

# THE ROUNDTABLE NEWSLETTER

Tools, news and ideas for people on the front line of workplace mental health

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## Mental health research conference releases new tools to promote healthy workplaces

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The 2<sup>nd</sup> Canadian Congress on Research on Mental Health & Addiction in the Workplace, held May 17 & 18 in Vancouver, brought together some 250 scientists and mental health professionals to share their knowledge and learn more about the importance of research, knowledge and action regarding mental health and addiction in the workplace.

The conference was hosted by BC Mental Health & Addiction Services (BCMHAS), an agency of the BC Provincial Health Services Authority; the Centre for Applied Research in Mental Health and Addiction (CARMHA), Faculty of Health Sciences, Simon Fraser University; and the Canadian Institutes of Health Research (CIHR).

Keynote speaker Julian Barling, PhD, Queen's School of Business, spoke on "Ten Key Factors in Building a Psychologically Health Workplace". **[See link below for presentation text.]**

The invited lunch speaker was Robert Waite, Senior Vice-President, Stakeholder Relations and Brand for Canada Post. He announced that Canada Post has selected mental health as its community service priority, with a budgeted allocation of \$3 million this year.

Conference highlights included:

-Official launch of supported self-management tool *Antidepressant Skills at Work: Dealing with Mood Problems in the Workplace* by CARMHA and PHSA. **[See page 3.]**

-Discussion of a new Watson Wyatt literature review and gap analysis addressing workplace mental health and addiction.

-Updates and discussions with CIHR by Scientific Institute Directors from the Institute of Neuroscience, Mental Health & Addiction and the Institute of Gender and Health.

-Presentation of the research plan of the first CIHR-funded Emerging Team.

-Presentation of the Canadian Mental Health Association's "Mental Health First Aid" program.

By: Dr. Joti Samra, R. Psych., Scientist  
Centre for Applied Research in Mental Health & Addiction, Faculty of Health Sciences, SFU.

For the papers and proceedings of the 2nd CIHR Conference please visit

<http://www.carmha.ca/conferences/2007/workplace/en/program/index.cfm>

# Psychologically healthy workplaces: What do they look like?



Dr. Julian Barling

**“Transformational leadership” plays an important role in creating mentally healthy workplaces — and the emphasis in transformational leadership is changing.**

According to Dr. Julian Barling, Queen’s Research Chair and Professor of Organizational Behavior and Psychology in the Queen’s School of Business, ten key factors go into building psychologically health workplaces.

Drawing from a variety of studies, he said the success factors are:

- ◆ **“Transformational leadership” that brings inspirational motivation, intellectual stimulation and individualized consideration to the organization.** Transformational leaders build the self-confidence of employees and employee trust in management.
- ◆ **An intelligent approach to setting work load and pace that “avoids both overloading and underloading employees.”** Work demands are related to the skill of the employee and avoid overloading employees who have little discretion to say “no”. Employees who are asked to take on unusually demanding tasks are given provision to recover.
- ◆ **Work scheduling is compatible with outside roles and demands.** Tasks rotate in a stable, predictable pattern that gives the employee some sense that he/she controls their work life.
- ◆ **The employee’s role is clear and well defined.** Healthy workplaces “tell” the employee what to do but not how to do it.
- ◆ **People’s jobs have some sense of future.** This can be through employment security, or job ownership, or just a clear career path.
- ◆ **Autonomy.** These organizations honor the principle that “nobody knows the job as well as the person who does it.” This sense of autonomy encourages productivity and well-being.
- ◆ **A sense of “workplace justice.”** Employees feel they are not criticized unfairly, that they get good and sufficient information, that supervisors are willing to listen to their problems and that employees are at least sometimes praised for good work.
- ◆ **Reduced status distinctions.** Each employee feels appreciated; there is no sense that some individuals or groups are unfairly rewarded or recognized.
- ◆ **Employees have some sort of positive social network at work.** The importance of social relationships is underlined by the fact that “people leave because of people.”
- ◆ **Positive “extrinsic factors”** like comfortable temperatures, absence of noise, and a sense that people have some control over their work environment.

Dr. Barling said that while “transformational leadership” is still regarded as very important, its emphasis is shifting from the old “heroic” model to a model that emphasizes “the power of one.” “The new model is more follower-centric than leader-centric and puts the stress on humility, values and concern for others,” he added.

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# Self-help guide for employees with low mood or mild depression now available on Web

## Guide (free online) recommends step by step approach

An important new Canadian guide for employees with low mood or mild depression focuses on antidepressant skills instead of antidepressant pills.

***Antidepressant Skills at Work: Dealing with Mood Problems in the Workplace***, is authored by Vancouver psychologists Dan Bilsker, Merv Gilbert, and Joti Samra.

The guide has been published by BC Mental Health & Addiction Services (BCMHAS), an agency of the BC Provincial Health Services Authority, and the SFU Faculty of Health Science's Centre for Applied Research in Mental Health and Addiction (CARMHA). It is available free online at [www.carmha.ca](http://www.carmha.ca) under "Publications."

***Antidepressant Skills at Work: Dealing with Mood Problems in the Workplace***, is intended for:

- Working people with low mood, who may be at risk for developing depression.
- Working people who have developed a mild or major depression.
- Individuals who have been off work for a period of time, and are reentering the workplace.
- Partners, family members, friends or workplace colleagues who want to help an individual suffering from low mood or depression.
- Employers, supervisors or managers concerned about the well-being of their staff.
- Treatment providers who would like a tool to use as an adjunct to their clinical treatment.

The workbook is based on research about strategies that are effective in managing depressed mood. It focuses on ways to:

- Deal with workplace problems so they are less likely to cause depressed mood or lead to depression.

- Reduce the effects of depression and depressed mood on work satisfaction and performance.

Readers will find:

- A description of depression and depressed mood, possible causes and options for treatment.
- Detailed descriptions of three practical skills, based on scientific evidence, for dealing with depression and low mood. Sometimes the skills can be used on their own, when the mood problem isn't too severe. Sometimes the skills have to be used along with treatments by professionals. The strategies are presented in a clear, step-by-step format that will help the reader to work steadily toward his or her goals.
- Stories that show how working people would use these skills to deal with mood problems. Although these are not the stories of actual depressed workers, they are true to the experience of depression and low mood.
- An overview of particular workplace issues that may arise for people dealing with depression and low mood.

Co-author Dr. Merv Gilbert says, "This guide is an innovative and important tool in the effort to improve the response to workplace depression. It provides practical skills that can help people improve their self-care and functioning, and is complementary to other forms of professional or employer intervention and support."

**Bilsker and Samra (below); Gilbert (right)**



## Positive steps we can take to address suicide

SFU publishes four new guides to prevent suicide, treat the suicidal, and help survivors

In the past decade society has made some progress in demystifying and destigmatizing suicide but it remains a subject of great discomfort for many people. Much work remains in raising public awareness of things that can be done to prevent suicides and to support those who survive the suicides that still happen.

Simon Fraser University's CARMHA (Centre for Applied Research In Mental Health and Addiction) is doing excellent work in disseminating this kind of knowledge, most notably in its release of four new guides that are now available free online.

### ***Coping with Suicidal Thoughts***

This guide for people who are thinking about suicide provides sympathetic, plain-language advice designed to help the individual take emergency self-help action including connecting with others, developing a safety plan and keeping a suicide-proof environment. Since the greatest challenge for people in the pit of despair is to imagine that it can change or that their life can get better, one focus is on "how can I better understand my suicidal thoughts and feelings?" The writers of the guide go to some lengths to reach across the emotional divide that seems to separate the suicidal from the rest of us.

### ***Hope and Healing: A Practical Guide for Survivors of Suicide***

This guide was developed by the suicide response initiative of the Calgary Health Region and adapted by CARMHA for use in BC. Its advice falls into three areas:

- \* Managing practical legal and financial matters;
- \* Working through the grief: active ways that depressed survivors can take care of themselves, function better, and address workplace issues;
- \* Beyond surviving: information and tools to help survivors get on with their lives afterward.

### ***Working with the Suicidal Patient: A Guide for Health Care Professionals***

What's a health care professional without any mental health training — for example an ER nurse — supposed to do when confronting a potentially suicidal patient? This guide recommends two tasks, assess and advise. Assessment steps include: find out what



Photo courtesy CARMHA

suicidal ideas the patient is currently having, obtain details if there is a suicide plan, gather information on current or previous attempts, obtain information on the individual's psychiatric and other history and finally, examine the person's current mental status. Advisory steps include providing meaning and support, developing a safety plan, providing information and follow up, communicating with the individual's family and when and how to make a specialist referral.

### ***Working with the Client Who is Suicidal: A Tool for Adult Mental Health and Addiction Services***

This is a very comprehensive guide (120 pages, with extensive research references and resource material) for professionals in mental health and addiction treatment. It provides an overview of recommended practices and is consistent with the recommendations of the Blueprint for a Canadian Suicide Prevention Strategy in 2004. Its particular goals are to increase training for key gatekeepers, volunteers and professionals in order to increase competency in recognizing risk factors, warning signs and at-risk behaviors; to provide effective interventions; and to develop and promote effective clinical and professional practice.

All four publications are available free online from CARMHA at <http://www.carmha.ca/publications/index.cfm?fuseaction=publications.showByClass&topic=13>