

**The Conference  
Board of Canada**



# **Future-Proofing Investments in Workplace Mental Health**

Meeting Employees' Evolving Needs

**Impact Paper** | November 10, 2022



# The Workplace Mental Health Research Centre

We believe that strong workplace mental health is the cornerstone of employee engagement and productivity, and employers have a pivotal role to play. The Workplace Mental Health Research Centre was established to increase awareness and understanding of workplace mental health through research, analysis, and dialogue.

The Workplace Mental Health Research Centre (WMHRC) will drive positive change by tackling the critical matters facing Canadian organizations and the wellbeing of their employees.

Having conducted research on workplace health and safety for over 20 years, The Conference Board of Canada has long been at the forefront of this critical issue. Our team brings both expertise in workplace wellbeing research and applied leadership experience in Canadian organizations.

This Centre was established based on the demand to fill a gap in the mental health space and is Canada's first collaborative research initiative focused exclusively on advancing workplace mental health research for Canadian employers.

Our Research Centre is funded by multiple members united in their mission for progress who support and inform the Centre's research agenda. We are appreciative of the support from our funding members. Their passion and understanding of the urgent need for progress helps propel us forward and allows us to conduct research that matters into workplace mental health.

We welcome you to join us.

## Funding Members

Champion



Lead



Partner





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# Key Findings

- Organizations have accelerated their efforts toward a more holistic and adaptive approach to employees' health and well-being.
- Many organizations have increased the suite of health and wellness initiatives for employees to better manage the transition through the COVID-19 pandemic.
- Health benefits plans are the first line of defence in organizations' health and wellness initiatives.
- Many organizations noted that low usage of benefits is a key concern, and many are prioritizing initiatives and awareness campaigns designed to increase benefits usage, specifically Employee Assistance Programs (EAPs).
- While many organizations are adopting flexible work arrangements, most are still in the process of developing and implementing mental health strategies designed specifically for hybrid or remote work environments.
- Organizations that regularly seek information relating to employee engagement could be at an advantage for measuring and determining how their investment in mental health initiatives is impacting their workers, giving them key insights into which programs and initiatives may be the most effective.
- Understanding the workforce profile is key to meeting the mental health and wellness needs of employees.
- Although organizations understand the importance of embedding equity, diversity, and inclusion (EDI) into their mental health and wellness strategy, many are unaware of how their mental health and well-being offerings connect to EDI initiatives.





## Introduction

# Workplace mental health and wellness is fundamental to employee well-being and organizational success.

As The Conference Board of Canada previously noted,<sup>1</sup> investments in workplace mental health yield benefits well beyond productivity and can positively impact attraction of talent, employee retention, and risk management. However, in the wake of COVID-19, political unrest, climate change, and high inflation, employers are unsure about the path ahead. Are they investing in right areas? How can they future-proof their employees' mental health for what lies around the corner?

An estimated one in five people in Canada (about 7.5 million) experience a mental health problem or illness in any given year.<sup>2</sup> Approximately two of every nine workers (or 22.2 per cent of the working population) are estimated to suffer from a mental illness that potentially affects their work productivity.<sup>3</sup> While working adults in their early and prime working years are disproportionately affected,<sup>4</sup> mental health issues will directly impact 43 per cent of Canadians over their lifetime.<sup>5</sup>

For organizations, the business costs associated with mental ill-health issues are staggering. The most recent estimate for the annual economic

burden of mental illness in Canada was about \$51 billion,<sup>6</sup> with \$6.3 billion resulting from lost workplace productivity from mental illness-related absenteeism, presenteeism, and turnover.<sup>7</sup> Mental illness accounts for roughly 30 per cent of short- and long-term disability claims and 70 per cent of workplace disability costs.<sup>8</sup> Mounting evidence indicates that the growing cost of mental illness is not sustainable; by some estimates, the total cost of mental health issues on society could be greater than the entire cost of the healthcare system in Canada.<sup>9</sup>

As the Canadian economy continues to adapt to the continuing impacts of the pandemic, supply chain breakages, and inflation, employers have an opportunity to re-define their organizational requirements and ensure that mental health supports reflect their workers' evolving needs. This study provides important evidence and insights about current organizational practices, whether they are effective, and what organizations can consider as they commit to future-proofing their workforce.

1 Sutherland and Stonebridge, *Healthy Brains at Work*.

2 Mental Health Commission of Canada and Canadian Psychological Association, *Extended Mental Health Benefits in Canadian Workplaces*.

3 Smetanin and others, "The Life and Economic Impact of Major Mental Illnesses in Canada."

4 Mental Health Commission of Canada, "Making the Case for Investing in Mental Health in Canada."

5 International Foundation of Employee Benefit Plans, "Mental Health and Substance Use Disorder Benefits."

6 Centre for Addiction and Mental Health, "The Crisis Is Real."

7 Smetanin and others, "The Life and Economic Impact of Major Mental Illnesses in Canada."

8 Chapman and others, "The ROI in Workplace Mental Health Programs."

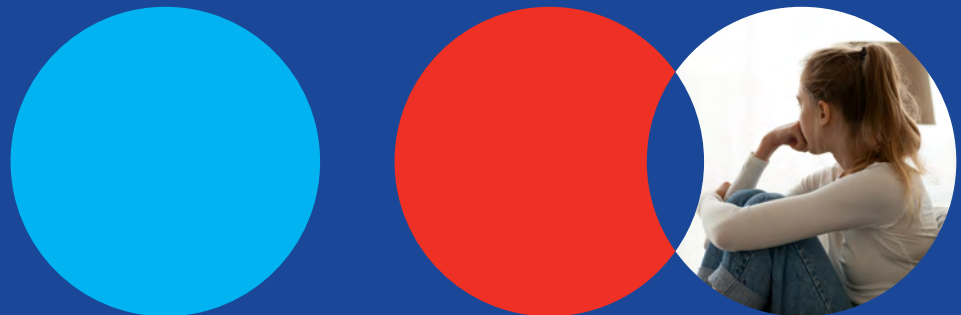
9 Mental Health Commission of Canada, "Making the Case for Investing in Mental Health in Canada."

## Mental and Physical Health: A Continuum of Well-Being

Mental health and physical health form a continuum of overall well-being. Changes in physical health can impact mental health, and vice versa.<sup>10</sup> For instance, migraines are more likely among those with mood disorders (e.g., major depressive disorder, generalized anxiety disorder),<sup>11</sup> even among adolescents.<sup>12</sup> Poor mental health (especially symptoms of anxiety and depression) has been linked to cardiovascular disease.<sup>13</sup> Psychological trauma has been shown to increase the risk for heart disease, diabetes, and musculoskeletal problems.<sup>14</sup> In fact, negative interactions with one's workplace supervisor have been linked to higher systolic blood pressure both at work and after work, indicating a delay in employees' cardiovascular recovery after work.<sup>15</sup>

In addition, research has shown that burnout (extreme physical, mental, and emotional fatigue) increases the likelihood of developing myocardial infarction, ischemic heart disease, stroke and sudden cardiac death, as well as Type 2 diabetes, male infertility, sleep disorders, and musculoskeletal disorders.<sup>16</sup> Interventions that target only one aspect of burnout, such as strengthening the person's coping skills without addressing chronic inflammation and other physical effects, are less likely to break the burnout cycle.<sup>17</sup>

Sources: Herrman and others; Ohrnberger, Fichera, and Sutton; Jeyagurunathan and others; Orr and others; Li and others; Pfeffer and Williams; Wong and Kelloway; Bailey.



10 Herrman and others, *Promoting Mental Health*; Ohrnberger, Fichera, and Sutton, "The Relationship Between Physical and Mental Health."

11 Jeyagurunathan and others, "Prevalence and Comorbidity of Migraine Headache."

12 Orr and others, "Migraine and Mental Health in a Population-Based Sample of Adolescents."

13 Li and others, "Association of Comprehensive Mental Health With Incident Cardiovascular Disease."

14 Pfeffer and Williams, "Mental Health in the Workplace."

15 Wong and Kelloway, "What Happens at Work Stays at Work?"

16 Bailey, "Burnout Harms Workers' Physical Health Through Many Pathways."

17 Ibid.

## Organizational Efforts in Workplace Mental Health

Investing in a psychological health and safety strategy can lead to greater employee retention, better workplace performance, stronger leader–employee relationships, and greater resourcefulness of staff.<sup>18</sup> For example, recent research shows that 60 per cent of employees would leave their current organization for one that offered them better support for their well-being (even if offered less money).<sup>19</sup>

Organizations recognize the need for comprehensive mental health strategies and have implemented a variety of initiatives to support employee mental health. Some initiatives have been introduced as overarching, holistic endeavours while others have been added to address specific needs. Most common are health benefits plans, employee and family assistance programs (EFAP), paid sick leave, short-term disability, and various other employee perks (e.g., on-site gyms).

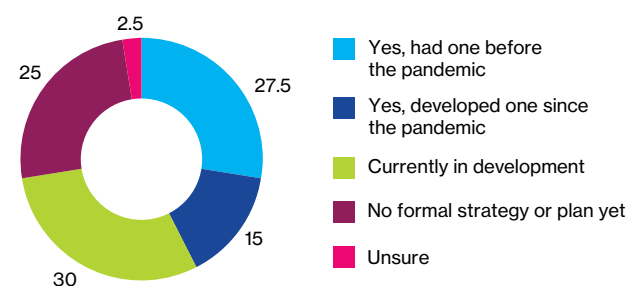
Organizations that participated in this study are becoming more strategic in their approach to workplace mental health. Most organizations (72.5 per cent) have, or are developing, a formalized strategy (outside of their benefits plan) to support employee mental health. (See Chart 1.)

In addition to this, almost 30 per cent of organizations (see Chart 2) have “adopted or aligned” with The National Standard of Canada for Psychological Health and Safety in the Workplace (The Standard). The first of its kind, The Standard “is a set of voluntary guidelines, tools and resources intended to guide organizations in promoting mental health and preventing psychological harm at work.”<sup>20</sup>

Adopting this standard can help organizations with productivity, financial performance, risk management, organizational recruitment, and employee retention.

**Chart 1**  
**Do Organizations Have an Employee Mental Health Strategy?**

(n = 80)



Source: The Conference Board of Canada, 2022.

18 Leka and Nicholson, “Mental Health in the Workplace.”

19 Glassdoor, “4 in 5 Employees Want Benefits or Perks More Than a Pay Raise”; Morneau Shepell, “Morneau Shepell Finds Employees Would Accept Lower Pay for Enhanced Well-Being Support.”

20 Mental Health Commission of Canada, “National Standard.”

## The Standard

The Standard<sup>21</sup> is a document that outlines a systematic approach to develop and sustain a psychologically healthy and safe workplace. It focuses on mental illness prevention and mental health promotion. The Standard is intended for everyone, whether or not they live with a mental illness.

It is a voluntary standard. It is not a legal framework or regulation. The Standard includes information on:

- the assessment and control of the risks in the workplace associated with hazards that cannot be eliminated (e.g., stressors due to organizational change or reasonable job demands);
- the implementation of practices that support and promote psychological health and safety in the workplace;
- the growth of a culture that promotes psychological health and safety in the workplace;
- the implementation of systems of measurement and review to ensure sustainability of the overall approach.

The Standard provides information to help organizations implement key components, including scenarios for organizations of all sizes, an audit tool, and other resources and references.

Source: Mental Health Commission of Canada.

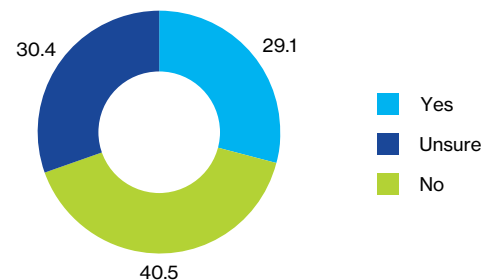
<sup>21</sup> Mental Health Commission of Canada, "Frequently Asked Questions—The National Standard of Canada Titled Psychological Health and Safety in the Workplace."

**We've done lots of little things, but we really need to tie it together and under a really fulsome strategy and make sure we're evaluating it and measuring the effectiveness.**

— Interviewee

**Chart 2**

**Organizations Adopted or Aligned with The National Standard of Canada for Psychological Health and Safety in the Workplace**  
(percent of organizations; n = 79)



Source: The Conference Board of Canada, 2022.





## Health Benefits Plans Are the First Line of Defence in Organizations' Health and Wellness Initiatives

This research examined what Canadian organizations are doing to help support employee health and well-being. Table 1 outlines the health programs and policies offered by organizations surveyed in this research. A glossary of terms is available in Appendix C.

Overall, organizations tend to regard their benefits plans as the first line of defence for employee mental health. Most organizations (89.7 per cent) reported that all of their permanent full-time employees have health benefits coverage. Just over one-third of organizations (37.9 per cent) provide health benefits coverage for all of their permanent part-time employees.

**Table 1**  
**Offerings to Employees**

	Per cent offered* (n)	Percentage of employees who receive (n)	Cost per employee (\$)	Costs as a percentage of total payroll
<b>Health benefits plans</b>	97.1 (136)	80.5 (9)	21,308.49	15.6 (14)
			<b>Total costs</b>	<b>Total</b>
<b>EAP/EFAP</b>	89.2 (74)	n.a.	n.a.	n.a.
<b>Extended health care plans (excluding HCSA costs)</b>	80.6 (72)	65.2 (23)	1,747.28	12.3 (15)
<b>Dental plans (excluding HCSA costs)</b>	77.8 (72)	71.9 (23)	3,339.95	1.3 (11)
<b>Workers' compensation</b>	77.8 (72)	70.0 (16)	337.51	5.4 (15)
<b>Paid sick leave (excluding STD and LTD)</b>	76.4 (72)	53.2 (12)	743.93	1.0 (4)
<b>Long-term care insurance</b>	69.4 (72)	89.9 (12)	43.57	0.0 (7)
<b>Short-term disability (STD)</b>	63.9 (72)	66.3 (17)	343.35	0.4 (10)
<b>Accidental death and dismemberment insurance</b>	63.9 (72)	100 (20)	397.07	0.3 (10)
<b>Critical illness insurance</b>	63.9 (72)	98.7 (13)	40.74	0.1 (9)
<b>Healthcare spending accounts (HCSA)</b>	61.1 (72)	40.0 (22)	405.25	9.8 (14)
<b>Long-term disability (LTD)*</b>	47.2 (72)	65.9 (20)	2,753.26	0.5 (12)
<b>Group life insurance</b>	41.7 (72)	100.0 (24)	1278.43	0.6 (11)
<b>Wellness account</b>	36.5 (74)	n.a.	n.a.	n.a.

n.a. = not available

Note: Number of respondents who could answer these questions was low and may not be representative of actual costs. Total excludes pension, retirement plans, CPP/QPP, EI premiums. Total health plan benefits costs are based on organizations reporting and do not equal the total values from table because n's vary.

Source: The Conference Board of Canada.

Approximately two-thirds (69.9 per cent) of organizations offer a fixed/traditional health benefits plan, which covers 81.6 per cent of their employees. (See Table 2.) These benefits plans tend to be offered only to permanent full-time employees. There were no significant differences in benefits plan types based on sector, industry, or organizational size.

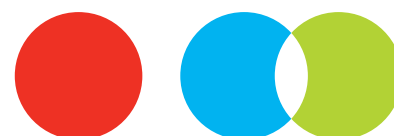
On average, organizations spend \$18 million on their annual benefits plan costs, excluding pension, retirement plans, Canada Pension Plan/Quebec Pension Plan, and Employment Insurance premiums. This represents approximately \$21,000 per employee and roughly 16 per cent of the full compensation and benefits costs.

The highest percentage of health benefits costs are for extended healthcare plans. These plans typically include prescription coverage, vision care, and paramedical coverage such as massage, physiotherapy, and psychological services.

**Table 2**  
**Organizations' Benefits Plans**

	Per cent (n = 136)	Percentage of employees covered by plan	
		Mean	Median
<b>Fixed/traditional plan</b>	69.9	81.6	90.9
<b>Core-plus options flex plan (some core services offered, and employee is given company credits to spend on a range of options)</b>	16.9	76.2	84.9
<b>Modular plan (employee chooses from three or four packages or modules)</b>	2.9	58.6	64.2
<b>Opt-up/opt-down approach</b>	0.7	*	*
<b>Personal health spending accounts (HSA) or wellness spending accounts (as a stand-alone program)</b>	6.6	72.7	78.9
<b>Other</b>	2.9	36.4	45.0

\*not enough data to report an average  
Source: The Conference Board of Canada.

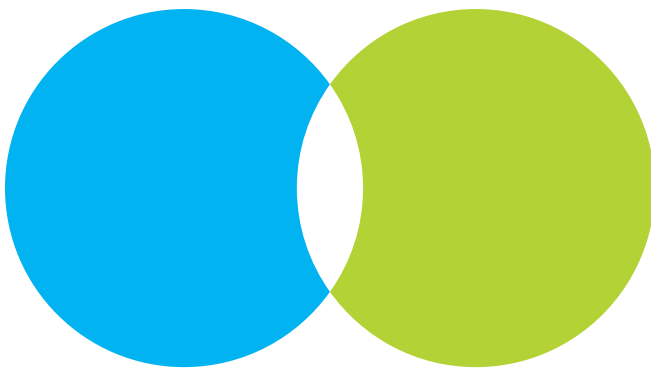


## Organizations Are Increasing Coverage for Psychological Services

Organizations have increased their focus on mental health services in recent years, with 93 per cent providing coverage for psychological services. In the last two years, however, a third of organizations have increased their coverage levels for these services and another 16 per cent aim to do so within the next 12 months. On average, the maximum coverage per employee is \$2,364.90. The Canadian Psychological Association recommends a stand-alone annual coverage maximum of between \$3,500 and \$4,000, enough to cover 15 to 20 sessions, the number of sessions often required to improve the mental well-being of people with depression or anxiety.<sup>22</sup>

Half of organizations (50 per cent) provide coverage for psychological services as a stand-alone item in their extended health care plan and 43 per cent provide coverage for psychological services within their paramedical services. There are no statistically significant differences in how organizations provide coverage for psychological services (stand-alone vs. part of extended health care) based on sector, industry, or organizational size.

To supplement coverage for psychological services, 89.2 per cent of organizations also provide an Employee (and Family) Assistance Plan (EAP/EFAP). (See Table 1.) Almost all organizations reported that “increasing employee access to and understanding of EAP benefits” was an important issue relating to employee mental health for their organization over the next two years (66.3 per cent rated it as “very important” and 32.5 per cent as “important”).



<sup>22</sup> Canadian Psychological Association, Written Submission.

## Organizations Are Trying to Approach Mental Health Holistically

Organizations are supplementing their health benefits with additional supports or offerings. These include a wide range of perks (see Table 3) such as ergonomic office equipment (87.7 per cent), employee appreciation events (87.5 per cent), and health and safety training (82.2 per cent).

**We focus a lot on individual supports and often ignore the systemic and workplace factors contributing to mental health issues and challenges. Future-proofing mental health investments in the workplace is also about creating psychologically healthy and safe workplace environments.**

**–Interviewee**

**Table 3**  
**Organizational Health and Wellness Initiatives Offered or Considered**  
(percentage of organizations)

	n	Offer	Considering	Unsure	n.a.
Provide ergonomic office equipment	73	87.7	4.1	4.1	4.1
Employee appreciation events (e.g., holiday party)	72	87.5	4.2	2.8	5.6
Health and safety training	73	82.2	6.8	5.5	5.5
Access to digital health tools and resources	74	81.1	10.8	5.4	2.7
Offer ergonomic assessments to employees	74	75.7	6.8	8.1	9.5
Provide access to financial wellness resources (e.g., how to manage financial stress)	73	65.8	12.3	11.0	11.0
Leadership training (general)	73	64.4	21.9	6.8	6.8
Mental health-related workshops or training (e.g., healthy coping, mindfulness)	74	62.2	27.0	2.7	8.1
Mental health/wellness/personal days	73	60.3	n.a.	n.a.	39.7
Mental health awareness training (for leaders; recognizing signs of mental distress in others)	74	58.1	29.7	5.4	6.8
Mental health awareness training (for employees; recognizing signs of mental distress in others)	73	53.4	28.8	4.1	13.7
Office exercise challenges	72	52.8	16.7	12.5	18.1
Stipend for exercise equipment, gym membership, and/or offer exercise classes (e.g., yoga)	73	43.8	12.3	11.0	32.9
Culturally appropriate time off (e.g., holiday replacement options)	73	42.5	20.5	21.9	15.1
Provide stipend to purchase equipment for home office (e.g., standing desk, ergonomic chair)	72	41.7	12.5	6.9	38.9
Increased maximum amount allocated to psychological care claims	72	37.5	26.4	20.8	15.3
Provide healthy food options on premises	72	26.4	2.8	6.9	63.9
Access to peer support programs	73	26.0	26.0	26.0	21.9
Other	9	33.3	0.0	11.1	55.6

n.a. = not available

Source: The Conference Board of Canada.

## Redesigning Work to Allow for Recovery and Build Resilience

Organizations are beginning to identify work practices and behaviours that may contribute to ill health. Historically, organizations have focused on physical health and safety in the workplace, such as attention to ergonomics and reducing/eliminating exposure to harmful sounds and chemicals. More recently, however, organizations are examining aspects of the work environment that may be impacting mental health and well-being.

There has been increasing organizational interest in flexible work arrangements to better support employee psychological health. Considered a primary intervention to improve employees' ability to cope with stress, these arrangements include remote (at-home) and hybrid environments and offering flexible hours.<sup>23</sup> Flexible work arrangements are linked to positive financial outcomes for organizations as a result of numerous factors,<sup>24</sup> including reduced absenteeism,<sup>25</sup> and can also help buffer the stressors of productivity demands on well-being.<sup>26</sup>

Flexible work arrangements can have both positive and negative effects on employee well-being, depending on how they are implemented, designed, and managed.<sup>27,28</sup> For example, remote work can reduce emotional exhaustion (a component of burnout) and strain and increase job satisfaction, but only if employees are provided with adequate resources such as social support and job autonomy.<sup>29</sup> While working from home can increase flexibility and improve work-life balance, sharing workspaces with family can be challenging.<sup>30</sup> Frequent, back-to-back virtual meetings can also increase emotional exhaustion, especially when perceived as excessive,<sup>31</sup> but can be lessened with greater control over camera use.<sup>32</sup>

A hybrid or flexible work environment requires increased sophistication around workload management. Research has found that productivity, employees' sense of control, communication, engagement, and job satisfaction all improved after organizations implemented at least one no-meeting-day per week,<sup>33</sup> with research suggesting that the optimal number of no-meeting-days is three per week.<sup>34</sup>

23 Kröll, Doeblér, and Nüesch, "Meta-Analytic Evidence of the Effectiveness of Stress Management at Work."

24 Duxbury and Halinski, *Remote, Office, or Hybrid?*

25 Shiffrin and Michel, "Flexible Work Arrangements and Employee Health."

26 Wahab and Tatoglu, "Chasing Productivity Demands, Worker Well-Being, and Firm Performance."

27 Kompier, "New Systems of Work Organization and Workers' Health."

28 Wahab and Tatoglu, "Chasing Productivity Demands, Worker Well-Being, and Firm Performance."

29 Charalampous and others, "Systematically Reviewing Remote E-Workers' Well-Being at Work."

30 Franken and others, "Forced Flexibility and Remote Working."

31 Johnson and Mabry, "Remote Work Video Meetings."

32 Ibid.

33 Laker and others, "The Surprising Impact of Meeting-Free Days."

34 Ibid.



In addition, work-related e-mails after hours and tele-pressure (i.e., feeling required to quickly respond to work-related e-mails) increase emotional exhaustion and weaken the ability to mentally detach from work.<sup>35</sup> For some employees, working from home helped them become more productive, while others, particularly those managing families, reported greater stress when working from home.

**The glaring issue we're faced with right now is burnout and workload management.**

– Interviewee

Almost all organizations surveyed (93 per cent) offer flexible, remote, or hybrid working arrangements, with most of them (71 per cent) surveying employees about their preferences for flexible work. While many organizations are adopting flexible work arrangements (see Table 4), most are still in the process of developing and implementing mental health strategies designed specifically for hybrid or remote work. For instance, only 16 per cent of organizations surveyed have policies around e-mail or meeting blackouts (i.e., no-meeting-days, no e-mails after work hours) and only 33 per cent of organizations surveyed adapted their benefits plans to reflect the needs of employees working remotely.

**Table 4**  
**Organizational Adaptations Due to the Pandemic**  
(percentage of organizations)

	n	Yes	No	Unsure
<b>Offer more flexibility for hours of work, days of work for employees</b>	71	80.3	16.9	2.8
<b>Offer or encourage time for social interaction and activities (e.g., book clubs, informal meetings, trivia, online contests)</b>	71	67.6	28.2	4.2
<b>Adapt mental health and wellness initiatives offered to reflect the new working arrangement</b>	71	63.4	33.8	2.8
<b>Remote work training for employees</b>	70	61.4	34.3	4.3
<b>Provide ergonomic office equipment for use at home</b>	70	58.6	37.1	4.3
<b>Training to supervisors for managing remote employees</b>	70	50.0	38.6	11.4
<b>Offer additional resources to help workers adapt to remote work (e.g., extra training, access to a helpline, peer support network)</b>	70	47.1	42.9	10.0
<b>Provide stipend to purchase equipment for home office (e.g., standing desk, ergonomic chair, extra monitors)</b>	70	45.7	50.0	4.3
<b>Adapt benefit offerings to reflect the needs of employees working remotely</b>	70	32.9	62.9	4.3

Source: The Conference Board of Canada.

35 Tedone, "Keeping Up With Work Email After Hours and Employee Wellbeing."

## Initiatives Implemented During the COVID-19 Pandemic

With the onset of the global pandemic, the prevalence of anxiety in Canada more than quadrupled the level observed in previous years, while depression more than doubled.<sup>36</sup> In a 2021 survey of organizations,<sup>37</sup> 88 per cent of employers reported that their workforce is more stressed than it was before the pandemic.

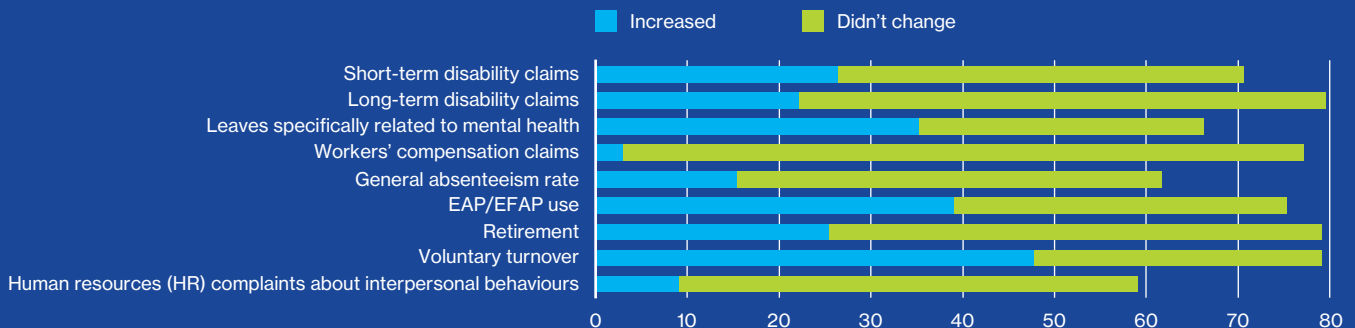
To help employees cope with their emerging mental health needs, organizations have accelerated their move toward a more holistic and adaptive approach to employees' health and well-being. Over half of organizations surveyed (51 per cent) amended their health and wellness policies and 90 per cent intend to keep these changes going forward. While most organizations

have not seen increases in total claims, usage of EAP/EFAP, mental-health leaves, and voluntary turnover have all increased. (See Chart 3.)

In addition to this, workload issues and work-life imbalance have been the primary drivers for employee resignation as reported by employers surveyed (31 and 27 per cent, respectively) since March 2020. While somewhat discouraging, these data provide insight into where organizations can create strategic plans to reduce the mental burden of employee overwork while increasing retention.

Sources: Organisation for Economic Co-operation and Development; International Foundation of Employee Benefit Plans.

**Chart 3**  
**Changes in Organizational Metrics Since the Pandemic Began**  
(percentage of organizations)



Note: n = 65–69, those not counted were unsure.  
Source: The Conference Board of Canada.

36 Organisation for Economic Co-operation and Development, "Tackling the Mental Health Impact of the COVID-19 Crisis."

37 International Foundation of Employee Benefit Plans, "Mental Health and Substance Use Disorder Benefits."

## Enhance Supports by Incorporating Unique Needs of Equity-Deserving Groups

One aspect of employee mental health and well-being that is gaining prominence is inclusion of equity-deserving groups. A sense of belonging is fundamental to inclusion and has been shown to be a protective factor in managing stress.<sup>38</sup> Research on mental health supports has identified individual barriers to access, including cultural and gender norms, as well as institutional barriers such as a lack of diversity among providers.<sup>39</sup> In another study, one-third (30 per cent) of employees reported that their unique needs as a member of a diverse community are not being addressed.<sup>40</sup> The same study found that of Indigenous employees who did not use their group benefits plans, 17 per cent reported it was due to a previous bad experience, while 31 per cent indicated that their needs are better served by something else.<sup>41</sup>

Organizations in this study affirmed the importance of equity, diversity, and inclusion (EDI) in the workplace—they ranked providing culturally appropriate wellness initiatives as one of their top motivations for making changes to their health and wellness initiatives. (See Table 5.) Almost half of organizations surveyed (45 per cent) reported they do not tailor their initiatives to meet individual needs and choose instead to offer a one-size-fits-all approach.

**Table 5**  
**What Motivates Organizations to Make Changes to Their Health and Wellness Initiatives**

(n = 72; per cent endorsed)

<b>Employee requests (through engagement surveys, feedback through HR, etc.)</b>	75.0
<b>Effort to increase employee attraction and retention (increase competitiveness)</b>	66.7
<b>To provide culturally appropriate wellness initiatives for our employees</b>	48.6
<b>In response to research on mental health and wellness initiatives</b>	41.7
<b>New benefit plan offerings by our provider</b>	26.4
<b>Effort to decrease absenteeism and/or presenteeism</b>	19.4
<b>As a response to an incident at the workplace</b>	9.7

Note: Organizations were asked to choose up to three reasons/motivations.

Source: The Conference Board of Canada.

Confidential engagement surveys and personalized requests directly to human resources are just some of the ways that organizations can engage with employees to better understand their unique needs. However, only a third of organizations (31 per cent) asked their employees what they would like included in their mental health and wellness initiatives, suggesting that many employers have a limited understanding of how to best support their employees' mental health needs. Research has shown that incorporating employee feedback into well-designed wellness programs that are tailored to specific employee needs, and easily accessible (time and location), will have the highest positive impact for organizations.<sup>42</sup>

38 Mayo Clinic Health System, "Is Having a Sense of Belonging Important?"

39 Mental Health Commission of Canada and Canadian Psychological Association, *Extended Mental Health Benefits in Canadian Workplaces*.

40 Sun Life, *Integrating DE&I (Diversity, Equity and Inclusion) Into Group Benefits Plans*.

41 Ibid.

42 Paterson, "Wellness Programs Increase Employee Engagement."

Although organizations understand the importance of embedding EDI into their mental health and wellness strategy, many are unaware of how their mental health and well-being offerings connect to EDI initiatives. For example, more than half of organizations surveyed were unsure if their community and culturally specific mental health initiatives are solely for, and/or led by, equity-deserving groups. Although some organizations (43 per cent) audit health initiatives to ensure they are provided in a culturally sensitive way, most organizations have not adapted their mental health strategy to reflect the needs of different demographic groups. (See Chart 4.) Only 20 per cent collect information on benefit usage by demographics, while 16 per cent communicate benefit offerings to different demographic groups through different channels and 19 per cent provide community and culturally specific mental health and well-being training and workshops.



Additionally, most organizations surveyed (85.1 per cent) do not offer customizable options for group benefits and/or mental health and wellness initiatives to meet the needs of equity-deserving employees. (See Chart 5.) Organizations that participated in this study identified barriers to offering customizable benefits and wellness options for equity-deserving groups (see Table 6), including the size of their organization (35.8 per cent) and prohibitive costs (25.4 per cent). In addition, more than one-fifth of organizations (22.4 per cent) reported they “never thought about it,” which suggests that offering customizable benefits to better serve equity-deserving groups is still a relatively new concept for organizations.

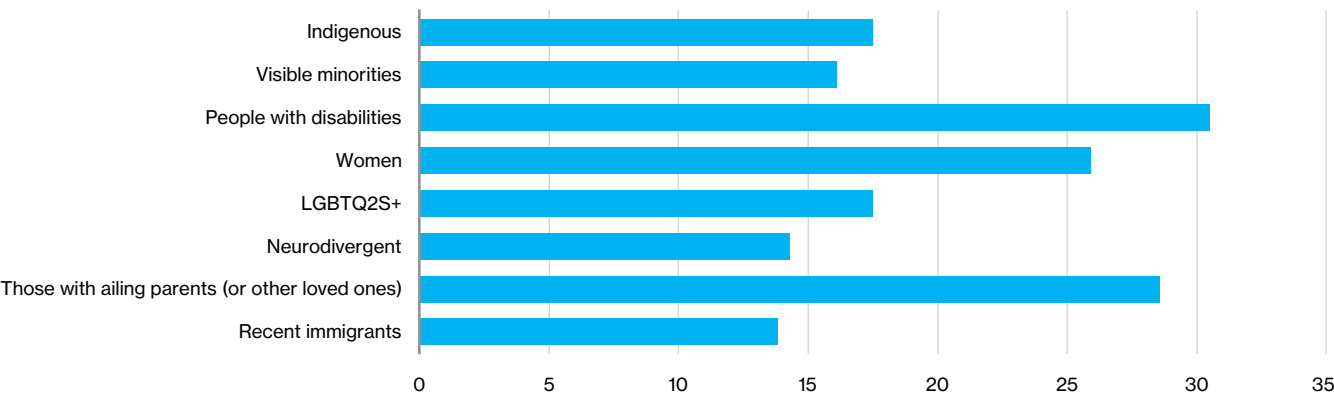
**There is a need to create an inclusive space, especially if someone comes from an under-represented group and there is a stigma attached to mental health. If they already don't feel included in the workplace, they won't feel safe. Leaders are recognizing the need to create these safe spaces where people can bring their whole self to work.**

– Interviewee

**We have many different cultures in our business and mental health needs are different for each one and this is hard to gauge.**

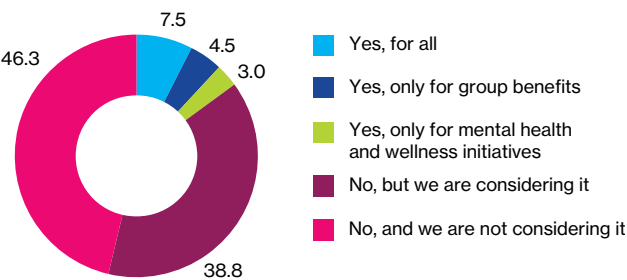
– Interviewee

**Chart 4**  
**Additional Supports Offered to Various Demographic Groups**  
(percent responding yes)



Source: The Conference Board of Canada.

**Chart 5**  
**Organizations Offering Customizable Options for Group Benefits and/or Mental Health and Wellness Initiatives to Meet the Needs of Equity-Deserving Employees and Recent Immigrants**  
(n = 67; per cent)



Source: The Conference Board of Canada.

**Table 6**  
**Barriers to Offering Customizable Benefit and Wellness Options for Equity-Deserving Groups**  
(n = 67; per cent)

The size of our organization limits us (too big, too small)	35.8
Cost-prohibitive	25.4
Never thought about it	22.4
Lack of awareness on where to start	22.4
Lack of resources	19.4
Not necessary (e.g., no demand)	17.9
Not a priority for our organization at this time	17.9
Too complex	16.4
Not offered by our benefits provider	16.4
Other	7.5

Note: Organizations could identify multiple barriers.  
Source: The Conference Board of Canada.



## Incorporating Employee Input to Improve Workplace Mental Health and Wellness Initiatives

**What we're really trying to do is make sure that we get the feedback from employees on what they want rather than what the mothership thinks they want.**

– Interviewee

Historically, organizations introduced employee engagement surveys to understand employee satisfaction, with the aim of improving productivity and customer satisfaction.<sup>43</sup> More recently, organizations have expanded their employee engagement surveys to better understand recognition, inclusiveness, and mental health and well-being.<sup>44</sup> Research suggests that employee engagement increases when organizations produce effective surveys and incorporate employee input into their organizational policies and planning.<sup>45</sup>

While most of the organizations surveyed offer employee engagement surveys (78 per cent), only 54 per cent conduct their engagement survey on an annual or more frequent basis. Organizations tend to survey their employees about mental health through two primary mechanisms—as part of their employee engagement survey (43 per cent) or through a separate mental health and wellness survey (15 per cent).

In addition to engagement surveys, organizations typically evaluate their benefit offerings and usage rates of initiatives at least once a year. (See Chart 6.) Organizations interviewed noted that low usage of benefits is a key concern, and many are prioritizing initiatives and awareness campaigns designed to increase benefits usage, specifically EAPs. To improve usage, organizations are focusing on increased communications with employees about what their benefits plans offer. Many are using a range of communications tools and practices to help de-stigmatize mental health and foster trust. Examples mentioned include townhalls on specific issues such as burnout and work-life balance, testimonials by employees who have dealt with mental health issues, newsletters, e-bulletins, and events to celebrate Mental Health Week/Month. Some organizations (41 per cent) also offer information sessions (typically during onboarding) on how to navigate and understand the benefits system.

**Before offering anything new, each organization should do an inventory of its programs and ask people directly what they like/don't like, and why they are using/not using them, and what they are hearing from their colleagues about these programs.**

– Interviewee

43 Florko, Francis, and Thibault, "Canadian Human Resources Benchmarking."

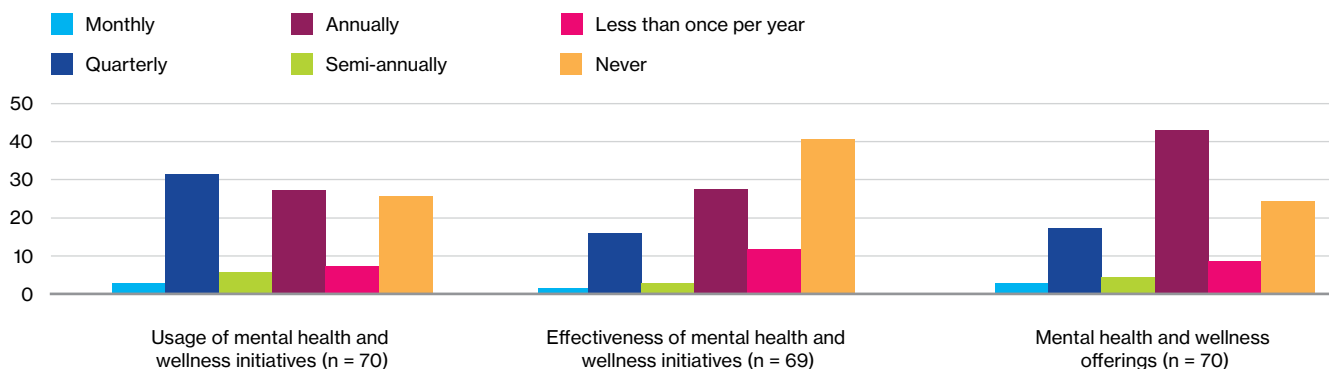
44 Paterson, "Wellness Programs Increase Employee Engagement."

45 McFeely, "How Frequently Should Employee Engagement Surveys Be Conducted?"

**Chart 6**

## How Frequently Organizations Evaluate Their Mental Health Initiatives

(per cent)



Source: The Conference Board of Canada.

## Measuring the Outcomes of Investments in Employee Mental Health

Despite best intentions and a range of offerings, very few participating organizations are evaluating the effectiveness of employer-sponsored mental health benefits. In fact, more than 40 per cent of employers reported that they never measure the effectiveness of their mental health and wellness initiatives. While many of the interviewees spoke about the extraordinary efforts being made to increase workplace mental health programming, most were unable to articulate which programs were working and which were the most effective. One thing is clear, organizations are struggling to understand whether their investments in workplace mental health are having a positive impact on employees.

This uncertainty was prominent in the research, with organizations indicating that they were either unsure (37 per cent) or unable (49 per cent) to meet the emerging mental health needs of employees. For organizations that indicated they were not meeting their employees' needs, many spoke about the journey toward workplace mental well-being as a continuous process, suggesting that there is no final arrival. Organizations that felt they were successfully addressing mental health concerns often cited individualized approaches and continuous improvement initiatives to ensure alignment with employees' needs.

Most Canadian employers that have a mental health strategy in place are not measuring the outcomes of their mental health and wellness investments.<sup>46</sup> Deloitte's study of companies' efforts to evaluate the return on investment (ROI) of their workplace mental health initiatives attests to the challenges and rewards of this practice, as described in its report:

46 Chapman and others, "The ROI in Workplace Mental Health Programs."

**For several participating companies, collecting data for this study was the first time they had requested certain program-related key performance indicators (KPIs) from insurance providers, showing that data collection and analysis of finance-related program outcomes is relatively nascent or nonexistent. To strengthen the business case for investing in workplace mental health programs, employers must understand the financial and nonfinancial benefits of those programs and establish mechanisms to measure and maximize programs in order to realize those benefits.<sup>47</sup>**

**I think what we offer covers their needs fairly well. We just don't communicate it clearly or often enough for them to make the best use of them. Working to fix that.**

–Interviewee

**We're not doing enough, but we're also doing too much. We need to focus our mental health efforts and investments on what actually works.**

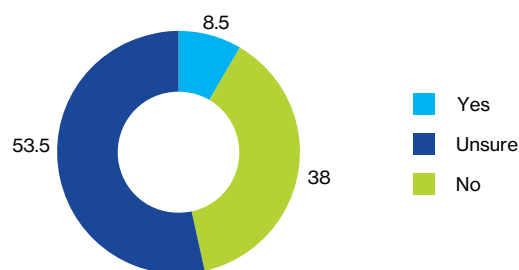
–Interviewee

**I can tell you right away that we're not doing enough—in any holistic way outside of the delivery of a specific program and evaluating that—about determining the effectiveness.**

–Interviewee

Organizations that measured ROI used disability and absenteeism rates to help determine cost savings, while those measuring value on investment (VOI) frequently used engagement survey results to help determine value. However, almost half of employers surveyed reported that they do not measure ROI or VOI for any of their health and wellness initiatives (53.5 per cent and 49.3 per cent, respectively), while 38.0 per cent (ROI) to 42.3 per cent (VOI) of those interviewed were uncertain if these measures were collected. (See charts 7 through 9.) One-quarter of employers (25.4 per cent) indicated they are using indicators (other than ROI and VOI) to measure the success of their health and wellness programs, and typically include utilization data (of benefits, EAP/EFAP plans, etc.) and specific organizational survey data.

**Chart 7**  
**Organizations That Measure Return on Investment for Health Initiatives**  
(per cent)

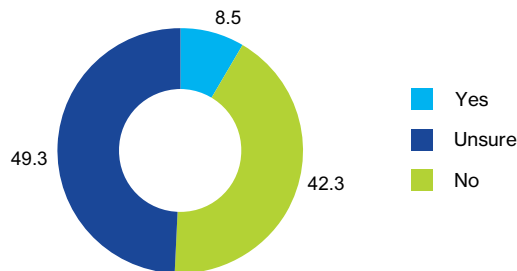


Source: The Conference Board of Canada.

<sup>47</sup> Ibid., 7.

**Chart 8**

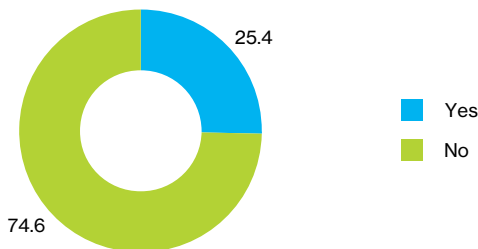
**Organizations That Measure Value on Investment for Health Initiatives**  
(per cent)



Source: The Conference Board of Canada.

**Chart 9**

**Organizations That Use Indicators Other Than VOI and ROI to Measure the Success of Health and Wellness Programs**  
(per cent)



Source: The Conference Board of Canada.

Organizations indicated insufficient organizational capacity (42.1 per cent) and resources (48.6 per cent), and uncertainty about how to effectively measure ROI (25.0 per cent) and VOI (20.0 per cent) as the two most common barriers to measuring ROI and VOI.

Organizations that conduct regular engagement surveys are much more likely to measure ROI/VOI than organizations that do not (83.3 per cent vs. 16.7 per cent). This suggests that organizations that regularly seek information relating to employee engagement could be at an advantage for measuring and determining how their investment in mental health initiatives is impacting their workers, giving them key insights into which programs and initiatives may be the most effective.

Given the limited number of organizations that collect ROI or VOI data, determining which health initiatives provide the best returns for organizations or value for employees is not possible. However, correlations of programs to employee outcomes for surveyed organizations show that the greater the number of employees with health coverage, the longer employees remain at an organization. This suggests that offering comprehensive health coverage to employees can help organizations retain staff, particularly when benefits are provided to part-time employees.

**We can always do better and we're always looking to get feedback because sometimes you have a top-down view. So, what we're really trying to do is make sure that we get the feedback from employees on what they want rather than what the mothership thinks they want.**

–Interviewee

**Since we implemented our stay-at-work program [part of the short-term disability program] and have been promoting that with leaders ... we have been able to drastically reduce our instances of short-term disability, which is amazing.**

**– Interviewee**

## **Future-Proofing to Meet Employees' Emerging Mental Health Requirements**

As organizations plan for the future, they need to enhance understanding of employees' current and emerging needs to determine how they can best support initiatives aimed at future-proofing their mental health strategy. Organizations indicated that stress, anxiety, burnout, work-life balance issues, and depression are expected to be the top mental health challenges they will face over the next five years.

To ensure that employees use their benefits plans and health initiatives, the stigma associated with mental illnesses needs to be reduced. Some organizations surveyed have found early success with this through initiatives such as executives sharing their own mental health journeys and awareness campaigns.

Implementing comprehensive mental health strategies will help to build healthy, engaged workforces that benefit employers. Organizations surveyed in this study are focusing their efforts on providing mental health awareness training sessions for both leaders and employees, increasing psychological services maximums, and promoting access to peer support programs. (See Table 3.) To help meet employees' mental health needs, the focus of organizations is on:

- helping to ensure employees can find and access timely, convenient mental health care and/or resources;
- helping to ensure employees have affordable options to access mental health care (i.e., reducing costs that act as a barrier to accessing care);
- helping to ensure employees are aware of and understand how to use the mental health care supports made available to them through their benefits plan (e.g., EAP/EFAP, coverage for psychological services);
- helping to ensure that employees at risk of mental health issues can be identified and proactively engaged with appropriate support and resources made available to them through their benefits plan;
- helping employees to overcome barriers to accessing mental health care and support, such as fear of being stigmatized or loss of employment;
- ensuring that employees who go on a mental health-related disability leave can achieve a faster, sustainable return to work.



## Proactivity Required to Future-Proof Employee Mental Health and Wellness

Organizations are facing the unpredictability of political unrest, pandemics, climate change, and inflation—and actions are needed to help future-proof their health and well-being initiatives. As described throughout this impact paper, their initiatives are mostly secondary and tertiary interventions. Research has shown that employers generally prefer to implement secondary and tertiary interventions, but that their effects are likely unsustainable in the absence of primary interventions to address systemic work-related stressors.<sup>48</sup>

When primary interventions are ignored, mental health symptoms can result in physical health symptoms.<sup>49</sup> For instance, work-related stressors can lead to poorer sleep quality, gastrointestinal issues, and/or substance use. Some organizations are beginning to counter this by building resilience within their organizations through self-awareness training, increasing autonomy, protecting employee time, and building community and social health.

As Deloitte has noted, workplace mental health programs are more likely to succeed “when they support employees along the entire spectrum of mental health, from promotion of well-being to intervention and care, as well as the elimination or reduction of workplace hazards that could psychologically harm an employee.”<sup>50</sup> This will likely require employers to examine the potential stressors built into their organizations, such as poor management policies, organizational design, and workload management.

As one researcher at the University of California (Berkeley) has quipped, “We should be trying to identify and analyze the critical components of ‘bad’ situations in which many good people function. Imagine investigating the personality of cucumbers to discover why they had turned into sour pickles without analyzing the vinegar barrels in which they had been submerged.”<sup>51</sup>



48 Cooper and Cartwright, “An Intervention Strategy for Workplace Stress.”

49 Pfeffer and Williams, “Mental Health in the Workplace,” 5–6.

50 Chapman and others, “The ROI in Workplace Mental Health Programs,” 10.

51 Weiss, “Burnout From an Organizational Perspective.”

## Organizational Strategies to Manage Workplace Stress

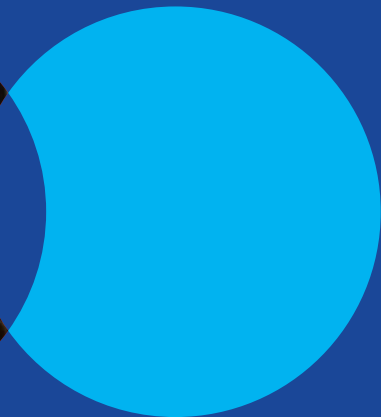
*Primary interventions* (e.g., job redesign and reduced hours) aim to reduce or eliminate inherent/systemic stressors related to the work environment and culture. These interventions focus on adapting the work environment to “fit” the individual.

*Secondary interventions* (e.g., mindfulness training, information on stress management) aim to build employee resilience or adaptability to inherent stressors in the workplace.

*Tertiary interventions* (e.g., EFAP/EAP benefits, absence, and disability) focus on the treatment and the rehabilitation and recovery process of individuals who have suffered or are suffering from serious ill health because of stress.<sup>52</sup>

## Stress, Depression, and the Mind–Body Connection

“What is less recognized is that stress and depression increase not just the costs associated with treating behavioral health problems, but also the incidence of other costly physical diseases.... People with mental and substance use disorders, as well as those who have experienced psychological trauma, are at higher risk for chronic diseases such as diabetes, heart disease, and musculoskeletal problems.... Stress and depression cause physiological changes, such as metabolic, endocrinal, and inflammatory shifts, that are markers and predictors of disease. The idea that the mind affects the body is scarcely new, but the emerging science of psychoneuroimmunology is revealing in detail the pathways that link changes in the brain to effects on the immune system.”<sup>53</sup>



<sup>52</sup> Ibid.

<sup>53</sup> Pfeffer and Williams, “Mental Health in the Workplace.”

## Recommendations

There is no doubt that strong mental health is an important driver of employee engagement and well-being. Investments in workplace mental health yield benefits well beyond productivity and can positively impact employee retention, attraction of talent, and risk management. Typical workplace mental health investments are a combination of workplace programs, practices, and policies—from leadership training and educational initiatives, to EAPs/EFAPs and psychological care benefits—but many employers are not measuring the impact of these investments.

From this research, five future-proofing recommendations have emerged to help organizations ensure that their mental health and wellness initiatives meet the evolving health needs of employees. Implementing even some of these recommendations could help organizations to create healthier workplaces and energize their commitment to mental health. Organizations may be at dissimilar stages in their future-proofing journey, and some may have more internal capacity than others, but all can choose to determine which of these recommendations will best serve their organizational priorities and employees' needs. Incremental changes can lead to accumulative impacts—some changes may take time to achieve, while others may prove quicker.

### **1. Re-evaluate your benefits plan by increasing communication and collaboration with employees.**

- 1.1 Seek input from employees on their preferred mental health and wellness benefits.
- 1.2 Assess the relevance and impact of your benefits for employees based on relevant data. Question your assumptions about employee needs.
- 1.3 Consider adopting a flexible or customizable plan, such as a healthcare spending account, that best meets employees' stated needs.
- 1.4 Communicate benefit offerings to employees regularly and in a format that is simple to use and clearly explains what their benefits are and how to access them.
- 1.5 Use various means of communication to engage employees and provide them with relevant benefit information (e.g., e-mails, newsletters, webinars, presentations, drop-in hours).
- 1.6 Strengthen awareness among senior decision-makers about ROI related to additional coverage for psychological services and the importance of timely access to mental healthcare for employees.
- 1.7 Consider increasing the maximum coverage for psychological services for traditional benefits plans or as an opt-in for employees with flexible benefits plans. The amount offered should align with the level of coverage recommended by the Canadian Psychological Association.

## **2. Strengthen and clarify policies: make them actionable.**

- 2.1 Take your time aligning with The National Standard of Canada for Psychological Health and Safety in the Workplace. Embrace the idea that successful implementation is about making small but intentional changes. Their incremental, accumulative impact can be significant.
- 2.2 Evaluate your return-to-work policies. Are they providing the mental health and social supports that returning workers need after a long-term absence?
- 2.3 Support employees along the entire spectrum of mental health, including promotion of well-being, intervention and care, and reduction/elimination of psychologically harmful workplace conditions. Increase efforts to identify and implement primary interventions that will make a difference in your organization.<sup>54</sup>

## **3. Practise measurement and evaluation: collect the right data to understand your workforce.**

- 3.1 Take the time to measure the baseline data of existing initiatives before loading on new ones. You may already have some of the right tools to support workplace mental health.<sup>55</sup> Build on those strengths.
- 3.2 Collect and analyze data to evaluate whether investments are having the desired impact and adoption rate, and adapt initiatives based on results.

- 3.3 Identify best practices in data collection, measurement, and evaluation, particularly those used by organizations similar to yours (i.e., comparable size, demographic composition, resources, values).
- 3.4 Investigate external resources that could fill internal gaps in required skills and knowledge of measurement and evaluation of workplace mental health.
- 3.5 Identify key performance indicators on benefits and programs and request them from insurance and services providers.

## **4. Identify your best mental health and wellness initiatives: build on them.**

- 4.1 Focus on strengthening existing mental health and wellness initiatives that offer the greatest impact for employees. Ensure those decisions are based on evidence, not assumptions.
- 4.2 Invest in programs and policies that promote and protect positive mental health as well as treatment. These could include programs and initiatives such as no-meeting-days, mental health training for supervisors and leaders, flexible work arrangements, and social activities aimed at keeping employees connected.
- 4.3 Prioritize investments in the highest-impact areas, such as leadership training and return-to-work programs.<sup>56</sup>
- 4.4 Assess whether leaders and managers have adequate knowledge of and interest in mental health. As well, do they possess strong communications skills (active listening, empathy) and lead by example (e.g., healthy work-life balance).

<sup>54</sup> Ibid.

<sup>55</sup> Ibid.

<sup>56</sup> Ibid.

## **5. Build inclusion and equity in the workplace.**

- 5.1 Learn about the diverse needs and cultural values of employees who are new immigrants, Indigenous people, and others from equity-deserving groups.
- 5.2 Engage equity-deserving groups in the conversation about mental health and consider adapting benefit offerings if current options are not meeting the needs of employees. For example, organizations may want to evaluate whether their benefits are meeting the needs of LGBTQ2S+ employees.

- 5.3 Create culturally appropriate mental health policies, initiatives, and communications practices that reflect who your employees are and what they say they need. Foster engagement and a sense of belonging.
- 5.4 Evaluate your accommodation policies and programs to ensure that supports for individuals reflect their particular physical/ cognitive ability level.
- 5.5 Examine return-to-work programs after injuries or leaves to allow for greater individualized approaches.





# Appendix A

# Methodology

## Background

This study was the first research project as part of The Conference Board of Canada's multi-funded research centre, the Workplace Mental Health Research Centre.

*Future-Proofing Investments in Workplace Mental Health: Meeting Employees' Evolving Needs* summarizes the key results from a survey and focus groups with organizations. The purpose of this research was to examine evidence from Canadian organizations to identify existing mental health and wellness programs, policies, and benefits, and where organizations should increase their attention as they commit to future-proofing their workforce.

## Research Questions

- What do we know about workplace mental health initiatives and efforts in Canada?
- Which employers are more likely to implement? What challenges do smaller employers face?
- How does workplace mental health programming affect employee engagement/retention?
- Are organizations investing in the right areas of mental health? Is return on investment (ROI) currently being monitored/realized? How?
- What are the mental health hot-spots that lie ahead? How can Canadian employers future-proof their employees' mental health?
- How can using ROI help to ensure employers are on track to meeting evolving future needs?

## Sample

- A total of 141 Canadian organizations participated in the survey between March and April 2022. In total, 29 people from 27 different organizations participated in the focus groups from April through June 2022.

## Sample focus group questions:

- How does your organization support mental health?
- Do you think that your organization's current mental health and wellness initiatives provide enough support for the emerging mental health needs of your employees?
- Does your organization measure or track the effectiveness of its mental health policies or programs?
- Does your organization consider equity, diversity, and inclusion when determining mental health initiatives? Are these initiatives customizable to meet the needs of equity-deserving groups?

## Analyses

IBM SPSS software was used to analyze the quantitative data pulled from the survey. Qualitative focus group and interview responses were themed.

Where possible, chi-squares or ANOVAs were used to test for significant group differences. Relationships between variables were examined through correlations.



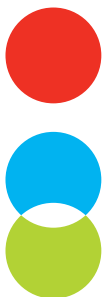
## Limitations and Future Research

- To maintain confidentiality, an organizational name was not required in the survey. As such we do not know if we had duplicate data.
- Many survey participants were unsure about what their organization offers. This points to a need for increased awareness and organizational communication. However, it may also mean that some of those who completed the survey were not the correct contact at those organizations.
- While almost 150 organizations participated in the survey, most questions had only about 70 responses, limiting generalizability. Similarly, few participants answered the qualitative (open-ended) questions in the survey.
- Our survey was also cross-sectional in nature (data from a single time point), meaning that even with the few outcome variables we have (e.g., tenure), we cannot determine cause and effect between initiatives and employee outcomes.
- As our survey was an organizational one, it is difficult to conclude what mental health and wellness initiatives are working. Future research should examine how employees view specific benefits plan offerings and organizational health and wellness initiatives.

## Appendix B

# Respondent Profile and Participating Organizations

A total of 141 organizations participated in the survey and 29 people from 27 different organizations participated in the focus groups or interviews. Discover more about them.



# Appendix C

## Glossary

**Accidental death and dismemberment insurance** is usually sold as an add-on to an existing life insurance policy and is not a replacement for life insurance. It provides a one-time payment to a designated beneficiary (e.g., spouse, child) to help with personal debt and expenses.

**Core-plus plans** are a type of flexible benefits plan that specifies minimum amounts of coverage. Employees must purchase anything over and above the minimum. The plan is usually very basic, with some coverage for drugs and vision care, though not likely for any dental care.<sup>1</sup>

**Critical illness insurance** typically pays the insured a lump sum amount upon diagnosis of a covered illness, such as cancer or a heart attack. This benefit is distinct from short- and long-term disability (STD and LTD) benefits.

**Dental plans** (exclude Healthcare Spending Account costs) can include services such as basic dental (e.g., exams, X-rays, cleaning, fillings), supplementary basic services (e.g., root canals, gum surgery), major services (e.g., crowns, dentures), and orthodontics.

**Employee Assistance Plan (EAP)/Employee and Family Assistance Plan (EAFP)** offer coverage for a variety of health and wellness benefits that are not covered under a standard health benefits plan, including mental health services, financial counselling, naturopathic treatments, fitness and nutrition advisors, and more.

**Extended Health Care Plans** typically cover/ supplement prescription drugs, vision care, hospital care, out-of-province emergency medical care, orthopedic supports, medical supplies (e.g., prosthetics), and paramedical services (e.g., massage therapy, chiropractic coverage, psychological services).

**Fixed, set, or traditional plans** are predetermined health benefits provided to all employees. These plans do not provide a selection of choices or the option to purchase additional levels of coverage. They typically include medical (e.g., prescription and paramedical) and dental coverage as well as disability coverage and/ or life insurance.

**Flexible benefits plans** (or flex plans) permit employees to choose a package of benefits from a selection of choices provided by the employer. In some plans, employees receive credits from the employer to purchase the benefits of most value to them. Semi-flexible benefits may include a core set of benefits and provide options for employees to purchase additional levels of coverage, or they may be modular plans where employees can choose between several predetermined benefits packages.

**Group life insurance** is a type of life insurance where a single contract covers an entire group of people (in the case of an organization as the policy owner, it covers a group of employees).

<sup>1</sup> Canadian Union of Public Employees, "Flexible' Benefits."

**Healthcare spending accounts (HCSA)** are accounts containing credits or a fixed dollar amount that can be used to reimburse different benefits expenses—including medical, vision, and dental—over and above what the organization's benefits program covers.

**Indigenous people** are those who identify as a First Nations, Inuit, or Métis person.

**LGBTQ2S+** are people who identify as lesbian, gay, bisexual, transgender, queer, Two-Spirited, or any who do not identify as heterosexual.

**Long-term care insurance** covers the costs of long-term care (can be available either in the home or in a facility) should policy-holders become unable to care for themselves. Long-term care insurance typically covers expenses not covered by provincial healthcare, such as nursing services, assistance with exercise, home management services, medication administration, and adult daycare. This benefit is distinct from short-and long-term disability benefits.

**Long-term disability (LTD) insurance** provides monthly benefits (usually 65 per cent of pre-disability income) if the plan member is unable to work because of illness or disability. To be eligible, the member must have exhausted their short-term disability (STD) credits. If the disability is permanent, payments can last until age 65.

**Modular plans**, a type of flexible benefits plan, are pre-designed benefits packages. Each modular package provides services targeted to a specific demographic (e.g., singles, families, older or younger members). Once the employee has made a choice, they usually cannot change it without undergoing a medical review to obtain "evidence of insurability."

**Opt-up/opt-down approach** is a plan where there are no core services. Employees restructure their benefits within an existing plan by taking more coverage in some areas and less coverage in others.

**Paid sick leave** (excluding STD and LTD) refers to paid absences from work because of personal illness or injury. The employee is paid 100 per cent of their regular wages. Across Canada, the number of paid sick days are largely determined by the employer and/or union collective agreements. In most provinces, the annual number of paid sick days is between three and seven days.

**Personal health spending accounts (HSA)** or wellness spending accounts are accounts containing credits or a fixed dollar amount that can be used to reimburse various benefits expenses (including medical, vision, and dental expenses) over and above what the organization's benefits program covers.

**Persons with disabilities** are people with a long-term or recurring physical, mental, sensory, psychiatric, or learning impairment, and include those whose functional limitations owing to their impairment have been accommodated in their current job or workplace (*Employment Equity Act*<sup>2</sup>).

**Return on investment (ROI)** is a performance measure used to evaluate the efficiency or profitability of an investment. To calculate ROI, the benefit (or return) of an investment is divided by the cost of the investment. The result is expressed as a percentage or a ratio.

**Short-term disability (STD) insurance** provides income replacement (17 or 52 weeks, depending on plan) when a plan member is unable to work for a brief period due to hospitalization, an accident, or becoming ill. STD generally provides coverage for common situations such as recovery following major surgery, an injury, or accident. Employees unable to return to work at the end of the STD period may be eligible to transition to long-term disability (LTD) insurance if they are covered for this benefit.

2 *Employment Equity Act*.

**Value on investment (VOI)** is a financial analysis that better assesses the broader impact that wellness programs can have on an organization. For example, VOI can measure how a wellness program affects qualitative business attributes, such as morale, retention, employee engagement, presenteeism, and positivity in the workplace.

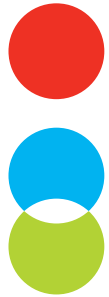
**Visible minorities** refer to people, other than Indigenous Peoples, who are non-Caucasian in race or non-white in colour (*Employment Equity Act*). This group includes those who identify as non-white, non-Caucasian origin, or of mixed ancestry from any other part of the world. It does not include people of Portuguese, Spanish, Greek, Italian, or Ukrainian descent or other ethnic groups that are considered to be white or Caucasian in origin.

**Voluntary turnover** is an employee-initiated departure and sometimes referred to as avoidable or regrettable turnover. It includes resignations, early retirements, unpaid leave of absences, and deaths in service.

**Wellness Spending Accounts** are accounts containing credits or a fixed dollar amount that employees can use to reimburse their purchase of health and wellness items such as fitness equipment or membership fees.

**Women** are those who identify with the female gender.

**Workers' compensation** is a "no-fault" insurance program that provides employees with medical and financial benefits if they are injured at work, regardless of whether their own negligence contributed to the accident. In return for these benefits, workers give up the right to take legal action against their employers and other workers for work-related injuries and illnesses."<sup>3</sup>



3 PEO Canada, "What Is Workers Compensation?"



# Appendix D

## Bibliography

Bailey, D. Smith. "Burnout Harms Workers' Physical Health Through Many Pathways." *American Psychological Association* 37, no. 7 (June 2006). Accessed September 9, 2022. <https://www.apa.org/monitor/jun06/burnout>.

Canadian Psychological Association, *Written Submission for the Pre-Budget Consultations in Advance of the 2019 Budget*. n.d. Accessed September 9, 2022. [CanadianPsychologicalAssociation-e.pdf \(ourcommons.ca\)](#).

Canadian Union of Public Employees, "'Flexible' Benefits." January 25, 2006. [ca/laws/stat/sc-1995-c-44/latest/sc-1995-c-44.html#:~:text=Employment%20Equity%20Act%20S.C.%201995%2C%20c.%2044,Assented%20to%201995-12-15%20An%20Act%20respecting%20employment%20equity](#).

Florko, Lauren, Jonathan Francis, and Tabatha Thibault. "Canadian Human Resources Benchmarking: From Engagement to Impact." The Conference Board of Canada, January 27, 2022. Accessed September 9, 2022. <https://www.conferenceboard.ca/e-library/abstract.aspx?did=11462>.

Franken, Esme, Tim Bentley, Azadeh Shafaei, Ben Farr-Wharton, Leigh-ann Onnis, and Maryam Omari. "Forced Flexibility and Remote Working: Opportunities and Challenges in the New Normal." *Journal of Management & Organization* 27, no. 6 (November 2021): 1131–49. Accessed September 9, 2022. <https://doi.org/10.1017/jmo.2021.40>.

Glassdoor. "4 in 5 Employees Want Benefits or Perks More Than a Pay Raise; Glassdoor Employment Confidence Survey (Q3 2015)" (blog). October 2, 2015. Accessed September 11, 2022. <https://www.glassdoor.com/blog/ecs-q3-2015/>.

Herrman, Helen, Shekhar Saxena, Rob Moodie, World Health Organization, Victorian Health Promotion Foundation, and University of Melbourne, eds. *Promoting Mental Health: Concepts, Emerging Evidence, Practice*. Geneva: World Health Organization, 2005.

International Foundation of Employee Benefit Plans. "Mental Health and Substance Use Disorder Benefits: 2021 Survey Results." 2021. Accessed September 9, 2022. <https://www.ifebp.org/store/Pages/Mental-Health-Survey-2021.aspx>.

Jeyagurunathan, Anitha, Edimansyah Abidin, Janhavi Ajit Vaingankar, Boon Yiang Chua, Saleha Shafie, Shi Hui Sherilyn Chang, Lyn James, Kelvin Bryan Tan, Satapa Basu and others. "Prevalence and Comorbidity of Migraine Headache: Results From the Singapore Mental Health Study 2016." *Social Psychiatry and Psychiatric Epidemiology* 55, no. 1 (January 1, 2020): 33–43. Accessed September 9, 2022. <https://doi.org/10.1007/s00127-019-01755-1>.

Johnson, Betty J, and J. Beth Mabry. "Remote Work Video Meetings: Workers' Emotional Exhaustion and Practices for Greater Well-Being." *German Journal of Human Resource Management* 36, no. 3 (August 1, 2022): 380–408. Accessed September 9, 2022. <https://doi.org/10.1177/23970022221094532>.

Kompier, Michiel A. J. “New Systems of Work Organization and Workers’ Health.” *Scandinavian Journal of Work, Environment & Health* 32, no. 6 (December 2006): 421–30. Accessed September 9, 2022. <https://doi.org/10.5271/sjweh.1048>.

Kröll, Claudia, Philipp Doeblner, and Stephan Nüesch. “Meta-Analytic Evidence of the Effectiveness of Stress Management at Work.” *European Journal of Work and Organizational Psychology* 26, no. 5 (September 3, 2017): 677–93. Accessed September 9, 2022. <https://doi.org/10.1080/1359432X.2017.1347157>.

Laker, Benjamin, Vijay Pereira, Pawan Budhwar, and Ashish Malik. “The Surprising Impact of Meeting-Free Days.” *MIT Sloan Management Review*, 2022. Accessed September 9, 2022. <https://centaur.reading.ac.uk/102394/1/The%20Surprising%20Impact%20of%20Meeting-Free%20Days.pdf>.

Leka, Stavroula, and Paul James Nicholson. “Mental Health in the Workplace.” *Occupational Medicine*, 2019, 69: 5–6. Accessed September 9, 2022. <https://academic.oup.com/occmed/article/69/1/5/5308648>.

Li, Huiping, Shu Li, Hongxi Yang, Yuan Zhang, Fusheng Xu, Zhi Cao, Yue Ma, Yabing Hou, Yan Borne, and Yaogang Wang. “Association of Comprehensive Mental Health With Incident Cardiovascular Disease: A Prospective Cohort Study.” *Journal of Affective Disorders* 298 (February 1, 2022): 388–95. Accessed September 9, 2022. <https://doi.org/10.1016/j.jad.2021.11.008>.

Mayo Clinic Health System. “Is Having a Sense of Belonging Important?” December 8, 2021. Accessed August 15, 2022. <https://www.mayoclinichealthsystem.org/hometown-health/speaking-of-health/is-having-a-sense-of-belonging-important>.

McFeely, Shane. “How Frequently Should Employee Engagement Surveys Be Conducted?” August 12, 2021. Accessed July 28, 2022. <https://www.quantumworkplace.com/future-of-work/how-frequent-should-employee-engagement-surveys-be-conducted>.

Mental Health Commission of Canada. “Making the Case for Investing in Mental Health in Canada.” September 2, 2013. Accessed September 10, 2022. <https://mentalhealthcommission.ca/resource/making-the-case-for-investing-in-mental-health-in-canada/>.

–. “Frequently Asked Questions—The National Standard of Canada Titled Psychological Health and Safety in the Workplace—Prevention, Promotion and Guidance to Staged Implementation.” January 15, 2020. Accessed July 26, 2022. <https://mentalhealthcommission.ca/resource/frequently-asked-questions-the-national-standard-of-canada-titled-psychological-health-and-safety-in-the-workplace-prevention-promotion-and-guidance-to-staged-implementation/>.

–. “National Standard.” Accessed September 9, 2022. <https://mentalhealthcommission.ca/national-standard/>.

Mental Health Commission of Canada and Canadian Psychological Association. *Extended Mental Health Benefits in Canadian Workplaces: Employee and Employer Perspectives*. Ottawa: Mental Health Commission of Canada, 2022. Accessed September 9, 2022. <https://mentalhealthcommission.ca/wp-content/uploads/2022/05/Extended-Mental-Health-Benefits-in-Canadian-Workplaces-Employee-and-Employer-Perspectives-Research-Report.pdf>.

Morneau Shepell, “Morneau Shepell Finds Employees Would Accept Lower Pay for Enhanced Well-Being Support.” News release, January 28, 2020. Accessed September 11, 2022. <https://media.lifeworks.com/English/news/news-details/2020/Morneau-Shepell-finds-employees-would-accept-lower-pay-for-enhanced-well-being-support/default.aspx>.

Ohrnberger, Julius, Eleonora Fichera, and Matt Sutton. “The Relationship Between Physical and Mental Health: A Mediation Analysis.” *Social Science & Medicine* 195 (December 1, 2017): 42–49. Accessed September 9, 2022. <https://doi.org/10.1016/j.socscimed.2017.11.008>.

Organisation for Economic Co-operation and Development. “Tackling the Mental Health Impact of the COVID-19 Crisis: An Integrated, Whole-of-Society Response.” May 12, 2021. Accessed September 9, 2022. [https://read.oecd-ilibrary.org/view/?ref=1094\\_1094455-bukuf1f0cm&title=Tackling-the-mental-health-impact-of-the-COVID-19-crisis-An-integrated-whole-of-society-response&ga=2.267622091.471724726.1635248988-239092178.1635248988](https://read.oecd-ilibrary.org/view/?ref=1094_1094455-bukuf1f0cm&title=Tackling-the-mental-health-impact-of-the-COVID-19-crisis-An-integrated-whole-of-society-response&ga=2.267622091.471724726.1635248988-239092178.1635248988).

Orr, Serena L., Beth K. Potter, Jinhui Ma, and Ian Colman. "Migraine and Mental Health in a Population-Based Sample of Adolescents." *Canadian Journal of Neurological Sciences* 44, no. 1 (October 24, 2016): 44–50. <https://doi.org/10.1017/cjn.2016.402>.

Paterson, Jennifer. "Wellness Programs Increase Employee Engagement: Survey." *Benefits Canada* (blog). February 19, 2016. Accessed September 9, 2022. <http://benefitscanada.test.zephyrus.inovva.com/benefits/health-wellness/wellness-programs-increase-employee-engagement-survey-77129>. (requires sign-in)

PEO Canada. "What Is Workers Compensation?" (blog). September 10, 2010. Accessed September 9, 2022. <https://www.peocanada.com/peo-blog/what-is-workers-compensation/>.

Pfeffer, Jeffrey, and Leanne Williams. "Mental Health in the Workplace: The Coming Revolution." McKinsey & Company, December 8, 2020. Accessed September 9, 2022. <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/mental-health-in-the-workplace-the-coming-revolution>.

Shifrin, Nicole V., and Michel, Jesse S. "Flexible Work Arrangements and Employee Health: A Meta-Analytic Review." *Work & Stress: An International Journal of Work, Health & Organisations*, 2021. Accessed September 9, 2022. <https://doi.org/DOI:10.1080/02678373.2021.1936287>.

Smetanin, Paul, David Stiff, Carla Briante, Carol Adair, Sheeba Ahmad, and Minhal Khan. "The Life and Economic Impact of Major Mental Illnesses in Canada. Report Commissioned by the Mental Health Commission of Canada, 2011." Accessed September 9, 2022. [https://www.researchgate.net/publication/259911124\\_The\\_Life\\_and\\_Economic\\_Impact\\_of\\_Major\\_Mental\\_Illnesses\\_in\\_Canada\\_Report\\_commissioned\\_by\\_the\\_Mental\\_Health\\_Commission\\_of\\_Canada\\_2011](https://www.researchgate.net/publication/259911124_The_Life_and_Economic_Impact_of_Major_Mental_Illnesses_in_Canada_Report_commissioned_by_the_Mental_Health_Commission_of_Canada_2011).

Sun Life. *Integrating DE&I (Diversity, Equity and Inclusion) Into Group Benefits Plans*. n.p.: Sun Life, 2022. Accessed September 9, 2022. <https://www.sunlife.ca/content/dam/sunlife/regional/canada/documents/gb/ipsos-report-mc9648-desktop.pdf>.

Sutherland, Greg, and Carole Stonebridge. *Healthy Brains at Work: Estimating the Impact of Workplace Mental Health Benefits and Programs*. Ottawa: The Conference Board of Canada, 2016.

Tedone, Archana Manapragada. "Keeping Up With Work Email After Hours and Employee Wellbeing: Examining Relationships During and Prior to the COVID-19 Pandemic." *Occupational Health Science* 6, no. 1 (March 1, 2022): 51–72. Accessed September 9, 2022. <https://doi.org/10.1007/s41542-021-00107-3>.

Wahab, Mastura Ab, and Ekrem Tatoglu. "Chasing Productivity Demands, Worker Well-Being, and Firm Performance: The Moderating Effects of HR Support and Flexible Work Arrangements." *Personnel Review* 49, no. 9 (2020): 1823–43. Accessed September 9, 2022. <https://doi.org/10.1108/PR-01-2019-0026>.

Weiss, Leah. "Burnout From an Organizational Perspective." *Stanford Social Innovation Review*, October 20, 2020. Accessed September 9, 2022. [https://ssir.org/articles/entry/burnout\\_from\\_an\\_organizational\\_perspective](https://ssir.org/articles/entry/burnout_from_an_organizational_perspective).

Wong, Jennifer H. K., and E. Kevin Kelloway. "What Happens at Work Stays at Work? Workplace Supervisory Social Interactions and Blood Pressure Outcomes." *Journal of Occupational Health Psychology* 21, no. 2 (2016): 133–41. Accessed September 9, 2022. <https://doi.org/10.1037/a0039900>.

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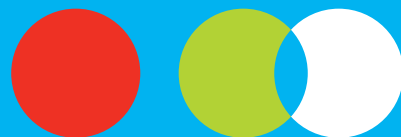
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