

# Mental Health at the Workplace

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# Mental Health: The Facts

- Mental illness does not discriminate
- 1 in 5 Canadians will experience a mental disorder
- \$52 billion in costs every year
- 3<sup>rd</sup> biggest health problem in North America
- *Most people who are treated for mental health problems will fully recover*



# A Perfect Storm

- Legislation on workplace violence and aggression/harassment passed in many jurisdictions
- Some WCB decisions hold employers responsible for stress-related disorders
- Increasingly court decisions hold employers responsible
- LTD and STD cost spiralling 30-40% stress related



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# National Developments

- Kirby commission on health care
- National Roundtable on Mental Health
- Kirby commission on mental health
- Mental Health Commission of Canada
- Worked with CSA to issue CSA Z1003-13 in 2013



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# The Three Pillars: Prevention, Intervention, Accomodation

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# Primum Non Nocere (First Do No Harm)

- The stress story
  - Avoid contributing to individuals' “stress load”
- A transactional model of stress
  - Provide resources for individuals



# Things to Consider (CSA Z1003)

- Based on an OHS model of Hazard Recognition Assessment and Control
- Need to assess
  - a) psychological support;
  - b) Organizational culture
  - c) Clear leadership and expectations
  - d) Civility and respect
  - e) Psychological job demands
  - f) Growth and development
  - g) Recognition and reward
  - h) Involvement and influence
  - i) Workload management
  - j) engagement
  - k) worklife balance
  - l) psychological protection
  - m) physical protection
  - n) other chronic stressors as identified by workers



# Secundo succursum afflictis (Second, aide the afflicted)

## **Mental Disorder**

- Diagnosable illness
- Disrupts an individual's ability to work and carry on relationships

## **Mental Health Problem**

- Includes both mental disorders and symptoms of mental disorders



# There is No Health without Mental Health

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- Largest contributor to the disease burden in middle-and high-income countries (World Health Organization [WHO], 2004)
- Leading cause of workplace disability in Canada (Watson Wyatt Worldwide, 2007)
- Limited research on workplace mental health interventions (Jane-Llope, Hosman, Jenkins, & Anderson, 2003; Kitchener & Jorm, 2008); Vuori, Toppinen-Tanner, & Mutanen, 2012)



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# The focus on leaders

- 45% of leaders have no training related to employee mental health (Thorpe & Chenier, 2011)
- 50%+ of leaders have supervised somebody with a known mental condition(Dimoff and Kelloway, 2013)
- 90% + have someone in their own circle of friends and family (Dimoff and Kelloway, 2013)

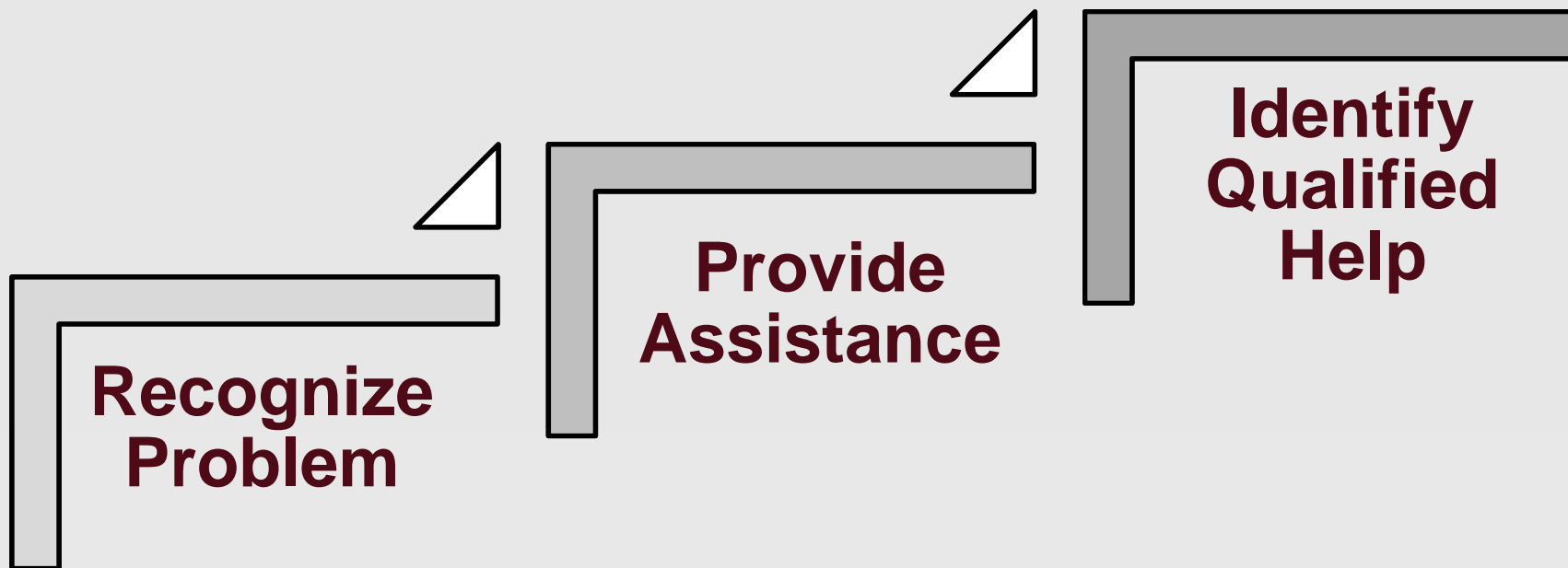


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# Mental Health First Aid: The 3 Steps





- Three hour training for leaders
- Designed to increase mental health literacy “what do we know and where do you go”
- Focus is on DETECTION not treatment or counselling
- Detect and refer/resource



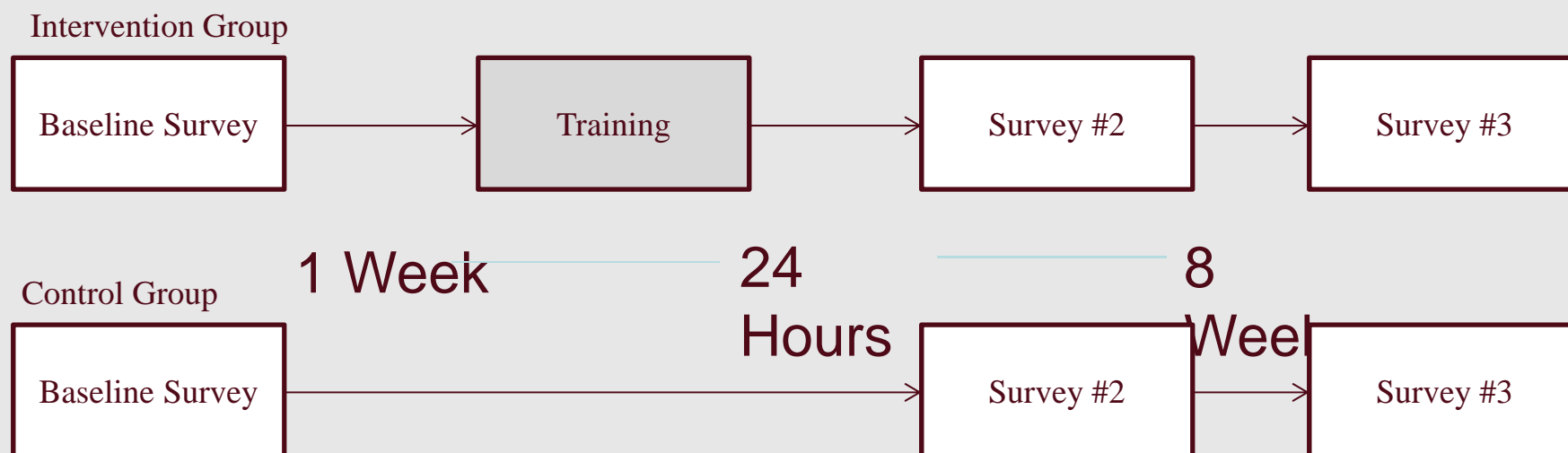
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# Studies 1 & 2: Design & Follow-Up

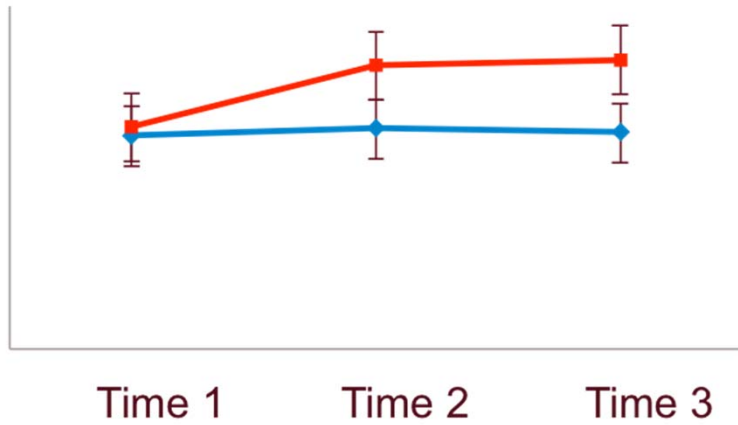
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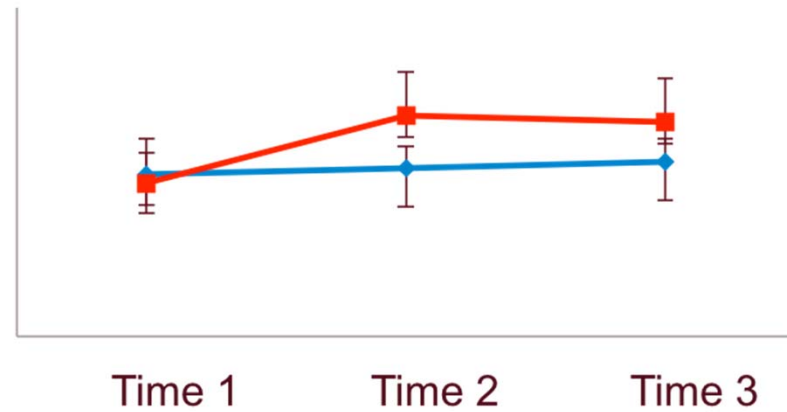
Study #1: N=43 (n=21 Intervention; n=22 Control; 40% Male & 60% Female)\*

Study #2: N=142 (n=88 Intervention; n=54 Control); 47% Male & 53% Female)\*

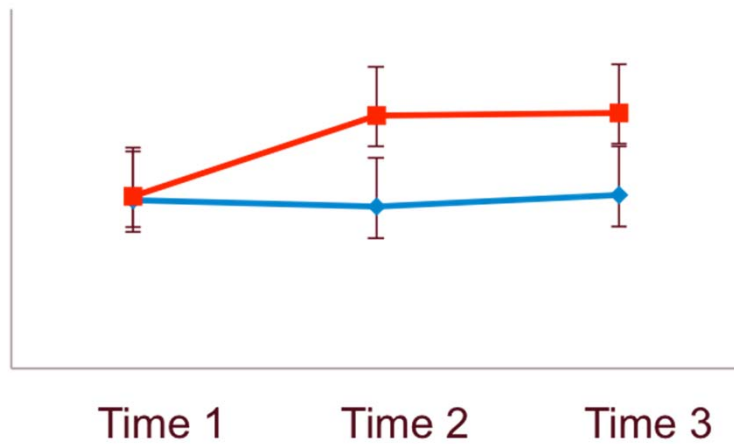
### Knowledge



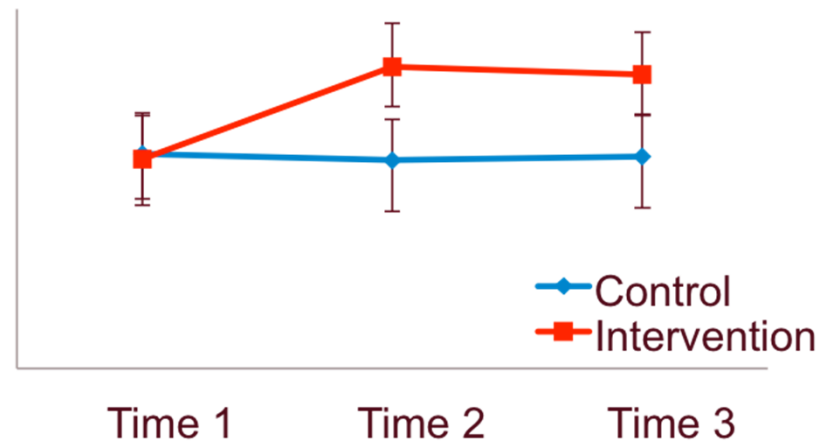
### Attitudes



### Self-Efficacy

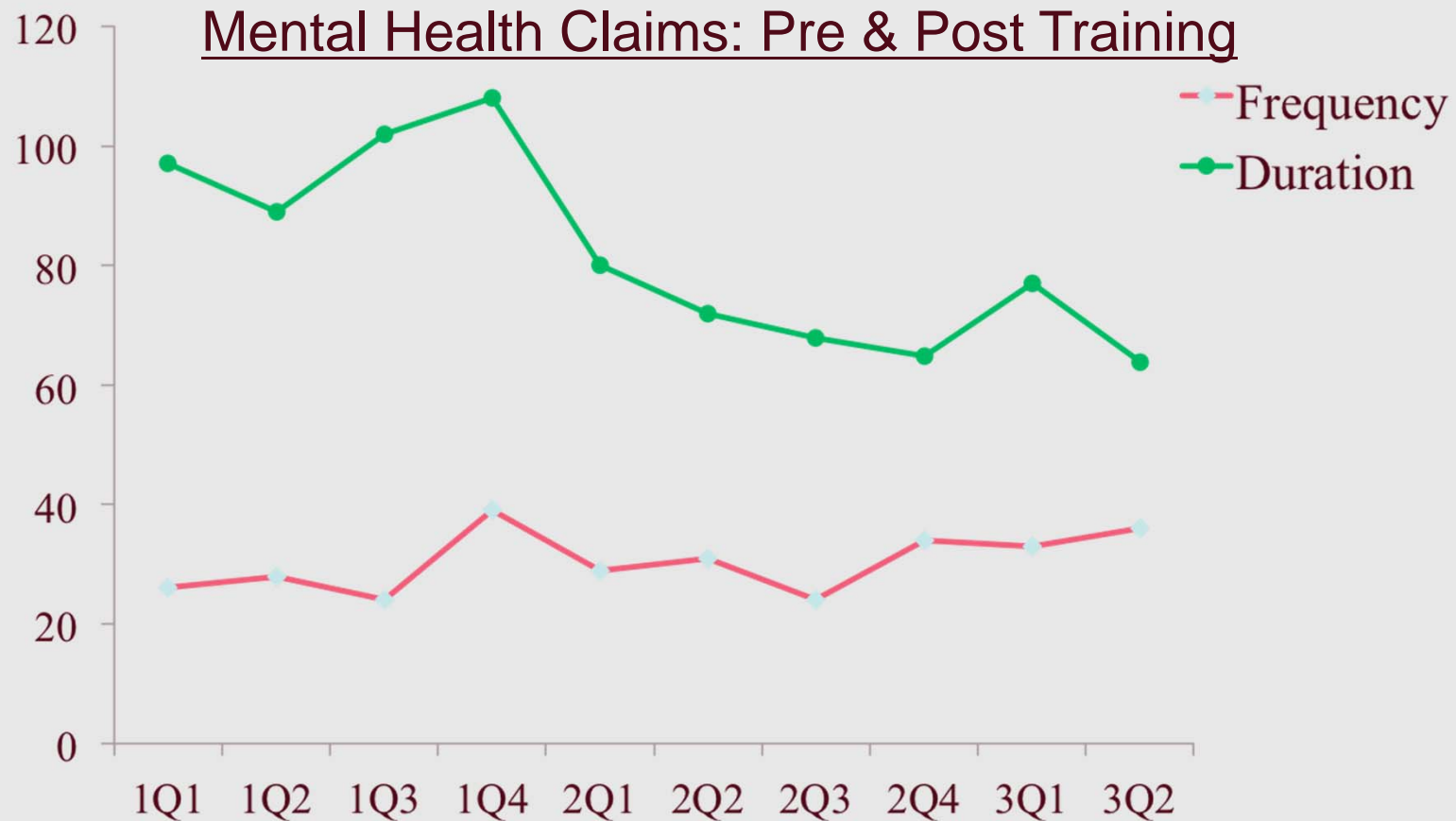


### Promotion Intentions



Control  
Intervention

# Training Evaluation: Cost-Effectiveness



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# Training Evaluation: Ratings

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- 95% of leaders thought that the training would benefit other leaders
- 98% of leaders would recommend the training to others
- 98% of leaders thought the training was entertaining and engaging
- **91% of leaders reported using material learned in the training at least once a week since attending the training** (\*8 weeks post-training)



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A photograph of a stone wall with large, dark metal letters spelling out the word 'AMERICA'. The letters are mounted on a rough, textured stone surface. The background shows a green lawn and trees under a bright sky.

Thank you

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