



Men's Mental Health in the Workplace

Full Report

In Partnership With **Community Savings**

Uniting working people to build a just world

Study performed by **HEADSUPGUYS**

HeadsUpGuys is a program of The University of British Columbia

Community Savings
credit union

Foreword from Mike Schilling



Community Savings Credit Union is a values-driven financial institution that firmly believes that in order to create a better and more prosperous British Columbia, we must first build an inclusive and equitable one. To do that, we must stand up for workers' rights.

Suicide is a leading cause of death among men worldwide. And yet, notwithstanding the fact that for the majority of adult men, work is the single activity that occupies most of their waking time, mental health in the workplace is markedly overlooked. While many workplaces have embraced physical health and safety measures, the same attention has not been paid to mental health. This crucially ignores alarming mental health statistics.

With this report, we set out with HeadsUpGuys to address a major research gap in identifying the workplace factors that contribute to poor mental health in the workplace, in particular for men, given that they account for roughly 75% of suicide deaths in Canada. It sets out actionable organizational gaps identified by study participants, and outlines key prevention strategies for workplaces.

At Community Savings, we're for people, not profit. We understand the importance of prioritizing our employees' and our members' well being and advocate for other employers to do the same. We want to be a part of the solution in reducing harmful stigma around mental health in the workplace.

One small step we are taking - in addition to our ongoing mental health programs - is to rename 'sick days' to 'health days'. With this, we are working to give our team confidence that if they are struggling with their mental health - they will let us know, and proactively take the time they need.

With this research, our intention is not to stop at raising awareness. We are committed to driving meaningful change in workplaces, moving towards employers recognizing and prioritizing mental health. We can no longer claim not to have solutions to the mental health workplace crisis.

Supporting mental health in the workplace has never been more important.

A handwritten signature in black ink, appearing to read 'Mike Schilling'.

Mike Schilling
President and CEO, Community Savings Credit Union



Context



Workplace factors can affect the mental health of men. While employment can promote well-being (Warr, 1987), the workplace may also be a source of psychological stress negatively affect employee mental health (Battams et al., 2014), for reasons including poor work conditions, (Butterworth et al., 2011), high job demands, or low social support in the workplace (Butterworth et al., 2011; Kuoppala, Lamminpää, & Husman, 2008; Meltzer et al., 2010). Notably, there is evidence that those employed in male-dominated occupations (such as construction, forestry and agriculture) have higher rates of suicide than the general employment population (Kroenke et al., 2018; Milner et al., 2013).

There are numerous economic and social imperatives to reduce mental health problems of men in the workplace. In Canada, men account for roughly 75% of suicide deaths, while an estimated 620,000 Canadian men suffered from depression according to the 2014 Canadian census (Statistics Canada). Suicide is a leading cause of death of men worldwide (Naghavi, 2019), and depression now is the leading cause of disease burden worldwide (World Health Organization, 2017). Indeed, it has been estimated that the annual economic cost of mental illness is at least \$51 billion in Canada (Lim et al., 2008).

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. Previous studies of men's mental health in the workplace have focused only on specific male-dominated industries (e.g., construction), and have not considered personal factors (e.g., distress disclosure) that can shape men's behaviour in the workplace and contribute to poor mental health.

As such, there is a need for further research that samples men from a wider range of workplace settings and considers a broader array of risk and protective factors on the workplace as well as the individual level.

75%

In Canada, men account for 75% of suicide deaths.

620K

An estimated 620,000 Canadian men suffered from depression.

\$51B

Estimated that the annual economic cost of mental illness is at least \$51 billion.

Objectives

To address this issue, this study examined a multitude of personal and workplace factors that may be associated with men's mental health in the workplace.

The aims of the study were to:

- 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.



Methodology

“Previous studies of men’s mental health in the workplace have focused only on specific male-dominated industries (e.g., construction), and have not considered personal factors.”

- 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.
- 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.
- Data were collected between June 25, 2021 and February 28, 2022.
- This report summarizes the findings of the study, organized into four sections:

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; and

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

- The survey included a total of 1,450 English-speaking Canadian adults self-identifying as men.
- Virtually all (99%) were under the age of 65, mean age was 43; 71% White; 62% working in BC; 78% heterosexual; 44% married; 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 (17.2%), construction (9.6%) and retail and wholesale (8.8%).
- 61% were more working in small organizations (under 100 employees).
- 29% perceived their work environment to be 'a lot' or 'completely' male-dominant.

"29% perceived their work environment to be 'a lot' or 'completely' male-dominant."

	1450 (n)	100 (%)
AGE		
18-24	48	3.3
25-35	477	32.9
36-50	459	31.7
51-64	380	26.2
> 65	86	5.9
GENDER		
Cisgender	1356	93.5
Transgender	85	5.9
Not specified	9	0.6
RACE/ETHNICITY		
Aboriginal	86	5.9
Asian	196	13.6
Black	36	2.5
Latin American	36	2.5
White	1028	70.9
Other	54	3.7
Not specified	14	1.0

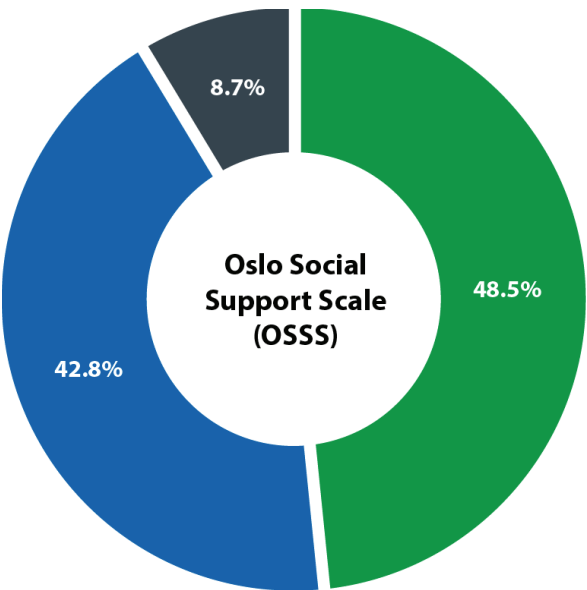
	1450 (n)	100 (%)
SEXUAL ORIENTATION		
Straight	1137	78.4
Gay	187	12.9
Bisexual	107	7.4
Other	19	1.3
RELATIONSHIP STATUS		
Single	817	56.3
Married	633	43.7
EDUCATION		
Less than high school	17	1.2
High school	131	9.0
Some college	266	18.3
Technical diploma	391	27.0
Undergraduate	402	27.7
Graduate	243	16.8
PROVINCE/TERRITORY OF WORK		
Eastern Canada	333	13.0
Western Canada	1077	74.3
Not specified	9	0.6
EMPLOYMENT STATUS		
Full-time	1228	84.7
Part-time	222	15.3
SIZE OF WORKPLACE		
Self-employed	90	6.2
1-99 employees	798	55.0
100-199 employees	130	9.0
200+ employees	432	29.8

	1450 (n)	100 (%)
FIELD OF WORK		
Agriculture	25	1.7
Construction	139	9.6
Education	120	8.3
Finance & Insurance	95	6.6
Fisheries & Aquaculture	14	1.0
Forestry	20	1.4
Health Care	108	7.4
Manufacturing	95	6.6
Mining	20	1.4
Performing Arts, Entertainment & Recreation	49	3.4
Petroleum	22	1.5
Professional, Scientific & Technical Services	249	17.2
Public Administration	63	4.3
Real Estate, Rental & Leasing	27	1.9
Retail & Wholesale	127	8.8
Small Businesses	43	3.0
Tourism & Hospitality	49	3.4
Transportation	99	6.8
Other	86	5.9
ANNUAL INCOME		
< \$20,000	63	4.3
\$20 – \$34,999	142	9.8
\$35 – \$49,999	250	17.2
\$50 – \$74,999	390	26.9
\$75 – \$99,999	309	21.3
> \$100,000	296	20.4

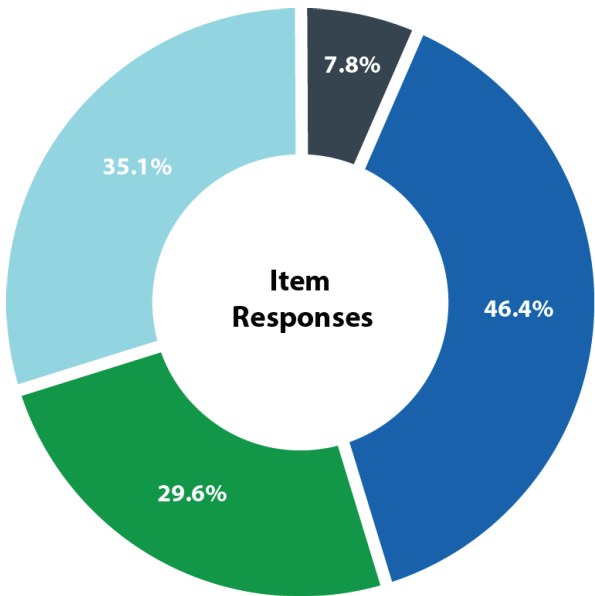
Social Support

The **Oslo Social Support Scale (OSSS)** (Dalgard et al., 2006) is a brief instrument to assess level of social support. Sum score ranges from 3 to 14, with higher scores indicating stronger support. In particular, the OSSS is interested in number of close confidants, the sense of concern from other people, and the relationship with neighbours with a focus on the accessibility of practical help.

- Mean for the sample was 8.6 (SD=2.2), indicating moderate social support.
- However, 49% of all participants scored between 3 and 8, reflecting poor social support.
- 46% reported having only 1-2 people that they could count on in moments of need.



- Poor social support (3-8)
- Moderate (9-11)
- Strong (12-14)



- How many people are so close to you that you can count on them if you have great personal problems? (none)
- How many people are so close to you that you can count on them if you have great personal problems? (1-2)
- How much interest and concern do people show in what you do? (none/a little)
- How easy is it to get practical help from neighbours if you should need it? (very difficult/difficult)

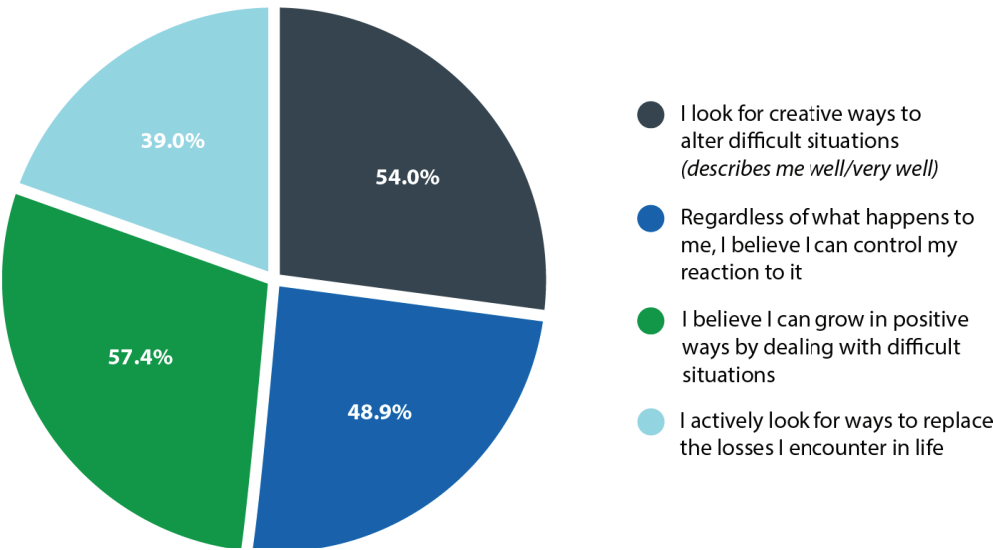
Resiliency

The **Brief Resilient Coping Scale (BRCS)** (Sinclair & Wallston, 2004) assesses an individual’s resilience, or their ability to adaptively cope with stress and bounce back from difficult situations. The scale consists of four items asking participants to rate how well each statement described their behaviour, for example, “Regardless of what happens to me, I believe I can control my reaction to it”.

“Most participants (79%) scored in the **normal to high resilience range.**”

	M (SD)
Brief Resilient Coping Scale (BRCS) (1-5, higher score represents higher resilience)	3.4 (0.7)

Item Responses



Self-esteem/Self-efficacy

The **Single-Item Self-Esteem Scale** (Robins et al., 2001) and **Single-Item Self-Efficacy Scale** (Williams & Smith, 2016) are one-item measures of global self-esteem and self-efficacy, respectively, with higher score indicative of higher level of the measured trait.

- The average Self-Esteem score was 4.3 (SD=1.6) on a scale of 1 to 7, while the average Self-Efficacy score was 6.7 (SD = 2.3) on a scale of 1 to 10, indicating moderate levels self-esteem and self-efficacy.

	M (SD)
Single-Item Self-Esteem Scale <i>(1-7, higher score represents higher self-esteem)</i>	4.3 (1.6)
Single-Item Self-Efficacy <i>(1-10, higher score represents higher self-efficacy)</i>	6.7 (2.3)



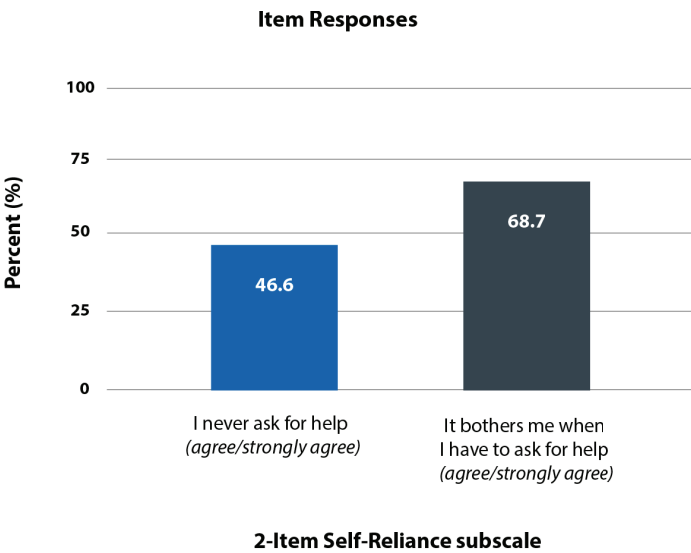


Self-reliance

The **2-Item Self-Reliance subscale** (Gerdes & Levant, 2018), part of a larger scale that measures conformity to norms of the hegemonic masculine culture in the U.S, was used to measure self-reliance. A higher score represents a stronger attitude regarding being self-reliant. The Self-Reliance subscale has been found to be negatively associated with health promotion, including seeking professional mental health support.

- The mean Self-Reliance subscale score was 2.7 (out of 4); nearly 7 in 10 men felt uncomfortable or bothered when having to ask for help.

	M (SD)
2-Item Self-Reliance subscale (1-4, higher score represents higher self-reliance)	2.7 (0.7)



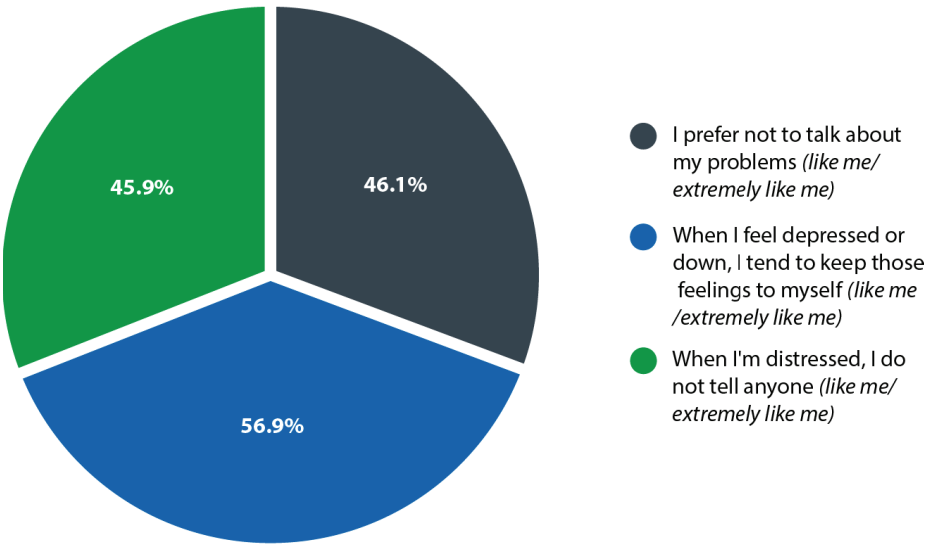
Distress Disclosure/Concealment

To measure tendency to conceal versus disclose psychological distress, the **Distress Disclosure Index (DDI)** (Kahn & Hessling, 2001) was used. Participants rated their agreement with 3 items regarding their typical level of disclosure to close others – sum score ranges from 3 to 15, with higher scores indicating a greater tendency to conceal distress.

- Roughly 50% of respondents reported a tendency to avoid revealing personally distressing thoughts, problems, or unpleasant emotions.

	M (SD)
Distress Disclosure Index (DDI) (3-15, lower score represents greater distress concealment)	10.2 (3.0)

Item Responses



Need to Belong

The **Single-Item Need to Belong Scale (SIN-B)** (Nichols & Webster, 2013) is a one-item measurement of an individual's desire to form and maintain enduring interpersonal attachments, with higher scores reflecting greater need to belong.

- 43% of all participants indicated a strong need to belong (i.e., by selecting “agree” or “strongly agree” to the statement “I have a strong need to belong”).

	M (SD)
Distress Disclosure Index (DDI) <i>(3-15, lower score represents greater distress concealment)</i>	10.2 (3.0)

SIN-B	(%)
No strong need to belong (1-2)	26.1
Strong need to belong (4-5)	43.3





Health Check

Access to Health Resources

“77% of all respondents had a family doctor, and **nearly half had experience with counselling or psychotherapy.**”

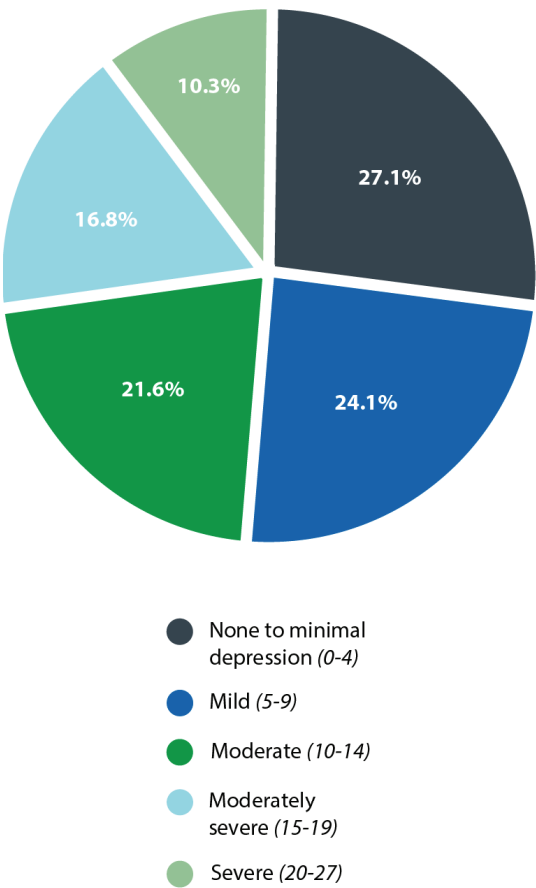
Depression

Depression was measured using the **Patient Health Questionnaire-9 (PHQ-9)** (Kronke, Spitzer, & Williams, 2001), using nine items corresponding to the criteria for a diagnosis of major depressive disorder. The items are scored on a 4-point Likert scale 0 (not at all) to 3 (nearly every day), with higher scores indicating greater depressive symptomatology.

- The average PHQ-9 score of 9.9 corresponds to a moderate levels of depressive symptoms, and nearly half the sample (48.7%) scored above the threshold for probable major depression.
- 1 in 10 men registered in the severe range of probable depression.

	M (SD)
PHQ-9 (0-27, higher score represents greater presence and severity of depression)	9.9 (6.9)

Item Responses



Suicidality

*“Four facets of suicidality were assessed: **hopelessness, self-hate, unbearable psychache, and frequency of thoughts of death or self-injury.**”*

The **Brief Measure of Hopelessness (Brief-H-Neg)** (Fraser et al., 2014) assesses hopelessness using two negatively valanced statements. The **3-Item Self-Hate Scale** (Turnell et al., 2019) assesses feelings of self-hatred based on participants’ ratings of three statements regarding hate, disgust, and shame directed at the self. The **Unbearable Psychache Scale (UP3)** (Pachkowski et al., 2019) assesses intolerable psychological pain, while the **Patient Health Questionnaire-9 (PHQ-9)**, item 9 (Kronke, Spitzer, & Williams, 2001) asks for self-reported frequency of “thoughts that you would be better off dead or hurting yourself in some way”.

	M (SD)
Brief-H-Neg (2-10, higher score represents greater hopelessness)	5.6 (2.2)
Brief-H-Neg (3-18, higher score represents greater self-hate)	7.4 (4.2)
Brief-H-Neg (3-15, higher score represents greater unbearable psychache)	6.8 (3.3)
Brief-H-Neg (0-3, higher score represents higher frequency of suicide and self-injury ideation)	0.6 (0.9)

1 in 3

men 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.

1 in 4

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

35%

of respondents experienced thoughts of suicide or self-injury at least a few times a week.



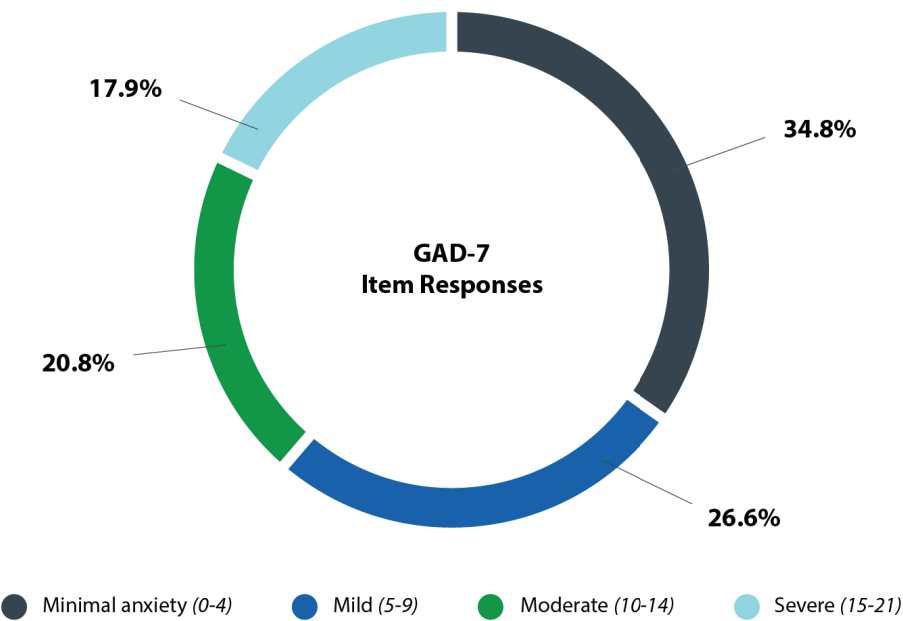
ITEM RESPONSES	%
BRIEF-H-NEG	
The future seems to me to be hopeless and I can't believe that things are changing for the better <i>(somewhat/absolutely agree)</i>	35.4
I feel that it is impossible to reach the goals I would like to strive for <i>(somewhat/absolutely agree)</i>	36.5
3-ITEM SELF-HATE SCALE	
I hate myself <i>(true/very true for me)</i>	13.6
I feel disgusted when I think about myself <i>(true/very true for me)</i>	10.3
I feel ashamed of myself <i>(true/very true for me)</i>	13.8
UP3	
I can't take my pain anymore <i>(agree/strongly agree)</i>	17.0
Because of my pain, my situation is impossible <i>(agree/strongly agree)</i>	14.3
My pain is making me fall apart <i>(agree/strongly agree)</i>	23.9
PHQ-9, ITEM 9	
Over the last 2 weeks, I have been bothered by thoughts that you would be better off dead or of hurting yourself in some way <i>(several days/more than half the days/nearly every day)</i>	35.7

Anxiety

The **7-item General Anxiety Disorder scale (GAD-7)** (Spitzer, Kroenke, Williams, & Lowe, 2006) was used to measure respondents' anxiety. The GAD-7 uses a four-point Likert scale ranging from 0 ("not at all") to 3 ("nearly every day"). Higher scores indicate more severe anxiety symptoms.

- The mean GAD-7 score of 8.1 indicated mild severity for the sample as a whole; however 38.7% of men's scores indicated moderate anxiety suggestive of generalized anxiety disorder.

	M (SD)
GAD-7 (0-21, higher score represents more severe anxiety)	8.1 (5.9)



Substance Use

The **Alcohol Use Disorders Identification Test—Consumption (AUDIT-C)** (Bush et al., 1998) is a brief screen for risky drinking associated with alcohol abuse and dependence. The response options for each item are scored 0 to 4 points, with sum score of 4 or more indicating possible alcohol misuse.

- 16% of all participants never drink.
- 42% of the sample scored above the cut-off score, suggesting the possibility of hazardous drinking or active alcohol use disorders.

	M (SD)
AUDIT-C <i>(0-12, higher score represents higher likelihood and severity of alcohol use disorder)</i>	3.4 (2.8)

AUDIT-C	%
Below cut-off (0-3)	57.3
Possible alcohol use issues (4-12)	42.7





Anger

The **PROMIS Emotional Distress—Anger—Short Form (PROMIS)** (Schalet et al., 2016) consists of 5 items and was used to assess participants' anger. Each item is scored from 1 to 5 points where 1=never, 2=rarely, 3=sometimes, 4=often, and 5=always, with higher scores indicating greater anger.

- The average score of 13.7 for the total sample indicated mild anger; however, 36.1% of men scored above the threshold for moderate-severe anger.

	M (SD)
PROMIS (5-25, higher score represents greater severity of anger)	13.7 (4.6)

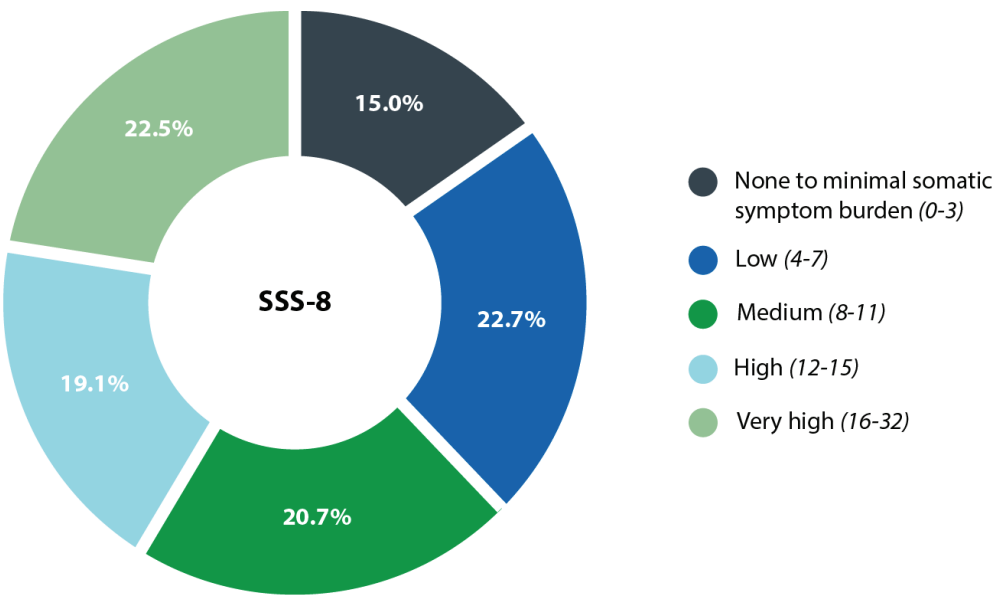
PROMIS	%
None to slight anger severity (5-13)	38.8
Mild (14-15)	25.1
Moderate (16-20)	29.4
Severe (20-25)	6.7

Somatic Symptoms

The **Somatic Symptom Scale-8 (SSS-8)** is a brief measure of common somatic symptoms (Gierk et al., 2014), such as stomach or bowel problems, back pain, or headaches, which uses a five-point response option (0–4) for each item. Higher scores indicate more somatic symptom burden.

- The overall SSS-8 mean was 10.4, corresponding to medium somatic symptom burden.
- Feeling tired or low energy, trouble sleeping, and back pain were the most common concerns.

	M (SD)
SSS-8 (0-32, higher score represents greater somatic symptom burden)	10.4 (6.5)





Loneliness

*“According to the UCLA Loneliness Scale-3, **55.2%** of individuals claim they feel lonely.”*

The **UCLA Loneliness Scale-3** (UCLA-3) (Russell, 1996) is a 3-item scale used to determine the extent of loneliness, commonly defined as a mismatch between what we want and what we have in terms of quantity and quality of social relationships. The response categories are ‘1=hardly ever,’ ‘2=some of the time,’ and ‘3=often.’ Higher scores indicate greater loneliness.

- The average score of 5.8 for the total sample revealed a moderate level of loneliness.
- Loneliness affected 1 in 2 men who answered the survey, i.e., 55% of participants obtained a composite score of 6 or higher on the UCLA-3 scale.

	M (SD)
UCLA-3 (3-9, higher scores represent greater loneliness)	5.8 (2.0)

UCLA-3	(%)
Not lonely (3-5)	44.8
Lonely (6-9)	55.2

Burnout

“1 in 5 felt burned out a few times a week.”

A single item from the **Maslach Burnout Inventory** (Maslach et al., 1997), “I feel burned out from my work”, was used to assess burnout. The item is rated on a 7-point scale ranging from 0 = never to 6 = daily, with higher scores indicating greater burnout.

- The total score for the sample (3.3) indicated a moderate level of burnout.
- Over 1 in 10 of all men surveyed felt burned out every day, and 1 in 5 felt burned out a few times a week.

	M (SD)
Single-item burnout (0-6, higher score represents higher frequency of burnout episodes)	3.3 (1.9)





Happiness

The **Subjective Happiness Scale (SHS)** (Lyubomirsky & Lepper, 1999) is a 4-item measure, rated on a 7-point Likert scale, that assesses global subjective happiness. Two items ask respondents to compare their level of happiness to their peers, whereas the other two items require respondents to rate how much they relate to descriptions of happy and unhappy individuals.

- Mean SHS score for the sample was 4.1, indicating moderate level of happiness.

	M (SD)
Subjective Happiness Scale (SHS) <i>(1-7, higher score represents higher level of subjective happiness)</i>	4.1 (1.3)



Workplace Barometer

Management Practices on the Psychosocial Health of Employees

Psychosocial safety climate (PSC) refers to a workplace environment unencumbered by psychological harm due to work-related problems (Hall et al., 2010), which was measured using the Psychosocial Safety Climate-12 (PSC-12) (Hall, Dollard, & Coward, 2010), a survey questionnaire designed to capture the influence of senior management practices on the psychosocial health of employees.

The PSC-12 comprises four domains, each with three items;

1. Management commitment, in relation to stress prevention practices;
2. Management priority, assessing employee perceptions of how management values employee psychological health and safety in comparison to productivity goals;
3. Organisational communication, encompassing processes for employees to provide feedback on psychological wellbeing; and
4. Organisational participation, which relates to consultation regarding psychological health and safety issues with employees' unions and Health and Safety Representatives.

Responses are made on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Scores for each of the 12 items are combined to provide the overall score

ranging from a minimum 12 to maximum score of 60, with higher scoring reflecting greater commitment from management to support employee psychological health.

- The mean PSC score for the sample was 34.2, reflecting moderate psychosocial risk in the workplace.

	M (SD)
Management commitment (3-15, higher score represents stronger commitment)	8.6 (3.3)
Management priority (3-15, higher score represents greater priority)	8.6 (3.4)
Organisational communication (3-15, higher score represents better communication)	8.5 (3.0)
Organisational participation (3-15, higher score represents more participation)	8.5 (3.0)
PSC (12-60, higher score represents greater psychosocial safety)	34.2 (11.7)



ITEM RESPONSES	%
MANAGEMENT COMMITMENT	
In my workplace senior management acts quickly to correct problems/issues that affect employees' psychological health (<i>agree/strongly agree</i>)	29.0
Senior management acts decisively when a concern of an employees' psychological status is raised (<i>agree/strongly agree</i>)	33.8
Senior management show support for stress prevention through involvement and commitment (<i>agree/strongly agree</i>)	33.2
MANAGEMENT PRIORITY	
The psychological well-being of staff is a priority for this organization (<i>agree/strongly agree</i>)	34.9
Senior management clearly considers psychological health to be of great importance (<i>agree/strongly agree</i>)	35.1
Senior management clearly considers psychological health to be as important as productivity (<i>agree/strongly agree</i>)	30.7
ORGANISATIONAL COMMUNICATION	
There is good communication here about psychological safety issues that affect me (<i>agree/strongly agree</i>)	28.8
Information about workplace psychological well-being is always brought to my attention by my manager/supervisor (<i>agree/strongly agree</i>)	25.4
My contribution to resolving occupational health and safety concerns in the organization are listened to (<i>agree/strongly agree</i>)	35.4
ORGANISATIONAL PARTICIPATION	
Participation and consultation in psychological health and safety occurs with employees, unions, and health and safety (<i>agree/strongly agree</i>)	28.4
Employees are encouraged to become involved in psychological safety and health matters (<i>agree/strongly agree</i>)	33.9
In my organization, the prevention of stress involves all levels of the organization (<i>agree/strongly agree</i>)	30.5

Workplace Psychosocial Risk Assessment

“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.”

The Copenhagen Psychosocial Questionnaire-III (COPSOQ-III; Burr et al., 2019) is a comprehensive tool that is used for workplace psychosocial risk assessment and for organizational development. The instrument covers a broad range of domains including Demands at Work, Work Organization and Job Contents, Interpersonal Relations and Leadership, Work-Individual Interface, Social Capital, Offensive Behaviours, Health and Well-being.

The questionnaire consists of 60 self-report items that are rated using a variety of response options. Scores for 35 different workplace risk characteristics are derived from the scale. Benchmarks for psychosocial work environment were generated by a cross-sectional survey conducted between 2016 and 2019 of 4,665 Swedish employees (Berthelsen et al., 2020).

- Compared to the Swedish benchmarks, Canadian male workers report higher psychosocial risks in their workplaces, 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.



DIMENSION AND ABBREVIATION	# OF ITEMS	M (SD)	BENCHMARKS
Quantitative demands	2	49.8 (22.6)	40.9 (11.2)
Work pace	2	59.5 (24.5)	59.9 (20.5)
Emotional demands	2	48.7 (29.0)	46.8 (25.5)
Influence at work	2	49.3 (25.9)	50.2 (20.1)
Possibilities for development	2	62.8 (24.7)	70.4 (20.0)
Meaning of work	2	60.7 (28.5)	78.3 (22.4)
Predictability	2	50.0 (25.3)	60.2 (21.3)
Recognition	2	56.5 (26.4)	65.6 (23.3)
Role clarity	2	64.7 (24.1)	78.1 (16.7)
Role conflicts	2	49.5 (26.5)	42.2 (19.6)
Quality of leadership		50.4 (27.8)	54.1 (24.8)
Social support from supervisor	2	57.7 (28.1)	75.3 (24.5)
Social support from colleagues	1	64.2 (23.4)	80.2 (19.6)
Sense of community at work	1	69.7 (25.2)	79.9 (15.0)
Job insecurity	2	43.8 (31.7)	20.2 (20.9)
Insecurity over working conditions	1	23.1 (31.0)	24.9 (23.2)
Job satisfaction	1	62.7 (27.7)	64.4 (20.2)
Work life conflict	3	45.2 (24.8)	39.7 (25.7)
Vertical trust	2	61.6 (25.2)	69.3 (19.0)
Organizational justice	2	56.0 (23.9)	59.7 (20.2)
Sexual harassment	1	9.4 (22.4)	6.0
Threats of violence	1	10.9	10.5
Physical violence	1	8.6	5.3
Bullying	1	15.9	10.3
Self-rated health	1	50.8 (24.2)	61.3 (23.9)
Burnout	2	55.2 (25.9)	36.2 (24.7)
Stress	1	49.2 (25.1)	36.0 (24.2)

ITEM RESPONSES	%
QUANTITATIVE DEMANDS	
How often do you not have time to complete all your work tasks? <i>(often/always)</i>	38.7
Do you get behind with your work? <i>(often/always)</i>	28.7
WORK PACE	
Do you have to work very fast? <i>(often/always)</i>	46.1
Do you work at a high pace throughout the day? <i>(to a large/very large extent)</i>	46.5
EMOTIONAL DEMANDS	
Do you have to deal with other people's personal problems as part of your work? <i>(often/always)</i>	33.4
Is your work emotionally demanding? <i>(often/always)</i>	34.3
INFLUENCE AT WORK	
Do you have a large degree of influence on the decisions concerning your work? <i>(often/always)</i>	40.6
Can you influence the amount of work assigned to you? <i>(often/always)</i>	28.1
POSSIBILITIES FOR DEVELOPMENT	
Do you have the possibility of learning new things through your work? <i>(to a large/very large extent)</i>	45.2
Can you use your skills or expertise in your work? <i>(to a large/very large extent)</i>	61.9
MEANING OF WORK	
Is your work meaningful? <i>(to a large/very large extent)</i>	49.2
Do you feel that the work you do is important? <i>(to a large/very large extent)</i>	53.4
ROLE CLARITY	
Does your work have clear objectives? <i>(to a large/very large extent)</i>	54.3
Do you know exactly what is expected of you at work? <i>(to a large/very large extent)</i>	61.8

	%
PREDICTABILITY	
At your place of work, are you informed well in advance concerning for example important decisions, changes or plans for the future? <i>(to a large/very large extent)</i>	29.0
Do you receive all the information you need in order to do your work well? <i>(to a large/very large extent)</i>	40.6
WORK PACE RECOGNITION	
Is your work recognized and appreciated by the management? <i>(to a large/very large extent)</i>	38.6
Are you treated fairly at your workplace? <i>(to a large/very large extent)</i>	52.1
ROLE CONFLICTS	
Are contradictory demands placed on you at work? <i>(to a large/very large extent)</i>	31.3
Do you sometimes have to do things which ought to have been done in a different way? <i>(to a large/very large extent)</i>	34.8
QUALITY OF LEADERSHIP	
To what extent would you say that your immediate supervisor is good at work planning? <i>(to a large/very large extent)</i>	34.8
To what extent would you say that your immediate supervisor is good at solving conflicts? <i>(to a large/very large extent)</i>	36.6
SOCIAL SUPPORT FROM SUPERVISOR	
How often is your immediate supervisor willing to listen to your problems at work, if needed? <i>(often/always)</i>	48.3
How often do you get help and support from your immediate supervisor, if needed? <i>(often/always)</i>	39.2
Social support form colleagues	
How often do you get help and support from your colleagues, if needed? <i>(often/always)</i>	45.5
Sense of community at work	
Is there a good atmosphere between you and your colleagues? <i>(often/always)</i>	64.8

	%
JOB INSECURITY	
Are you worried about becoming unemployed? <i>(to a large/very large extent)</i>	25.0
Are you worried about it being difficult for you to find another job if you became unemployed? <i>(to a large/very large extent)</i>	39.3
Insecurity over working conditions	
Are you worried about being transferred to another job against your will? <i>(to a large/very large extent)</i>	13.6
Job satisfaction	
Regarding your work in general. How pleased are you with your job as a whole, everything taken into consideration? <i>(satisfied/very satisfied)</i>	59.7
VERTICAL TRUST	
Does the management trust the employees to do their work well? <i>(to a large/very large extent)</i>	57.6
Can the employees trust the information that comes from the management? <i>(to a large/very large extent)</i>	49.9

“Compared to the Swedish benchmarks, Canadian male workers report **higher psychosocial risks in their workplaces,**”

	%
WORK LIFE CONFLICT	
Are there times when you need to be at work and at home at the same time? <i>(often/always)</i>	21.8
Do you feel that your work drains so much of your energy that it has a negative effect on your private life? <i>(to a large/very large extent)</i>	37.9
Do you feel that your work takes so much of your time that it has a negative effect on your private life? <i>(to a large/very large extent)</i>	30.6
ORGANIZATIONAL JUSTICE	
Are conflicts resolved in a fair way? <i>(to a large/very large extent)</i>	43.4
Is the work distributed fairly? <i>(to a large/very large extent)</i>	41.8
Sexual harassment – exposure in the last 12 months <i>(weekly/daily)</i>	6.1
Threats of violence – exposure in the last 12 months <i>(weekly/daily)</i>	5.8
Physical violence – exposure in the last 12 months <i>(weekly/daily)</i>	5.0
Bullying – exposure in the last 12 months <i>(weekly/daily)</i>	10.6
Self-rated health	
In general, would you say your health is _____ <i>(very good/excellent)</i>	30.9
BURNOUT	
How often have you felt burnout? <i>(a large part of the time/all the time)</i>	43.9
How often have you been emotionally exhausted? <i>(a large part of the time/all the time)</i>	41.1
Stress How often have you been irritable? <i>(a large part of the time/all the time)</i>	31.0

Absenteeism and Presenteeism

“35.2% of individuals agreed that their personal problems kept them from concentrating on their work.”

The **World Health Organisation Work Performance Questionnaire (HPQ)** (Kessler et al., 2003) was used to measure absenteeism and presenteeism.

For absenteeism, the items are ‘How many hours does your employer expect you to work in a typical 7-day week?’ and ‘In the past 4 weeks (28 days), how many days did you miss an entire work day because of problems with your mental health?’ A ratio was created between the two items to create a percentage absence due to sickness over expected monthly hours of work, adjusting for the possibility of negative scores due to working longer than expected hours.

For presenteeism, the item is, ‘How would you rate your overall job performance on the days you worked during the past 4 weeks?’. The reported number (1 to 10) was multiplied by 10 to produce a percentage of productivity, with a low score indicating the worker is more prone to ‘presenteeism’.

Finally, we administered one item from the **Workplace Outcome Suite (WOS)** (Attridge et al., 2017) as an

additional measure of presenteeism. Participants were asked to respond to the statement, “My personal problems kept me from concentrating on my work”, on a scale of 1 = strongly disagree to 5 = strongly agree.

- Participants worked 42.8 hours on average.
- Participants, on average, worked more than were expected, indicated by the negative absolute and relative absenteeism values.
- Presenteeism levels, i.e., going to work despite not functioning at the optimal or their typical level of productivity, were relatively high.
- Personal problems significantly impaired a third of participants’ performances at work.



	M (SD)
IN A TYPICAL WEEK	
Hours worked	42.8 (18.6)
Expected hours of work	42.0 (16.0)
ABSENTEEISM	
Absolute absenteeism (<i>hours</i>)	-3.2 (54.1)
Relative absenteeism (<i>negative score – 1.0, higher score represents greater level of absenteeism</i>)	-0.1
Relative hours of work (<i>ratio of expected to actual hours of work</i>)	1.1
Mental health-related absenteeism (<i>days</i>)	1.2 (3.5)
PRESENTEEISM	
WHO HPQ Absolute presenteeism (<i>0-100, higher score represents higher level of presenteeism</i>)	70.4 (19.6)

ITEM RESPONSES	%
My personal problems kept me from concentrating on my work (<i>somewhat/strongly agree</i>)	35.2

Workplace Distress

*“A third of workers reported **dread about going to work.**”*

A single item from the **Workplace Outcome Suite (WOS)** (Attridge et al., 2017) was used to measure workplace distress. Participants were asked to respond to the statement, “I dread going into work”, on a scale of 1 = strongly disagree to 5 = strongly agree.

ITEM RESPONSES	%
I dread going into work (<i>somewhat/strongly agree</i>)	34.6



Organisational Gaps

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 expressed needs and desires
2. Sense of community at work: team building/social activities; 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: work-life balance (“guilt-free 5pm finish”); flexible schedule (WFH, 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 or schedule flexibility to attend counselling

Appendix

Summary table of scales and corresponding question numbers

MEASURE	# OF ITEMS	CONSTRUCT	QUALTRICS QUESTION #
Demographics form	20	Demographic items	Q150-154 Q5-24
Oslo Social Support Scale (OSSS-3)	3	Social support	Q25-27
Brief Resilient Coping Scale	4	Resiliency	Q28-31
Distress Concealment (3 items from the Distress Disclosure Index)	3	Distress concealment	Q32
Single-Item Self-Esteem Scale	1	Self-Esteem	Q33
Single-Item Self-Efficacy Scale	1	Self-Efficacy	Q34
Single-Item Need to Belong Scale (SIN-B)	1	Need to belong	Q35
Brief-H-Neg	2	Hopelessness	Q36-37
Self Hate Scale (SHS)	3	Self-Hate	Q38-40
3-item Unbearable Psychache Scale (UP3)	3	Psychache	Q41
2-item Self-Reliance subscale	2	Self-reliance	Q42-43
Patient Health Questionnaire-9 (PHQ-9)	9	Depression	Q44-52
7-item General Anxiety Disorder (GAD-7)	7	Anxiety	Q53-59
Burnout (item 1 from Maslach Burnout Inventory; MBI)	1	Burnout	Q60
Alcohol Use Disorders Identification Test—Consumption (AUDIT-C)	3	Alcohol use	Q61-63
Somatic Symptom Scale-8	8	Somatic symptoms	Q64-71
UCLA 3-item Loneliness Scale	3	Loneliness	Q72-74
5-item PROMIS Emotional Distress—Anger—Short Form	5	Anger	Q76-80
Subjective Happiness Scale (SHS)	4	Happiness	Q81-84
Psychosocial Safety Climate -12 (PSC-12)	12	Workplace psychosocial safety climate	Q85-96
Copenhagen Psychosocial Questionnaire-III (COPSOQ-III)	45	Workplace psychosocial risk assessment	Q97-141
WHO Work Performance Questionnaire (HPQ)	4	Absenteeism and presenteeism	Q142-145
Workplace Outcome Suite-5	2	Personal problems and dread	Q146-147
Gaps in Workplace Support (open response)	1	Gaps in mental health support	Q148

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