of Western Canada. The event was aimed at engaging our 2015-2017 RWIP Project Advisory Committee Members, Safety Association leaders, managers, HR professionals, Occupational Health and Safety representatives, and senior managers selected from among employers who participated in our trainings from the targeted high-risk sectors (construction, manufacturing, and service), employers from the high-risk sectors targeted in our 2017-2019 RWIP project (oil and gas, agriculture, mining, and healthcare), and other relevant stakeholders in an information-sharing and motivational event to increase employer commitments to promote workplace psychological safety and prevent risks.

RATIONALE

Vital Life Inc.'s half day conference, *Leaders for Workplace Psychological Safety*, had the following three broad objectives.

- to share the results of our carefully executed program evaluation study of our 2015-2017 RWIP project to all stakeholders, exhibiting the benefits of manager training in workplace psychological safety
- to re-engage leaders and managers in the high-risk sectors targeted in our 2015-2017 RWIP project (construction, manufacturing, service) and engage new prospective participants in our 2017-2019 RWIP project (oil/gas, mining, agriculture, healthcare), utilizing the conference to wrap up the 2015-2017 project and simultaneously launch the 2017-2019 project.
- to encourage further concrete action and engagement among employers in promoting workplace psychological safety through carefully devised conference messaging centered on
 - costs and liabilities to employers of a failure to address workplace psychological safety issues
 - feasible strategies and first steps to implementing the *National Standard of Canada on Psychological Health and Safety in the Workplace* (henceforth, "the Standard")
 - the benefits of training managers in workplace psychological safety, and
 - inspirational messaging around how the decisions of leadership impact individual lives, and the importance of doing the right thing.

BENEFITS TO RWIP PROJECT/WORKERS' COMPENSATION BOARD OF MANITOBA

The project team has assessed the May 3 2017 Conference to have had the following benefits to both the project and the Workers' Compensation Board of Manitoba:

- **Increased reach of knowledge transfer:** the conference permitted us to disseminate program evaluation findings to a much larger audience than would otherwise have been possible, increasing understanding among stakeholders of the RWIP program in general, and of the benefits, in particular, of workplace psychological safety training. While it is beneficial to post evaluation findings in an accessible venue for employers and participants interested in learning the details of our program evaluation approach and findings, we recognize that only the most motivated employers and participants are likely to take the time to carefully read the study. By conveying program evaluation data and their interpretation and significance to a large audience of stakeholders from our target sectors, we estimate we reached more leaders and delivered a more effective message than would have been possible through a public posting of findings or much smaller knowledge transfer event focused on program evaluation findings alone. By presenting evaluation findings within the context of other relevant information and core messaging around the need for leaders to take action to promote workplace psychological safety, our conjecture is that the information had a greater impact, and that the format and venue of delivery increased the likelihood of the information being acted upon.
- **Re-engagement and preserved momentum:** the conference allowed us to follow up and re-engage participating employers before, during, and after the conference, supporting the enhancement of employer commitments to workplace psychological safety among those who have already shown a commitment but may need support to preserve ongoing momentum. As a core component of the conference program, an employer panel was convened to share stories of success in implementing workplace changes to enhance psychological safety. The aim of the employer panel was to motivate employers toward first steps to implementing "the Standard" and to normalize the sorts of obstacles often faced by employers in so doing. The conference provided an opportunity for employers to connect with one another and conference talks provided supplemental information concerning concrete action steps employers may take which have been shown to be effective in improving the 13 psychosocial factors for workplace mental health. This strategy of facilitating employer-to-employer learning and interaction is supported by the Mental Health Commission of Canada's finding that interaction and communication between employers/workplaces is a key 'facilitator' to implementing the "the Standard" (*Case Study Research Project Findings*, Mental Health Commission of Canada, 2017, Ottawa, ON).
- **Launch of 2017-2019 RWIP project in new high-risk sectors:** the conference provided an opportunity to create awareness concerning Vital Life Inc.'s 2017-2019 RWIP project, and to engage employers and other stakeholders from the high-risk sectors targeted in the upcoming project in advance of the project start date, motivating program participation from the outset. By creating an environment and message of collaboration between Safety Associations, employers, and the WCB of Manitoba, we believe we positioned the 2017-2019 RWIP project for success. Several participants in the conference from new high-risk sectors received strategic invitations in the hope that, with a better understanding of the nature of the project and its benefits for employers, these individuals would be willing to serve on our 2017-2019 RWIP Project Advisory Committee and champion trainings within their own organizations and/or to their membership as appropriate.

CONFERENCE PROGRAM

Vital Life's *Leaders for Workplace Psychological Safety Conference* program was as follows:

8:00am-8:30am: Registration and coffee/light breakfast

8:30am-8:35am: Welcome message from CEO of Vital Life Inc., Don Smith

- emphasized the wrap-up of Vital Life's 2015-2017 RWIP project and launch of Vital Life's 2017-2019 RWIP project.

8:35am-9:15am: Keynote speaker, Winnipeg employment lawyer/professional speaker, Benjamin Hecht

- provided information concerning the costs and liabilities to employers of improperly addressing psychological safety issues in the workplace, with emphasis on recent and relevant case law and employer duties and obligations. (Vital Life Inc. contributed the professional speaker fees for this speaker)

9:15am-10:00am: Project Manager, Jolen Galaugher and Program Evaluator, Gerry Kaplan

- provided the broader context of Vital Life's RWIP project, contextualizing it within attempts by employers to implement "the Standard", delivering the message that there are concrete and manageable steps employers can take to improve upon the status quo. The program evaluation findings of Vital Life's project to train managers in workplace psychological safety were shared, exhibiting the benefits of workplace psychological safety training for managers.

10:00am-10:15am: Coffee break

10:15am-11:00am: Moderated employer panel

- the panel, composed of Vital Life's RWIP Project Advisory Committee members and RWIP participants, shared successes and obstacles to promoting workplace psychological safety and preventing harms. A range of experiences were represented, concrete strategies and successes were discussed in an accessible manner, and the message was reiterated that implementing "the Standard" is a manageable process which builds on existing strengths.

11:00am-11:45am: Professional motivational speaker, Lisa Shaw

- provided inspirational message and her personal account of the impacts of mental health in the workplace, connecting the decisions of leadership to the impact on individual lives, and challenging employers and leaders to take action.

11:45am -1:00pm Catered lunch

- provided opportunity for interaction, discussion of the issues and topics raised, and networking among attendees.

CONFERENCE PLANNING AND EXECUTION

The process of planning the event and ensuring it met its strategic objectives was a tremendous undertaking performed largely by the Project Coordinator and Project Manager. This included:

Registration/outreach: Team meetings were held throughout to ensure targeted invitations to past manager training participants, new sector employers and safety association leaders, and other relevant stakeholders. Specifically, registrants were drawn from

- past participant registration list from previous manager trainings
- conference contacts from events where our RWIP project was promoted
- a list of leaders of Safety Associations and extended contacts developed by Vital Life project team
- a list of employers Vital Life identified as having high need for psychological safety interventions mainly from within new high-risk sectors, developed by Vital Life project team in consultation with Vital Life staff and management, and
- a list of new sector/Safety Association contacts proposed by RWIP Manager and Coordinator of the WCB.

An Ad was developed and designed along with an event invitation, which was circulated in stages to staggered lists of contacts. Registration strategy was consistently and often reassessed to ensure a balance of sectors and the most relevant participants were in attendance, as well as to reach but not exceed target numbers. Messages were periodically and strategically sent out to ensure adequate attendance, as a risk identified was low turnout on the day as there was no cost commitment associated with the event. This was mitigated by reminders and follow up messaging around catering needs, etc. The Project Manager devised overall registration strategy, crafted messaging to invitees, and monitored scheduling and content of messages, while the Project Coordinator managed invitee lists, tracked registrations, managed outgoing messages, and answered the many participant queries that arose. Prior to the event, admin time was devoted to developing the final registration list and name tags/lanyards and staff time was devoted to serving at the registration table.

Vendors and Event Planning: Venue was scouted and booked by Project Manager/Project Coordinator. Project Manager filled various functions such as securing and testing AV equipment, investigating and booking rentals, investigating and booking catering, drafting and managing contracts, preparing team for roles on event day, and so forth, together with Project Coordinator, in addition to working with program evaluator on content of talk and researching and writing own talk/presentation for event day. Project Coordinator researched and liaised with speakers, and coordinated, liaised with, and prepared employer panel, working with each panelist individually to ensure the most impactful message would be delivered. Event day promotional materials were assembled including a 2-sided informational document on manager training content and 13 psychosocial factors for workplace mental health. Program evaluator and Project Manager developed two separate 'program evaluation highlights documents' to make program evaluation findings accessible in different venues beyond event day, subject to WCB approval.

Project Manager drafted checklists and assigned roles for event set up (rentals, banners, materials, etc.) and event day execution. Vital Life staff/consultants carried out these roles on event day; these roles included: main floor greeter, parking attendants, coffee/breakfast table attendant, registration attendant, AV/tech person, and overall point person for event.

RESULTS

Number and type of attendees: in total, Vital Life Inc.'s *Leaders for Workplace Psychological Safety Conference* drew a total of **112 participants** comprised of managers, HR managers, Occupational Health and Safety leaders, executives, Safety Association and Safety Program leaders from the construction, manufacturing, service, oil/gas, agriculture, and healthcare sectors (the mining sector was unfortunately not represented) as well as employers from other sectors, insurers, Vital Life staff, WCB representatives, and the Vital Life RWIP team. The project team considers this turnout to be a success, as after finalizing the event space, we aimed for a total number of 100-125 registrants. Prior to the event, we had 119 participants registered, which is a 94% turnout. We successfully mitigated the risk of low turnout/commitment due to a lack of cost to cancellation. Interestingly, the handful of participants who did not turn up on the day sent other appropriate representatives in their place, ensuring spaces were filled.

Summary of team debrief:

On May 4, 2017, the entire Vital Life team who had been present at the conference, led by the Project Manager and Project Coordinator, met to assess event success and debrief. The following is a summary of Vital Life staff input from that meeting:

Overall: Excellent turnout. Interesting/informative talks. Participants overall engaged and discussing the issues.

SPEAKERS: good, informative speakers--some suggested less evaluation data; Lisa Shaw--powerful speaker; content too emotional?

FOOD: good breakfast/lunch; more morning coffee--consider decaf; fewer dainties

VENUE: lots of positive feedback; unique; people did take tour; planes noisy/distracting?

TIPS: consider volume and visibility of conversations during event

PARKING: when giving instructions on the day, clarify these; team pulled through

VOLUNTEERS: consider additional/other volunteers so consultants can focus on engaging/participating in event?

LENGTH: consider full day event; lots of great ideas generated for future events

Participant feedback:

In closing, Vital Life Inc.'s 2015-2017 RWIP project team would like to share some of the feedback from participants who emailed us after the May 3 2017 knowledge transfer event. Here are a few of the comments we received:

"Thank you so much for inviting us the conference, it was very well done and we learned a lot from it. It has been a topic of discussion in our supervisors meeting and with management. This conference has help us to understand this issue from a different light and given us a starting point on how to deal with this awkward conversation and in changing the attitude of this within the leadership of the company. "

"The conference was very informative. Do you know if there is a Psychological or Mental Health awareness policy that would be beneficial to have. Maybe an example of one?"

"Thank you for the invitation today, it was very interesting and informative. As mentioned, it would be wonderful if I could obtain a copy of the presentation slides to share with my team, especially the one by Mr. Hecht."

"it was a great event - loved the last speaker especially."

"Congratulations! It was a great event! Very interesting and informative, great presenters, and a nice balance of perspectives. It is a topic that one could spend days discussing, so fantastic job delivering a thought provoking, inspiring message in a half day session!

The Vital Life team were friendly and welcoming, and emitted a positive atmosphere. It seems like a fantastic organization to work for!

I have since approached my Director with my thoughts to immerse this important topic/standard into our workplace. He has given me both thumbs up!

I look forward to connecting with your group as I delve further into the conversation."

Vital Life Inc.'s "Engaging Frontline Managers and Supervisors to Promote Mental Health and Psychological Safety in the Workplace"

FORMATIVE EVALUATION



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CHAPTER ONE: BACKGROUND AND METHODOLOGY

This report provides the results of a formative evaluation of a workshop designed to engage front-line managers and supervisors in order to promote mental health and psychological safety in the workplace. The target sectors are manufacturing, construction and services. A small number of participants from 'other' sectors also attended. The workshops were provided by **Vital Life Inc.**¹ with funding being provided by the **Workers Compensation Board of Manitoba (WCB)** through its **Research and Workplace Innovation Program (RWIP)**. **Kaplan Research Associates Inc.** was engaged to conduct this evaluation. The project began on May 28, 2015 and will run until May 28, 2017. There are two components to this project. The first is a three-hour interactive workshop designed for managers and supervisors, and the second is a one-hour awareness-raising 'lunch and learn' session for employees. This evaluation relates solely to the half-day workshops. While its main focus is on assisting employees with mental health conditions, workshop content also addressed assisting employees with addictions. All of the three-hour workshops were completed prior to the analysis of these data.

1) THE STUDY METHODOLOGY:

1.1) The Evaluation Framework:

The evaluation framework was developed by the researchers in conjunction with representatives from Vital Life Inc., and with feedback from the WCB and the project's Advisory Committee. A questionnaire was developed specifically for this study, using **TELEform** scanning software to facilitate automated data entry. Once completed, each form was scanned and verified, with the resulting data being exported to the **Statistical Package for the Social Sciences (SPSS)** for analysis. This is a quantitative and qualitative research process. All quantitative data were analyzed through SPSS while the qualitative data were analyzed through **content analyses**.

The evaluation incorporated pretest/post-test analyses to empirically measure changes over time. A two-part five-page questionnaire was also developed by the researchers in conjunction with the company and the project's stakeholders. Part One was completed by participants immediately prior to the workshops to provide the pretest data. This form was then handed in to the workshop facilitator prior to the workshops' commencement. Part Two was completed by these same participants immediately following the workshops and handed in to the facilitator. Several key questions were replicated in Parts One and Two. Each part also contained a matched unique non-identifying form number (i.e. **unique identifiers**). The two parts were combined prior to data processing based on the unique identifiers. This facilitated comparative analyses of specific questions using **repeated measures**.²

1.2) The Evaluation's Areas of Inquiry:

The areas of inquiry subsumed through this evaluation include:

- A participant profile regarding:
 - Participants' gender
 - Participants' ages
 - Participants' sectors
 - Participants' positions
 - Numbers of employees participants directly supervise
 - Whether their workplaces are unionized
- Perceived prevalence of employees with mental health conditions/addictions within their

¹ For information about Vital Life Inc. please go to [www. http://vitallife.ca/](http://vitallife.ca/)

² For a description of **Repeated Measures** please go to Page 19 of this report.

workplaces:

- Have participants ever thought an employee was experiencing mental health conditions or addictions? (separate questions)¹²
 - If 'Yes,' about how many had experienced either
 - If applicable, what kinds of addictions were experienced
- Do participants think an employee is 'currently' experiencing mental health conditions or addictions? (separate questions)¹²
- If participants were ever aware of employees with either condition, had they had "a conversation" with any of them about their problems?
 - If 'Yes,' what were the outcomes of these conversations
- Do participants feel that their workplaces accommodate employees with these conditions? (separate questions)
- What employee health and wellness policies do participants' workplaces have?
 - If any are identified, how aware are participants of the specific policies?
- How aware are participants of the **National Standard of Canada for Psychological Health and Safety in the Workplace**?¹²
- To what extent do participants feel that their workplaces adhere to the **13 Workplace Factors** described through the workshop? (Each factor was evaluated separately)
- Measuring changes over time for the following factors:³
 - Their awareness of the National Standard of Canada for Psychological Health and Safety in the Workplace
 - Knowing when employees may have mental health conditions or addictions (separate questions)
 - Knowing how to approach these employees
 - Knowing what supports or assistance might be appropriate for them
 - How serious a problem they believe that employees with mental health conditions and addictions are in their workplaces? (separate questions)
 - The likelihood of them assisting employees with these conditions (separate questions)
 - If they are unlikely to assist them, what are the reasons for this?
- Evaluating participants' satisfaction with the workshops:
 - Their satisfaction with the quality of the information they received
 - The perceived relevance of the information they received
 - How knowledgeable they felt the workshop presenters were
 - Whether they will be able to apply this knowledge to help their employees achieve greater mental health or sobriety
 - The amount of information provided to them
 - Whether they felt that their participation in the workshop was a good use of their time
 - The likelihood that they would recommend the workshop to others in their sectors
 - What they liked most about the workshop (open-ended)
 - What changes they would make to the workshop, if they could (open-ended)

1.3) Technical Notes:

This section describes the statistical tests and measures incorporated into this evaluation. There are two types of statistical procedures used in this analysis: **Descriptive Statistics** and **Measures of Association**. The latter includes the use of **Chi-Square** (Pearson's R coefficient), **T-Tests** and **Paired T-Tests**, and **Analyses of Variance (ANOVAS)**.

Descriptive Statistics:

³ Each of these questions was replicated in the pretest and post-test components of the questionnaire.

Descriptive statistics constitute a primary basis of analysis. These measures include frequency counts and percentage breakdown; mean; median; and standard deviation (sd).

- The **mean (average)** is a measure of central tendency for continuous variables calculated as the sum of all scores in a distribution, divided by the number of scores.
- The **median** is the value or score that exactly divides an ordered frequency distribution into equal halves: the outcome associated with the **50th percentile**.
- **Standard Deviation** (sd) is a measure of the degree to which the range of scores either clusters around the mean, or is more widely **dispersed**, or spread, along a given scale. The value of standard deviation lies not only in describing the distribution of scores, but it assists in the comparison of the populations under review.

Measures Of Association:

Measures of association include statistical tests that show the direction and/or magnitude of a relationship between two or more variables. Depending upon the nature of the data, different statistical procedures are used to measure association. The statistical procedures included in this study are: **Chi Square**, **t-tests**, **paired t-tests** and **Analysis of Variance (ANOVA)**.

Chi-Square:

Chi-Square (χ^2) (Pearson's R Coefficient) is used when comparing **nominal variables**. Nominal variables include gender, marital status, occupations and so on. **Chi-Square** is a test of statistical significance based on a comparison of the observed cell frequencies of a **cross-tabulation** or **contingency table**, with frequencies that would be expected under the **null hypothesis** of no relationship. Where the resulting data conform to the **expected distribution** of cases across the cells of the contingency table, it is assumed that there is no statistical relationship between the variables being examined. That is, that one variable is not seen to affect the other. Where the actual distribution of cases varies from the expected distribution of cases across this table, a relationship between the variables under review is assumed.

To test whether there is a **significant** statistical relationship between the variables under review, two additional factors must be examined. These include the **degrees of freedom** (df) associated with this table, and its **level of probability** (p). '**Degrees of freedom**' is a factor of the construction of the contingency table. It is derived by calculating the number of rows in the table (minus 1) by the number of columns in that table (minus 1). The formula then reads $df=(R-1)(C-1)$. A two-by-two contingency table has one degree of freedom $(2-1)(2-1)$. A four by five contingency table has 12 degrees of freedom $(4-1)(5-1)$. Degrees of freedom is an important element in this analysis in that it refers to the potential for cell entries to vary freely, given a fixed set of marginal totals (i.e., column and row marginals).

Probability asks the question: how **likely** is it that the relationship observed in the sample data could be obtained from a population in which there was no relationship between the two variables? If it can be shown that this probability is very high within the general population, then, even though a relationship exists in that larger sample, it is concluded that the two variables are not related. Only if the probability that the relationship being examined could have been created by sampling a population in which no relationship exists were small would it be concluded that a **statistically significant** relationship exists.

As a minimal standard, probability must be at least .05 or less ($P < .05$) in order for there to be a finding of statistical significance. That is, in order for the data to be found significant, it would be expected that the results which were obtained would be found within the general population less than five times out of a hundred. In social research it is also acceptable to establish the **borderline significance** of correlations; that is situations in which probability falls between .06 and .08.

T-Test:

T-test is used to determine whether there is a statistically significant difference between the mean scores of two groups. There are three primary factors that play a part in t-tests: **Degrees of Freedom**, **Standard Deviation** (sd) and **Probability** (p).

ANOVA:

Analysis Of Variance (ANOVA) is a statistical test of the differences of means between two or more groups. In ANOVA, the observed variability in the sample is partitioned into two parts: the variability within groups (around the group mean), and variability between groups. An ANOVA model provides an opportunity to test the **null hypothesis** that all sample means are drawn from the same population, and are therefore all equal. That is, that there is no significant difference between the means derived from the sample populations. In order to reject the null hypothesis, it would be necessary to demonstrate that one of the following conditions exists:

- That the means from all populations are different from each other;
- That the subset of the population means differ from one another; or
- That some other combination of the means is different from some single mean, or from some other combination of means.

In order to determine the significance of the ANOVA, it is necessary to explain how the means differ from one another. The operational statistics of ANOVA are the **Degrees of Freedom**, **F Ratio** and the **probability of F**. The **F Ratio**, which is the between group mean squares divided by the within group mean squares, compares the variability of the two sources. If the between group variance is significantly larger than the within group variation, the size of the F Ratio will be relatively large.

Nonparametric Tests:

Nonparametric data are those which cannot be measured on an interval scale, or do not follow a normal distribution. Nonparametric tests do not make any assumptions regarding the distribution of the data. This study uses **related paired samples t-tests** using the **Sign Test**. Paired-samples are based on the use of **repeated measures**. That is, for a respondent to be included in a comparative analysis, that individual would have to answer both sets of questions. Respondents who answered only one of these two questions were excluded from this particular analysis. If there are sufficient numbers of respondents in each of the three groups (+differences; -differences; no change), then a **Z-Score** is calculated. If there is a small number of respondents in any of the three groups (i.e., n=1 or 2), then the results are considered **binomial**, which means that computations are based on two sets of observations and not the three sets upon which Z-scores are calculated.

Using Repeated Measures:

Using **repeated-measures** allows us to ensure that comparisons in responses over time apply to the same individuals. This is the most robust level of comparative analyses. To accomplish this, for this study, the pretest and post-test forms contained a **participant code** that was the same on both forms. This allowed us to merge the data from the two forms into a single record, using the code as a **unique identifier**. **Paired T-Tests** are used for these analyses.

1.4) The Study Response Rates:

It is estimated by Vital Life Inc. that approximately 360 participants attended a three-hour workshop. Of these 355 completed **Part One** of the evaluation questionnaire, reflecting a **98.6% response rate**, and 343 participants completed **Part Two**, for a **95.3% response rate**. In essence then, the **study samples**, at both Times One and Two, virtually reflect the **total study population**, negating the need to extrapolate these findings to the larger group.

1.5) Establishing Study Benchmarks:

Benchmarks are qualitative standards that facilitate the assessment of evaluation findings. They help to determine which findings are considered positive overall; which findings are considered moderately positive; and which indicate the need for change. These benchmarks were established in consultation with Vital Life Inc. The benchmarks for this study are:

Primary Benchmark (<i>Overall Positive Findings</i>)	75.0%+ of respondents indicating positive responses ⁴
Secondary Benchmark (<i>Moderately Positive Findings</i>)	60.0% to 74.9% of respondents indicating positive responses
Tertiary Benchmark (<i>Areas Requiring Attention/ Remediation</i>)	<60.0% of respondents indicating positive responses

II) A PROFILE OF WORKSHOP PARTICIPANTS:

Information is available for 355 participants who attended 24 three-hour Vital Life Inc. Workplace Mental Health presentations. This reflects a mean of 12.9 participants per session, with a median of 14.0 (sd=6.79). The number of participants in each session, who completed a questionnaire, ranged from 8 to 36. This section provides a description of the characteristics of this population. Data are adjusted to exclude missing data.

2.1) By Gender:

There were more males than females in attendance (53.8% compared with 46.2%) (Table 1).

Table 1 Participants By Gender		
	Frequencies	Percentages
Males	190	53.8%
Females	163	46.2
Totals	353	100%
Adjusted to exclude missing data.		

⁴ Those responding 'good' or 'very good', 'somewhat' or 'very much,' and so on.

2.2) By Ages:

The largest percentage of participants were 35 to 44 years of age (35.4%) followed closely by those who were 45 to 54 years of age (32.3%) (Table 2). Of the remainder, 15.6% were 24 to 34 years of age, and 13.9% were 55 to 64 years of age.

2.3) By Their Sectors:

The largest percentage of participants were employed in the manufacturing sector (54.5%) (Table 3). Just over one-quarter (25.7%) were employed in the service sector, and 12.7% in the construction sector. Twenty-five participants came from 'other' sectors. They included: healthcare and allied services (n=5) and packaging (n=3). Additional 'other' sectors, each indicated by a single participant, included: consulting, government, hospitality, maintenance, insurance, warehousing, property management, and support services.

Table 2 Participants By Ages		
	Frequencies	Percentages
<24 years	4	1.1%
24 to 34 years	55	15.6
35 to 44 years	125	35.4
45 to 54 years	114	32.3
55 to 64 years	49	13.9
65+ years	6	1.7
Totals	353	100%
Adjusted to exclude missing data.		

Table 3 Participants' Sectors		
	Frequencies	Percentages
Manufacturing	193	54.5%
Service	91	25.7
Construction	45	12.7
Others	25	7.1
Totals	354	100%
Adjusted to exclude missing data.		

2.4) By Their Positions:

The largest percentage of participants were managers or directors (46.0%), followed by supervisors and lead hands (33.3%) (Table 4). Remaining positions were human resource managers (12.4%), health and safety representatives (11.6%), union representatives (0.8%), or those in 'other' positions (7.3%). 'Other' positions included: quality auditors (x2), production worker, senior chemist, accountant, project manager officer, data scientist, case manager, business developer, and health nurse.

Table 4 Participants' Positions		
	Frequencies	Percentages
Managers/Directors	163	46.0%
Supervisors/Lead Hands	118	33.3
Human Resources	44	12.4
Health and Safety	41	11.6
Union Representatives^	3	0.8
Others	26	7.3
Totals	395*	111.6%*
N=354. *Multiple responses are allowed. ^Combined with the 'other' category.		

2.5) Numbers of People They Supervised:

Forty-eight participants (13.7%) had no employees whom they directly supervised (Table 5). The majority of participants supervised between 1 and 15 employees (55.3%), followed by those who supervised 16 to 30 employees (16.0%), 31 to 45 employees (6.0%), or 46 to 60 employees (3.7%). Nineteen participants (5.4%) directly supervised 61 or more employees.

Table 5 Participants By How Many People They Directly Supervise		
	Frequencies	Percentages
0	48	13.7%
1 to 15	194	55.3
16 to 30	56	16.0
31 to 45	21	6.0
46 to 60	13	3.7
61 to 75	4	1.1
76+	15	4.3
Totals	351	100%
Adjusted to exclude missing data.		

2.6) Were Participants Employed In Unionized Workplaces?

The majority of participants did not work in unionized workplaces (52.0%) (Table 6). Of the remainder, 46.3% work in unionized workplaces and 1.7% (n=6) were unsure.

Table 6 Participants By Whether Their Workplaces Are Unionized		
	Frequencies	Percentages
Yes	163	46.3%
No	183	52.0
Not Sure	6	1.7
Totals	352	100%

Adjusted to exclude missing data.

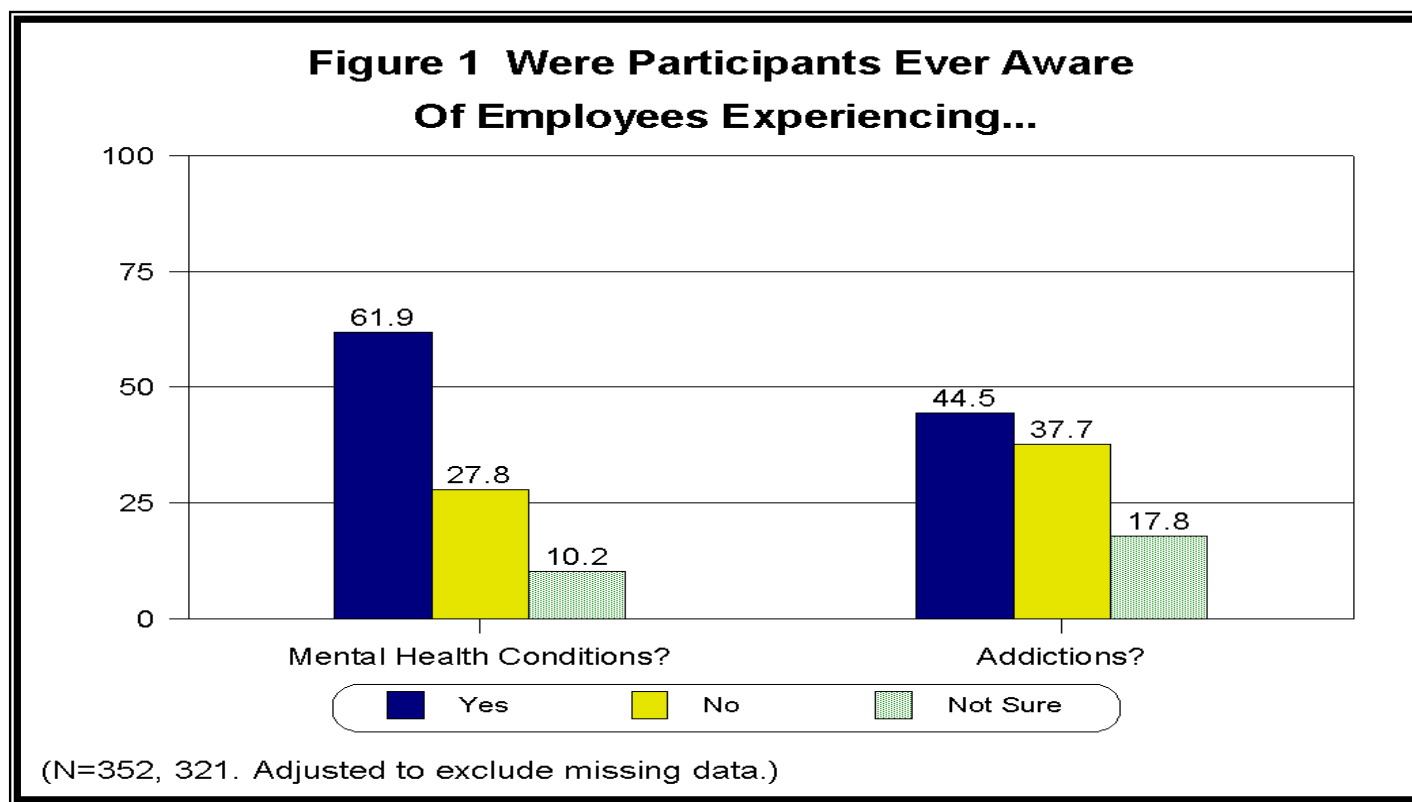
CHAPTER TWO: PERCEIVED PREVALENCE OF WORKPLACE MENTAL HEALTH CONDITIONS AND ADDICTIONS

I) BACKGROUND:

This chapter explores the perceived prevalence of employees with mental health conditions and/or addictions, as indicated by workshop participants. This includes whether participants ever thought that an employee experienced a mental health condition or an addiction. If 'yes' to this question they were asked to estimate how many employees this ever applied to; whether participants think that any of their current employees are experiencing these problems; and the types of addictions these employees have had, if applicable. Responses to each of these questions are presented in the aggregate, and are analyzed based on participants' sectors and positions.

II) PERCIEVED PREVALENCE:

2.1) Employees Ever Experiencing Mental Health Conditions And Addictions:



2.1.1) In The Aggregate:

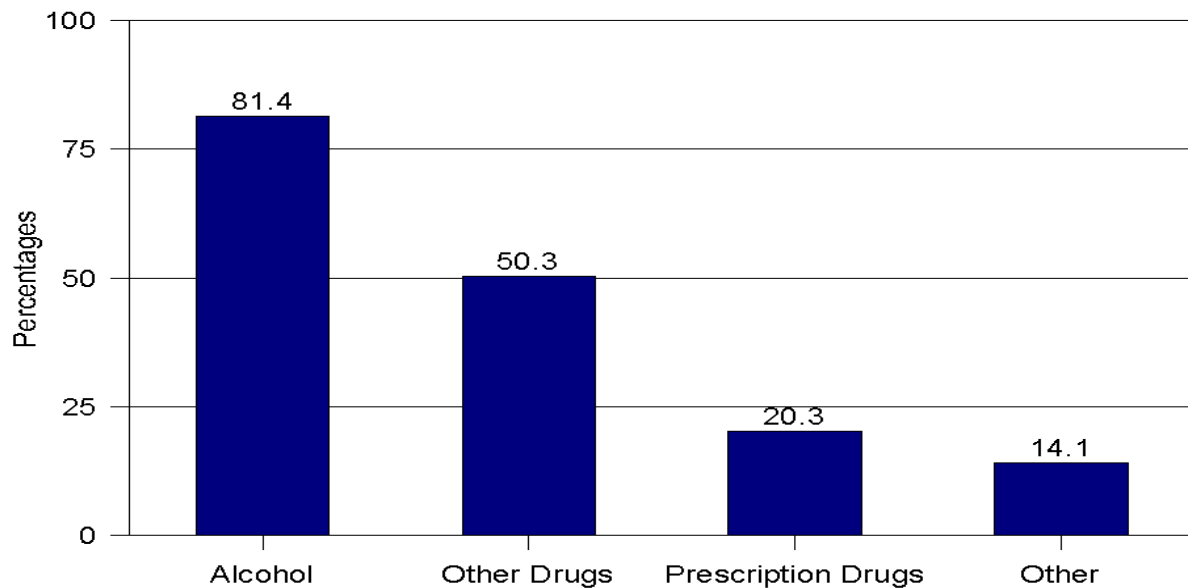
In the aggregate 61.9% of all participants reported that they were aware of an employee who, at some time, experienced a mental health problem, and 44.5% were aware of employees with an addiction (Figure 1). Some participants were unsure of this: 10.2% regarding employees with mental health conditions and 17.8% regarding employees with addictions.

Of the participants who were aware of employees with addictions, these most frequently related to addictions to alcohol (81.4%), followed by addictions to other drugs (50.3%), prescription drugs (20.3%), and other addictions (14.1%) (Figure 2). "Other addictions" included: gambling (n=10), smoking (n=5), pornography (n=1), shopping and "isolation" (n=1).

2.1.2) By Sector:

There were statistically significant variations in the percentage of participants who have ever been aware of an employee with either a mental health problem or an addiction (Figure 3). Participants from the service sector were most aware of employees with mental health conditions, followed by those from 'other' sectors

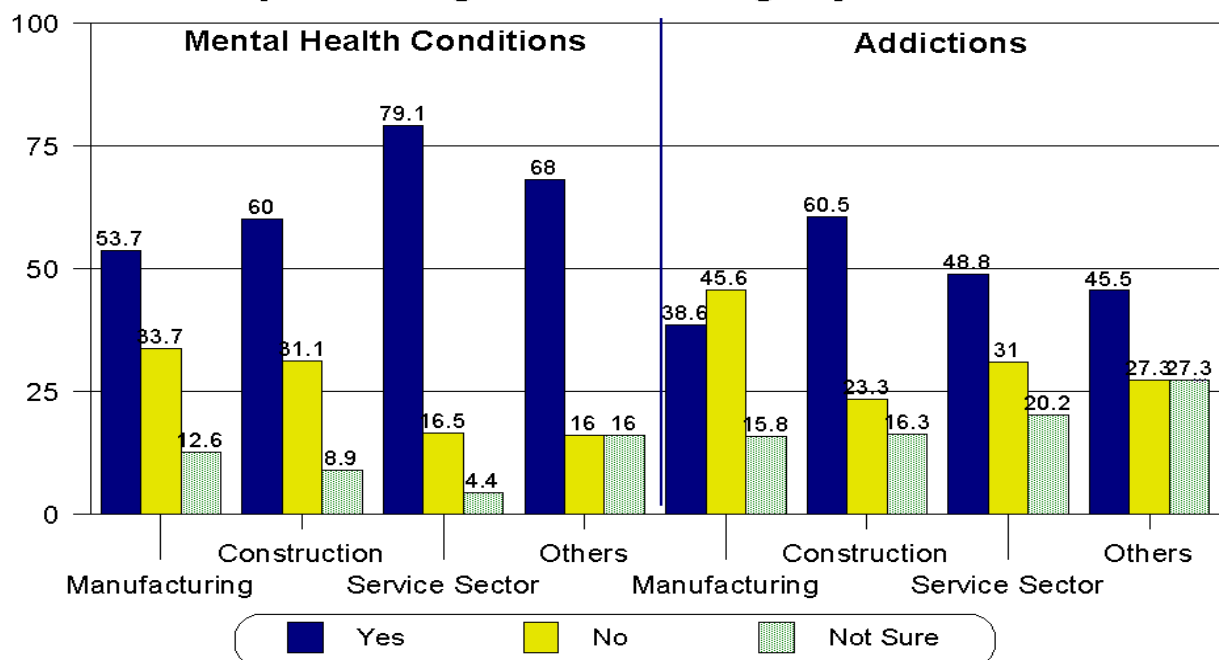
Figure 2 Of Those With Addictions, What Were Their Drugs Of Choice?



(N=177. Multiple responses are allowed. Adjusted to exclude missing data.)

(79.1% and 68.0%, respectively) (N=351, $\chi^2=19.59$, df=6, p=.003). Participants from the construction sector were most likely to report being aware employees with addictions (60.5% compared with 48.8% of participants from the service sector, 45.5% of those from 'other' sectors, and 38.6% of participants from the manufacturing sector (N=320, $\chi^2=12.87$, df=6, p=.045).

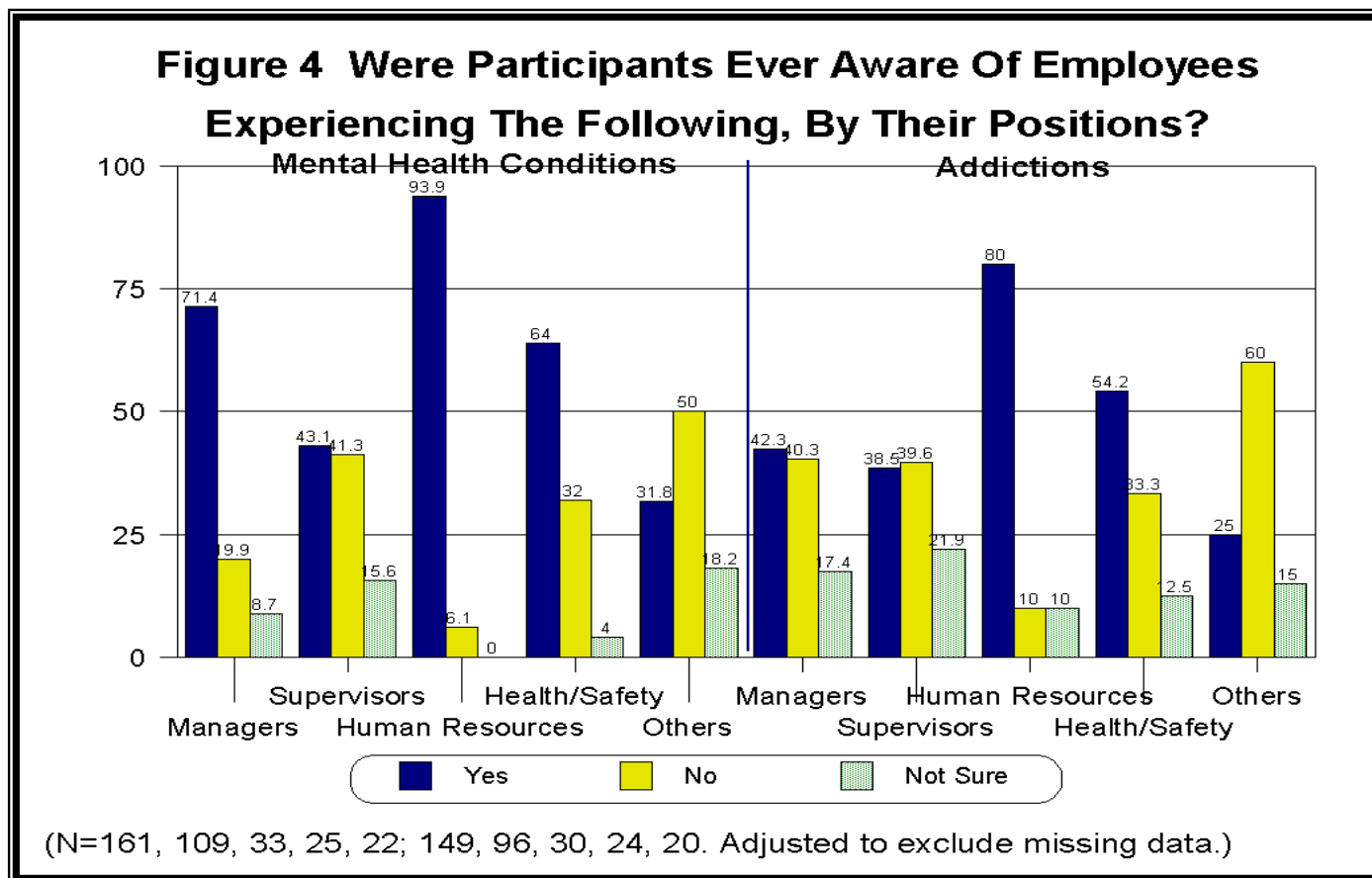
Figure 3 Were Participants Ever Aware Of Employees Experiencing The Following, By Sector?



(N=352, 321. Adjusted to exclude missing data.)

2.1.3) By Position:

There were highly significant variations in the percentage of participants who were ever aware of employees with mental health conditions or addictions (Figure 4). Virtually all participants in the human resources field (93.9%) have been aware of employees with mental health conditions, followed distantly by managers/directors (71.4%), health and safety specialists (64.0%), supervisors/lead hands (43.1%), and others (31.8%) (N=350, $\chi^2=46.69$, df=8, $p<.00001$). Similarly, 80.0% of those in human resources have been aware of an employee with an addiction, compared with 54.2% of the health and safety specialists, 42.3% of the managers/directors, 38.5% of the supervisors/lead hands, and 25.0% of those in 'other' positions (N=319, $\chi^2=23.21$, df=8, $p=.003$).



2.2) Employees Currently Experiencing Mental Health Conditions And Addictions:

2.2.1) In The Aggregate:

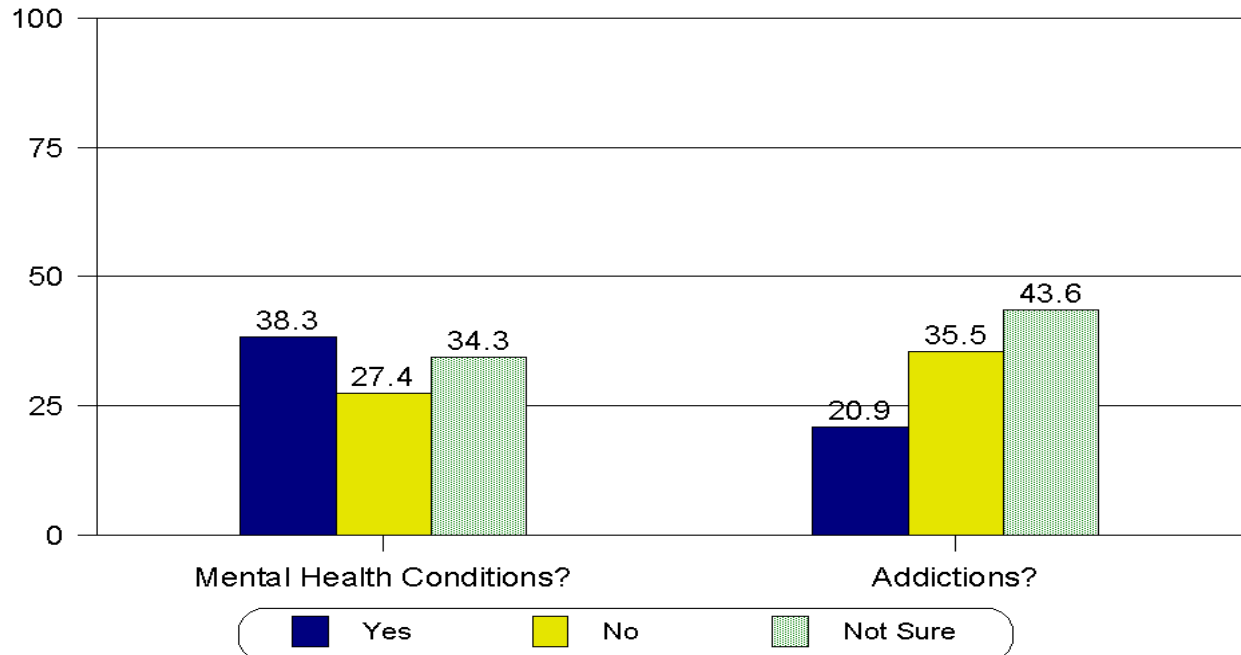
In the aggregate, 38.3% of all participants reported being aware of an employee currently experiencing a mental health problem, with 34.3% being unsure of this (Figure 5). They were less certain about employees currently experiencing addictions, with 20.9% responding 'yes,' and almost half (43.6%) not being sure.

2.2.2) By Sector:

Participants from 'other' sectors were significantly most likely to be aware of an employee currently experiencing mental health conditions, followed by those from the service sector (63.2% and 51.3%, respectively) (Figure 6). Of the remainder, this was reported by 38.9% of the participants from the construction sector and 28.2% of those from the manufacturing sector (N=273, $\chi^2=20.37$, df=6, $p=.002$). When it came to participants being aware of employees currently with addictions, this was most frequently reported by those from 'other' sectors and the construction sector (47.1% and 41.2%). Only 19.0% of the

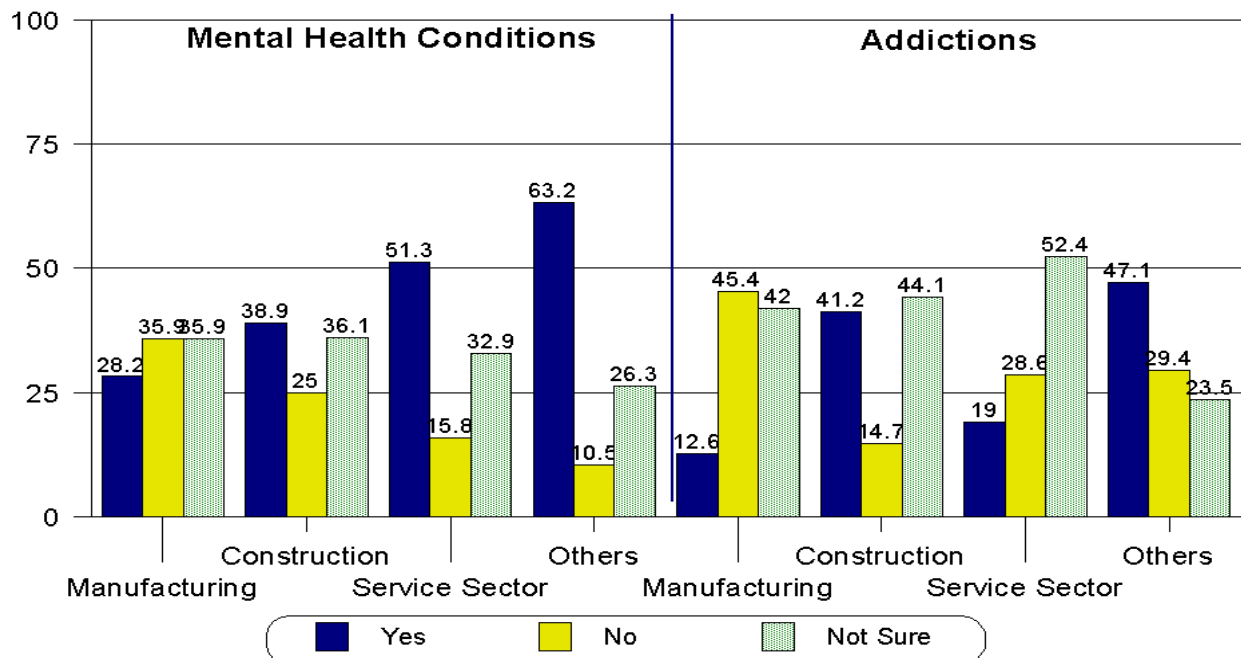
participants from the service sector were aware of employees with current addictions, while this was reported by 12.6% of the participants from the manufacturing sector (N=233, $\chi^2=27.42$, df=6, p=.0001).

Figure 5 Are Participants Aware Of Employees Currently Experiencing...



(N=274, 234. Adjusted to exclude missing data.)

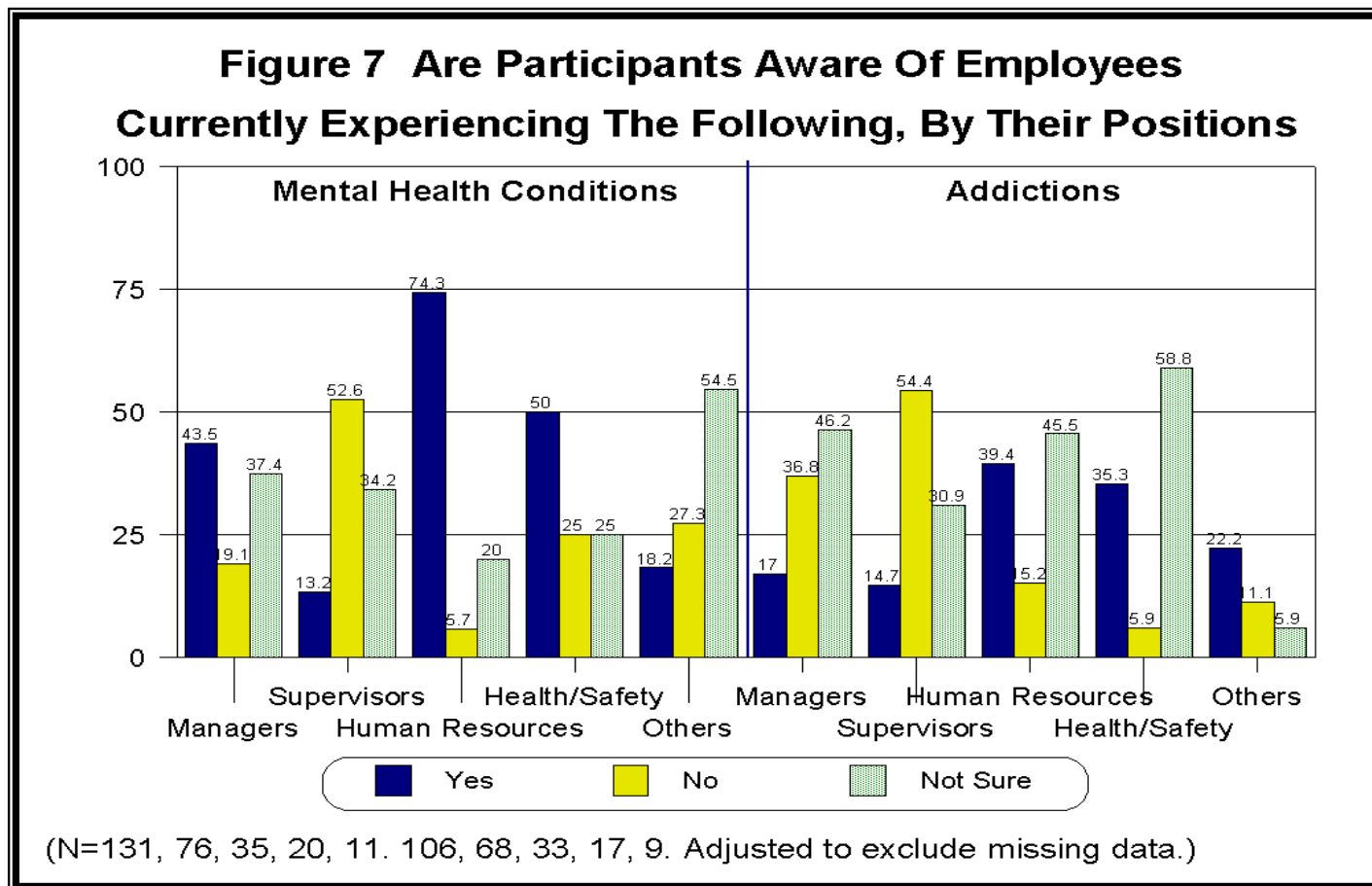
Figure 6 Are Participants Aware Of Employees Currently Experiencing The Following, By Sector?



(N=142, 36, 76, 19; 119, 34, 63, 17. Adjusted to exclude missing data.)

2.2.3) By Position:

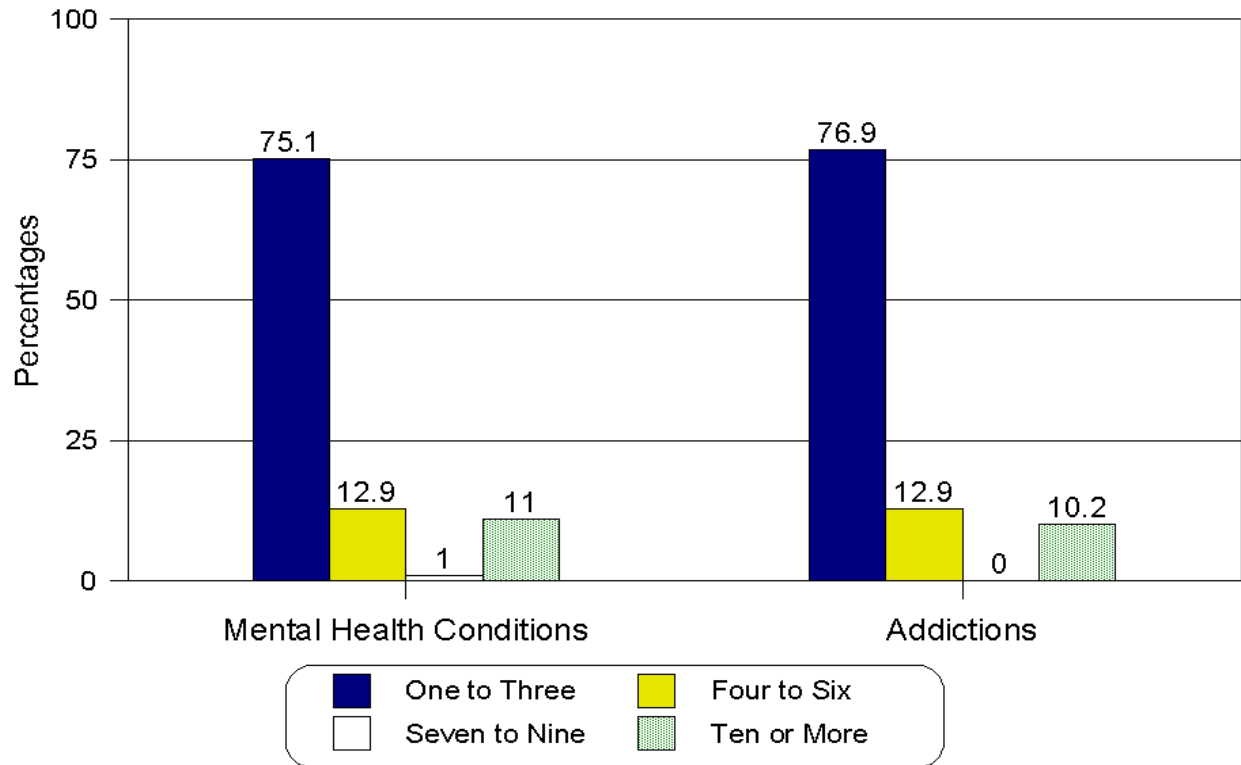
Participants employed in human resources were significantly most likely to identify employees currently experiencing mental health conditions (Figure 7). This was reported by 74.3% of these participants, compared with 50.0% of the health and safety specialists, 43.5% of the managers/directors, 18.2% of those in 'other' positions, and 13.2% of the supervisors/lead hands (N=273, $\chi^2=58.31$, df=8, $p<.00001$). There were also significant variations in the percentage of participants identifying employees with addictions, based on participants' positions. In this case, 39.4% of the participants in the human resource field identified employees with current addictions, followed by 35.3% of the health and safety specialists, 22.2% of those in 'other' positions, 17.0% of the managers/directors and 14.7% of the supervisors/lead hands (N=233, $\chi^2=30.21$, df=8, $p=.0002$).



2.3) How Many Employees Ever Had These Problems?

Participants who reported that any of their employees had ever experienced perceived mental health conditions or addictions were asked to estimate how many employees this involved (Figure 8). This was an open-ended question with participants printing the estimated numbers of such employees. Of the participants who identified employees with **mental health conditions**, 75.1% identified one to three employees, 12.9% identified four to six employees, 1.0% identified seven to nine employees, and 11.0% identified ten or more. The actual numbers ranged from one (n=71) to 100 and 101 (n=1 in each case). A total 916 employees with histories of mental health conditions were identified across all participants' workplaces, with a mean of 4.4 and a median of 2.0 (sd=10.65). With regard to participants aware of employees who had ever had **addictions**, 76.9% of these identified one to three employees, 12.9% four to six employees, and 10.2% ten or more employees. The actual number of identified employees with addictions ranged from one (n=59), to 40 and 51 (n=1 for each). A total of 548 employees with a history of addictions were identified by these participants, with a mean of 3.7 and a median of 2.0 (sd=6.47).

Figure 8 If Participants Are Aware Of Employees Who Experienced Mental Health Conditions/Addictions How Many?



(N=209, 147. Adjusted to exclude missing data.)

CHAPTER THREE: WORKPLACES ADDRESSING THE NEEDS OF EMPLOYEES WITH MENTAL HEALTH CONDITIONS AND ADDICTIONS

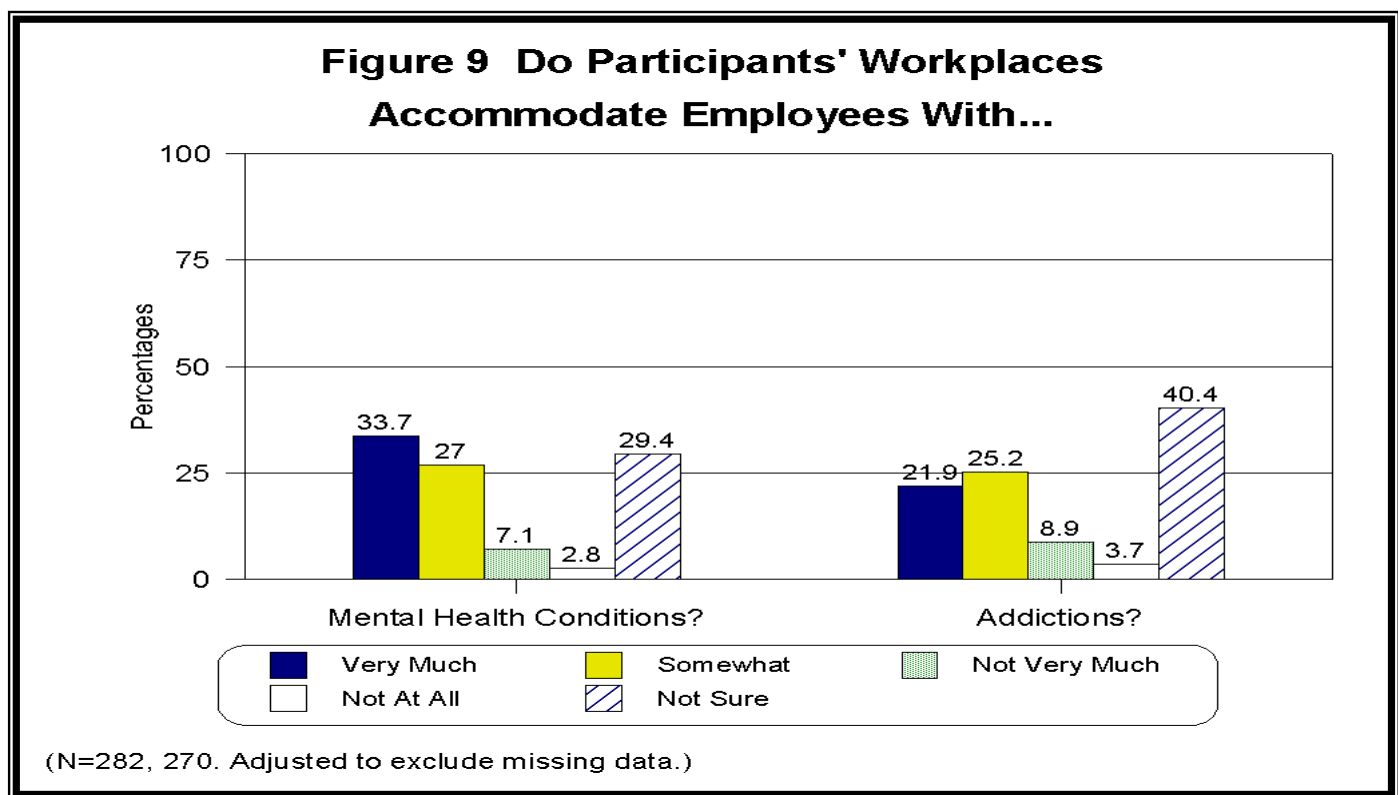
I) BACKGROUND:

This chapter explores whether participants' workplaces have policies and practices that accommodate employees experiencing mental health conditions or addictions. This includes whether there are policies in place to facilitate this; what those policies are; whether participants have ever assisted an employee with a mental health condition or addiction, and if so, the result of this action; and reasons why some people may hesitate to become involved. Consistent with the preceding chapter, analyses for all questions are undertaken in the aggregate, and by participants' sectors and positions. Selected analyses are undertaken based on whether participants are employed in unionized workplaces.

II) DO WORKPLACES SUPPORT EMPLOYEES WITH MENTAL HEALTH CONDITIONS

OR ADDICTIONS?

2.1) Do Workplaces Accommodate Employees With These Problems?

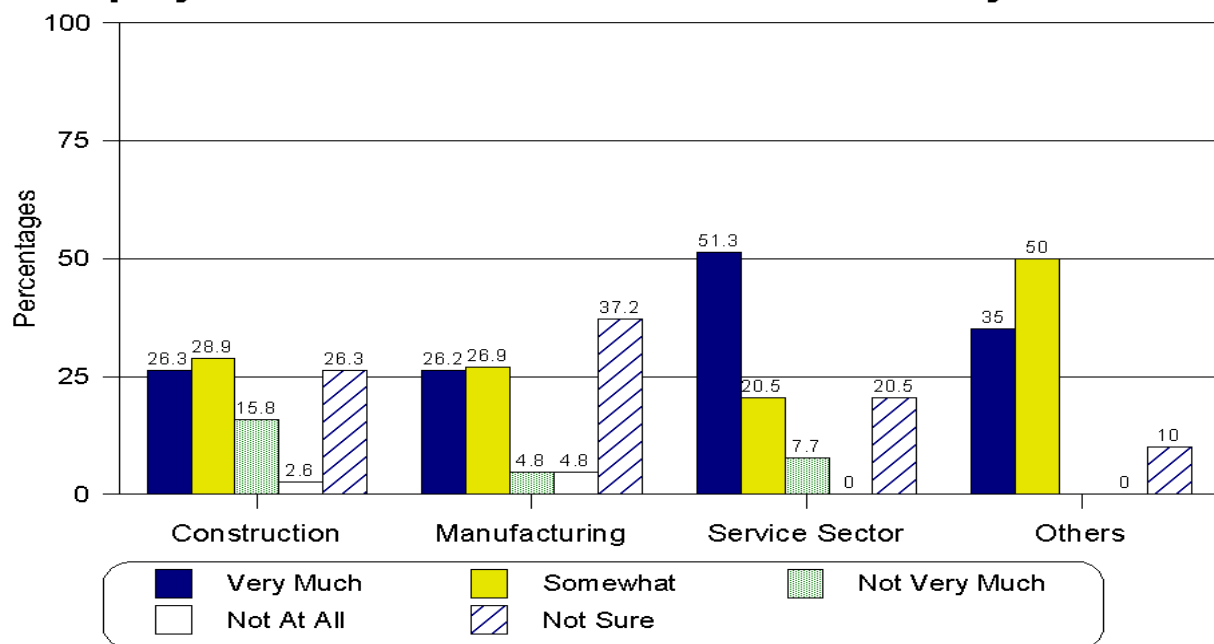


2.1.1) The Aggregate Findings:

In the aggregate, 60.7% of all participants felt that their workplaces accommodated employees with mental health conditions, and 33.7% felt they were very well accommodated (Figure 9). They were less likely to feel that their workplaces accommodated employees with addictions, with 47.1% feeling that they at least somewhat accommodated them, and 21.9% feeling that they were very much accommodated.

There was notable uncertainty regarding this question, with 29.4% of all participants not being sure whether employees with mental health conditions were accommodated at work, and 40.4% being unsure whether employees with addictions were accommodated there.

Figure 10 Do Participants' Workplaces Accommodate Employees With Mental Health Conditions? By Sector



(N=38, 145, 78, 20. Adjusted to exclude missing data.)

2.1.2) By Sector:

There were significant variations in the percentage of participants who felt that employees with mental health conditions were accommodated at work, based on their sectors (Figure 10). In this case, 51.3% of the participants in the service sector felt that employees with mental health conditions were very much accommodated, and 20.5% felt that they were somewhat accommodated. This is compared with 35.0% and 50.0% of the participants working in 'other' sectors; 26.3% and 28.9% of those in the construction sector; and 26.2% and 26.8% of those in the manufacturing sector ($N=281$, $\chi^2=33.24$, $df=12$, $p=.0009$).

Similar results emerged when participants' responses to this question were analyzed by sector, for employees with addictions (Figure 11). Participants from 'other' sectors were most likely to feel that their workplaces very much or somewhat accommodated these employees (35.0% and 40.0%). They are followed by participants working in the service sector (32.0% and 25.3%); construction sector (18.4% and 34.2%) and manufacturing sector (15.4%-20.6%) ($N=269$, $\chi^2=36.59$, $df=12$, $p=.0003$).

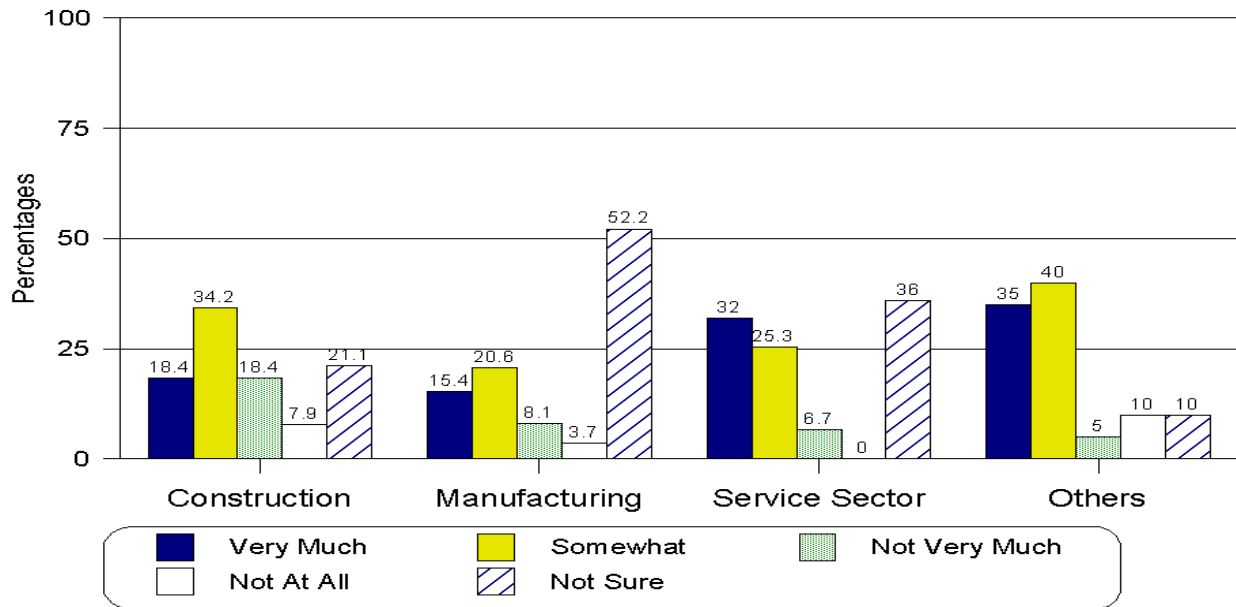
2.1.3) By Position:

When responses to these questions were analyzed by participants' positions, significant variations also emerged. In terms of accommodations for employees with mental health conditions, participants in the human resource field were most likely to feel that these employees were very or somewhat accommodated at work (51.4%-25.7%) (Figure 12). They are followed by managers and directors (40.4%-31.6%); health and safety specialists (35.0%-20.0%); supervisors and lead hands (16.9%-23.4%); and participants in 'other' positions (15.4%-15.4%) ($N=281$, $\chi^2=56.96$, $df=16$, $p<.00001$).

When it came to accommodating employees with addictions, similar variations emerged (Figure 13). The first observation is that, once again, participants felt that employees with addictions were less likely to be accommodated at work than those with mental health conditions, based on participants' positions. The

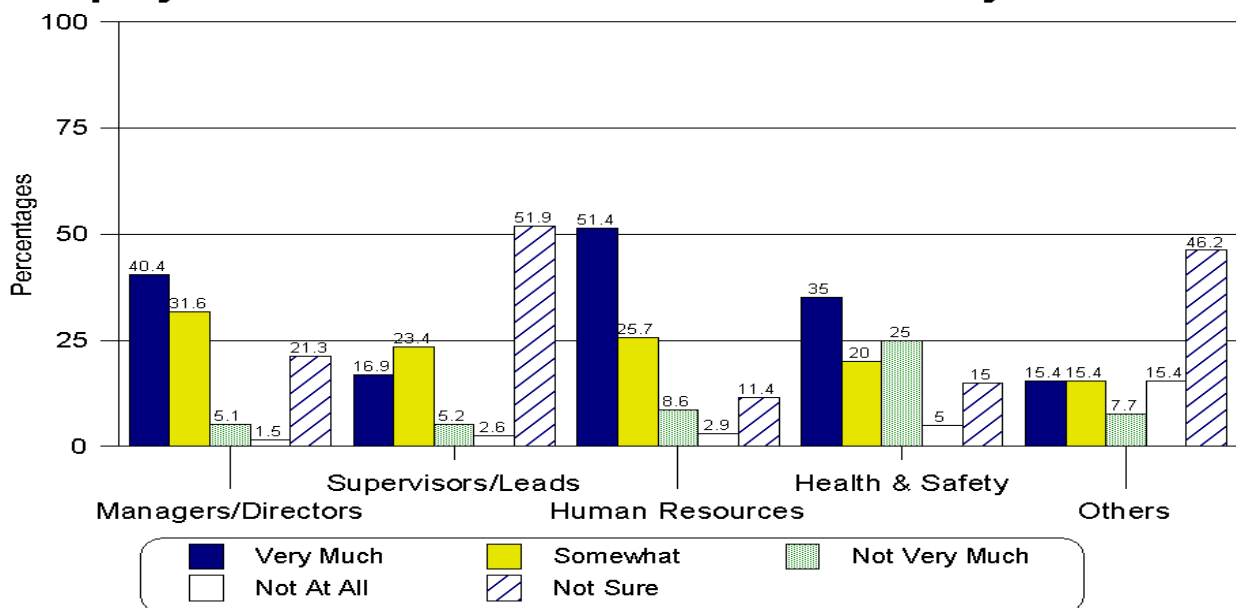
second observation is that managers and directors, and participants in the human resource field, were equally likely to feel that employees with addictions were very or somewhat likely to be accommodated (29.2%-28.5%; 26.5%-29.4%, respectively). They were followed by health and safety specialists (10.0%-30.0%); supervisors and lead hands (11.0%-19/2%); and participants in 'other' positions (16.7%-8.3%) (N=269, $\chi^2=46.09$, df=16, p=.00009).

Figure 11 Do Participants' Workplaces Accommodate Employees With Addictions? By Sector



(N=38, 136, 75, 20. Adjusted to exclude missing data.)

Figure 12 Do Participants' Workplaces Accommodate Employees With Mental Health Conditions? By Position

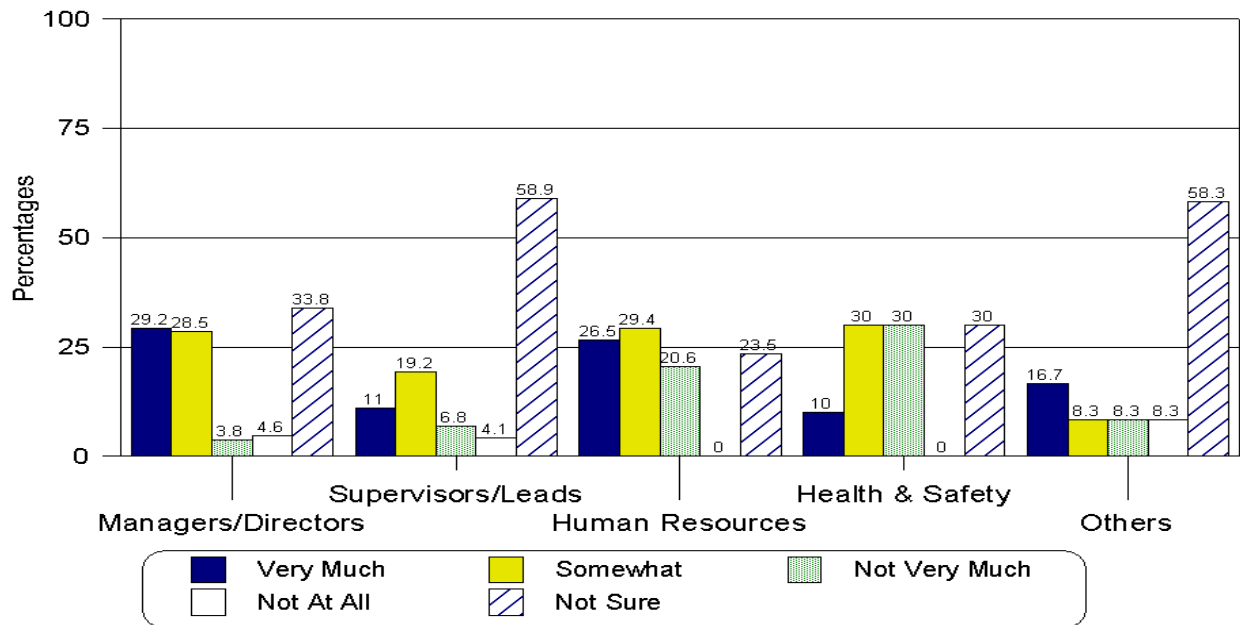


(N=136, 77, 35, 20, 13. Adjusted to exclude missing data.)

2.1.4) By Whether They Are Unionized:

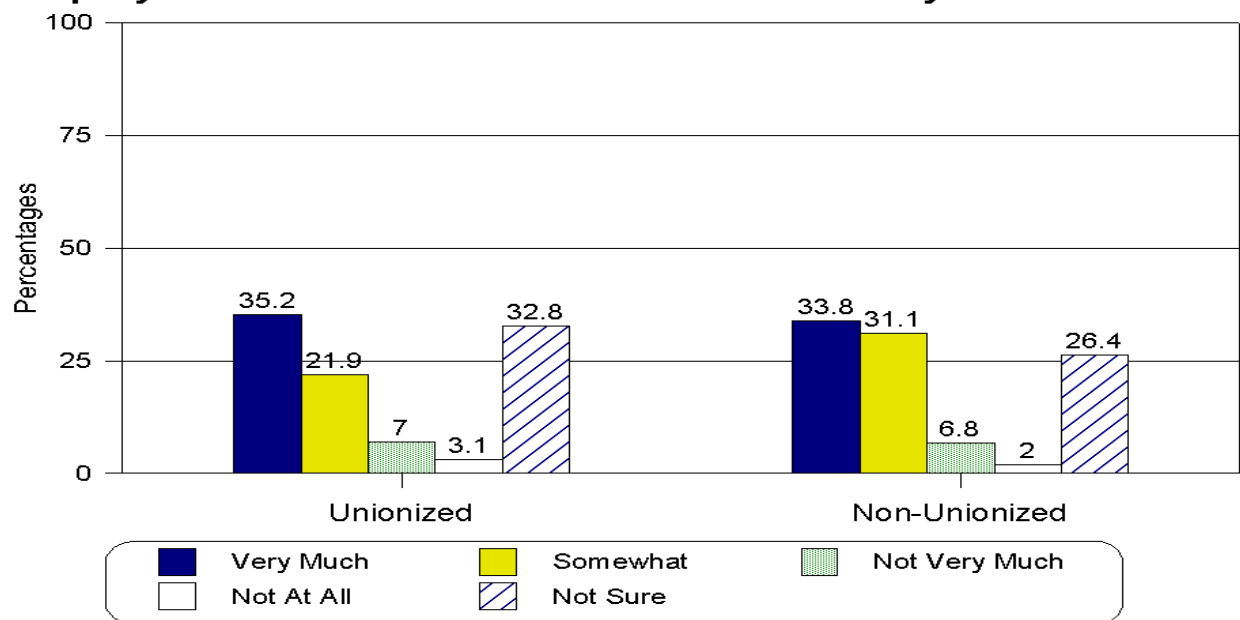
There were no significant variations in participants' perceptions regarding accommodating employees with mental health conditions, based on whether their workplaces are unionized (Figure 14). Of participants working at unionized workplaces, 35.2% said that these employees are 'very much' accommodated, while 21.9% said that they were somewhat accommodated, and 32.8% were unsure. Of

Figure 13 Do Participants' Workplaces Accommodate Employees With Addictions? By Position



(N=130, 73, 34, 20, 12. Adjusted to exclude missing data.)

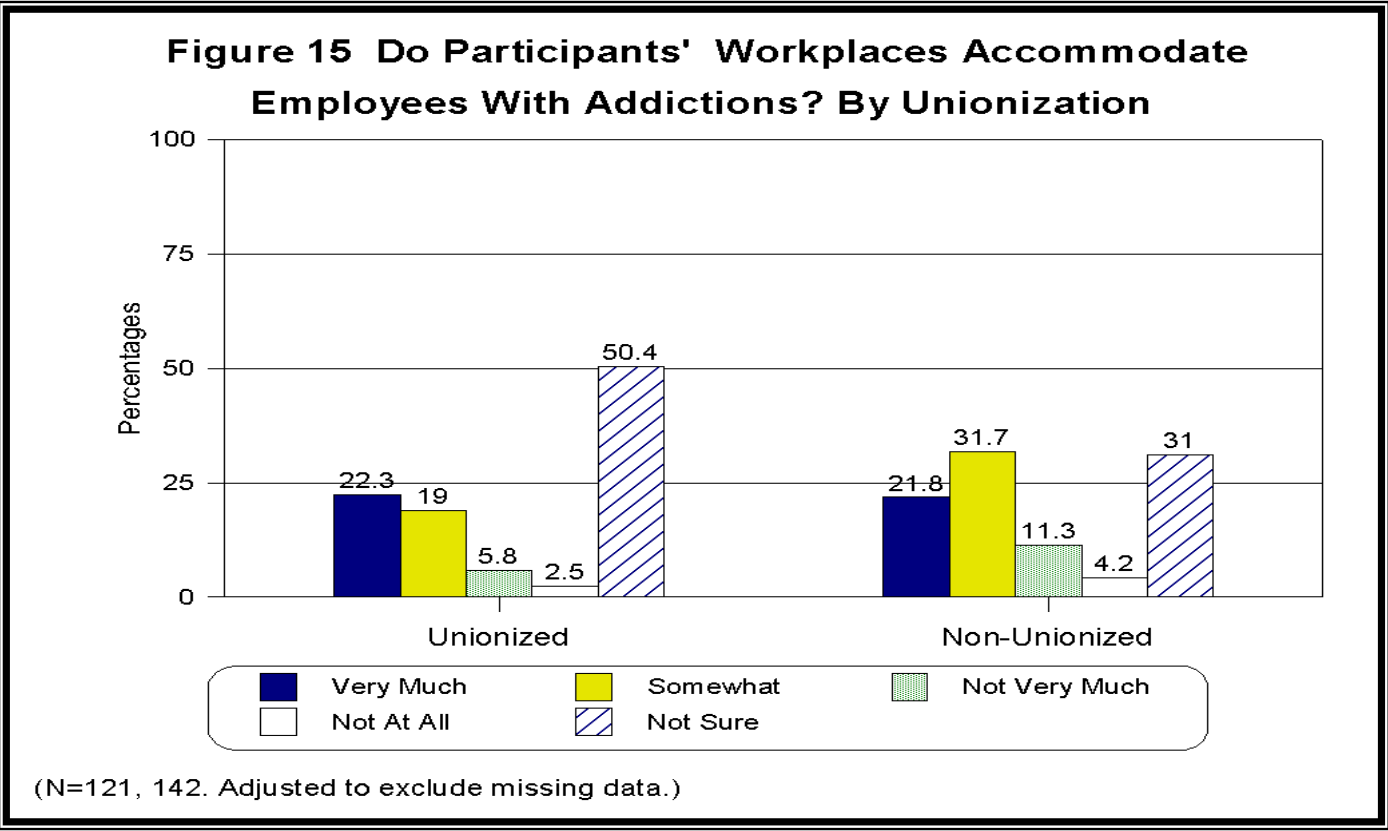
Figure 14 Do Participants' Workplaces Accommodate Employees With Mental Health Conditions? By Unionization



(N=128, 148. Adjusted to exclude missing data.)

participants in non-unionized workplaces, 33.8% reported that these employees are 'very much' accommodated, 31.1% said they were somewhat accommodated, and 26.4% were unsure (N=276, $\chi^2=3.52$, $df=4$, $p=.48$).

There was a significant variation regarding the perceived accommodation of employees with addictions, based on whether participants work in unionized workplaces (Figure 15). Of participants working in unionized workplaces, 22.3% said that employees with addictions are very much accommodated at work, 19.0% said that they were somewhat accommodated there, and 50.4% were unsure about this. Of participants working in non-unionized workplaces, 21.8% said that employees with addictions were 'very much' accommodated at work, 31.7% said that they were somewhat accommodated, and 31.0% were unsure about this (N=263, $\chi^2=13.07$, df=4, p=.011).



2.2) Workplaces With Health and Wellness Policies in Place:

2.2.1) In The Aggregate:

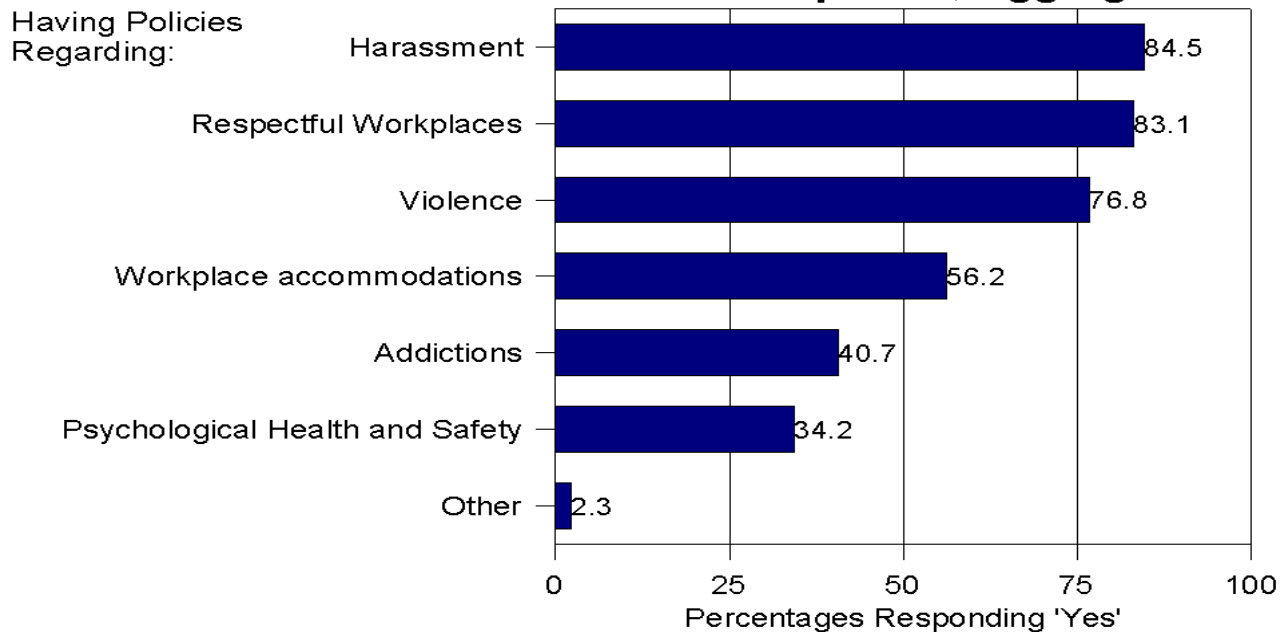
Participants were asked to identify policies in their workplaces related to employee health and wellness. Six types of policies were noted and participants were asked to select all of those present in their workplaces. Only 30 participants (2.2%) were unsure about this. The remaining participants were able to identify at least one health or wellness policy. In the aggregate, the three most frequently identified policies related to: **harassment**, reported by 84.5% of all participants; **respectful workplaces** (83.1%); and **violence** (76.8%) (Figure 16). Another 56.2% identified policies related to **workplace accommodations**. The least frequently identified policies related to **addictions** (40.7%) and **psychological health and safety** (34.2%). This finding is notable given that the goals of this presentation were focused on assisting employees with both of these conditions. Eight participants reported that their workplaces had other related policies, with one of these noting a policy to assist immigrants at work.

2.2.2) By Sector:

When these data were analyzed by participants' sectors, there were two policies for which significant variations emerged (Figure 17):

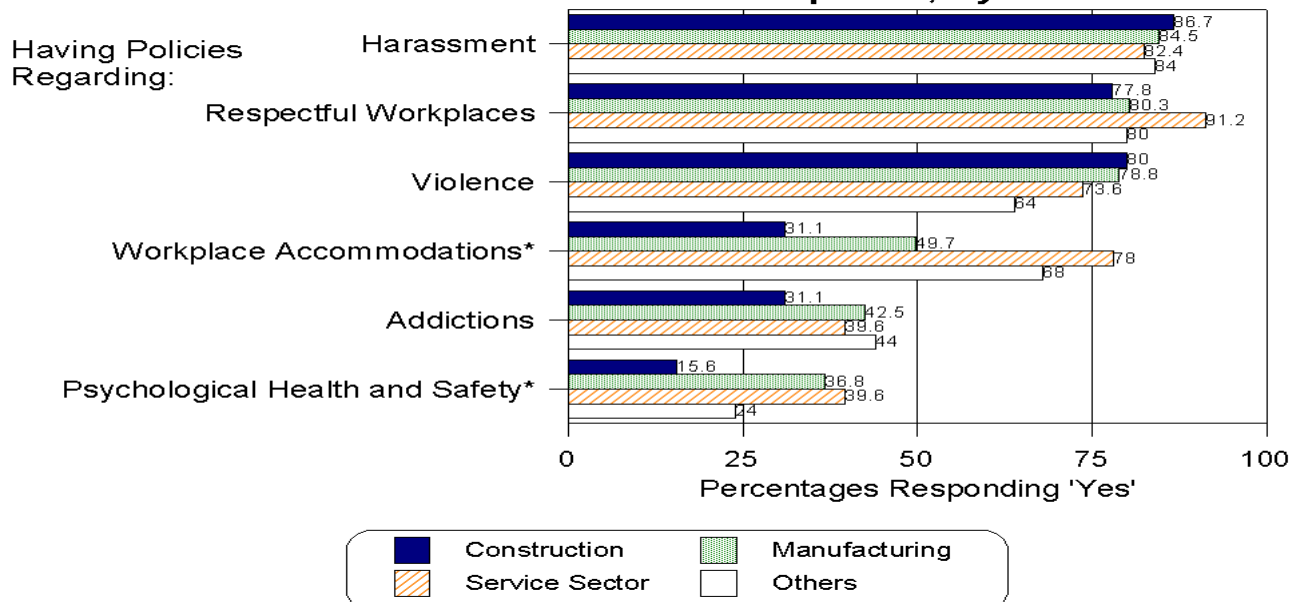
- Participants working in the service sector were significantly most likely to identify policies regarding **workplace accommodations** (78.0%); followed by those in 'other' sectors (68.0%); the manufacturing sector (49.7%); and the construction sector (31.1%) (N=354, $\chi^2=33.74$, df=3, p<.00001)

Figure 16 Participants Identifying Health And Wellness Policies At Their Workplaces, Aggregate



(N=354. Adjusted to exclude missing data.)

Figure 17 Participants Identifying Health And Wellness Policies At Their Workplaces, By Sector



(N=45, 193, 91, 25. *Statistically significant variations by sector. Adjusted to exclude missing data.)

- Participants working in the service and manufacturing sectors were significantly more likely than others to identify **psychological health** and **safety policies** (39.6% and 36.8%, respectively). They were followed by participants in 'other' sectors (24.0%); and in the construction sector (15.6%) (N=354, $\chi^2=9.87$, df=3, p=.019).

2.2.3) By Positions:

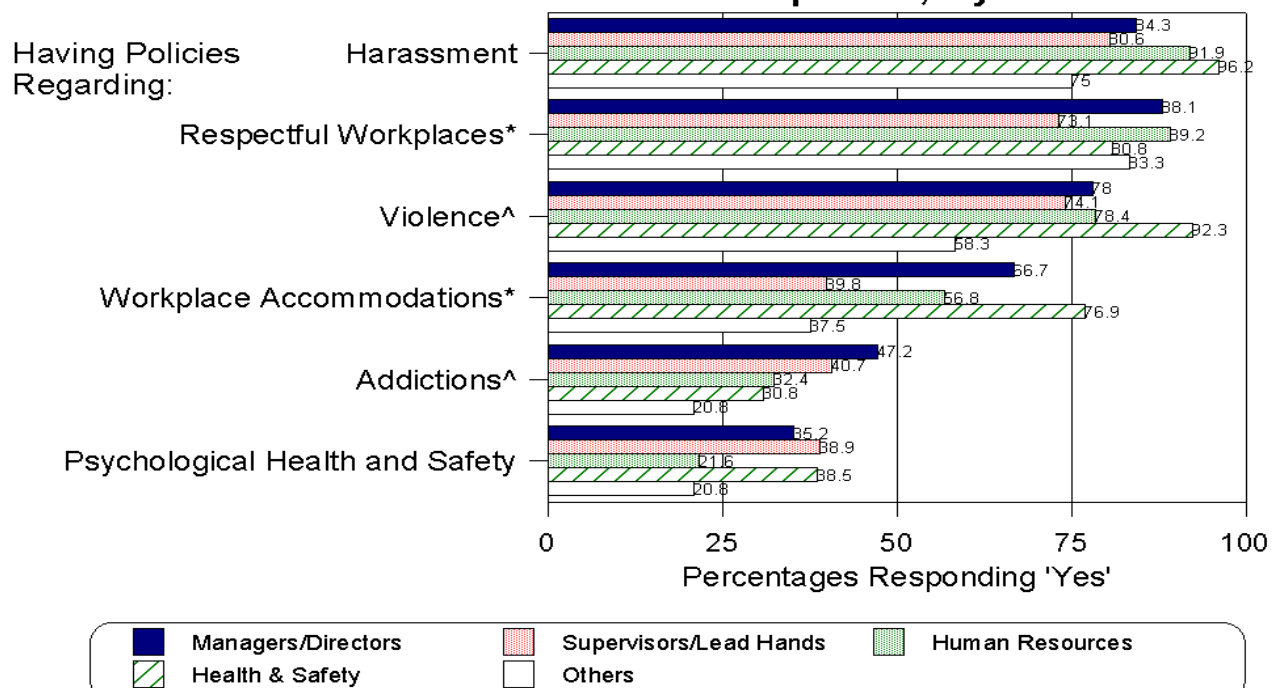
When these data were analyzed by participants' positions, two statistically significant variations emerged, along with two borderline significant variations (Figure 18). In terms of the former:

- Health and safety specialists were most likely to identify **workplace accommodations policies**, followed by managers and directors (76.9% and 66.7%). They are followed by participants in the human resource field (56.8%); supervisors and lead hands (39.8%); and those in 'other' positions (37.5%) (N=354, $\chi^2=26.81$, df=4, p=.00002).
- Participants working in the human resources field, and managers or directors, were significantly most likely to identify **respectful workplace policies**, followed by those in 'other' positions and health and safety specialists (89.2%, 88.1%, 83.3%, 80.0%). Supervisors and lead hands were least likely to identify this policy (73.1%) (N=354, $\chi^2=11.26$, df=4, p=.024).

Policies for which there was *borderline significance* included:

- Managers and directors were most likely to be aware of policies regarding **addictions** (47.2%), followed by supervisors and lead hands (40.7%); participants in the human resource field (32.4%); health and safety specialists (30.8%); and participants in 'other' positions (20.8%) (N=354, $\chi^2=8.79$, df=4, p=.067).
- Health and safety specialists being most likely to be aware of policies regarding **violence in their workplaces** (92.3%), followed by participants in the human resource field (78.4%); managers and directors (78.0%); supervisors and lead hands (74.1%); and participants in 'other' positions (58.3%) (N=354, $\chi^2=8.65$, df=4, p=.07)

Figure 18 Participants Identifying Health And Wellness Policies At Their Workplaces, By Position

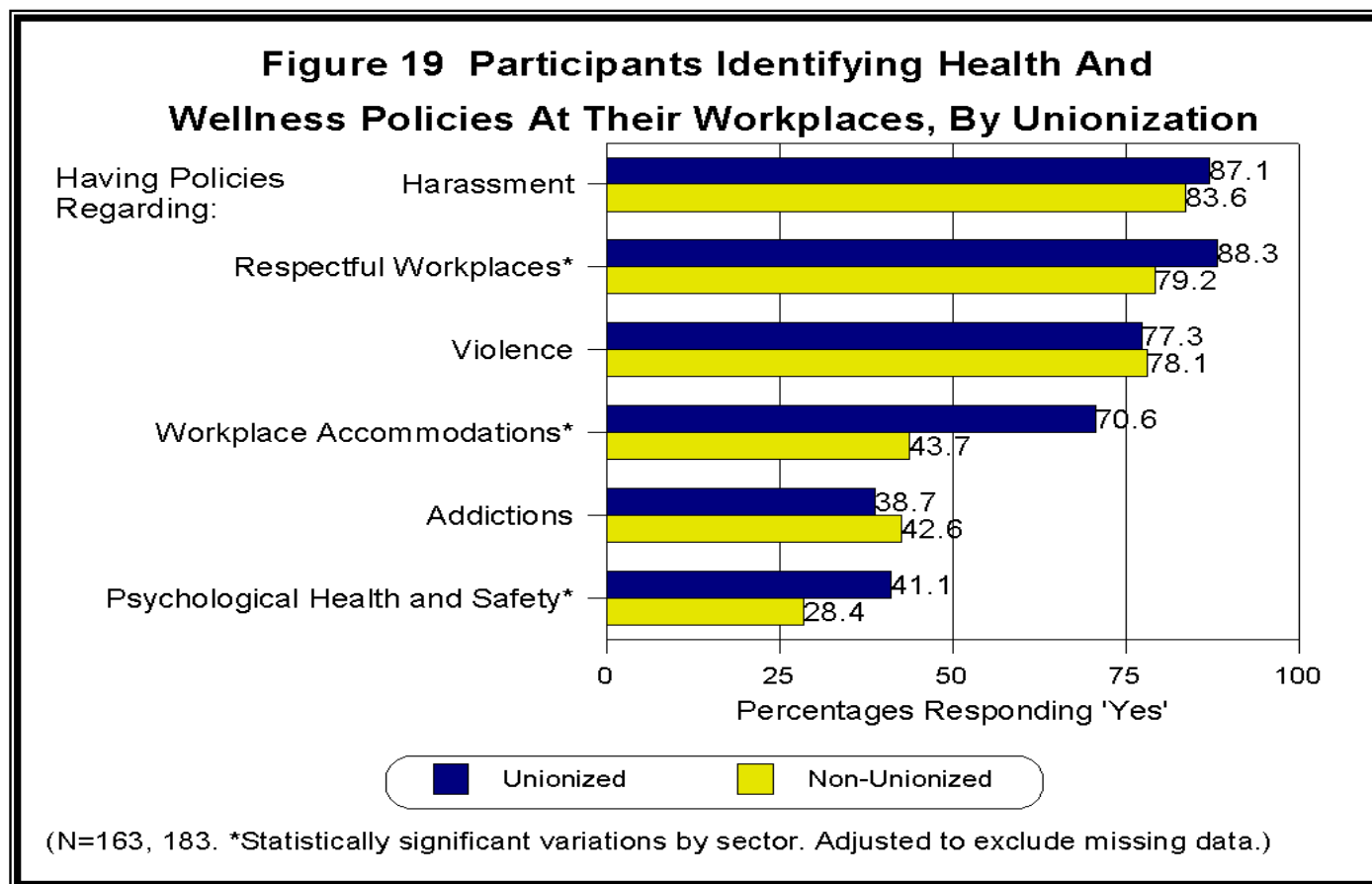


(N=159, 108, 37, 26, 24. *Statistically significant variations by sector. ^Borderline significance. Adjusted to exclude missing data.)

2.2.4) By Unionization:

There were three policies for which significant variations emerged based on whether participants work in unionized workplaces (Figure 19). Participants working in unionized workplaces were significantly more likely than their non-unionized counterparts to report having:

- **Workplace accommodation** policies (70.6% compared with 43.7%) ($N=346$, $\chi^2=25.24$, $df=1$, $p<.00001$)
- **Psychological health and safety** policies (41.1% compared with 28.4%) ($N=346$, $\chi^2=6.15$, $df=1$, $p=.013$)
- **Respectful workplace** policies (88.3% compared with 79.2%) ($N=346$, $\chi^2=5.19$, $df=1$, $p=.023$)



2.3) Correlating Workplaces Accommodating Employees by the Presence of Related Policies:

This section explores the degree to which the accommodation of employees with mental health conditions and addictions are correlated with the existence of three workplace policies: workplace accommodation policies, psychological health and safety policies, and addictions policies.⁵

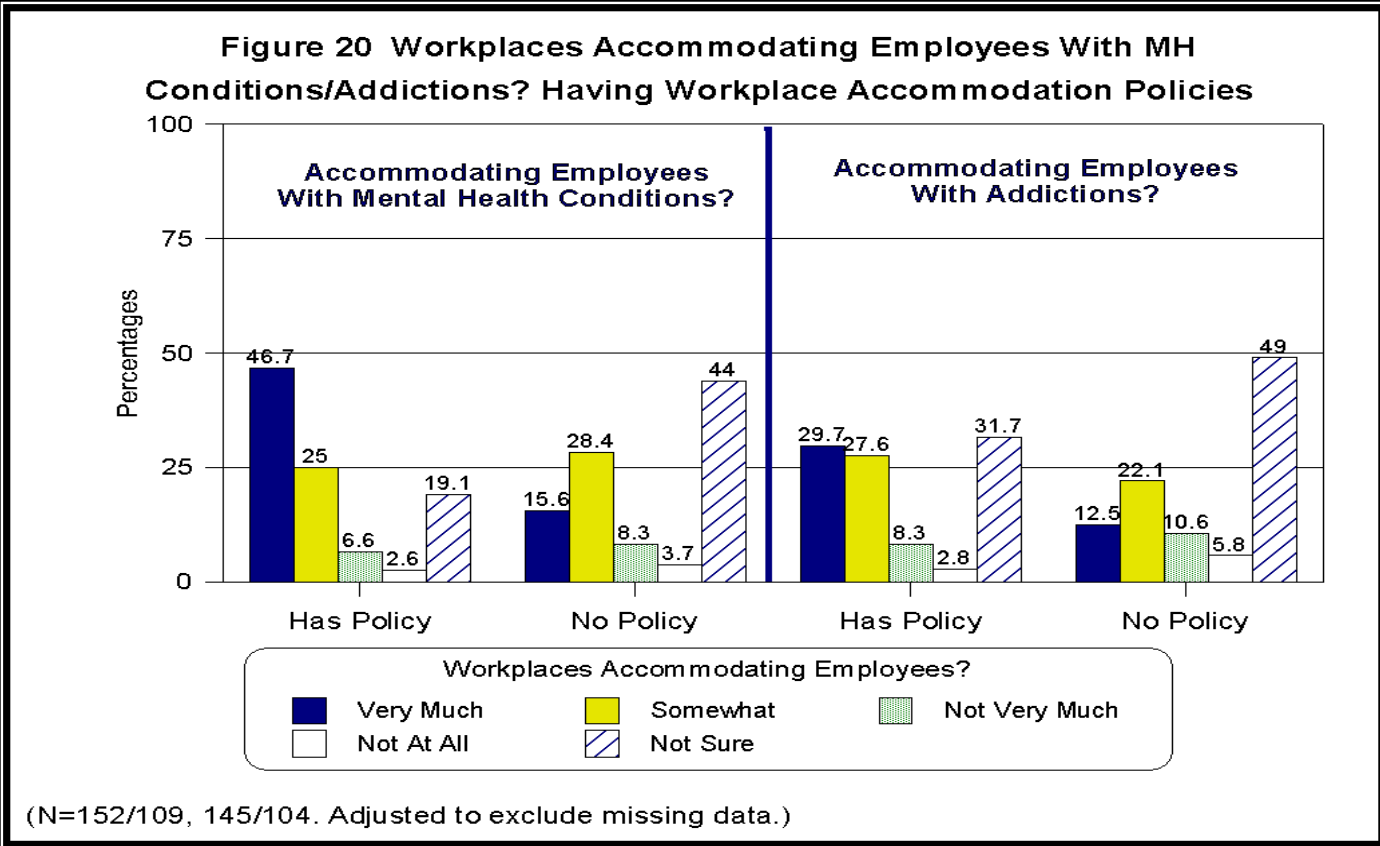
2.3.1) Correlating Employee Accommodation with Workplace Accommodation Policies:

Regarding **employees with mental health conditions**, almost half of the participants who reported that their workplaces have **workplace accommodation policies** in place (46.7%) feel that their workplaces very much accommodate these employees, while another 25.0% feel that they are somewhat accommodated, for a total of 71.7% (Figure 20). Of the participants whose workplaces do not have a workplace accommodation policy in place, 15.6% report that their workplaces very much accommodate these

⁵ As an aside, it is interesting to note the large percentage of participants who were 'not sure' about the existence of these three policies within their workplaces.

employees, and 28.4% that these employees are somewhat accommodated, for a total of 44.0%. These results are statistically significant ($N=261$, $\chi^2=32.38$, $df=4$, $p<.00001$).

Regarding **employees with addictions**, 29.7% of participants whose workplaces have accommodation policies, feel their workplaces very much accommodate these employees, with 27.6% feeling that they are somewhat accommodated, for a total of 57.3%. Of participants whose workplaces do not have this



policy in place, 12.5% feel that employees with addictions are very well accommodated at work, and 22.1% feel that they are somewhat accommodated, for a total of 34.6% ($N=249$, $\chi^2=15.01$, $df=4$, $p=.005$).

2.3.2) Correlating Employee Accommodation with Psychological Health and Safety Policies:

Similar results emerged when employee accommodations were correlated with the existence of **psychological health and safety policies** at participants' workplaces (Figure 21). Regarding employees whose workplaces have psychological health and safety policies, 45.6% feel that **employees with mental health conditions** are very much accommodated, and another 24.4% feel they are somewhat accommodated at work, for a total of 70.0%. Of participants whose workplaces do not have this policy in place, 27.5% feel that employees with mental health conditions are very much accommodate, and another 27.5% feel that they are somewhat accommodated, for a total of 55.0% ($N=261$, $\chi^2=10.34$, $df=4$, $p=.035$).

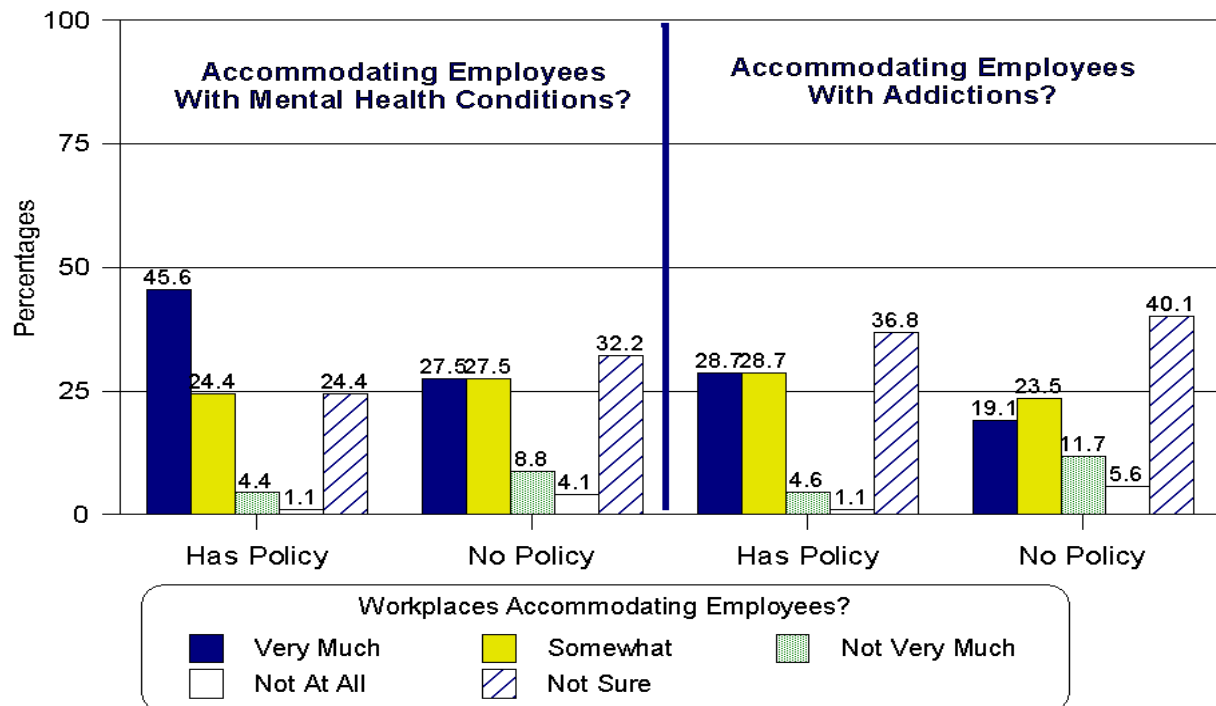
Regarding **employees with addictions**, 28.7% of the participants whose workplaces have psychological health and safety policies feel that these employees are very much accommodated, and another 28.7% felt that they are somewhat accommodated, for a total of 57.4%. Of the participants whose workplaces do not have this policy, 19.1% feel that employees with addictions are very much accommodated, and 23.5% feel that they are somewhat accommodated, for a total of 42.6%. This variation between groups is considered to have **borderline significance** ($N=249$, $\chi^2=8.96$, $df=4$, $p=.062$).

2.3.3) Correlating Employee Accommodation with Addictions Policies:

Regarding **employees with mental health conditions**, 47.4% of the participants whose workplaces have **addictions policies** feel that these employees are very much accommodated, and 28.4% feel they are somewhat accommodated, for a total of 75.8% (Figure 22). Of participants whose workplaces do not

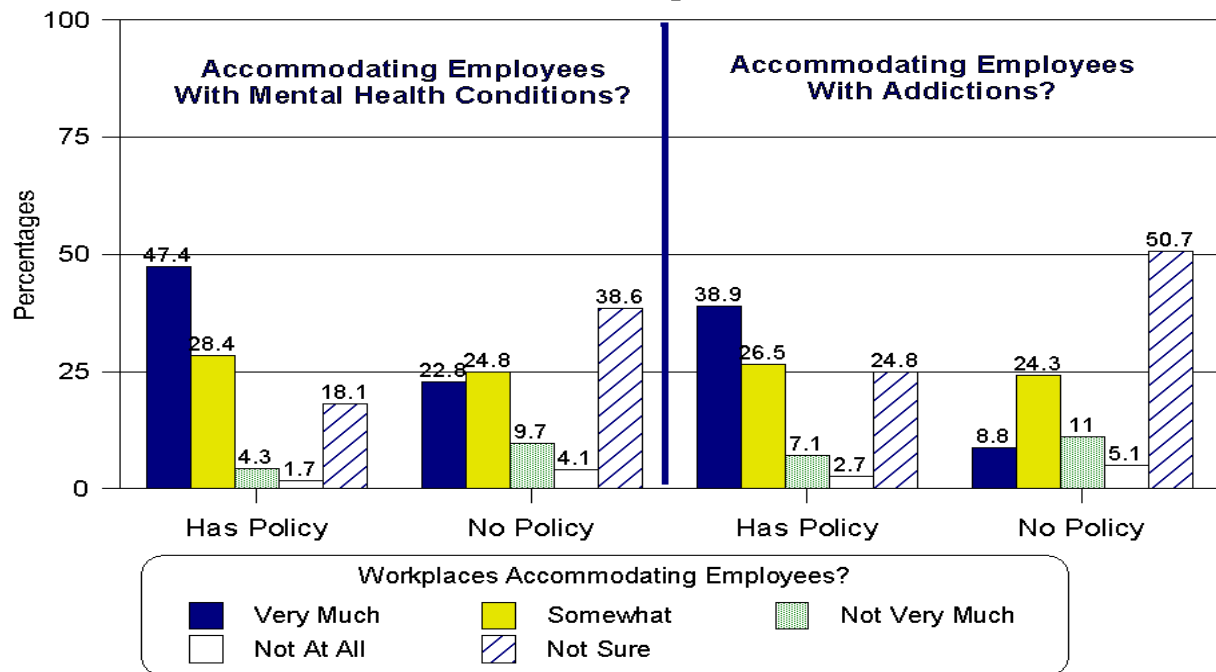
have addictions policies, 22.8% feel that their employees with mental health conditions are very much accommodated at work, and 24.8% feel that they are somewhat accommodated, for a total of 47.6% (N=261, $\chi^2=24.89$, df=4, p=.00005).

Figure 21 Workplaces Accommodating Employees With MH Conditions/Addictions? Having Psychological Health/Safety Policies



(N=90/171, 87/162 . Adjusted to exclude missing data.)

Figure 22 Workplaces Accommodating Employees With MH Conditions/Addictions? Having Addictions Policies



(N=116/145, 113/136. Adjusted to exclude missing data.)

Regarding **employees with addictions**, 38.9% of the participants whose workplaces have **addictions policies** feel that these employees are very much accommodated at work, and 26.5% feel that they are

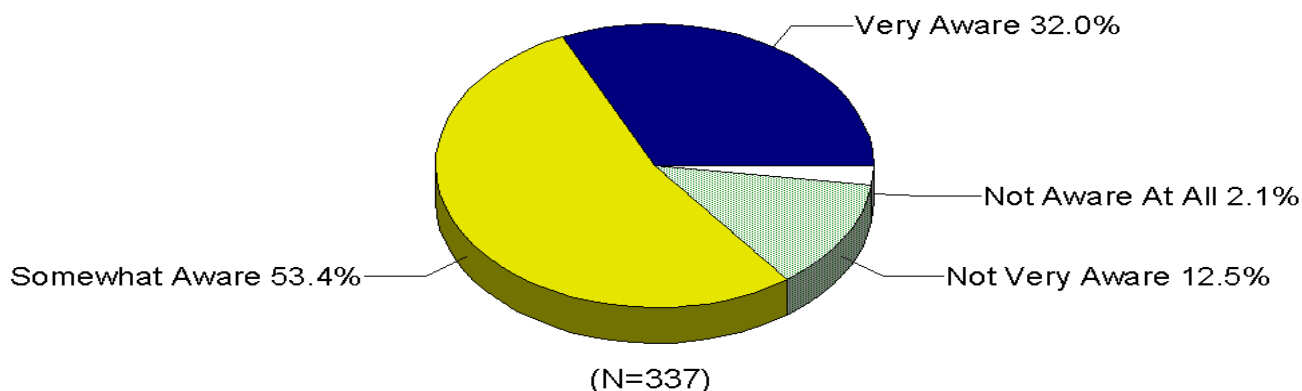
somewhat accommodated, for a total of 65.4%. Of participants whose workplaces do not have additions policies, only 8.8% feel that these employees are very much accommodated at work, with 24.3% feeling that they are somewhat accommodated, for a total of 33.1% ($N=249$, $\chi^2=37.69$, $df=4$, $p<.00001$).

2.4) Participants' Awareness of Their Health and Wellness Policies:

2.4.1) In The Aggregate:

Participants were asked how aware they were of the health and wellness policies they identified. In the aggregate, 32.0% said that they were very aware of them, 53.4% were somewhat aware of them, 12.5%

Figure 23 How Aware Are Participants Of These Health And Wellness Policies? Aggregate



(Adjusted to exclude missing data and N/A responses.)

were not very aware of them, and 2.1% ($n=7$) were not aware of them at all (Figure 23).

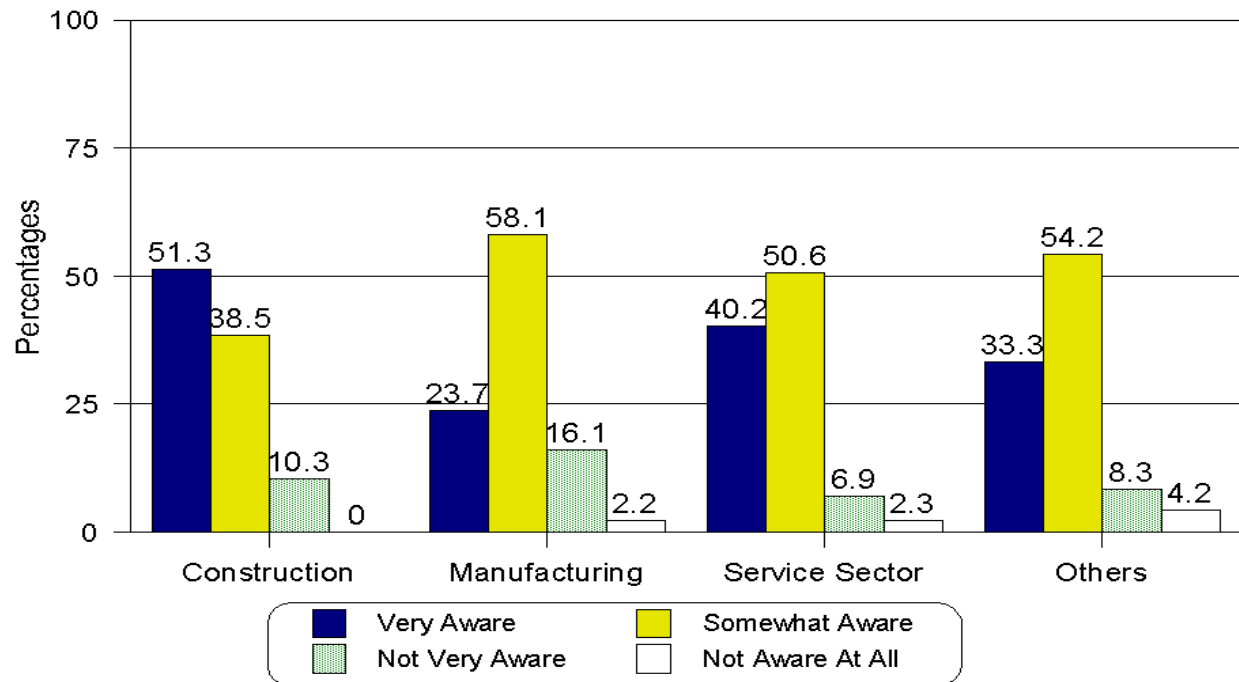
2.4.2) By Sector:

Participants' response to this question varied significantly based on the sectors in which they are employed (Figure 24). Participants employed in the construction sector were most likely to say they are very aware of these policies, followed by participants in the service sector (40.2%); 'other' sectors (33.3%), and manufacturing sectors (23.7%) ($N=336$, $\chi^2=18.96$, $df=9$, $p=.026$).

2.4.3) By Position:

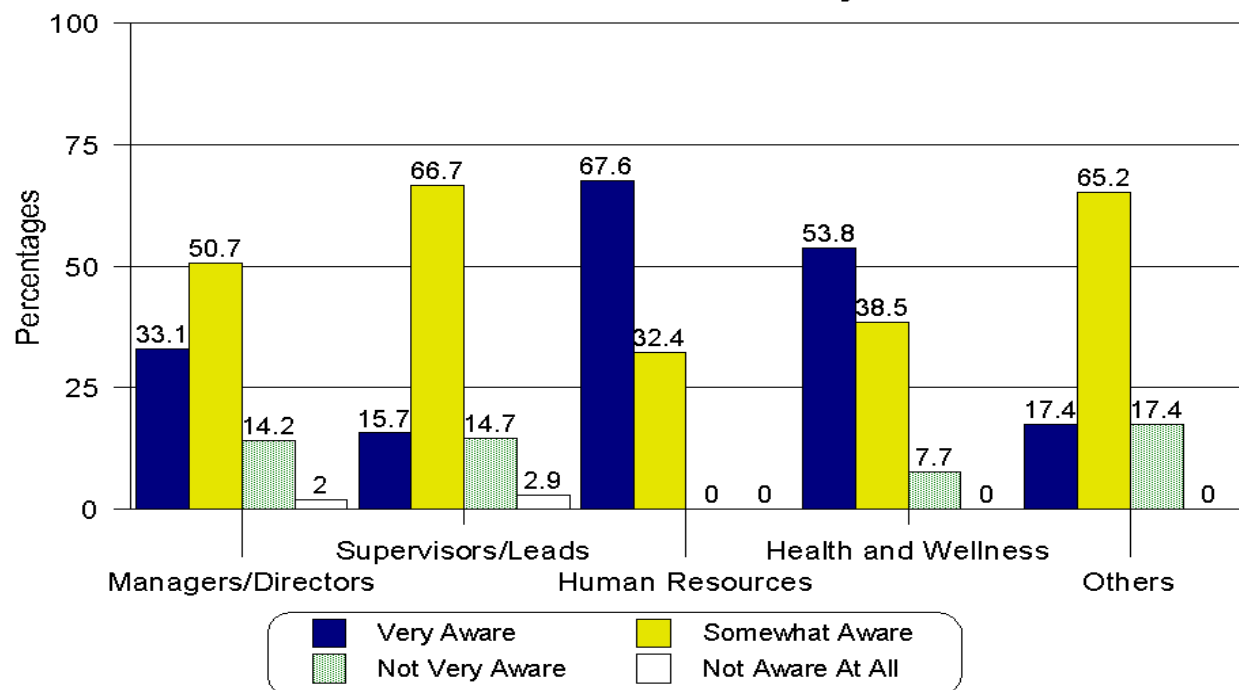
There was a very strong correlation between participants' positions and their familiarity with these policies (Figure 25). Participants in the human resource field were most likely to be very aware of these policies (67.6%), compared with 53.8% of the health and safety specialists; 33.1% of the managers and leaders; 17.4% of participants in 'other' positions; and 15.7% of the supervisors and lead hands ($N=336$, $\chi^2=45.35$, $df=12$, $p=.00001$).

Figure 24 How Aware Are Participants Of These Health And Wellness Policies? By Sector



(N=39, 186, 87, 24. Adjusted to exclude missing data and N/A responses.)

Figure 25 How Aware Are Participants Of These Health And Wellness Policies? By Position



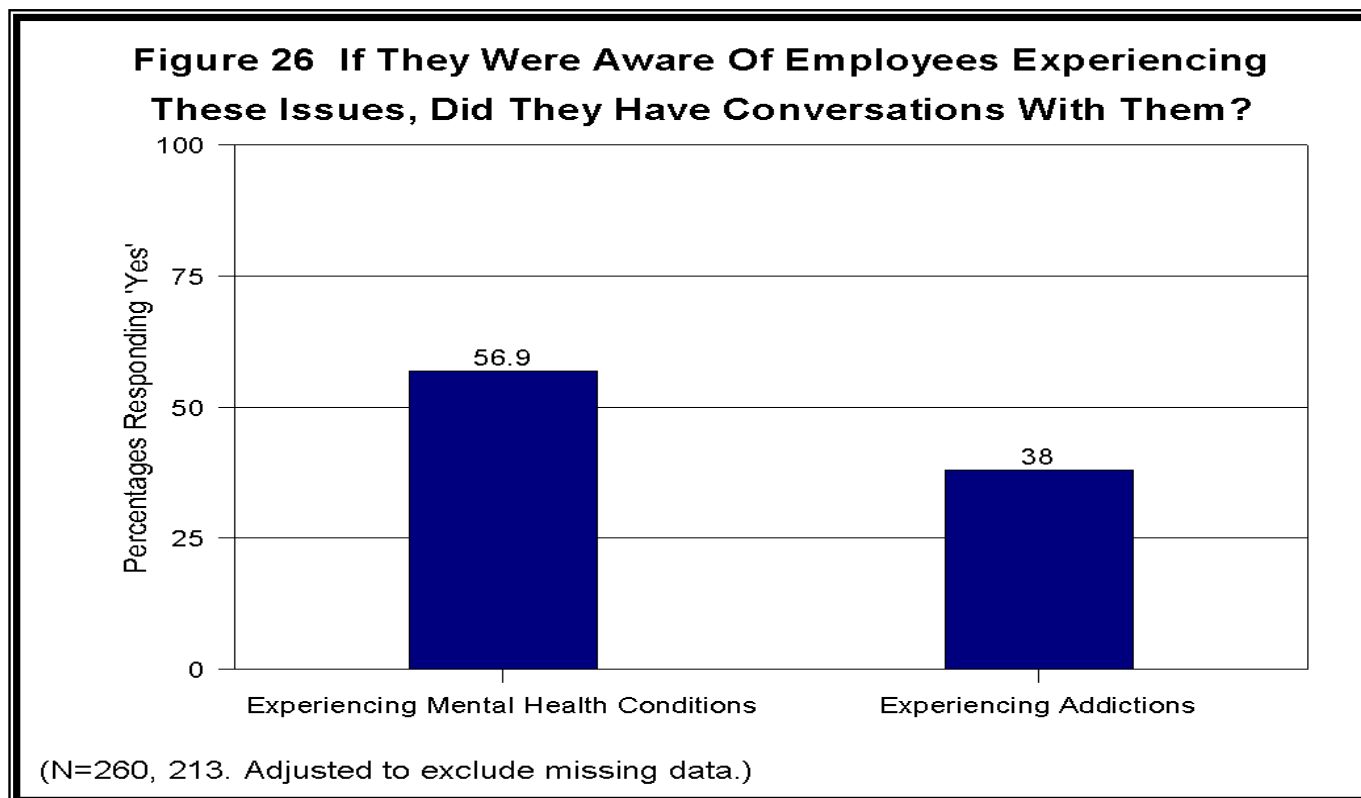
(N=148, 102, 37, 26, 23. Adjusted to exclude missing data and N/A responses.)

III) PARTICIPANTS ASSISTING EMPLOYEES WITH MENTAL HEALTH CONDITIONS OR ADDICTIONS:

3.1) Having Conversations With Employees With Mental Health Conditions or Addictions:

3.1.1) The Aggregate Findings:

In the aggregate, 56.9% of all participants reported “having a previous related conversation” with employees experiencing mental health conditions (Figure 26). This represents 148 participants. When it



came to employees with addictions, 38.0% of these participants “had related conversations” with these employees; this represents 78 participants.

3.1.2) By Sector:

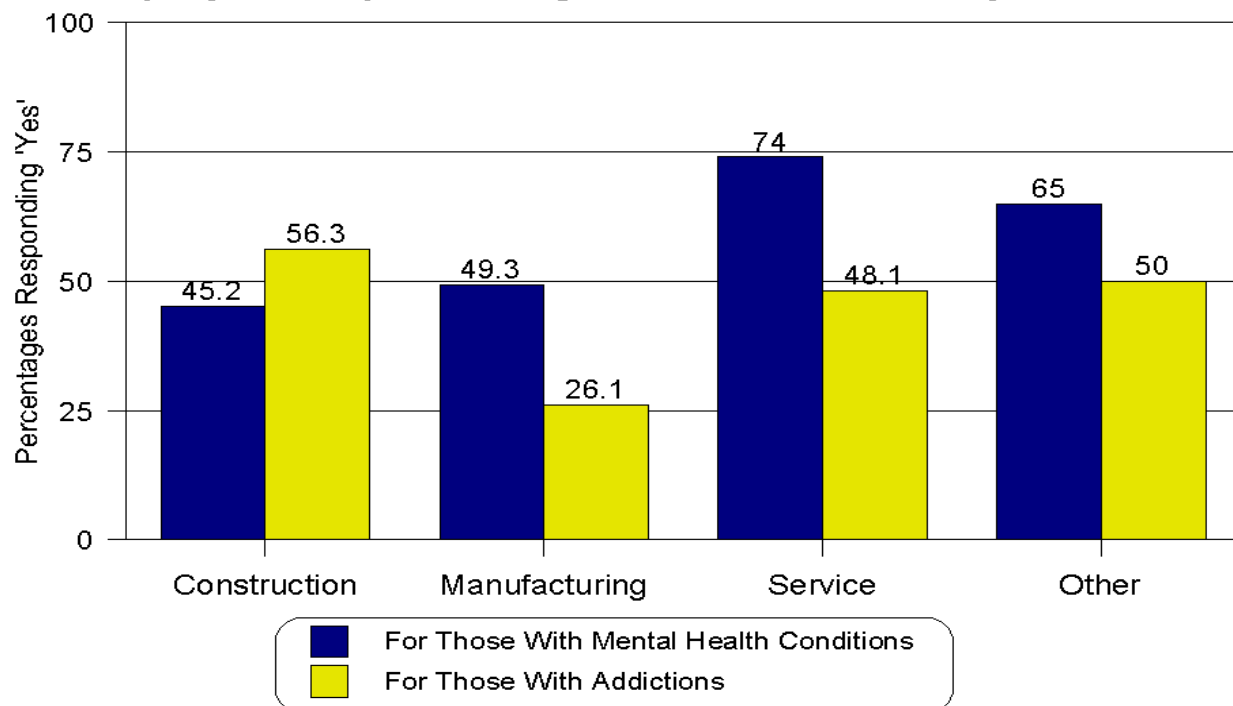
There were significant variations in the percentage of participants who had related conversations with employees experiencing mental health conditions, by sector (Figure 27). Participants in the service sector were significantly most likely to report this (74.0%). They are followed by participants from ‘other’ sectors (65.0%), manufacturing (49.3%) and construction (45.2%) ($N=260$, $\chi^2=14.19$, $df=3$, $p=.003$). Participants from the construction sector were significantly most likely to have conversations with employees with addictions (56.3%), followed by those in ‘other’ sectors (50.0%); the service sector 48.1%), and the manufacturing sector (26.1%) ($N=213$, $\chi^2=14.50$, $df=3$, $p=.002$).

3.1.3) By Position:

There were significant variations in these responses based on participants’ positions (Figure 28). Participants in the human resources field were significantly most likely to have conversations with employees with mental health conditions (88.2%), followed by managers and directors (64.2%). Of the remainder, 45.0% of the health and safety specialists had similar conversations; followed by 37.5% of the supervisors and lead hands; and 30.0% of those in ‘other’ positions ($N=259$, $\chi^2=31.50$, $df=4$, $p<.00001$).

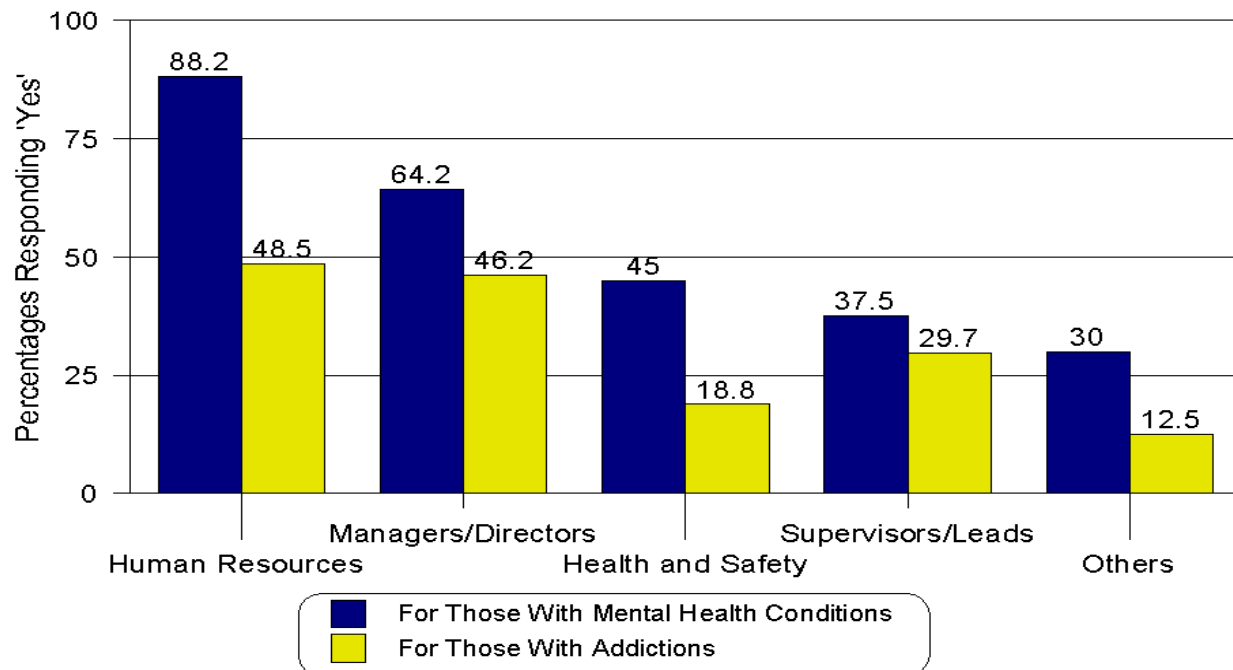
When it came to having conversations with employees with addictions, two observations can be made. The first observation is that the percentage of participants engaging with these employees is lower for every position.

Figure 27 Did Participants Have Related Conversations With Employees Experiencing These Problems? By Sector



(N=31/32, 136/111, 73/54, 20/16. Adjusted to exclude missing data.)

Figure 28 Did Participants Have Related Conversations With Employees Experiencing These Problems? By Position



(N=34/33, 123/64, 20/16, 72/64, 10/8. Adjusted to exclude missing data.)

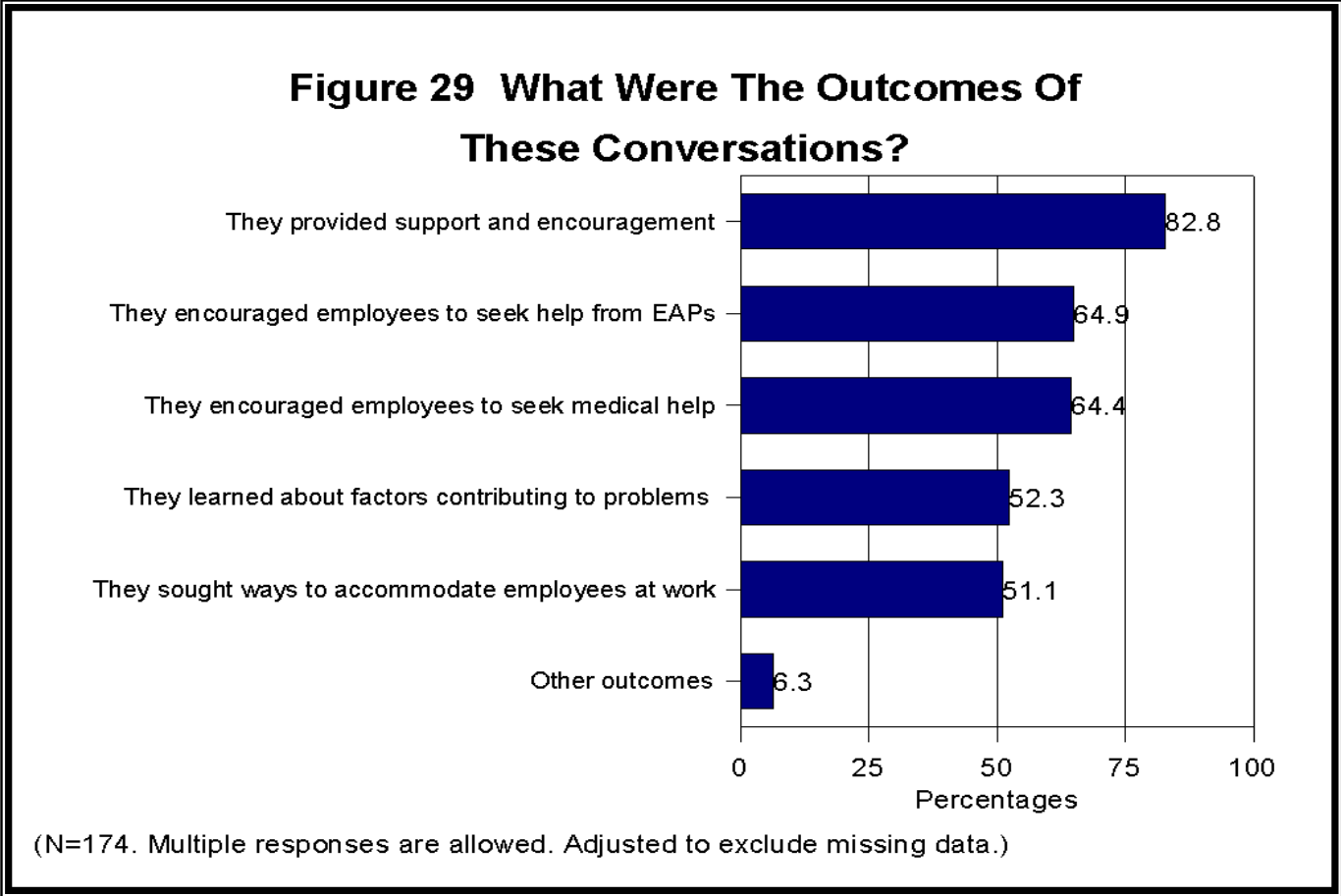
The second observation is that participants in the human resource field, and managers and directors, are significantly most likely to have conversations with employees with addictions (48.5% and 46.2%). Of the remainder, 29.7% of the supervisors and leads reported having related conversations with these employees, as did 18.8% of the health and safety specialists, and 12.5% of participants in 'other' positions (N=212, $\chi^2=10.68$, df=4, p=.03).

3.2) Reported Outcomes of These Conversations:

As a corollary to the preceding question, participants who had these conversations were asked to identify the related outcomes they experienced. They were provided with a list of possible outcomes, and could select all that applied to their situations. An 'other' category was provided, and participants were asked to indicate what the other outcomes were.

The most frequently identified outcome was that they were able to provide employees in need with support and encouragement (82.8%) (Figure 29). About two-thirds of these participants were able to encourage these employees to seek help from Employee Assistance Programs or other workplace supports (64.9%); or they encouraged these employees to seek medical help (64.4%). Just over half (52.3%) were able to learn about factors that contributed to employees' problems; and/or they sought ways to accommodate these employees at work (51.1%).

'Other' outcomes, reported by eleven participants (6.3%), included: facilitating the employee to receive in-house therapy; letting them know that the participant was a support for him/her, if needed; accommodating the employee with a reduced workload; helping the employee access alternative employment; and sharing their perspective regarding the impact of the employee's problem at work. One



participant reported that the employee "left the meeting."

IV) ASSESSING PSYCHOLOGICAL HEALTH AND SAFETY OF PARTICIPANTS' WORKPLACES:

4.1) Background:

One topic delivered through this workshop is the “**13 Workplace Factors**.” It is published by the **National Standard of Canada for Psychological Health and Safety in the Workplace**.⁶ This scale was developed through the **Mental Health Commission of Canada (MHCC)**. As the MHCC stated:

“Mental illness is the leading cause of disability claims in Canada and is expected to grow. To help employers respond to this challenge of mental health in the workplace... the new national Standard encourages employers to identify, assess, and mitigate risks at the workplace that may impact an employee's psychological health and wellbeing. The convergence of recent legal with existing scientific evidence provided an impetus for the development of this Standard. Organizations are increasingly realizing that a psychologically healthy and safe workplace allows them to contain costs, manage risks and recruit and maintain talent.”

The 13 workplace factors with the biggest potential to foster a psychologically healthy work-place include:

- | | | |
|--------------------------------------|------------------------------|-----------------------------------|
| 1. Organizational culture | 5. Psychological demands | 10. Engagement |
| 2. Psychological and social support | 6. Growth and development | 11. Balance |
| 3. Clear leadership and expectations | 7. Recognition and reward | 12. Psychological protection |
| 4. Civility and respect | 8. Involvement and influence | 13. Protection of physical safety |
| | 9. Workplace management | |

4.2) The Aggregate Findings:

In the aggregate, in every instance over seventy-five percent of all participants said that their workplaces at least somewhat adhere to each of the 13 workplace factors (Figure 30). Focusing on the three factors that over half of all participants reported were very good, this included:

- Providing physically safe working environments (72.6%)
- Employees being protected from violence, bullying and harassment (63.5%)
- Employees being treated with civility and respect (56.0%)

Four other factors that a moderate percentage of participants reported being very much in place included:

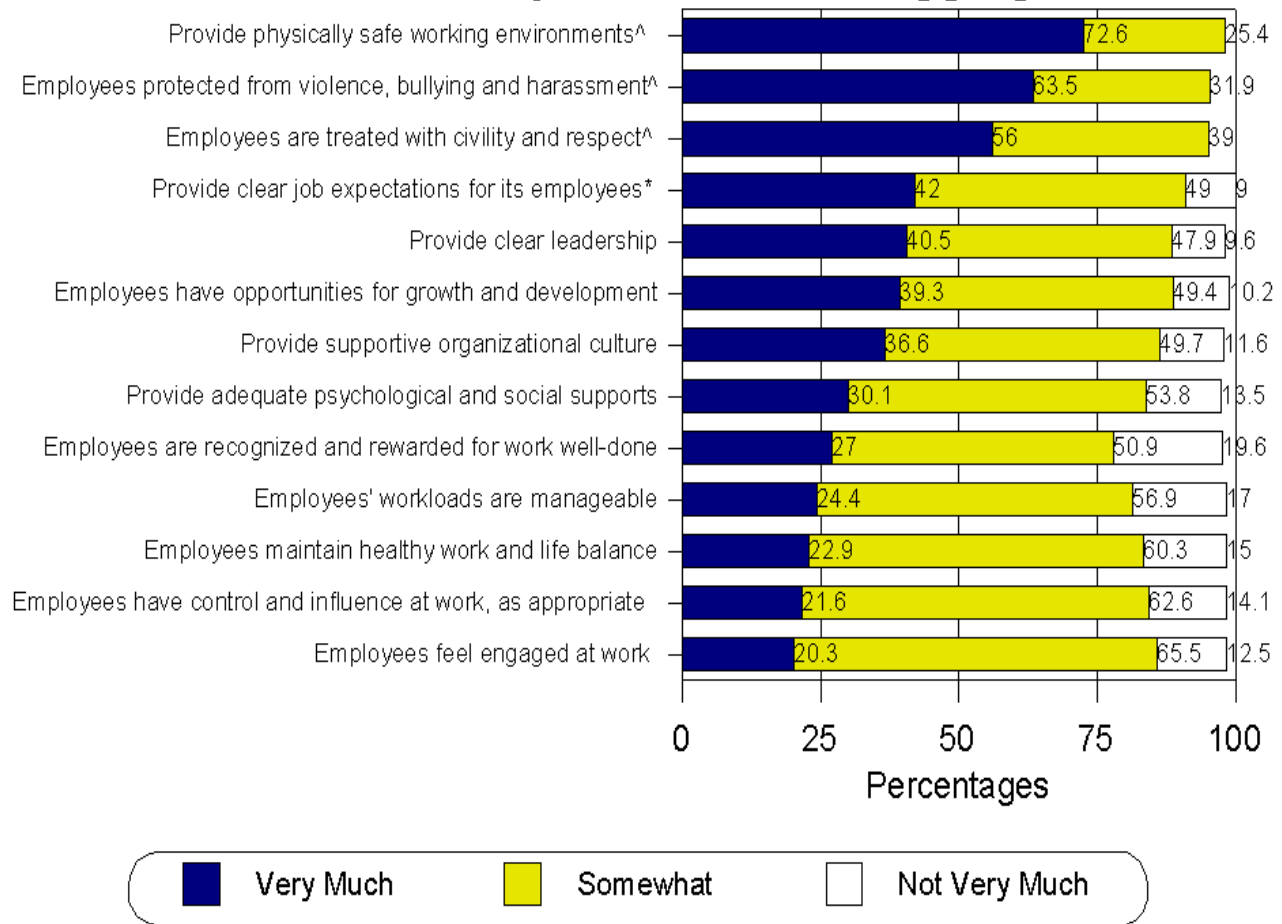
- Providing clear job expectations for its employees (42.0%)
- Providing clear leadership (40.5%)
- Employees having opportunities for growth and development (39.3%)
- Providing a supportive organizational culture (36.6%)

The remaining six factors were reported as being very good by a small percentage of participants:

- Providing adequate psychological and social supports (30.1%)
- Employees being recognized and rewarded for work well-done (27.0%)
- Employees' workloads being manageable (24.4%)
- Employees maintaining healthy work/life balance (22.9%)
- Employees having control and influence at work, as appropriate (21.5%)
- Employees feeling engaged at work (20.3%)

⁶ cf: <http://events.snwebcastcenter.com/manulife/GBRS/Prod/WSMH/en/mental-health-in-the-workplace/prevention/prevention-national-standard.html>

Figure 30 Do Participants' Organizations Adhere To The "13 Workplace Factors?" Aggregate



(N=354, 351, 353, 352, 353, 354, 352, 342, 352, 353, 340, 348, 345. ^{*}Rounded to increase legibility. [^]Truncated to increase legibility. Adjusted to exclude missing data.)

4.3) By Sector:

When the responses to these 13 statements were analyzed by participants' sectors, there was only one for which there was *borderline significance* (Table 7):

- **Providing adequate psychological and social supports.** Participants from 'other' sectors were most likely to positively evaluate this factor, with 95.7% providing a positive or very positive response, while those in the construction sector were most likely to negatively evaluate this factor, with 31.1% providing a negative or very negative response.⁷

⁷ Related statistics are provided in each table.

Table 7) Do Participants' Organizations Adhere To "13 Workplace Factors?" By Sector

Sectors	Very Much	Some-what	Not Very Much	Not At All	N	Statistics
It provides a physically safe working environment						
Construction	66.7%	33.3%	-	-	45	N=353, $\chi^2=12.80$ df=9 p=.172
Manufacturing	74.6	24.4	1.0	-	193	
Service Sector	67.0	27.5	4.4	1.1	91	
Others	87.5	12.2	-	-	24	
Employees are protected from violence, bullying and harassment						
Construction	51.1	46.7	-	2.2	45	N=350, $\chi^2=9.81$ df=9 p=.366
Manufacturing	65.3	30.0	3.2	1.6	190	
Service Sector	61.5	33.0	4.4	1.1	91	
Others	79.2	16.7	4.2	-	24	
Employees are treated with civility and respect						
Construction	55.6	42.2	2.2	-	45	N=352, $\chi^2=3.90$ df=9 p=.918
Manufacturing	55.7	40.1	4.2	-	192	
Service Sector	56.0	37.4	5.5	1.1	91	
Others	58.3	37.5	4.2	-	24	
It provides clear job expectations for its employees						
Construction	42.2	55.6	2.2	-	45	N=351, $\chi^2=7.95$ df=9 p=.539
Manufacturing	38.7	50.8	9.4	1.0	191	
Service Sector	48.8	39.6	9.9	2.2	91	
Others	37.5	54.2	8.3	-	24	
It provides clear leadership						
Construction	44.4	46.7	6.7	2.2	45	N=352, $\chi^2=6.11$ df=9 p=.729
Manufacturing	39.9	46.6	11.9	1.6	193	
Service Sector	43.3	46.7	6.7	3.3	90	
Others	29.2	62.5	8.3	-	24	
Employees have opportunities for growth and development						
Construction	40.0	55.6	4.4	-	45	N=353, $\chi^2=13.04$ df=9 p=.161
Manufacturing	35.8	51.8	10.4	2.1	193	
Service Sector	47.3	38.5	14.3	-	91	
Others	33.3	62.5	4.2	-	24	
It provides a supportive organizational culture						
Construction	44.4	51.1	4.4	-	45	N=351, $\chi^2=10.49$ df=9 p=.312
Manufacturing	32.5	45.9	12.6	2.1	191	
Service Sector	44.0	39.6	13.2	3.3	91	
Others	29.2	58.3	12.5	-	24	

Sectors	Very Much	Some-what	Not Very Much	Not At All	N	Statistics
It provides adequate psychological and social supports^						
Construction	22.2	46.7	26.7	4.4	45	N=341, $\chi^2=15.22$ df=9 p=.08
Manufacturing	28.4	54.6	14.8	2.2	183	
Service Sector	36.7	53.3	6.7	3.3	90	
Others	34.8	60.9	4.3	0	23	
Employees are recognized and rewarded for work well-done						
Construction	35.6	51.1	13.3	-	45	N=351, $\chi^2=13.28$ df=9 p=.150
Manufacturing	21.9	49.5	25.0	3.6	192	
Service Sector	32.2	52.2	13.3	2.2	90	
Others	29.2	58.3	12.5	-	24	
Employees' workloads are manageable						
Construction	35.6	57.8	6.7	-	45	N=352, $\chi^2=12.19$ df=9 p=.203
Manufacturing	21.9	56.8	18.2	3.1	192	
Service Sector	23.1	56.0	20.9	-	91	
Others	29.2	58.3	12.5	-	24	
Employees maintain healthy work/life balance						
Construction	20.5	61.4	15.9	2.3	44	N=339, $\chi^2=1.65$ df=9 p=.996
Manufacturing	22.7	60.5	15.1	1.6	185	
Service Sector	23.9	58.0	15.9	2.3	88	
Others	27.3	63.6	9.1	-	22	
Employees have control and influence at work, as appropriate						
Construction	34.1	54.5	11.4	-	44	N=347, $\chi^2=10.70$ df=9 p=.297
Manufacturing	17.4	65.3	14.7	2.6	190	
Service Sector	25.8	57.3	15.7	1.1	89	
Others	16.7	75.0	8.3	-	24	
Employees feel engaged at work						
Construction	28.9	62.2	8.9	-	45	N=344, $\chi^2=8.44$ df=9 p=.490
Manufacturing	16.8	66.5	14.1	2.7	185	
Service Sector	21.1	64.4	13.3	1.1	90	
Others	29.2	66.7	4.2	-	24	
^Borderline statistical significance by sector. Adjusted to exclude missing data.						

4.4) By Position:

There were three factors for which there were statistically significant variations, based on participants' positions (Table 8):

- **Providing physically safe working environments.** Managers and directors were most likely to feel that their workplaces very much adhere to this factor (79.9%), followed by participants in the human resources field (75.0%); supervisors and lead hands (66.7%); health and safety specialists (61.5%); and participants in 'other' positions (58.3%).
- **Providing a supportive organizational culture.** Managers and directors were also relatively most likely to feel that their workplaces very much adhere to this factor (47.2%), followed by health and safety specialists (38.5%). Between 16.7% and 29.2% of participants in the remaining positions share this perception.
- **Employees feeling engaged at work.** While few of the participants in any of the five groups feel that their workplaces are very much adhering to this factor, health and safety specialists were relatively most likely to feel this way (26.9%). Participants in the human resources field were least likely to very much express this view (11.2%).

The one factor for which there was a *borderline significant* variation by participants' positions was:

- **Providing clear leadership.** Supervisors and lead hands, followed closely by managers and directors, were most likely to very much agree that this factor was adhered to in their workplaces (47.2% and 41.5%, respectively). Conversely, participants in 'other' positions, those in the human resources field, and health and safety specialists, were moderately less likely to share this perception (26.1%, 30.6% and 34.6%).

Table 8) Do Participants' Organizations Adhere To "13 Workplace Factors?" By Position

Positions	Very Much	Some-what	Not Very Much	Not At All	N	Statistics
It provides a physically safe working environment*						
Managers/Directors	79.9%	19.5%	0.6%	-	159	N=353, $\chi^2=25.15$ df=12 p=.014
Supervisors/Lead Hands	66.7	31.5	0.9	0.9	108	
Human Resources	75.0	16.7	8.3	-	36	
Health and Safety	61.5	34.6	3.8	-	26	
Others	58.3	41.7	-	-	24	
Employees are protected from violence, bullying and harassment						
Managers/Directors	66.7	30.8	2.5	-	159	N=350, $\chi^2=14.22$ df=12 p=.287
Supervisors/ Lead Hands	59.0	33.3	4.8	2.9	105	
Human Resources	63.9	25.0	5.6	5.6	36	
Health and Safety	65.4	34.6	-	-	26	
Others	58.3	41.7	-	-	24	
Employees are treated with civility and respect						
Managers/Directors	62.0	34.2	3.8	-	158	N=352, $\chi^2=8.89$ df=12 p=.712
Supervisors/Lead Hands	53.7	40.7	4.6	0.9	108	
Human Resources	41.7	52.8	5.6	-	36	
Health and Safety	57.7	38.5	3.8	-	26	
Others	45.8	50.0	4.2	-	24	
It provides clear job expectations for its employees						
Managers/Directors	44.3	49.4	5.1	1.3	158	N=351, $\chi^2=10.14$ df=12 p=.603
Supervisors/Lead Hands	43.0	42.1	13.1	1.9	107	
Human Resources	33.3	58.3	8.3	-	36	
Health and Safety	34.6	57.7	7.7	-	26	
Others	41.7	45.8	12.5	-	24	
It provides clear leadership^						
Managers/Directors	41.5	50.3	5.0	3.1	159	N=352, $\chi^2=19.09$ df=12 p=.086
Supervisors/Lead Hands	47.2	40.7	10.2	1.9	108	
Human Resources	30.6	55.6	13.9	-	36	
Health and Safety	34.6	42.3	23.1	-	26	
Others	26.1	56.5	17.4	-	23	
Employees have opportunities for growth and development						
Managers/Directors	43.4	47.8	8.2	0.6	159	N=353, $\chi^2=11.78$ df=12 p=.464
Supervisors/Lead Hands	37.0	51.9	10.2	0.9	108	
Human Resources	33.3	55.6	8.3	2.8	36	
Health and Safety	46.2	34.6	19.2	-	26	
Others	25.0	54.2	16.7	4.2	24	

Positions	Very Much	Some-what	Not Very Much	Not At All	N	Statistics
It provides a supportive organizational culture*						
Managers/Directors	47.2	42.1	10.1	0.6	159	N=351, $\chi^2=28.77$ df=12 p=.004
Supervisors/Lead Hands	29.2	54.7	12.3	3.8	106	
Human Resources	25.0	69.4	5.6	-	36	
Health and Safety	38.5	42.3	19.2	-	26	
Others	16.7	58.3	16.7	8.3	24	
It provides adequate psychological and social supports						
Managers/Directors	31.8	46.1	10.8	1.3	157	N=342, $\chi^2=9.71$ df=12 p=.642
Supervisors/Lead Hands	30.3	49.2	16.0	5.0	100	
Human Resources	27.8	58.3	11.1	2.8	36	
Health and Safety	30.8	53.8	11.5	3.8	26	
Others	21.7	52.2	26.1	-	23	
Employees are recognized and rewarded for work well-done						
Managers/Directors	29.7	53.2	14.6	2.5	158	N=351, $\chi^2=11.71$ df=12 p=.469
Supervisors/Lead Hands	24.1	50.0	24.1	1.9	108	
Human Resources	28.6	51.4	14.3	5.7	35	
Health and Safety	30.8	42.3	26.9	-	26	
Others	16.7	45.8	33.3	4.2	24	
Employees' workloads are manageable						
Managers/Directors	26.6	57.6	13.9	1.9	158	N=352, $\chi^2=9.43$ df=12 p=.665
Supervisors/Lead Hands	25.9	52.8	19.4	1.9	108	
Human Resources	13.9	61.1	25.0	-	36	
Health and Safety	26.9	61.5	11.5	-	26	
Others	12.5	62.5	20.8	4.2	24	
Employees maintain healthy work/life balance						
Managers/Directors	22.8	61.7	14.8	0.7	149	N=339, $\chi^2=10.23$ df=12 p=.595
Supervisors/Lead Hands	24.0	58.7	14.4	2.9	104	
Human Resources	16.7	61.1	19.4	2.8	36	
Health and Safety	38.5	50.0	7.7	3.8	26	
Others	12.5	66.7	20.8	-	24	
Employees have control and influence at work, as appropriate						
Managers/Directors	25.0	66.0	7.7	1.3	156	N=347, $\chi^2=18.21$ df=12 p=.109
Supervisors/Lead Hands	21.5	58.9	16.8	2.8	107	
Human Resources	11.1	63.9	25.0	-	36	
Health and Safety	26.9	53.8	19.2	-	26	
Others	9.1	63.6	22.7	4.5	22	

Positions	Very Much	Some-what	Not Very Much	Not At All	N	Statistics
Employees feel engaged at work*						
Managers/Directors	21.8	71.2	6.4	0.6	156	N=344, χ ² =23.42 df=12 p=.024
Supervisors/Lead Hands	19.2	58.7	19.2	2.9	104	
Human Resources	11.1	75.0	13.9	-	36	
Health and Safety	26.9	46.2	19.2	7.7	26	
Others	22.7	63.6	13.6	-	22	
*Statistically significant variations by position. ^Borderline significance. Adjusted to exclude missing data.						

4.5) By Unionization:

When these factors were evaluated based on whether participants worked in unionized workplaces, there were two factors for which statistically significant variation emerged (Table 9):

- **Providing a supportive organizational culture.** While similar percentages of unionized and non-unionized participants very much agreed that this factor was adhered to at their workplaces (34.8% and 39.6%, respectively), the percentage of participants from these two groups who disagreed or strongly disagreed with this statement, were quite varied: 19.3% of the unionized participants compared with 8.2% of the non-unionized.
- **Employees being recognized and rewarded for work well-done.** There was some variation in the percentage of unionized and non-unionized participants who strongly agreed that their workplaces adhered to this factor (23.0% compared with 30.2%, respectively). Once again, the more notable variation arises in the percentage of participants who disagreed or strongly disagreed with this statement (29.1% compared with 15.9%).

Table 9) Do Participants' Organizations Adhere To "13 Workplace Factors?" By Unionization

	Very Much	Some-what	Not Very Much	Not At All	N	Statistics
It provides a physically safe working environment						
Unionized	72.4%	25.8%	1.8%	-	163	N=345, $\chi^2=0.14$ df=2 p=.931
Not Unionized	74.2	24.2	1.6	-	182	
Employees are protected from violence, bullying and harassment						
Unionized	63.8	31.3	3.1	1.9	160	N=342, $\chi^2=1.19$ df=3 p=.754
Not Unionized	64.8	32.4	1.6	1.1	182	
Employees are treated with civility and respect						
Unionized	53.4	41.1	5.5	-	163	N=344, $\chi^2=2.14$ df=2 p=.342
Not Unionized	58.6	38.7	2.8	-	181	
It provides clear job expectations for its employees						
Unionized	43.5	45.3	9.9	1.2	161	N=343, $\chi^2=2.31$ df=3 p=.510
Not Unionized	40.1	52.2	7.1	0.5	182	

	Very Much	Some- what	Not Very Much	Not At All	N	Statistics
It provides clear leadership						
Unionized	44.9	46.9	12.3	2.5	162	N=344, $\chi^2=2.49$ df=3 p=.477
Not Unionized	41.8	48.9	7.7	1.6	182	
Employees have opportunities for growth and development						
Unionized	42.3	43.6	12.9	1.2	163	N=345, $\chi^2=4.69$ df=3 p=.196
Not Unionized	37.4	53.8	7.7	1.1	182	
It provides a supportive organizational culture*						
Unionized	34.8	46.0	16.8	2.5	161	N=343, $\chi^2=9.28$ df=3 p=.026
Not Unionized	39.6	52.2	7.7	0.5	182	
It provides adequate psychological and social supports						
Unionized	31.2	54.8	12.7	1.3	157	N=333, $\chi^2=2.42$ df=3 p=.488
Not Unionized	29.5	52.8	13.6	4	176	
Employees are recognized and rewarded for work well-done*						
Unionized	23.0	47.8	24.8	4.3	161	N=343, $\chi^2=11.42$ df=3 p=.009
Not Unionized	30.2	53.8	15.4	0.5	182	
Employees' workloads are manageable						
Unionized	20.9	57.7	19.6	1.8	163	N=344, $\chi^2=2.81$ df=3 p=.422
Not Unionized	27.1	56.9	14.4	1.7	181	
Employees maintain healthy work/life balance						
Unionized	20.5	62.8	15.4	1.3	156	N=331, $\chi^2=1.34$ df=3 p=.720
Not Unionized	24.6	58.9	14.3	2.3	175	
Employees have control and influence at work, as appropriate						
Unionized	20.3	60.1	17.1	2.5	158	N=339, $\chi^2=3.25$ df=3 p=.354
Not Unionized	21.5	65.7	11.6	1.1	181	
Employees feel engaged at work						
Unionized	17.1	67.1	13.9	1.9	158	N=337, $\chi^2=2.06$ df=3 p=.560
Not Unionized	22.3	65.4	11.2	1.1	179	
*Statistically significant variations by unionization.						

CHAPTER FOUR: MEASURING PARTICIPANTS' GROWTH OVER TIME

I) BACKGROUND:

This chapter explores whether the workshops were successful in bringing about significantly positive changes for the participants. This relates to participants':

- Awareness of employees who were "currently" experiencing mental health conditions or addictions
- Perceptions of how serious employees' mental health conditions and addictions are in their workplaces
- Knowing how to recognize and assist employees with mental health conditions or addictions
- Awareness of the *National Standard of Canada on Psychological Health and Safety in the Workplace*
- Likelihood of assisting employees with mental health conditions or addictions, and reasons not to

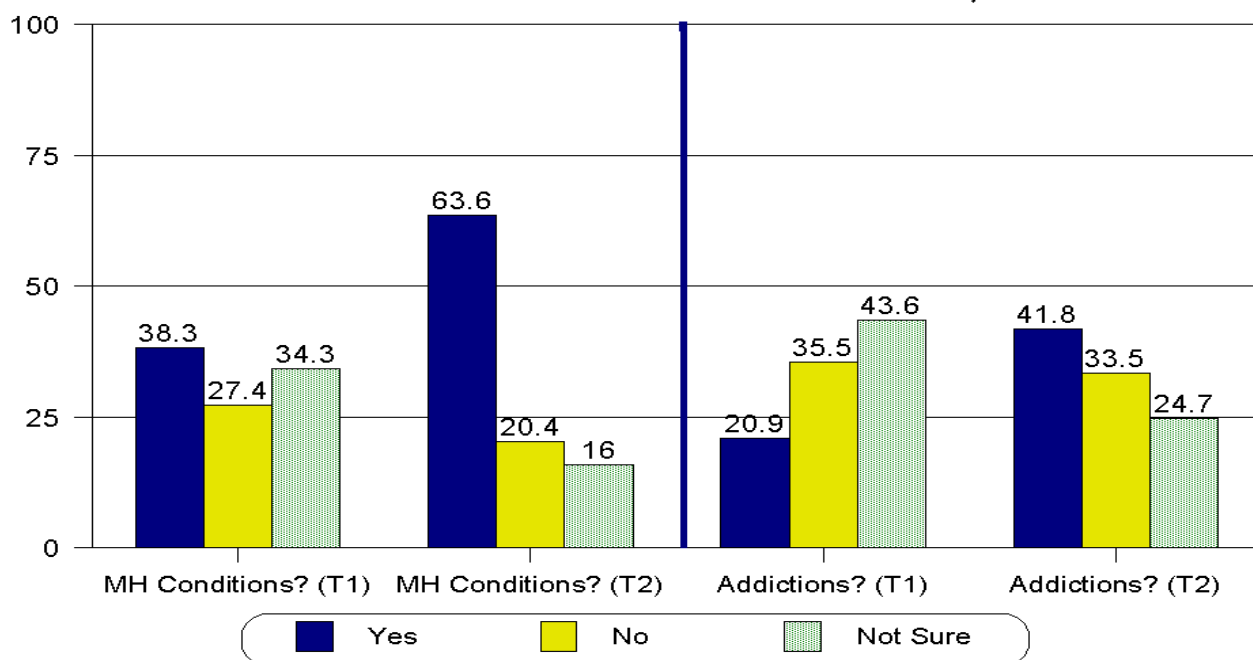
II) MEASURING CHANGE OVER TIME:

2.1) Participants' Awareness of Employees "Currently" Experiencing Mental Health Conditions or Addictions:

When participants were asked prior to the workshop whether any of their employees may be experiencing **mental health conditions**, 38.3% responded 'Yes,' 27.4% responded 'No,' and 34.3% were Not Sure (Figure 31). When this same question was asked immediately following the workshop, 63.6% of these participants answered 'Yes,' 20.4% answered 'No,' and 16.0% were Not Sure. Responses to this question varied significantly over time (Responses from 'No' to 'Yes' N=136, $z=3.95$, $p=.0001$; from 'Not Sure' to 'Yes' N=150, $z=5.79$, $p<.0001$).

When participants were asked, at Time-One, if they were aware of employees experiencing **addictions**, 20.9% responded 'Yes,' 35.5% responded 'No,' and 43.6% were unsure. At Time-Two, the percentage of participants who were aware of employees with possible addictions doubled to 41.8%, the percentage

Figure 31 Were Participants Aware Of Employees Currently With Mental Health Conditions Or Addictions, Over Time



(N=274/275, 234/263. Adjusted to exclude missing data.)

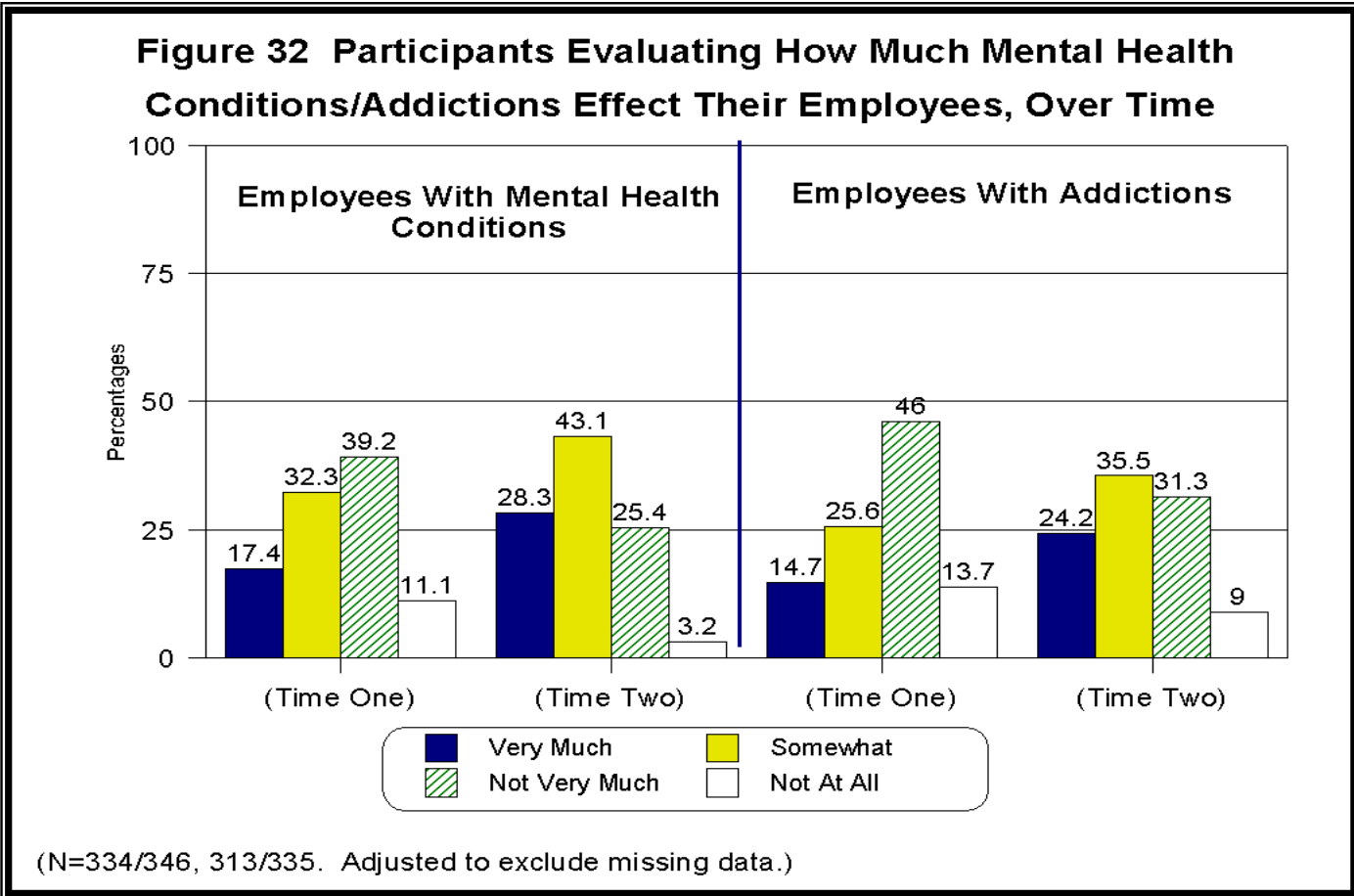
who said 'No' stayed constant at 33.5%, and those who were not sure were cut in half to 24.7%. Responses to this question also varied significantly over time (Responses from 'No' to 'Yes' N=96, Binomial, $p=.0001$; from 'Not Sure' to 'Yes' N=103, $z=4.31$, $p<.0001$).

2.2) Participants Assessing How Serious A Problem Employees' Mental Health Conditions and Addictions Are In their Workplaces:

Participants were asked to assess “how serious a problem they felt that mental health conditions and addictions were for employees in their workplaces.” Responses across a four-point Likert Scale ranged from ‘very serious’ to ‘not serious at all.’ These questions were asked prior to the presentation (Time-One) and immediately following it (Time-Two). To examine the statistical significance of the variations in responses to these questions over time, responses were converted to their numeric equivalents, with ‘very serious’ being scored as ‘4,’ ‘somewhat serious’ as ‘3,’ and so on. **Paired T-Tests** were run in which only participants who provided responses at both Times One and Two would be included (i.e., the use of **Repeated Measures**).

2.2.1) The Aggregate Responses:

In the aggregate, at Time-One, 17.4% all participants reported that mental health conditions were very serious problems in their workplaces, with 32.3% finding this to be a somewhat serious problem (49.7% combined) (Figure 32). At Time-Two the percentage of participants who felt that mental health conditions in workplaces was a very serious problem rose to 28.3% with another 43.1% feeling that it was a some-



what serious problem (71.4% combined).

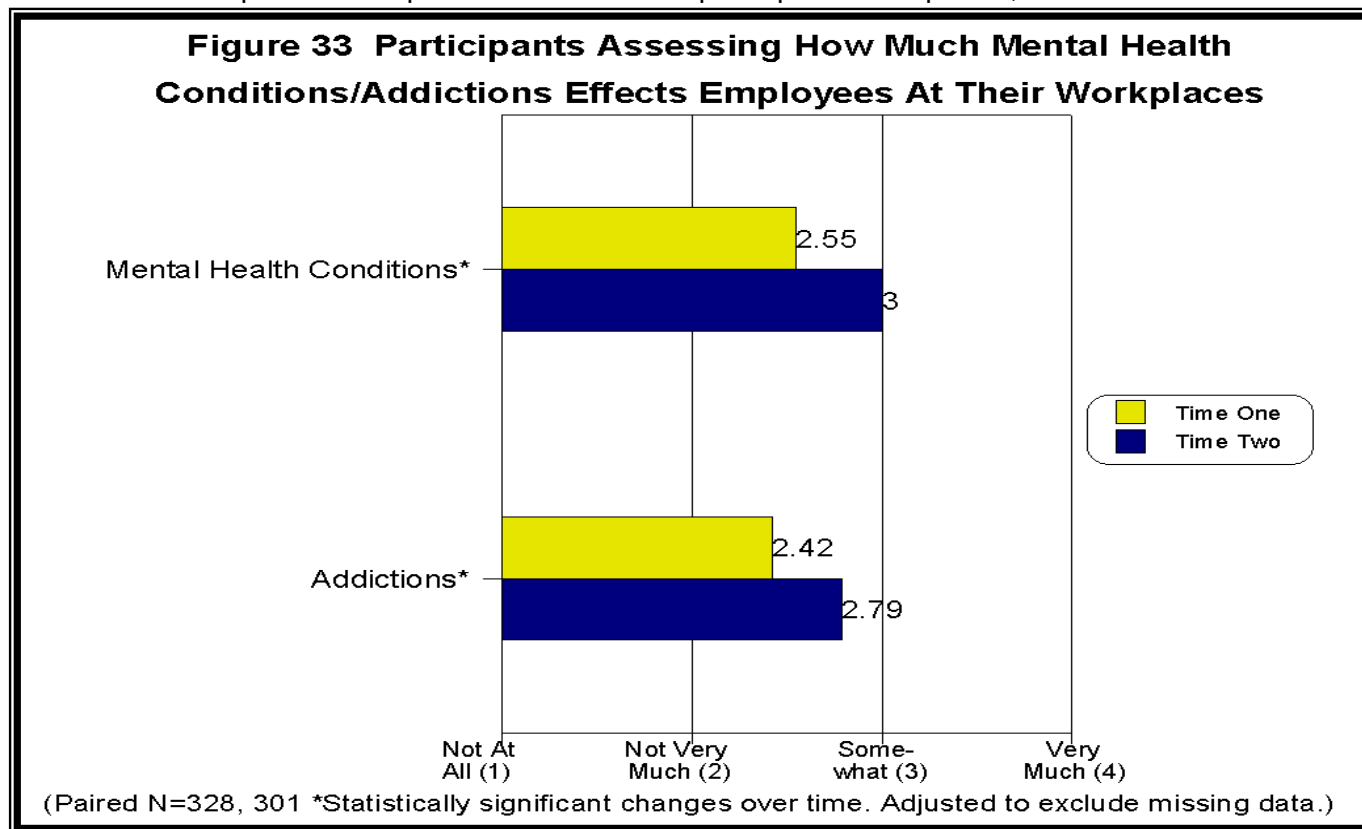
At Time-One, 14.7% of all participants felt that addictions were a very serious problem in their workplaces, and another 25.6% felt that this was a somewhat serious problem (40.3% combined). At Time-Two 24.2% felt that this was a very serious problem for their workplaces, and 35.5% that it was a somewhat serious problem (59.7% combined).

To examine the statistical significance of the variations in responses to these two questions over time, responses were converted to their numeric equivalents. **Paired T-Tests** were run. As a result there were

statistically significant increases, over time, in the percentage of participants who felt that these were serious problems in their workplaces.

In terms of the perceived impact of **mental health conditions** on participants' workplaces, this increased from a mean of 2.55 out of 4.0 at Time-One (the 64th percentile), to a mean of 3.0 at Time-Two (the 75th percentile) (Paired N=328, $t=7.98$, $p<.0001$) (Figure 33).

➤ In terms of the perceived impact of **addictions** on participants' workplaces, this increased from a mean



of 2.42 at Time-One (the 61st percentile), to a mean of 2.79 at Time-Two (the 69th percentile) (Paired N=301, $t=6.23$, $p<.0001$).

2.2.2) By Sector, Time-Two Only:

When participants' assessments of the perceived seriousness that these problems represent for their workplaces were analyzed by sector, no significant variations emerged (Figure 34). The mean responses regarding **mental health conditions** ranged from a mean of 2.42 (the 61st percentile) for participants from the construction sector; to 2.43 (the 61st percentile) for participants in the manufacturing sector; 2.82 for participants in the service sector (the 71st percentile), and 2.83 (the 71st percentile) for participants in 'other' sectors (N=341, $F=1.22$, $df=3$, $p=.3$).

The same finding, by sector, applied to the seriousness of **addictions** in participants' workplaces. The mean responses ranged from a mean of 2.36 (the 59th percentile) for participants in the manufacturing sector; 2.38 (the 60th percentile) for participants in 'other' sectors; 2.46 (the 62nd percentile) for participants in the service sector; and 2.52 (the 63rd percentile) for participants in the construction sector (N=330, $F=1.24$, $df=3$, $p=.29$).

2.2.3) By Position, Time-Two Only:

There were significant variations regarding the perceived seriousness of both of these problems, over time, based on participants' positions at work (Figure 35). In terms of the perceived seriousness of **mental health conditions** in their workplaces, mean responses ranged from 2.28 (the 57th percentile) for supervisors and lead hands; to 2.4 (the 60th percentile) for health and safety specialists; 2.5 (the 63rd

percentile) for participants in 'other' positions; 2.61 (the 65th percentile) for managers and directors; and 3.22 (the 81st percentile) for participants in the human resources field (N=340, F=4.33, df=4, p=.002).

Figure 34 Participants Assessing How Much Mental Health Conditions/Addictions Effects Their Employees, By Sector

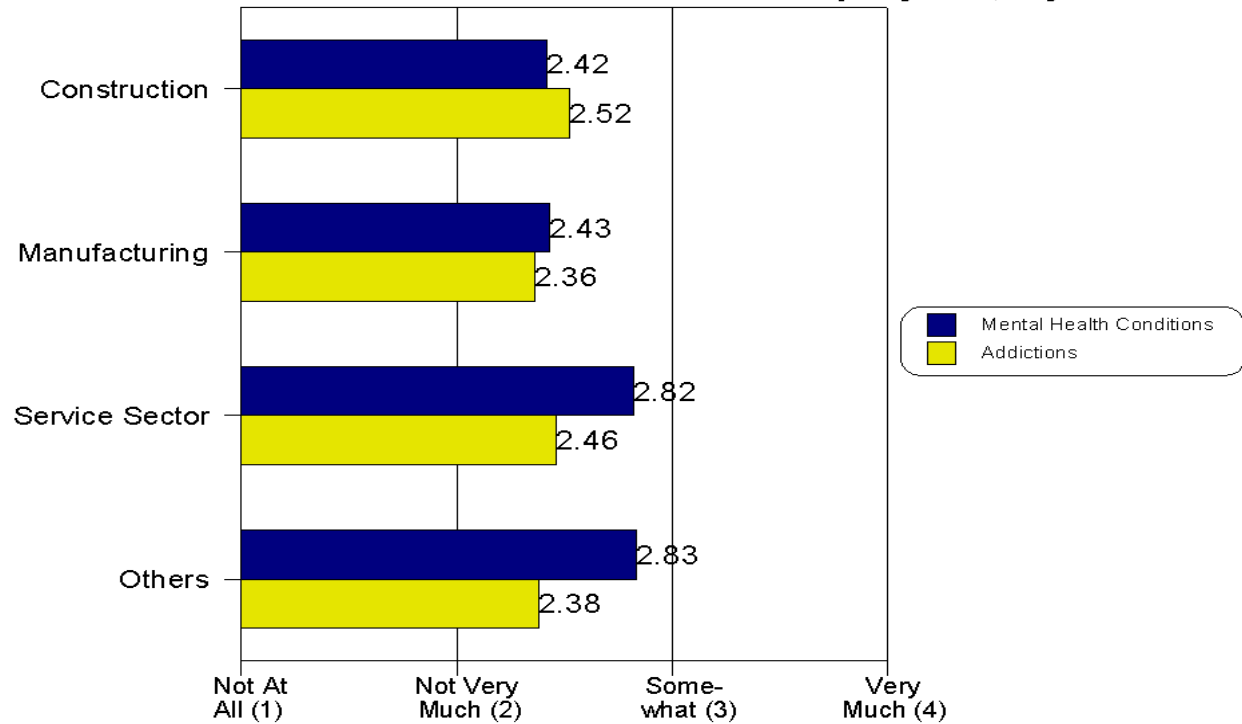
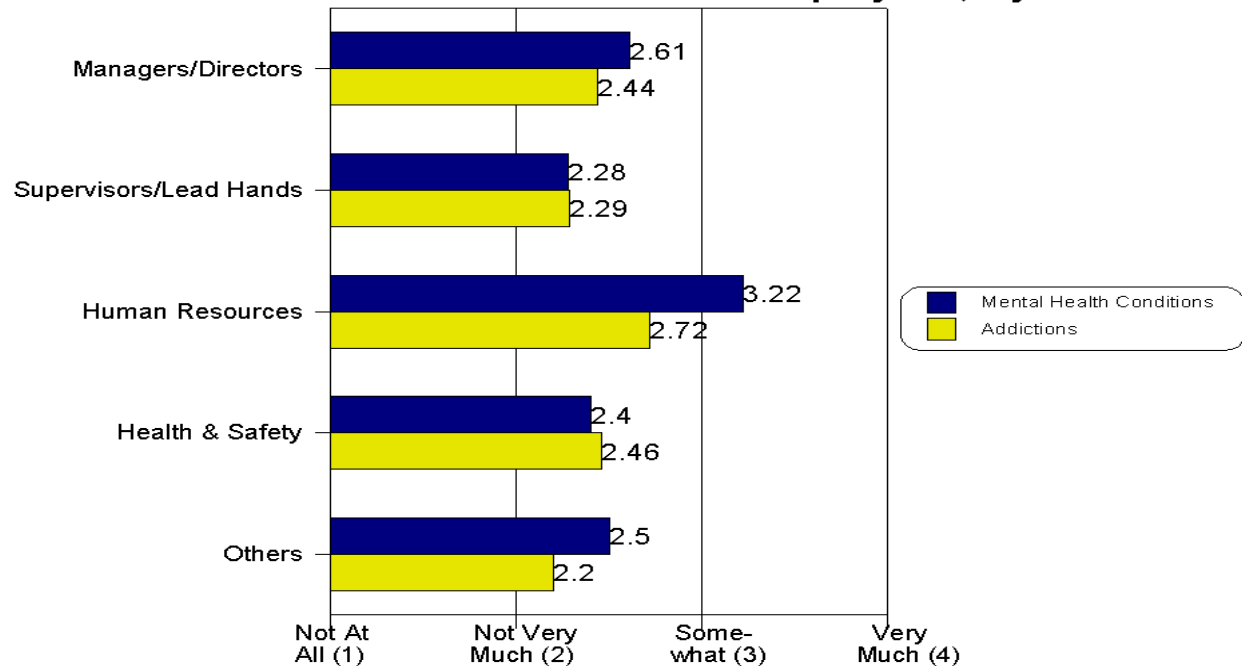


Figure 35 Participants Assessing How Much Mental Health Conditions/Addictions Effects Their Employees, By Position



Participants' assessments of the seriousness of **addictions** for their workplaces also varied significantly based on their positions. The mean responses ranged from 2.2 (the 55th percentile) for participants in 'other' positions; to, 2.29 (the 57th percentile) for supervisors and lead hands; 2.44 (the 61st percentile) for

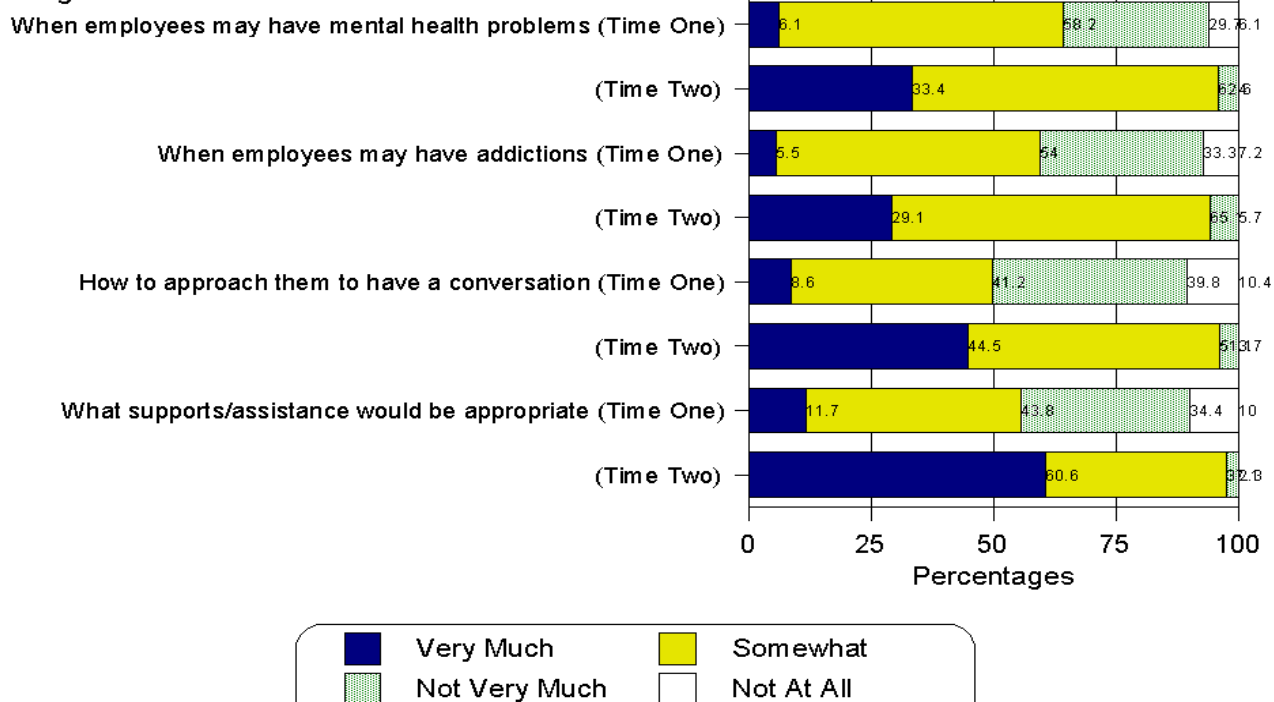
managers and directors, 2.46 (the 62nd percentile) for health and safety specialists; and 2.72 (the 68th percentile) for participants in the human resources field (N=329, F=2.98, df=4, p=.019).

2.3) Changes In Participants' Knowledge Regarding How To Recognize And Assist Employees With Mental Health Conditions Or Addictions:

- Just prior to the workshop (Time-One) 6.1% of all participants felt that they were very **knowledgeable about recognizing when employees may be experiencing mental health conditions**, while 58.2% felt they were somewhat knowledgeable about this; for a **total of 64.3%** (Figure 36). Immediately following the workshop (Time-Two) 33.4% of the participants felt they were very aware of this and 62.4% were somewhat aware; for a **total of 95.8%**.
- Just prior to the workshop 5.5% of the participants felt that they were very **knowledgeable about recognizing when employees may be experiencing addictions**, with 54.0% feeling that they were somewhat knowledgeable about this; for a **total of 59.5%**. Immediately following the workshop 29.1% felt that they were very knowledgeable about this, and 65.0% felt that they were somewhat knowledgeable; for a **total of 94.1%**.
- Just prior to the workshop 8.6% of the participants felt that they were very knowledgeable about **how to approach these employees to have a conversation about their problems**, and 41.2% felt somewhat confident about this; for a **total of 49.8%**. Immediately following the workshop 44.5% of the participants felt that they were very knowledgeable about how to approach these employees, with 51.1% being somewhat knowledgeable about this; for a **total of 95.6%**.
- Just prior to the workshop 11.7% of the participants felt that they were very **knowledgeable about the supports or assistance that may be appropriate for these employees**, with 43.8% feeling that they were somewhat knowledgeable about this; for a total of 55.5%. Immediately following the workshop 60.6% of the participants felt very knowledgeable about this, with 32.1% feeling somewhat knowledgeable; for a **total of 92.9%**.

Figure 36 Evaluating Participants' Knowledge Regarding How To Recognize And Assist These Employees

Knowing:



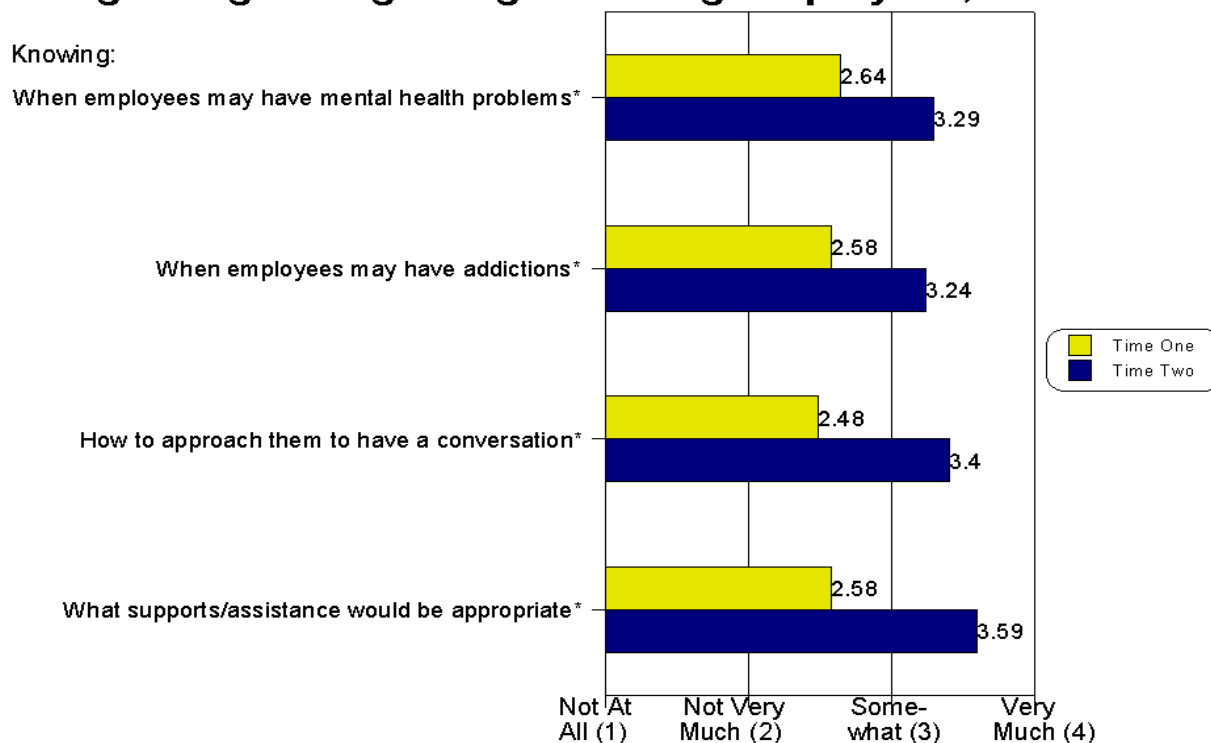
(N=347/350, 348/350, 347/348, 349/348. Adjusted to exclude missing data.)

2.3.1) Measuring Changes Over Time:

To determine whether these changes over time were statistically significant, **paired-t-tests** were conducted for these for questions using **repeated measures** over time.

- When it came to participants **knowing when employees may have mental health conditions**, the mean score at Time-One was 2.64 (out of 4.0) (the 66th percentile), while at Time-Two it was 3.29 (the 82nd percentile) (Paired N=342, $t=15.40$, $p<.0001$) (Figure 37).
- When it came to participants **knowing when employees may have addictions**, the mean score at Time-One was 2.58 (the 64th percentile), while at Time-Two it was 3.24 (the 81st percentile) (Paired N=343, $t=15.18$, $p<.0001$).
- When it came to participants **knowing how to approach these employees**, the mean score at Time-One was 2.48 (the 62nd percentile), while at Time-Two it was 3.4 (the 85th percentile) (Paired N=340, $t=19.09$, $p<.0001$).
- When it came to participants **knowing what supports and assistance might be appropriate for these employees**, the mean score at Time-One was 2.58 (the 65th percentile), while at Time-Two it was 3.59 (the 90th percentile) (Paired N=342, $t=21.08$, $p<.0001$).

Figure 37 Measuring Changes In Participants' Knowledge Regarding Recognizing/Assisting Employees, Over Time

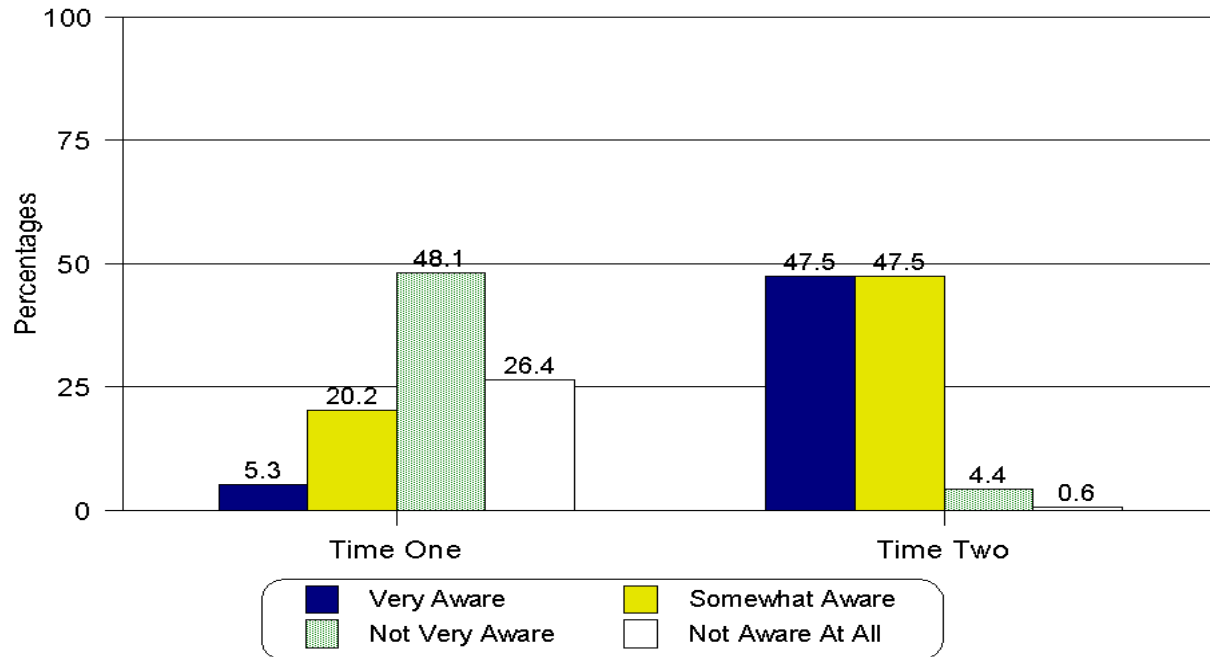


(Paired N=342, 343, 340, 342. *Statistically significant changes over time. Adjusted to exclude missing data.)

2.4) Changes In Participants' Awareness of The National Standard of Canada on Psychological Health and Safety in The Workplace:

Just prior to the workshop only 5.3% of all participants were very aware of The **National Standard of Canada on Psychological Health and Safety in the Workplace** (Figure 38). Of the remainder 20.2% were somewhat aware of the standard, 48.1% were not very aware of this, and 26.4% were not at all aware of it. Following the workshop, 47.5% of the participants were very aware of the National Standard

Figure 38 How Aware Were Participants Of The National Standard Of Canada On Psychological Health And Safety



(N=337, 320. Adjusted to exclude missing data and N/A responses.)

Of Canada On Psychological Health And Safety In The Workplace, another 47.5% were somewhat aware of it, 4.4% were not very aware of it, and 0.6% (n=2) were not aware of it at all.

2.4.1) Measuring Changes Over Time:

Converting responses to their numeric equivalents, at Time-One the mean to which participants were aware of the National Standard Of Canada On Psychological Health And Safety In The Workplace was 2.0 (the 50th percentile), while the mean response to this question at Time-Two was 3.41 (the 85th percentile) (Paired N=320, $t=27.58$, $p<.0001$) (Figure 39).

2.5) Changes In Participants' Likelihood Of Assisting Employees Experiencing Mental Health Conditions and Addictions:

2.5.1) The Aggregate Findings:

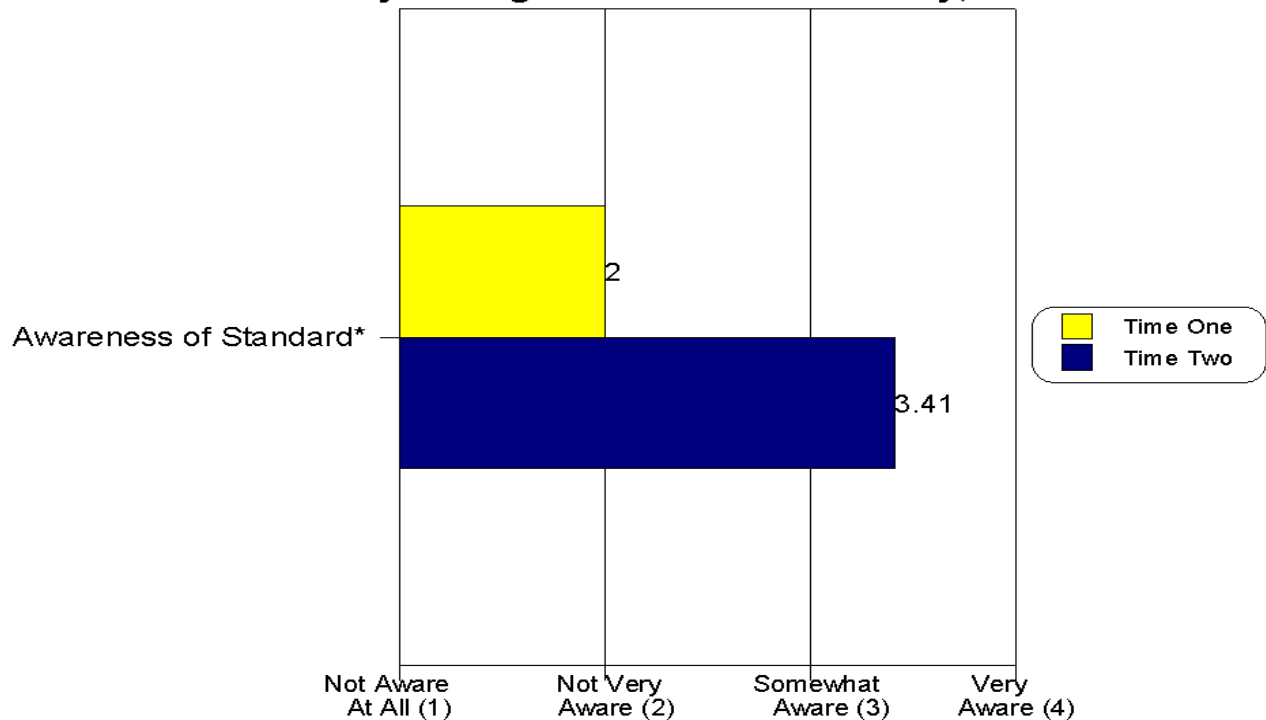
In the aggregate at Time-One 38.1% of all participants said they were very likely to assist employees with mental health conditions, and 45.2% were somewhat likely to do so, for a total of 83.3% (Figure 40). At Time-Two, 61.0% of these participants were very likely to assist these employees, with 35.6% being somewhat likely to assist them, for a total of 96.6%. Regarding employees with addictions, at Time-One 36.9% of all participants were very likely to assist them and 41.9% were somewhat likely to do so, for a total of 78.8%. At Time-Two the percentage of participants very likely to assist these employees rose to 56.1%, with 38.5% being somewhat likely to assist them, for a total of 94.6%.

2.5.1.1) Measuring Changes Over Time:

At Time-One the mean response representing participants' likelihood to assist employees with addictions was 3.11 (the 78th percentile) (Figure 41). At Time-Two the mean response increased significantly to 3.52 (the 88th percentile) (Paired N=313, $t=8.55$, $p<.0001$). With regard to the likelihood of participants assisting employees with mental health conditions, the mean response at Time-One was 3.18 (the 80th

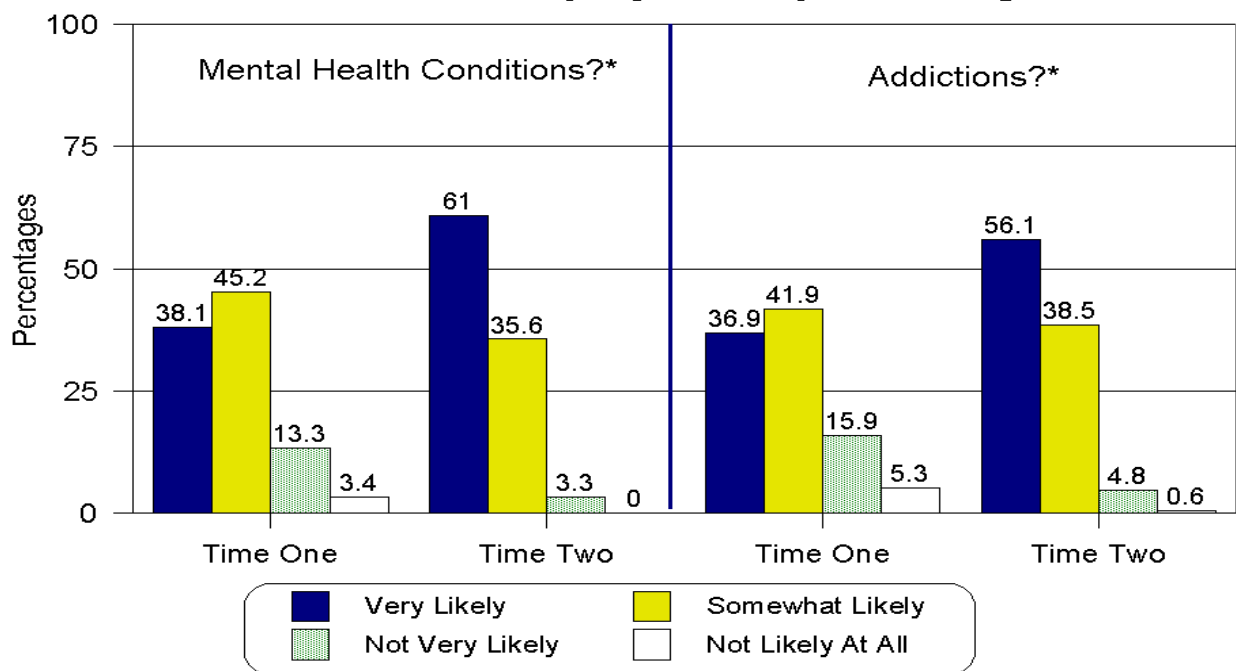
percentile), increasing significantly to 3.59 at Time-Two (the 90th percentile) (Paired N=317, t=9.41, p<.0001).

Figure 39 Participants' Awareness Of The National Standard Of Canada On Psychological Health And Safety, Over Time



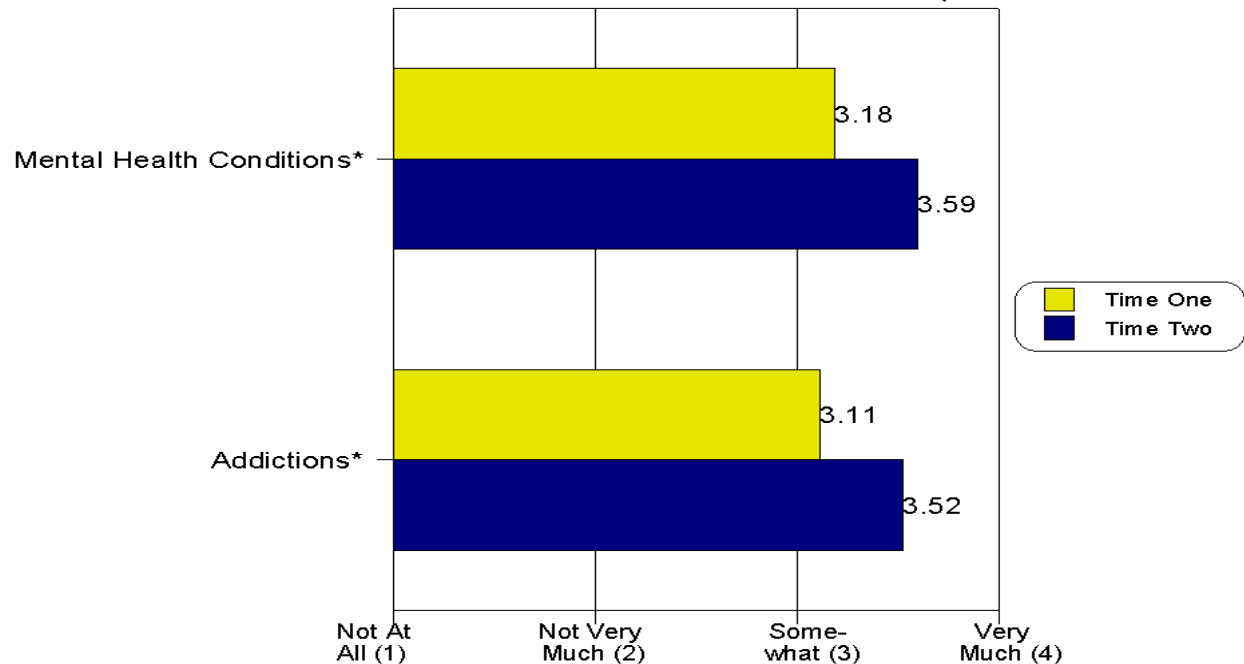
(Paired N=320. *Statistically significant variations over time. Adjusted to exclude missing data.)

Figure 40 How Likely Did Participants Feel They Were To Assist Employees Experiencing...



(N=323/331, 320/330 *Statistically significant changes over time. Adjusted to exclude missing data.)

Figure 41 Likelihood Of Participants Assisting Employees With Mental Health Conditions or Addictions, Over Time



(Paired N=313, 317. *Statistically significant variations over time. Adjusted to exclude missing data.)

2.5.2) By Sectors Over Time:

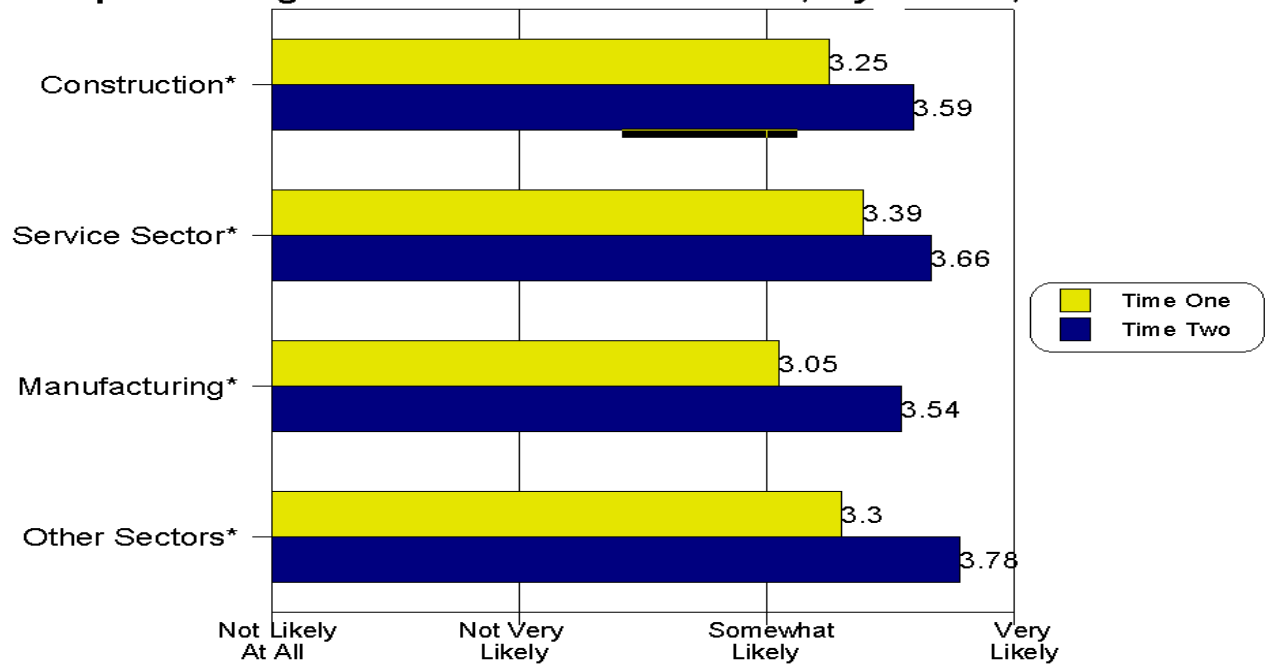
There were statistically significant increases in participants' likelihood of assisting employees with **mental health conditions**, across all sectors (Figure 42).

- Mean scores for participants in the **construction sector** regarding assisting employees with **mental health conditions**, rose from 3.25 (the 81st percentile) at Time-One, to of 3.59 (the 88th percentile) at Time-Two (Paired N=41, $t=3.13$, $p=.003$)
- Mean scores for participants in the **service sector** rose from 3.39 at Time-One (the 85th percentile) to 3.66 at Time-Two (the 92nd percentile) (Paired N=89, $t=3.70$, $p<.0001$)
- Mean scores for participants in the **manufacturing sector** rose from 3.05 (the 76th percentile) at Time-One to 3.54 (the 89th percentile) at Time-Two (Paired N=179, $t=7.92$, $p<.0001$)
- Mean scores for participants in **'other' sectors** rose from 3.3 (the 83rd percentile) at Time-One to 3.78 (the 95th percentile) (Paired N=23, $t=3.45$, $p=.002$)

Significant variations regarding the likelihood of participants assisting employees with **addictions** also emerged across all sectors, although in one case there was a borderline significance (Figure 43).

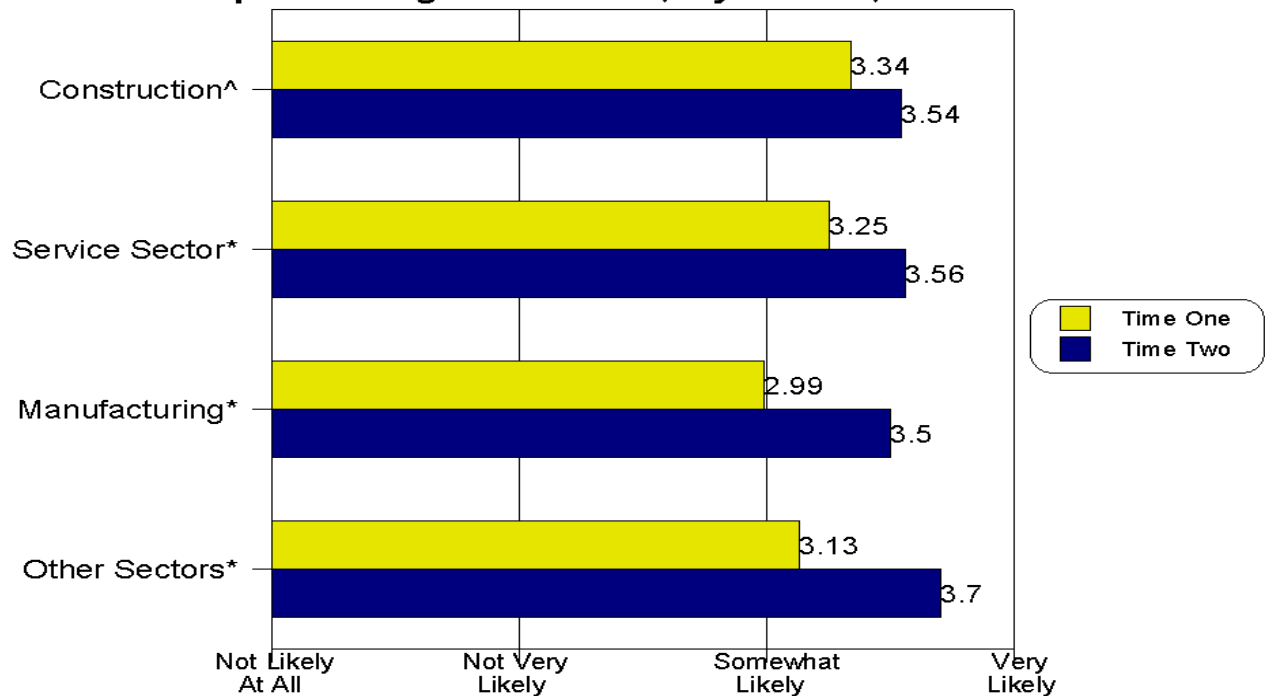
- Mean scores for participants in the **construction sector** regarding assisting employees with **addictions** rose from 3.34 (the 84th percentile) at Time-One, to 3.54 (the 89th percentile) at Time-Two (Paired N=41, $t=1.75$, $p=.08$)
- Mean scores for participants in the **service sector** rose from 3.25 (the 81st percentile) at Time-One to 3.56 (the 89th percentile) at Time-Two (Paired N=88, $t=3.45$, $p=.001$)
- Mean scores for participants in the **manufacturing sector** rose from 2.99 (the 75th percentile) at Time-One to 3.5 (the 88th percentile) at Time-Two (Paired N=175, $t=7.53$, $p<.0001$)
- Mean scores for participants in **'other' sectors** rose from 3.13 (the 78th percentile) at Time-One to 3.7 (the 93rd percentile) at Time-Two (Paired N=23, $t=3.21$, $p=.004$)

Figure 42 Participants' Likelihood To Assist Employees Experiencing Mental Health Conditions, By Sector, Over Time



(Paired N=41, 89, 179, 23. *Statistically significant variations over time. Adjusted to exclude missing data.)

Figure 43 Participants' Likelihood To Assist Employees Experiencing Addictions, By Sector, Over Time

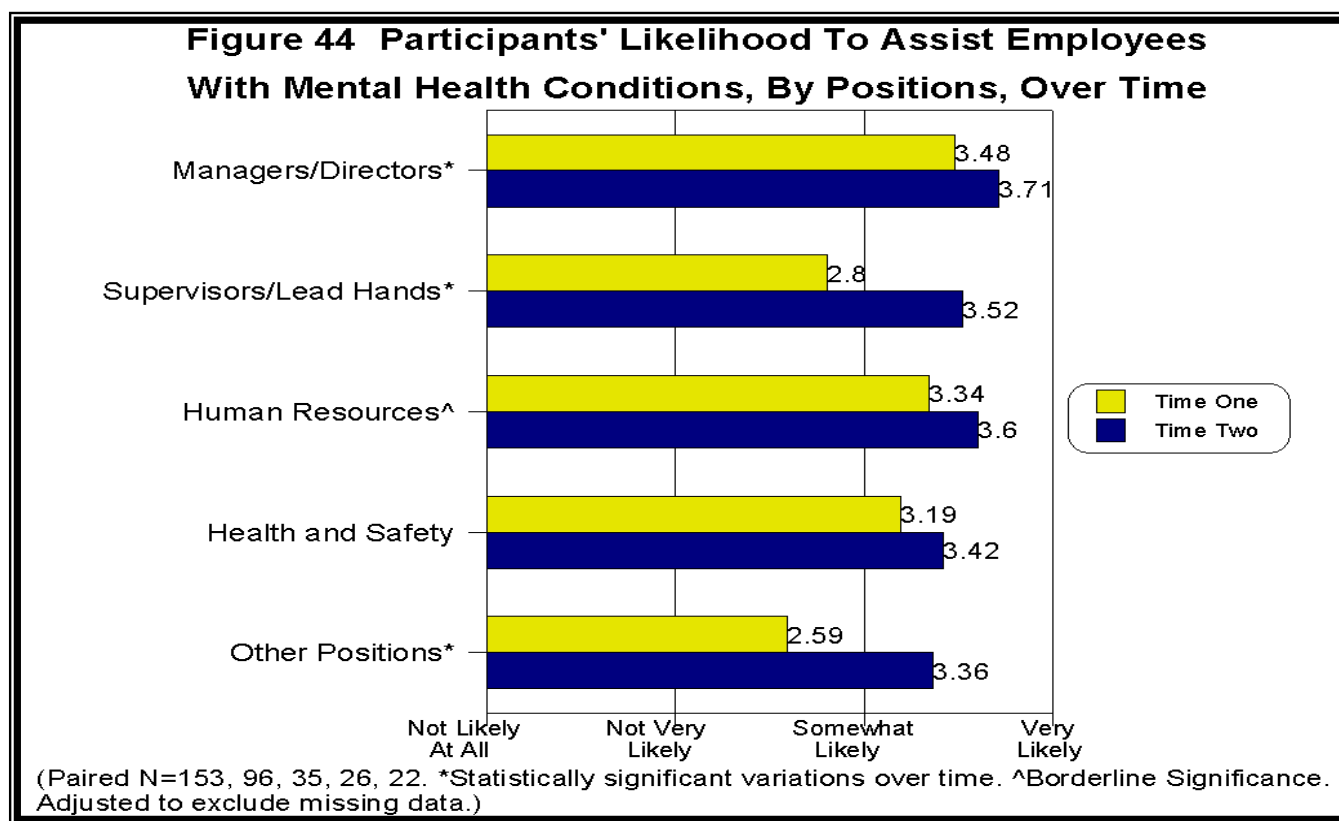


(Paired N=41, 88, 175, 23. *Statistically significant variations over time. ^Borderline Significance. Adjusted to exclude missing data.)

2.5.3) By Positions Over Time:

When it came to analyzing participants' likelihood to assist employees with **mental health conditions**, based on participants' positions, mixed results emerged (Figure 44). There were three positions for which statistically significant differences emerged over time:

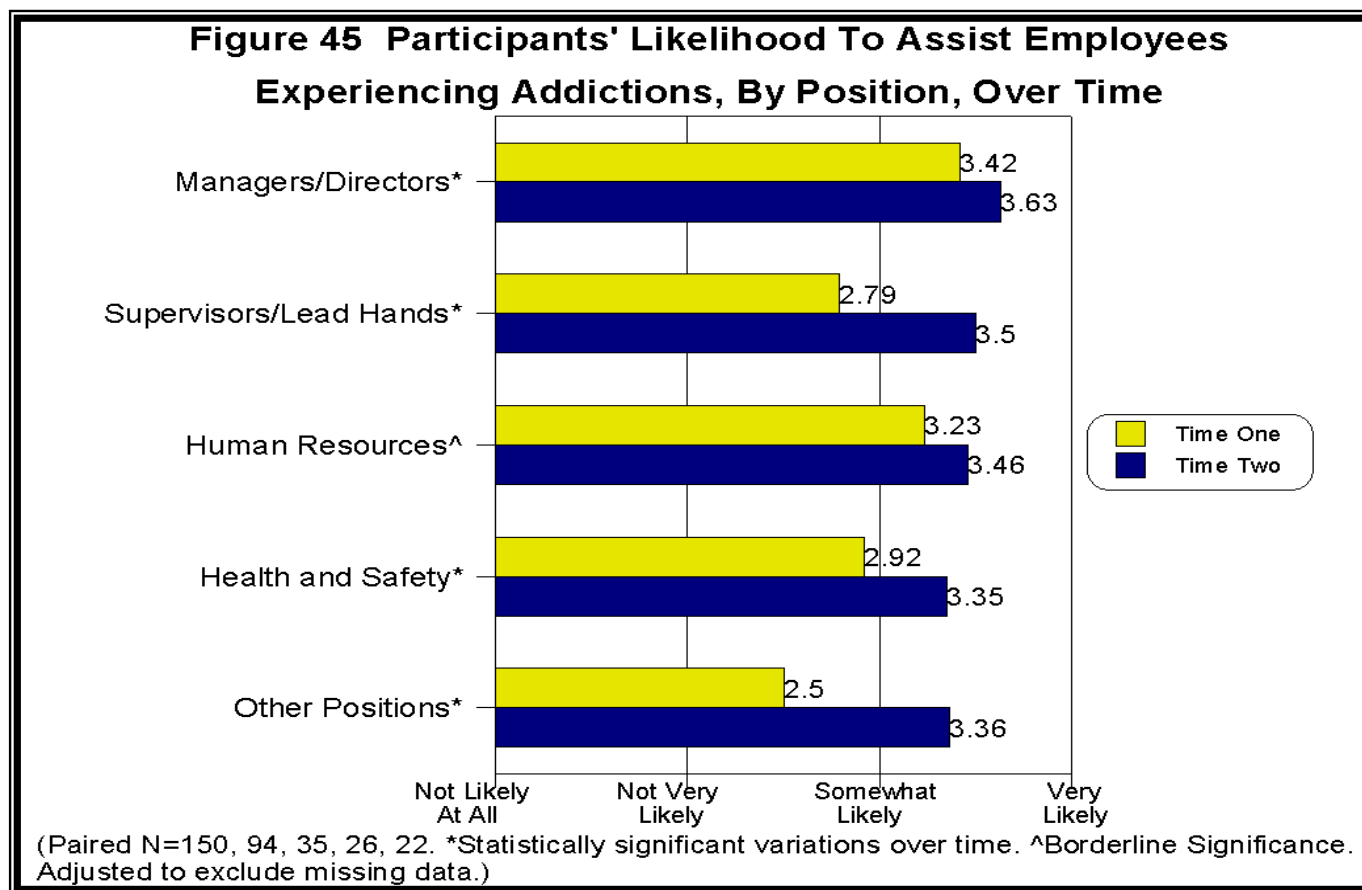
- Mean scores for **managers or directors**, regarding assisting employees with **mental health problems**, rose from 3.48 (the 87th percentile) at Time-One, to 3.71 (the 94th percentile) at Time-Two (Paired N=153, t=4.47, p<.0001)
- Mean scores for **supervisors or lead hands** rose from 2.8 (the 70th percentile) at Time-One to 3.52 (the 88th percentile) at Time-Two (Paired N=96, t=8.36, p<.0001)
- Mean scores for participants in **'other' positions** rose from 2.59 (the 65th percentile) at Time-One to 3.36 (the 84th percentile) at Time-Two (Paired N=22, t=4.46, p<.0001)
- There was a **borderline significant increase** in the mean scores for this question, over time, for participants in the **human resource field**, due the high mean response for this group at Time-One: from 3.34 (the 84th percentile) at Time-One to 3.6 (the 90th percentile) at Time-Two (Paired N=35, t=1.95, p=.059)
- No significant increase, over time, emerged for **health and safety specialists**: from a mean of 3.19 (the 80th percentile) at Time-One, to a mean of 3.42 (the 86th percentile) at Time-Two (Paired N=26, t=1.66, p=.11)



Exploring the likelihood of participants assisting employees with **addictions**, based on their positions, there were four positions for which statistically significant variations emerged over time, and one for which there was borderline significance (Figure 45).

- Mean scores for **managers or directors**, regarding assisting employees with **addictions**, rose from 3.42 (the 86th percentile) at Time-One to 3.63 (the 91st percentile) at Time-Two (Paired N=150, t=3.32, p=.001)
- Mean scores for **supervisors or lead hands** rose from 2.79 (the 70th percentile) at Time-One to 3.5 (the 88th percentile) at Time-Two (Paired N=94, t=7.79, p<.0001)
- Mean scores for **health and safety specialists** rose from 2.92 (the 73rd percentile) at Time-One to 3.35 (the 84th percentile) at Time-Two (Paired N=26, t=2.19, p=.038)

- Mean scores for participants in **'other' roles** rose from 2.5 (the 63rd percentile) at Time-One to 3.36 (the 84th percentile) at Time-Two (Paired N=22, t=4.56, p<.0001)
- **Borderline significance** arose when the results for **participants in the human resource field**, with a mean of 3.23 (the 81st percentile) at Time-One were compared with a mean of 3.46 (the 87th percentile) at Time-Two (Paired N=35, t=1.96, p=.058)



2.6) Reasons For Participants To Be Unlikely To Assist These Employees:

Participants were provided with nine possible reasons to not assist employees with mental health conditions or addictions, and were asked to rank the extent to which each of these applied to them. These questions were asked at Times One and Two.

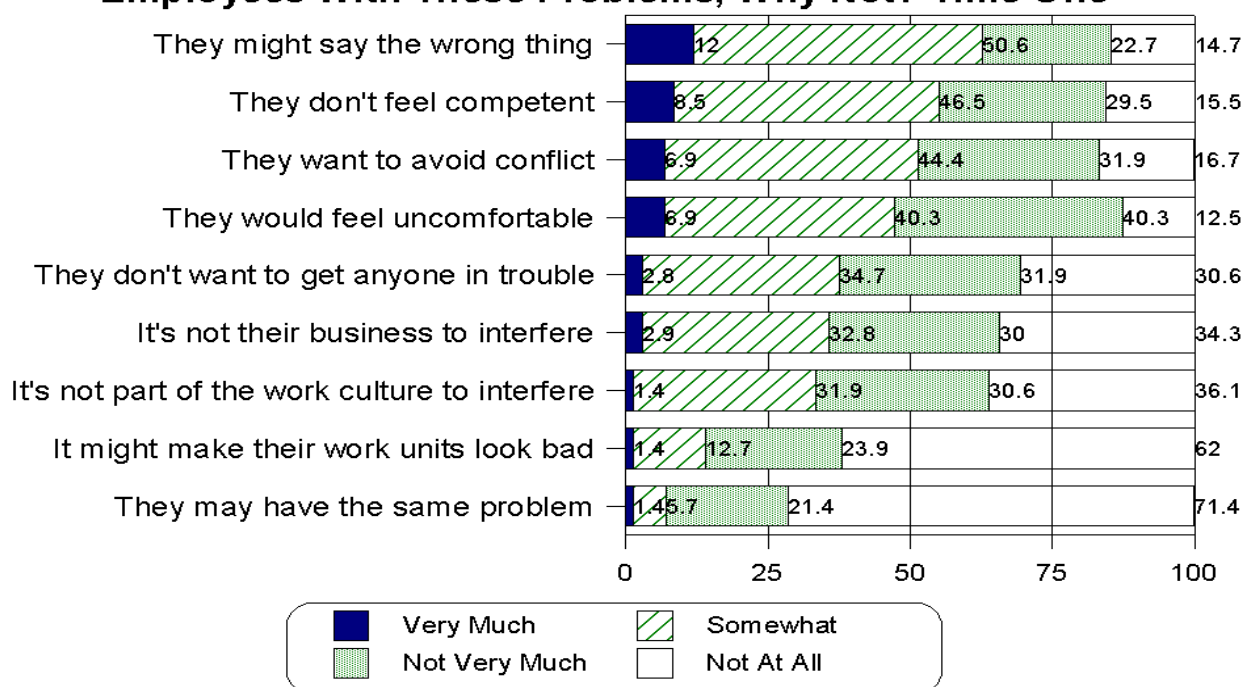
As a general observation, very few of these participants indicated that any of the nine possible barriers 'very much' applied to them. For example, at Time-One, the most serious barrier was concern that **they might say the wrong thing** (Figure 46). This was identified as a very serious barrier by 12.0% of these participants, a somewhat serious barrier by 50.6% of these participants, a minimal barrier by 22.7%, and not a barrier at all by 14.7%. This was followed by:

- Participants who **did not feel competent to assist these employees**, with 8.5% identifying this as a very serious barrier and 46.5% feeling that this was a somewhat serious barrier
- Participants **who wanted to avoid conflict**, with 6.9% identifying this as a very serious barrier, and 44.4% identifying it as a somewhat serious barrier
- Participants who were **concerned that they might feel uncomfortable** assisting these employees, with 6.9% identifying this as a very serious barrier, and 40.3% as somewhat of a barrier
- Participants who **did not want to get anyone in trouble**, with 2.8% of these participants feeling that this was a very serious barrier to them, and 34.7% feeling that this is a somewhat serious barrier

- Participants who believed that ***it was not their business to interfere***, with 2.9% identifying this as a very serious barrier, and 32.8% identifying it as a somewhat serious barrier
- Participants who felt that it was ***not part of their work cultures to interfere***, with 1.4% identifying this as a very serious barrier, and 31.9% as a somewhat serious barrier
- Participants who would not get involved because ***it might make their work units look bad***, with 1.4% identifying this as a very serious barrier, and 12.7% as a somewhat serious barrier
- Participants who did not want to get involved because ***they might have the same problem***, with 1.4% identifying this as a very serious barrier and another 5.7% as a somewhat serious barrier

There were few notable differences in the responses to these questions at Time-Two (Figure 47). This may be linked to the fact that so few participants who initially indicated hesitancy to assist employees with mental health conditions or addictions, identified any of these barriers as being very serious.

Figure 46 If Participants Were Unlikely To Assist Employees With These Problems, Why Not? Time One

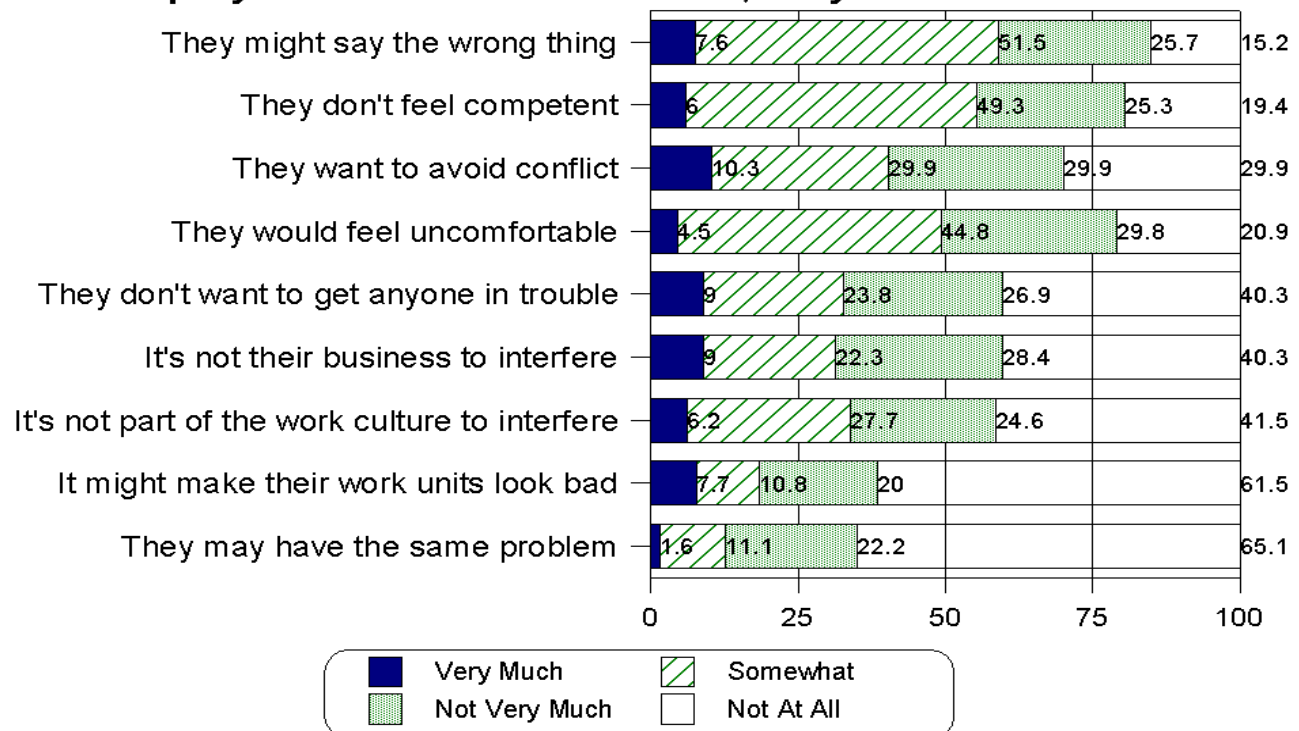


(N=75, 71, 72, 72, 72, 70, 72, 71, 70. Adjusted to exclude missing data.)

There was only one barrier for which there was a significant variation over time (Figure 48):

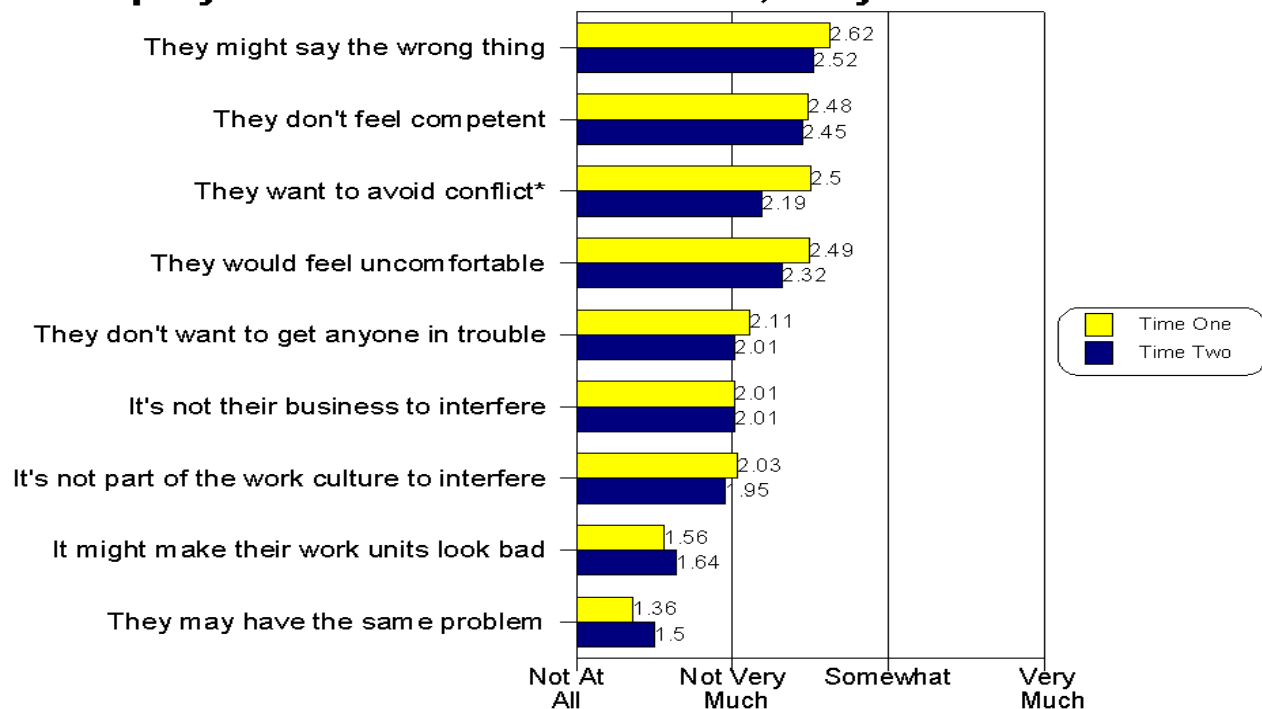
- When asked about ***the need to avoid conflict***, the mean score at Time-One was 2.5 (the 63rd percentile), dropping significantly to 2.19 (the 55th percentile) at Time-Two (Paired N=64, t=2.28, p=.026).

Figure 47 If Participants Were Unlikely To Assist Employees With These Problems, Why Not? Time Two



(N=66, 67, 67, 67, 67, 67, 65, 65, 63. Adjusted to exclude missing data.)

Figure 48 If Participants Were Unlikely To Assist Employees With These Problems, Why Not? Over Time



(Paired N=66, 62, 64, 63, 63, 62, 62, 62, 58. *Statistically significant variation. Adjusted to exclude missing data.)

CHAPTER FIVE: PARTICIPANTS EVALUATING THEIR WORKSHOPS

I) **BACKGROUND:**

This chapter explores the perceived usefulness of the workshop topics; participants' overall satisfaction with the quality of the information they received; whether they will be able to apply this knowledge to their own employees; whether their participation in the workshop was good use of their time; and how likely they are to recommend the workshop to others in their sectors. All of these questions are analyzed in the aggregate, and by participants' sectors and positions. In addition this chapter presents a content analysis of what participants liked most about the workshop, and what changes they would make to the workshop if they could.

II) **THE EVALUATION FINDINGS:**

2.1) **Evaluating the Perceived Usefulness of The Workshop Topics:**

2.1.1) **In the Aggregate:**

Participants were asked to evaluate the perceived usefulness of the eighteen topics covered by the three-hour workshop. The topics included, in the original order in which they were presented:

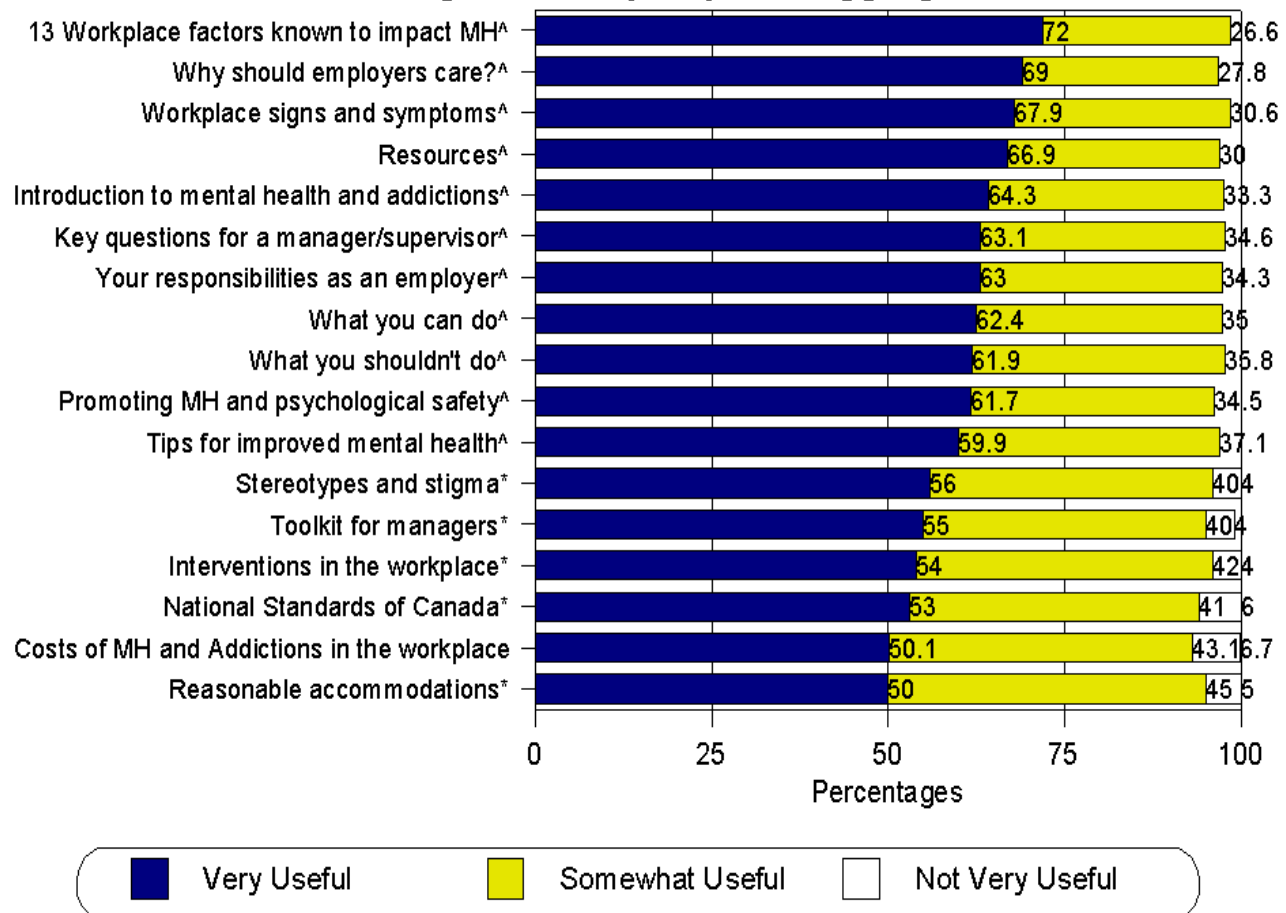
- An Introduction to Mental Health and Addictions
- Costs of Mental Health problems and Addictions in the Workplace
- Workplace Signs and Symptoms
- Why Should Employers Care?
- 13 Workplace Factors Known to Impact Mental Health
- Stereotypes and Stigma
- Key Questions for a Manager/Supervisor
- Interventions in the Workplace
- What You Can Do
- What You Shouldn't Do
- Your Responsibilities as an Employer
- Toolkit for Managers
- Reasonable Accommodations
- Promoting Mental Health and Psychological Safety
- Resources
- National Standard of Canada: Psychological Health & Safety at Work
- Tips for Improved Mental Health

In the aggregate virtually all topics were evaluated as being at least somewhat useful to all participants (Figure 49), far-exceeding the evaluation's **Primary Benchmark**. In addition, at least half of all participants felt that each topic was very useful to them. The ten topics that were most frequently identified as being very useful included, in ranked order:

- 13 Workplace Factors Known to Impact Mental Health (72.0% stating that it was very useful)
- Why Should Employers Care? (69.0%)
- Workplace Signs and Symptoms (67.9%)
- Resources (66.9%)
- An introduction to Mental Health and Addictions (64.3%)
- Key Questions for a Manager/Supervisor (63.1%)
- Your responsibilities as an employer (63.0%)
- What You Can Do (62.4%)
- What You Shouldn't Do (61.9%)

➤ Promoting mental health and psychological safety (61.7%)

Figure 49 How Useful Were Each Of The Following Workshop Topics? Aggregate



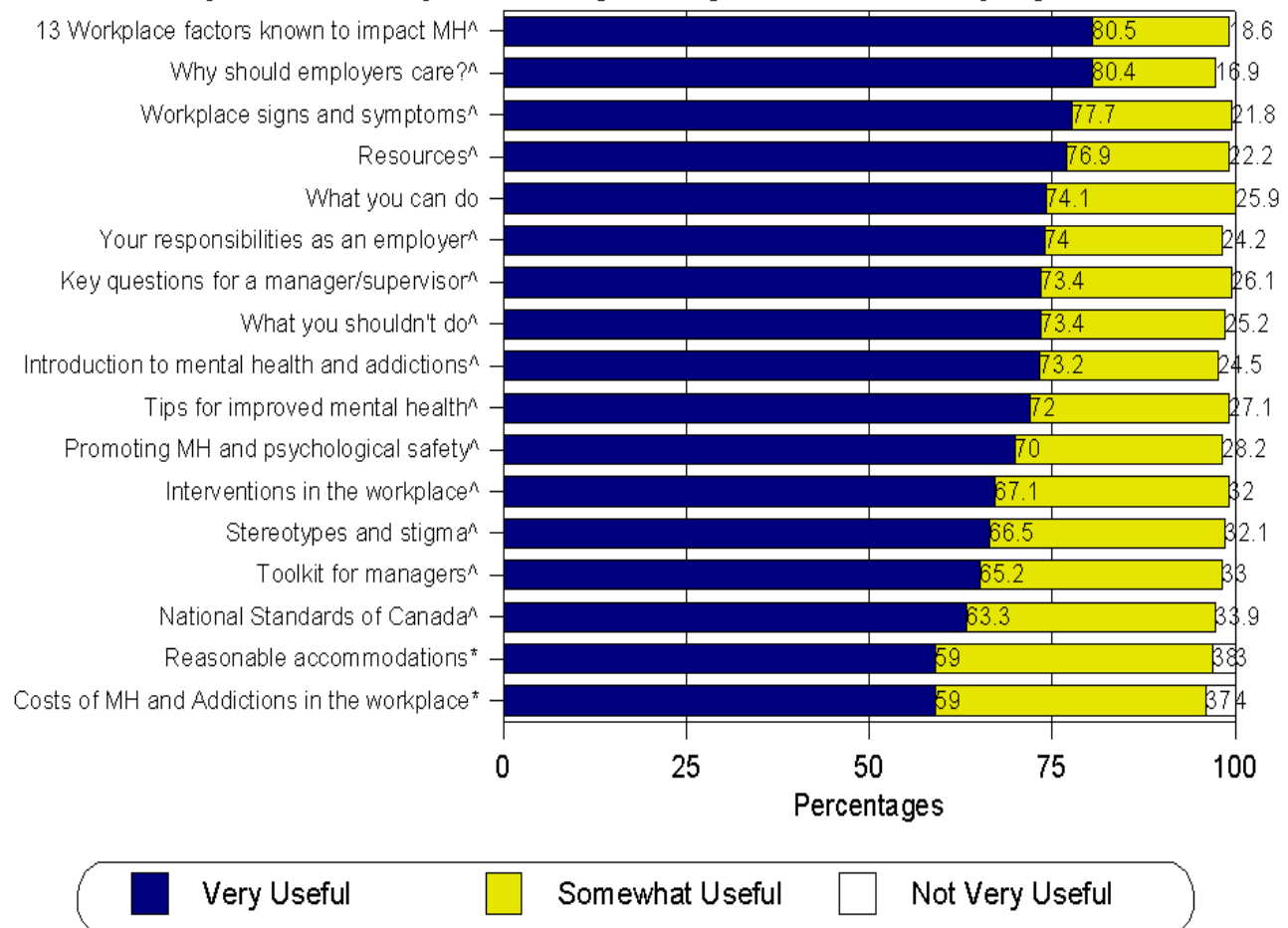
(N=346, 345, 346, 347, 345, 344, 341, 346, 344, 345, 342, 341, 347, 343, 346, 343, 345. *Rounded to increase legibility. [^]Truncated to increase legibility. Adjusted to exclude missing data.)

2.1.2) Reported by Participants 'Very Likely' To Assist Employees:

When these data were analyzed to include only participants who were 'very likely' to assist employees with mental health conditions and/or addictions, it is clear that each of these topics was viewed as being very useful for them (Figure 50). Close to three-quarters of these participants, or more, very positively evaluated the usefulness of eleven topics. They included:

- 13 Workplace Factors Known to Impact Mental Health (80.5%)
- Why Should Employers Care? (80.4%)
- Workplace Signs and Symptoms (77.7%)
- Resources (76.9%)
- What You Can Do (74.1%)
- Your responsibilities as an employer (74.0%)
- Key Questions for a Manager/Supervisor (73.4%)
- What You Shouldn't Do (73.4%)
- An introduction to Mental Health and Addictions (73.2%)

Figure 50 How Useful Were Each Of The Following Workshop Topics? Participants 'Very Likely' To Assist Employees



(N=221, 219, 220, 221, 220, 219, 218, 218, 220, 218, 220, 219, 218, 221, 221, 220, 220. *Rounded to increase legibility. [^]Truncated to increase legibility. Adjusted to exclude missing data.)

- Tips for Improved Mental Health (72.0%)
- Promoting Mental Health and Psychological Safety (70.0%)

2.1.3) By Sectors:

When these data were analyzed by participants' sectors, there was only one topic for which statistically significant variations emerged (Table 10).

- **Toolkit for Managers**, with participants from the Service sector and 'other' sectors being significantly more likely than those from the Construction and Manufacturing sectors to evaluate this as being a very useful topic (69.2% and 73.9% compared with 47.6% and 48.4%, respectively).⁸

⁸ Applicable statistics are included in each respective table.

Table10) Participants Evaluating Usefulness Of Workshop Topics, By Sector

Sectors	Very Much	Some- what	Not Very Much	Not At All	N	Statistics
13 Workplace Factors Known to Impact Mental Health						
Construction	61.9%	33.3%	2.4%	2.4%	42	N=344, $\chi^2=6.37$ df=9, p=.238
Manufacturing	69.1	28.2	2.7	-	188	
Service Sector	70.3	26.4	2.2	1.1	91	
Others	78.3	17.4	4.3	-	23	
Why Should Employers Care?						
Construction	61.9	33.3	2.4	2.4	42	N=344, $\chi^2=6.37$, df=9, p=.702
Manufacturing	69.1	28.2	2.7	-	188	
Service Sector	70.3	26.4	2.2	1.1	91	
Others	78.3	17.4	4.3	-	23	
Workplace Signs and Symptoms						
Construction	61.9	38.1	-	-	42	N=345, $\chi^2=7.12$, df=6, p=.309
Manufacturing	65.6	33.3	1.1	-	189	
Service Sector	74.7	23.1	2.2	-	91	
Others	73.9	21.7	4.3	-	23	
Resources						
Construction	66.7	28.6	4.8	-	42	N=346, $\chi^2=6.28$, df=6, p.393
Manufacturing	62.6	34.2	3.2	-	190	
Service Sector	72.5	24.2	3.3	-	91	
Others	82.6	17.4	-	-	23	
An introduction to Mental Health and Addictions						
Construction	54.8	40.5	4.8	-	42	N=344, $\chi^2=8.05$, df=6, p=.235
Manufacturing	64.0	34.4	1.6	-	189	
Service Sector	65.6	33.3	1.1	-	90	
Others	82.6	13.0	4.3	-	23	
Key Questions for a Manager/Supervisor						
Construction	64.3	33.3	2.4	-	42	N=343, $\chi^2=2.54$, df=6, p=.864
Manufacturing	60.6	37.2	2.1	-	188	
Service Sector	66.7	30.0	3.3	-	90	
Others	69.6	30.4	-	-	23	
Your responsibilities as an employer						
Construction	61.9	35.7	2.4	-	42	N=340, $\chi^2=9.49$, df=9, p=.393
Manufacturing	59.7	37.6	2.2	0.5	186	
Service Sector	72.2	26.7	1.1	-	90	
Others	59.1	31.8	9.1	-	22	

Sectors	Very Much	Some- what	Not Very Much	Not At All	N	Statistics
What You Can Do						
Construction	66.7	28.6	4.8	-	42	N=345, $\chi^2=5.28$, df=6, p=.509
Manufacturing	58.2	39.2	2.6	-	189	
Service Sector	69.2	28.6	2.2	-	91	
Others	65.2	34.8	-	-	23	
What You Shouldn't Do						
Construction	71.4	26.2	2.4	-	42	N=343, $\chi^2=10.36$, df=6, p=.110
Manufacturing	55.6	42.8	1.6	-	187	
Service Sector	68.1	28.6	3.3	-	91	
Others	73.9	21.7	4.3	-	23	
Promoting mental health and psychological safety						
Construction	52.4	40.5	7.1	-	42	N=344, $\chi^2=8.54$, df=6, p=.202
Manufacturing	58.5	37.8	3.7	-	188	
Service Sector	69.2	28.6	2.2	-	91	
Others	78.3	17.4	4.3	-	23	
Tips for Improved Mental Health						
Construction	43.9	53.7	2.4	-	41	N=341, $\chi^2=11.74$, df=9, p=.228
Manufacturing	58.3	37.4	3.7	0.5	187	
Service Sector	67.0	31.9	1.1	-	91	
Others	77.3	22.7	-	-	22	
Stereotypes and Stigma						
Construction	58.5	36.6	4.9	-	41	N=340, $\chi^2=2.44$, df=6, p=.875
Manufacturing	53.5	42.8	3.7	-	187	
Service Sector	61.8	36.0	2.2	-	89	
Others	52.2	43.5	4.3	-	23	
Toolkit for Managers*						
Construction	47.6	50.0	2.4	-	42	N=346, $\chi^2=17.21$, df=9, p=.045
Manufacturing	48.4	46.8	4.2	0.5	190	
Service Sector	69.2	26.4	4.4	-	91	
Others	73.9	21.7	4.3	-	23	
Interventions in the workplace						
Construction	50.0	45.2	4.8	-	42	N=342, $\chi^2=9.24$, df=9, p=.415
Manufacturing	49.2	46.0	3.7	1.1	187	
Service Sector	61.1	35.6	3.3	-	90	
Others	73.9	26.1	-	-	23	

Sectors	Very Much	Some- what	Not Very Much	Not At All	N	Statistics
National Standard of Canada: Psychological Health & Safety at Work						
Construction	42.9	50.0	7.1	-	42	N=345, $\chi^2=5.65$, df=9, p=.775
Manufacturing	51.9	40.2	7.4	0.5	189	
Service Sector	56.0	38.5	5.5	-	91	
Others	65.2	34.8	-	-	23	
Costs of Mental Health Problems and Addictions in the workplace						
Construction	42.9	45.2	11.9	-	42	N=342, $\chi^2=9.88$, df=6, p=.129
Manufacturing	47.3	45.2	7.5	-	186	
Service Sector	53.8	42.9	3.3	-	91	
Others	73.9	21.7	4.3	-	23	
Reasonable Accommodations						
Construction	43.9	51.2	4.9	-	41	N=344, $\chi^2=9.48$, df=6, p=.148
Manufacturing	45.0	49.2	5.8	-	189	
Service Sector	60.4	37.4	2.2	-	91	
Others	60.9	30.4	8.7	-	23	
*Statistically significant variations by sector. Adjusted to exclude missing data.						

2.1.4) By Positions:

When these data were analyzed by participants' positions there were five topics for which statistically significant variations emerged (Table 11). They include:

- **Key Questions for a Manager/Supervisor:** With managers and directors being most likely to identify this topic as being very useful, followed by health and safety specialists and participants in the human resource field (72.5%, 61.5% and 61.1%); participants in 'other' positions being least likely (47.8%)
- **Your responsibilities as an employer:** With managers and directors, and participants in the human resource field being most likely to identify this as a very useful topic, and health and safety specialists and 'others' being least likely to do so (70.8% and 66.7% compared with 46.2% and 42.9%)
- **Stereotypes and Stigma:** With participants in the human resource field and managers and directors being most likely to identify this as a very useful topic, and supervisors and lead hands and health and safety specialists being least likely to do so (64.7% and 64.1% compared with 45.7% and 42.3%)
- **Toolkit for Managers:** With participants in the human resource field and managers and directors being most likely to identify this as a very useful topic, and supervisors and lead hands and health and safety specialists being least likely to do so (63.9% and 63.0% compared with 46.2% and 46.2%)
- **Interventions in the Workplace:** With managers and directors and participants in the human resource being most likely to identify this as a very useful topic, and supervisors and lead hands and 'others' being least likely to do so (63.0% and 61.1% compared with 43.3% and 36.4%)

Table11) Participants Evaluating Usefulness Of Workshop Topics, By Position

Positions	Very Much	Some- what	Not Very Much	Not At All	N	Statistics
13 Workplace Factors Known to Impact Mental Health						
Managers/Directors	74.7%	24.7%	0.6%	-	154	N=345, $\chi^2=12.15$ df=8, p=.145
Supervisors/Lead Hands	66.3	31.7	1.9	-	104	
Human Resources	66.7	27.8	5.6	-	36	
Health and Safety	69.2	30.8	-	-	26	
Others	58.3	41.7	-	-	24	
Why Should Employers Care?						
Managers/Directors	73.4	22.1	3.2	1.3	154	N=344, $\chi^2=10.50$ df=12, p=.572
Supervisors/Lead Hands	66.3	31.7	1.9	-	104	
Human Resources	66.7	27.8	5.6	-	36	
Health and Safety	69.2	30.8	-	-	36	
Others	58.3	41.7	-	-	24	
Workplace Signs and Symptoms						
Managers/Directors	71.4	27.3	1.3	-	154	N=345, $\chi^2=7.98$, df=8, p=.435
Supervisors/Lead Hands	61.0	36.2	2.9	-	105	
Human Resources	77.8	22.2	-	-	36	
Health and Safety	69.2	30.8	-	-	26	
Others	58.3	41.7	-	-	24	
Resources						
Managers/Directors	67.5	29.2	3.2	-	154	N=346, $\chi^2=6.51$, df=8, p=.589
Supervisors/Lead Hands	67.0	30.2	2.8	-	106	
Human Resources	77.8	22.2	-	-	36	
Health and Safety	57.7	34.6	7.7	-	26	
Others	54.2	41.7	4.2	-	24	
An introduction to Mental Health and Addictions						
Managers/Directors	68.0	29.4	2.6	-	153	N=344, $\chi^2=4.82$, df=8, p=.776
Supervisors/Lead Hands	61.3	35.8	2.8	-	106	
Human Resources	66.7	30.6	2.8	-	36	
Health and Safety	53.8	46.2	-	-	26	
Others	60.9	39.1	-	-	23	
Key Questions for a Manager/Supervisor*						
Managers/Directors	72.5	24.2	3.3	-	153	N=343, $\chi^2=16.28$, df=8, p=.038
Supervisors/Lead Hands	54.3	43.8	1.9	-	105	
Human Resources	61.1	38.9	-	-	36	
Health and Safety	61.5	34.6	3.8	-	26	
Others	47.8	52.2	-	-	23	

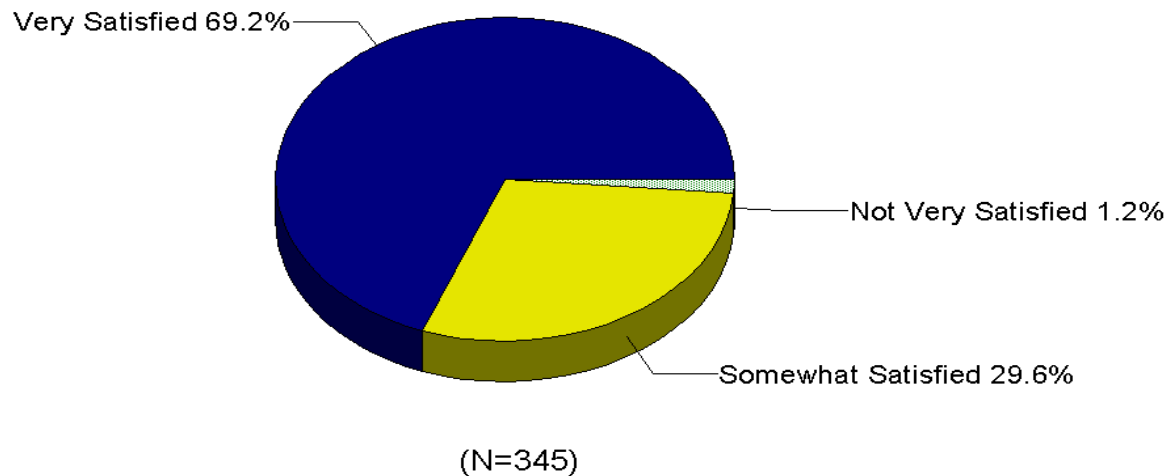
Positions	Very Much	Some- what	Not Very Much	Not At All	N	Statistics
Your responsibilities as an employer*						
Managers/Directors	70.8	28.6	0.6	-	154	N=340, $\chi^2=43.53$, df=12, p=.00002
Supervisors/Lead Hands	59.2	39.8	1.0	-	103	
Human Resources	66.7	25.0	8.3	-	36	
Health and Safety	46.2	50.0	-	3.8	26	
Others	42.9	42.9	14.3	-	21	
What You Can Do						
Managers/Directors	66.2	30.5	3.2	-	154	N=345, $\chi^2=5.36$, df=8, p=.718
Supervisors/Lead Hands	58.1	40.0	1.9	-	105	
Human Resources	69.4	30.6	-	-	36	
Health and Safety	53.8	42.3	3.8	-	26	
Others	58.3	37.5	4.2	-	24	
What You Shouldn't Do						
Managers/Directors	67.5	29.9	2.6	-	154	N=343, $\chi^2=8.01$, df=8, p=.432
Supervisors/Lead Hands	55.3	42.7	1.9	-	103	
Human Resources	69.4	30.6	-	-	36	
Health and Safety	50.0	46.2	3.8	-	26	
Others	58.3	37.5	4.2	-	24	
Promoting mental health and psychological safety						
Managers/Directors	65.6	30.5	3.9	-	154	N=344, $\chi^2=4.14$, df=8, p=.845
Supervisors/Lead Hands	59.4	36.8	3.8	-	106	
Human Resources	61.1	36.1	2.8	-	36	
Health and Safety	65.4	30.8	3.8	-	26	
Others	45.5	50.0	4.5	-	22	
Tips for Improved Mental Health						
Managers/Directors	63.8	33.6	2.0	0.7	152	N=341, $\chi^2=6.83$, df=12, p=.869
Supervisors/Lead Hands	56.7	41.3	1.9	-	104	
Human Resources	60.0	37.1	2.9	-	35	
Health and Safety	53.8	42.3	3.8	-	26	
Others	58.3	33.3	8.3	-	24	
Stereotypes and Stigma*						
Managers/Directors	64.1	32.7	3.3	-	153	N=340, $\chi^2=18.66$, df=8, p=.017
Supervisors/Lead Hands	45.7	51.4	2.9	-	105	
Human Resources	64.7	32.4	2.9	-	34	
Health and Safety	42.3	53.8	3.8	-	26	
Others	54.5	31.8	13.6	-	22	

Positions	Very Much	Some- what	Not Very Much	Not At All	N	Statistics
Toolkit for Managers*						
Managers/Directors	63.0	35.7	1.3	-	154	N=346, χ ² =31.59, df=12, p=.002
Supervisors/Lead Hands	46.2	45.3	8.5	-	106	
Human Resources	63.9	30.6	5.6	-	36	
Health and Safety	46.2	50.0	3.8	-	26	
Others	41.7	54.2	-	4.2	24	
Interventions in the workplace*						
Managers/Directors	63.0	33.1	3.9	-	154	N=342, χ ² =27.83, df=12, p=.006
Supervisors/Lead Hands	43.3	52.9	3.8	-	104	
Human Resources	61.1	36.1	-	2.8	36	
Health and Safety	50.0	42.3	7.7	-	26	
Others	36.4	59.1	-	4.5	22	
National Standard of Canada: Psychological Health & Safety at Work						
Managers/Directors	52.6	41.6	5.8	-	154	N=345, χ ² =7.74, df=12, p=.805
Supervisors/Lead Hands s	51.9	41.5	5.7	0.9	106	
Human Resources	62.9	34.3	2.9	-	35	
Health and Safety	42.3	46.2	11.5	-	26	
Others	54.2	33.3	12.5	-	24	
Costs of Mental Health Problems and Addictions in the workplace						
Managers/Directors	50.6	43.5	5.8	-	154	N=342, χ ² =6.12, df=8, p=.634
Supervisors/Lead Hands	50.5	45.6	3.9	-	103	
Human Resources	54.3	34.3	11.4	-	35	
Health and Safety	42.3	46.2	11.5	-	26	
Others	50.0	375	12.5	-	24	
Reasonable Accommodations						
Managers/Directors	53.9	40.9	5.2	-	154	N=344, χ ² =6.00, df=8, p=.647
Supervisors/Lead Hands	45.3	50.9	3.8	-	106	
Human Resources	57.1	37.1	5.7	-	35	
Health and Safety	50.0	46.2	3.8	-	26	
Others	34.8	56.5	8.7	-	23	
*Statistically significant variations by position. Adjusted to exclude missing data.						

2.2) Participants' Overall Satisfaction With the Quality of the Information Provided:

2.2.1) In The Aggregate:

Figure 51 How Satisfied Were Participants With The Quality Of The Information They Received? Aggregate



(Adjusted to exclude missing data.)

In the aggregate 98.8% of all participants were satisfied with the quality of the information presented at their workshops, with 69.2% of these being very satisfied (Figure 51). These findings far-exceed the **Primary Benchmark**.⁹

2.2.2) By Sectors:

There were no significant variations in participants' responses to this question based on their sectors (Figure 52). All, or virtually all, participants, across sectors were at least somewhat satisfied with the quality of the information they received from the workshop, with between 65.2% and 76.9% being very satisfied (N=344, $\chi^2=6.77$, df=6, p=.343).

2.2.3) By Positions:

Similarly, when these data were analyzed by participants' positions, no significant variations emerged (Figure 53). Again, all or virtually participants, regardless of their sectors, were at least somewhat satisfied with the quality of the information provided, with from 50.0% to 83.3% being very satisfied (N=344, $\chi^2=11.81$, df=8, p=.16).

2.3) Did Participants Feel That the Information They Received Will Be Relevant to Their Workplaces?

2.3.1) In the Aggregate:

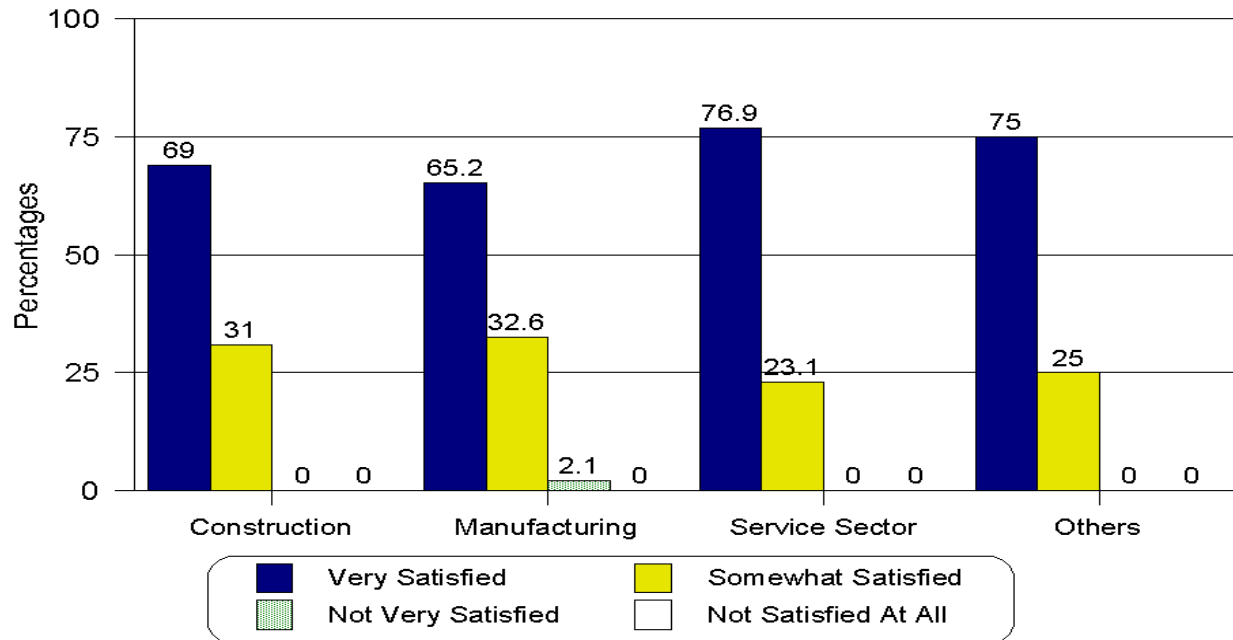
In the aggregate only three participants (0.9%) felt that the information they received through the workshops will not be very relevant to their workplaces (Figure 54). All of the remaining participants felt that the information will be at least somewhat relevant with 71.2% feeling that it will be very relevant.

⁹ All of the data provided in this section **far-exceeded** the **Primary Benchmark** set for this evaluation.

2.3.2) By Sectors:

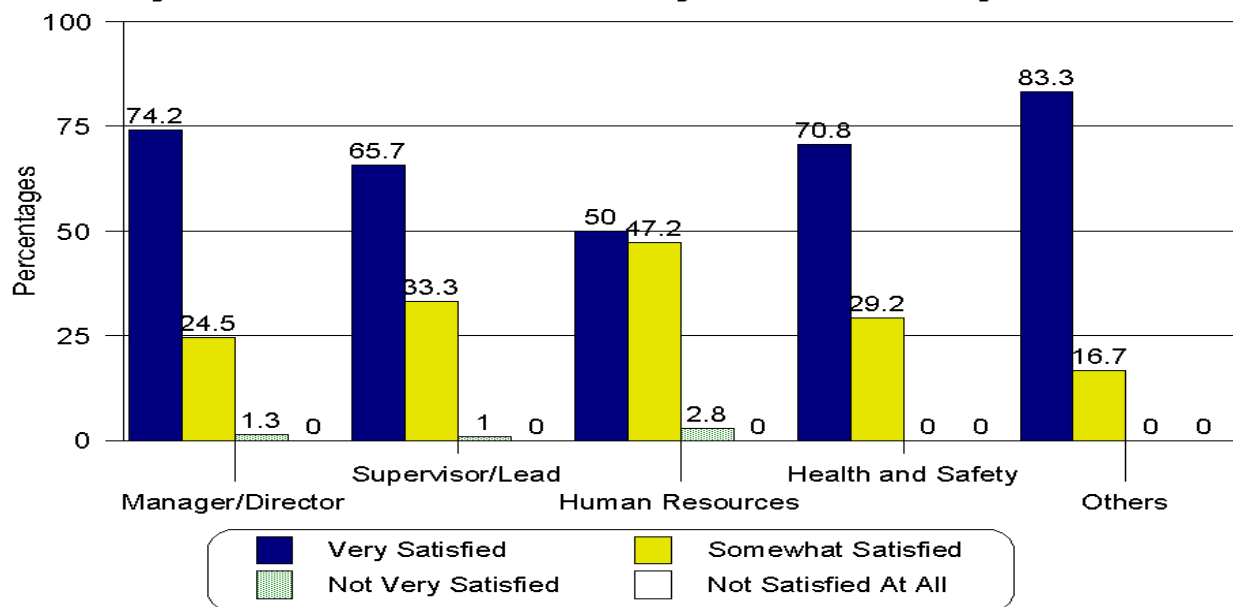
Virtually all participants, across sectors, were at least somewhat likely to feel that the information they received will be at least somewhat relevant to their workplaces (Figure 55). Of these, from 66.7% and 78.0% very much felt this way (N=343, $\chi^2=3.87$, df=6, p=.69).

Figure 52 How Satisfied Were Participants With The Quality Of The Information They Received? By Sector



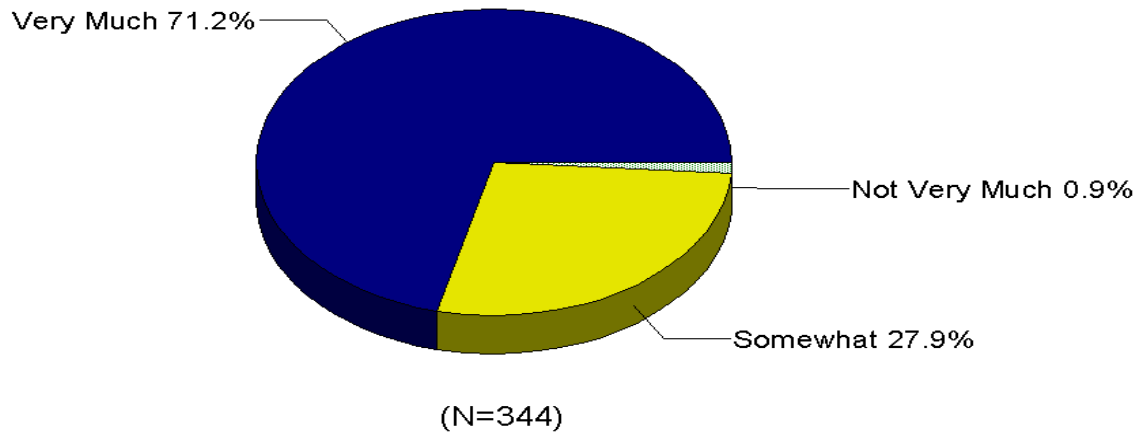
(N=42, 187, 91, 24. Adjusted to exclude missing data.)

Figure 53 How Satisfied Were Participants With The Quality Of The Information They Received? By Position



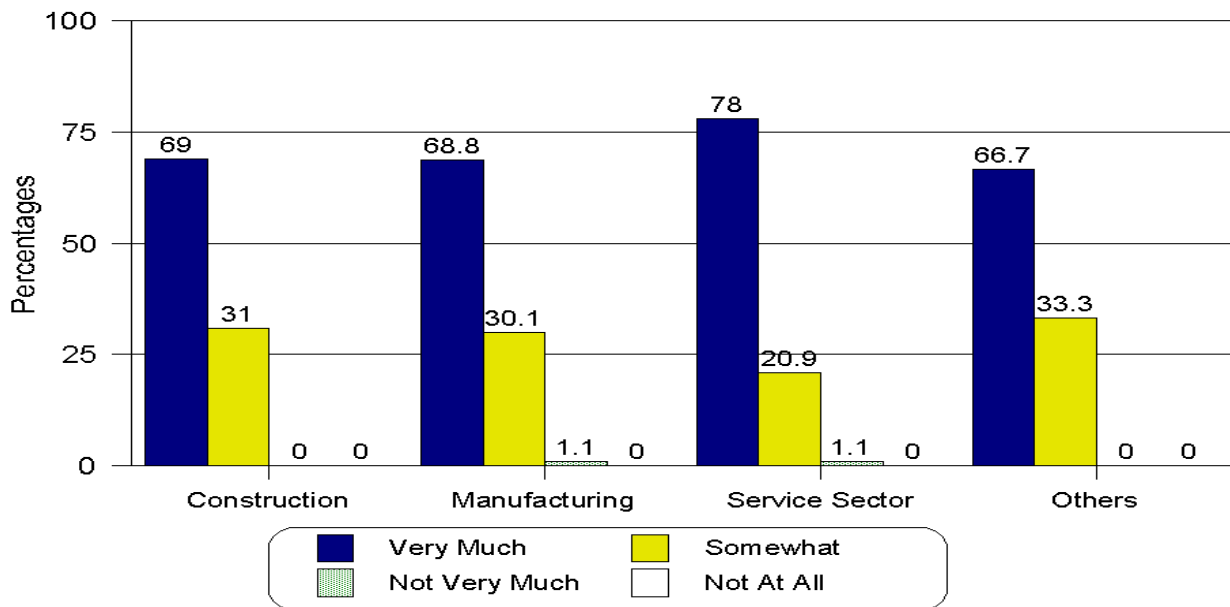
(N=155, 105, 36, 24, 24. Adjusted to exclude missing data.)

Figure 54 Was The Information Participants Received Relevant To Their Workplaces? Aggregate



(Adjusted to exclude missing data.)

Figure 55 Was The Information Participants Received Relevant To Their Workplaces? By Sector

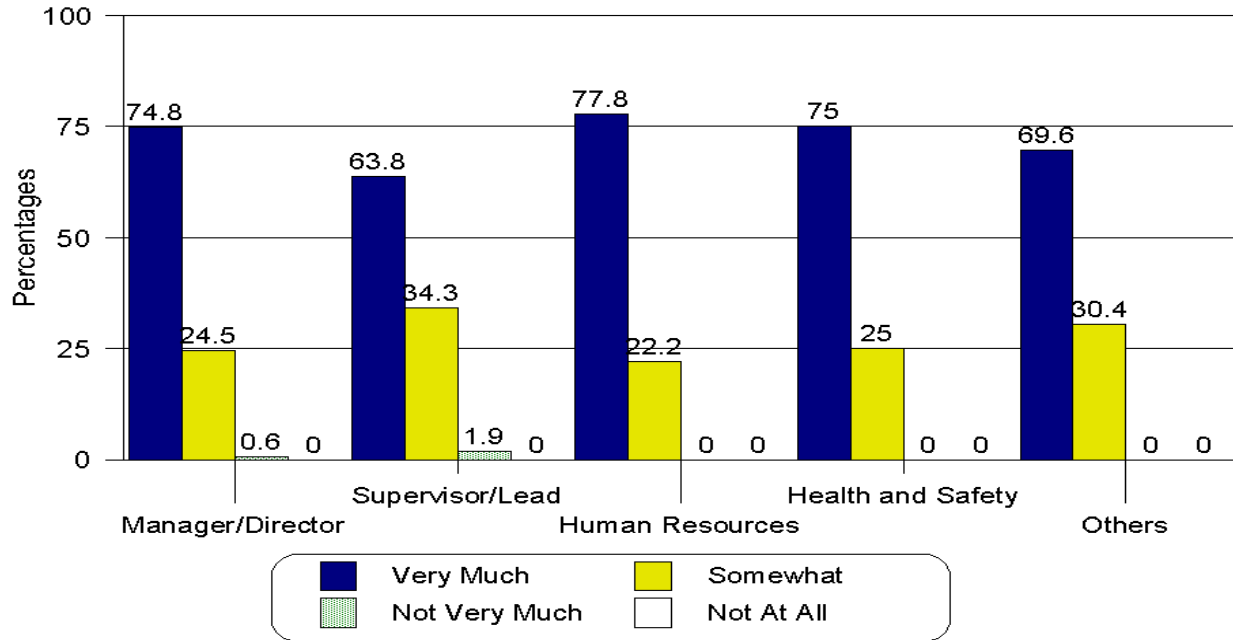


(N=42, 186, 91, 24. Adjusted to exclude missing data.)

2.3.2) By Positions:

Analyzing these data by participants' positions, no significant variations emerged (Figure 56). All or virtually all participants reported that the information will be at least somewhat relevant to their workplaces, and between 63.8% and 77.8% felt that it would be very relevant (N=343, $\chi^2=6.18$, df=8, p=.63).

Figure 56 Was The Information Participants Received Relevant To Their Workplaces? By Position



(N=155, 105, 36, 24, 23. Adjusted to exclude missing data.)

2.4) Did Participants Feel That Their Presenters Were Knowledgeable About the Topics They Presented?

2.4.1) In The Aggregate:

Only two participants (0.6%) felt that their presenters were not very knowledgeable about the topics they presented (Figure 57). Of the remainder, 13.7% felt that they were somewhat knowledgeable, and 85.7% felt that they were very knowledgeable, for a total of 99.4%.

2.4.2) By Sectors:

There was *borderline significance* when these data were analyzed by participants' sectors (Figure 58). While all, or virtually all participants were at least somewhat satisfied with their presenters, 80.7% of the participants from the manufacturing sector were very satisfied in this respect, compared with 90.1% of those from the service sector, 91.7% from 'other' sectors, and 97.6% from the construction sector (N=344, $\chi^2=11.52$, df=6, p=.073).

2.4.3) By Positions:

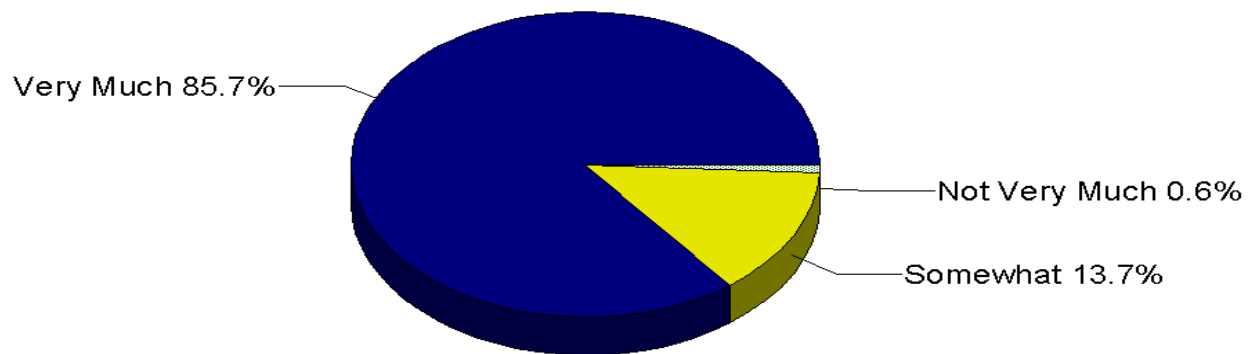
Variations in responses to this question, by participants' positions, were not statistically significant (Figure 59). The percentage of participants who felt that their presenters were very knowledgeable about the topics they presented ranged from 77.8% to 95.8%, with the large percentage of the remaining participants feeling that they were at least somewhat knowledgeable (N=344, $\chi^2=11.85$, df=8, p=.158).

2.5) Will Participants Be Able to Apply Their New Knowledge to Help Their Employees?

2.5.1) In the Aggregate:

Virtually all participants will be at least somewhat likely to be able to apply the knowledge they gained to help their employees with mental health conditions or addictions (Figure 60). Of these, 57.7% said that this would be very much the case.

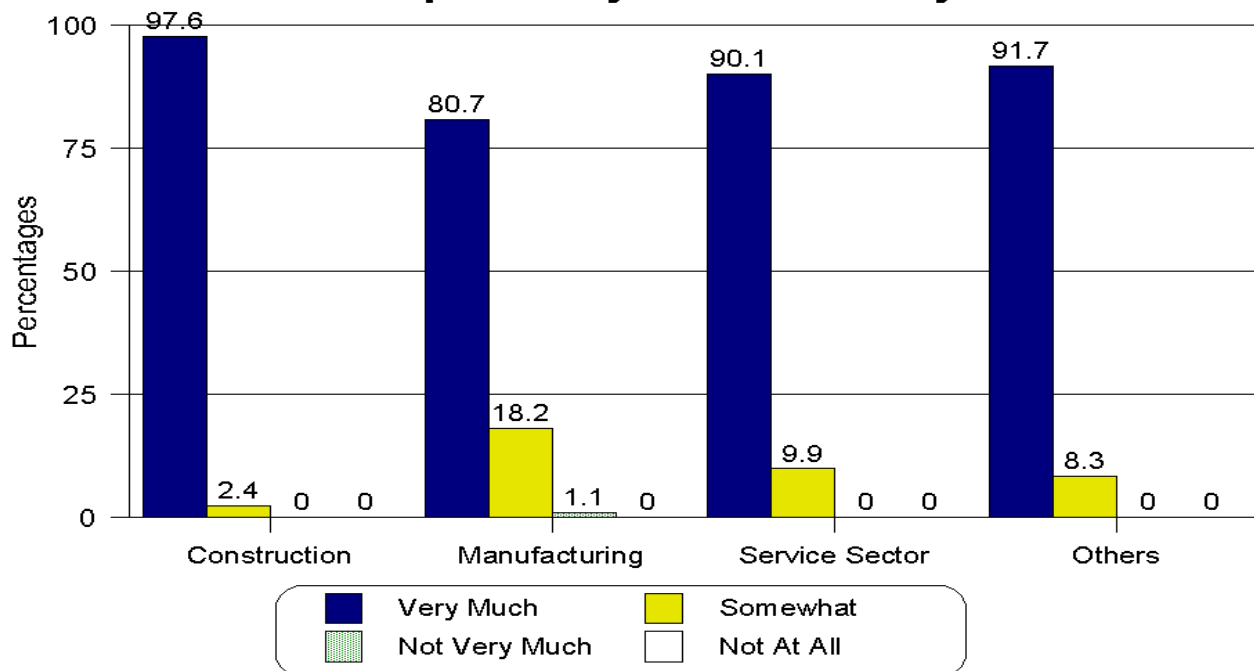
Figure 57 Were The Presenters Knowledgeable About The Topics They Presented? Aggregate



(N=345)

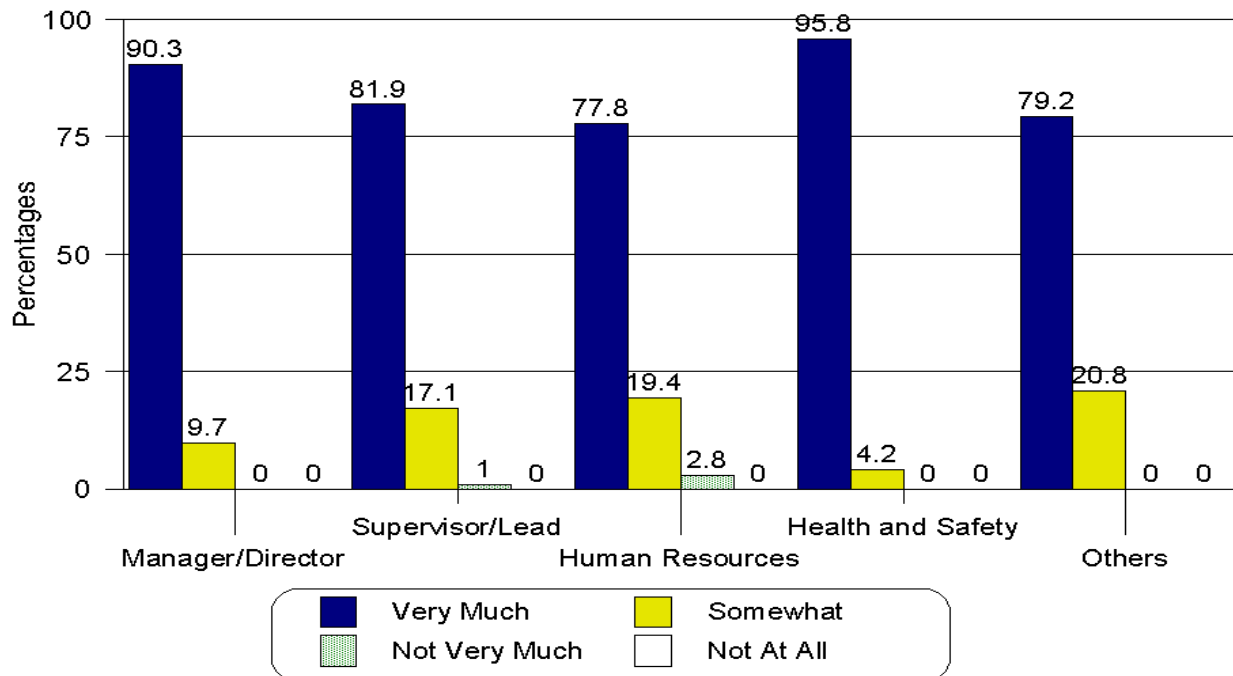
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Figure 58 Were The Presenters Knowledgeable About The Topics They Presented? By Sector



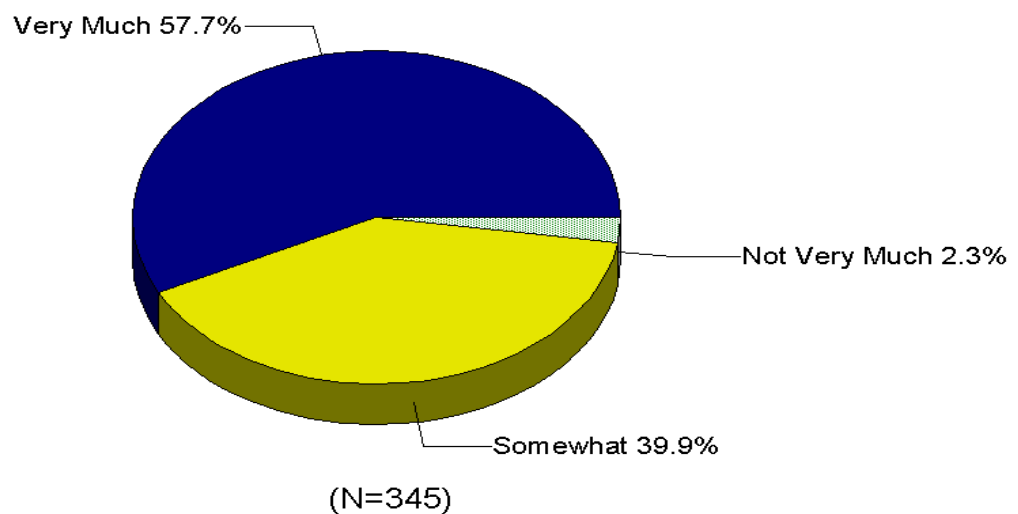
(N=42, 187, 91, 24. Adjusted to exclude missing data.)

Figure 59 Were The Presenters Knowledgeable About The Topics They Presented? By Position



(N=155, 105, 36, 24, 24. Adjusted to exclude missing data.)

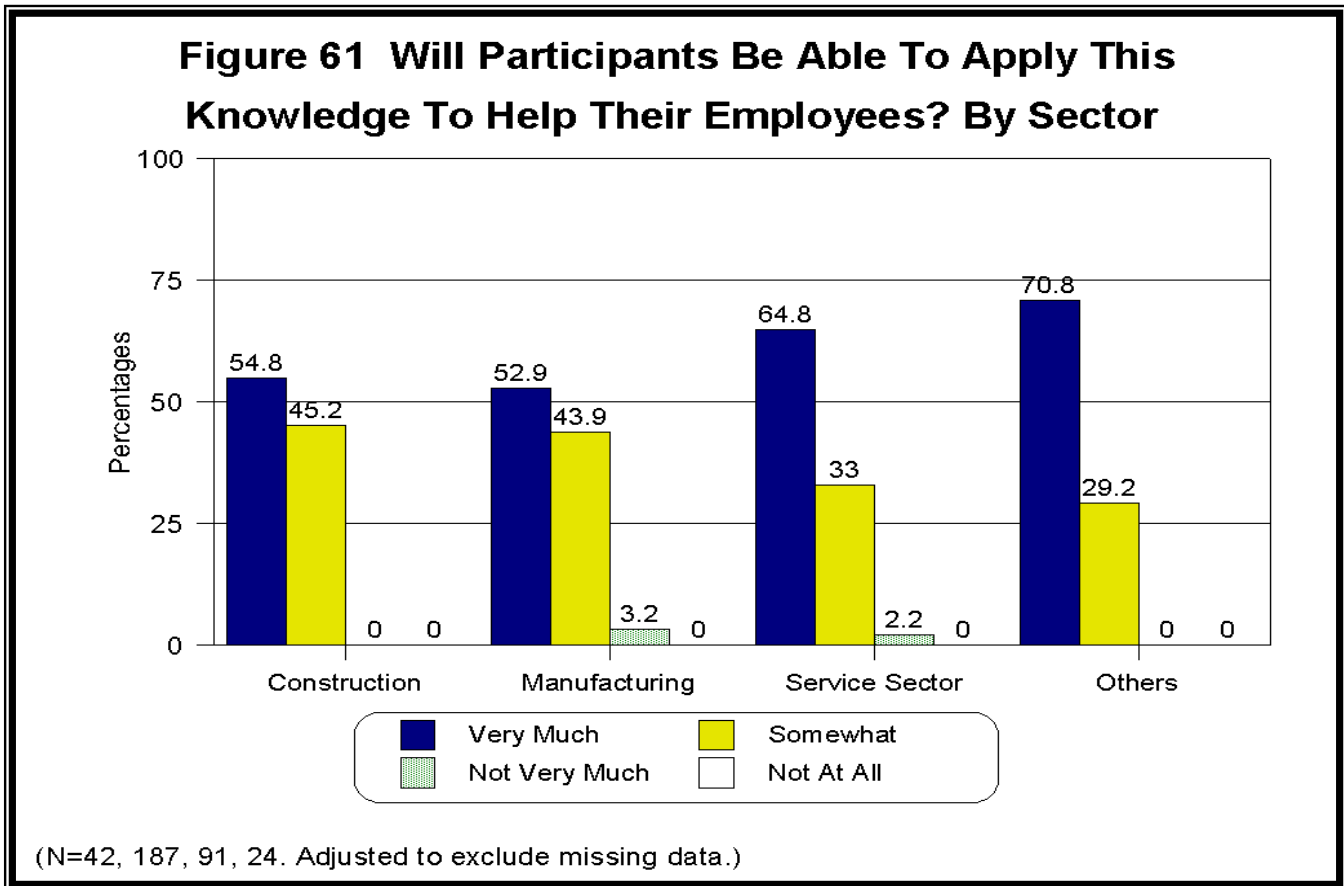
Figure 60 Will Participants Be Able To Apply This Knowledge To Help Their Employees? Aggregate



(Adjusted to exclude missing data.)

2.5.2) By Sectors:

There was *borderline significance* regarding variations in the responses to this question, based on participants' sectors (Figure 61). Specifically, the percentage of participants who responded 'very much' or 'somewhat' to this question was 54.8% and 45.2% (respectively) for participants from the construction sector; 52.9% and 43.9% for those from the manufacturing sector; 64.8% and 33.0% from those from the service sector; and 70.8% and 29.2% from those from 'other' sectors (N=344, $\chi^2=15.41$, df=9, p=.08).



2.5.3) By Positions:

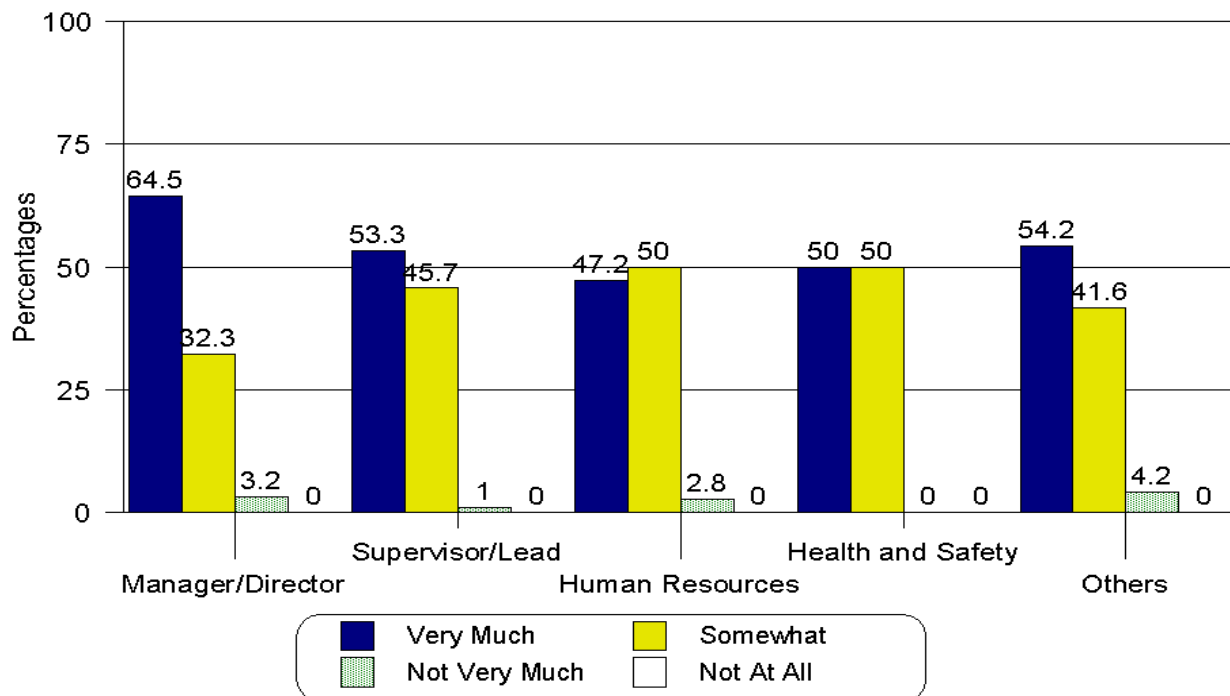
There were significant variations in the responses to this question, based on participants' positions (Figure 62). Managers and directors were most likely to report being very much able to apply the knowledge they gained from the workshop to help their employees with mental health conditions and addictions (64.5%). This is compared with 54.2% of those in 'other' positions, 53.3% of the supervisors and lead hands, 50.0% of the health and safety specialists, and 47.2% of those in the human resource field (N=344, $\chi^2=21.60$, df=12, p=.042).

2.6) Participants Evaluating The Amount Of Information Provided:

2.6.1) In The Aggregate:

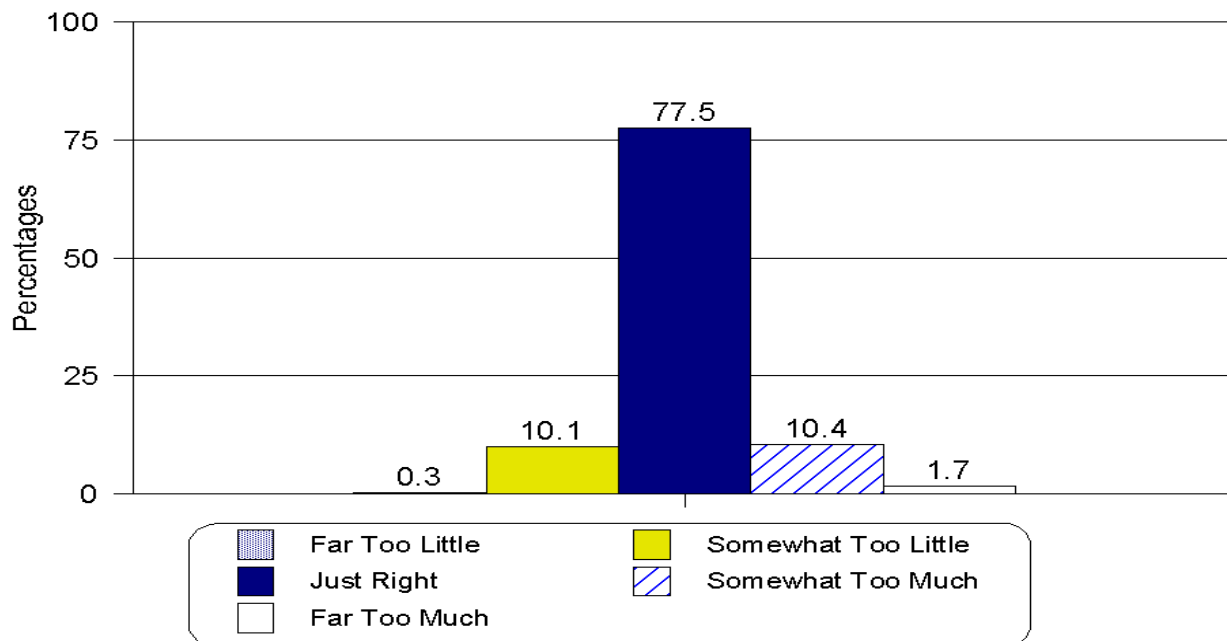
Overall most participants (77.5%) felt that the three-hour workshops provided just the right amount of information (Figure 63). This represents the **Primary Benchmark**. The remaining responses were spread evenly between those who thought that too much information was provided and those who wanted more information. Specifically, 0.3% of the participants (N=1) felt that there was far too little information; 10.1% that there was somewhat too little information provided, 10.4% that there was somewhat too much information provided, and 1.7% (n=6) who felt that far too much information was presented.

Figure 62 Will Participants Be Able To Apply This Knowledge To Help Their Employees? By Position



(N=155, 105, 36, 24, 24. Adjusted to exclude missing data.)

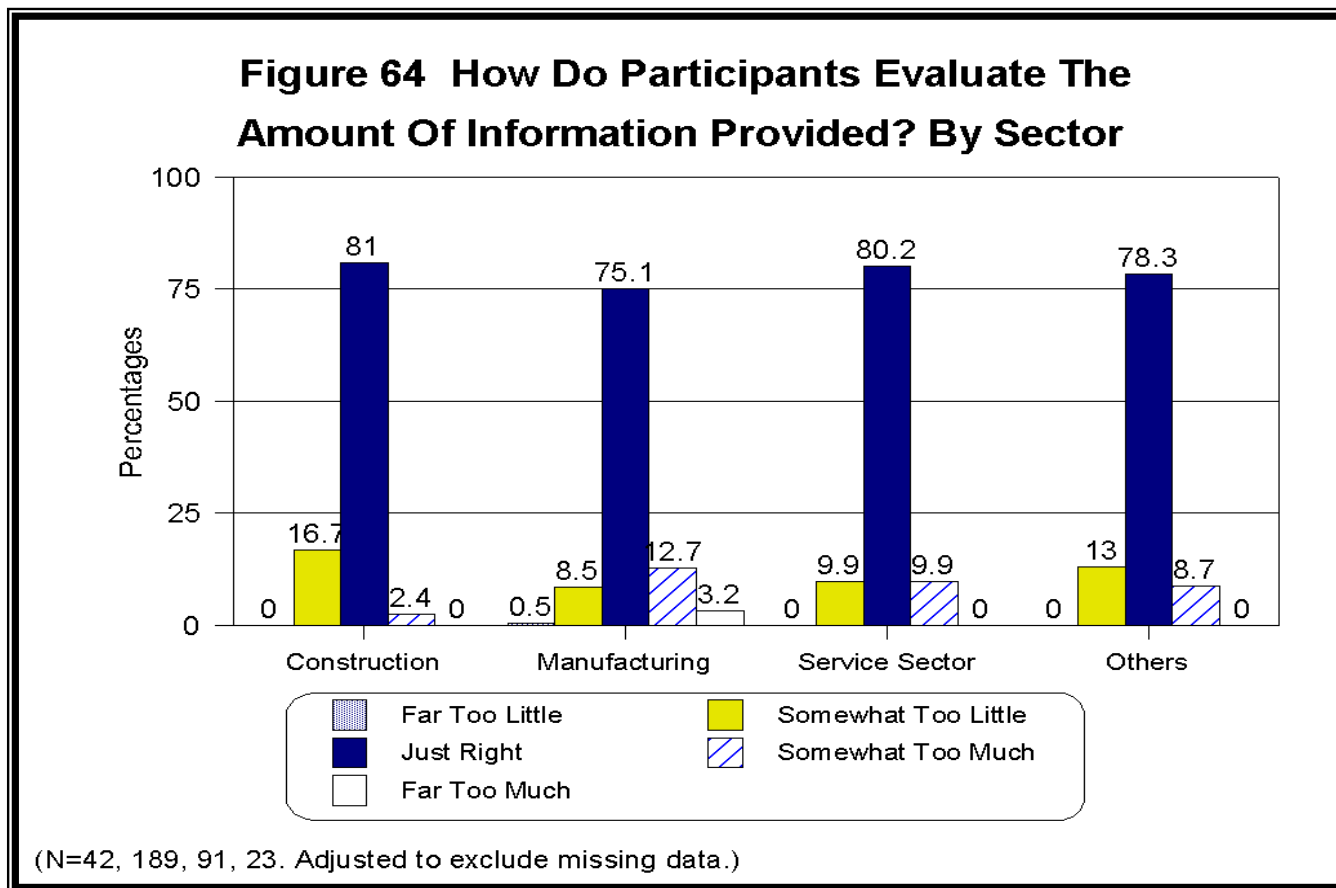
Figure 63 How Do Participants Evaluate The Amount Of Information Provided? Aggregate



(N=346. Adjusted to exclude missing data.)

2.6.2) By Sectors:

There were no significant variations in participants' responses to this question when these are analyzed by their sectors (Figure 64). The percentage who reported that just the right amount of information was provided ranged from 75.1% of participants in the manufacturing sector, to 78.3% of those in 'other' sectors, 80.2% of participants in the service sector, and 81.0% of participants in the construction sector ($N=345$, $\chi^2=12.18$, $df=12$, $p=.43$).



2.6.3) By Positions:

There were significant variations in responses to this question when the data are analyzed by participants' positions (Figure 65). Managers and directors, followed closely by health and safety specialists, were most likely to feel that just the right of information was provided (82.5% and 80.8%, respectively). This also the response of the supervisors and lead hands and those in 'other' positions (76.2% and 70.8%). In contrast with these responses, 63.9% of the participants in the human resource field felt this way, with 25.0% feeling that too little information was provided ($N=345$, $\chi^2=37.12$, $df=16$, $p=.002$).

This may explain the finding that participants in the human resource field were significantly least likely to feel that they will be very much able to apply this knowledge to help their employees; there was additional information that they were hoping to cover that was not provided through the workshop.

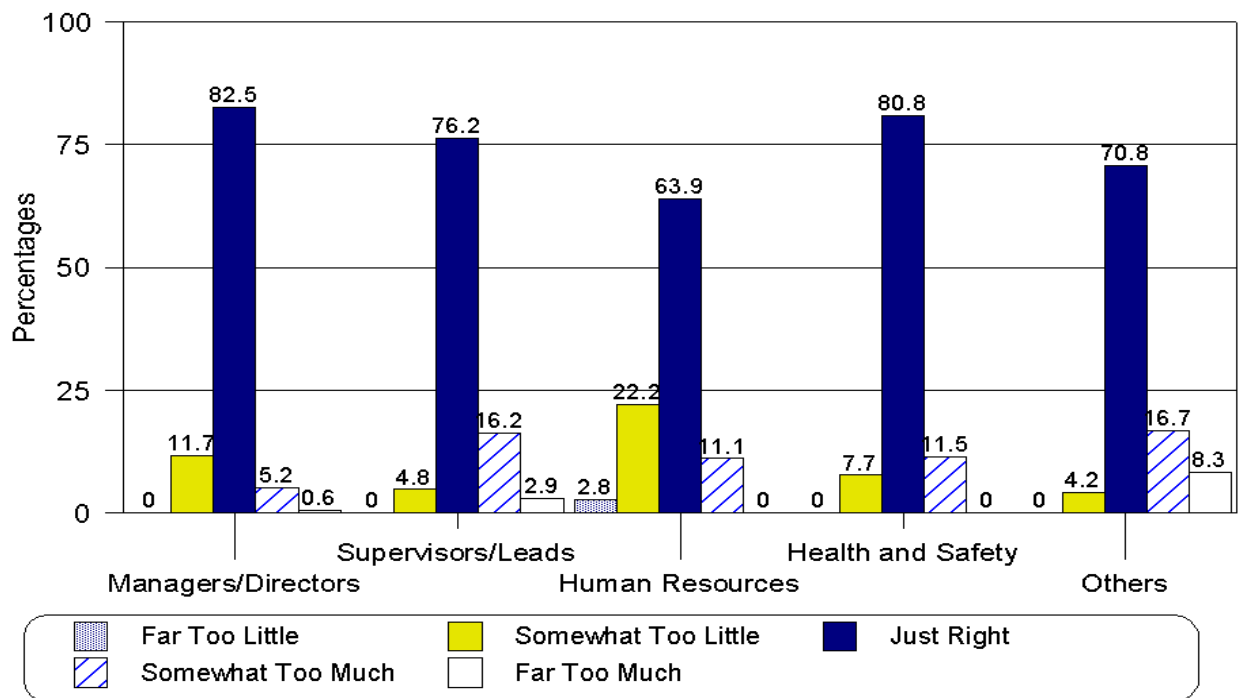
2.7) Was Participants' Attendance at the Workshop a Good Use of Their Time?

2.7.1) In The Aggregate:

Given the busy schedules of most people in the participants' positions, an important measure of the success of the workshops is whether participants feel that their half-day spent at the workshop was good use of their time. In the aggregate, 69.6% felt that this was a very good use of their time, 27.8%

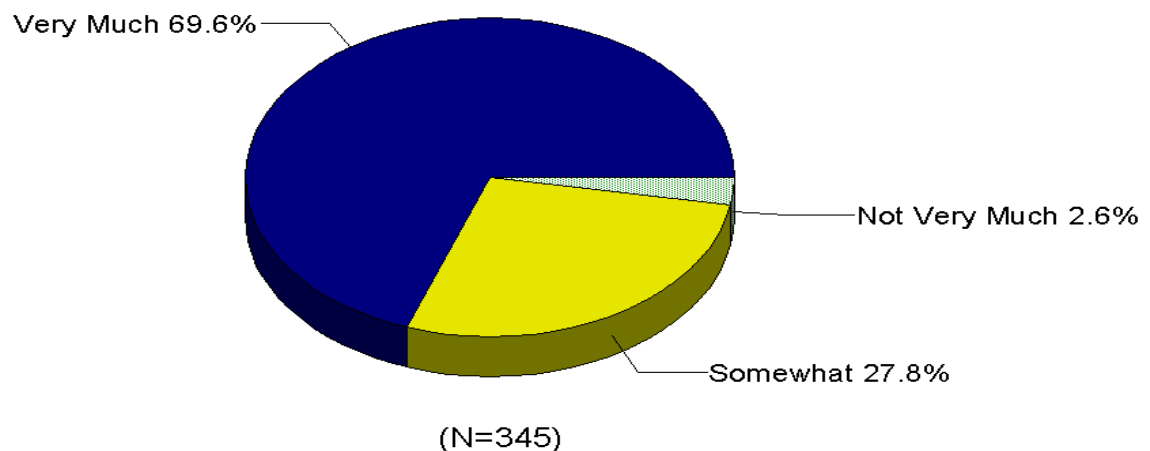
felt that their time was somewhat well spent in the workshops, and only 2.6% (n=9) answered in the negative (Figure 66).

Figure 65 How Do Participants Evaluate The Amount Of Information Provided? By Position



(N=154, 105, 36, 26, 24. Adjusted to exclude missing data.)

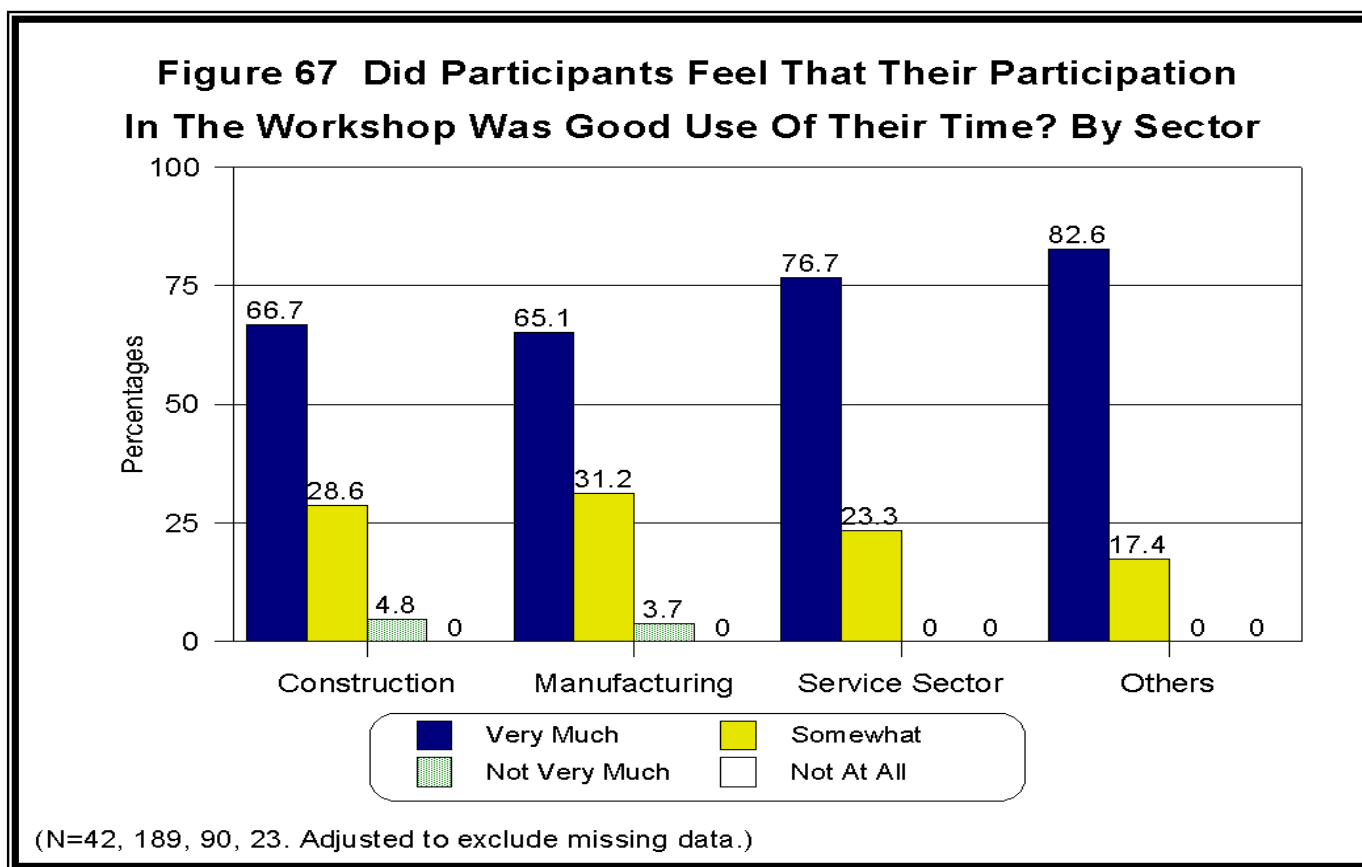
Figure 66 Did Participants Feel That Their Participation In The Workshop Was Good Use Of Their Time? Aggregate



(Adjusted to exclude missing data.)

2.7.2) By Sectors:

There were no significant variations in the responses to this question based on participants' sectors (Figure 67). The percentage of participants who answered 'very much' to this question ranged from a high of 82.6% for those in 'other' sectors, to 76.7% of those from the service sector, 66.7% of those from the construction sector, and 65.1% of the participants from the manufacturing sector (N=344, $\chi^2=8.69$, df=6, p=.19).



2.7.3) By Positions:

There was also no significant variation in responses to this question based on participants' positions (Figure 68). The percentage of participants who felt that attending this workshop was a very good use of their time ranged from 76.9% of the health and safety specialists, to 75.0% of the participants in 'other' positions, 71.2% of the managers and directors, 66.7% of participants in the human resource field, and 64.8% of the supervisors and lead hands (N=344, $\chi^2=8.09$, df=8, p=.42).

2.8) The Likelihood of Participants Recommending The Workshop to Others in Their Sector:

2.8.1) The Aggregate Findings:

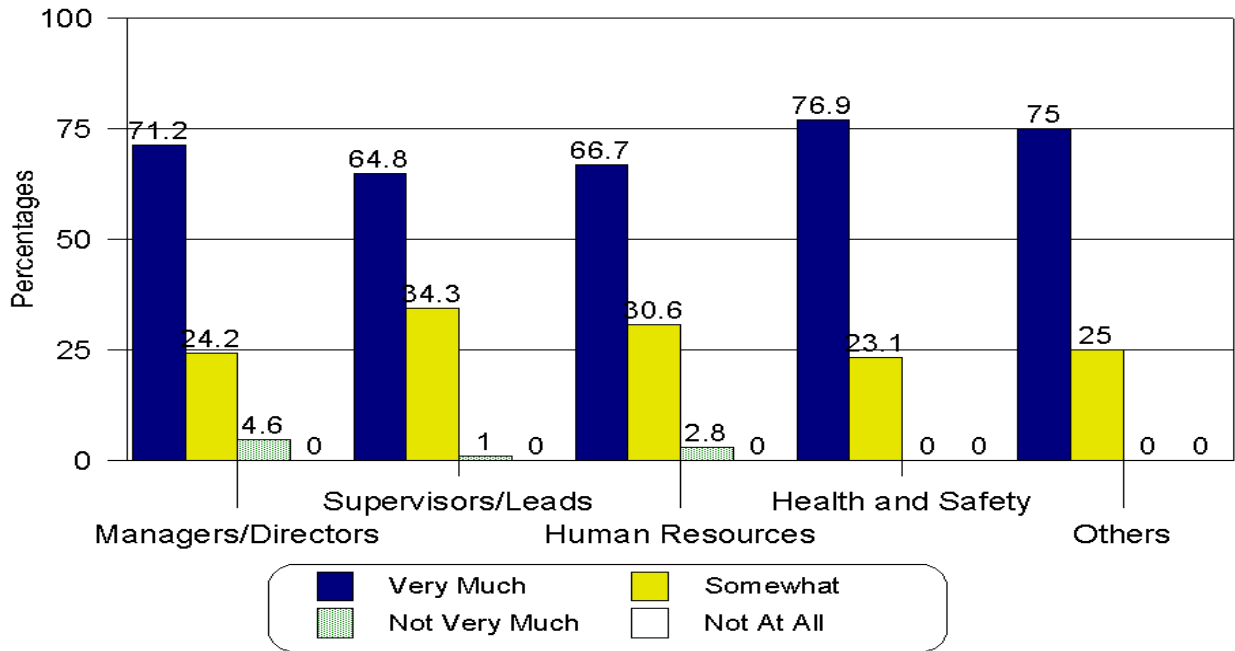
In the aggregate 97.4% of all participants were at least somewhat likely to recommend that others in their sectors attend this workshop (Figure 69). Of these, 65.6% were very likely to make this recommendation. Nine participants (2.6%) were not very likely to do so.

2.8.2) By Sectors:

There was a significant variation in participants' likelihood to recommend this workshop within their sectors, based on their sectors (Figure 70). Focusing on those who were very likely to recommend it, this included 87.0% of participants in 'other' sectors, 76.9% of those in the service sector, 60.3% of

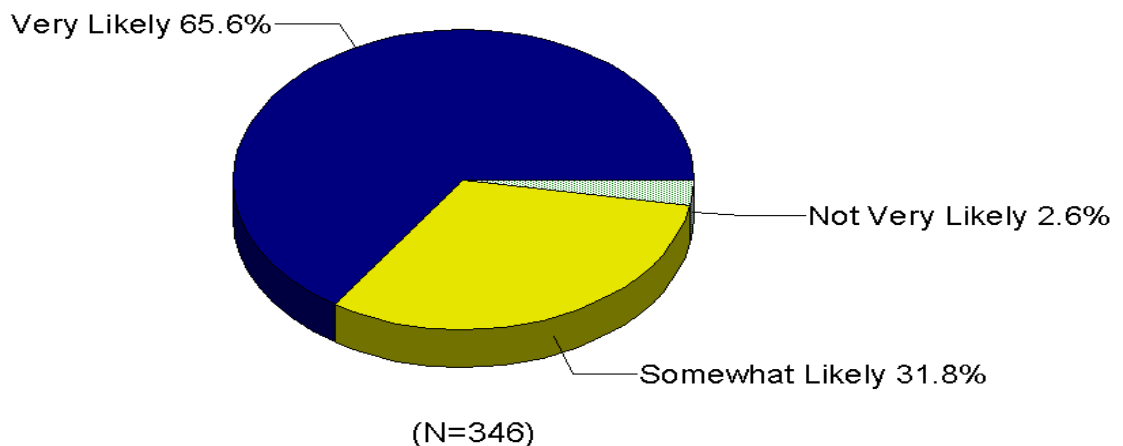
those in the manufacturing sector, and 52.4% of those in the construction sector (N=345, $\chi^2=17.25$, df=6, p=.008).

Figure 68 Did Participants Feel That Their Participation In The Workshop Was Good Use Of Their Time? By Position



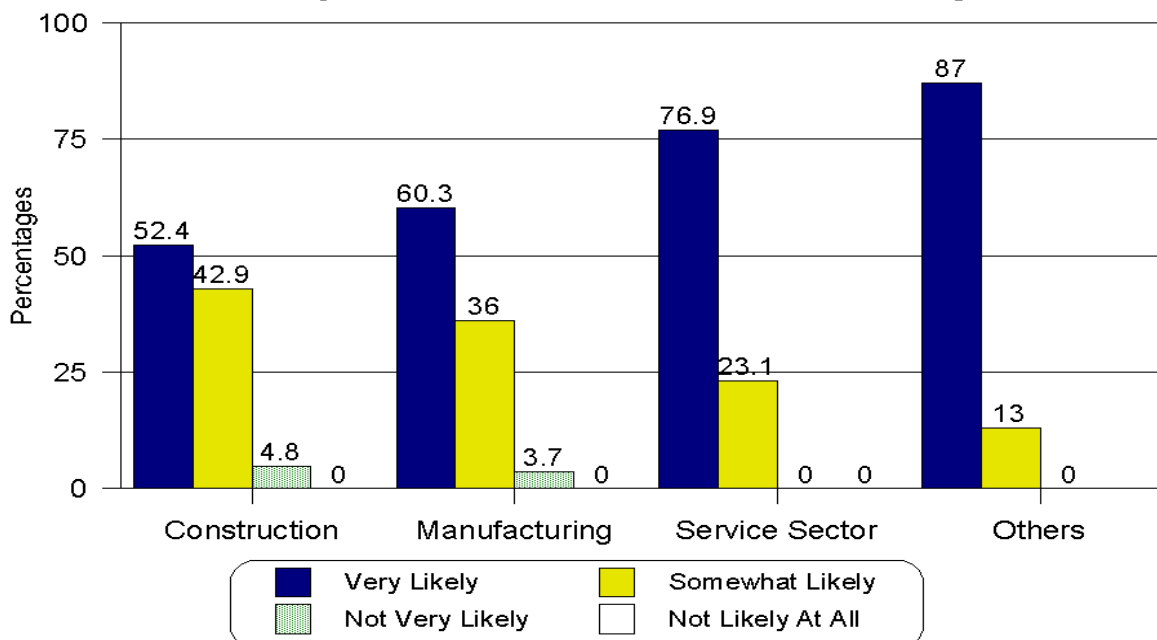
(N=153, 105, 36, 26, 24. Adjusted to exclude missing data.)

Figure 69 How Likely Are Participants To Recommend This Workshop To Others In Their Sectors? Aggregate



(Adjusted to exclude missing data.)

Figure 70 How Likely Are Participants To Recommend This Workshop To Others In Their Sectors? By Sector

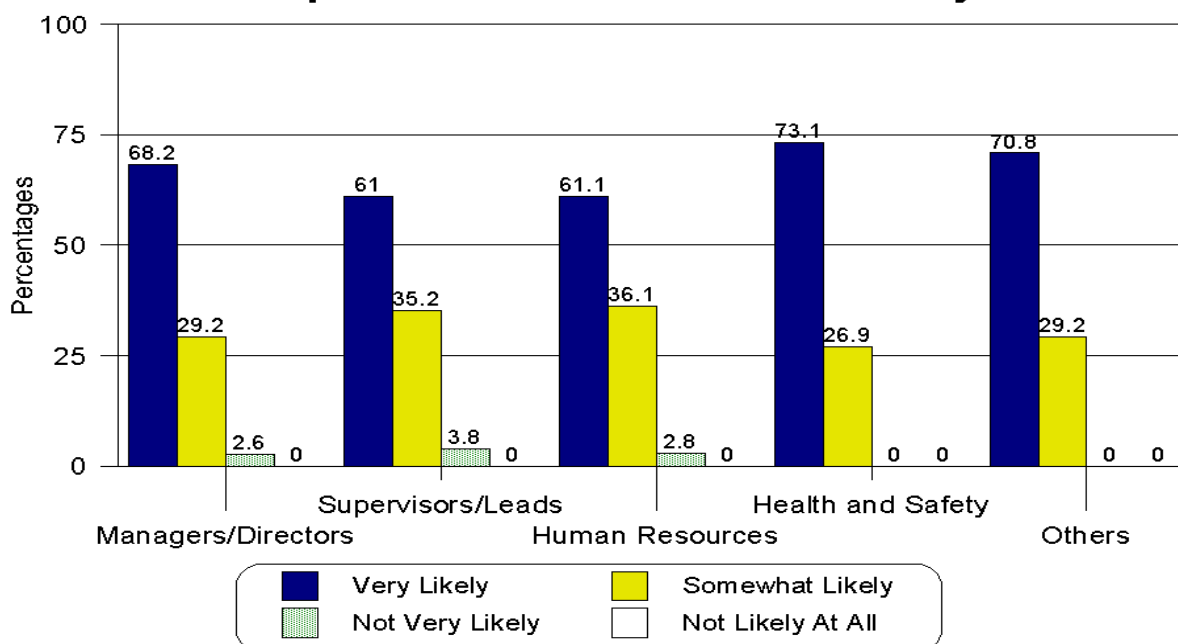


(N=42, 189, 91, 23. Adjusted to exclude missing data.)

2.8.3) By Positions:

Conversely, there was no significant correlation between responses to this question and participants' positions (Figure 71). The percentage of participants who were very likely to make this recommend-

Figure 71 How Likely Are Participants To Recommend This Workshop To Others In Their Sectors? By Position



(N=154, 105, 36, 26, 24. Adjusted to exclude missing data.)

ation included: 73.1% of the health and safety specialists; 70.8% of participants in 'other' positions; 68.2% of the managers and directors; 61.1% of participants in the human resource field; and 6.1.0% of the supervisors and lead hands (N=345, $\chi^2=3.99$, df=8, p=.86).

2.9) What Participants Liked Most About the Workshops:

Participants were asked what they liked most about the workshops, with 213 participants providing comments. This was an open-ended question to allow for the broadest range of responses, with multiple responses being allowed. Ten themes emerged from their comments (Figure 72).

➤ The most frequent comment related to the **usefulness of specific topics and information** covered by the workshop (36.6% of those who provided a comment).¹⁰ These variously included:

- 13 Workplace Factors
- Resources
- Learning the National Standard of Canada on Psychological Health and Safety in the Workplace
- The signs and symptoms of mental health conditions and addictions
- Managers' roles and responsibilities
- Bringing awareness of these problems to the forefront
- Learning how to assist employees with these problems

Figure 72 What Did Participants Like Most About The Workshops?



(N=213. Based on open-ended statements. Multiple responses are allowed.)

➤ **Gaining useful (unspecified) information on this topic (18.8%):**

- The content was "informative"

¹⁰ Selected verbatim comments follow at the end of this section. All comments have been shared with Vital Life under a separate cover.

- The content was “clear” and “interesting”
 - The content was “relevant” to their workplaces
 - The content was “practical”
- There was **“great interaction” and levels of participation at the workshops** (17.8%):
- Good discussions
 - Open communication
 - Ideas and suggestions were readily shared
 - Different points of view and perspectives were offered by participants
- The **qualities and knowledge of the presenters** (10.8%). The presenters were variously described as being:
- Engaging
 - Flexible and able to shift “on the fly”
 - Knowledgeable
 - Clear and concise
 - Great
 - Passionate about the topic
 - Dedicated
 - Able to create a “safe environment” for discussion
- The **positive processes** used by the Workshop and **its setting** (9.4%). This included:
- A relaxed setting
 - Working in groups
 - The “open atmosphere”
 - The convenient locations
 - Having co-facilitators
 - The room size
 - The number of participants at each workshop
 - The length of the sessions (“half a day is perfect”)
 - The pace of the sessions (“quick moving,” “time went by quickly”)
 - Staying on time
- The **role-playing and interactive sessions** (8.9%):
- The role playing scenarios
 - Using a “variety of tools for learning”
 - The “interactive nature” of the workshops
 - The “exercises” incorporated into the sessions
- The use of **exercises, examples, stories and anecdotes** (6.6%):
- “Story-sharing”
 - “The examples helped clarify” content
 - The exercises “I retain knowledge better when participating”
 - The “scenarios give you knowledge [regarding] psychological health and safety rules”
- Participants who **liked everything about the workshop** (6.1%)
- “Enjoyed all of it.”
 - “Everything was good.”
 - “It was very useful.”
 - “Great presentation, very informative. Thank you.”
 - “Excellent information session! Thank you.”

➤ Managers who will be **able to use the information** from the workshops (4.2%):

- “I now feel empowered to help.”
- “Very practical hands-on tips [that] provided insight.
- “Very relevant to the workplace and individuals I supervise.”
- It “increased my alertness...”
- “I now feel more confident.”
- “Structured well for managers to understand when and how to react to these challenges.”

➤ The **usefulness of the statistics** provided (2.3%):

- I “appreciated the statistics provided.”
- The “statistics on how prevalent these issues are.”
- A “great job of research and excellent employer resource guide... I like the use of statistics and connecting [them] to the psychological standards.”

Selected verbatim comments, by theme, are provided below and on the following pages.

i) SPECIFIC HELPFUL TOPICS and INFORMATION: (N=78)

The resources and resource guide (x7)

Learning about the 13 Workplace Factors (x6)

Workplace signs and symptoms (x5)

The handouts (x3)

The toolkit. (x2)

Bringing awareness of the severity of mental health issues in the workplace and its affects.

[A] clear, upfront and honest presentation of the effects of mental health at the workplace.

[A] direct approach to the reality of mental health and its consequences in the workplace.

Possible signs of addiction; step by step instructions on [the] path to help then path to discipline.

[It was an] introduction to mental health. “Starting the conversation” is very important to help open the channels of conversation with friends and coworkers.

Learning to identify the fact that a conversation needs to be had early to prevent problems from being ignored.

Learning... [how] to start conversations with employees.

Mental health tips [on] how to deal with workers; what questions to avoid and what questions to ask.

Learning how to approach individuals and the proper thing to say.

What you should and shouldn’t do.

Learning about the National Standard [of Canada regarding Psychological Health and Safety in the Workplace].

[Learning] how to recognize [this problem] at its early stages [and] the importance to do something about it.

I like understanding how to categorize if a person is able to receive accommodations due to medical reasons as opposed to the person [being] uncooperative/non-compliant.

Clarity on what we can address... i.e. [job] performance only. We are not expected to be counsellors.

I liked the take away pamphlet. It will be a great resource if ever I have to meet with an employee regarding mental health or addictions.

[The] difference between mental health and mental illness.

Likening mental health issues to physical issues; acknowledging we need to treat them in the same manner and reduce the stigma around it (x4).

Getting to know [our] rights and responsibilities as managers in this topic. [The] importance of addressing the issues objectively. [Balancing] healthcare method and disciplinary method.

This workshop was very good in terms of being aware of mental health and the employee's responsibilities.

WCB's perspective [on related] policy and procedures.

ii) RECEIVING HELPFUL INFORMATION (NOT SPECIFIED): (N=40)

...Information was practically presented [and] includes examples. [The] right...amount of information.

The clarity of information presented; short and to the point.

Precise; just the right amount of information.

[I liked] the whole Powerpoint presentation. It is very informative and essential in our workplace.

I think the importance of mental health in the workplace is downplayed. It's very important information and I thank the company for arranging and compelling managers to attend. The information was very factual.

The workshop struck the balance of providing information without being overburdening.

Thank you for the course. I learned a lot.

Very good information about situations that can happen in the workplace.

Relevant information that will be useful in the workplace.

I felt the information was helpful, insightful and valuable.

Relevant topic; good practical suggestions.

An eye opener in terms of the subject.

iii) PROMOTING PARTICIPATION AND INTERACTION WITH OTHER PARTICIPANTS: (N=38)

Opening up the communications regarding mental health in the workplace.

The interaction and participation to make everyone think about their own situation.

Interactive exercises; hearing from others.

Interaction with other employers and their experiences.

Conversations and learning different perspectives of different organizations.

Through [the] participation of others I was able to learn more.

This is very good for an HR/manager's group. The discussion within the group was very good.

[The presenter] asking for suggestions before showing a list of items.

The conversations and sharing of best practices.

The amount of interaction was a perfect level.
Open discussion with ideas and suggestions.
Participation, [the] group activities.
I enjoyed the hands on things and getting everyone involved.
Paired sessions – communicating results to the group.

iv) **LIKING THE PRESENTERS:** (N=23)

[The] presenters [were] excellent.
[_____] ¹¹ was great; very knowledgeable and very diplomatic. [A] good presenter!
Presenter was flexible and able to shift on the fly based on content from group.
She very clearly explained what the purpose of this seminar was.
The presenter is clear and concise, knowledgeable, uses excellent examples.
The way the presenters explain everything; I learned a lot of things that [will] help in our workplace.
Facilitator was very knowledgeable and created safe environment.
Facilitator was great and very knowledgeable.
Great instructor; engaging, educating.
Presenter's passion and knowledge of [the] topic.
The instructor's ability to engage.
The instructor made the workshop interactive.

v) **POSITIVE GROUP PROCESSES AND WORKSHOP SETTING:** (N=20)

The time represented was just right to accommodate this learning without negatively impacting other ongoing obligations.
Clear expectations of information to be covered in the 3 hours. The amount of information shared was appropriate.
The time; half a day is perfect.
Stayed on time; amount of information was reasonable within the timeframe allowed.
Good pace and relaxed approach.
The open atmosphere.
Quick moving.
Time went by very quickly.
Good balance between theory and workshop [activities].
Small group styles, easy to ask questions [and] have group discussions.
Having smaller class. [Being] able to talk amongst each other without feeling shushed.
[The] room size and number of participants.
The structure of the workshop; two facilitators.

¹¹ Names are omitted from comments in this report. They are included in the full package of comments provided separately to Vital Life Inc..

Working in groups.

That it was located on-site.

vi) ROLE PLAYING/INTERACTIVE SESSIONS: (N=19)

Role playing. (X11)

The role play was helpful in assisting in knowing how to handle situations.

I liked the role playing, it was fun being the employee and being stubborn.

Role playing from both sides of [the] situation interacting.

Role playing got us engaged.

Participation - interaction; [using a] variety of tools for learning.

Open discussions. We weren't rushed – everybody had their chance to speak.

Varied formats i.e. role play as well as listening and answering questions.

Stories, actual examples.

Interactive nature; allowed us to comment about our views.

Collaborative and interactive.

Interaction or role playing; people can easily adopt the learning that they have instantly.

vii) THE EFFECTIVE USE OF EXAMPLES, STORIES AND ANECDOTES: (N=14)

The examples. (X7)

The exercises. (X3)

The examples helped clarify.

The exercises as I retain knowledge better when asked to participate.

What I like most about the workshop was the exercises.

It was good to walk through case scenarios as these are the most difficult part.

This scenario gives you knowledge to know psychological health and safety rules.

Story sharing [and] anecdotes.

viii) PARTICIPANTS WHO LIKED EVERYTHING: (N=13)

I really liked the session we had.

Great presentation. Thank you, [it was] very informative.

Enjoyed all of it!

An enjoyable seminar to attend.

Everything was good.

The entire presentation.

It was very useful.

Excellent information session! Thank you.

ix) MANAGERS WHO WILL BE ABLE TO USE THE INFORMATION: (N=9)

As an employer, I now feel empowered to help.

[I liked] how helpful the information will be in aiding and providing support to staff that may be having issues; the focus on being proactive rather than reactive.

It did increase my alertness to the best practices of how to have some of the early conversations with employees when you feel there could be an issue.

I felt I've already been on the right track navigating difficult conversations; I now feel more confident.

[The workshop is] structured well for management to understand when and how to react to these challenges.

Very practical hands-on tips [that] provided insight.

That it was very relevant to the workplace and individuals I supervise.

It will be very helpful to us if something happened in my team. Thanks.

x) STATISTICS ARE HELPFUL: (N=5)

Great job of research and excellent employer resource guide. For me personally, I liked the use of statistics and connecting [them] to the psychological standards.

The information given in actual statistics.

[I] appreciated the statistics provided.

Statistics on how prevalent these issues are.

2.10) Changes Would Participants Make To The Workshops, If They Could:

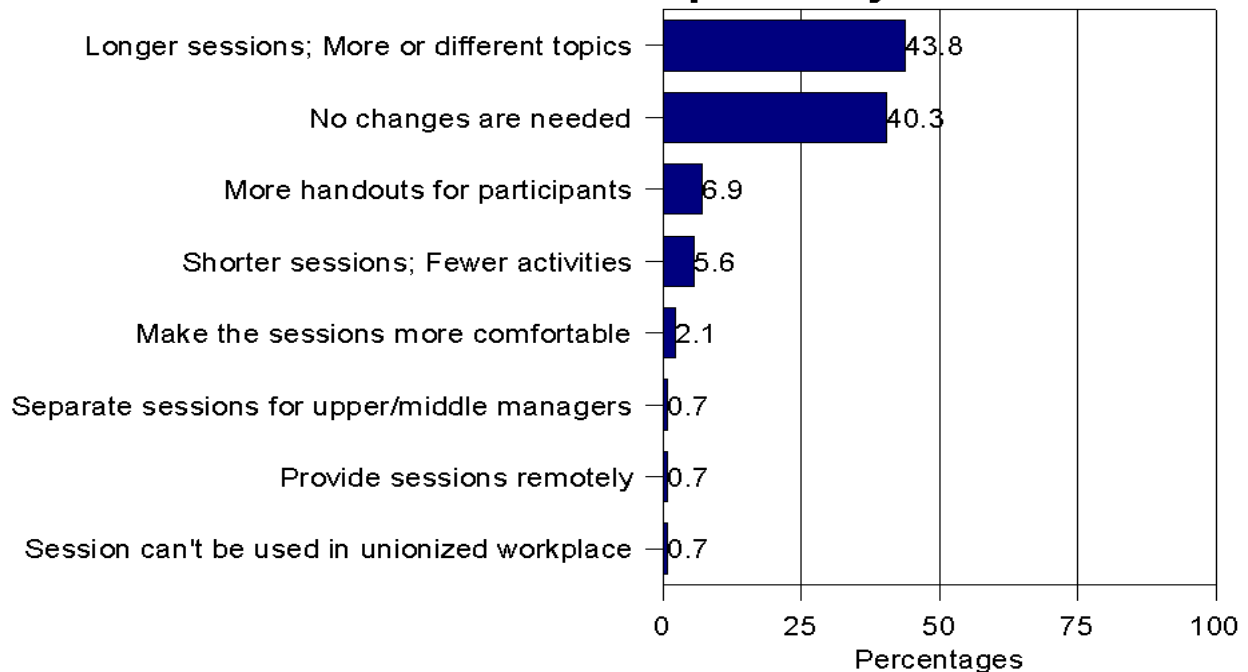
As a corollary to the preceding question participants were asked to identify changes they would make to this workshop, if they were able to. This was also an open-ended question with 144 participants providing responses. There were two comments that predominated: Suggestions to increase the length or scope of the workshops (43.8% of those answering this question) and the observation that no changes were needed (40.3%) (Figure 73).

➤ In terms of **participants who wanted 'more,'** this included:

- More real life situations and proper approaches and solutions
- The legal implications of employers intervening with an employee with mental health conditions
- A follow-up session that delves deeper into related topics
- How to ask employees about possible mental health issues without overstepping boundaries
- More on the differences between mental health and mental illness
- More time on next steps and developing action plans
- Guidance on how to create and implement related policies
- Clarification and comparison of guidelines within their own company policies
- Clarifying confusion about medical confidentiality vs. employer assistance
- Participants who wanted the session expanded, with the typical suggestion that it be made a full-day workshop (N=9)
- More group work (N=8)
- More role playing (N=8)
- More case studies (N=6)
- More scenarios (N=3)
- More handouts (N=3)
- More exercises (N=2)
- Links to relevant sites

- More programs about both mental health and addictions

Figure 73 Changes Participants Would Make To The Workshops If They Could



(N=144. Based on open-ended statements. Multiple responses are allowed.)

- In terms of participants who said that **no changes were needed to the present workshop**, most of their comments were short and to the point: 'None,' 'Nothing,' 'It is fine as it is.'
- Expanding on a theme explored above, 6.9% of these participants wanted to see **more handouts provided to participants**. This included **a printed overview of the content** in the PowerPoint presentations
- In contrast to participants who wanted to see the session expanded, 5.6% either wanted to see the **workshop's length shortened**, or specific aspects **removed or reduced in frequency**. This included:
 - Reducing the amount of group participation
 - Reducing the time devoted to the national standards
 - Removing role playing
 - Reducing the time to review the 13 Workplace Factors
- Three participants suggested changes to **increase comfort of participants**: two suggested giving people time to stretch and the third suggested providing more comfortable chairs
- One participant each made the following suggestions or observations :
 - Provide separate sessions for senior and middle managers
 - Provide sessions remotely
 - The observation that the content of the workshop would not be applicable in a unionized workplace.

Selected verbatim comments are provided on the following pages.

i) MORE INFORMATION/LONGER SESSIONS: (N=63)

More attention given to the actual standard, the future of the standard and its adoption or implementation in the workforce across Canada.

Less introductions and statistics and more time spent on substance; keep to the time indicated.

There was a more narrow focus than I expected. I thought more could have been covered in the time period. [The] content is valuable though; thank you!

More in-depth coverage at a later course or additional course will be needed.

I would want more in-depth detail in regards to legal aspects of intervening and the legal implications to the employer of dealing with the employee with a mental health problem.

Clarification and comparing some of the guidelines presented with our own company policies.

Guidance on how to create and implement policy. [Are there] companies that help create them?

It is an overview; a longer workshop could have went [sic] more into specific signs and how different mental illnesses are presented.

More time spent on reviewing case studies; walking through the identification of the mental health issue, actions taken, outcomes.

Further descriptions of the differences between mental health and mental illness.

More information on mental health, different types and signs and similar for addictions. What are the differences?

More case studies, not group work but open discussions on the cases, case law, examples from past experiences.

I feel we live in a very different world with many new cultures and some things are not acceptable. We need to protect our staff and I'd like to see a course on violence and how we should address this as well.

There seems to be confusion about medical confidentiality vs. employer assistance. There were grey areas that maybe need a bit more focus.

I question if PHIA information needs to be updated. Can you inform HR about employee health information?

I would have liked more in depth information on the CSA standard and more workshops dealing with different situations

I found a few of the "methods" were a bit too brief and I would have liked a bit more information. In most cases when I have dealt with people on these matters most have been in denial.

More real life situations and [the] proper approach and solutions.

A stronger message of empowerment for managers and supervisors to have confidence in having the conversation.

I would like more discussion on how to ask about possible mental health issues without overstepping boundaries.

I would add a section on how to present your case when speaking to employees about sensitive situations, tone, body language.

Try to have more conversations with employee so they can get more confident.

Include a second role playing scenario – employee with softer signs of illness or addiction.

Relate some of the observable signs and symptoms to medical conditions that could be similar.

More time on next steps and developing an action plan.

Any videos demonstrating some mental health issues and possible discussions and solutions.

A video as part of the presentation will help [us] to better appreciate and understand scenarios.

More role playing. (X6)

More role playing in different scenarios of mental health issues.

More real-life examples.

More practice with scenarios.

More group work.

More group interaction.

More case studies.

More real life anecdotal problem-solving and solutions.

More information on how to recognize signs and help.

More group exercises.

More handouts in checklist form for employee MH evaluations.

Longer. Sooo [sic] much information to cover more in depth.

Longer. I feel it could be a full day session.

This workshop could be provided in a full-day workshop to help with more “tools” to handle different situations.

Add web links for participants to start learning more about the topics discussed.

More suggestions of vocabulary that may help the employee open up.

Maybe a little introduction about the day at the beginning; More light at front when using flip chart – too dark to see from back of room.

ii) **NO CHANGES ARE NEEDED:** (N=58)

None/Nothing/No changes (X49)

None, it was very good.

None, it's perfect!

Everything was good.

Nothing, it was informative and useful.

While I evaluated many [questions] as ‘somewhat’ [good]...there are no changes that I would currently make.

It's pretty well put together.

None, I felt the course provided the information I expected.

iii) PROVIDE HANDOUTS TO PARTICIPANTS: (N=10)

Handouts of the presentation. (X6)

More information for us to have, to keep, such as the slides or some sheets of notes.

Provide participants with a copy of the PowerPoint presentation.

Printed overview sheet on the desk.

A booklet with more information I could take with me.

iv) PARTICIPANTS WANTING LESS: (N=8)

Some content was overdrawn which left me drifting – not captivating. This could have been driven by group involvement. Maybe more precision goals of movement needed.

Good presentation, but in my opinion a bit too long.

Shorten the length; content could have been presented in half the time.

Too much group participation.

Less time focused on national standards.

I feel too much time was spent reading out the 13 workplace factors and having people tie in their workplace. Make that part more voluntary for feedback.

I would remove the role play scenario.

For the team leaders at my place of employment I would recommend shortening slides 1-36 and increasing concrete ways the team leader can talk to their employees, examples of situations. I feel 36 on Word would be an excellent base for them.

v) CHANGES TO INCREASE PARTICIPANTS' COMFORT: (N=3)

A stretch and stand up break for all to get blood flowing.

Need exercises/breaks in second half.

More comfortable seats.

vi) SEPARATE SESSIONS DEPENDING ON MANAGEMENT LEVELS: (N=1)

Separate upper management from middle management.

vii) PROVIDE SESSIONS REMOTELY: (N=1)

Have staff not come together; have slides available.

viii) OBSERVATION: MOST CONTENT NOT USABLE IN UNION ENVIRONMENT: (N=1)

In a union environment most [information] can't be utilized.

CHAPTER SIX: SUMMARY AND CONCLUSIONS

This chapter summarizes the evaluation findings related to **Engaging Frontline Managers and Supervisors to Promote Mental Health and Psychological Safety in the Workplace**, a three-hour workshops designed to promote mental health and psychological safety in the workplace for employees experiencing mental health conditions and/or addictions. The workshops were delivered primarily to managers and supervisors employed in the manufacturing, construction and service sectors. The project was undertaken by **Vital Life Inc.**, with funding provided by the **Workers Compensation Board of Manitoba** through a grant from its **Research and Workplace Innovation Program**. **Kaplan Research Associates Inc.** was engaged to design and administer this evaluation. The researchers worked in consultation with Vital Life Inc., and an industry-based project advisory committee created by Vital Life Inc. for this purpose.

I) THE EVALUATION RESPONSE RATE

The evaluation is based on a two-part questionnaire completed by workshop participants immediately before the presentations (**Part One**: pretest questions); and immediately following the presentations (**Part Two**: post-test questions). Vital Life Inc. estimated that 360 managers and super-visors attended the three-hour presentations. Of these, 355 completed and returned their Part-One forms (for a response rate of 98.6%); and 343 completed their Part-Two forms (for a response rate of 95.3%).

Conclusion One: *These very positive response rates virtually include all workshop participants. Therefore, the study sample reflects the total population of workshop attendees, negating the need to extrapolate study findings to the larger population.*

II) THE PROFILE OF WORKSHOP PARTICIPANTS:

The following participant characteristics were derived from their responses to the questionnaires:

- Participants were fairly evenly divided by gender: 53.8% males and 46.2% females.
- The largest percentage of participants were 35 to 44 years or age, or 45 to 54 years of age (35.4% and 32.3%, respectively).
- The majority of participants were employed in the manufacturing sector (54.5%), followed by the service sector (25.7%) and construction sector (12.7%). Twenty-five additional participants were employed in 'other' sectors.
- The largest percentage of participants were managers or directors in their companies (46.0%), followed by supervisors and lead hands (33.3%), participants in the human resource field (12.4%), health and safety specialists (11.6%), union representatives (0.8%%), and those in 'other' positions' (7.3%).¹²
- 86.3% of the participants directly supervised employees. The majority supervised from 1 to 15 employees (55.3%), followed by those supervising 16 to 30 employees (16.0%), and 31 to 45 employees (6.0%). 9.1% supervised 46 or more employees.
- The majority of participants worked in non-unionized workplaces (52.0%).

Conclusion Two: *It is notable that the largest percentage of participants were senior managers at their workplaces. Given the busy schedules of many of these individuals, it is encouraging that they place enough importance on the mental health and psychological safety of their employees to set aside half a day to attend these workshops. Subsequent findings from this study also indicated that they are*

¹² Multiple responses were allowed for this question.

often the people most likely to intervene when employees appear to be experiencing the effects of mental health conditions or addictions.

In addition, it is notable that the manufacturing sector appears to be over-represented in these workshops, compared with the number of participants from the service and construction sectors. It would be interesting to speculate on the underlying reasons for this apparent disparity.

III) PERCEIVED PREVALENCE OF WORKPLACE MENTAL HEALTH CONDITIONS AND ADDICTIONS:

As a rule participants appeared to be more aware of employees with mental health conditions than they were of employees with addictions.

- 61.9% of participants were aware of employees who had ever experienced a mental health problem, compared with 44.5% who were aware of employees with addictions. They were also less likely to be sure of this regarding those employees with mental health conditions than addictions (10.2% compared with 17.8%). Responses to this question varied significantly based on participants' sectors and positions.
- The drug of choice for employees with addictions was alcohol (81.4%) followed by other drugs (50.3%).
- 38.3% of all participants were aware of at least one employee 'currently' experiencing a mental health condition, compared with 20.9% aware of at least one employee 'currently' experiencing an addiction. Participants were more likely to be unsure about this regarding employees with current addictions as opposed to employees with current mental health conditions (43.6% compared with 34.3%, respectively). Responses to this question also varied significantly based on participants' sectors and positions.
- Most participants, who were aware of employees experiencing mental health conditions and addictions, reported that this applied to one to three of their employees (75.1% and 76.9%).
 - This was an open-ended question: participants collectively reported that 916 of their employees were 'currently' experiencing mental health conditions, and 548 were 'currently' experiencing addictions.

Conclusion Three: From their responses to these questions the majority of participants were directly aware of employees experiencing mental health conditions and addictions.

Conclusion Four: The finding that participants were more aware of employees with mental health conditions than with addictions was an unexpected finding. It may warrant some secondary or additional analyses to explore the reasons for this finding, and its significance from a management perspective.

IV) WORKPLACES ADDRESSING THE NEEDS OF EMPLOYEES WITH THESE PROBLEMS:

While the perceived prevalence of employees with mental health conditions and/or addictions seems relatively high for these participants, the degree to which their workplaces address the needs of the affected employees was not.

- 33.7% of all participants felt that their workplaces very much accommodated employees experiencing mental health conditions, and 21.9% felt that this was case for employees experiencing addictions.
 - 29.4% of all participants were unable to answer whether their workplaces accommodate employees with mental health conditions, and 40.4% were unsure whether their workplaces accommodate employees with addictions.

- Responses to this question varied significantly based on participants' sectors and positions. However, there were no significant variations in responses pertaining to mental health conditions based on whether participants worked in unionized or nonunionized workplaces.
- When participants were asked what health and wellness policies their workplace have, this most frequently included policies related to harassment (reported by 84.5% of all participants), respectful workplaces (83.1%), violence in the workplace (76.6%) and, to a lesser extent, workplace accommodations (56.2%). The two workplace policies least often identified were related to addictions (40.7%) and psychological health and safety (34.2%).
 - There were significant variations to responses to this question based on participants' sectors, regarding policies on workplace accommodations and psychological health and safety.
 - There were significant variations to responses to this question, based on participants' positions, regarding policies on workplace accommodations and respectful workplaces. There were borderline significant variations regarding policies pertaining to addictions and workplace violence.
 - There were significant variations to responses to this question, based on whether participants work in unionized workplaces, regarding policies on workplace accommodations, psychological health and safety, and respectful workplaces.
- There were significant correlations between workplaces accommodating employees with mental health conditions and addictions, and the existence of workplace accommodation policies, psychological health and safety policies, and addictions policies.
- While many participants could identify applicable health and wellness workplace policies at work, only 32.0% were very aware of their content. The majority were somewhat aware of these (53.4%), and 14.6% were unaware or very unaware in this respect. Responses to this question varied significantly based on participants' sectors and positions.

Conclusion Five: **It is notable that there were statistically significant correlations between the ability of participants' workplaces to accommodate employees with mental health conditions and/or addictions and the existence of related policies. It is also notable that the two workplace policies least often identified by participants related to addictions and psychological health and safety.**

Given the topics subsumed by this workshop, along with the relatively large number of managers and directors in attendance, and the convergence of these two findings, this may provide Vital Life Inc. with an opportunity to develop and deliver presentations or consultations to assist companies to develop and implement these policies. In fact, when asked for suggestions to improve the workshop, several participants indicated interest in seeing this topic added to the current workshop outline.

- Of the participants who were aware of employees experiencing mental health conditions, 56.9% reported "having conversations with them" about this. They were less likely to have conversations with employees experiencing addictions (38.0%). Responses to this question varied significantly based on participants' sectors and positions.
- Participants who had had conversations with employees regarding their mental health conditions and/or addictions were asked to identify the outcome of the conversations. This most frequently included: providing these employees with support and encouragement (82.8%); encouraging these employees to seek help from their employee assistance programs (64.9%); and encouraging employees to seek medical help (64.4%).

V) PARTICIPANTS ASSESSING THE PSYCHOLOGICAL HEALTH AND SAFETY OF THEIR WORKPLACES:

A prominent component of the three-hour workshop is an exploration of the **13 Workplace Factors** published by the **National Standard of Canada for Psychological Health and Safety in the Workplace**. As part of the post-test questionnaire, participants were asked to assess their own workplaces based on these 13 factors. While responses to each of these factors met or in some cases far-exceeded the study's **Primary Benchmark**, the three factors most frequently identified as being 'very much' adhered to were:

- Providing physically safe working environments (identified as being very much adhered to by 72.6% of all participants)
- Protecting employees from violence, bullying and harassment (63.5%)
- Employees being treated with civility and respect (56.0%)

Conclusion Six: **The three primary 'workplace factors' correspond to the most frequently identified health and wellness policies in participants' workplaces: that is, policies related to harassment, respectful workplaces, and violence in the workplace.**

Factors least frequently identified as being very much adhered to by participants' workplaces, in reverse ranked order, included:

- Employees feeling engaged at work (20.3%)
- Employees having control and influence at work, as appropriate (21.6%)
- Employees maintaining a healthy work/life balance (22.9%)
- Employees having manageable workloads (24.4%)
- Employees being recognized and rewarded for work well-done (27.0%)
- Workplaces providing employees with adequate psychological and social supports (30.1%)
- Workplaces providing employees with supportive organizational cultures (36.6%)
- Employees having opportunities for growth and development (39.3%)
- Workplaces providing clear leadership (40.5%)
- Workplaces providing clear job expectations for their employees (42.0%)

Conclusion Seven: **The apparent deficits regarding these latter ten workplace factors may provide additional opportunities for Vital Life Inc. to help companies and organizations assess the psychological health and safety of their workplaces and to develop and implement policies and strategies to bring about positive related change.**

VI) MEASURING PARTICIPANTS' GROWTH OVER TIME:

An important component of this evaluation involves empirically measuring changes experienced by workshop participants based on their pretest and post-test responses to replicated questions. The data have empirically demonstrated statistically significant growth for workshop participants, across the board. Repeated measures were used for all of these analyses. There are several questions for which significant variations emerged based on participants' sectors and/or positions. These are described in detail in the report. The following areas of growth have been identified:

- Significantly larger percentages of participants were aware of employees with 'current' mental health conditions and addictions over time. Percentages aware of employees with 'current' **mental health conditions** in the workplace increased from 38.3% at Time-One to 63.6% at Time-Two. The percentage of participants who were unsure of this was reduced from 34.3% to 16.0% over time.

The percentage of participants who were aware of employees with 'current' **addictions** increased from 20.9% to 41.8% over time, while the percentage who were unsure of this dropped from 43.6% to 24.7%.

- Participants were significantly more likely over time to feel that their employees were negatively affected by mental health conditions and addictions in their workplaces. Participants who felt that mental health conditions *very seriously affected* their employees increased significantly from 17.4% to 28.0%. Percentages of participants who felt that addictions very seriously affected their employees increased from 14.7% to 24.2% over time.
- Participants felt significantly more knowledgeable about how to recognize and assist employees experiencing these conditions. At Time-Two, virtually all participants felt at least somewhat aware of, or knowledgeable about, four related factors:
 - Prior to the workshop 6.1% of participants were very aware about ***knowing when employees may have mental health conditions***, and 58.2% were somewhat aware of this, for a total of 64.3%. This increased to 33.4% and 62.4% (respectively) following the workshop, for a total of 95.8%.
 - Prior to the workshop 5.5% of participants felt very aware about ***knowing when employees may have addictions***, with 54.0% being somewhat aware of this, for a total of 59.5%. This increased to 29.1% and 59.0% following the workshop, for a total of 94.1%.
 - Prior to the workshop 8.6% of the participants felt very knowledgeable about ***how to have a conversation with employees experiencing mental health conditions or addictions***, with 41.2% were somewhat knowledgeable about this, for a total of 49.8%. This increased to 44.5% being very knowledgeable about this following the workshop, and 51.1% being somewhat knowledgeable, for a total of 95.6%.
 - Prior to the workshop 11.7% of the participants were very knowledgeable about ***the supports and assistance that may be appropriate to assist these employees***, with 43.8% were somewhat knowledgeable about this, for a total of 55.5%. This increased to 60.8% being very aware of this following the workshop, and 32.1% being somewhat knowledgeable about this, for a total of 92.9%.
- Participants were significantly more ***aware of the National Standard of Canada on Psychological Health and Safety in the Workplace*** following the workshop. Prior to the workshop 5.3% of all participants said they were very aware of this standard, with 20.2% being somewhat aware of it, for a total of 25.5%. Following the workshop, 47.5% of the participants said they were very aware of this standard and an additional 47.5% were somewhat aware of it, for a total of 95.0%.
- Prior to the workshop 38.1% of all participants felt that they were very likely to assist employees experiencing ***mental health conditions*** at work, with 45.2% being somewhat likely to do this, for a total of 83.3%. Following the workshop 61.0% of the participants felt they were very likely to assist these employees with 35.6% being somewhat likely to do so, for a total of 96.6%.
- Prior to the workshop 36.9% of all participants felt that they were very likely to assist employees with ***addictions***, and 41.9% felt they were somewhat likely to assist them, for a total of 78.8%. Following the workshop 56.1% of these same participants felt they were very likely to assist these employees, with 38.5% feeling that they were somewhat likely to assist them, for a total of 94.6%.
- If participants were unlikely to assist employees with either of these problems, this was most likely due to their concern about “saying the wrong thing,” “not feeling competent to assist them,” and/or “wanting to avoid conflict.”

Conclusion From the data, it is apparent that the workshops have successfully achieved all
Eight of their objectives in the short-term. This included:

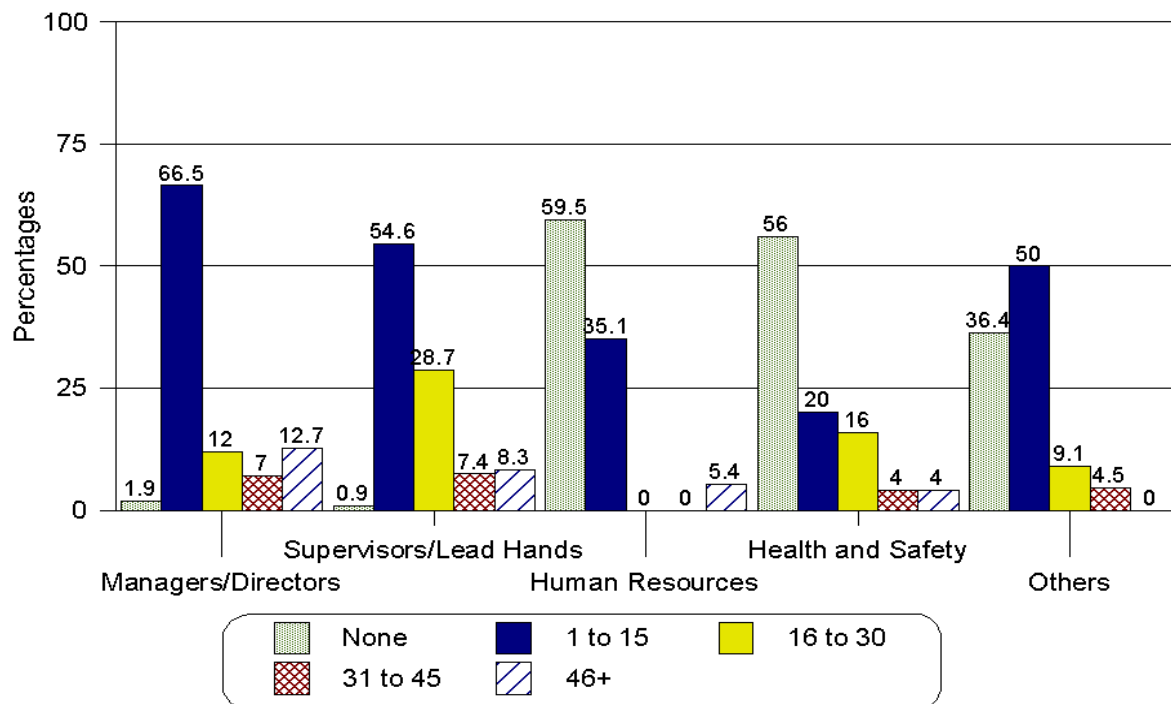
- ***Growth in participants’ awareness of employees experiencing mental health conditions and/or addictions***
- ***Their ability to identify employees with these conditions***
- ***Knowing how to help them***
- ***Knowing what resources are available to assist them***
- ***Their knowledge of related national standards***
- ***Their attitudes toward these employees, including their willingness to engage with them and assist them***

It is further concluded that the current topics and materials provided to these participants, along with the varied modes of delivering these materials, should be retained for any future related workshops. Minor changes can be made to the workshop's content and processes based on suggestions provided by participants, provided at the end of this report.

6.1) The Direct Roles of Managers and Directors In Assisting These Employees:

The managers and directors who attended this workshop appear to be more highly involved in assisting employees experiencing mental health conditions and addictions than are their supervisors or lead hands. This is an unexpected finding. The first observation is that only three managers or directors directly supervise no employees (Figure 74). Two-thirds of the managers and directors (66.5%) supervise from 1 to 15 employees, with 19.7% directly supervising 31 or more employees. In

Figure 74 Number of Employees That Participants Directly Supervise, By Their Positions



(N=158, 108, 37, 25, 22. Adjusted to exclude missing data.)

addition, managers and directors were more aware of employees experiencing mental health conditions than were supervisors or lead hands; they were more likely to feel that their workplaces accommodate employees with mental health conditions and addictions; they were more likely to be very aware of their workplaces' health and wellness policies; and they were twice as likely to "have conversations" with employees experiencing these problems.

Conclusion That Vital Life Inc. ensure that future workshops on this topic be marketed
Nine directly to company's or department's senior managers among others. Toward this end, Vital Life Inc. can include some of the supporting findings from this study vis-à-vis senior managers in its marketing materials.

VII) PARTICIPANTS EVALUATING THE WORKSHOPS:

This final section of the evaluation examined participants' perceptions of the workshops. This includes the perceived usefulness of the workshop topics; their overall satisfaction with the quality of the infor-

mation provided; the perceived relevance of the topics; the perceived knowledge of the presenters; whether they will be able to apply the new knowledge at their workplaces; evaluating the amount of information provided; whether they feel that attending the workshop was a good use of their time; whether they would recommend the workshop to others in their sectors; what they like most about the workshops; and what changes they would make to it, if they could.

- Virtually all participants felt that each of the 18 topics provided in this three-hour workshop was at least somewhat useful for them, with responses in all cases far-exceeding the evaluation's **Primary Benchmark**.
- In the aggregate, the topics most frequently identified as being *very useful* to participants included:
 - 13 Workplace Factors Known to Impact Mental Health (72.0%)
 - Why Should Employers Care? (69.0%)
 - Workplace Signs and Symptoms (67.9%)
 - Resources (66.9%)
 - An introduction to Mental Health and Addictions (64.3%)
 - Key Questions for a Manager/Supervisor (63.1%)
 - Your responsibilities as an employer (63.0%)
 - What You Can Do (62.4%)
 - What You Shouldn't Do (61.9%)
 - Promoting mental health and psychological safety (61.7%)
- Participants who were *very likely* to assist an employee with a mental health problem or addiction were notably more likely to feel that each topic was very helpful to them.
- Virtually all participants (98.8%) were satisfied with the quality of the information provided through the workshops, with 69.2% being very satisfied with it. There were no significant variations in these data by participants' sectors or positions.
- Virtually all participants (99.1%) felt that they received information relevant to their workplaces, with 71.2% feeling that the information was very relevant. There were no significant variations in these data by participants' sectors or positions.
- Virtually all participants (99.4%) felt that the workshop presenters were knowledgeable, with 85.7% feeling that they were very knowledgeable. There was a borderline significant variation in these data by participants' sectors, but not by their positions.
- Virtually all participants (97.7%) felt that they will be able to apply the knowledge they gained to help their employees, with 57.7% feeling that this was very much the case. There was a borderline significant variation in these data by participants' sectors, and a significant variation by their positions.
- In the aggregate 77.5% of all participants felt that the workshops provided just the right amount of information. The rest were evenly divided between participants who wanted more information and those who wanted less. There were no significant variations in these data by participants' sectors, but there were significant variations based on their positions. Human resource professionals were least likely to report receiving just the right amount of information, primarily wanting more information on these topics.
- Virtually all participants (97.4%) felt that their participation in the workshops represented a good use of their time, with 69.6% feeling that this was very much the case. There were no significant variations in these data by participants' sectors or positions.
- Virtually all participants (97.4%) were likely to recommend the workshop to others in their sectors, with 65.6% reporting that this was very likely. This finding varied significantly by sector, with participants in 'other' sectors being most likely to 'very much' make this recommendation (82.6%), followed by those in the service sector (76.7%), the construction sector (66.7%), and the manufacturing sector (65.1%). There was no significant variation based on participants' positions.
- When participants were asked to comment on what they liked most about the workshops, 213 responded. The most frequent comments related to:

- The usefulness of specific topics and information (36.6% of those providing a comment)
 - Receiving (unspecified) helpful information (18.8%)
 - Those who liked the fact that everyone participated with positive interactions (17.8%)
 - The quality of the presenters (10.8%)
 - The positive workshop processes and setting (9.4%)
 - The role playing and interactive sessions (8.9%)
- When participants were asked to comment about the changes that they would make to the workshops, if they could, 144 responded. Nine themes emerged from their comments.
- The most frequent comments related to new and different topics to be considered, or making the sessions longer (usually a full day in duration) (43.8%)
 - A large proportion of participants indicated that no changes are needed; that it is fine the way it is (40.3%)
 - The remaining suggestions were each put forward by from 1 to 10 participants, including:
 - ◇ Providing more printed materials for participants to take with them (6.9%)
 - ◇ Shortening the sessions, or providing fewer activities (5.6%)
 - ◇ Increasing participants' comfort with stretching exercises or more comfortable chairs (2.1%)
 - ◇ Providing separate sessions for senior and middle managers (0.7%)
 - ◇ Providing sessions remotely (0.7%)
 - ◇ The observation from one participant that sessions do not apply to unionized worksites (0.7%)

Conclusion Ten: Consistent with the findings related to participants' significant growth through their participation in the workshop, we have found that they positively or very positively evaluated every aspect of its topics and processes. All of these findings far-exceeded the study's Primary Benchmark. Specifically:

- They found that each of the 18 topics were useful to them
- They were satisfied with the quality of the information they received
- They felt that the information is relevant to their workplaces
- They felt that the presenters were knowledgeable regarding the topics covered
- Three-quarters felt that the right amount of information was provided during the three-hour sessions. Equal numbers either wanted more or less information provided.
- They felt that their participation in the three hour work was a good use of their time
- They were likely to recommend that others in their sectors attend future workshops
- They were able to identify many things that they liked about the workshops
- When asked for suggestions to improve the workshops, they identified topics or processes that they would add to it. Nobody questioned the value of their experiences.

There was one group of participants that was particularly interested in receiving more information; participants in the **Human Resources field**. They were most likely to want the sessions to be longer, and to feel that the level of the material that was provided was more rudimentary than they had hoped for. This is a particularly notable finding, given that these individuals are significantly most likely to be responsible for assisting employees with mental health conditions and/or addictions across sectors.

Conclusion Eleven: That Vital Life Inc. consider developing a separate workshop geared to the needs and interests of human resource managers and other senior managers in The HR field. It may be possible to consult with workshop participants in this field, or perhaps with representatives of the Human Resource Management Association of Manitoba (HRMAM) for suggested content relevant to human resource professionals. A similar workshop to address the unique needs of supervisors could also be developed and implemented.

- Conclusion Twelve:** That future workshops provide a greater policy focus and a review of related case law. This could include reviewing existing policies regarding workplace violence and harassment, respectful workplaces, psychological health and safety, and workplace accommodations for employees with mental health conditions and addictions.
- Conclusion Thirteen:** The three open-ended questions cited in this study can provide Vital Life Inc. with valuable insights regarding the perceptions of the workshop participants. It is suggested that the company take the time to review all of the verbatim comments, and that it seek to retain aspects of the sessions that participants found particularly relevant and valuable, along with reviewing the suggested changes to determine the value and viability of incorporating some of the changes put forward by its participants.
- It is further suggested that Vital Life Inc. incorporate some of the positive observations into its marketing materials for future workshops on related topics.

VIII) FUTURE RESEARCH OPPORTUNITIES:

The results of this evaluation clearly demonstrate the successes of this project both in terms of the workshops' achieving all of their objectives for virtually all participants, and participants' overall satisfaction with all aspects of the workshops. However, the outcomes established through this study focus on short-term gains: specifically, from the point immediately prior to the workshops to the point immediately following each session. Due to a lack of resources, what is missing is an examination of the longer term impact of the workshops, as well as an analysis regarding the impacts of the workshops on the early identification of employees with mental health conditions and/or addictions, engaging these employees in conversations about their conditions, and connecting these employees with the relevant resources and supports.

- Conclusion Fourteen:** It is suggested that Vital Life Inc. follow-up with participants to determine whether the gains made through the workshops have been sustained over time. It is further suggested that Vital Life Inc. consult with senior managers of companies and organizations whose managers and supervisors attended the workshops to explore the impacts of their involvement on employees' psychological health and safety.

Vital Life
Workplace Mental Health: Workshop Questionnaire



Please complete **Part One** of this questionnaire before the workshop. There is a **number at the bottom of the form** for both parts of the questionnaire. This is a **random number** that **cannot identify you**. It is used only to link your information from Parts One and Two for analysis.



Please Fill-In Bubbles ● Cross-Out or Erase Errors Completely. Print Neatly Inside Boxes. THANKS!!

[Part One]

I) A BIT ABOUT YOU: (If you feel that you can be identified by a couple of responses below, please leave 1 or 2 answers blank.)

- 1) What is your gender? ☐ Female ☐ Male
- 2) What is your age? ☐ <24 ☐ 24-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+
- 3) What is your sector? ☐ Construction ☐ Manufacturing ☐ Service ☐ Other
- 4) What is your role there? **(Please fill in ALL that apply)**
☐ Manager ☐ Supervisor ☐ Human Res. ☐ Health/Safety ☐ Union Rep. ☐ Other
- 5) How many people do you directly supervise? ☐ 0 ☐ 1-15 ☐ 16-30 ☐ 31-45 ☐ 46-60 ☐ 61-75 ☐ 76+
- 6) Is your company or organization unionized? ☐ Yes ☐ No ☐ Not Sure

II) A BIT ABOUT YOUR COMPANY OR ORGANIZATION:

7) Have you ever thought an employee/co-worker was experiencing:

A mental health problem? ☐ Yes ☐ No ☐ Not Sure **An addiction?** ☐ Yes ☐ No ☐ Not Sure

[If 'No' to both, please skip to Question 8]

7.1) About how many: With a **mental health problem?** With an **addiction?**

7.2) If applicable, what kind(s) of addictions were they experiencing? **(Please fill in ALL that apply)**

☐ Alcohol ☐ Other drugs ☐ Prescription drugs ☐ Other:

7.3) Is an employee or co-worker currently experiencing:

A mental health problem? ☐ Yes ☐ No ☐ Not Sure **An addiction?** ☐ Yes ☐ No ☐ Not Sure

7.4) Did you have conversations with any of these employees about their problems?

Mental health problems? ☐ Yes ☐ No ☐ Not Sure **Addictions?** ☐ Yes ☐ No ☐ Not Sure

7.5) If 'Yes' to Question 7.4, what were the outcomes of these conversations? **(Fill in ALL that apply)**

- ☐ I learned about factors that contributed to their mental health problem(s)
☐ I provided support and encouragement
☐ I encouraged them to seek medical help
☐ I encouraged them to seek help from an EAP or other workplace support(s)
☐ I sought ways to accommodate them at work
☐ Other

7.6) To what degree does your workplace accommodate employees with:

Mental health problems? ☐ Very Much ☐ Somewhat ☐ Not Very Much ☐ Not At All ☐ Not Sure

Addictions? ☐ Very Much ☐ Somewhat ☐ Not Very Much ☐ Not At All ☐ Not Sure



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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8.1) How knowledgeable are you regarding the following?	Very	Somewhat	Not Very	Not At All	N/S
Knowing when employees may have mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing when employees may have addictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing how to approach these employees to have a conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing what supports or assistance might be appropriate for them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8.2) How serious a problem do you believe the following are in your workplace?

Employees experiencing mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees experiencing addictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9) Which of the following policies related to employees' health and wellness does your workplace have?

Policies regarding: **(Please fill in ALL that apply)**

- ☐ Workplace accommodations ☐ Violence ☐ Other
☐ Addictions ☐ Psychological health & safety ☐ Not Sure
☐ Harassment ☐ Respectful workplace

9.1) If applicable, overall how aware are you of the content of these policies?

- ☐ Very Aware ☐ Somewhat Aware ☐ Not Very Aware ☐ Not Aware At All ☐ Not Applicable

10) How aware are you of the **National Standard of Canada** regarding psychological health and safety in the workplace?

- ☐ Very Aware ☐ Somewhat Aware ☐ Not Very Aware ☐ Not Aware At All

11) How likely are you to assist employees with:	Very Likely	Somewhat Likely	Not Very Likely	Not At All Likely	Not Sure
Mental health problems affecting their ability to do their jobs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addictions affecting their ability to do their jobs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12) If you are unlikely to assist them, what are some reasons for this?	Very Much	Somewhat	Not Very Much	Not At All	Not Sure
I don't feel competent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I might say the wrong thing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel uncomfortable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want to avoid conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't want to get anyone in trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's not my business to interfere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's not part of the work culture to interfere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It might make my work unit look bad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I may have the same problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Part Two]



Please complete **Part Two** of the Workshop Evaluation Questionnaire right after the workshop is complete and drop it off in the box at the front of the room.

13) Do you now believe that an employee or co-worker may be experiencing:

A mental health problem? ☐ Yes ☐ No ☐ Not Sure **An addiction?** ☐ Yes ☐ No ☐ Not Sure

14) How knowledgeable are you now regarding the following?	Very	Somewhat	Not Very	Not At All	N/S
Knowing when employees may have mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing when employees may have addictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing how to approach these employees to have a conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing the appropriate supports or assistance for them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15) How serious a problem do you now believe the following are in your workplace?					
Employees experiencing mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees experiencing addictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16) How aware are you now of the **National Standard of Canada** for psychological health and safety in the workplace? ☐ Very Aware ☐ Somewhat Aware ☐ Not Very Aware ☐ Not Aware At All

17) How likely are you now to assist employees with:	Very Likely	Somewhat Likely	Not Very Likely	Not At All Likely	Not Sure
Mental health problems affecting their ability to do their jobs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addictions affecting their ability to do their jobs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18) If you feel that you are currently unlikely to assist them, what are some reasons for this?	Very Much	Somewhat	Not Very Much	Not At All	Not Sure
I don't feel competent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I might say the wrong thing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel uncomfortable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want to avoid conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't want to get anyone in trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's not my business to interfere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's not part of the work culture to interfere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It might make my work unit look bad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I may have the same problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19) How satisfied are you with the quality of the information you received today?

☐ Very Satisfied ☐ Somewhat Satisfied ☐ Not Very Satisfied ☐ Not Satisfied At All

20) Was the information you received today relevant to your workplace?

☐ Very Relevant ☐ Somewhat Relevant ☐ Not Very Relevant ☐ Not Relevant At All

21) Were the presenters knowledgeable about the topics they presented?

☐ Very Much ☐ Somewhat ☐ Not Very Much ☐ Not At All

22) Will you be able to apply this knowledge to help your employees achieve greater mental health/sobriety?

☐ Very Much ☐ Somewhat ☐ Not Very Much ☐ Not At All ☐ Not Sure ☐ N/A (Not required)



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23) Please evaluate the personal usefulness of each of the following workshop topics for you.	Very Much	Some-what	Not Very Much	Not At All	Not Sure
An introduction to Mental Health and Addictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Costs of Mental Health problems and Addictions in the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workplace Signs and Symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Why Should Employers Care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Workplace Factors Known to Impact Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stereotypes and Stigma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Questions for a Manager/Supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interventions in the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What You Can Do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What You Shouldn't Do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your responsibilities as an employer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toolkit for Managers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reasonable Accommodations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promoting mental health and psychological safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National Standard of Canada: Psychological Health & Safety at Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tips for Improved Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24) How would you evaluate the amount of information provided to you today?
☐ Far Too Much ☐ Somewhat Too Much ☐ Just Right ☐ Somewhat Too Little ☐ Far Too Little

25) Overall, do you feel that your participation in this workshop was a good use of your time?
☐ Very Much ☐ Somewhat ☐ Not Very Much ☐ Not At All

26) How likely are you to recommend this workshop to others in your sector?
☐ Very Likely ☐ Somewhat Likely ☐ Not Very Likely ☐ Not Likely At All

27) What did you like most about the workshop? **(Please Print)**

28) What changes would you make to the workshop, if you could? **(Please Print)**

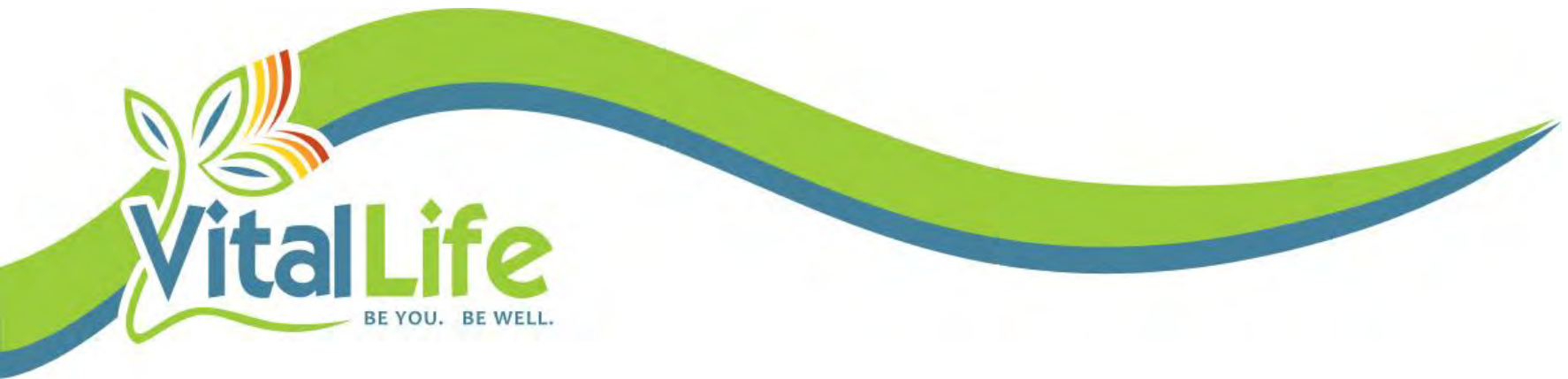


This page is to be completed immediately following the **13 Workplace Factors** component of the workshop.

29) Please evaluate your workplace regarding the following factors:	Very Much	Some-what	Not Very Much	Not At All	Not Sure
It provides adequate psychological and social supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It provides a supportive organizational culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It provides clear leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It provides clear job expectations for its employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees are treated with civility and respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees have opportunities for growth and development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees are recognized and rewarded for work well-done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees have control and influence at work, as appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees' workloads are manageable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees feel engaged at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees maintain healthy work/life balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees are protected from violence, bullying and harassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It provides a physically safe working environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Workplace Mental Health:

Psychological Health & Safety Training
for Supervisors and Managers



Introduction

- About Me
- About Vital Life



Supported by a grant from the **Research and Workplace Innovation Program** of the **Workers Compensation Board of Manitoba**.

This information is provided for educational and awareness purposes only.

Overview

- Psychological Health & Safety - The Standard
 - 13 Workplace Factors
- Mental Health & Addictions
 - Workplace Costs, Signs, Stigmas, Why Care?
- Manager Responsibilities, Toolkit
 - Key Questions, How to Intervene, Do's & Don'ts
- Accommodations
- Promoting Psychological Safety
 - Tips for Improved Mental Health
- Resources

Psychological Health & Safety



National Standard of Canada for Psychological Health & Safety in the Workplace

“the Standard”

13 Workplace Mental Health Factors



1. Psychological Support



2. Civility & Respect



3. Recognition & Reward



4. Balance



5. Organizational Culture



6. Psychological Job Fit



7. Involvement & Influence



8. Psychological Protection



9. Clear Leadership & Expectations



10. Growth & Development



11. Workload Management



12. Supportive Physical Environment



13. Engagement

1) Psychological & Social Support

- All supportive social interactions available at work, either with co-workers or supervisors.
- The degree of social and emotional assistance and trust among co-workers and supervisors, real or perceived.



2) Organizational Culture



- A mix of norms, values, beliefs, meanings, and expectations that workers share and base their behaviour and problem-solving on.
- Improves the psychological safety and health of the workplace and the workers when it is made up of trust, honesty, respect, civility, fairness & so on...

3) Clear Leadership & Expectations



- Leadership :
 - Effective
 - Provides adequate support to help workers know what they need to do
 - Explains how their work contributes to the organization
 - Is open and transparent about upcoming changes.

4) Civility & Respect



- Workers are respectful and considerate in their interactions with one another, as well as with customers, clients, and the public.
- Based on showing esteem, care, and consideration for others, and acknowledging their dignity.

5) Psychological Job Demands

- Psychological demands of the job are documented and assessed alongside the physical demands of the job.
- Like physical hazards, when psychological hazards are identified, consider ways to reduce risk through job redesign, analysis of work systems, risk assessment, etc.



6) Growth & Development



- Encouragement & support in development of interpersonal, emotional, and job competencies.
- Provide internal & external opportunities to build range of skills to help with current job, and prepare for future positions.

7) Recognition & Reward



- Appropriate acknowledgement & appreciation of efforts in fair & timely manner.
- Appropriate and regular acknowledgements such as worker / team celebrations, recognition of good performance, years served, milestones reached.

8) Involvement & Influence

- Workers included in discussions about how work is done and how important decisions are made.
- Can relate to a worker's specific role, activities of a team or department, or issues involving the whole company



9) Workload Management

- Assigned tasks & responsibilities can be accomplished successfully within available time given.
- **This is the risk factor that many Canadians describe as the biggest workplace stressor!**
 - *Too much to do and too little time!*



10) Engagement



- Workers enjoy & feel connected to their work, making them motivated to do job well.
- Workers are committed to, toward overall success and mission of their company.
- Worker engagement can be physical, emotional, and / or cognitive.

11) Work / Life Balance

- Acceptance of need for sense of harmony between the demands of personal life, family, and work.
- Reflects everyone has multiple roles: workers, parents, partners, etc.



12) Psychological Protection

When workers feel able to put themselves on the line they:

- ask questions
- seek feedback
- report mistakes and problems
- or put forward new ideas



without fearing negative consequences to themselves, their job, or their career.

13) Protection of Physical Safety

- A worker's psychological and physical safety is protected from hazards and risks in the physical work environment.



What is Mental Health?

- A state of **well-being** where a person can realise their own abilities,
- Can **cope** with the normal stresses of life,
- Can work **productively** and fruitfully,
- Is able to make a **contribution** to his or her community.

➤ *The World Health Organisation*

Also called **Psychological Health**.

What Influences Mental Health?

- Family history (genetics)
- Lifestyle & health behaviours
- Exposure to toxins
- Exposure to trauma
- Personal life circumstances & history
- Access to supports
- Coping skills
- Levels of personal and **workplace stress.**

➤ *Canadian Centre for Occupational Health & Safety*

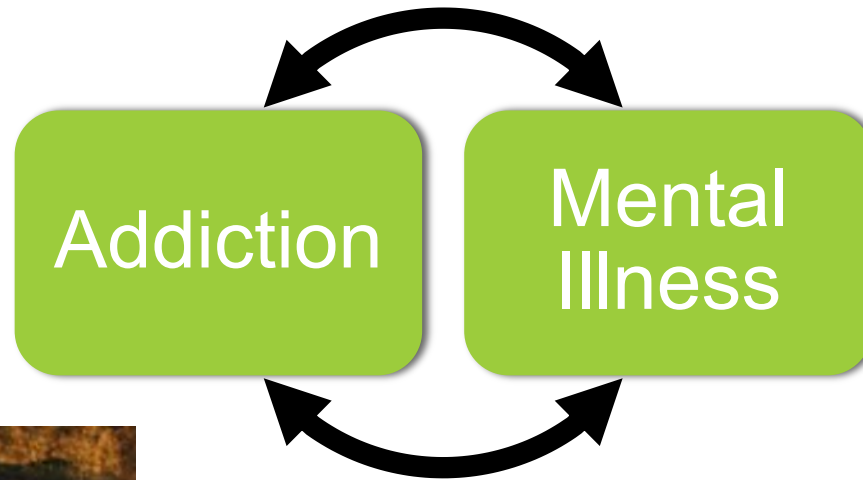


Workplace Signs of a Possible Mental Health Problem

- Frequent absences
- Increased sick time
- Incomplete work
- Missing deadlines
- Increased accidents
- Unable or unwilling to adapt to change
- Impaired learning
- Problems with memory or focus
- Increased helplessness
- Extreme changes in mood (for example, aggression or crying)

Could be a reason
other than
mental health!

The Relationship Between Mental Health & Addiction



Workplace Signs of a Possible Addictions Problem

Physical Signs

- Slurred speech
- Slowed reaction time
- Sweating profusely
- Bloodshot eyes
- Shaky/ trembling
- Unsteady
- Smell

Behavioural Signs

- High or low mood
- Appearing nervous or anxious
- Dazed or confused
- Secretive
- Isolated

Performance Signs

- Frequent absences
- Increased sick time
- Incomplete work
- Missing deadlines
- Increased accidents at work

Why Should Employers Care?

Because ignoring mental health in the workplace is bad for business.

- **Leading cause of disability worldwide**
- **Costs - \$51 Billion / year Canada**
- **In Canada, mental health problems:**
 - 30% of all disability claims.
 - rated top cause of disability claims by over 80% of employers.

➤ *Mental Health Commission of Canada*

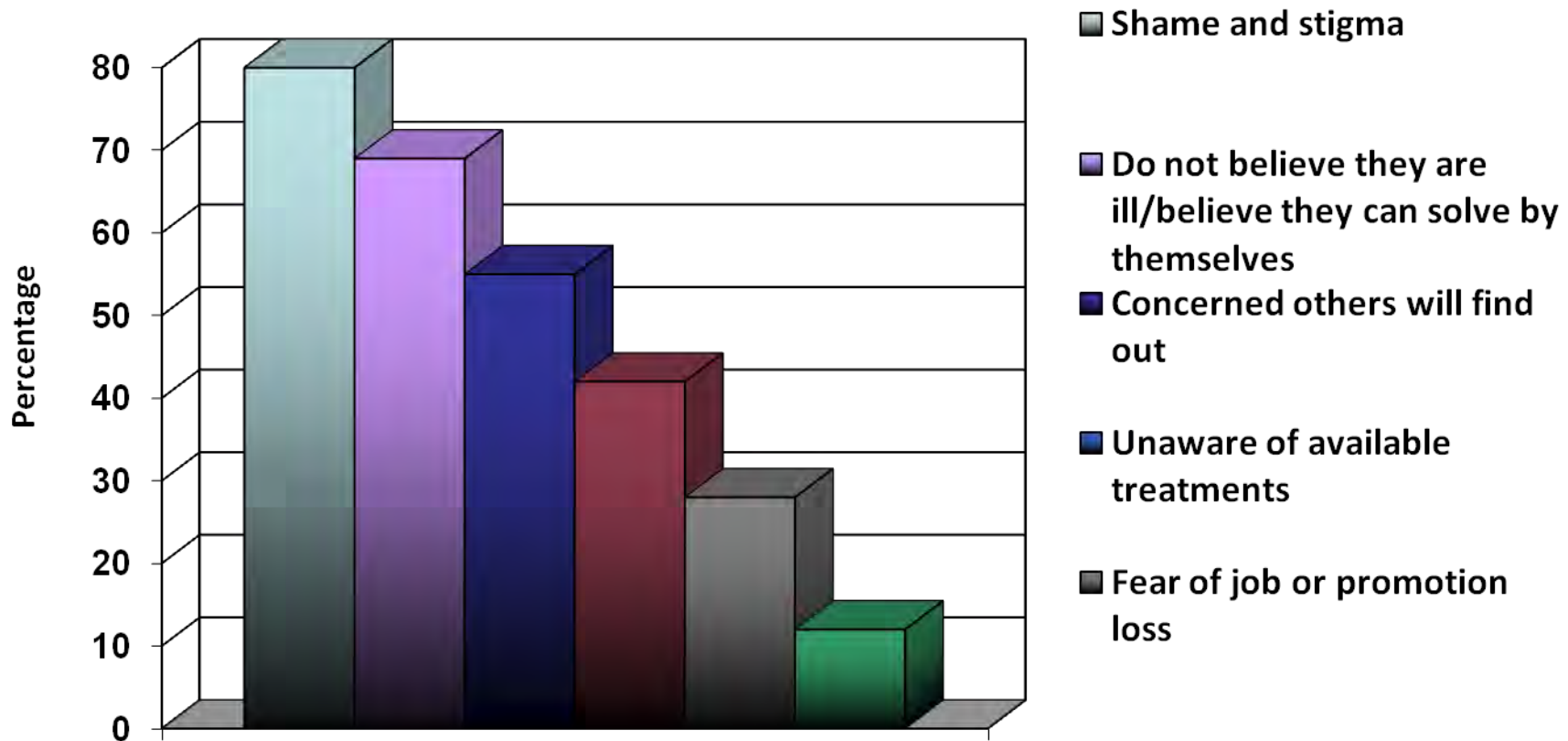
Costs of poor Mental Health & Addictions in the Workplace

Ignoring the impact of Mental Health and Addictions has consequences:



- Financial costs
- Productivity and performance losses
- Reduced (negative) workplace morale
- Increased risk to physical safety
- Death!

Why Don't Employees Get Help?



Information taken from *Employee Benefit News*

Overview

- Psychological Health & Safety - The Standard
 - 13 Workplace Factors
- Mental Health & Addictions
 - Workplace Costs, Signs, Stigmas, Why Care?
- **Manager Responsibilities, Toolkit**
 - **Key Questions, How to Intervene**
 - **Do's & Don'ts**
- **Accommodations**
- **Promoting Psychological Safety**
 - **Tips for Improved Mental Health**
- **Resources**

It's Your Responsibility to Prevent and / or Reduce...



Key Questions for a Manager or Supervisor

- What procedure does our policy set out?
- What should you do when you see an employee is struggling?
- What is your role as a manager / supervisor?
- How do you encourage an employee to get help?
- How do you support an employee when they return to work?



Toolkit for Managers

- Written policy & procedure
- Employee awareness program.
- Access to support (EAP)
- Early recognition
- Create & promote a fair, respectful workplace.
- **Be a positive role model in managing your own mental health.**



Intervention in the Workplace

- First to notice behavior change
- Ignoring signs may escalate the issue, worsening the symptoms and causing stress for other employees.

What You Can Do

1. Show your concern as a work performance issue.
2. Arrange a private meeting with the employee.
 - Respect employee's confidentiality.
 - Document this meeting with the facts rather than opinion.
 - Objectively focus on their performance.
 - Be clear about performance and behavioral expectations.

What You Can Do continued...

3. Find possible solutions.

- Provide accommodations if medically supported.
- What does the employee need?
 - Accommodation – casual or official, temporary or permanent.
- Are there resources available?
 - Employee Assistance Program, community services.

4. Set a time to meet again in the future to review performance.

What You Shouldn't Do

- Don't be nosy.
- Do not offer a pep talk.
- Do not be accusatory. Focus on work performance.
- Do not say "I've been there".
- Don't ask for the cause or name of illness.

The Conversation

3 Parts

1. Educative
2. Ask – relate to job performance
3. Offer Assistance – Resources, Accommodations, Modifications

What Would You Do ??

John has been a worker at your company for the last 5 years. He has always been a reliable and hard worker, but you have begun to notice his performance declining in the last few months. Recently he's had several unexpected and unexplained absences and is increasingly late to the site. He's been missing deadlines on at least two work projects, and lately seemed "not quite there." As John's direct supervisor, what do you do?

- Would your answer change if another employee confided in you that he suspects John has been using drugs at work?
- What if John had caused a serious physical accident on site?

Reasonable Accommodation

- Know your company's relevant policy & procedures
 - and make sure employees are aware.
- No **"one size-fits-all" solution.**
- Small versus Larger employer issues
- Mental Health accommodations usually inexpensive & involve workplace flexibility.

Medical Information

- Entitled to know if the employee is under appropriate medical care.
- If off from work, when a return to work (RTW) date is expected.
- If modifications to the workplace or other supports are needed based on functional limitations.
- Employers are **NOT** entitled to diagnosis or details of treatment.



13 Workplace Mental Health Factors



1. Psychological Support



2. Civility & Respect



3. Recognition & Reward



4. Balance



5. Organizational Culture



6. Psychological Job Fit



7. Involvement & Influence



8. Psychological Protection



9. Clear Leadership & Expectations



10. Growth & Development



11. Workload Management



13. Engagement



12. Supportive Physical Environment

Promoting Psychological Safety

**Bullying and Harassment
Workplace Mobbing
Workplace Violence
Respectful Workplace**



Post Traumatic Stress Disorder: Recent Changes in Manitoba...



- June 2015: legislation - a **work-related occupational disease**.
- WCB assumes an **employee diagnosed with PTSD was caused by a specific event on the job** unless proven otherwise.

Tips for Improved Mental Health

- Eat right and keep fit
- Make time for family and friends
- Give and accept support
- Create a meaningful budget
- Volunteer
- Manage stress, anger and conflict
- Learn to be optimistic
- Identify & deal with moods
- Learn to be at peace with yourself
- Stress reduction “rituals”
- Build confidence and self-esteem
- **Other suggestions?**



Employer Resources

- Vital Life
- Employee Benefits Package (EAP)
- Occupational Health and Safety Officer, Nurse
- SAFE Work



Employees in Crisis

- Mobile Crisis Unit at **204-940-1781**.
- **Call 911** for assistance if an employee is a threat to their own safety, or the safety of others.



Final Thoughts

- Make sure there are policies in place to help guide the proper procedures for when challenging situations arise.
- If employees are provided with earlier intervention there will be less disruption and costs to all involved.
- The best solution is to address it with understanding, empathy, compassion, education and prevention.
- Ignoring mental health problems can be costly.

Questions?

The Workplace Picture



Great-West Life Centre for Mental Health in the Workplace, 2012

Resources

Mental Health Education Resource Centre has resources available about mental health for loan, free of charge.
www.mherc.mb.ca

Workplace Strategies for Mental Health offers free information, tools and resources for employers and organizations, including the Supporting Employee Success Tool.
www.workplacestrategiesformentalhealth.com

Mental Health Works is a nationally available program of the Canadian Mental Health Association (CMHA) addressing many issues related to mental health in the workplace.
www.mentalhealthworks.ca

Guarding Minds @ Work (GM@W) is a free set of resources designed to protect and promote psychological health and safety in the workplace.
www.guardingmindsatwork.ca

Hope at Work is an on-line resource and information centre dedicated to helping workplaces prevent suicide and become suicide-safer by promoting hope, compassion and mental health in the workplace.
hopeatwork.ca

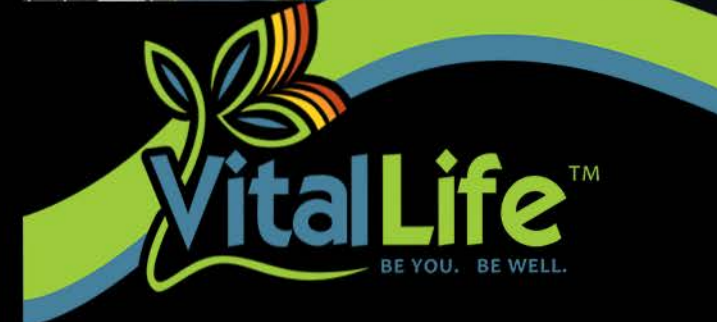
Employees in Crisis

If a worker is experiencing a mental health crisis, call the WRHA's Mental Health Mobile Crisis Service at **204-940-1781**.

The Mental Health Crisis Response Centre is open 24 hours a day, seven days a week, and is located at 817 Bannatyne Avenue.

WORKPLACE PSYCHOLOGICAL HEALTH & SAFETY:

**EMPLOYER RESOURCE GUIDE
2015**



in partnership with

WCB
Workers' Compensation
Board of Manitoba



www.vitallife.ca

13 Workplace Factors known to impact Mental Health

- 1) *psychological & social support;*
 - 2) *organizational culture;*
 - 3) *clear leadership and expectations;*
 - 4) *civility and respect;*
 - 5) *psychological job demands;*
 - 6) *growth and development;*
 - 7) *recognition and reward;*
 - 8) *involvement and influence;*
 - 9) *workload management;*
 - 10) *engagement;*
 - 11) *work/life balance;*
 - 12) *psychological protection from violence, bullying, and harassment;*
 - 13) *protection of physical safety;*
- and other chronic stressors as identified by workers.*

POSSIBLE SIGNS OF ADDICTIONS OR MENTAL HEALTH PROBLEMS AT WORK



⋮

⋮

⋮

POSSIBLE ACCOMMODATIONS FOR A WORKER WITH A MENTAL HEALTH PROBLEM

⋮



What You Can Do

- 1) Show your concern as a work performance issue.
- 2) Arrange a private meeting with the employee.
 - Respect employee's confidentiality.
 - Document this meeting with the facts rather than opinion.
 - Objectively focus on their performance.
 - Be clear about performance and behavioral expectations.
- 3) Find possible solutions.
 - Tell the employee of the availability of providing accommodations if medically supported.
 - What does the employee need to be productive?
 - Accommodation: casual or official, temporary or permanent.
 - Are there resources available?
 - Provide access to an Employee Assistance Program or other resources, like community services.
- 4) Set a time to meet again in the future to review performance.

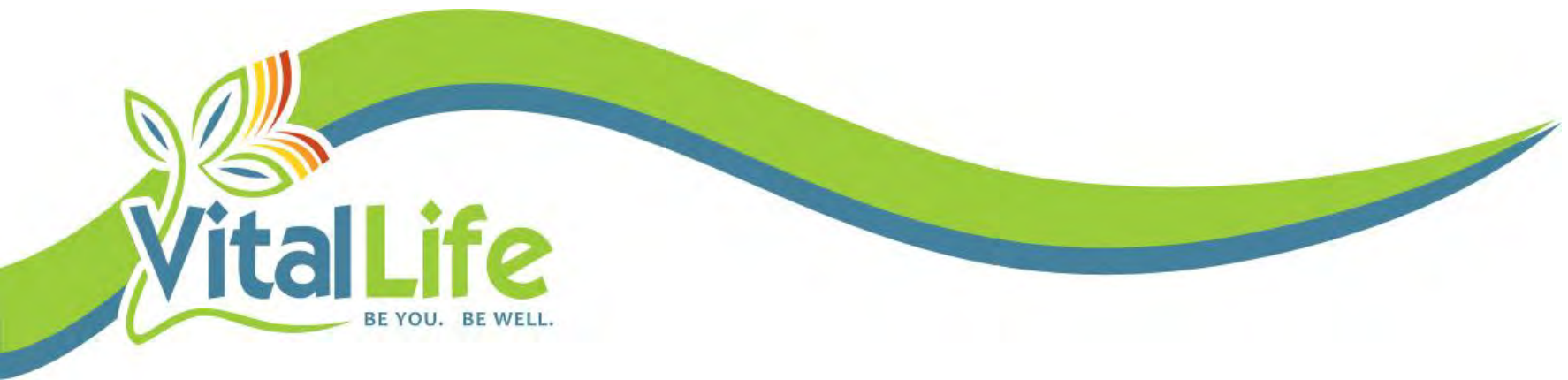


What You Shouldn't Do

- Don't be nosy.
- Do not offer a pep talk. Assumes they can just "get over it" and may be insulting that they haven't been trying hard enough.
- Do not be accusatory. Focus on work performance.
- Do not say "I've been there". You may not understand or relate to a mental health problem, but that shouldn't stop you from offering help.
- Don't ask for the cause or name of illness. Focus on how the employee's behaviour is impacting their work and finding solutions.

Workplace Mental Health:

Lunch & Learn for Employees



Introduction

- About Me
- About Vital Life



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Overview of Employee Training

- Introduction to Mental Health & Addictions
 - Workplace Signs
- Costs of Mental Health & Addictions
- What to do?
 - **T.A.L.K.S.**
- Workplace Responsibilities
- Promoting Psychological Safety
 - The National Standard
- Resources

What is Mental Health?

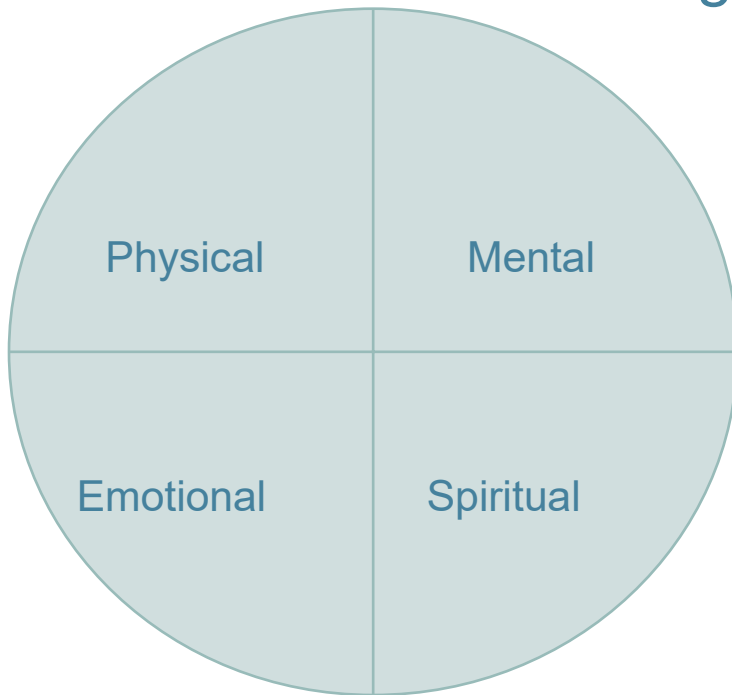
A state of **well-being** where a person can realise their own abilities, can **cope** with the normal stresses of life, can work **productively** and fruitfully and is able to make a **contribution** to his or her community.

The World Health Organisation

What Influences Our Mental Health?

- Family history (genetics), **Workplace Stress**
- Lifestyle (e.g., smoking, exercise, substance use)
- Access to supports (healthcare, friends, family)
- Personal and intergenerational Trauma

➤ *Canadian Centre for Occupational Health & Safety*



Mental Health Problems Occur

- When someone loses the ability to cope with everyday pressures.
- When it interferes with a **person's enjoyment of life or their interactions with others.**
- When the demands placed on someone are too high like.....?

Workplace Signs of a Possible Mental Health Problem

- Frequent absences
- Increased sick time
- Incomplete work
- Missing deadlines
- Increased accidents
- Unable or unwilling to adapt to change
- Impaired learning
- Problems with memory or focus
- Increased helplessness
- Extreme changes in mood (for example, aggression or crying)

Could be a reason
other than
mental health!

Are Mental Health issues Common?

1 in 5 Canadians will experience a mental health problem or addiction in their lifetime.

➤ *Centre for Addiction and Mental Health*

Addictions & Mental Health

- Addictions are often tied to mental health problems.
- More than half the people with an addiction problem identify with having a mental health problem.



➤ *Mood Disorders Society of Canada*

What is Addiction?

An unhealthy relationship between a substance and / or event that contributes to life problems and their recurrence.



➤ Addictions Foundation Manitoba, 2001

Workplace Signs of a Possible Addictions Problem

Physical Signs

- Slurred speech
- Slowed reaction time
- Sweating profusely
- Bloodshot eyes
- Shaky/ trembling
- Unsteady
- Smell

Behavioural Signs

- High or low mood
- Appearing nervous or anxious
- Dazed or confused
- Secretive
- Isolated

Performance Signs

- Frequent absences
- Increased sick time
- Incomplete work
- Missing deadlines
- Increased accidents at work

Costs of Mental Health Problems in the Workplace

- Financial costs
- Productivity losses
- Performance issues
- Increased risk to physical safety
- Death!

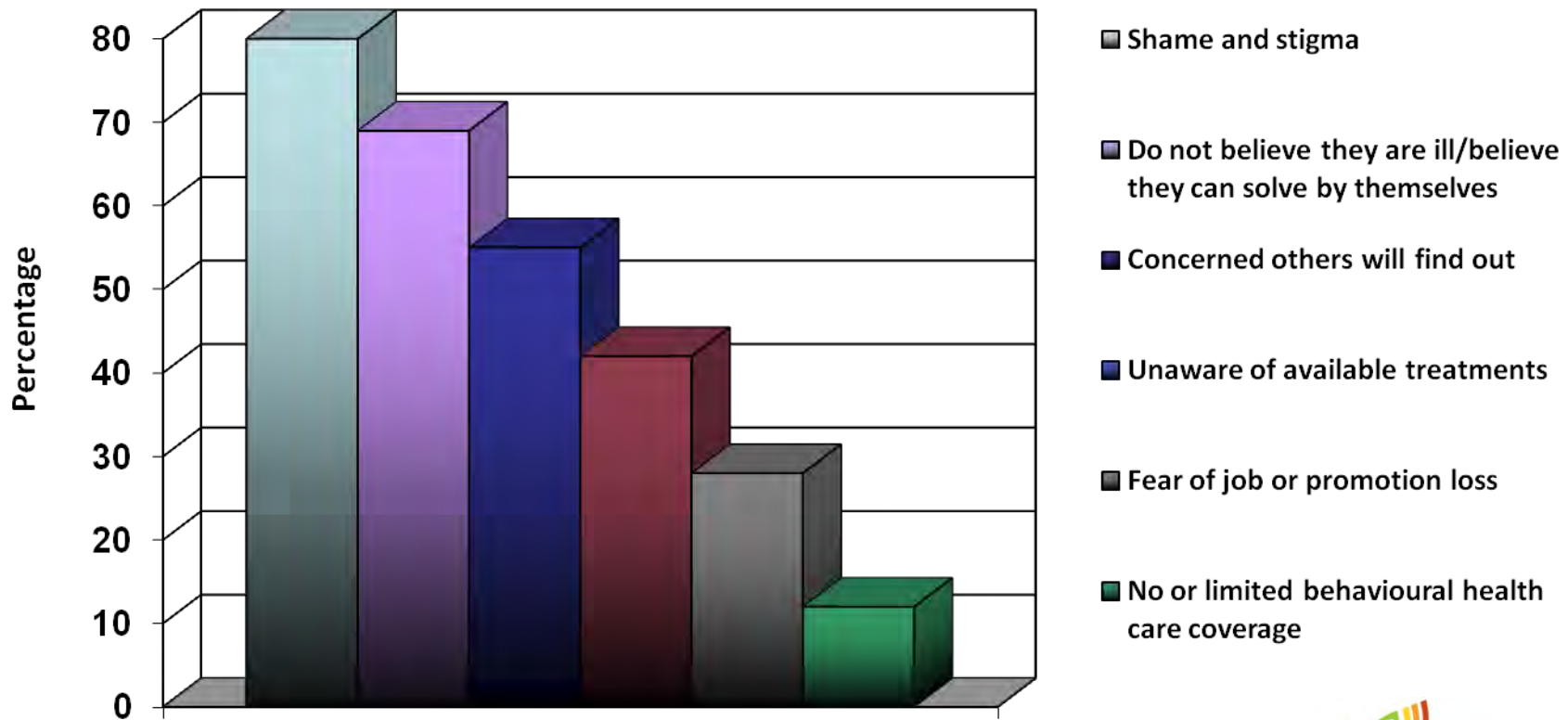


Would you tell your manager if you had a mental health or addiction problem?

66% would NOT have an open discussion with their boss about their mental health.

50% said that if they knew about a co-worker's illness, they would want to help.

Why Don't Employees Get Help?



Information taken from *Employee Benefit News*

What to do: T.A.L.K.S.

- **Talk** to a trusted listener about stressors and mental health concerns.
- **Ask** supervisors for resources.
- **Learn** your employer's mental health policies and procedures.
- **Know** the risks of not speaking up.
- **Seek** out the help of a medical professional if you are worried about your own mental health.

A Psychologically Healthy & Safe Workplace

- Promotes employees' mental well-being and **actively works** to prevent harm to employee psychological health due to negligent, reckless or intentional acts.

➤ *Guarding Minds@Work*



Canada Standard Association (CSA) for Psychological Health & Safety in the Workplace

- Voluntary set of guidelines, tools and resources that promotes employees' psychological health and prevents psychological harm caused by workplace factors.

13 Workplace Mental Health Factors



1. Psychological Support



2. Civility & Respect



3. Recognition & Reward



4. Balance



5. Organizational Culture



6. Psychological Job Fit



7. Involvement & Influence



8. Psychological Protection



9. Clear Leadership & Expectations



10. Growth & Development



11. Workload Management



12. Supportive Physical Environment



13. Engagement

Workplace Responsibilities

- A written policy
 - Offer to assist
- Accommodation
- Confidentiality



Tips for Improved Mental Health

- Eat right and keep fit
- Make time for family and friends
- Give and accept support
- Create a meaningful budget
- Volunteer
- Manage stress, anger and conflict
- Learn to be optimistic
- Identify and deal with moods
- Learn to be at peace with yourself
- Stress reduction “rituals”
- Build confidence and self-esteem
- Other suggestions?



Employee Resources

- **Employee Assistance Program (EAP)**
 - It is free and confidential.
- **Employee Benefits Package**
- **Occupational Health and Safety Officer or Nurse**
- **Company Doctor, Family Doctor**
- **SAFEWork Manitoba**
- **Vital Life**

Mental Health & Addiction Resources

- WRHA's Mental Health Mobile Crisis Service
 - Mental Health Crisis Response Centre (817 Bannatyne)
- Addictions Foundation of Manitoba
 - Provincial Adult Addictions Info Line: 1-855-662-6605
- Mental Health Education Resource Centre (MHERC)
- Canadian Mental Health Association

Employees in Crisis

If an employee is experiencing a mental health crisis, you can call the Mobile Crisis Unit at **204-940-1781**.

You can always call 911 for assistance if an employee is a threat to their own safety, or the safety of others.



Questions?

Workplace Psychological Health & Safety



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- Unsteady
- Smell
- Seeming "out of it"
- Secretive
- Isolated

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Ask supervisors for resources.

Learn your employer's mental health policies and procedures.

Know the risks of not speaking up.

Seek out the help of a medical professional if you are worried about your own mental health.

RESOURCES

- Employer EAP Program
- Vital Life: 204-779-1887 www.vitallife.ca
- WRHA Mobile Crisis Service (24 hours): 204-940-1781
- Addictions Foundation of MB Info Line: 1-855-662-6605 afm.mb.ca
- Canadian Mental Health Association: 204-982-6100 winnipeg.cmha.ca
- Mental Health Education Resource Centre: 204-942-6568 www.mherc.mb.ca
- Family Doctor Finder: 1-866-690-8260

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Resources

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afm.mb.ca

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winnipeg.cmha.ca

Manitoba Suicide Line: 1-877-435-7170 reasontolive.ca

Family Doctor Finder: 1-866-690-8260

gov.mb.ca/health/familydoctorfinder

WORKPLACE PSYCHOLOGICAL HEALTH & SAFETY



in partnership with

