



Healthy Brains at Work.

Employer-Sponsored Mental Health Benefits and Programs

At a Glance

- Based on a survey of 239 Canadian employers, only 39 per cent of employers have a mental health strategy in place.
- Employers have used a variety of resources to implement their mental health strategy, with varying degrees of reported effectiveness.
- Employers should be reviewing their benefits plans to better understand how their employee benefits support the mental health of their employees.
- Learn how Canadian employers are addressing mental health, along with three case study examples with Sun Life Financial Canada, NAV CANADA, and GE Canada.

The findings explore how Canadian organizations are addressing mental health

Executive Summary

Over the past few years, there has been increased attention on better supporting mental health for Canadians. Employers have also begun turning their attention toward better supporting employee mental health, which is often cited as a top reason for disability leaves of absence among Canadian workplaces. While many initiatives are under way, little is known about how Canadian organizations are addressing mental health.

This briefing, *Healthy Brains at Work: Employer-Sponsored Mental Health Benefits and Programs*, sets out to discover the prevalence of employer-sponsored benefits and programs in Canada that address mental health conditions. It reveals how these offerings differ among both employers and industries, based on a survey of 239 Canadian employers. The findings explore how Canadian organizations are addressing mental health, including the guidelines and standards employers use to implement and measure the effectiveness of their mental health strategy. In addition, the briefing discusses challenges and barriers that employers have encountered or are currently facing when implementing a mental health strategy or policy. This briefing also features three case studies—Sun Life Financial Canada, NAV CANADA, and GE Canada—on how these organizations have developed programs and practices to better address mental health for their employees.

This will be the second published briefing of The Conference Board of Canada's four-part research series on Healthy Brains at Work. This briefing follows the first in the series, *Healthy Brains at Work: The Footprint of Mental Health Conditions*, which explored the footprint of mental health conditions in the Canadian working population. The final

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two briefings will focus on the potential impact of optimizing effective mental health benefits and workplace programs, and creating conditions that support healthy brains at work.

Introduction

Over the last few years, Canada has witnessed an increased awareness of the importance of good mental health and of the cost of mental illness to individuals and their families, as well as to Canadian society and the economy. Initiatives like the Mental Health Commission of Canada's groundbreaking work developing the *National Standard of Canada for Psychological Health and Safety in the Workplace*¹ and Bell's Let's Talk campaign,² and the willingness of many celebrities such as Michael Landsberg, Clara Hughes, and Howie Mandel to share their experiences of living with mental health issues have helped to reduce the stigma associated with mental illness. People are now beginning to talk openly about mental health and mental illness.

Yet, much more needs to be done—especially in the workplace—to support individuals who live with mental health conditions. In 2012, The Conference Board of Canada provided an estimate of the cost of mental illness to Canadian employers. It found that mental health conditions among working-aged Canadians cost employers \$20.7 billion annually due to losses in labour force participation and that this cost was forecast to approach \$30 billion by 2030.³

Many evidence-based guidelines exist to help employers promote mental health at work, reduce the risk of psychological harm, and support employees who experience mental health issues. For example, Canada was the first country to develop a national standard to promote psychological health at work and to prevent psychological harm due to workplace factors—the *National Standard of Canada for Psychological*

1 Mental Health Commission of Canada, *Topics: National Standard*.

2 Bell Canada, *Bell Let's Talk*.

3 The Conference Board of Canada, *Mental Health Issues in the Labour Force*, 8.

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*Health and Safety in the Workplace.*⁴ The first briefing in this research series (see “The Healthy Brains at Work Research Series”) revealed that mental illness was more prevalent in the Canadian workplace than in the general population.⁵ In particular, the prevalence of mental health conditions was higher in the service sector than in other industries. Based on a national survey of 239 Canadian employers, as well as on case studies featuring the leading mental health practices of organizations, the main objective of this second briefing is to provide a picture of the type of workplace strategies employers have in place to support employees with a mental health condition, and to maintain and improve a mentally healthy work environment. Specific objectives include an examination of:

- the prevalence of employer-sponsored benefits and programs that address mental health conditions in Canada;
- how these offerings differ among employers;
- case study examples of workplace benefits, programs, and practices that employers found successful in addressing mental health;
- the challenges or barriers experienced by employers in offering effective benefits and programs;
- the guidelines and standards used by employers to implement a mental health strategy in their workplaces;
- the perceived effectiveness of these guidelines or standards.

The full survey methodology and respondent profile are available in the “Survey Methodology and Respondent Profile.” The survey responses were supplemented by an in-depth literature review.

4 Mental Health Commission of Canada, *Topics: National Standard*.

5 Sutherland and Stonebridge, *The Footprint of Mental Health Conditions*, 17.

Survey Methodology and Respondent Profile

This briefing is based on data from a national survey of Canadian employers conducted by The Conference Board of Canada. Data were collected between February 17, 2015, and April 4, 2015. Of the 1,775 employers invited to take part in the online survey, 239 employers completed the survey with enough detail to be included in the report, giving a response rate of 13.5 per cent. Relative to the national profile of Canadian employers, the survey respondent profile is skewed toward Ontario employers and medium- to large-sized organizations. A complete profile of the respondents appears below. (See Table 1.)

Table 1
Respondent Profile
(per cent; n = 239)

Industrial classification		Organization size	
Natural resources, including oil and gas	9	Small organization (50 or fewer employees)	1
Utilities	5	Medium-sized organization (51 to 499 employees)	34
Construction	3	Large organization (500 or more employees)	65
Manufacturing	9	Extent of operations	
Retail and wholesale trade	3	Canada—local/regional	24
Transportation and warehousing	6	Canada—provincial	18
Arts, entertainment, and recreation	5	Canada—national	27
Finance, insurance, and real estate	15	North American	8
Other services, except public administration	16	Global	21
Education	6	Region	
Health	10	British Columbia/Yukon	8
Public administration	13	Alberta/Northwest Territories	18
Sector		Saskatchewan/Manitoba/Nunavut	9
Private sector	55	Ontario	55
Public sector	45	Quebec	6
Unionization		Atlantic provinces	4
Non-unionized	47		
Unionized	53		

Source: The Conference Board of Canada.

This second briefing highlights leading workplace mental health strategies, programs, and benefits.

The Healthy Brains at Work Research Series

The Healthy Brains at Work research series has the following objectives:

- to explore what is known, and not known, about the profile of mental health and mental illness among working Canadians (including by industry/occupation);
- to understand what is being done in the workplace to address mental health and mental illness;
- to estimate the potential impacts from greater uptake of effective workplace programs and benefits as they relate to mental illness, particularly clinical depression.

It comprises four briefings:

Briefing 1: *The Footprint of Mental Health Conditions*

The first briefing published in this series presents data on the prevalence of mental health conditions in Canada, with a focus on the working population. The findings identify at-risk populations and opportunities for targeted action by employers.

Briefing 2: *Healthy Brains at Work: Employer-Sponsored Mental Health Benefits and Programs*

This second briefing explores findings from the Conference Board's survey of Canadian employers on the mental health supports currently offered in the workplace. It also features three case studies that highlight leading workplace mental health strategies, programs, and benefits.

Briefing 3: *Current and Future Impact of Workplace Healthy Brains Supports*

The third briefing of the series will build on the Conference Board's economic modelling expertise to estimate the potential impact (such as prevalence of mental illness, direct and indirect costs, and productivity) if the use of effective mental health benefits and workplace programs were optimized in Canada.

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Briefing 4: Creating Conditions That Support Healthy Brains at Work

The final briefing of the series will examine emerging workplace programs and practices and new therapies and pharmaceutical treatments (in particular, for depression) that are under development. It will present results from a scenario exercise that builds on the modelling from Briefing 3, which will consider the potential impact of innovative programs and treatments on workplaces.

Implementing a Mental Health Strategy at Work

In order to be effective, a health and wellness strategy must be comprehensive.^{6,7,8} As a first step, employers should identify the workplace factors that could negatively impact their employees' health and well-being. Wellness initiatives should focus on employee behaviours that influence these health risk factors while maintaining the health of employees already in good health.⁹ The same is true during the implementation of a comprehensive strategy to address mental health in the workplace. Yet, as shown in Chart 1, only 39 per cent of the employers that responded to the national survey had implemented a mental health strategy in their organization.

6 Chénier, Hoganson, and Thorpe, *Making the Business Case*, 6–13

7 Burton, *The Business Case for a Healthy Workplace*, 2.

8 Loepke, "The Value of Health," 99

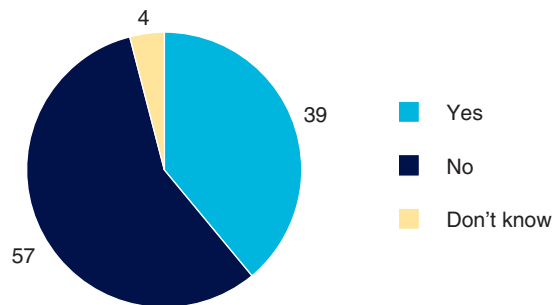
9 Chénier, Hoganson, and Thorpe, *Making the Business Case*, 9–11.

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Employer-Sponsored Mental Health Benefits and Programs

Chart 1

Workplace Mental Health Strategy in Place

(per cent; n = 237)



Source: The Conference Board of Canada.

The employers that had not implemented a mental health strategy in their workplace (57 per cent) reported that they had not done so primarily due to a lack of financial resources, human resources, or time (56 per cent), or a lack of corporate knowledge on how to address mental health at work (32 per cent). Of particular concern, however, almost a third of employers (31 per cent) reported that they had not implemented a mental health strategy because it was not an issue in their workplace. As shown in the first briefing in this series, this is most likely an erroneous belief, as the prevalence of mental health conditions is actually higher in the Canadian workplace than in the general population.¹⁰ In addition, this first briefing found that employees with mental health issues work in every Canadian industry.¹¹ Therefore, it would be beneficial for any employer to put in place programs, practices, and strategies to effectively address mental health at work.

Finally, another 23 per cent of employers stated that they had not implemented a mental health strategy because it was not a legal or legislative requirement. However, as maintained by legal experts like

10 Sutherland and Stonebridge, *The Footprint of Mental Health Conditions*, 16.

11 *Ibid.*, 19.

The prevalence of mental health conditions was found to be higher in the service sector.

Dr. Martin Shain, there is an emerging legal duty to offer employees a mentally safe and healthy work environment in Canada.¹² Furthermore, the release of the *National Standard of Canada for Psychological Health and Safety in the Workplace* (CSA Z1003-13/BNQ 9700-803) in January 2013—the first of its kind in the world—now provides employers with a framework that can assist them to create psychologically safe workplaces.¹³ Although adherence to it is voluntary, the courts and adjudicators are now considering the standard in their determinations of the standard of care that employers must meet to provide a psychologically safe workplace and prevent mental injury.¹⁴

The survey found that employers in the health sector, in education, in finance, insurance, and real estate, in public administration, and in the utilities industries were more likely to have implemented a mental health strategy (Chart 2). This may be related to the fact that the prevalence of mental health conditions was found to be higher in the service sector than in other industries.¹⁵ Employers in these industries might have had to support more employees with mental health issues and have, as a consequence, developed an approach to address these issues in the workplace. In addition, a few of these industries are often found in the public sector and are likely unionized, which may foster greater employee protections and richer benefits.

12 Shain, *Tracking the Perfect Legal Storm*, 21–23.

13 Mental Health Commission of Canada, *Topics: National Standard*.

14 Shain, *Weathering the Perfect Legal Storm*, 5–6, 9–17.

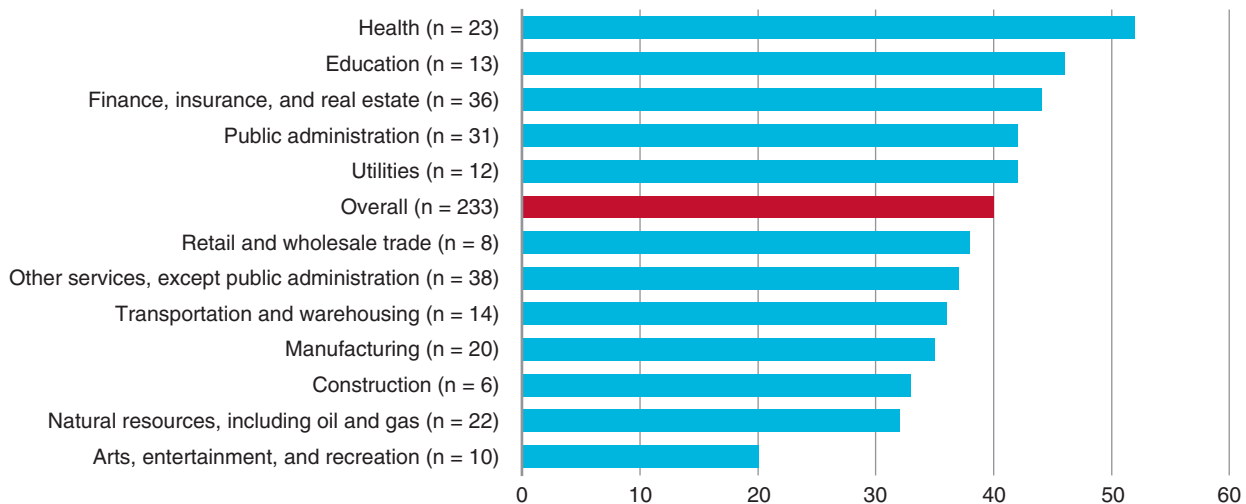
15 Sutherland and Stonebridge, *The Footprint of Mental Health Conditions*, 17.

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Chart 2

Workplace Mental Health Strategy in Place, by Industry

(per cent)



Source: The Conference Board of Canada.

Of those that responded to our survey, employers in traditionally male-dominated industries like transportation and warehousing, manufacturing, construction, and natural resources were less likely to have implemented a mental health strategy (Chart 2). This may be related to the fact that women are more likely to report having experienced a mental health issue or to be diagnosed with a mental health condition.^{16,17} As well, it may be a result of employees in male-dominated industries belonging to trade unions and working in multiple organizations. This may make it more difficult for employers to develop mental health-related strategies for workers who do not spend all of their time in one workplace. However, that is not to say that men do not experience mental health conditions. Men are less likely than women to go see their physician, especially for a mental health issue. Due to the image of strength that society places

16 Thorpe and Chénier, *Building Mentally Healthy Workplaces*, 5.

17 Sutherland and Stonebridge, *The Footprint of Mental Health Conditions*, 9.

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on men, self-stigma can prevent them from seeking help when they experience a physical or mental health issue.¹⁸ This may explain, in part, the difference in prevalence rates by gender. Therefore, it is important for employers to take note of the possibility of self-stigma when they implement a mental health strategy.

Employers in the public sector were significantly more likely (47 per cent) than those in the private sector (33 per cent) to have indicated implementing a mental health strategy in their workplace. This finding is partially explained by the higher level of unionization in this sector; in our survey, unionized employers were also more likely (45 per cent) than their non-unionized counterparts (34 per cent) to have implemented such a strategy.

Employers that indicated that they had implemented a mental health strategy had done so for an average of 3 years and 4 months. However, this varied greatly among employers. Many respondents had implemented a strategy within the past year while one organization indicated that it has had a strategy in place for 35 years.

It is, therefore, not surprising that employers also vary greatly in how their mental health strategy is integrated into business practices. As shown in Chart 3, while 52 per cent of the employers indicated that they had a mental health strategy and were taking initial actions to implement it fully, the remainder had taken significant action to fully implement their strategy so that they could more effectively address mental health in the workplace.

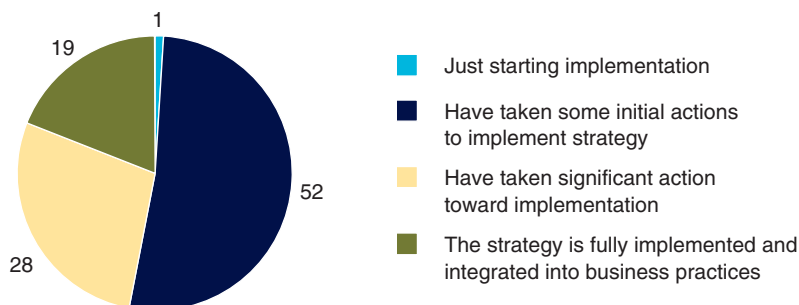
18 Oliffe and others, "Men's Health in Canada," 190.

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Chart 3

Implementation of Mental Health Strategy

(per cent; n = 93)



Source: The Conference Board of Canada.

Guidelines to Implement a Workplace Mental Health Strategy

Nevertheless, employers do recognize the need for expert guidance on this issue. All of the employers that responded that they had implemented a mental health strategy reported that they had used guidelines or tools during the process. Table 2 lists these resources and the rating of their effectiveness reported by the employers that have used them.

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Table 2

Guidelines or Resources Used for Implementation of Mental Health Strategy

(n = 93; percentage of responses; rating out of 5: 1 = not useful, 5 = extremely useful)

	Have used this tool	Effectiveness
EAP or EFAP guidelines and resources	95	4.0
Group benefits provider's guidelines and resources	73	3.5
<i>National Standard of Canada for Psychological Health and Safety in the Workplace</i>	56	3.7
Developed own internal tool or resources	51	4.2
Resources from Workplace Strategies for Mental Health	44	3.8
External consultants or experts in the field	43	4.1
Public health tools and resources	40	3.3
Resources available from industry associations or other employer groups	38	3.6
Independent medical consultation/assessment	32	3.6
Health professional clinical guidelines (e.g., psychologist, psychiatrist)	20	3.6
<i>Excellence Canada's Mental Health at Work Framework for Excellence</i>	14	3.7

EAP: Employee assistance program
 EFAP: Employee and family assistance program
 Source: The Conference Board of Canada.

Employers that responded found that the resources available through external consultants and their employee assistance program (EAP) or employee and family assistance program (EFAP) were particularly effective. It is important to note from Table 2, however, that internal tools and resources were found to be most effective. This is to be expected, since these tools, which are frequently developed with external providers, can be custom designed to align with the organizational culture and other existing programs or resources.

When employers were asked whether they had put in place a mental health policy, a gap was identified.

Most of the resources listed in Table 2 have been available to employers for quite some time. However, it is noteworthy that the *National Standard of Canada for Psychological Health and Safety in the Workplace*,¹⁹ which was launched in January 2013, just three years prior to the publication of this briefing, has been used by more than half (55 per cent) of the employers that have implemented a mental health strategy. This resource includes, in its appendices, a series of evidence-based tools that can be very useful to employers as they build a psychologically safe work environment.

The Importance of a Mental Health Policy

Only 39 per cent of employers reported that they had implemented, or were implementing, a mental health strategy in their workplace. Perhaps this was due to the fact that a strategy implies a detailed and integrated plan of action, which includes subsets of tactics, programs, and initiatives,²⁰ and employers may not have felt that their mental health programming was presently at that level of integration. However, when employers were asked whether they had put in place a mental health policy—signalling to staff the organizations' commitment to the mental health and well-being of their employees²¹—once again a gap was identified. As demonstrated in Chart 4, a total of 42 per cent of organizations had a policy to address mental health in the workplace. Three per cent of employers reported that they had instituted a stand-alone mental health policy, while a further 39 per cent of respondents had integrated their mental health policy into an overarching one that addresses both physical and mental health.

19 Mental Health Commission of Canada, *Topics: National Standard*.

20 Merriam-Webster, "Strategy."

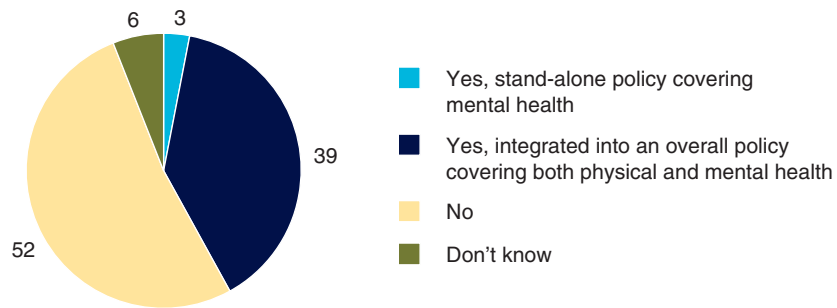
21 Mood Disorders Canada, *No 2 Developing a Workplace Policy*.

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Chart 4

Presence of a Mental Health Policy

(per cent; n = 233)



Source: The Conference Board of Canada.

As long as the policy is endorsed by senior leaders, both approaches can be equally effective, depending on the organization. Integrating a mental health policy in an existing policy on organizational health can be an important first step in addressing mental health at work.²² A mental health policy shows employees that senior leaders are committed to enhancing psychological health and safety in their organization by offering specific workplace interventions.²³ Depending on the size of the organization and on its organizational culture, a mental health policy statement may be sufficient to achieve this impact. (For a sample mental health policy statement, see “Mental Health Policy Statement: An Example.”) For organizations that operate with many different contractors or trade unions, aligning the mental health strategy with that of similar types of organizations may help to create a common culture to support employees working in these types of roles.

22 Collins, *Assembling the Pieces*, 32.

23 Gilbert and Bilsker, *Psychological Health and Safety*, 6.

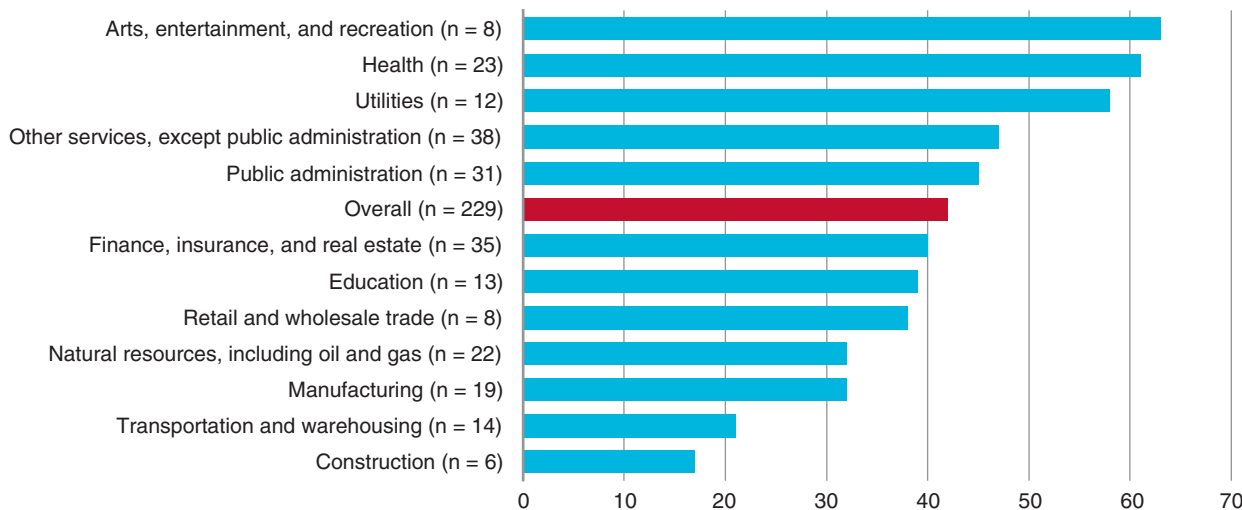
Mental Health Policy Statement: An Example

“[Company Name] considers the mental health and psychological safety of its employees to be as important as other aspects of health and safety. [Company Name] is committed to supporting a mentally healthy workplace through appropriate policies, programs, and services.”

Source: Mental Health Commission of Canada, *A Leadership Framework for Advancing Workplace Mental Health*.

Respondents from the health sector, utilities, services industries, and public administration were more likely than other employers to have put in place a mental health policy. (See Chart 5.) This is very similar to the list of employers that were more likely to have implemented a mental health strategy—with one notable exception. Employers in the arts, entertainment, and recreation industries were the least likely to report that they had implemented a mental health strategy but were the most likely

Chart 5
Mental Health Policy in Place, by Industry
(per cent)



Source: The Conference Board of Canada.

Simply having
a mental health
policy is not
enough.

to report having a mental health policy in their workplace. One possible explanation could be that while employers in this industry have the infrastructure in place to address mental health at work, they may not feel that their mental health programming is integrated into a formal strategy.

Similar to the findings for the implementation of a mental health strategy, organizations in traditionally male-dominated industries like natural resources, manufacturing, transportation and warehousing, and construction were least likely to have put in place a mental health policy. However, while more women self-report or are diagnosed with a mental health condition, one study found that 10 per cent of men will self-report a mood disorder and another 6 per cent will self-report an anxiety disorder during their lifetime.²⁴ It seems that employers in traditionally male industries have a great opportunity to act and promote, sustain, or improve the mental health of their employees.

Public sector organizations (48 per cent) were significantly more likely to have put in place a mental health policy than private sector organizations (38 per cent). However, unlike the results related to implementation of a mental health strategy, the gap between the public and private sector employers cannot be explained by the level of unionization, since unionized and non-unionized workplaces were as likely to have a mental health policy.

However, simply having a mental health policy is not enough. In order for the policy to be effective in addressing mental health concerns at work, employers must also ensure that it is applied consistently throughout the organization. The majority (55 per cent) of employers that reported having put in place a policy to address mental health at work ensured that it was applied throughout the organization through training in the orientation of new employees. (See Table 3.) They also did so through training for managers (48 per cent) and through regular communication with employees (45 per cent). It is important to maintain ongoing

24 Sutherland and Stonebridge, *The Footprint of Mental Health Conditions*, 9.

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communication with employees not only to ensure that they are informed of the policies but also to support a workplace culture that is psychologically safe.

Table 3

Methods Used to Ensure Application of the Mental Health Policy

(per cent; n = 98)

Methods	
Training at orientation of new employees	55
Training for managers	48
Regular communication to employees (e.g., annual)	45
Ensuring other corporate and HR policies support the mental health policy	40
Regular training for employees on policy, procedures, support (e.g., annual)	34
Aligning operational processes with the policy	22
Evaluating other programs and initiatives to determine compliance with the policy	18
Included in managers' performance management	6
Other	2
Don't know	2
We currently do not have a way to ensure the policy is applied throughout the organization	15

Source: The Conference Board of Canada.

It is of concern that 15 per cent of employers that indicated having put in place a mental health policy in their organizations did not have a method to ensure that the policy was applied throughout the workplace. If a policy is not communicated to all employees, including managers, on a regular basis, this can lead to situations where it is applied unequally in different business units or departments and over time. Therefore, not all

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employees would feel that they are provided with adequate psychological support—a suboptimal state that could impact the benefit of actually putting the policy in place.²⁵

Workplace Mental Health Supports

While the majority of employers have not implemented a mental health strategy or a policy to address mental health in the workplace, numerous programs, practices, and initiatives have been instituted in many Canadian organizations. Appropriate elements of the infrastructure are often in place; in many cases, it is likely that the programs and practices need only be integrated into a comprehensive mental health strategy.

Workplace Benefit Programs

Depending on the severity and type of his or her mental health condition, an individual may require one or more approaches (such as cognitive behavioural therapy) or medication to get better.^{26,27,28} By offering benefits such as prescription drug coverage, an EAP, and paramedical services, an organization can support an employee to receive treatment and get better. As Chart 6 demonstrates, the majority of survey respondents offer these benefits to their full-time permanent employees. In fact, only 1 per cent of employers did not offer any of these benefits to their employees.

25 Guarding Minds @ Work, *The 13 Psychosocial Factors in GM@W*.

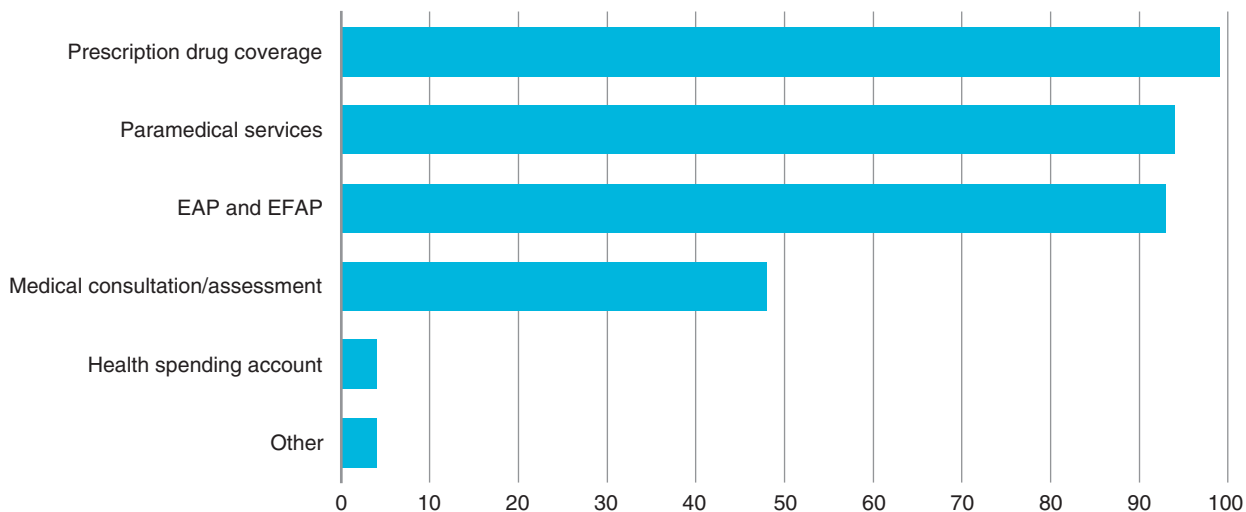
26 Hunsley, Elliott, and Therrien, *The Efficacy and Effectiveness of Psychological Treatments*, 4–21.

27 Australian Psychological Society, *Evidence-Based Psychological Interventions in the Treatment of Mental Disorders*, 13–131.

28 Canadian Psychological Association Task Force, *Evidence-Based Practice of Psychological Treatments*, 11–69.

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Chart 6
Benefits Offered by Canadian Employers
(per cent; n = 228)



EAP: Employee assistance program.
EFAP: Employee and family assistance program.
Source: The Conference Board of Canada.

It is important to note, however, that employer-sponsored benefits are not always offered to all employee groups. According to recent findings from The Conference Board of Canada's *Benefits Benchmarking 2015* report, while the majority of large and medium-sized organizations provided benefits to their permanent full- and part-time employees, benefits for retirees and non-permanent employees (e.g., contract, seasonal, or casual workers) were not as prevalent. In fact, only 6 per cent of employers reported that benefits were provided to all their non-permanent employees, while 52 per cent reported that some employees in this group have coverage. (See Table 4.) This gap can leave certain employees very vulnerable. Younger employees between the ages of 15 and 24, for example, are more likely to have experienced a mental health issue in the past 12 months.²⁹ However, since these employees have

29 Sutherland and Stonebridge, *The Footprint of Mental Health Conditions*, 15.

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recently entered the labour force, they are also more likely to be in more precarious employment (i.e., interns, casual workers, part-time workers), and therefore do not always have access to the benefit programs that would enable them to receive treatment for a mental health condition. It is important for employers to note where there may be significant gaps in their benefit offerings and to offer other supportive practices that these employees can access.

Table 4
Benefits Coverage, by Employee Category
 (per cent)

	n	All have benefits coverage	Some have benefits coverage	None have benefits coverage
Permanent full-time	278	97	3	0
Permanent part-time	252	64	29	7
Non-permanent, full- or part-time (e.g., contract or term employees, seasonal or casual workers)	257	6	52	42
Retirees	278	13	40	47

Note: Total may not add to 100 due to rounding.
 Source: Stewart, *Benefits Benchmarking 2015*.

Prescription Drug Coverage

Another concern for employers is to determine whether the extent of the benefit coverage is sufficient to enable an employee experiencing a mental health issue to receive appropriate treatment and get better. As shown in Table 5, the average reimbursement level for prescription drug plans, for employers that had one set reimbursement level, was 89 per cent.³⁰ Over three-quarters of organizations (77 per cent) reported that they did not have a maximum (annual or lifetime) threshold for which they

30 Stewart, *Benefits Benchmarking 2015*, 25.

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will reimburse prescription drugs. For the minority of employers with plan maximums, the median annual maximum reimbursement was \$5,000 and the median lifetime prescription drug maximum was \$1 million.³¹

Table 5
Prescription Drug Coverage
(per cent; C\$)

	n	Mean	Median	Minimum	Maximum
Reimbursement level (per cent)	240	89	90	50	100
Annual maximum per insured	33	\$89,745	\$5,000	\$500	\$1,000,000
Lifetime maximum per insured	32	\$1,171,513	\$1,000,000	\$2,400	\$5,000,000

Source: Stewart, *Benefits Benchmarking 2015*.

For those with annual plan maximums, are reimbursement amounts sufficient? Monthly retail costs for commonly prescribed antidepressants, for example, can range from less than \$21 to more than \$1,000.³² An annual maximum per insured of \$500 would, in many cases, be insufficient to cover the cost of this type of medication. Research has demonstrated that there is a clear relationship between the amount that an individual has to pay for his or her medication and medication adherence. The more that an individual has to pay for his or her medication, the less likely he or she is to get the prescription filled and to use it as prescribed.³³ This can affect the individual's health outcomes. Therefore, employers should consider whether their prescription drug plan design promotes the behaviour they desire of their employees.

31 Ibid.

32 Consumer Reports Best Buy Drugs, *Using Antidepressants to Treat Depression*, 2.

33 Eaddy and others, "How Patient Cost-Sharing Trends Affect Adherence and Outcomes."

The average reimbursement level for paramedical services equalled 92 per cent services per year.

Paramedical Services

Paramedical services are health services carried out by health providers who are not licensed physicians but are licensed, certified practitioners in their field. They include psychologists, massage therapists, chiropractors, and physiotherapists, among others. Some paramedical services may also be offered by health providers who are not regulated (e.g., counsellors, family or speech therapists). These health care professionals may be asked to provide important treatment and care for individuals experiencing mental health issues.

According to findings from *Benefits Benchmarking 2015*, the average reimbursement level for paramedical services equalled 92 per cent of all services per year.³⁴ The majority of the employers that reported providing paramedical services as part of their benefits plan had a maximum reimbursement amount for these services. Of organizations with a combined maximum for paramedical services, the median maximum was \$1,000. (See Table 6.)³⁵

Table 6
Paramedical Services Coverage per Year
(per cent; C\$)

	n	Mean	Median
Reimbursement level (per cent)	243	92	100
Combined maximum for all services	92	\$1,217	\$1,000

Source: Stewart, *Benefits Benchmarking 2015*.

For some organizations, each service covered had its own maximum. On average, the median amount reimbursed per service was \$500. (See Table 7.)

34 Stewart, *Benefits Benchmarking 2015*, 33.

35 Ibid., 34.

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Annual Maximums, by Paramedical Service/Provider
(C\$)

	n	Mean	Median	Minimum	Maximum
Psychology	94	\$694	\$500	\$100	\$2,500
Physiotherapy	72	\$592	\$500	\$250	\$1,500
Chiropractor	69	\$513	\$500	\$250	\$1,500
Massage therapy	71	\$516	\$500	\$200	\$1,500
Speech therapy	72	\$544	\$500	\$100	\$1,500
Acupuncture	52	\$594	\$500	\$100	\$5,000
Naturopathy	69	\$479	\$500	\$200	\$1,500
Osteopathy	65	\$476	\$500	\$100	\$1,500
Podiatry	51	\$488	\$500	\$100	\$1,500
Chiropody	36	\$446	\$400	\$240	\$1,200
Certified athletic therapy	21	\$310	\$200	\$100	\$1,000
Homeopathy	11	\$483	\$450	\$300	\$800
Reflexology	10	\$313	\$325	\$100	\$500

Source: Stewart, *Benefits Benchmarking 2015*.

The cost of psychotherapy in Canada can range from \$150 to \$220 for a 50-minute session, depending on where the individual receives treatment and the type of therapy being sought.³⁶ In 2011, a study of the use of treatment services in a community mental health system found that, on average, 9.4 psychotherapy sessions were required to treat a major depressive disorder.³⁷ Although the treatment plans required by individuals vary depending on the type of condition and its severity, the average reimbursement amount in some plans may be insufficient to cover treatment in some cases. For employers that reported maximums for individual paramedical services, the service with the highest average reimbursement was psychologist—a good-news story for employees.

36 Peachey, Hicks and Adams, *An Imperative for Change*, 59.

37 Gibbons, and others, "Changes in Psychotherapy Utilization."

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To learn more from an organization that has recently introduced an individual maximum for its psychologist benefit, see “Embracing the Mental Health Journey at Sun Life Financial Canada.”

Embracing the Mental Health Journey at Sun Life Financial Canada

Sun Life Financial Canada (SLF Canada) is one of Canada’s largest health benefit providers, holding long-standing relationships with some of the country’s largest employers and associations. While many Canadians are familiar with the insurance company, it’s not often seen as an employer itself; however, SLF Canada employs over 12,000 Canadians. To address workplace wellness for its employees, SLF Canada focuses on three pillars of health: **mental**, **physical**, and **financial** well-being. In recent years, however, mental health has emerged as a priority for the company’s employee wellness programming.

SLF Canada’s workplace mental health journey has been an enlightening one, reports Nicole Miller, Director of Benefits and Wellness Programs at SLF Canada. One of the ways SLF Canada has been able to address mental health is through the development of a Health Metric Scorecard (HMS). The HMS includes internal employee information on demographics, drug utilization, extended health claims, short- (STD) and long-term disability (LTD), employee assistance program (EAP) usage, casual absences, participation in the wellness programming, and the results from internal health risk assessments. Analysis of this data revealed that areas for improvement existed primarily around mental health. With the picture of the HMS painted, the next step was to compare SLF Canada against industry benchmarks.

Nicole’s team decided to focus on a particular part of the organization where they felt more challenges might exist, and compare it with the rest of the organization. One discovery was that participation in the EAP was lowest in the part of the company that seemed to need it the most. Furthermore, the incidence rates of casual absences, STD and LTD duration, and claims paid for certain expenses were highest in that part of the organization. Nicole explains that the data have made it possible to better explain to senior leaders that specific programming for these departments is needed: “I live and breathe this every

SLF Canada has begun to develop targeted programming to better address workplace mental health.

day—this is my passion—and benefits, wellness, and employee well-being is my business. Now with the data from the scorecard, we can educate others on what is happening in our organization quantifiably.”

Beginning with a needs assessment allowed SLF Canada to take a strategic approach to the development of its workplace mental health strategy and determine which direction would be most appropriate for its diverse workforce. A program inventory also helped Nicole’s team clearly understand current offerings and how to better align these programs with employee needs.

Through strategic initiatives such as the needs analysis, the current inventory of programming, and the HMS, SLF Canada has begun to develop targeted programming to better address workplace mental health. One important change Nicole’s team made was to have the employee psychological benefit offering stand alone, with its own maximum coverage level. Previously, the benefit was included in the grouped paramedical category, a flexible benefits program whereby employees could choose different coverage levels to a combined maximum coverage. Upon an internal review of the company’s benefits, Nicole and her team made the decision to remove the psychological benefit from the grouped paramedical category to allow for an increase in its maximum allowance, thereby better supporting employees who require this important benefit.

In addition to redesigning its benefits offerings, SLF Canada addressed mental health through a number of initiatives including those that address stigma, training and education, and mindfulness seminars. The mental health journey for SLF Canada is all about learning. As Nicole describes, “My first instinct was that I wished we had a mental health strategy already in place and to know where we stood against the [*National Standard of Canada for Psychological Health and Safety in the Workplace*]. But if that was given to me today, I would have missed out and wouldn’t have the advantage of going through the journey. We have a fabulous foundation in place and we have a metric to measure ourselves. It may seem funny to have a metric and measurement in place before you start the strategy but that’s exactly how we needed to do it.”

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Nicole's advice to employers embarking on the mental health journey is that it's not as overwhelming as people think it is. "Your first step should be to know where you need to go. You need to have a good foundation in place before you start the journey."

Source: Nicole Miller (Director of Benefits and Wellness Programs), telephone interview by Louise Chénier and Charles Boyer, April 1, 2015.

Employee Assistance Program (EAP)/Employee and Family Assistance Program (EFAP)

Counselling provided by an organization's EAP or EFAP has been found to successfully improve the symptoms, function, and work productivity of individuals with depression or other mental health conditions.^{38,39}

However, EAPs are designed to provide short-term help, with programs' session limits ranging from one to six.⁴⁰ While most serious cases will be referred for more specialized treatment (i.e., psychotherapy, medications, group therapy) before using the maximum number of visits, research by Attridge and colleagues found that a higher number of sessions may be required for individuals who need brief therapy and action planning from the counsellors.⁴¹

In such a situation, the EAP counsellors can act as an essential element for early intervention when an individual first contacts them. This is also the case for providers who offer medical assessment and consultation services. They can help employees address the factors that may be creating or exacerbating their mental health issue before the condition becomes severe if consultation occurs early. However, some individuals may have been experiencing issues for a long time before coming forward with their mental health issue.

38 Lam and others, "Telephone-Administered Cognitive-Behavioral Therapy."

39 Hargrave and Hiatt, "The EAP Treatment of Depressed Employees," 39–49.

40 Attridge and others, "Pricing Options for EAP Services," 2.

41 Ibid.

Employers may wish to review their EAP and medical assessment and consultation offerings to determine whether they are sufficient to assist employees who require preventive counselling. They may also look to consider self-help/professional treatments emerging in the marketplace that can be cost-effective and supplement other offerings through the EAP.

Supportive Programs or Services in the Workplace

Beyond the traditional benefit programs, employers have also reported implementing many supportive programs or services within their workplace to address mental health at work. These include specific programs to target the psychosocial risk factors that may be present in their workplace. Supportive programs that can address both physical and mental health—such as integrated wellness programs (62 per cent), self-help tools (50 per cent), and health risk assessment tools (42 per cent)—were more common among employers surveyed than supportive programs that target mental health and well-being. (See Chart 7.) For example, only 12 per cent of organizations in this study had implemented a mental health peer support program. This type of peer support program has been found to be very effective in reducing stigma in the workplace and in increasing the use of psychological resources offered by the employer.^{42,43} See “Lighting the Way Toward Mental Health at NAV CANADA” for one organization’s experience in implementing a mental health peer support program.

According to Towers Watson’s *2013/2014 Staying@Work* report, the lack of reward and recognition is one of the leading causes of stress for Canadian employees.⁴⁴ Yet, as shown in Chart 7, 68 per cent of Canadian employers surveyed have put in place a formal employee recognition program in their workplace. What might be causing what looks like a gap in perception? One reason for this divergence of

42 Mental Health Commission of Canada, *Peer-Based Mental Health Services*, 1.

43 O’Hagan, McKee, and Priest, *Making the Case for Peer Support*, 21–28.

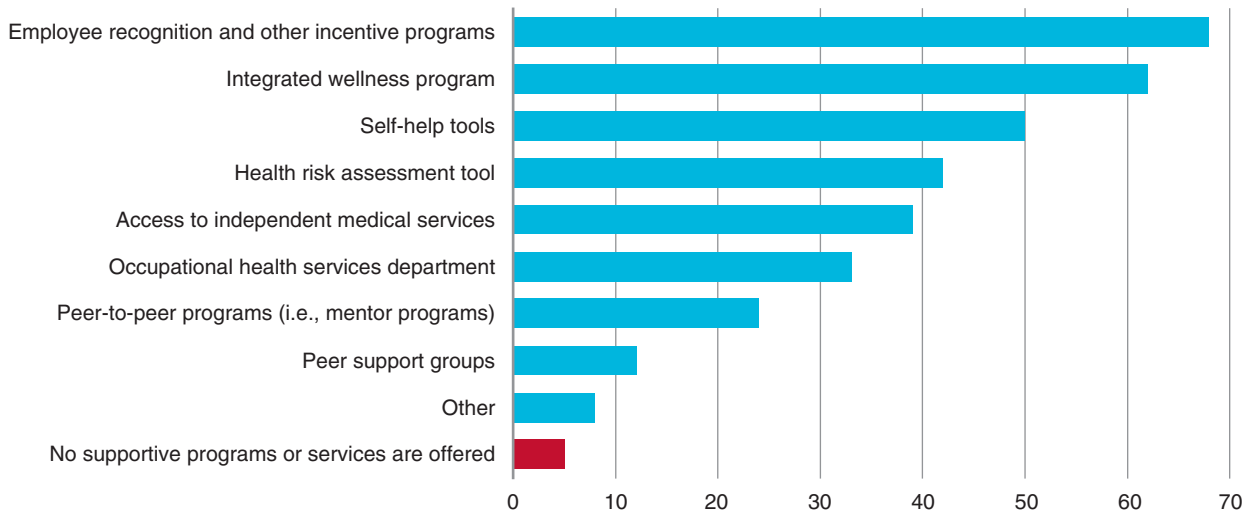
44 Towers Watson, *2013/2014 Staying@Work Survey*, 3.

perspective between employees and employers might be that the program is not communicated effectively to employees, who are therefore not aware of its existence. Increased communication regarding the supportive programs that are available in the workplace can help employers breach this gap. On the other hand, it is also possible that employers are not recognizing or rewarding their employees in the way that they would like to be recognized.

Chart 7

Workplace Supportive Programs or Services Offered

(per cent; n = 221)



Source: The Conference Board of Canada.

Lighting the Way Toward Mental Health at NAV CANADA

NAV CANADA is responsible for the safe and efficient movement of aircraft in Canadian skies and in the busy North Atlantic sector. As Canada's air navigation service provider, NAV CANADA covers 18 million square kilometres from the Pacific West Coast to the East Coast and up toward the North Pole. The company's talented and dedicated employees deliver service to approximately 12 million aircraft movements and 40,000 customers a year.⁴⁵

Understandably, the majority of positions at NAV CANADA are safety-sensitive and require specific training and expertise. For instance, it takes approximately two years to become a qualified air traffic controller. As a result, an employee's leave of absence can cause significant disruption to the organization's operations.

As with many organizations in today's world, to ensure optimal employee health and to reduce the time when an employee must be on leave, NAV CANADA places a special emphasis on addressing mental health—the company's number-one cause of employee absences.

NAV CANADA has had a mental health strategy in place since 2009. Included in this strategy is its EAP, employee education and awareness, and ending stigma campaigns. Of special importance at NAV CANADA are the company's peer-support programs.

Says Lyne Wilson, Director, Human Resources and Employee Relations: "We have two long-standing peer support programs in place to help employees. The first is a Chemical Dependency Education and Rehabilitation Program—for employees who experience a substance abuse or addiction problem.

"We also have a critical incidence stress management program. This program is intended specifically for air traffic controllers, flight service specialists, and air traffic operations specialists who experience a critical incident while at work. We recently extended this to electronics technologists."

45 NAV CANADA. *Who We Are*.

Since the introduction of the program, over 300 NAV CANADA employees have accessed a peer supporter.

In 2012, NAV CANADA launched a third peer-to-peer program called Light the Way, which specifically focuses on mental health. This peer support program—developed and managed by a cross-functional team under the guidance of Ms. Wilson and her HR colleagues—is based on the power of relationships.

Under the program, an employee with lived experience with a mental health issue volunteers to support a colleague who may be currently experiencing a mental health issue. These peers do so by lending an empathetic ear and directing colleagues to internal and external resources.

NAV CANADA began to implement the program in the fall of 2011. By January 2012, a working committee was formed that had employee representatives from eight regions of Canada. Also, recruitment for volunteer peer supporters began in April 2012. In order to demonstrate the importance of these volunteers, the role of the peer was formulated and created.

Lyne explains: “We were looking for individuals with lived experience who were positive and could provide hope to peers in need. These peers also had to have active listening skills and be critical thinkers. This was an important competency, since the peers needed to listen to a person in need, empathize, and still be able to think of the various resources that the individual had not yet accessed.

“The peers had to be realistic and understand the limits in their ability to help. These peer supporters also needed to have reached a stage in their own recovery where the potential of a recurrence would not be exacerbated by listening to another individual undergoing a similar experience.”

During the recruitment process, 100 employees volunteered to be a peer supporter. All candidates were interviewed face-to-face between May and June 2012, and 50 candidates were chosen.

Peer supporters then underwent a five-day training program. The training included basic communication skills, the concept of confidentiality, setting boundaries, and the importance of self-care.

Since peer supporters have experienced a mental health issue in the past, it was important that these peers understand their own triggers and respond appropriately to ensure that they do not put themselves at greater risk of a recurrence. The peer supporters are also trained to understand that they are not counsellors and that therapy should be left to health care professionals.

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Since the introduction of the program, over 300 NAV CANADA employees have accessed a peer supporter. NAV CANADA has been very pleased to observe a decrease of 20 per cent in short-term disability claims and a further 10 per cent decrease in long-term disability claims.

In addition, its EAP utilization rate has increased from 9 per cent prior to the implementation of the program to 18 per cent. Finally, leaders at NAV CANADA have also noted that their psychologist costs have doubled in this time period, as employees have been directed to assistance in a timelier manner.

Lyne recommends the following for any employer beginning to implement a mental health program: “Start with awareness and education. Employees, managers, and senior leaders must feel that they can talk openly about mental health before a targeted program like a mental health peer support program can be put in place.”

Source: Lyne Wilson (Director, Human Resources and Employee Relations), telephone interview by Louise Chénier and Charles Boyer, April 1, 2015.

Supportive Organizational Policies and Practices

When employees experience a mental health issue, they may need alternative work arrangements in order to go to medical appointments or to take the time to get better. As well, employers can allow an employee to stay at work without exacerbating their condition so that they can avoid a leave of absence from work.⁴⁶ However, employees must feel that their job status within the organization is safe while doing so. To clarify all parameters, it is important for employers to formally include these supportive practices among the organization’s policies and procedures and to communicate them to managers and employees.

46 Thorpe and Chénier, *Disability Management*, 15.

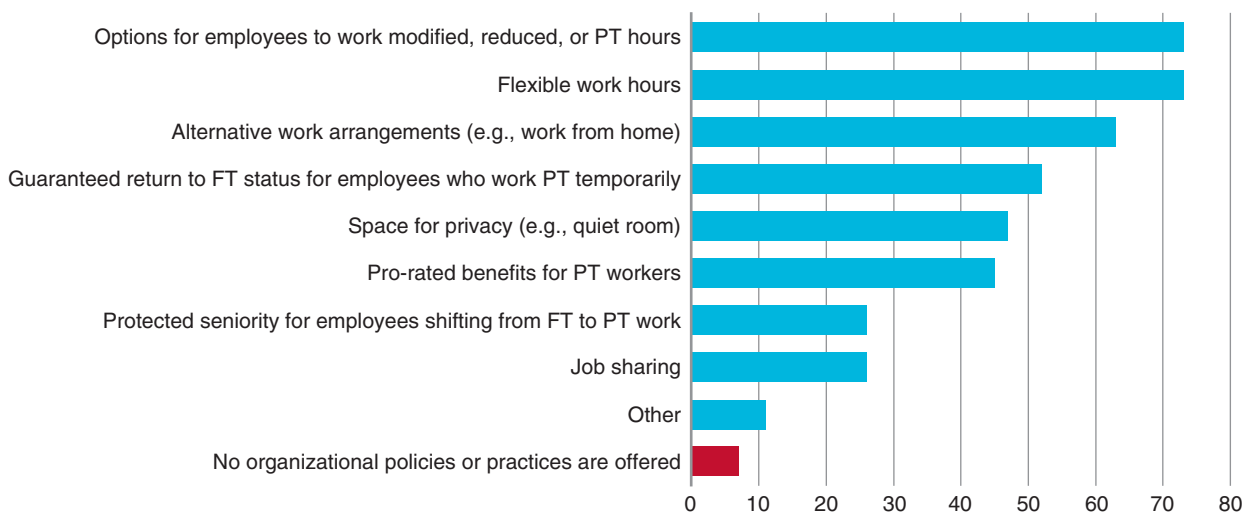
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The majority of employers (93 per cent) reported offering supportive policies and practices that allow employees the flexibility to keep working while receiving treatment or getting better. (See Chart 8.) The most common supportive policies include the ability to work modified or reduced hours (73 per cent); flexible work hours (73 per cent); and alternative work arrangements such as telework (63 per cent).

Chart 8

Policies That Enable Employees to Take Time to Recuperate While Staying on the Job

(per cent; n = 229)



Source: The Conference Board of Canada.

Supportive policies that provide employees with income security or financial stability while they work reduced hours are less common. These include pro-rated benefits for part-time employees (45 per cent) and protected seniority for those shifting from full-time to part-time work (26 per cent). These policies can reduce some of the stress felt by employees who experience medical conditions, including mental health issues, as they try to rest and recuperate from their illness.

When an employee experiencing a mental health issue is able to remain in the workplace by modifying his or her work arrangements, it is important to remember that the focus should be on ensuring the health and safety of the employee. Further, manager training is required to allow for a culture that will support the health and wellness of individuals returning from a leave of absence, including learning about accommodations that can be made for these individuals.

Leave Options

At times, however, an employee needs to leave the workplace for a period of time in order to recuperate and recover. Then, he or she can return to healthy and productive work. As shown in Chart 9, most Canadian employers do offer a variety of leave options to enable employees to take this necessary time to get better, including long-term and short-term disability leave and paid sick days. Nine in 10 employers offer long-term disability leave and paid sick days, while nearly 8 in 10 employers provide short-term disability coverage. (See “Definitions of Sick Leave Coverage.”)

Definitions of Sick Leave Coverage

- Paid sick leave is time off from work that employees can use when they are sick for a few days to stay home and get better without losing their pay.
- Short-term disability leave covers all or part of an employee’s pay when he or she is unable to work for a short time due to a medical reason. In some organizations, employees are required to use up their sick days before going on short-term disability. Based on previous research by The Conference Board of Canada, the average length of short-term disability coverage is approximately 22 weeks.⁴⁷
- Long-term disability leave covers part of an employee’s pay when he or she cannot work for an extended period of time because of a health issue. Long-term disability usually begins after a short-term disability policy has run out.

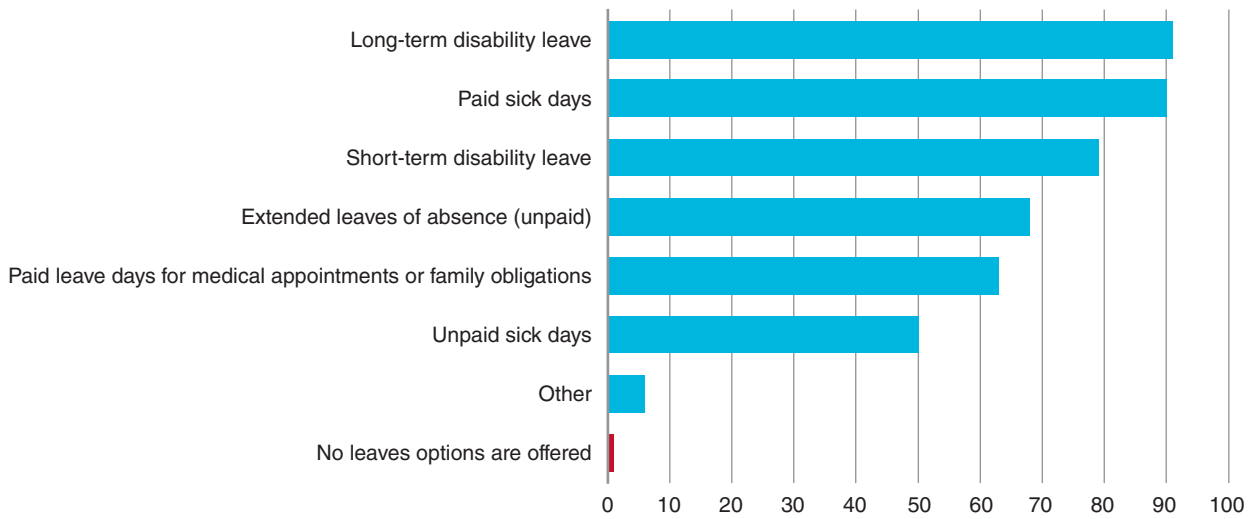
Source: Thorpe and Chénier, *Disability Management: Opportunities for Employer Action*, 14.

⁴⁷ Hughes, *Beyond Benefits II*, 15.

Chart 9

Leave Options for Mental Health Issues

(per cent; n = 228)



Source: The Conference Board of Canada.

Once again, however, these leave options are more likely to be provided to permanent full-time employees.⁴⁸ As mentioned previously, the prevalence of mental health conditions was found to be higher among younger employees who frequently work in more precarious employment situations that are not eligible for paid leave options. Employers may want to consider other leave options, like banked sick days, to support vulnerable workers if they need to leave the workplace to recover from a health-related condition. To read how one organization has increased its resources around managing mental health-related disability leaves, see “Our Minds ... Our Health at GE Canada: Building a Mental Health Program From Within.”

48 Thorpe and Chénier, *Disability Management*, 17–18.

Mandatory training for managers included a half day of training for every manager and supervisor in Canada.

Our Minds ... Our Health at GE Canada: Building a Mental Health Program From Within

Our Minds ... Our Health is the campaign GE Canada launched to address mental health for its employees. As is the case for many employers, mental health was the number-one reason for claims related to short- and long-term disability. To better support the health of its employees, GE Canada's board of directors approved the development of a mental health strategy in 2013, and the board was committed to supporting this strategy into the future.

Diana McNiven, Manager, Compensation and Benefits at GE Canada, and her team approached building the mental health strategy in a progressive fashion. This staged approach had three tiers: beginning with senior leadership, then managers, and then employees. The objectives of this mental health strategy were to build a mentally healthy culture and environment, to minimize risk factors through a strong management system, to have managers and employees educated about mental health and mental illness, to ensure that employees were not treated any differently due to mental illness, to make people feel comfortable discussing mental health, and to have ongoing, open dialogue.

In February 2014, GE Canada held its senior leadership training session with approximately 80 leaders across the country. The program focused on what is known about the science of mental illness and mental health, tailored to the technical nature of work at GE Canada. The key objectives of the training for senior leaders focused on executive messaging and calls to action to help executives understand their role as a senior leader and the "you" effect on knowing what's going on in the business and in setting the culture.

In the spring of 2014, GE Canada started to roll out training for its managers. This mandatory training included a half day of training for every manager and supervisor in Canada. It covered practical topics such as anti-stigma and learning, recognizing behaviour changes, recognizing signs, and having conversations, and involved role playing and training for managers dealing with performance issues and potential mental health issues. Managers were also educated on the resources available to employees at GE Canada.

To engage employees, GE Canada initiated a monthly company-wide newsletter from the CEO that outlines the top six things you need to know about GE Canada, one of which always includes information about mental health. In

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addition, it launched an internal website dedicated to mental health with the tagline Our Minds ... Our Health and led an action-packed Mental Health Week in May using the NotMyselfToday materials. In addition to these activities, and expanding the suite of resources and tools on the topic, GE Canada has provided mandatory e-learning training for all employees. As Diana stated: “We make the physical health and safety courses mandatory; in fact, people have to recertify each year on those. Making mental health training mandatory is no different.”

One of the key successes GE Canada has witnessed from its mental health strategy involves its disability management program. All of these initiatives helped prepare the organization to be far more proactive with case management by recognizing possible “at risk” cases before they happen and by bringing employees back to work as fast as possible when they do happen. They have also noticed that not only is this training helping people get back to work more quickly but managers are now more sensitive to the issue and, therefore, more open to discussing accommodation. This has meant that more employees get on modified work duties sooner than they would have before—a win-win for everyone.

In addition to successes with case management, GE Canada recently redesigned a portion of its disability benefits plan. When reviewing the disability plan, which was written decades ago, it noted a clause in the plan that explicitly stated that employees would not get disability coverage for self-harm. Once this was discovered, Diana and her team immediately made provisions to ensure that the plan was changed so they could indeed cover people who inflicted harm on themselves. This is an example of why employers should be reviewing their disability and other benefits plans—to ensure not only that they know what is and isn’t covered but also that the coverage supports those who need it most.

Although introducing a new mental health strategy has brought a lot of attention and excitement to the workplace, it has also brought an unexpected but significant challenge controlling the momentum. Diana suggests that before employers launch a major initiative like this, they should assess the internal capacity to sustain it. Volunteers were the way to go for GE Canada.

To maintain the momentum and to reach employees all across the organization required a committed group of volunteers. As Diana explained, “If you try to do it all with staff roles, it can be a challenge. But if you reach out for volunteers across the business and engage the population and the management, you will

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find that things are easier to do. People are very passionate on the topic of mental health. And this gives employees ownership over the program.” Having a committed group of volunteers was essential to program success, but Diana also reinforced that, for those beginning to build a mental health strategy, a focus on leadership commitment is critical.

Source: Diana McNiven (Manager, Compensation and Benefits), telephone interview by Louise Chénier and Charles Boyer, April 8, 2015.

Finally, as an employee prepares to leave the workplace temporarily to recover from a health condition (or, as soon as a leave from work starts), it is best practice for the employer to start planning his or her return to work. The employer should maintain contact with the employee while he or she is away from the workplace in order to maintain the employment relationship and ensure that the employee feels valued and part of the team. The employer should collaborate with the employee to determine who the contact person should be and how and how often the contact should be made.⁴⁹

Returning to work after a mental health-related leave of absence can be difficult for an employee. Employees often experience feelings of guilt at having left colleagues to complete their work while on leave, and self-stigma can make them feel ashamed and embarrassed by the reason for the leave of absence.⁵⁰ Colleagues may also feel irritated by the extra workload that resulted when the employee left the workplace. This resentment may persist if the employee returns to work with accommodation measures.⁵¹ On the other hand, co-workers can also play an important role in helping the employee return successfully to the workplace. In a supportive work environment, they can provide the social network that is essential for an employee to feel accepted and valued.

49 Thorpe and Chénier, *Building Mentally Healthy Workplaces*, 27.

50 Ibid., 24.

51 Baynton, *Return to Work: Addressing Co-worker Reactions*, 2.

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They can also help the returning employee with his or her daily tasks, if required.⁵² Team and individual coaching may be required prior to the employee's return to work if tension is present in the team.

The supervisor must also be supported through the return-to-work process. He or she should be involved in any discussion regarding a graduated return-to-work process or an accommodation measure to determine whether it would be appropriate for the work environment in question or the team involved.⁵³

As the details of the return to work are determined in collaboration with the employee and the supervisor, they can then be included in a formal return-to-work plan. This plan can also include how the employee, the team, and the supervisor will address situations that could derail the success of the return to work.⁵⁴

Communicating With Employees About Leave Options, Benefits, Policies, and Other Resources

While this survey indicates that Canadian employers may have implemented many of the foundational programs, practices, and policies in their workplace to address mental health at work, it is also important for them to communicate with employees to ensure that they are aware of these elements. If employees are not aware of the internal resources that could assist them if they experience a mental health issue, they are unlikely to benefit from them.

As shown in Table 8, employers use a variety of communication mediums to ensure that employees are aware of the organizational resources available to them.

52 Tjulin, MacEachen, and Ekberg, "Exploring Workplace Actors' Experiences," 311–321.

53 Thorpe and Chénier, *Building Mentally Healthy Workplaces*, 27.

54 Ibid.

Table 8
Methods of Communication With Employees About Programs, Practices, and Policies

(per cent; n = 224)

Communication methods	
Corporate intranet site	71
Pamphlets or bulletins from EAP provider	63
E-mail	59
Employee handbook	49
Lunch and learn sessions	46
Flyers/posters on employee bulletin board	45
Workshop/training sessions	44
Staff meetings	39
Organizational newsletter, health and wellness bulletin	38
Website, web conferences, webinars, e-learning	34
Union newsletter and information seminars	10
Retreats/off-site meetings	9
Podcasts	4
Other	5
We do not communicate this to employees	2

Source: The Conference Board of Canada.

The most commonly used communication medium is the organization's intranet site. Due to the stigma related to mental health conditions, however, if employees must identify themselves to access the intranet site, for example by using a login and password, they may be less likely to use the internal resources available to them. Providing the information in a variety of methods allows all employees to access it in the format that is most appealing to them.

Employers were most likely to communicate the information about supportive programs, practices, and policies to employees at the time of their on-boarding into the organization. (See Table 9.) These findings

Only 56 per cent believed that their programs proactively help employees maintain their mental health.

also show that employees were informed of any changes, additions, or removal of any supportive practice in a timely manner. However, unless employees require the supportive programs at those specific times, they are not likely to remember the information if they do not get regular reminders. Therefore, regular communication to employees about their benefits and other supportive programs is most effective.

Table 9
Frequency of Communication About Programs

(per cent; n = 217)

Points of contact	
New hire orientation	87
Anytime a support is added, changed, or dropped	80
Once a year	25
Once a month	8
As needed	4
With regular correspondence	1
Once a week	1
Other	6

Source: The Conference Board of Canada.

Perceived Effectiveness of Mental Health Programs and Practices

Do employers believe that the mental health programs and initiatives they have implemented in their workplaces effectively address mental health at work? As shown in Table 10, employers that responded to the national survey felt that they were better equipped to support an employee who is experiencing a mental health issue than to promote or sustain the mental health of their employees. While 72 per cent of respondents agreed or strongly agreed that their programs effectively supported an employee experiencing a mental health issue, only 56 per cent believed that their programs proactively help employees maintain their mental health.

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Table 10

Employer Perceptions of the Effectiveness of Mental Health Programs

(average, scale of 1 to 5; per cent; n = 215)

	Average rating*	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organization's programs and policies allow us to effectively promote and maintain the mental health of our employees.	3.5	2	12	30	46	10
My organization's programs and policies allow us to effectively support an employee who is experiencing a mental health issue.	3.7	4	5	20	60	12

*Respondents were asked to rate statements on a scale of 1 to 5, where 1 = strongly disagree and 5 = strongly agree.

Note: Total may not add to 100 due to rounding.

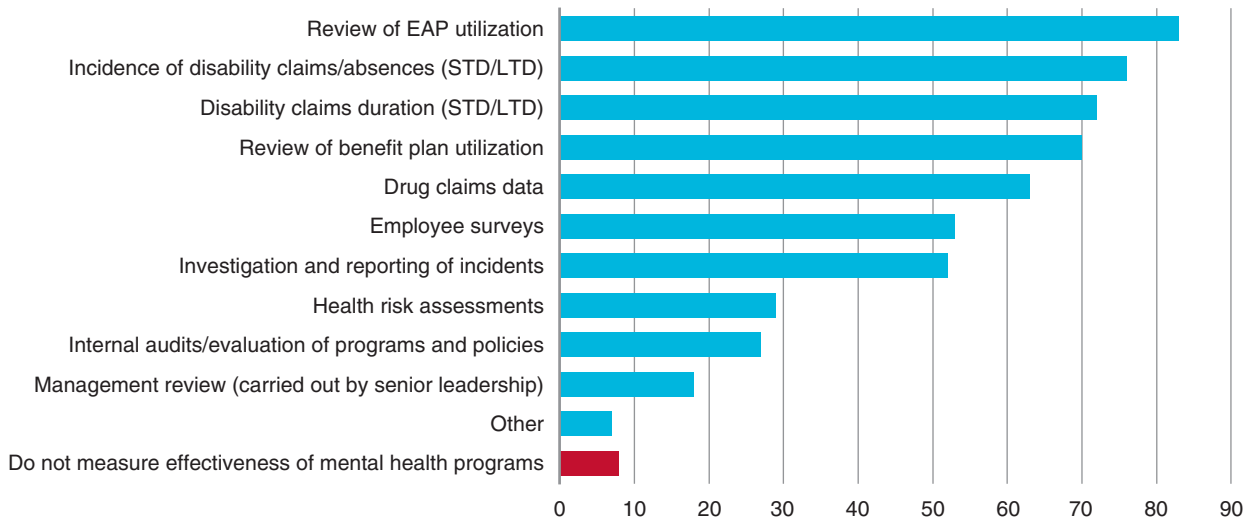
Source: The Conference Board of Canada.

This more reactive approach influenced the types of measurements that employers used to determine the effectiveness of their programs and initiatives. As demonstrated in Chart 10, employers were more likely to use lagging indicators (such as EAP utilization, incidence and duration of disability claims, benefit plan utilization, and drug claims data) than leading indicators (such as internal audits, health risk assessments, employee engagement, customer satisfaction scores, and management reviews). Of particular concern, 8 per cent did not measure the effectiveness of their programs. Both types of metrics—lagging and leading indicators—are important to consider for a full understanding of the state of mental health within the organization.

Chart 10

Types of Measurements Used by Employers to Measure the Effectiveness of Their Mental Health Strategy

(per cent; n = 93)



Source: The Conference Board of Canada.

Conclusion

Just over half (56 per cent) of Canadian employers responding to the survey believe that their organization's programs and policies allow them to effectively promote and maintain the mental health of their employees. Almost three-quarters of employers (72 per cent) reported that their organization can effectively support an employee who is experiencing a mental health issue at work. And the foundational pieces are in place for many employers to do so. Employers have implemented a variety of programs, practices, benefits, and policies to help address mental health in their workplaces.

However, many Canadians still do not have access to workplace benefits to support their mental health. Employees in more precarious work arrangements (i.e., temporary, casual, and seasonal workers) often are not eligible for their organization's benefit plans. As well, small

Employers can access numerous tools to develop a comprehensive, integrated mental health strategy.

organizations are often unable to offer benefits to their employees. Although extending benefit coverage to all employees in Canada might be unsustainable, employers may want to consider which employee groups within their organizations do not have access to benefits and put in place programs to support them with their health-related needs. This could include, for example, providing information on community resources available to them.

For those employers that do have the foundational pieces in place, the next steps to take to build mentally healthy workplaces include integrating these programs, practices, benefits, and policies into a comprehensive mental health strategy. Integrating the foundational elements into a comprehensive strategy would not only demonstrate the senior leadership's visible commitment to workplace mental health but also support ongoing communication, a thorough risk analysis, and targeted, measurable programming based on employee needs. It may allow employees to feel they could talk openly about mental health in the workplace and/or access the available internal resources without fear of judgment or of a negative impact on their career development. Without this trust, employees are less likely to access the workplace resources, which are meant to help them promote, maintain, and sustain their mental health, and to help them recover if they do experience a mental health issue.

There are numerous tools and guidelines that employers can access to develop this comprehensive, integrated mental health strategy. Examples of these tools and guidelines include the *National Standard of Canada for Psychological Health and Safety in the Workplace*, *Workplace Strategies for Mental Health*, and Excellence Canada's *Mental Health at Work Framework for Excellence*. (See Table 2.)

The third briefing of this series will determine what would be the impact on the Canadian workplace if employers implemented these evidence-based guidelines in their workplace.

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Acknowledgements

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About the Canadian Alliance for Sustainable Health Care

The Canadian Alliance for Sustainable Health Care (CASHC) was created to provide Canadian business leaders and policy-makers with insightful, forward-looking, quantitative analysis of the sustainability of the Canadian health care system and all of its facets.

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HEALTHY BRAINS AT WORK
Employer-Sponsored Mental Health Benefits and Programs

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APPENDIX A

Bibliography

Attridge, M., T. Amaral, T. Bjornson, E. Goplerud, P. Herlihy, T. McPherson, R. Paul, S. Routledge, D. Sharar, D. Stephenson, and L. Teems. "Pricing Options for EAP Services." *EASNA Research Notes* 1, no. 6 (2010).

Australian Psychological Society. *Evidence-Based Psychological Interventions in the Treatment of Mental Disorders: A Literature Review* (3rd ed.). Melbourne: Victoria University, 2010.

Baynton, Mary Ann. *Return to Work: Addressing Co-worker Reactions When Mental Health Is a Factor*. Great-West Life Centre for Mental Health in the Workplace. www.gwlcentreformentalhealth.com/pdf/OOHNA_article2_addressing_co_worker_reactions.pdf (accessed October 19, 2015).

Bell Canada. *Bell Let's Talk*. <http://letstalk.bell.ca/en/> (accessed June 17, 2015).

Burton, Joan. *The Business Case for a Healthy Workplace*. Ontario: Industrial Accident Prevention Association, 2008.

Canadian Psychological Association Task Force on Evidence-Based Practice of Psychological Treatments. *Evidence-Based Practice of Psychological Treatments: A Canadian Perspective*. Ottawa: Canadian Psychological Association, 2012.

Chénier, Louise, Crystal Hoganson, and Karla Thorpe. *Making the Business Case for Investments in Workplace Health and Wellness*. Ottawa: The Conference Board of Canada, June 2012.

HEALTHY BRAINS AT WORK
Employer-Sponsored Mental Health Benefits and Programs

Collins, Jill. *Assembling the Pieces: An Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace*. Toronto: CSA Group, 2014.

Consumer Reports Best Buy Drugs. *Using Antidepressants to Treat Depression: Comparing Effectiveness, Safety, and Price*. Consumers Union of U.S., Inc., 2013.

Eaddy, M.T., C.L. Cook, K. O'Day, S.P. Burch, and C.R. Cantrell. "How Patient Cost-Sharing Trends Affect Adherence and Outcomes: A Literature Review." *Pharmacy and Therapeutics* 37, no. 1 (2012): 45–55. www.ncbi.nlm.nih.gov/pmc/articles/PMC3278192/ (accessed October 19, 2015).

Gibbons, Mary Beth Connolly, Aileen Rothbard, Kimberly Farris, Shannon Wiltsey Stirman, and Sarah Thompson. "Changes in Psychotherapy Utilization Among Consumers of Services for Major Depressive Disorder in the Community Mental Health System." *Administration and Policy in Mental Health and Mental Health Services Research* 38, no. 6 (November 2011): 495–503.

Gilbert, Merv, and Dan Bilsker. *Psychological Health and Safety: An Action Guide for Employers*. Ottawa: Mental Health Commission of Canada and the Centre for Applied Research in Mental Health and Addiction, 2012.

Guarding Minds @ Work. *The 13 Psychosocial Factors in GM@W*. www.guardingmindsatwork.ca/info/risk_factors (accessed September 11, 2015).

Hargrave, George E., and Deidre Hiatt. "The EAP Treatment of Depressed Employees: Implications for Return on Investment." *Journal of Employee Assistance and Workplace Behavioral Health* 18, no. 4 (2005): 39–49.

Hughes, Lisa. *Beyond Benefits II: Disability Plans and Absence Management in Canadian Workplaces*. The Conference Board of Canada, 2010.

Hunsley, John, Katherine Elliott, and Zoé Therrien. *The Efficacy and Effectiveness of Psychological Treatments*. Ottawa: University of Ottawa, 2013.

Lam, Raymond W., Kevin Lutz, Melady Preece, Paula M. Cayley, and Anne Bowen Walker. "Telephone-Administered Cognitive-Behavioral Therapy for Clients With Depressive Symptoms in an Employee Assistance Program: A Pilot Study." *Annals of Clinical Psychiatry* 23, no. 1 (2011):11–16. www.workingwithdepression.psychiatry.ubc.ca/files/2012/07/Lam-Telephone-CBT-in-EAP-Ann-Clin-Psy-2011.pdf (accessed October 1, 2015).

Loeppke, Ronald. "The Value of Health and the Power of Prevention." *International Journal of Workplace Health Management* 1, no. 2 (2008): 95–108.

Mental Health Commission of Canada. *A Leadership Framework for Advancing Workplace Mental Health: Corporate Social Responsibility*. www.mhccleadership.ca/the-business-case/corporate-social-responsibility.html (accessed October 17, 2015).

—. *Peer-Based Mental Health Services*. Ottawa: Mental Health Commission of Canada, March 25, 2013. www.mentalhealthcommission.ca/English/system/files/private/PS_Peer_Article_ENG_0.pdf

—. *Topics: National Standard*. Accessed October 10, 2015 from www.mentalhealthcommission.ca/English/issues/workplace/national-standard (accessed October 10, 2015).

Merriam-Webster. "Strategy." www.merriam-webster.com/dictionary/strategy (accessed October 11, 2015).

Mood Disorders Canada. *No 2 Developing a Workplace Policy*. www.mooddisorderscanada.ca/page/no-2-developing-a-workplace-policy (accessed December 14, 2014).

NAV CANADA. *Who We Are*. www.navcanada.ca/en/about-us/pages/who-we-are.aspx (accessed April 20, 2015).

HEALTHY BRAINS AT WORK
Employer-Sponsored Mental Health Benefits and Programs

O'Hagan, Mary Céline Cyr, Heather McKee, and Robyn Priest. *Making the Case for Peer Support*. Report to the Mental Health Commission of Canada Mental Health Peer Support Project Committee, September 2010.

Oliffe, J., S. Robertson, B. Frank, D. McCreary, G. Tremblay, and L. Godenberg. "Men's Health in Canada: A 2010 Update." *Journal of Men's Health* 7, no. 3 (2010): 189–192.

Peachey, David, Vern Hicks, and Orvill Adams. *An Imperative for Change: Access to Psychological Services for Canada*. A Report to the Canadian Psychological Association, March 2013. www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf (accessed December 21, 2016).

Shain, Martin. *Tracking the Perfect Legal Storm: Converging Systems Create Mounting Pressure to Create the Psychologically Safe Workplace*. Ottawa: Mental Health Commission of Canada, 2010.

Shain, Martin. *Weathering the Perfect Legal Storm: Analysis and Commentary*. Winnipeg: Great-West Life Centre for Mental Health in the Workplace, 2013.

Stewart, Nicole. *Benefits Benchmarking 2015*. Ottawa: The Conference Board of Canada, 2015.

Sutherland, Greg, and Carole Stonebridge. *The Footprint of Mental Health Conditions: Healthy Brains at Work*. Ottawa: The Conference Board of Canada, 2015.

The Conference Board of Canada. *Mental Health Issues in the Labour Force: Reducing the Economic Impact on Canada*. Ottawa: The Conference Board of Canada, July 2012.

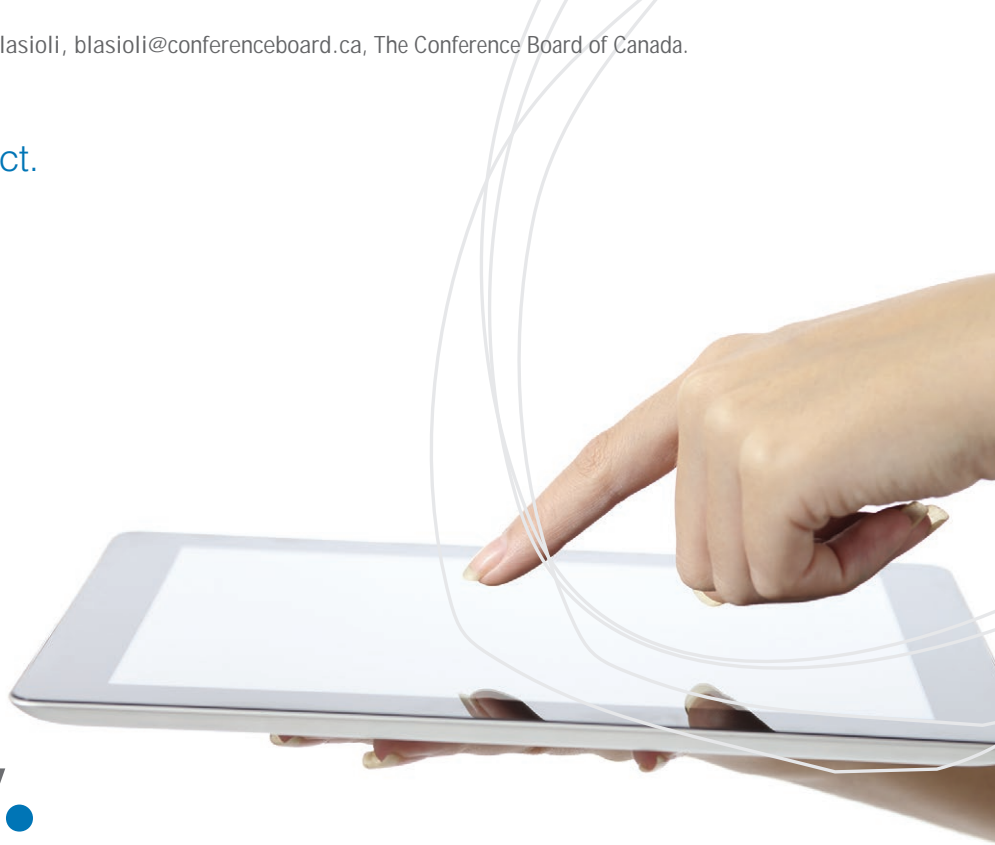
Thorpe, Karla, and Louise Chénier. *Building Mentally Healthy Workplaces: Perspectives of Canadian Workers and Front-Line Managers*. Ottawa: The Conference Board of Canada, 2011.

Thorpe, Karla, and Louise Chénier. *Disability Management: Opportunities for Employer Action*. Ottawa: The Conference Board of Canada, 2013.

Tjulin, A. E. MacEachen, and K. Ekberg. "Exploring Workplace Actors' Experiences of the Social Organization of Return-to-Work." *Journal of Occupational Rehabilitation* 20, no. 3 (2009): 311–321.

Towers Watson. 2013/2014 *Staying@Work Survey: Canada Summary*. Canada: Towers Watson, 2014. www.towerswatson.com/en/Insights/IC-Types/Survey-Research-Results/2014/02/2013-2014-staying-at-work-report-canada-summary (accessed July 24, 2015).

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