Notes from the Guest Editor

In 2009, FOUR institutes of the Canadian Institutes of Health Research (Gender and Health; Health Services and Policy Research; Neurosciences, Mental Health and Addiction; and Population and Public Health) sponsored the Fourth Annual Canadian Research Congress on Mental Health and Addictions in the Workplace, in Toronto, Ontario. Hosted by the Work and Well-Being Research and Evaluation Program at the Centre for Addiction and Mental Health, the theme of the congress was We Can Do It! Evidence and Interventions for Transforming Mental Health in the Workplace (see http://kewa.camh.net/researchers/areas/work_wellbeing/Pages/default.aspx for more details). Coincidentally, in the same year, an idealistic presidential hopeful named Barack Obama adopted a similar slogan for his White House run. Obama recognized that change that challenges established barriers can only come about through co-operation and a collective investment.

As with the previous congresses, the 2009 congress focused on the latest research and evidence-based interventions in five main areas: (1) workplace prevention and promotion, (2) disability management and return to work, (3) diagnosis and treatment, (4) stigma/discrimination and (5) workplace mental health and addiction policies.

In addition, we sought to create a forum for dialogues that would lead to co-operation. Research alone cannot bring about change. It certainly can inform the direction of transformation; but for change to occur, all stakeholder groups need to be present. Thus, the organizing committee members represented a variety of stakeholders, including employers, unions, clinicians, disability management specialists, researchers, human resources professionals and workers who had lived disability experience. Effective interventions and workplace transformations require diverse perspectives.

We also recognized that promoting mental health in the workplace requires a broad public health perspective that reaches beyond treatment to consider the roles of the physical environment, policy, law and biological and psychosocial risk factors. This means that researchers must venture beyond customary disciplinary silos and nurture dialogues with other disciplines. There must also be meaningful exchanges and collaborations with labour unions, employers, research funders and policy makers. These groups must understand the research findings because they are the ones who will implement them and with whom partnerships must be made to continue to build the knowledge base.

The papers in this special issue were written by the congress plenary speakers. The research papers summarize the state of knowledge in three research areas as they relate to workers and workplaces: (1) linking the psychosocial and biological, (2) policy and law and (3) physical environment. Gilbert-Ouimet and colleagues (2011) describe a method of recording and examining the effects of workplace change on workers. Their contribution is an excellent example of how to describe interventions and their effectiveness so that they can be reproduced by others in the field. Marchand and Durand (2011) draw the links between biological and psychological distress, mental disorders and burnout. Results from this line of research will be critical to informing the development of standards of workplace stress. Lippel (2011) offers an instructive overview of the impact of the law and public policy on workplaces and

workers; these considerations are crucial to using these mechanisms to effect large-scale change. With her overview of the role of the physical environment and its contribution to mental health, Veitch (2011) calls attention to another dimension where intervention should occur. The commentary by Smith et al. (2011) offers a summary of these papers and recommendations for future research directions.

The paper by Sairanen, Matzanke and Smeall (2011) provides a reminder that the business community also offers leadership in developing workplace mental health strategies and is not a passive bystander but, rather, a key player. These authors also note that the business community is composed of a diversity of stakeholders including unions, employers and insurers. The commentaries by the Mental Health Commission of Canada (Arnold et al. 2011) and the Canadian Institutes of Health Research (Di Ruggiero and Sharman 2011) reflect the contribution of policy makers and research funders to shaping the direction for improving mental health in the workplace.

Last, but not least, Green's (2011) essay about his experiences with adult attention deficit hyperactivity disorder and his focus on the ability rather than the disability underscore the importance of understanding and education.

The congress fostered exchange and networking. Participants were encouraged to raise questions about how the research findings could be applied, and to share their observations and experiences related to the findings. We hope that the papers in this special issue resonate with the stakeholder community and continue the discussions and ideas that will lead to research and interventions promoting and improving mental health in the workplace. Together, we can do it!

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