



# Workplace Mental Health and Wellbeing

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# Workplace Mental Health and Wellbeing

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## **Wellbeing**

The diverse and interconnected dimension of physical, mental and social wellbeing that extends beyond the traditional definition of health. It includes choices and activities aimed at achieving physical vitality, mental clarity, social satisfaction, a sense of accomplishment and personal fulfillment.

- Wikipedia

## **Mental Health**

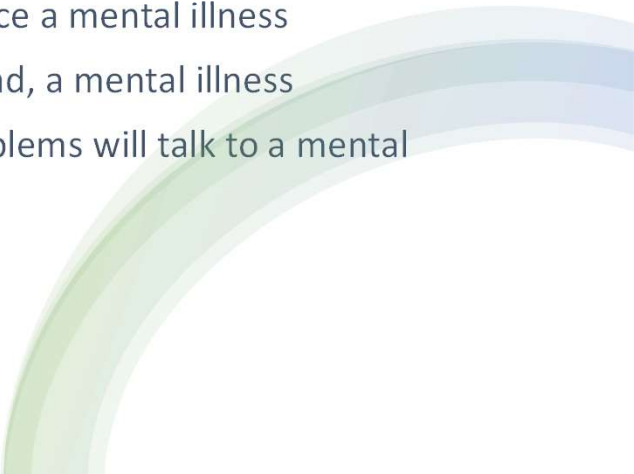
Good mental health is a state of wellbeing in which every individual realizes their own potential, can cope with normal stressors of life, can work productively and fruitfully, and is able to make a contribution to their community.

- World Health Organization






## Stats and Facts

- Mental Health is just as important as physical health
  - Mental Health is not simply the absence of a mental illness
  - Mental illness refers to a wide range of disorders that affect mood, thinking and behavior
  - In Canada, the most prevalent mental illnesses/disorders are:
    - Depression
    - Substance use
    - Generalized anxiety
  - In any given year, 1 in 5 Canadians experience a mental illness
  - By age 40, 1 in 2 Canadians have, or have had, a mental illness
  - Only ~32% of those with mental health problems will talk to a mental health professional about it
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# Stats and Facts


## Cont'd

- In 2008, the WHO predicted that major depressive disorder would be the number one health condition in the world by 2030, surpassing heart disease; this became a reality in 2017
  - Mental illness in the workplace costs employers \$20 billion per year in Canada and it is associated with increased accidents at work, workplace absenteeism and reduce productivity
  - Only 23% of Canadian workers feel comfortable talking to their employer about a psychological health issue
  - ~47% of disability claims are related to mental illnesses
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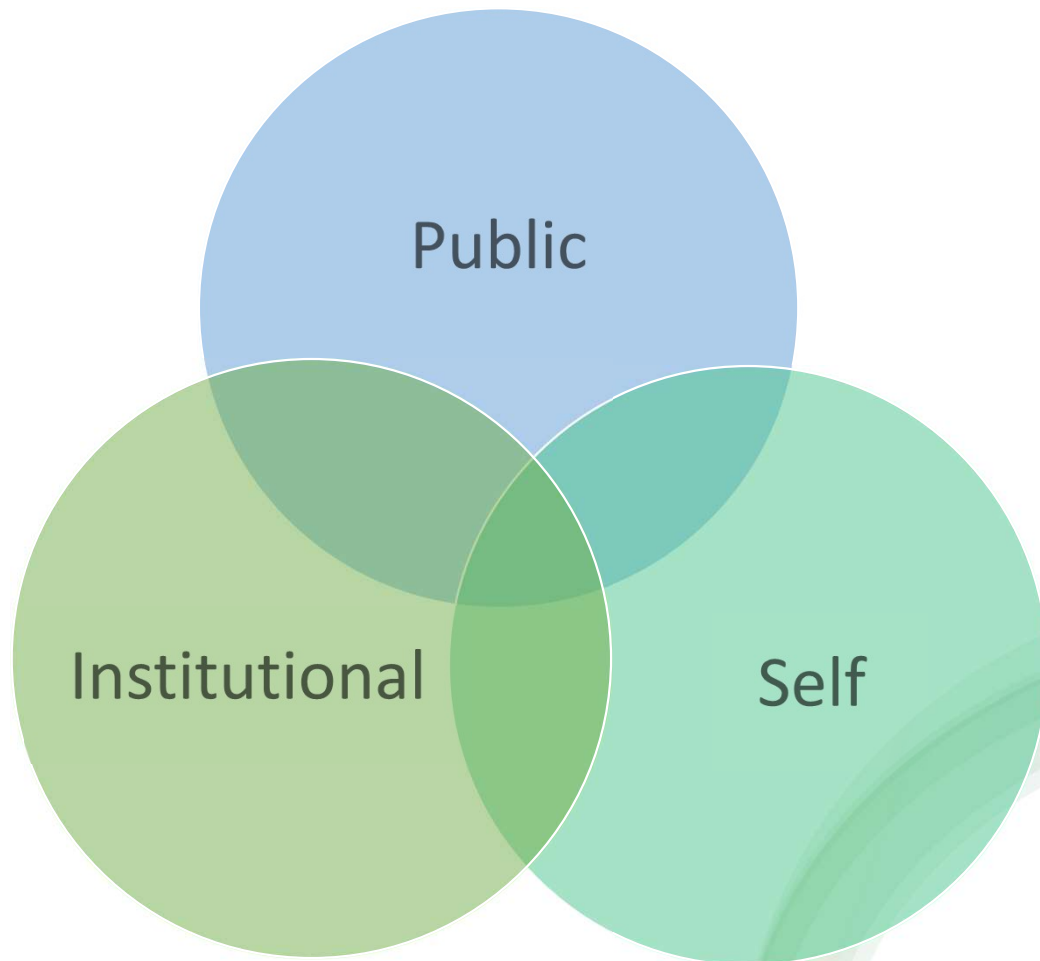


# Barriers to Care

Barriers to care are factors that limit or prevent one from seeking care/treatment for declining mental health or mental illness

- Stigma
  - Limited knowledge
  - Access to services/resources
  - Financial costs
  - Time
- 

Stigma





## Additional Barriers to Care

### Limited Knowledge

- Not recognizing the signs and symptoms of mental health or illness in oneself or in others


### Access to Services and Resources

- Access and wait times can be difficult to manage and can cause treatment delays
- Availability in the community


### Financial Cost

- Public services can be difficult to access and often have long wait times and private services are expensive

### Time


- Many services are offered Monday to Friday, which can directly conflict with an employee work schedule
  - May take time to find the right fit in a therapist
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## Prevention and early intervention

Breaking down the barriers to care helps considerably with prevention and early intervention. This can be achieved through:

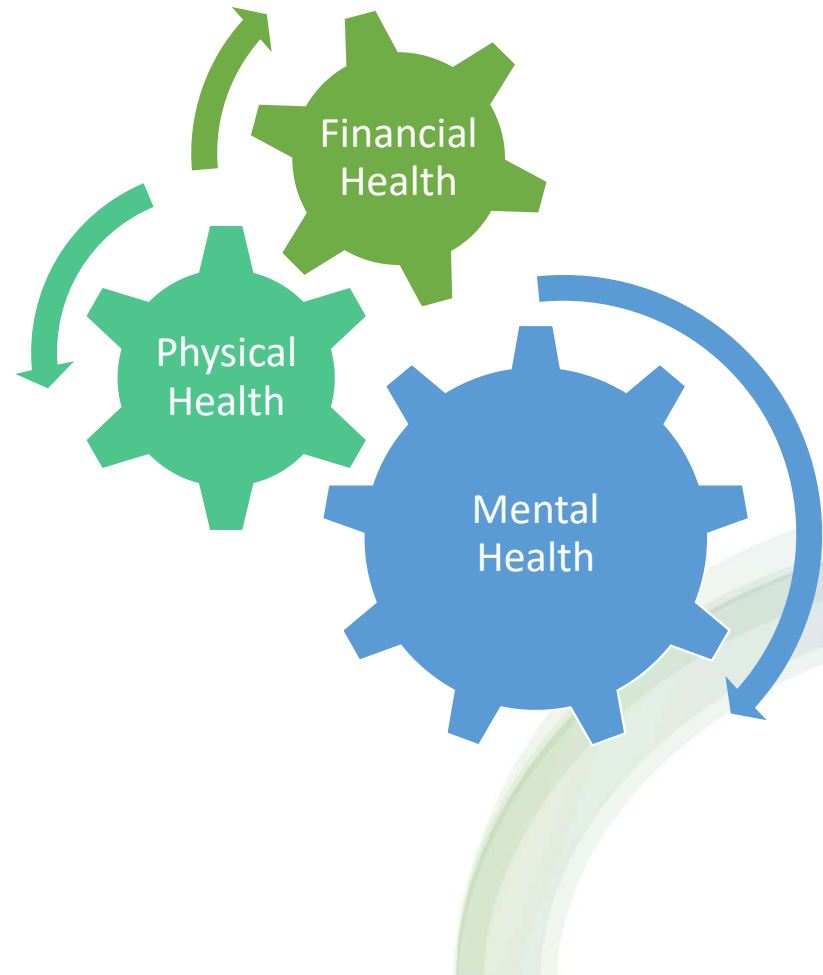
- Health promotion and illness prevention programs
  - Early intervention aimed at children and families
  - Scaled up treatment for depression and anxiety
  - Workplace mental health programs
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# Building a Holistic Wellbeing Program

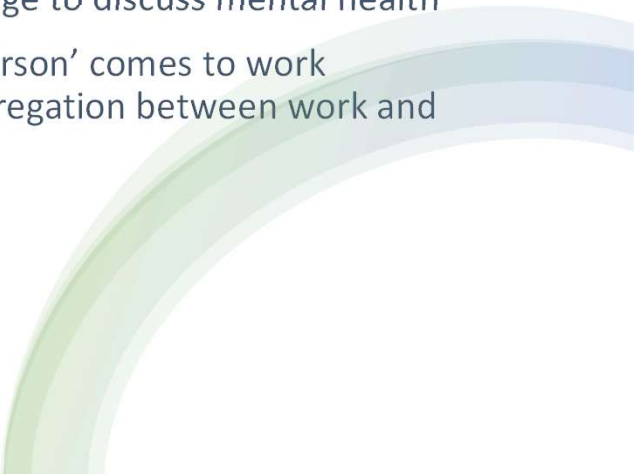
Case Study


# Building a Wellbeing Program with a Mental Health Foundation






## Building a Business Case

- The cost of doing nothing
  - Choosing a program that was fit for purpose
  - As the we reduced the stigma regarding mental health, we would need to increase mental health supports for employees.
    - Increased psychological benefits
    - Introduced pharmacogenetics
    - Introduced Mental Health First Aid training
  - Mental Health training, TWM, was inclusive of all employees
  - Needed a common, non stigmatizing language to discuss mental health
  - Program was underpinned by the 'whole person' comes to work everyday as there was no longer a clear segregation between work and home life
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# Rollout of Program

- Certified Trainer in “The Working Mind”
  - Formed a Pilot group to ‘test’ the training
  - Pilot group worked together to develop rollout plan and collaborated on the guiding decisions
  - Announced initiative during Mental Health week in May and ran information sessions prior to official launch in September
  - Training rollout
    - Executives
    - Leaders (full day)
    - Employees (half day)
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## Monitoring effectiveness and outcomes

- Launch and rollout was ~ 18 months
  - Survey, in three waves, was designed to measure
    - The importance of good mental health
    - Confidence to identify changes or decline in one's/other's mental health
    - How useful do you find TWM MH continuum
    - Familiarity to resources, both internal and external
    - Change to stigma in the workplace
  - One of Inter Pipeline's most applauded training programs
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## Culture change

- Dramatic shift in stigma regarding mental health in the workplace
- Created a high demand for MHFA
- Mental Health was recognized as an important aspect of safety sensitive duties
- Mental health, wellbeing and self care are now commonly discussed
- Inter Pipeline now had a common, non stigmatizing language to discuss mental health






# Pandemic Preparedness

- The training provided the mental health, self care skills and language we needed to support employees through the COVID 19 pandemic
  - Developed internal survey to gauge where employees were on TWM mental health continuum at any given time
  - Developed a series of webinars focusing on the feedback from our surveys to address employee concerns
  - Provided real time information regarding the mental health status of the employee base for senior management
  - Community pillar of wellbeing was organically developed through the pandemic as the pandemic significantly impacted many communities
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## Executive Perspectives


- “Data-driven” Executive Team
  - Leading edge proposal – well in advance of our peers
  - Knew that stigma had to be overcome, even at the Executive Table
  - Highlighted internal disability experience and industry perspective
    - Also, history of high-stress in the organization (collected through engagement survey) and embarking on largest capital project in organization’s history
  - Aligned the business-case to the legalization of marijuana
  - Leveraged simplicity of the mental health continuum
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# Lessons Learned

- Increased our psychological benefit from \$500/dependent/year, to \$10,000/dependent/year
  - Insurer anticipated that it would not result in a significant increase to our benefit spend; was significantly underestimated
- Outcomes achieved, outweighed the cost
  - Mental health-related disability experience – lowest in industry by 30%
  - CEPA Award for Safety – first time a psychological safety program received this award
  - Pandemic preparedness
  - Industry recognition as employer of choice
- Industry peers commented that this “sounds like a head office problem”
  - Based on our experience, our field staff were some of the most engaged partners
- We were warned by our facilitators to anticipate employees identifying as “being in the red” when training was rolled-out
  - This did indeed come to fruition



## Mental Health Champions, laying the foundation for DE&I and stronger organizations

- Breaking down barriers/reducing stigma associated with mental health, was a ground-breaking step towards creating a culture of inclusion
    - Success of the program, laid a foundation for an openness to a broader DE&I strategy
  - Instrumental tool in the HR professional's toolkit
  - Creates a resilient organization
  - Bolsters leadership capabilities
  - Imperative for a strong “safety culture”
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Thank you

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