

Men's Mental Health in the Workplace

Executive Summary

In Partnership With **Community Savings**

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Study performed by **HEADSUP GUYS**

HeadsUpGuys is a program of The University of British Columbia

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Context for Study



Depression and Suicide Among Men

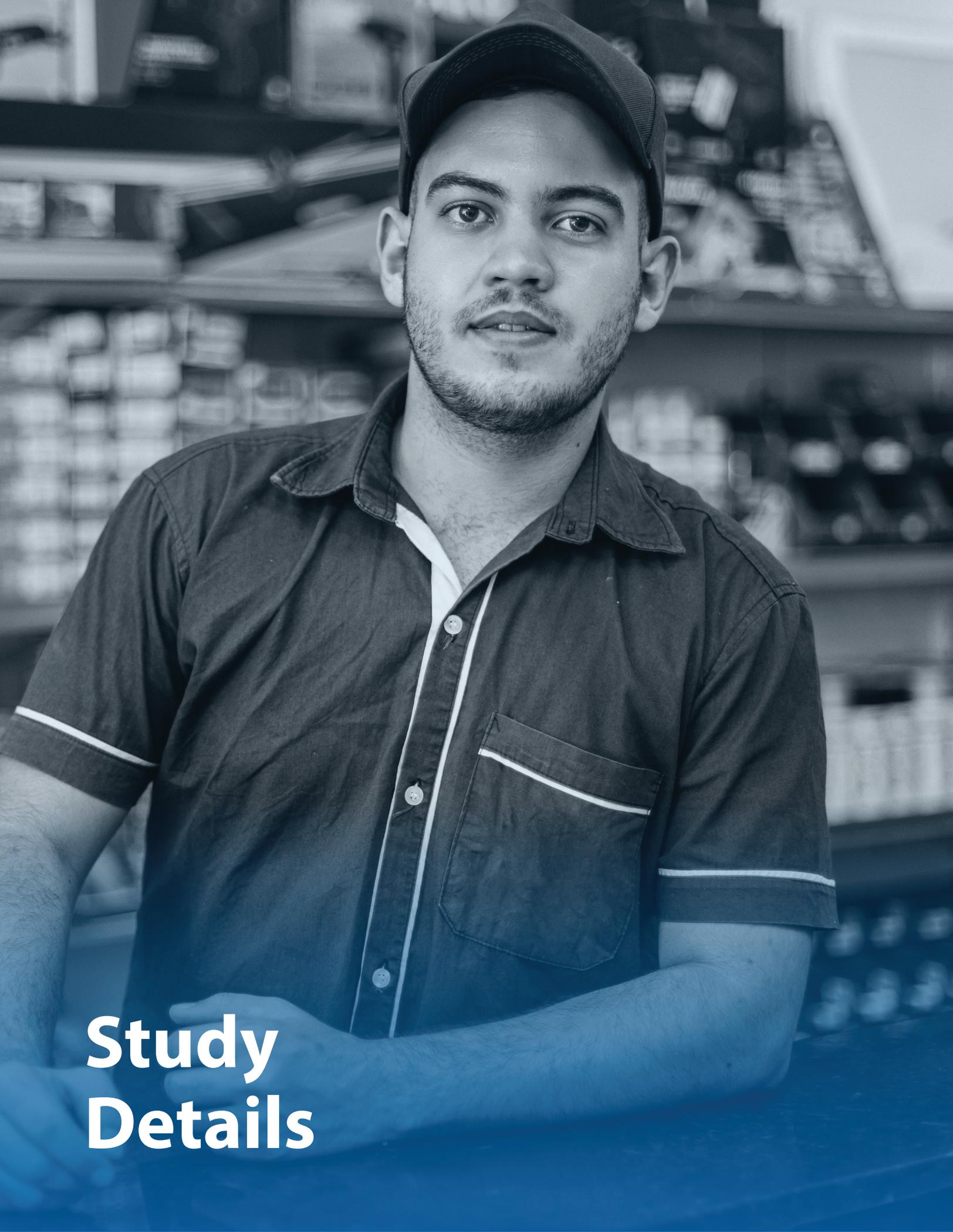
- In Canada, men account for roughly 75% of suicide deaths.
- Suicide is a leading cause of death among men worldwide.
- One of the strongest risk factors for suicide is depression, particularly if it's untreated or poorly treated.

Mental Health in the Workplace

- For the majority of adult men, work is the single activity that occupies most of their waking time.
- The World Health Organisation has highlighted workplace psychosocial hazards and associated risks as playing a leading role in undermining employees' well-being and mental health.
- Addressing mental health issues as part of wider occupational health, safety and wellbeing programs can help facilitate the creation of workplace norms that reduce stigma and facilitate help-seeking, issues that have been well-documented as factors that impact men's access to mental health services.
- However, the development of tailored workplace strategies for men is hampered by a lack of research identifying factors that contribute to poor mental health among men in the workplace.
- The present study was conducted in order to address this knowledge gap.

Aims of the Study

- Identify the prevalence and nature of psychosocial health problems of men within the workforce.
- Identify key workplace determinants of psychosocial health outcomes among male workers.
- Identify key personal factors of psychosocial health outcomes among male workers.
- Solicit male workers' perspectives on organisational gaps in mental health support.



Study Details

Participants were recruited using two strategies.

1. The first strategy involved engaging the services of a market survey firm to recruit workers in BC.
2. The second strategy involved recruiting workers across Canada via social media advertisements and the HeadsUpGuys website.

The study period was June 25, 2021 to February 28, 2022.

- Eligibility requirements included being at least 18 years of age, having online access, being able to read and understand English, self-identifying as male, and residing and currently working in Canada.
- The 148-item survey consist of standardised, validated measures along with questions about demographic and job information.
- The survey included a total of 1,450 English-speaking Canadian adults self-identifying as men.

01

Personal Profile, consisting of demographic items and measures assessing personal characteristics.

02

Health Check, consisting of measures that assess different aspects of mental health.

03

Workplace Barometer, consisting of measures that assess different psychosocial risks characteristics of the workplace.

04

Organizational Gaps, consisting of themes that emerged from male workers' perspectives regarding limitations in workplace supports for mental health.



Personal Profile

Demographics

- Mean Age of 43
- 78% Heterosexual
- 71% White
- 62% Working in BC
- 44% Married and/or Living with a Partner
- 85% employed full-time

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- Median personal annual income was within the \$50,000-\$79,999 range.
 - Majority (72%) had a diploma/degree; most (85%) working full-time.
 - Top three industries of work were:
 - » Professional, scientific and technical services (17%)
 - » Construction (10%)
 - » Retail and wholesale (9%)
 - 29% perceived their work environment to be 'a lot' or 'completely' male-dominant.

Personal Characteristics Related to Psychosocial Health

- 49% report poor social **support**.
- 79% report moderate to high **resilience**.
- 50% report moderate to high levels of levels **self-esteem**.
- 42% report moderate to high levels of **self-efficacy**.
- Regarding **self-reliance**, 47% never asking for help.
- Approximately 50% report a high level of **distress concealment**.
- 43% indicated a strong **need to belong**.





Health Check



- Nearly half the sample (49%) scored above the threshold for probable **major depression**; 1 in 10 men registered in the severe range of probable depression.
- 35% experienced thoughts of **suicide** or self-injury at least a few times a week.
- 42% reported behaviours suggestive of **hazardous drinking** or active alcohol use disorders.
- 6% of men scored above the threshold for moderate-severe **anger**.
- 42% experienced high to very high **somatic symptom burden**.
- 55% reported being **lonely**.
- 30% reported at least moderate levels of **burnout**.
- 27% consider themselves to be **unhappy**; and 36% feel that they are less happy than their peers.

1 in 4

Nearly 1 in 4 was experiencing psychological pain so intolerable that they could feel themselves falling apart.

1 in 3

expressed hopelessness about the future, feeling that it was impossible that things could change for the better or that they could achieve their goals.

1 in 10

Approximately 1 in 10 men endorsed strong feelings of hatred, disgust, and shame towards themselves.



Workplace Barometer



- With specific regard to the influence of **senior management practices on the psychosocial safety climate of the workplace**, respondents' scores revealed that workers perceived management practices (management commitment, management priority, organisational communication, and organisational participation) as posing moderate risk to the psychosocial health of employees.
- Concerning **workplace psychosocial risk assessment**, Canadian male workers reported higher psychosocial risks in their workplaces compared to the Swedish benchmarks (the largest benchmark population available), with **support from supervisors and colleagues being particularly lower among Canadian workers, and burnout and stress being considerably higher**.
- Notable among the findings were that 11% of all respondents reported weekly or daily **bullying**, while 5-6% were subjected to **sexual harassment, threats of violence, and physical violence** on a weekly to daily basis.
- That said, more than half of all respondents agreed that their current job was a good match for their skills/expertise; they knew exactly what to expect in their role; and that their workplace enjoyed a good atmosphere.
- Participants worked 42.8 hours, on average.
- Respondents tended to work more than is expected of them, revealing that **absenteeism was not apparent among participants**.
- Respondents reported relatively high levels of **presenteeism**, i.e., going to work despite not functioning at the optimal or their typical level of productivity.
- 35% of workers reported that **personal problems significantly impaired their work performances**.
- Similarly, 35% of workers reported **dread about going to work**.

11%

of all respondents reported weekly or daily bullying.

5-6%

were subjected to sexual harassment, threats of violence, and physical violence on a weekly to daily basis.

35%

of workers reported dread about going to work.



Organizational Gaps

Considerable feedback was provided regarding organizational gaps in mental health support in the workplace.

Several themes were distilled from the responses..

1. Social support from supervisor:

- more discussion of mental health at work
- better and more frequent communication from management and leadership
- careful listening to staff regarding expressed needs and desires

2. Sense of community at work:

- more team building/social activities
- more positive corporate culture
- more discussion of mental health at work (getting rid of the “man-up attitude”)

3. Safety:

- addressing bullying and harassment
- stopping discrimination

4. Work-life conflict:

- more work-life balance (“guilt-free 5pm finish”)
- desire for flexible schedule (work from home, 4-day week)

5. Quantitative demands and organizational justice:

- fair and reasonable work distribution
- realistic expectations from management
- hiring more staff
- mandated breaks

6. Recognition:

- acknowledgement of a job well done

7. Benefits and resources:

- more paid leave and vacation days, including paid time off for mental health reasons
- access to counselling and addiction services/EAP, including time off/flexibility in schedule to attend counselling



Recommendations

Based on the findings distilled from the survey, several recommendations can be made, which can be generally framed as Upstream, Midstream, and Downstream prevention strategies.

***Upstream strategies* refer to making fundamental systemic changes to mitigate risk of negative outcomes occurring. *Midstream strategies* refer to instituting broad practices to identify and respond to problems early on. *Downstream strategies* refer to approaches employed when individuals become ill.**

Upstream Prevention Strategies

Shift Workplace Culture

- Findings revealed a broad array of psychosocial risks in the workplace.
- These findings map onto results that illuminated management practices that compromise the psychosocial safety of workplaces; notably, insufficient prioritization of mental wellness in the workplace and correspondingly limited support around mental health issues.
- **Recommendation:** Make mental health and suicide prevention health and safety priorities. Leadership must model this. Regularly promote mental health practices and make resources known to employees.

Improve Safety in the Workplace

- Findings highlighted troubling exposure to harassment and violence. These concerns were reflected in respondents' identification of organizational gaps calling for proper prevention and resolution of such incidents.
- Many respondents advocated for the unraveling of "toxic masculinity", "man-up attitude", and "macho management" in their workplaces.
- **Recommendation:** Provide mandatory training on workplace bullying and harassment; Design, communicate, and implement zero-tolerance policies regarding bullying and harassment in the workplace.

Improve Mental Health and Addiction Knowledge

- Strong adherence to a self-reliant attitude, which was endorsed by a large percentage of workers, has been shown to impede help-seeking and to be a significant risk factor for suicidality. This was paralleled by findings of high distress concealment among workers.
- Improved mental health literacy is known to facilitate reductions in stigma and promotion of help-seeking.
- **Recommendation:** Provide information sessions on mental health topics and how to
- improve wellness. Consistently link mental health with wellness and safety programs.

Promote Social Networks

- Support from supervisors and colleagues was particularly low relative to available benchmarks, which corresponds to the lack of general social support reported by half the workers surveyed.
- There was a desire among many respondents for more social connection with their team, evidenced by several suggestions for more team building opportunities and social activities.
- **Recommendation:** Organize company/department-wide social events (e.g., with adequate budget, planning responsibilities regarded as a work task and not dependent on volunteer efforts); group-based stress-reduction activities at work/during work hours; provision of spaces in the office to facilitate social connection.

Set Clear Expectations

- Nearly 40% of workers reported feeling like they do not have time to complete all of their work tasks. Many respondents mentioned the need for realistic expectations, and reasonable work distribution. Respondents reported frustration with management giving clients timelines that could not be realistically met, thereby “setting me up for failure”.
- **Recommendation:** Increasing workers’ influence on deadlines and deliverables; develop clear priorities; regular review of workloads; provide support and guidance around task management.

Support Work-Life Balance

- Given the prevalence of burnout and presenteeism in the sample, it is not surprising that many respondents remarked on the need for breaks during work hours (“mandated breaks”) as well as adequate, restful time off (“guilt-free 5pm finish”). Many respondents remarked on the need for more days off, especially for mental health reasons.
- **Recommendation:** Provide flexible work arrangements, if at all possible; emphasis on results and progress rather than hours logged; increase paid time off; leadership must model healthy work-life balance for staff to follow.



Midstream Prevention Strategies

Identify Workers at Risk

- Findings exposed alarmingly high rates of psychological distress, including suicidality.
- **Recommendation:** Detect early symptoms for depression, anxiety, substance abuse and anger; integrate self-check tools into regular employee check-ups; training for managers/supervisors to identify signs of possible distress; leadership training focused on how to have conversations around mental health.

Develop Workplace Psychological Health Protocols

- Identification of workers at risk requires active follow-up to address/mitigate the risk. This necessitates the development, communication, and implementation of psychological health protocols (essentially, 'next steps' once at-risk workers have been identified).
- **Recommendation:** Develop plan of actions (resources and supports to access) to address identified mental health challenges; provide leadership and staff with directory of local mental health services and resources; make provisions for counselling/therapy in health plan.

Promote Help-Seeking

- Clear communication is critical. A frequently cited organizational gap was a lack of communication between management and employees. Indeed, only 25% of workers rated organizational communication about psychological safety issues as good, while the majority felt psychological well-being of staff was not considered a priority.
- **Recommendation:** Promote resources like Crisis Services Canada, BCCSA Mental Health Resources, Employee Assistance Programs; normalise help-seeking by encouraging workers to reach out for professional help when they're struggling (create an expectation that that is what you do when you're not feeling well).



Downstream Prevention Strategies

Connect Workers with Mental Health Resources

- It is encouraging that many survey participants have a family doctor and have been supported by a mental health professional in the past. However, access remains an issue (e.g., difficulty finding the appropriate resource; high cost; rigid schedule/limited time for appointments).
- **Recommendation:** Direct affected workers to specific mental health services and supports; provide paid time off for mental health reasons; offer flexible work arrangement to attend counselling appointments.

Provide On-site Support

- Lack of support from management regarding mental health help was revealed as a broad concern.
- **Recommendation:** Develop an action plan for recovery with affected workers; introduce on-site modifications to support them; leaders need regular check-ins with affected employees to help support their efforts.

Know Who to Contact in a Crisis

- In a crisis situation, call 911 if there is an immediate concern of a worker acting on their thoughts of suicide, or help the worker reach out to the BC Crisis Centre (1-800-SUICIDE: 1-800-784-2433) for crisis counselling.



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