

# Mental Health and Wellness in the Workplace

Research to Reality:  
***Improving mental health through workplace change  
and access to unions***



2023

**ABACUS DATA**

## Contents

Our findings: workplace change can improve mental health and unions can help.....	2
Workplace conditions and risk factors.....	2
Pathways to change.....	3
Making research reality.....	3
Identifying affected workers.....	4
Workplace conditions, risk factors and mental health.....	6
Invisible psychosocial hazards.....	6
Five themes of investigation.....	6
Measuring the relationship between conditions and mental health effects.....	6
Time conditions and work-life balance.....	8
Conditions of social isolation and support.....	10
Affirmation through work.....	15
Workplace autonomy and dependence.....	17
Workload and management.....	20
The union effect in worker mental health.....	23
Possible pathways for policy advocates and policy makers.....	26
Appendix: Mental health and wellness in the workplace: a diagnostic and prescriptive analysis of Canada's workplace mental health crisis.....	28

## Summary

### Our findings: workplace change can improve mental health and unions can help

One in three Canadians' work regularly leaves them mentally hurt and struggling to find work-life balance, but a union can help mental health and well-being, according to our research.

Our survey with Abacus Research confirms what a lot of us, our friends or a family member are experiencing. Workplace conditions can leave workers constantly worrying, burnt-out, depressed, anxious, indifferent, angry or emotionally hurt.

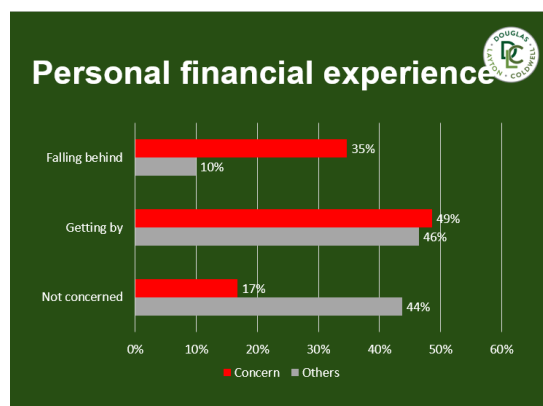
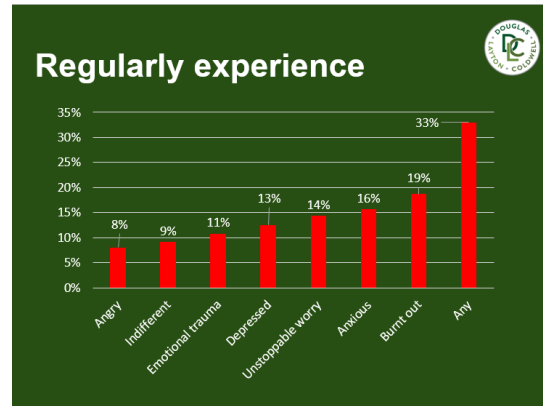
That concern group of a third of workers represents about 6.5 million Canadians.

### Workplace conditions and risk factors

Concern group workers are more likely to say their workplaces are understaffed and have poor work-life balance, regular overtime, berating managers or harassing co-workers, low job control or make them feel socially isolated. They are much more likely to say their workplace is dominated by workers of one ethnic background or dominated by one gender, which may also drive social exclusion.

We examined different types of workplaces – factories, shops, offices – and found the highest concentration of concern group workers in settings like hospitals and long term care, where understaffing, long hours and emotionally upsetting work is an ongoing crisis.

And not only do concern group workers suffer emotionally and psychologically, but a third say they are falling behind financially and they don't see a way out. Only one in 10 others works say the same.



## Pathways to change

But our research also shows some reasons for hope:

- 83% of concern group workers and 92% of others say their job is important
- 80% of union members say unions improve workplace mental health and well-being
- 83% of union members say unions limit workplace harassment and discrimination
- 71% of non-union concern group workers say a union would help them

Our survey shines light on some policy pathways to improve people's mental health. Managers need to fix work-life balance and unhealthy workplace conditions. With better access to unions, more workers could push to fix these harmful conditions.

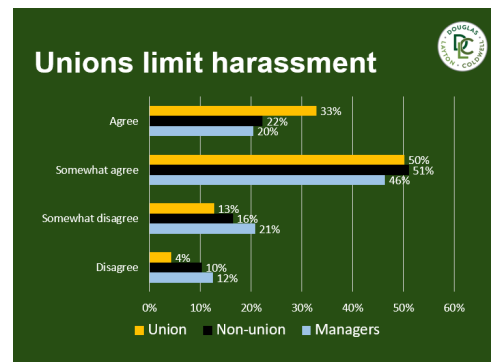
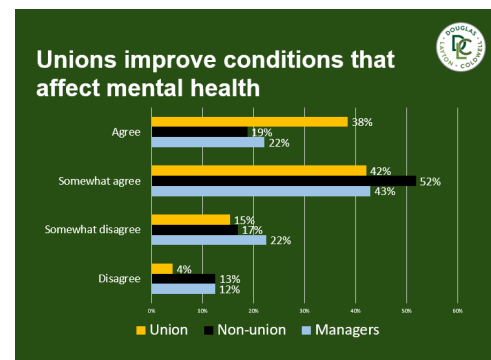
## Making research reality

The mission of the Douglas Caldwell Layton Foundation includes developing original research to provoke discussion about important policy topics of the day. But it's not just research for the sake of research.

This research fills some of the gaps identified in our spring 2022 report, *Mental Health and Wellness in the Workplace: a Diagnostic and Prescriptive Analysis of Canada's Workplace Mental Health Crisis*. The executive summary of our spring 2022 report is included as an appendix to this report.

Our mental health research findings have the potential to drive policy changes that improve the quality of life for working Canadians. Our research also found poor mental health is currently putting billions of dollars in costs on individuals, governments and businesses. Managers have the authority to improve lives by fixing workplace conditions associated with mental health distress. And with better access to a union, more workers could push more workplaces to fix conditions causing poor mental health. Workplace change can improve mental health and unions can help.

We are looking across Canada for opportunities to share our findings and spur policy advocates and policy makers to take our research to improve Canadians' mental health.



## Section one

### Identifying affected workers

The Douglas Caldwell Layton Foundation asked 2,500 working Canadians about seven negative mental health states that might arise from their work and how often they experienced them. The research survey, developed by DCLF and carried out by Abacus Research, asked participants if in the past year they never, a few times, occasionally or regularly were:

- angry with patients, students, customers or co-workers
- feeling indifferent as if their work doesn't matter
- emotionally upset with conflict or situations at work
- down, depressed or hopeless
- unable to stop or control worrying
- nervous, anxious or on edge
- burned out or consistently tired.

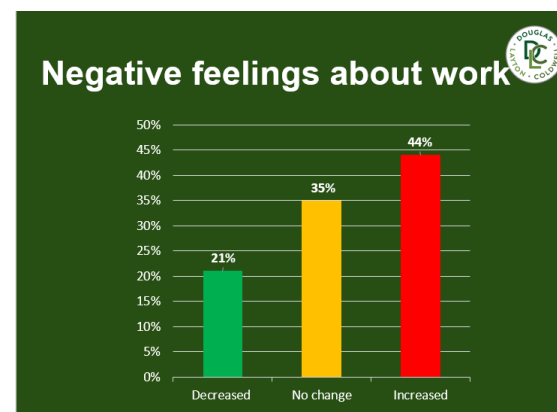
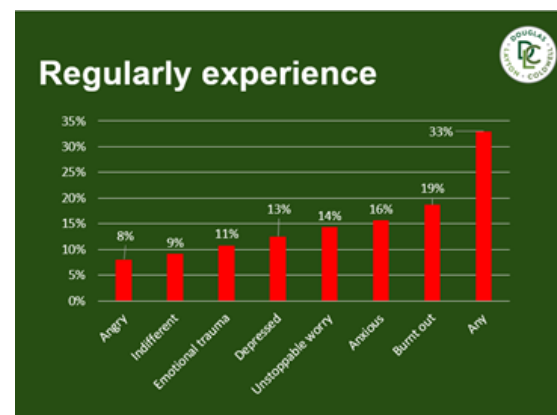
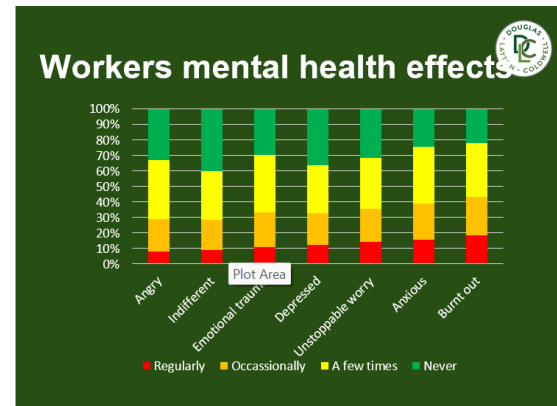
For each question, healthy majorities reported they never or only a few times had experienced the health effect over the past year. But about 10 to 20% of workers reported a regularly experience any of our seven named negative mental health effect due to work in the past year.

But people reported great variation in the psychological effects of work on them. Some who never experienced one effect regularly experienced another. In total, one third of workers surveyed reported they regularly experienced one of the seven negative mental health states we asked about.

The third of workers who regularly experience one of the seven negative mental health effects from work are referred to as our “concern group” in this report. Based on our survey, about 6.5 million Canadians regularly feel one of the seven health effects our survey asked about.

Among all workers, the problem of workplace mental health seems to be growing worse. Among the survey group, twice as many working Canadians reported their negative feelings toward work had increased over the past year compared to those saying negative feelings about work had declined.

Almost half of workers reported growing negative feelings about work.



A decline in the quality of mental health of Canadians appears to be a broad trend, and one affected by more than just work factors. When we asked participants to assess their own mental health as very good, good, okay, poor or very poor, 47% of respondents told us their mental health was just okay or worse. Of our respondents, 22% reported that, within the past three years, have been diagnosed by a health professional of having a mental health condition.

Our research has focused on workplaces and mental health, hoping to gain insight about potential workplace change that could make a strong contribution toward reversing recent trends and improving Canadians' overall mental health. The challenge falls to policy advocates and policy makers to nudge workplaces to make the changes pointed to by this report and improve Canadians' mental health.

#### SIDEBAR

##### **88% of workers support mental health care as medicare**

Expanding health care to include mental health care is a good idea according to 88% of Canadians workers, our research found. Sixty % of respondents said the idea was good and another 28% said the idea was somewhat good.

The DCLF survey also asked if it would be a good idea to require employers to provide access to mental health care through employee benefit plans. While supportive, participants were more tepid to this proposal, with 46% (14 points less) calling it a good idea and 31% (three points more) calling it a somewhat good idea.

## Section two

# Workplace conditions, risk factors and mental health

The largest section of our survey probed workplace conditions and risk factors possibly causing or relating to negative mental health. Unlike some other workplace hazards, such as debris on a worksite that can cause a trip and fall or production machinery that can cut or crush a finger, psychosocial hazards are completely invisible. But this is not new in occupational health and safety.

## Invisible psychosocial hazards

Many hazardous chemical can travel as a gas with no scent or colour. One well-known example is odorless, colourless and deadly carbon monoxide. Ergonomic hazards and physical hazards such as radiation are often invisible. But for these hazards, the impact on the body leaves its tell-tale marks. Psychosocial hazards are not just invisible, but so are their injuries.

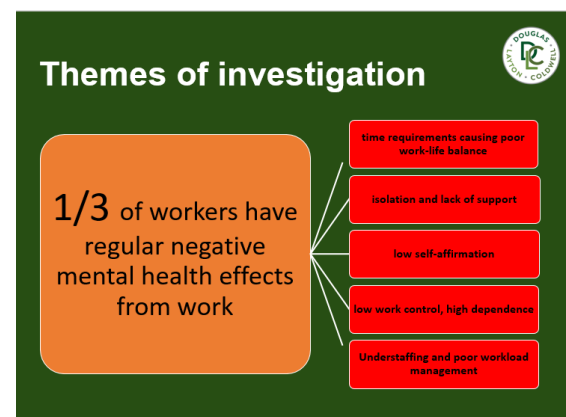
It is essential to being human to know certain conditions hurt our mental health. This research does not propose or presume to draw conclusions about mental illness, such as depression, anxiety, or schizophrenia. But we are all aware the conditions around us affect mental health. We understand the mental impact of the death of a loved one. We know the value of friendship. The mental hurt of discrimination or harassment is just as real as any physical pain. The environment we live in affects our mental state. And a large portion of the environment we live in is the workplace.

The invisibility of psychological hazards and injuries presents challenges presents challenges for identifying, assessing and controlling workplace psychosocial hazards to improve mental health and well-being. This research builds on findings from an earlier literature scan about psychosocial hazards published by the Douglas Caldwell Layton Foundation in spring 2022. Our main method of inquiry in this research is to compare the work conditions experienced by workers in our concern group to other workers. Where we see large divergence in experiences we cannot draw causal connections, but it certainly points us in helpful directions.

## Five themes of investigation

We have presented the analysis of our survey questions within five themes about the workplace conditions associated with negative worker mental health:

- time requirements and work-life balance
- isolation and lack of support
- low self-affirmation of the work
- low work control and high dependence on uncontrolled factors
- staffing and workloads.



## Measuring the relationship between conditions and mental health effects

In each theme, we have compared the relationship between exposure to a condition and concern group membership. We describe these measurements as exposure, effect and association.

- Exposure measures the percentage of the surveyed workers who report they are exposed to the workplace condition or risk factor (exposure group)
- Effect is the percentage of workers in an exposure group who are also in our concern group (ie, they regularly experience a negative mental health state)
- Association is the percentage of workers in a particular exposure group who are part of the concern group compared to the percentage of all workers who are part of the concern group

If a worker exposed to a condition or risk factor is more likely to be in our concern group than the general population, the association score will be higher than one. If a worker exposed to a condition or risk factor is less likely than the general population to be in our concern group, the association score will be lower than one.



## Section 3

### Time conditions and work-life balance

Our research into work schedules, work time flexibility, overtime and sick leave provides interesting information about which factors are associated with the negative mental health states of concerned workers. Responses suggest workplace conditions that create problems balancing work and everyday life are more psychologically damaging than hours of work conditions more focused on the individual worker.

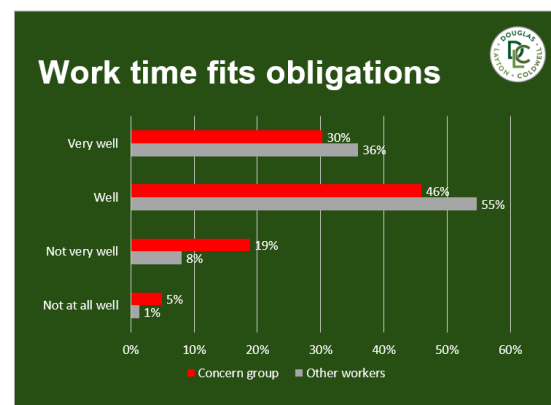
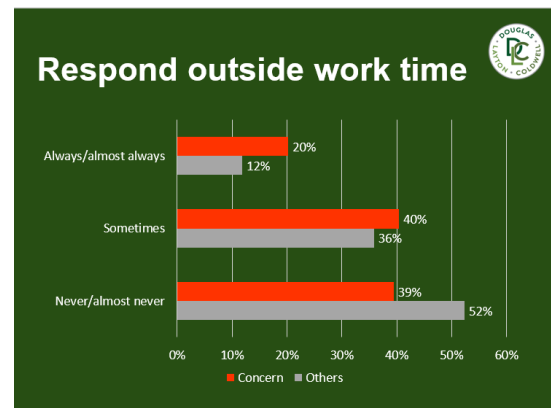
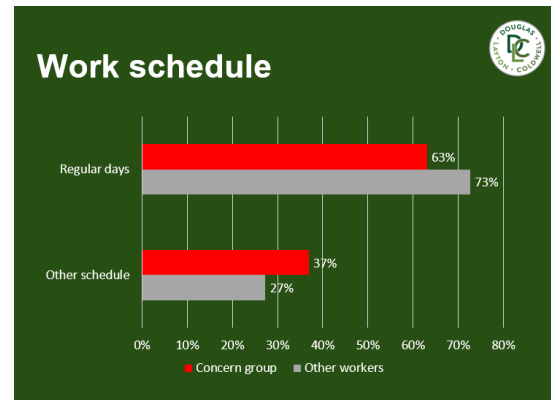
Sick leave has recently been a major focus of labour movement and health concern due to the virus causing COVID-19. However, we found the difference in access to sick leave was not considerably different between concern group workers and other workers. While it may be a valid and important demand for many reasons, it does not appear to rise to the level of concern among workers to cause negative mental health states.

We also investigated paid overtime, with similar results. Whether or not workers get paid for overtime work is not particularly associated with negative psychological effects from work.

We asked workers about their usual work schedule, testing for irregular, night shift, split shift, on-call or rotating. Among the other work schedules, the most common response was to say work time was irregular (9%) followed by rotating shifts (7%). We believed these samples were too small for further analysis within reasonable accuracy. Workers with other schedules had slightly elevated levels of negative mental health effects.

Work conditions that erase the boundary between home and workplace appear to be associated with concern group membership. Only about 15% of workers report their exposure to this work condition. Among those exposed, almost half (45%) of workers reported regular symptoms placing them in our concern group, a rate 1.4 times the one third (33%) rate in the general worker population.

The hazardousness of work conditions that interfere with work-life balance is also evidenced by our finding that concern group workers are less likely to agree that work and personal life fit easily. In response to our question on how, in general, working hours fit in with family or social commitments outside of work, other workers were nearly unanimous (91%) in reporting they fit well or very well. Among those exposed to work conditions that do not fit very well or well not at all,



over half (57%) report symptoms of regular negative mental health, 1.7 times the general worker population.

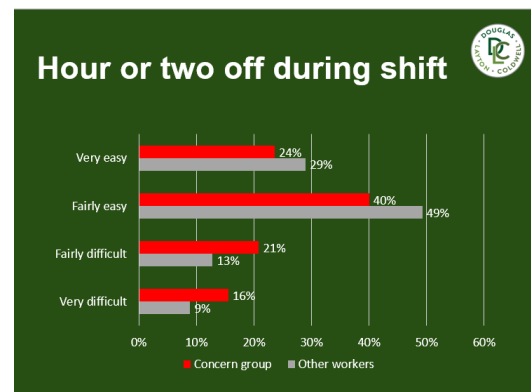
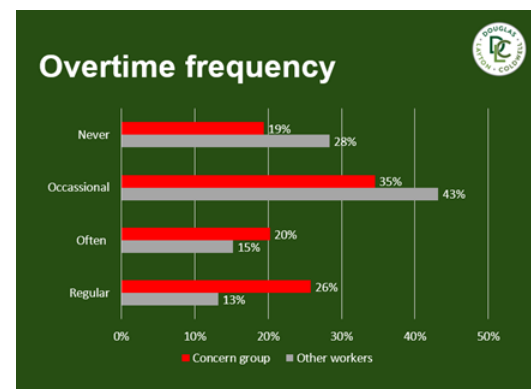
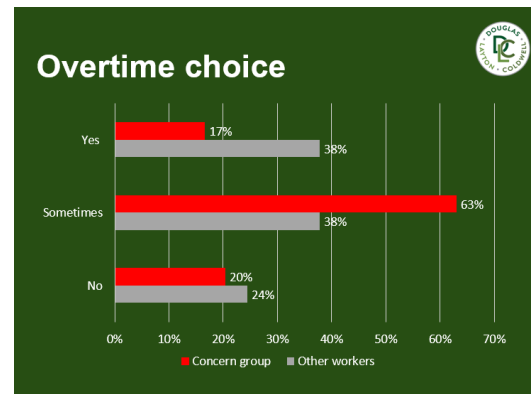
Almost two in five (37%) of concern group workers reported it was difficult to take an hour or two away from a shift while a bit more than one in five (22%) of others reported difficulty. Nearly four in five (78%) of other workers said it was easy to take an hour or two away from work. Among those exposed to conditions where this was difficult, almost half (45%) were in our concern group, 1.4 time the general worker population.

Among concern group workers, over a quarter (26%) said they work overtime regularly, twice the rate of other workers (13%). Nearly half (46%) of concern group workers told us they regularly or often did overtime. Among workers regularly or often working overtime, half (50%) reported symptoms of negative mental health, 1.5 times higher than the general worker population

Concern group workers are also less likely to have no choice about overtime. However, lack of overtime choice appears to have a light mental health impact. Among concern group workers, only one in six (17%) say overtime is always a choice, while almost two in five (38%). Four in five (83%) concern group workers never or only sometimes have a choice about overtime. Only two in five (40%) workers who only sometimes or never have a choice about overtime are within our concern group, only 1.2 times more than the general worker population.

Our research into hours of work and mental health and well-being hours of work conditions become hazardous when workers are required to provide time flexibility to their workplace or when the workplace denies time flexibility to workers. These are two sides of the same coin that add pressure onto workers to fit personal and home life around work.

Among the six possibly hazardous work conditions tested, work that doesn't fit person and family obligations has the strong association with workers experiencing negative mental health effects from work. Mandatory overtime has grown into a widespread problem affecting more than two in three (69%) of workers.



### Hours of work conditions

Condition/risk factor	Exposure	Effect	Association
Work schedule	30%	40%	1.2
Mandatory overtime	69%	40%	1.2
Respond outside work	15%	45%	1.4
Hour or two away	27%	45%	1.4
Regular overtime	17%	50%	1.5
Work fits	14%	57%	1.7

## Section 4

### Conditions of social isolation and support

From time to time the libertarian dream of radical individualism has been advocated as a state of freedom or even the natural state of humans. But this vision quickly runs into trouble. The social nature of human life in families, governed societies and economic production has been traced far back by anthropologists. For generations as far back as can be imagined, being human has meant nothing other than being human in society. Our capability for social complexity and interrelationships has created and sustains highly advanced economic activity producing everything from basic food to advanced electronics.

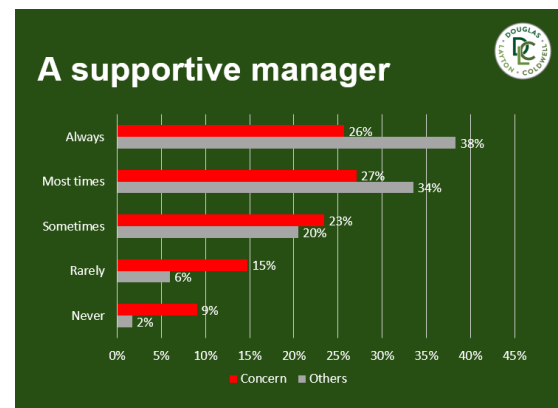
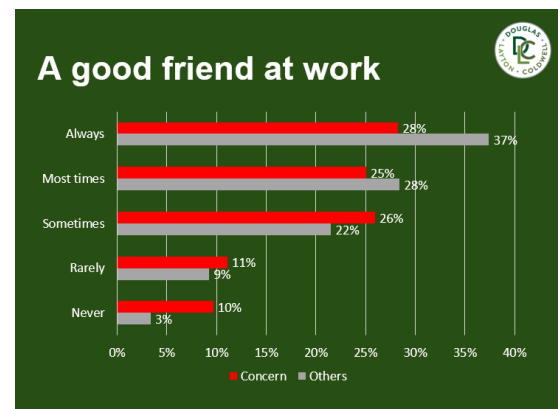
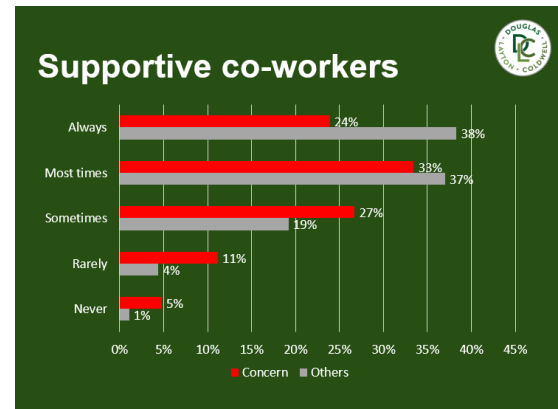
And while the quote that hell is other people – or perhaps some other people – is often remembered, it's less considered that the same author also offered that heaven is each other. Relationships with others can torment us with conflict if they are bad. Or, if they are good, they enrich us with support. Our survey looked at how workplace conditions of isolation and support relate to workers' mental health and well-being.

The importance of workplace social support to worker well-being is suggested in the results to several questions in our survey.

Where workers feel they have **supportive co-workers** there is an association with healthy mental well-being. Concern group workers, who are affected by one or more negative mental health states due to work, are much less likely than other workers to report co-workers are always or most times supportive workers. Among workers who report co-workers are never or rarely supportive, three in five (61%) are in our concern group, a rate elevated 1.9 times from the general worker population

Nearly half (47%) of concern group workers say they only sometimes, rarely or never can rely on **a good friend at work** while only a third (34%) of other workers say the same. Among those who rarely or never have a good friend at work, almost half (46%) are part of our concern group, 1.4 times the usual rate.

A **supportive manager** also plays a vital role. Nearly three in four (72%) other workers say their manager is always or most times supportive. But among those who say their manager is rarely or never



supportive, three in five (60%) are part of our concern group, 1.8 times higher than the general worker population.

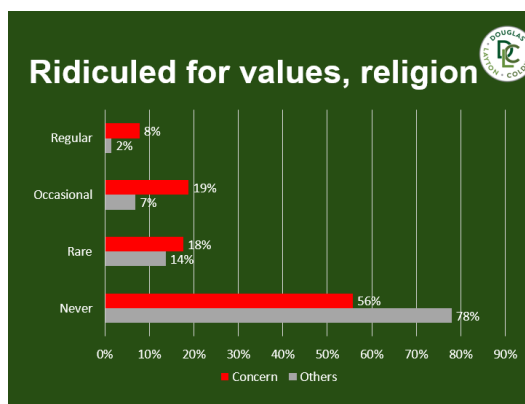
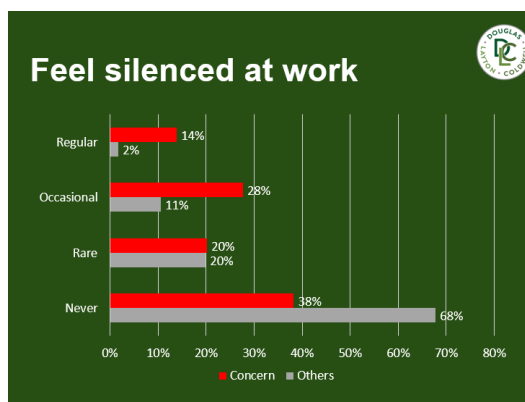
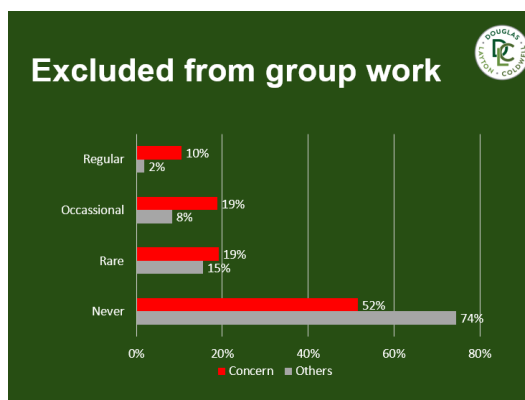
Among our concern group, a third (32%) say they regularly or occasionally face a **manager's public criticism**. Among workers reporting healthier mental states from work nine out of ten (91%) say a manager never or rarely metes out public criticism of workers. Among those facing this criticism regularly or occasionally, three in five (61%) report poor mental health symptoms are regular, 1.8 times above average.

We asked about being “**excluded from group activities** or assignments without a valid reason” and found a similarly striking result. For other workers who reported better mental health and well-being, nine out of ten (91%) say such exclusions happen rarely or never. But for our concern group workers, almost one in three (29%) say it happens regularly or occasionally. Among those facing exclusion, three in five (59%) report poor mental health symptoms from work are regular, about 1.8 times higher than average.

Nine out of ten (88%) other workers say being prevented from expressing themselves at work never or rarely happens. But for over two in five (42%) of concern group workers, feeling prevented from expressing themselves happens regularly or occasionally. Three in five (61%) of workers report they are silenced at work are in our concern group, a rate 1.9 times the usual rate.

Ridicule for values, political views or religion also shows a marked association with negative mental health effects from work. Among other workers, nine in ten (92%) say such ridicule never or rarely happens. However, over a quarter (27%) of those in our concern group report workplace ridicule happens regularly or occasionally. Workplace ridicule has a strong association with poor mental health, with three in five (60%) workers facing this condition falling into our concern group, a rate 1.8 times higher than average.

Workplace conditions that include managers' public criticism, social exclusion, silencing and ridicule are strikingly different. For workers who report healthier effects from work, these conditions rarely exist and these experiences almost never happen. But those in our concern group commonly work where public criticism (32%), exclusion



(29%), silencing (42%) and ridicule (27%) are more frequent than rare.

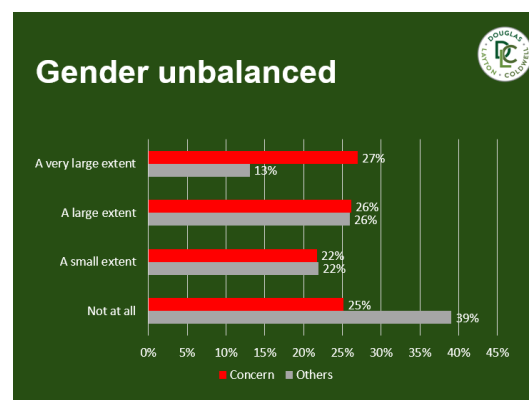
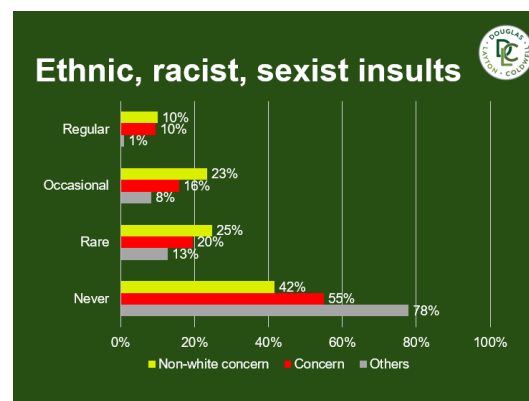
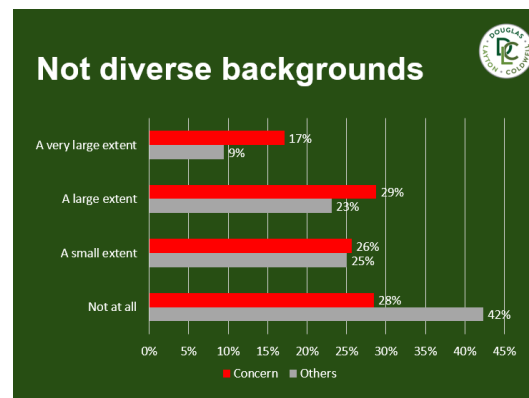
An interesting piece of research included in the literature review phase of our project found that workplaces that do not reflect the gender, ethnic and racial diversity of society have a negative mental health effect on workers. Our research findings are consistent with that finding.

Workers were asked to what extent their co-workers are from a single ethnic background, not diverse. Two thirds (67%) of mentally healthier workers disagreed, saying their co-workers were only to a small extent or not at all from a single background. Half (46%) of concern group workers but only a third (32%) of others reported that to a large or very large extent their workmates were not from diverse backgrounds. Rates of poor mental health were 1.5 times higher than average.

A gendered workplace also appears as a risk factor for poorer worker mental health and well-being. More than half (53%) of concern group workers report their co-workers are, to a large or very large extent, “overwhelmingly” either men or women. For other workers, six in ten (61%) said their workplace was only gendered to a small extent or not at all. Rates of poor mental health were 1.5 times higher than average.

Other elements of workplace relationships and cultures probed by our survey – being ridiculed, silenced, excluded or publicly criticized – are easy to understand conditions that may cause mental health distress. But the association of unbalanced and non-diverse workplaces to negative mental health effects from work seems harder to explain. Gendered and non-diverse workplaces may be risk factors associated with other conditions that are psychosocial hazards. As we will see, health care and education, which are feminized fields, report higher than average concern. Or it may be that unbalanced workplaces put those not in a dominant group at a disadvantage for forming supportive relationships helpful to mental health or create workplaces in which workers may face harassment or be ostracised by peers or supervisors.

Other conditions also show a clear association with poor worker mental health and can be considered corrosive and psychosocial hazards. We asked survey participants about the frequency with which they receive insults, “jokes,” or degrading comments related to their race or ethnicity, sexual orientation or gender in the past year.



For nine out of ten (91%) of workers reporting better mental health, these conditions were never or rarely experienced. But a quarter (26%) of concern group workers experienced this workplace condition regularly or occasionally. However, not all workers are equally likely to be exposed. When considering only non-white workers from our concern group, one in three (33%) are regularly or occasionally exposed to insults, “jokes”, or degrading comments compared to just one in ten (10%) of other workers including all backgrounds. Among workers exposed, two thirds (64%) were non-white members of our concern group, 2.0 times higher than average.

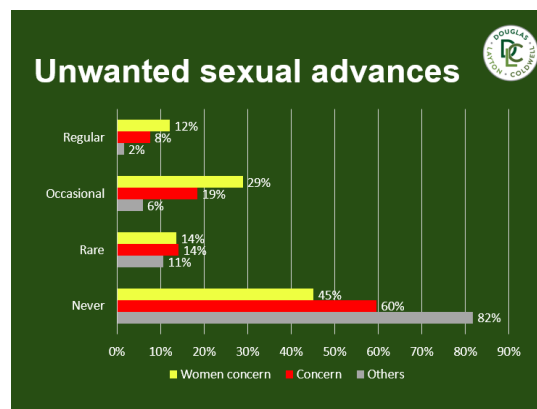
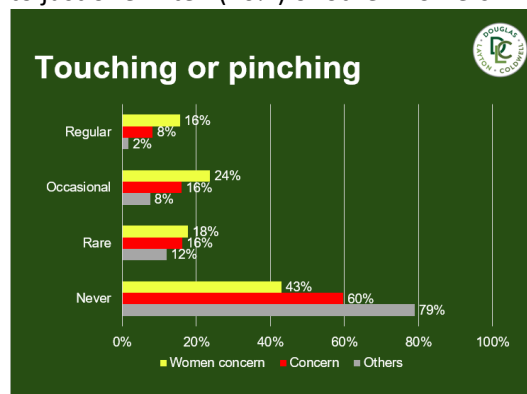
Exposure to unwanted sexual advances is also associated with negative mental health effects from work. Nine out of 10 (91%) of other workers report in the past year they never or rarely received physical contact such as touching or pinching. But among concern group workers, one quarter (24%) received such physical contact in the past year. Among women in the concern group, four in ten had experienced this physical contact in the past year. Among those who had experienced this condition, two thirds (66%) were concern group women, 2.0 times higher than average.

In the past year, unwanted sexual advances were regularly or occasionally received by two in five (41%) women in the concern group. Among other workers, 19 out of 20 never or rarely were exposed to this condition.

Our research shows clear associations between conditions that support good mental health and those that leave workers in a state of anxiousness, anger or another of the negative mental health states we asked about.

If hell is other people – or some other people – work can be a place that presents no let-up in exposure to a tormentor. Combined with an unsupportive supervisor who won’t use management power to address the situation or even friends or supportive co-workers to support a worker exposed to it, conditions of isolation and exclusion present a clear problem for mental health.

The good news is none of the conditions are pervasive. But there are a lot of them and the impact adds up. A worker only needs to be subject to one condition to begin suffering a loss in well-being. How to root out unhealthy conditions and replace them with healthier workplace relationships is a challenge for advocates and policy makers due to the limited ways to intervene in a workplace and the difficulty finding an intervention specific for the problem at issue.



### Isolation and inclusion

Condition/risk factor	Exposure	Effect	Intensity
No friend	15%	46%	1.4
Not diverse	12%	48%	1.5
Gendered	18%	51%	1.5
Touching, pinching	15%	54%	1.6
No manager support	13%	60%	1.8
Exclusion	16%	59%	1.8
Ridiculed	15%	60%	1.8
Racist, sexist insults	15%	59%	1.8
Silenced	23%	61%	1.9
Manager criticism	17%	61%	1.9
No co-worker support	9%	61%	1.9
Sexual advances	14%	62%	1.9

Strategies that provide broad but customized relief from unhealthy conditions is a policy challenge beyond the scope of this research but one our findings show could have very positive results for the mental health of Canadians.



## Section 5

### Affirmation through work

There's a long tradition that sees human efforts to build, work and create as essential to us; to see ourselves as not homo sapiens but homo faber – humans, the maker. The accumulated work of centuries has developed the complex and advanced societies of today and us inside them. As makers, we continue to construct not just our material work, but our societies and identities.

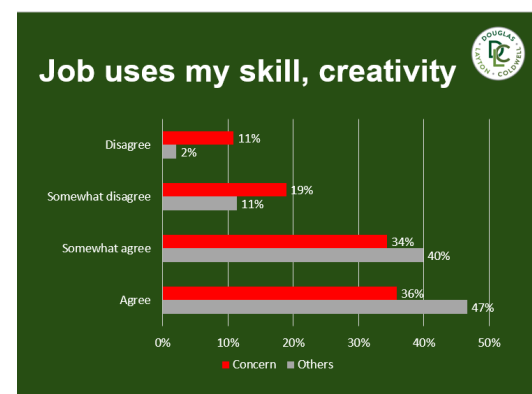
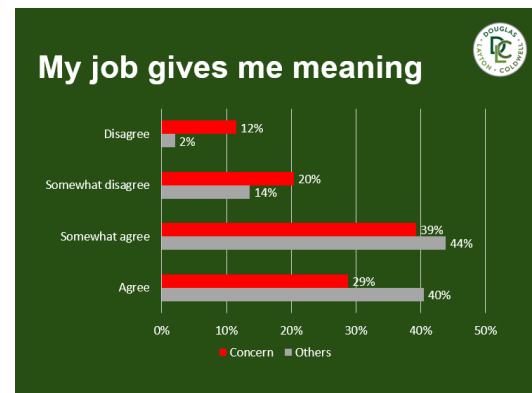
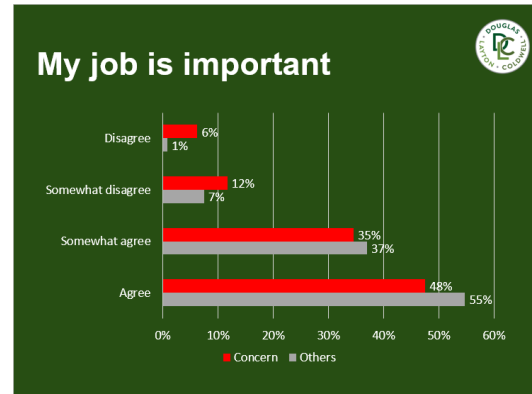
Whether it is true that building, working and creating is essential to us, it would be hard to deny the social importance of job meaning. We frequently identify people by their work. We ask children what they will be when they grow up, not what they will do. In older times, townspeople would be named for their job or skill. Social introductions commonly and quickly turn to this issue of vocational identity. And on LinkedIn you can read the modern description of ourselves as work careers, with trajectories and aspirations fueled by passions.

Whether essential or social, we should not be surprised there can be psychological impact from meaningless work and perhaps also when work overwhelms our personality. The section examines the first question.

Overwhelmingly, our survey participants believe the work they do is important. This belief is stronger among other workers (92%) than our concern group (83%), but it is close to unanimous that whatever we do, it plays an important role. However, among those who disagree that their job is important, more than half (53%) experience negative mental health effects from work, 1.6 times higher than average.

And workers take meaning for themselves from their work. Among other workers, over four in five (84%) agree that they “get a lot of meaning” from their work. But concern group workers are twice as likely as others to disagree their job gives a lot of meaning, with a third (32%) compared to only one in six (16%) others. Half (50%) of workers who disagree with their work gives them meaning, fall into our concern group, 1.5 times higher than average.

Nearly a third (30%) of concern group workers report their job uses their skills and creativity, more than twice the rate among other workers. Among other workers, those who agree (87%) their job uses their skills and creativity leads by 74 points over those who disagree. Among concern group workers, that lead

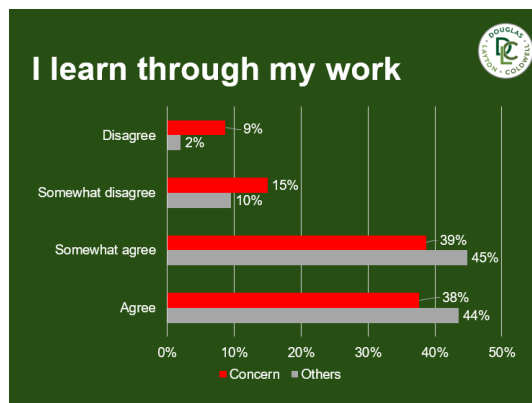




narrows to 40 points. Workers who disagree that their job uses their skills and creativity are 1.6 times more likely to be experiencing negative mental health effects from work. Over half (53%) of workers in this situation are experiencing negative workplace mental health effects.

Work that includes learning may be more future-oriented than work that uses skills and creativity, which uses what has been learnt in the past. And work that provides learning appears to have less disparity between concern group workers and others than work that uses skills and creativity. Nine out of ten (89%) of other workers agree they “learn new things” through their work, while this same experience affects slightly more than three quarters (77%) of concern group workers. Half (50%) of workers who disagree that they learn through their job are in our concern group, 1.5 times greater than average.

Given the importance, either social or essential, of work to personal identity, it’s not hard to explain how an absence of work meaning, skills use or learning can leave a worker unfulfilled, perhaps indifferent to the work, or even burnt-out from not receiving a regular re-fueling of meaning. As we consider the challenge of bringing self-affirming meaning to every job, it may be useful to consider the widespread feeling, even among concern group workers, that the job they do is important. Perhaps a focus on the outcome of work, if not the process of doing it, can help improve mental health.



### Job and Affirmation

Condition/risk factor	Exposure	Effect	Intensity
Job doesn't give meaning	21%	50%	1.5
Low job learning	16%	50%	1.5
Job not important	11%	53%	1.6
Doesn't use skills	19%	53%	1.6

## Section 6

### Workplace autonomy and dependence

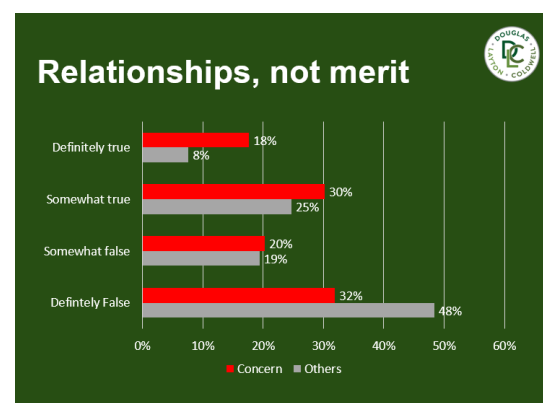
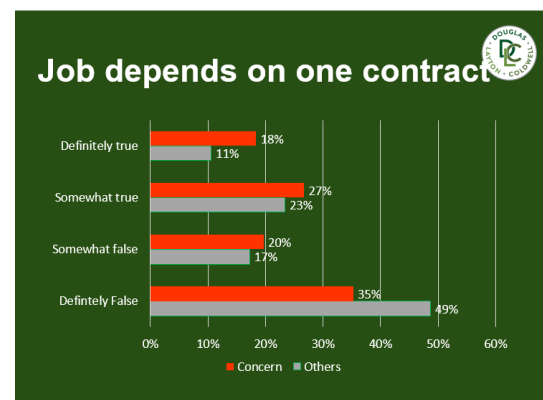
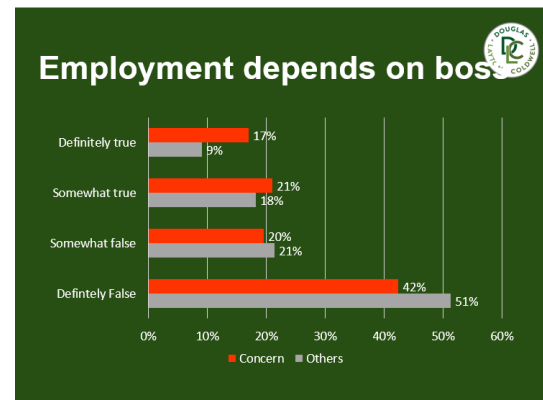
Through our survey we investigated different ways to measure the autonomy or dependence of workers and their impacts on worker mental health and well-being. Survey answers suggest issues of autonomy and dependence may be important for averting uncontrollable risk and establishing the ability to navigate conditions to reach desired outcomes.

Among concern group workers, nearly one in four (38%) say it is definitely or somewhat true that if their boss lost their job, they would lose their job. Among other workers, more than a quarter (27%) agreed. This situation of dependence could be driven by a range of factors such as workplace clientelism or owner-operator employers who lose their employment with everyone else if the business fails. Regardless of the reasons, the situation increases contingency and the ability to control employment success. It makes workers more dependent and interest-aligned with their boss. Workers reporting it is definitely true they would lose their job if their boss lost there are 1.5 times more likely to be in our concern group than average.

A little more concerning to workers is a dependence of their company on a single contract, a situation that may be driven by contracting out in both the private and public sectors. Among concern group workers, nearly half (45%) are in this situation compared to about a third (34%) of other workers. Workers who say it is definitely true they are dependent on one contract are 1.4 times more likely to be in our concern group.

Similar levels of concern arose as we probed into workplaces where preferred shifts or assignments are given based on personal relationships and not necessarily merit. These working relationships could be nepotism or “the buddy system.” But they might also reflect a need to draw on contacts or informal relationships to find a job. Nearly half (48%) of concern group workers report this situation compared to a third (33%) of other workers. Workers who say it is definitely true that preferred assignments are distributed on the basis of personal relationships are 1.6 times more likely to be in our concern group.

Workers who say it is definitely true that their pay is “significantly linked” to their manager’s opinion of them are 1.5 times more likely to be in our concern group. Among those who say it is false their manager’s opinion of them is significantly linked to their pay, there is a small variation, with two thirds



(63%) of other workers and a bit more than half (56%) of concern group rejecting any significant link. But the group who say it is definitely true includes one in five (19%) of the concern group workers and just one in ten (9%) of the others.

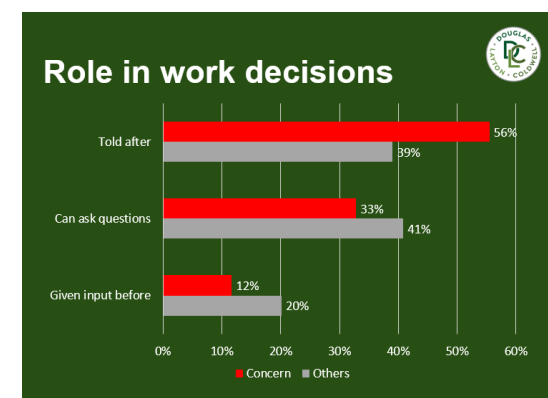
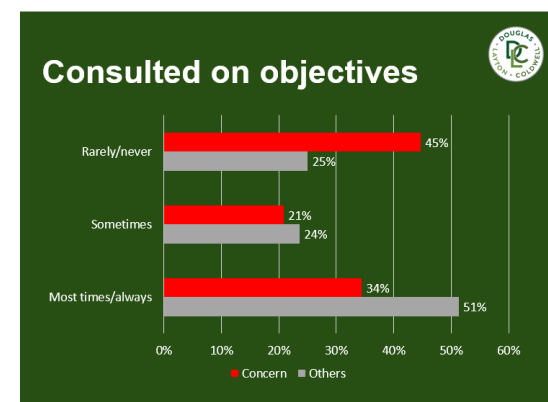
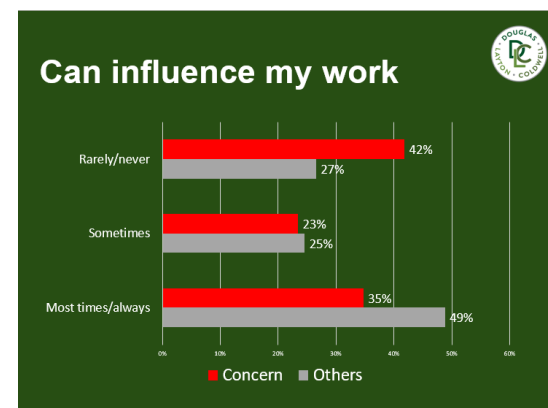
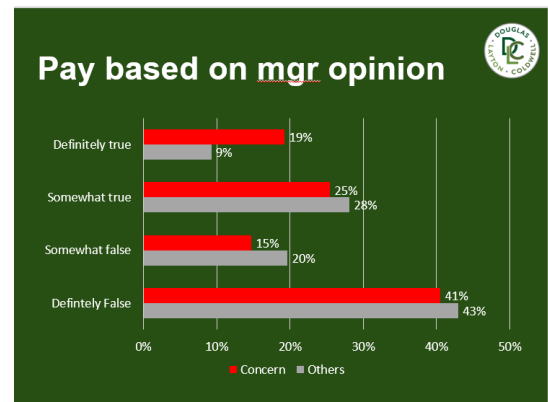
We asked workers a series of questions about how their employer engages them in decisions about their work and their organization.

A large proportion of workers told us they can rarely or never influence decisions that are important to their work, and this group is more heavily weighted to those workers reporting negative mental health effects from work. The group includes more than four in ten of concern group workers but just over a quarter (27%) of other workers. Half (49%) of other workers and a third (35%) of concern group workers say they can always or most times influence decisions important to their work. Workers who can rarely or never influence their work are 1.3 times more likely to be in our concern group.

We asked workers about the frequency of their involvement in setting work objectives. Workers who are rarely or never consulted before objectives are set for their work include two in five (42%) of our concern group but one in four (25%) of others. They are 1.4 times more likely to be in our concern group. A clear majority of other workers are always or most times consulted on their own work objectives.


How employers handle “important decisions, changes, or plans for the future” that affect a worker and their co-workers holds an association with mental health. We asked workers whether, for these important decisions, they and their colleagues were told after the decision was made, allowed to ask questions after the decision was made or given the opportunity to provide input before important decisions are made.

The most common practice is to tell workers after the decision has been made. This group includes over half (56%) of concern group workers and two in five (39%) of other workers. Those given the chance to give input include one in five (20%) of other workers and just one in eight (12%) of concern group workers. Workers with no role in decision are 1.3 times more likely to be in our concern group.



The degree of work autonomy and dependence, assessed through these questions, appears to have a lower association with negative mental health effects than was evidenced with hours of work or conditions of isolation and support. However, workplaces conditions of low worker autonomy and high dependence are clearly associated with workers experiencing one or more of the seven negative mental health effects used to define our concern group. Higher autonomy and lower dependence are associated with more mentally healthy workers.

Policy advocates and policy makers face the challenge of developing strategies to push workplaces to provide more engagement and involvement for workers about their work and reduce dependence.



### Autonomy and dependence

Condition/risk factor	Exposu	Effect	Intens
No role in decisions	45%	41%	1.3
Can influence work	32%	43%	1.3
Depends one contract	13%	45%	1.4
Consulted on objectives	32%	47%	1.4
Job depends on boss	12%	48%	1.5
Pay on opinion	12%	51%	1.5
Relationships, not merit	11%	53%	1.6

## Section 7

### Workload and management

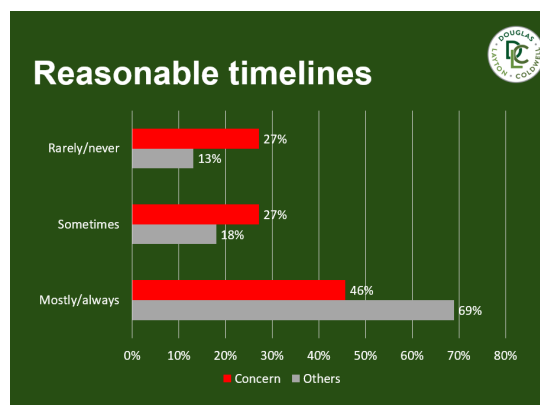
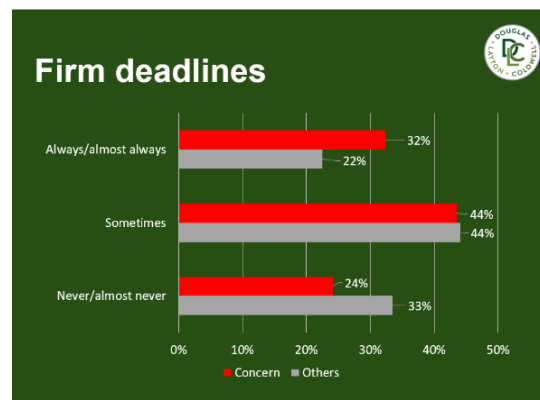
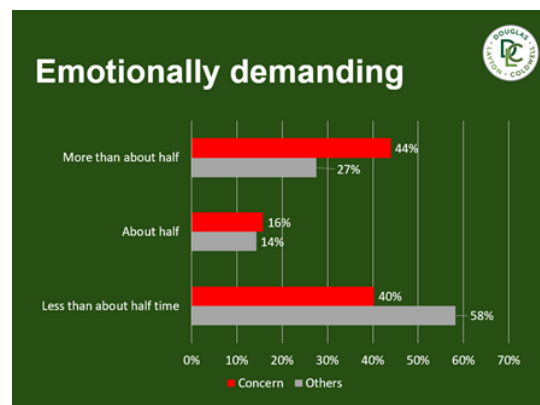
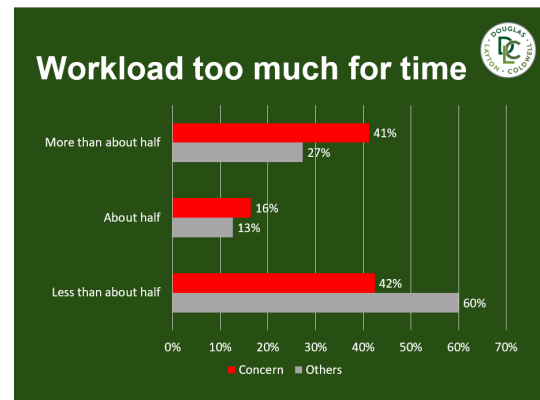
In a previous section we examined the time boundaries of work and the psychological impact of work that demands workers be flexible with their time but the employer is not flexible with their time. We saw the effect of blurring boundaries between home and work.

Now we want to turn to the experiences of workers within work time, to probe conditions during a shift, however much or little control a work has over its time boundaries. We tested a series of ideas relating to work conditions finding the strongest response to a few particularly toxic problems. What we found is that some of the broad-based conditions assumed to have strong negative mental health impact has a far weaker correlation than a series of conditions that are less common.

Work conditions that workers feel require more time than given is a problem are widespread with almost one in three workers (32%) reporting this condition. But it doesn't appear to be particularly toxic. About four in ten (43%) of workers experiencing this condition are also experiencing negative mental health effects from work, slightly elevated from the one in three (33%) in the general worker population.

We probed workplace conditions that worker describe as “emotionally demanding.” Again this is a widespread condition, with a similar association to poor mental health as too much work. Within the group of workers facing this condition more than half the time, close to half (44%) experience negative mental health states compared to a third (33%) of all workers.

Even the word “deadline” is often considered stress-inducing. And while our research shows working conditions that always or almost always include firm deadlines are associated with workers experiencing regular mental health distress from work, this condition seems to have a similar association to poor worker mental health as our first two. Where firm deadlines are always or almost always a workplace condition, about four in ten (42%) or workers are experiencing regular negative mental health effects compared to the one third (33%) experienced in the general worker population.



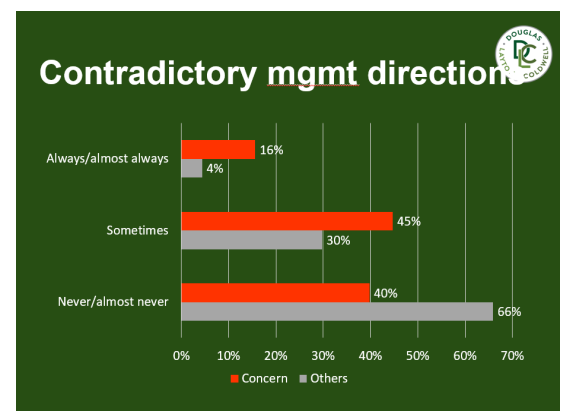
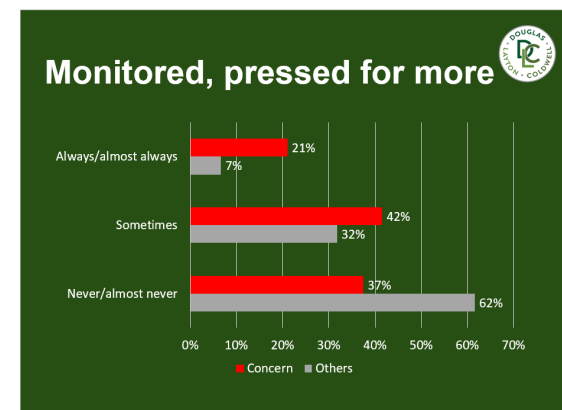
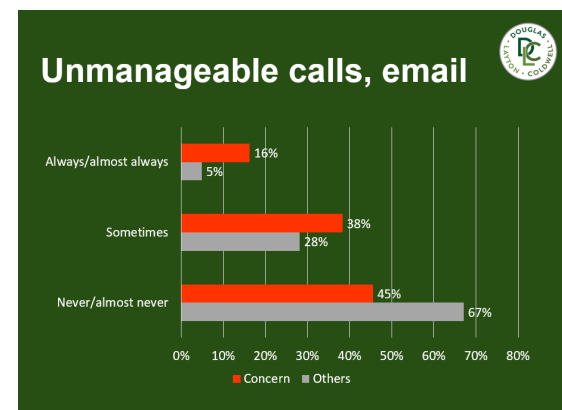
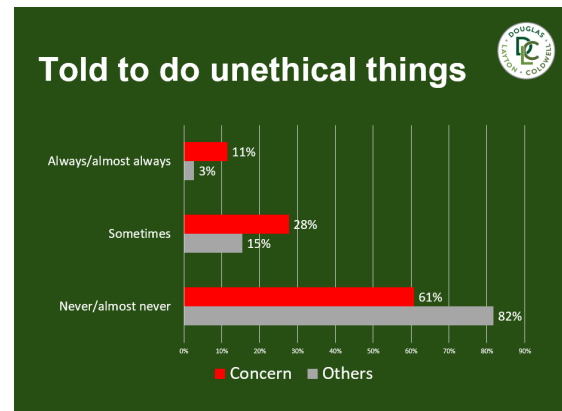
A stronger response comes when the question turns to the reasonableness of deadlines. Among workers who do not have regular negative mental health effects from work, over two thirds (69%) say the work timelines they are given are mostly or always reasonable, but for our concern group, it's less than half (46%). More than half (54%) says timelines are reasonable only sometimes at best. In workplaces where timelines are reasonable either never or rarely, half (50%) are experiencing negative mental health effects, compared to one third (33%) of the whole worker population.

Unmanageable call or email volumes also appear to be a “boutique” condition causing targeted damage. For two thirds (67%) of other workers and nearly half (45%) of concern group workers, this is never or almost never a work condition. However, where workplace conditions always or almost always include unmanageable call or email volumes, the mental health of workers is lower. Workers who always or almost always face these conditions are nearly twice as likely to suffer regular negative mental health states. Six in ten (61%) workers experiencing this condition are in our concern group compared to just a third (33%) in the general workforce.

There is similarly intense but even broader response to work conditions that include work monitoring and being pressed for higher volumes. Over 11% of all workers experience this work condition always or almost always. Where these conditions almost or almost always exist, three in five (59%) of these workers experience regular negative mental health effects from work although these effects are only experienced by a third (33%) of all workers.

Work conditions where workers face contradictory or competing management directions are not common, but where they occur, there are a lot of workers with regular negative mental health states. For two thirds (66%) of other workers, contradictory or competing directions is never or almost never a problem. About eight% of workers face contradictory or competing directions. But where it happens, two thirds (66%) of workers have regular negative mental health effects from work.

Another particularly mentally toxic workplace condition exists where workers are always or almost always told to do unethical things. While, with the previous four, this condition



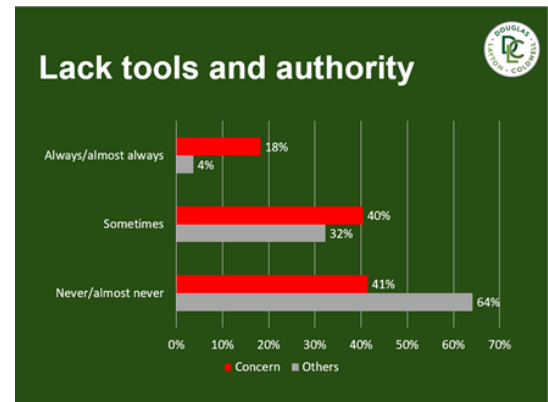
is relatively – and thankfully – rare, it highly correlates to poor mental health. Where this condition exists, over two thirds (64%) of workers are experiencing negative mental health effects.

Lack of tools and authority to do the job also appears to be a work condition only existing in a relatively small percentage of workplaces but where it occurs is highly correlated to bad mental health outcomes. For two thirds (64%) or other workers, this is never a problem. But for those where the condition exists always or almost always, over two thirds (69%) report regular negative mental health states.

A workplace condition doesn't need to exist everywhere to cause a lot of problems. It's a rare workplace that uses the chemical benzene, but where it is used it can cause deadly cancer.

Our research suggests a similar situation exists for psychosocial hazards. For example, only 6% of workers report their management directs them to always or almost always do unethical things. But among that 6%, the rate of regular mental health distress due to work is twice the general levels.

Our research has identified five workplace conditions associated with rates of negative mental health effects about two or more times average. The most widespread of these five, work monitoring, is something to which only 12% of workers are exposed. But a large number of workers will be exposed to one or more of these five identified conditions in their workplace. If workplaces each have only one of the five work conditions, 44% of workplaces would create exposures.



### Workload and management

Condition/risk factor	Exposure	Effect	Intensity
Workload overload	32%	43%	1.3
Emotional demands	33%	45%	1.3
Firm deadlines	25%	42%	1.3
Unreasonable timelines	18%	51%	1.5
Unmanageable call/email volume	9%	61%	1.9
Work monitoring	12%	60%	1.8
Contradictory management	8%	66%	2.0
Unethical direction	6%	64%	2.0
Lack tools/authority	9%	69%	2.1

## Section 8

### The union effect in worker mental health

During the opening phase of the Douglas Caldwell Layton Foundation mental health project a focused effort was made to identify research on the effect of unions on worker mental health. While many research projects were found that showed a positive “union effect” on health and safety concerning traumatic injuries, none were found that probed into a similar effect in mental health.

In our survey, we asked workers if, when it comes to their mental health and wellbeing, they think being a union member makes things better, worse or about the same. Concern group workers were significantly more likely to say unions make worker mental health and well being better.

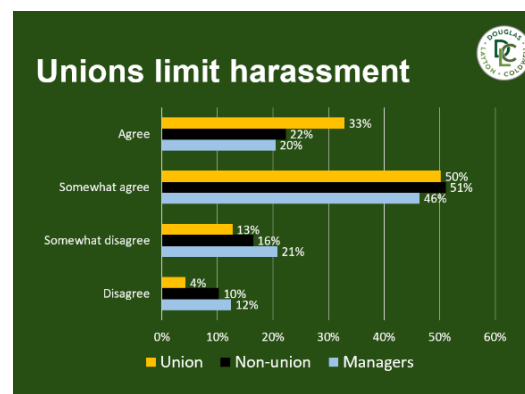
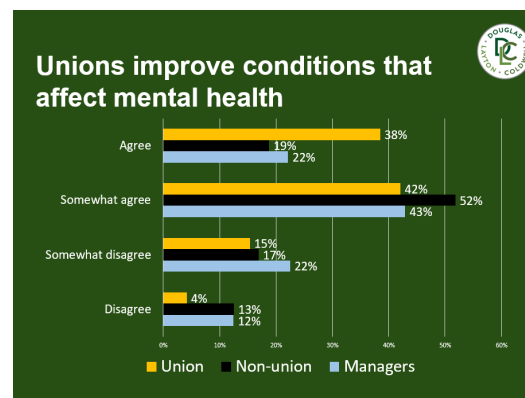
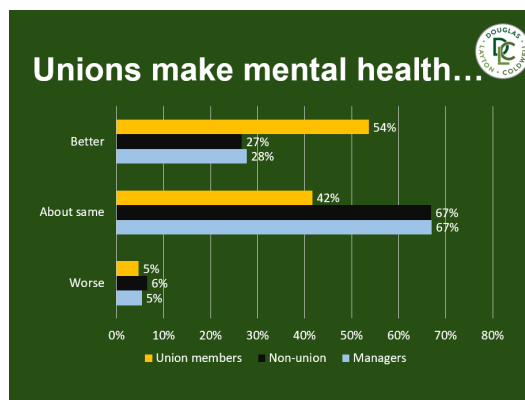
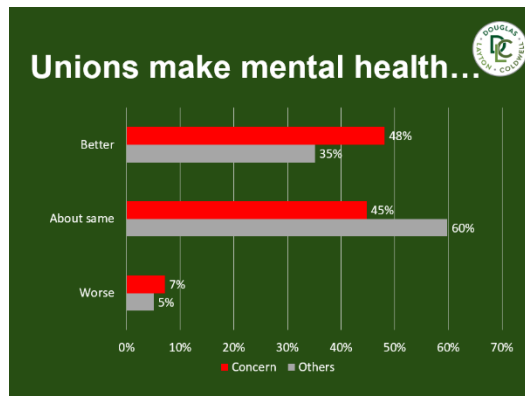
But the group most likely to say unions improve workers mental health and well-being are actual union members. More than half (54%) of union members agreed a union made mental health and well being better. Interestingly, the opinions of non-union workers and that of managers were similar. A very small number of workers believe a union would make mental health and well-being worse.

To try to understand how workers believe unions affect workers’ mental health, we asked respondents if they would agree or disagree that unions improve workplace conditions that affect mental health, stress and wellbeing, such as “workload, understaffing or scheduling.”

Four in five (80%) union members agreed unions improve the conditions underlying negative mental health from work, with half of them in full agreement.

Agreement was also strong among non-union workers (71%) and managers (65%), though they were about twice as likely to somewhat agree and fully agree, an indication of softer support.

We have seen from our research that exposure to heavy workloads and inflexible schedules are associated with higher levels of workers with negative mental health states. But based on the information gained from this survey, more resonant examples might be available.





Our research also found exposure to racial and sexual harassment were strongly associated with negative mental health states. We asked if participants believed unions limit workplace harassment and discrimination. Overwhelmingly, all worker groups agreed unions were effective in limiting these harmful workplace conditions. Three in four (73%) of non-union workers agreed, two thirds (66% of managers agreed, and over four in five (83%) of actual union members agreed.

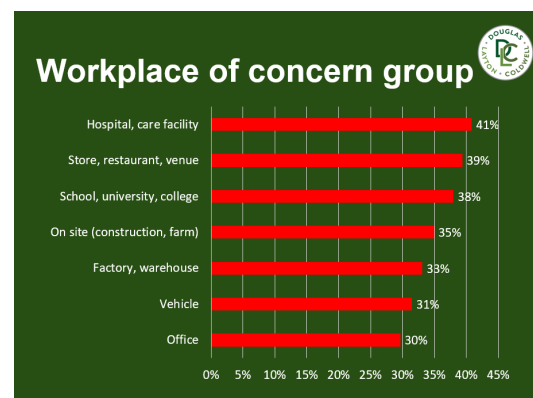
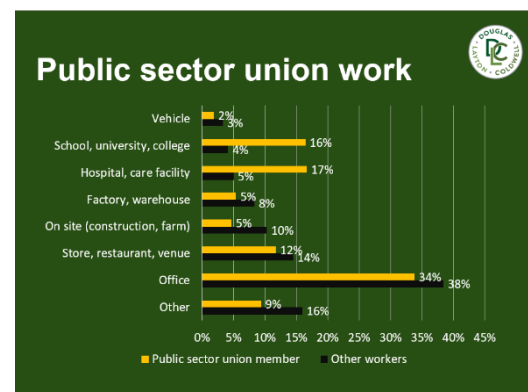
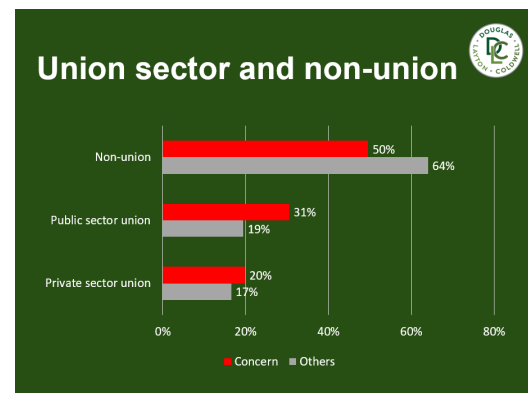
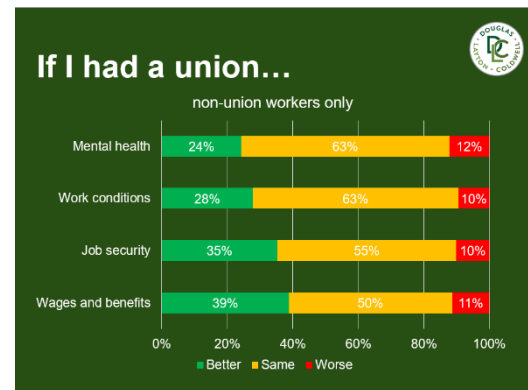
We asked non-union workers (managers excluded) how things might change for them if they had a union. Interestingly, although more than a quarter (27%) of non-union workers' agreement that unions improved mental health and well-being, seven in ten (71%) agreed unions improve conditions affecting mental health and almost three quarters (73%) say unions limit harassment and discrimination, only a quarter (24%) said if they had a union their mental health would be better.

A second puzzle is how respondents believe mental health is improved. Among the non-union workers, two in five (39%) said a union would make their wages and benefits better, two thirds (35%) said their job security would be better and more than a quarter (28%) said their work conditions would be better. Yet despite all these expected improvements in the worklife, they did not consider their mental health would therefore be better.

Another interesting story about unions came from the observation that the proportion of workers in the concern group was higher for public sector union members than in non-union sectors. At first glance this seemed to contradict the story union members were telling about the benefits of unions to mental health. But rather, the story seems to be about the kinds of workplaces where public sector unions have members.

Public sector union members are heavily weighted to health care and education workplaces, which are workplaces with among the highest rates of mental health stress.

Given the high level of negative mental health in public sector workplaces, the positive view of union by union members themselves the data on public sector union members suggests workers believe their workplaces pose problems that would be worse were it not for having a union.





## Section 9

### Possible pathways for policy advocates and policy makers

Among the most famous opening words from a novel observed; “all happy families are alike; each unhappy family is unhappy in its own way.” Perhaps it is the same with workplaces.

Few of the conditions or risk factors we probed that are highly associated with negative mental health appear to have pervasive exposure. Rather, it appears the difference between happy and unhappy workplaces rests on numerous conditions. Happy workplaces are alike in having common and positive attributes. Unhappy workplaces are different because any of the conditions are toxic. Therefore the challenge for those seeking to improve Canadians’ mental health through workplace change is to assess the many conditions that can lead to negative mental health effects and act to change them. An approach specific to the workplace is needed.

Our research has found a range of work conditions and risk factors associated with high levels of poor mental health:

- work that doesn’t fit for personal or family obligations
- no manager support
- exclusion at work
- being ridiculed for values, political view or religion
- public criticism by manager
- no co-worker support
- racist and sexist insults
- inappropriate touching and pinching
- unwanted sexual advances
- preferred shifts and assignments made on person relationships
- work monitoring
- contradictory or competing management directions
- unethical management directions
- lacking the tools and authority to do the job.

For each of the above, where a worker is exposed to this workplace condition the likelihood of the worker experiencing negative mental health effects is at least 1.6 times greater than average. If there is no single condition but rather a series of conditions that must be focused on to improve worker mental health and well-being, a workplace-based strategy to improve Canadians’ mental health needs local assessments and a targeted approach.

Our research found the positive impact of supportive co-workers and managers and having a friend at work. We found that better management practices were associated with better mental health outcomes for workers.

Our research found union members’ experience is that unions address the conditions that cause mental health distress. And we found workers experiencing negative mental health states are more likely than others to believe a union would improve their mental health and well-being at work.

Unions have the great advantage of being able to customize their approach to the workplace, something difficult to do through health and safety legislation. Unfortunately, only a minority of Canadian workers have access to a union's support. Following from the observations of union members, increasing union representation and bringing customized approaches to workplaces that are "unhappy in their own way" would yield an improvement in Canadians' mental health and well-being.

There are more research points for discussion and investigation following from the findings of this survey. The Douglas Coldwell Layton Foundation sees original research, particularly on matters of health care as key to its mandate. But the DCLF leaves policy advocacy and policy making to others.

We encourage policy advocates and policy makers to consider our conclusions that customized assessments and targeting solutions are needed to address the many conditions that appear to be driving poor mental health and how unions, which receive strong scores from their members for addressing mental health, can be better positioned to provide these assessments and targeting.

-

Author and Lead Researcher: Tom Parkin, Impact Strategies

Contact: Josh Bizjak, Executive Director: [josh@DouglasColdwellLayton.ca](mailto:josh@DouglasColdwellLayton.ca)

## Appendix: Mental health and wellness in the workplace: a diagnostic and prescriptive analysis of Canada's workplace mental health crisis

In 2022 the Douglas Coldwell Layton Foundation undertook a global literature scan of recent academic research on work and mental health. Published as *Mental health and Wellness in the workplace: a diagnostic and prescriptive analysis of Canada's Workplace Mental Health Crisis*, the report identified research gaps and guided our approach to this report on the mental health distresses of Canadian workers and their association to workplace conditions. The executive summary of the spring 2022 report follows.

### Executive Summary

Mental health distress in Canada is growing, unevenly spread and costly. And research gaps limit our ability to understand exactly how work and socioeconomic factors affect our mental well-being.

This review of academic and popular research confirms what we instinctively know: our personal situations play a big role in our mental health, especially our work and socioeconomic situations. Numerous high-quality, peer-reviewed research studies draw the link between people's work or economic situations and their mental health.

The distress is widespread with 54 per cent of Canadians say their mental health has worsened during the pandemic. And the research shows this mental health distress is unevenly spread:

- workers at the centre of the pandemic experienced high levels of anxiety
- communities with lower incomes and more job instability have more people in distress
- bullying and harassment, such as sexual and racist harassment, are a significant cause of distress
- unemployment and job insecurity are associated with depression and anxiety
- jobs with high demands and low control are associated with burnout

The economic costs are high, estimated at about \$60 billion a year. People in mental health distress seek help in our hospital emergency rooms. They require help from our emergency and social services workers. They need treatment support. They may miss work or require long-term disability support.

But there is some good news. Since there are socioeconomic determinants driving a lot of Canadians' mental health distress, socioeconomic policy reforms hold the hope of improving our mental health. The research shows factors like job insecurity, economic insecurity, harassment and working through the pandemic are playing a key role in undermining mental wellbeing. However, the specific factors harming mental well-being are not well-researched. More work needs to be done and the Douglas Coldwell Layton Foundation intends to continue this research.

The mission of the Douglas Coldwell Layton Foundation is to contribute to public policy dialogue and provoke discussions on important Canadian conversations through research and education. Tommy Douglas, as premier of Saskatchewan, pioneered Canadian medicare and worked with the federal government to turn it into a national, universal program. Perhaps not surprisingly, his efforts to build socioeconomic security and social cohesion may be key to preventing mental health distress and improving Canadians' well-being as we try to recover from a pandemic.

We hope this research can provoke a discussion on the work and economic factors driving mental health distress. In our next research phase, due in summer 2022, we plan to look closely at the specific conditions driving mental health distress to more clearly identify who is being hurt and the factors that must be addressed. We hope this work can inform the work of policy reformers interested in creating and implementing policies to improve Canadians' well-being.