

Workplace Mental Health Quick Facts

Purpose

To provide a high-level overview of the various Occupational Therapy (OT) roles in workplace mental health. This resource was developed by the OSOT Workplace Mental Health Team as an advocacy and education tool for OTs and other stakeholders in this domain. OSOT does not endorse any specific assessment tool that is referenced in this document.

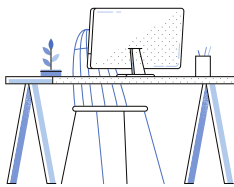
Why Occupational Therapy?

Occupational therapists are well-suited to workplace mental health, owing largely to their occupational analysis skills used to examine the inter-relationship of the person (employee), environment (workplace), and occupation (work duties) to create change and promote positive well-being. This aligns with the Person-Environment-Occupation model.¹

Quick Facts

30/1,000

Canadian employees miss work each week for mental health reasons.²



350,000+

disability cases each week are due to mental and/or behavioural disorders.³



30%

of short and long-term disability claims in Canada are directly attributed to mental health concerns.⁴



\$6 billion each year

is lost by Canadian companies due to decreased productivity stemming from poor employee mental health.⁵



Mental Health Needs in the Workplace

Mental health problems are common in the working population resulting in a multitude of impacts across organizational levels. Examples include worker discrimination, lost productivity, and increased stress-related workplace health and compensation board claims.⁶

Stress, now a workplace "norm", is linked to the development of depression and anxiety.⁷ Workplace stress can lead to exhaustion, anxiety, depression, and substance misuse with resultant high levels of absenteeism.

Decreased or disrupted work participation due to difficulties with mental health directly impacts an individual's well-being.⁸ Individuals unable to work face financial stress and a loss of critical social support and daily interpersonal contacts. Mental health challenges can have an impact on an employee's work performance and/or work relationships.

OT and Workplace Mental Health

Unique Lens

- Occupational therapists provide a unique lens by looking at the physical, emotional, and social domains of a person's health and their activity engagement.

Evidence-based

- Occupational therapists utilize evidence-based therapies to promote successful transition to return-to-work (RTW), improve productivity, and develop employee resilience.

Collaboration

- Therapists collaborate with employers to support mental health, develop healthy workplace cultures, promote well-being, and reduce absenteeism.

Visit OSOT's [Mental Health at Work for the Public](#) and [Mental Health at Work for the Employer](#) fact sheets for more information about the role of OT in workplace mental health.

OT Positions in Workplace Mental Health

Corporate Wellness

- Develop organizational policies to support mental health.
- Create, implement and evaluate programs focusing on holistic health and well-being.

Disability Management	<ul style="list-style-type: none"> • Coordinate and support stay-at-work and RTW plans and programs. • Negotiate job accommodations. • Assist with disability and worker's compensation claims.
Consulting	<ul style="list-style-type: none"> • Advocacy and policy development. • Workplace educational sessions.
Clinic/Community /Private Practice	<ul style="list-style-type: none"> • Community mental health teams. • Therapy for workers to treat illness, symptoms and assist with RTW plans. • Cognitive Work Hardening (CWH) and Reactivation Programs. • Cancer rehabilitation and survivorship.
Case Management /Client Advocate	<ul style="list-style-type: none"> • Develop client- centered treatment plans. • Collaborate with inter-disciplinary teams to optimize outcomes. • Mental health promotion through education and program development.

OT Assessments - Examples

Worker	Work	Workplace
<ul style="list-style-type: none"> • Cognitive, emotional and behavioural assessment, occupational functional abilities, safety risk assessment. • Examples: Modified Interest Checklist, Canadian Occupational Performance Measure (COPM), Worker Role Interview 	<ul style="list-style-type: none"> • Physical and cognitive job demands analysis (JDA), employer job description. • Examples: City of Toronto Behavioural/ Cognitive Functional Abilities Evaluation Summary 	<ul style="list-style-type: none"> • Environmental aspects, social aspects, available accommodations. • Examples: workplace inspection checklist, workplace assessment questionnaire, Guarding Minds at Work assessments

OT Interventions - Examples

Worker

- **Stabilization:** Establish healthy self-care through sleep hygiene, healthy eating, exercise and substance use management.
- **Reactivation:** Goal setting, facilitating daily structure and routine, reintegration into the community and life roles.
- **Psychotherapy:** Cognitive behavioural therapy (CBT), work-based CBT, exposure therapy, dialectic behavioural therapy.
- **Cognitive Work Hardening:** Prepares individuals to return to work through work simulations, cognitive compensatory strategies and tools, and coping skills training. Identifies work strengths and limitations with a view toward job accommodations.^{9, 10}
- **Job Coaching:** Optimize job performance through skill building such as organization, priority setting, and stress management.

Work

- **Work Simplification and Adaptation:** Teach strategies such as prioritizing, planning, pacing, positioning and use of adaptive equipment.
- **Outlining and Negotiating Accommodations:** Collaborate with the client to identify limitations, restrictions and required accommodations as supported by the duty to accommodate.
- **Return to Work Planning:** Outline a graduated RTW schedule that builds mental, emotional, and physical endurance facilitating a sustainable return.

Workplace

- **Workplace Education:** Provide education on work-life balance, stress and management, recognizing mental health issues, reducing stigma and resources available in the workplace. Implement the National Standards of Canada for Psychological Health and Safety in the Workplace.
- **Employer Engagement:** Implement and provide education on applicable legislation, duty to accommodate, return to work principles, negotiate complex relationships, and return to work plans.
- **Stigma Reduction:** Engage in discussion and role-plays to manage difficult questions/comments about absences and mental health issues.

Occupational Therapists work with these organizations - Ask for us!

- Primary care provider/Family Health Team/Community Health Centre
- Local Health Integration Network
- Veterans' Affairs Canada
- Disability insurer carrier

- Workplace Safety & Insurance Board
- Ontario Structured Psychotherapy Program
- Local Health Integration Network

Find an Occupational Therapist

- [Ontario Society of Occupational Therapists Find-an-OT Tool](#)
- [College of Occupational Therapists of Ontario Find an Occupational Therapist Tool](#)

Legislations, Policies and Standards

Ontario Human Rights Code: The law protects employees from discrimination and harassment because of a mental health disability and/or addiction, and includes duty to accommodate.

Occupational Health and Safety Act (OHSA): Part III.0.1: Workplace Violence and Workplace Harassment.

Workplace Safety and Insurance Act, 1997 (WSIA): Legislation regarding first responders and chronic mental stress.

CSA – Z1003-13 Psychological Health and Safety in the Workplace: Voluntary guidelines to assist Canadian employers in developing and maintaining psychologically healthy and safe workplaces.

CSA - Z1011 Work Disability Management System Standard

Relevant Organizations for Networks, Conferences, & Continuing Education

- Ontario Society of Occupational Therapists (OSOT)
- Canadian Association of Occupational Therapists (CAOT)
- Center for Addictions and Mental Health (CAMH)
- Canadian Mental Health Association (CMHA)
- Canadian Institute for Public Safety Research and Treatment (CIPSRT)
- Institute for Work and Health (IWH)
- Human Resources Professionals Association (HRPA)
- Workplace Safety & Prevention Services (WSPS)

- Schedule 2 Employers' Group
- Canadian Association for Research on Work and Health (CARWH)
- Canadian Centre for Occupational Health & Safety (CCOHS)
- Public Services Health & Safety Association (PSHSA)
- Centre for Research in Occupational Safety and Health (CROSH)
- Centre of Research Expertise for the Prevention of Musculoskeletal Disorders (CRE-MSD)
- Centre for Research Expertise in Occupational Disease (CREOD)

Suggested Readings

- Lecours, A. (2019). Using an occupational perspective to understand behaviors fostering the prevention of work-related health problems: A proposed conceptual model. *Journal of Occupational Science*. DOI:10.1080/14427591.2019.1600575
- McDougall, A. & Nowrouzi, B. (2017). The Issue Is--Work disability prevention: A primer for occupational therapists. *American journal of Occupational Therapy*, 71, 7106360010. <https://doi.org/10.5014/ajot.2017.018671>
- Moll, S. E., Heino, C. M., LeBlanc, A. H., Beck, L. B., & Kalef, L. M. (2018). Workplace mental health: Current practice and support needs of Ontario occupational therapists. *Canadian Journal of Occupational Therapy*, 85(5), 408-417.

Please email osot@osot.on.ca with any questions or comments. Visit www.osot.on.ca for more information about the Ontario Society of Occupational Therapists.

References

1. Law, M., Cooper, B., Strong, S., Stewart, D., Rigby, P., & Letts, L. (1996). The person-environment-occupation model: A transactive approach to occupational performance. *Canadian journal of occupational therapy*, 63(1), 9-23.
2. Deloitte. (2019). [The ROI in workplace mental health programs: Good for people, good for business. A blueprint for workplace mental health programs.](#) p.6.
3. Dewa, C. S., Chau, N., & Dermer, S. (2010). Examining the comparative incidence and costs of physical and mental health-related disabilities in an employed population. *Journal of Occupational and Environmental Medicine*, 52(7), 758-762.
4. Mental Health Commission of Canada. (2013). [Making the case for investing in mental health in Canada. Ottawa, ON: Mental Health Commission of Canada.](#)
5. Dimoff, J. K., & Kelloway, E. K. (2013). Bridging the gap: Workplace mental health research in Canada. *Canadian Psychology/Psychologie canadienne*, 54(4), 203.
6. LaMontagne, A. D., Martin, A., Page, K. M., Reavley, N. J., Noblet, A. J., Milner, A. J....& Smith, P. M. (2014). Workplace mental health: developing an integrated intervention approach. *BMC psychiatry*, 14(1), 131.
7. Chopra, P. (2009). Mental health and the workplace: issues for developing countries. *International Journal of Mental Health Systems*, 3(1), 4.
8. Lagerveld, S. E., Blonk, R. W., Brenninkmeijer, V., Wijngaards-de Meij, L., & Schaufeli, W. B. (2012). Work-focused treatment of common mental disorders and return to work: a comparative outcome study. *Journal of occupational health psychology*, 17(2), 220.
9. Wisenthal A., Krupa T., Kirsh B., & Lysaght R. (2019). Insights into cognitive work hardening for return-to-work following depression: Qualitative findings from an intervention study. *Work: A Journal of Prevention, Assessment & Rehabilitation*. 62(4): 599-613. doi: 10.3233/WOR-19289
10. Wisenthal A., Krupa T., Kirsh B., Lysaght R. (2018). Cognitive work hardening for return-to work following depression: An intervention study. *Canadian Journal of Occupational Therapy*. 85(1): 21-32. doi: 10.1177/0008417417733275