

# Issue Brief

## Workplace Mental Health

June 3, 2016



### Issue

#### Safeguarding the mental health of healthcare workers

Our country's healthcare providers are essential to ensuring the efficient, effective and safe delivery of healthcare services to all Canadians. It is critical to protect the health and safety of this incredibly important workforce. Although there has been progress in addressing the *physical* health and safety of healthcare workers and workplaces, there is an equally important and *urgent* need to safeguard their *psychological* health and safety.

Most Canadians spend more waking hours at work than anywhere else.<sup>i</sup> However, 500,000 Canadians, including many who work in healthcare, will not make it to work in any given week because of a mental health problem or mental illness. This has an impact on the workplace<sup>ii</sup> through heightened absenteeism, reduced productivity and increased costs — much of which could be avoided by ensuring a mentally healthy workplace. Also consider:

- The cost of mental health problems and illnesses to the Canadian economy has been estimated to be well in excess of \$50 billion – a figure equivalent to 2.8% of Canada's Gross Domestic Product - of which \$20 billion stems from the workplace.<sup>iii</sup>
- One in three disability claims in Canada is related to mental illness<sup>iv</sup> and the numbers are growing.
- Mental health claims represent 70% of the total cost of disability claims.<sup>v</sup> (This is partly because a person dealing with a mental health issue is likely to be off work much longer than someone dealing with another type of disability.<sup>vi</sup>)
- Mental illness costs the private sector between \$180-\$300 billion in short-term disability and \$135 billion for long-term disability.<sup>vii</sup>
- Absenteeism and presenteeism due to mental health issues account for more than \$6 billion in lost productivity.<sup>viii</sup>

Simply put, we can *no longer afford* to think of workplace health and safety from only the physical perspective.



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## Background

### Mental Health – An Epidemic in Canada

One in five Canadians will experience a mental health problem or illness in any given year.<sup>ix</sup> There are 6.7 million people - approximately 20 percent of the country's population - living with a mental illness or mental health problem. This is three times the 2.2 million Canadians living with type-2 diabetes and almost five times the 1.4 million people living with heart disease<sup>x</sup> - diseases that are considered to be at epidemic proportions. Nearly half of all Canadians will have had some form of mental illness by the time they turn 40.<sup>xi</sup> By 2020, depression will become the second leading cause – next to heart disease – of disability adjusted life years for all age groups and both sexes.<sup>xii</sup> At 24%, depression – along with high blood pressure - is the top ranked reason for Canadians seeing a physician<sup>xiii</sup> and one third of hospital stays in Canada are due to mental disorders.<sup>xiv</sup>

### Stigma – The Barrier

Stigma and discrimination greatly exacerbate the many difficulties faced by people with mental health problems. As a result of stigma and discrimination, many employees do not feel comfortable talking with their employers about mental illness.<sup>xv</sup> Sixty percent of people with a mental illness or a mental health problem won't seek help for fear of being labelled.<sup>xvi</sup> However, with increasing measures being taken to combat stigma related to psychological illness, more and more employees are going to feel safer saying that they have a mental health problem. Healthcare settings must be able and willing to support those employees who do come forward.



### Healthcare Settings – Taking the Pulse

Many healthcare workers report a wide range of health conditions linked to work-related stress, including depression, anxiety, substance abuse and even suicide.<sup>1</sup> Over 40% of Canadian physicians report that they are in the advanced stages of burnout<sup>xvii</sup>, an equal percentage of Canadian nurses report burnout, and 14 percent of general nurses have tested positive for symptoms of post-traumatic stress disorder.<sup>xviii</sup> Healthcare workers are 1.5 times more likely to be off work due to illness or disability than people in all other sectors.<sup>xix</sup>

1. See, for example, Canadian Medical Association. (2010). *Physician health matters: A mental health strategy for physicians in Canada*. Available from: [https://www.cma.ca/Assets/assets-library/document/en/practice-management-and-wellness/Mentalhealthstrat\\_final-e.pdf](https://www.cma.ca/Assets/assets-library/document/en/practice-management-and-wellness/Mentalhealthstrat_final-e.pdf)

Many healthcare workers have heavy workloads, significant pressures and a lack of time and resources to adequately do their jobs.<sup>xx</sup> Staff shortages as a result of cut-backs and layoffs are common and can lead to longer and/or more frequent working periods and an increase in personal stress. In addition to “doing more with less,” work in the healthcare sector can be emotionally demanding. Ongoing work with patients and their families, and helping people cope with illness and death can result in “compassion fatigue.” Employees can also face challenges associated with shift work, workplace violence and bullying, and dealing with rapidly changing practice environments.

“...a fundamental way to better healthcare is through healthier healthcare workplaces; and it is unacceptable to work in, receive care in, govern, manage and fund unhealthy healthcare workplaces.”

- Quality Worklife-Quality Healthcare Collaborative, 2006

Workplace violence, often ignored and under-reported, is a pervasive and persistent issue in healthcare, with a significant impact on the psychological health and safety of health workers. One study reported that 46 percent of nurses reported workplace violence during their 5 most recent shifts; one-third said they were physically assaulted.<sup>xxi</sup> More than 4000 incidents of workplace violence against Canadian nurses were reported between 2008 and 2013.<sup>xxii</sup>



### A Winning Prescription: Healthy Workplaces Benefit Patients and Workers Alike

Like physical illness, psychological illness can lead to absenteeism, loss of skilled workers, presenteeism and high levels of staff turnover - all to the detriment of the healthcare system. Promoting and protecting the psychological health of workers is essential to a well-functioning health system, as well as being “the right thing to do.”

Good psychological health is also integral to being an effective healthcare worker.<sup>xxiii</sup> It is difficult, for example, for a health worker to provide high quality patient care if he or she is overly stressed or emotionally exhausted. The psychological health of individual workers also affects the day-to-day dynamics of the entire workplace. For instance, people who don't feel well may not behave well and there may be heightened inter-personal conflict. Good psychological health may contribute to fewer medical errors and patient-safety incidents. It may also contribute to increased productivity and efficiency. Research shows that organizations that actively support the physical, emotional and interpersonal well-being of their employees are more likely to have highly engaged employees – essential to high productivity.<sup>xxiv</sup>

Many healthcare organizations are taking important steps on psychological health in the workplace by developing innovative programs to help address emotional and mental health. Some, for example, provide training on emotional intelligence, as well as strategies to teach employees how to pause, reflect and manage their emotions. Employee wellness programs are well established in many places. Some settings are increasingly emphasizing the importance of striving for excellence (rather than perfection) and enhancing the resilience of healthcare workers.<sup>xxv</sup> In some large healthcare organizations, clinical specialists (e.g., psychiatry, psychology, social work, nursing and other healthcare professionals with specialization in mental health issues) are working alongside administrative teams to develop and deliver best practice mental health programs for healthcare workers.<sup>xxvi</sup> Innovative approaches to peer support are also being considered for use in workplaces and also have application to healthcare settings.<sup>xxvii</sup>

## Legal Perspective

Under existing legislation, employers have a legal obligation to maintain a physically healthy and safe work environment. Recent decisions suggest that this obligation also extends to the need to maintain a psychologically healthy and safe workplace.<sup>xxviii</sup> Workplace practices that create the risk of mental injury can, therefore, lead to legal liability. In recent years, Canadian courts have been awarding workers increasingly large damages for mental health injuries.<sup>xxix</sup>



## Canada Blazing The Trail A World First in Health and Safety

Canada is leading the way on the issue of workplace health and safety. In 2013, Canada became the first country in the world to launch a voluntary standard intended to safeguard the mental health of employees. The *National Standard of Canada for Psychological Health and Safety in the Workplace* (the *Standard*) is a set of guidelines, tools and resources focused on promoting employees' psychological health and preventing psychological harm due to workplace factors. The Mental Health Commission of Canada (MHCC) championed its development and, soon after the *Standard's* launch, HealthCareCAN released *Psychological Health and Safety in Canadian Healthcare Settings*, a policy statement encouraging its members and all health stakeholders to commit to implementing the *Standard*.

The first mental health strategy for Canada, *Changing Directions, Changing Lives*, also reiterated the importance of psychological health and safety in workplaces.<sup>xxx</sup> The strategy calls for every organization in Canada to adopt the *Standard*.



## Healthcare Organizations Taking the Lead

Several healthcare organizations are already demonstrating leadership in the area of implementing the *Standard*. The MHCC launched a three-year Case Study Research Project (CSRP) in 2014 to better understand how workplaces across Canada are implementing the *Standard*. Of the 41 organizations in the CSRP, 18 – or 45% – are in the healthcare sector, comprising the largest sector represented in the study.

While healthcare organizations differ from one another in many ways, there are several distinctive and shared characteristics of healthcare organizations, impacting the nature and success of efforts to implement the *Standard* and improve workplace psychological health and safety.

These can be summarized as follows:

- 1. Commitment to health.** The core mandate of all healthcare sector organizations is the provision of evidence-based care for all Canadians. This generates a sophisticated awareness of the importance, nature and treatment of physical and mental health issues, making adoption of the *Standard* a natural extension of the healthcare mandate. At the same time, the challenges of providing care to patient populations with complex needs can lead to burnout, compassion fatigue and stigma.
- 2. Professionally diverse workforce.** Healthcare sector organizations are characterized by cross-disciplinary work teams consisting of highly-trained staff from different professions. This provides a natural forum for multiple perspectives and input into the nature of the work environment. At the same time, this can impede consensus and progress amongst employee groups with differing issues, work agreements and responsibilities.
- 3. Public Accountability.** Healthcare sector organizations are primarily publicly funded and thus accountable to provincial and federal governing bodies. This responsibility facilitates early adoption of relevant organizational regulations, policies and practices, such as the *Standard*. However, this relationship also means that healthcare sector organizations are subject to changes in government priorities, resources and organizational/governance models which differ from province to province.



## Key Learnings – Research, Evidence And Roundtables

Over the last year, HealthCareCAN and the MHCC have undertaken targeted research and conducted roundtables with healthcare leaders across the country to better understand the unique issues facing their workplaces. This collaboration is intended to build evidence around how these healthcare settings can be better supported to address psychological health and safety. Key learnings and promising practices are included below.

### Research

Based on data from the CSRP, HealthCareCAN and MHCC conducted a cross-case analysis, comparing health sector to non-health sector organizations in relation to their progress implementing the *Standard*.

#### Key findings include:

- I. Healthcare organizations demonstrate more progress than non-healthcare organizations in implementing the *Standard*, motivated by the importance of building an engaged and productive workforce.
- II. The healthcare sector manifests a number of unique strengths and challenges in implementation which distinguish it from the non-health sector.
- III. Healthcare organizations vary considerably in implementation progress and strategy (e.g. staged vs. full roll-out), likely reflecting different levels of organizational readiness for the change.
- IV. Healthcare organizations show notably low levels of employee knowledge and confidence regarding organizational programs and policies related to implementation of the *Standard*.
- V. Healthcare organizations, like non-healthcare organizations, have limited access to indicators specifically reflective of psychological health and safety issues.

#### Key recommendations from the Cross-Case Analysis include:

- I. Implementation of the *Standard* by healthcare organizations should include evaluation of organizational readiness for this change by use of a tool or resource appropriate to the healthcare context.
- II. Healthcare organizations should measure employee knowledge of and confidence in organizational policies related to implementing the *Standard*, again using a tool or resource appropriate to the healthcare context.
- III. Healthcare organizations that have achieved substantial progress in implementing the *Standard* should be engaged as exemplars and mentors for other healthcare organizations across the country.



## Roundtables

HealthCareCAN and MHCC hosted roundtables in three locations across Canada (Toronto, November 2014; Charlottetown, June 2015; and, Vancouver, October 2015). The purpose of the meetings was to build relationships and coordinate efforts; identify areas of collaboration among those implementing the *Standard*, or who were interested in implementing it; and increase awareness and uptake of the *Standard*. More than 50 presidents & CEOs, vice-presidents, directors, managers and advisors from across Canada attended the roundtables.

### Key learnings from the Roundtables include:

- I. Leadership, organizational culture, staff engagement and the use of data and metrics are essential for creating an organizational environment that enables the implementation of the *Standard*.
  - Leadership includes a visible leadership commitment, buy-in from a strong leadership team, and a focus on quality of care and a culture of safety.
  - It is important to have an organizational culture that is a culture of safety and that embodies the value system of a caring organization.
  - Staff engagement means communicating with staff to increase awareness and engagement in the development of implementation strategies and objectives.
  - Existing data and metrics, such as absenteeism reports and employee surveys, are rich in information and can help an organization determine where to start with implementation.
- II. Stigma, competing priorities, lack of awareness, lack of union support and the complexity of implementation are the biggest barriers to implementing the *Standard*.
  - Stigma means that healthcare workers are not comfortable seeking support for their own mental health issues within their workplace.
  - Competing priorities means managers are very busy, they are facing tight budgets and increasing demands on their time.
  - Lack of awareness means that healthcare workers aren't sure what the *Standard* is and how it is different from other wellness initiatives.
  - Without union support, employee mental health and implementation of the *Standard* are difficult to advance.
  - Implementation itself is perceived as complex and not knowing where to start can be overwhelming.
  - Organizational change, such as a merger or redesign, redirects the focus of leaders to other priorities.



## Sustaining Momentum And Transforming The System

HealthCareCAN and the Mental Health Commission of Canada are deeply committed

to continuing their collaborative efforts to advance workplace mental health within the health sector. Some of these activities include:

- Developing a community of practice that connects thought leaders, builds and engages a community of leaders, creates space to share learnings, resources, experiences and tools, and provides strategic advice on the development of tools and resources.
- Developing practical tools tailored to the healthcare sector.
- Creating an online network or hub of resources where mentoring, education, information sharing, tools and resources, and access to experts exist.
- Launching awareness campaigns showcasing healthcare organizations that have shown leadership and taken action.
- Hosting webinars and offering online education targeting healthcare workers and focusing on mental health in the workplace; aligning with medical schools and other health professionals'/providers' programs.



### Take Action: Start Now

Here are some actions your healthcare organization can take to get started transforming your workplace:

1. Download the *National Standard* for free at <http://www.mentalhealthcommission.ca/English/issues/workplace/national-standard>.
2. Look at HealthCareCAN's position statement calling on its members to implement the Standard: [http://www.healthcarecan.ca/wp-content/uploads/2015/10/CHA\\_Psychological-Hlth-Safety\\_policy-statement-FINAL1.pdf](http://www.healthcarecan.ca/wp-content/uploads/2015/10/CHA_Psychological-Hlth-Safety_policy-statement-FINAL1.pdf)
3. Demonstrate visible, sustained commitment and leadership to psychological health and safety in the workplace.
4. Look at your data and information to assess your workplace.
5. Offer training to managers and supervisors to build the necessary competencies and skills.
6. Offer training to staff to build awareness around mental illness.
7. Identify the key internal resources and policies that can support staff; communicate them widely.

## End Notes

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## About Us



### HealthCareCAN

HealthCareCAN is the national voice of healthcare organizations and hospitals across Canada. We foster informed and continuous, results oriented discovery and innovation across the continuum of healthcare. We act with others to enhance the health of the people of Canada; to build the capability for high quality care; and to help ensure value for money in publicly financed healthcare programs.



### The Mental Health Commission of Canada

Through its mandate from Health Canada, the MHCC brings together the best and most influential minds in the healthcare community. With our hundreds of partners, we are working to build a mental health system that is inclusive, adaptable, and supports Canadians living with mental health problems and illness in their journey of recovery.