THE MOMENTUM FOR RESEARCH ON MENTAL HEALTH IN THE WORKPLACE IN CANADA

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As mental health finally seems to be emerging from the shadows with the Kirby-Keon Canadian Senate Committee (Standing Senate Committee on Social Affairs, Science and Technology, 2006), we must recognize that the awareness of the magnitude of the problem and its possible solutions come from various sectors of society; nowhere is this more evident than in the workplace. When the CEOs of the largest banks and their Bay Street partners meet for half a day to learn about mental health in the workplace and at the end of the session unanimously recognize the need for corporate leadership in addressing the issue, and when editorialists from four national newspapers, whose political ideologies cover the spectrum, also endorse the notion that mental health represents one of the key Canadian societal challenges of the decade, we have sure political and sociological signs that a cultural shift is taking place.

Workplace mental health is no longer perceived as a marginalized and stigmatized group issue. It is recognized as a problem that can touch everybody. Mental illnesses are democratic illnesses, indiscriminately affecting CEOs, administrators, middle managers, union representatives, doctors, nurses, and sawmill workers. Workplace mental illness is a problem whose solution requires the involvement of multiple stakeholders.

Research and academic circles have mobilized around this topic. In 2003, the scientific directors of the Institute of Neurosciences, Mental Health and Addiction (INMHA) and of the Institute of Population and Public Health (IPPH), Rémi Quirion and John Frank, mandated a taskforce under the leadership of Jean-Yves Savoie, then chair of the IPPH Advisory Board, and Alain Lesage, vice-chair of INMHA Advisory Board, to develop the long-term research agenda on mental health in the workplace (Lesage, Dewa, Savoie, Quirion, & Frank, 2004). These research institutes, which are part of the Canadian Institutes of Health Research (CIHR), recognized workplace mental health as a public health and societal problem and, given the magnitude and scope of the problem, advocated that research

should support the quest to find solutions. In 2004, the taskforce convened 100 representative researchers (from grant agencies, federal and provincial government agencies) and workplace stakeholders (employers, employee unions, employee assistance programs) with the goal of identifying research priorities. Using reviews of the existing scientific literature as the starting point, six primary areas for future research were proposed. The importance of these areas was confirmed through facilitated discussions with researchers and workplace stakeholders. The six areas were (a) amplitude and risk factors, (b) promotion and prevention, (c) diagnosis and treatment, (d) disability management and return to work, (e) stigma and discrimination, and (f) knowledge transfer or how to translate research findings into action in the workplace.

In a nutshell, the literature reviews indicated that there could be no doubt about the amplitude of the problem, that well-established treatments do exist for the majority of mental disorders, and that there are already many promising approaches to prevention and disability management, some probably implemented by Employee Assistance Programs (EAPs). Discrimination, although certainly present, is decreasing through increasing awareness. However, to paraphrase the Kirby Committee, the fact that mental disorders exist is not in itself a tragedy; the tragedy is that we do not implement the effective treatments that we know. The gaps in evidence are related to how to integrate mental illness–related prevention, treatment, and disability management strategies into existing programs that impact on the workplace. These programs are supported by a number of sectors including occupational health, health and social service systems, EAPs, and insurance. Thus, one of the research priorities is to identify effective practices and disseminate the knowledge so they become standard practice.

The 2004 workshop also underlined the importance of timing—research must quickly be translated into action. CIHR's long-term research agenda gave priority to action-oriented research that would closely involve workplaces as partners and "laboratories" to test existing and innovative interventions and policies. The goal of the quick translation into action and the involvement of workplaces is to set an example for peers. As more information is gathered about the costs and benefits of these innovations, business cases can be built for public and private sectors to invest in research and development in mental health in the workplace.

In June 2005, the inaugural Canadian congress on research into mental health in the workplace was held in Montreal under the auspices of the CIHR, the leadership of Michel Vézina, and the support of the Institut National de Santé Publique du Québec (Quebec Public Health Institute). During this significant event, the federal Minister of Health and the president of CIHR jointly announced the funding for a Request for Application for the creation of emerging research teams in partnership with workplaces.

To support the momentum of this research agenda, CIHR committed to maintaining the taskforce for the next decade. The taskforce will continue to facilitate the networking of researchers, emerging teams, and workplace stakeholders for the development of new knowledge, its transmission into practice, and increased funding. Tools of the taskforce include its newsletter and its congress. Publication in journals accessible to researchers, as well as to decision-makers and practitioners, was also sought. The April 2004 workshop that gave rise to the CIHR research agenda saw its background papers published in *HealthcarePapers* (Mental Health, 2004). During the first Canadian congress on mental

health in the workplace research, the *Canadian Journal of Community Mental Health* came forward to publish an array of the research presented, and made a call to presenters to submit to this issue.

Research on mental health in the workplace is growing, and Canada has been a leader in this area. A bibliometric analysis of research on mental health in the workplace in Canada from 1991 to 2002 (Archambault, Cote, & Gingras, 2004) has shown that per capita, Canadian researchers and academics are publishing more on mental health in the workplace than their international counterparts. The bibliometric analysis did not identify any single group or large groups. Rather, Canadian research was best described as nodular, and this formed the basis of the CIHR developmental strategy to support emerging teams and to network them through the taskforce. CIHR recognizes that in addressing health problems, four pillars of knowledge are necessary: biomedical, clinical, services, and health of population/sociocultural determinants. Contrary to most health and mental health research, little biomedical research was being conducted in relation to mental health in the workplace. Research has concentrated more on the health of population/social determinants, as well as on services and clinical research. The collection of papers in this special issue of the *Canadian Journal of Community Mental Health* mirrors the results of the bibliometric analysis. These papers predominantly cover the last three pillars of research. They come from different universities and regions, and most of the research groups identified in the bibliometric analysis are represented in this issue.

The papers in this special issue are arranged in four sections focusing on amplitude and risk factors, organization factors and workplace mental health, working with people with severe mental illness, and interventions or programs that affect risk factors in the workplace for common mental disorders and problems.

The papers in the first section discuss amplitude and risk factors. Marchand and colleagues propose a new model of how population-level risk factors are associated with mental illness among workers. Interestingly, Brotheridge et al. consider how stress in the workplace can be associated with behavioural problems such as harassment and bullying. In an area that typically receives less attention, the paper by Lapaige takes a systemic perspective toward risk factors and considers the relationship between globalization and mental health in the workplace. No one is immune. Boudreau et al. focus on physicians and the prevalence of burnout in that group. Ostry and colleagues examine risk factors among sawmill workers.

The second group of papers examines workplace processes, such as those associated with occupations and organizational culture, and their effects on worker mental health and substance use. Two of these papers, by Fiksenbaum et al. and Alderson, focus on the nursing profession. In contrast, both Murphy et al. and Caveen et al. focus on the financial sector and seek to understand how workplaces affect depression and work outcomes (i.e., disability and productivity). Taking a broader perspective, Macdonald and colleagues examine companies from a variety of sectors to see what organizational characteristics are associated with the choice of strategies to address substance use among workers.

Previous papers on mental health in the workplace in the *Canadian Journal of Community Mental Health* have concentrated on examining work for individuals with severe mental illness. This theme is considered in the third section. There has been a philosophical shift in the area of work integration for

persons with severe mental illnesses over the past decade, and Kirsh et al. trace its development, outlining current principles and practices. Work is examined from employee and employer perspectives with regards to supporting individuals with severe mental illness in the workplace in respective papers by Gewurtz et al. and Mizzoni et al.

Conducting interventions and testing them in the workplace is touched upon in the fourth section. This section includes reports on how to study interventions for organizational risk factors by Brisson et al., the various stages and factors affecting return to work by Saint-Arnaud et al., return-to-work interventions by Corbière et al., educational packages on mental illness for managers by Dewa et al., and risk factors among those seeking care for posttraumatic stress disorders by Taylor et al. These studies are certainly challenging, and the results are preliminary; teams of researchers and their workplace partners have just started to address this new frontier in action-oriented research. The papers indicate that evidence is building, but that there are numerous questions waiting to be answered. Hence, there is a critical need for a long-term agenda for research in mental health in the workplace that is action-oriented and developed in close partnership with workplace stakeholders.

The second CIHR-sponsored congress of Canadian research on mental health and addictions in the workplace will be held in Vancouver in the spring of 2007; it will convene researchers, academics, and workplace stakeholders—the "pullers" and "pushers" of knowledge and research results. Researchers will be invited to translate the evidence into new practices that could start improving mental health in the workplace now, not 10 years from now. With the new knowledge that is shared at the congress, we will be able to continue to differentiate between what is known and what is unknown in terms of effectiveness and options toward building the business case for better practices in organizations to prevent, diagnose, treat, and manage disability, and to reduce discrimination.

During the upcoming congress, researchers and workplace stakeholders will be able to prepare for the next round of CIHR's request for application of emerging teams. Past experience has shown that academics and researchers find these interactions with workplace stakeholders to be a new and pleasant way of conducting research. They allow for rapid feedback from those directly affected, and offer an opportunity to share concerns for mental health in the workplace. But the true test of the effectiveness of the alliance between researchers and stakeholders will be how rapidly the new knowledge can be translated into practice, and into mentally healthier workplaces.

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