

Advancing Research on Mental Health in the Workplace



COMMENTARY

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ABSTRACT

A complex topic like workplace mental health requires multidisciplinary, multi-sectoral, mixed methods research and effective knowledge translation of research findings. In this commentary, two of the 13 institutes that comprise the Canadian Institutes of Health Research – the institute of Gender and Health and the Institute of Population and Public Health – discuss strategies for advancing research on mental health and the workplace. With a focus on each Institute's mandate, the commentary argues that there is a need to advance our understanding of how biological, social, cultural and environmental determinants of workplace mental health are influenced by sex and gender, and of how population health intervention research can generate evidence that will strengthen the impact of workplace interventions to reduce mental illness.

THE SOCIAL AND physical conditions under which people work have been demonstrated in several studies to have a direct impact on disease, injury, disability and health-related outcomes in workers. Of increasing interest

is the relationship between mental health and conditions at work and the related economic, social, legal and health-related consequences. In their review of the literature, Dewa and colleagues (2010) noted, mental health

problems are estimated to cost society from C\$51 billion in Canada to US\$83.1 billion in the United States on an annual basis with about 35% of these costs being associated with work disruptions (Dewa et al. 2010). In 2009, Shain and Nassar noted that Canadian employers have “an emerging, enforceable, legal duty to provide a psychologically safe workplace that parallels and complements the duty to provide a physically safe workplace” (2009: 6). Canadian researchers are contributing to a growing knowledge base about the influence of workplace design on employees’ mental health; the application of bio-psycho-social models to understand how individual-level characteristics such as gender and physical health status interact with stressors in the work environment to exacerbate mental health problems; and how regulatory and policy strategies can reduce workers’ exposure to psychosocial hazards.

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Our intent is not to summarize in any comprehensive manner key insights from this research. However, our review of the four papers in this supplement leads us to conclude that a complex topic such as workplace mental health requires a multi-stakeholder response involving representation from research, policy and practice. The authors outline research initiatives that engage multiple disciplines and sectors and surface the economic, legal, social, ethical and health implications of workplace mental health. Their findings call for mixed methods research, research that encourages the study of policy and program interventions to prevent mental illness, to improve support

for people with mental illness in the workplace or to effectively use regulatory strategies to foster mentally healthy workplaces.

The Canadian Institutes of Health Research (CIHR) is Canada’s major health research funding agency. It is dedicated to the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian healthcare system. In its latest *Health Research Roadmap*, CIHR has explicitly identified as one of its strategic health research priorities, research that contributes to a reduction in the burden of mental illness (CIHR 2009b). Two of the 13 institutes, the Institute of Population and Public Health (IPPH) and the Institute of Gender and Health (IGH), highlight relevant research priorities in their respective strategic plans that address (1) how population health intervention research can generate evidence that will strengthen the impact of workplace interventions to reduce mental illness and (2) the need to advance our understanding of the biological, social, cultural and environmental determinants of workplace mental health and how they are influenced by sex and gender.


The mission of IPPH is to improve the health of populations and promote health equity in Canada and globally by supporting research and encouraging its application to policies, programs and practices in public health and other sectors. The institute’s current research priorities provide a platform for addressing workplace mental health research questions. The four priorities include pathways to health equity, population health interventions, implementation systems for population health interventions in public health and other sectors and theoretical and methodological innovations (IPPH 2009). A particular focus for IPPH is to increase the quality, quantity and use of population health

intervention research. Population health interventions are complex and dynamic and include policy, program and resource distribution approaches in many contexts such as workplaces. They are intended to shift the risk of entire populations or communities by focusing on the social, cultural and environmental determinants that influence the distribution of risk and illness in a society.

Population health intervention research can include an examination of the differential impacts of policies such as occupational health and safety legislation or office redesign accommodations on the mental health of workers, or the development and application of novel measures and theories to strengthen workplace intervention research study designs. Research on understanding the pathways to health equity might answer the question of how micro-environments (e.g., individual workplaces) and macro-environments (e.g., labour markets) intersect to produce health inequities for shift workers. Other examples of pertinent questions might include the following: How are interventions effectively scaled up to improve access to successful mental health workplace policies that prevent violence and harassment of vulnerable workers? How do intersectoral mechanisms (e.g., governance structures that involve labour, employers and employees) enhance the implementation and sustainability of workplace interventions? What are the ethical implications of delivering interventions in the workplace to prevent mental illness? These and other questions are examples of how workplace mental health issues intersect with the strategic priorities of IPPH.

The mission of IGH is to foster research excellence regarding the influence of gender and sex on the health of women and men throughout life, and to apply these research findings to identify and address pressing health challenges. “Work and health: research into action” is one of six strategic

research directions identified in the institute’s 2009–2012 strategic plan (IGH 2009). Work – both paid and unpaid – is influenced both by socially constructed gender identities, roles and relations and by sex-linked biology (e.g., body shape, size and composition). The jobs women and men do, how they are compensated for them and how their working conditions affect their health are all shaped by sex and gender. So too is workplace mental health and illness. There is a considerable body of evidence to show how gender and sex affect mental health. Take stress, for example: IGH-funded research has shown that men and women respond to and cope differently with stress, and that these differences are linked both to biology and to social expectation and structures (Andrews et al., 2008; Dedovic et al., 2009).



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The findings related to stress underscore the need to take sex and gender into account when designing research, policies and interventions aimed at promoting workplace mental health. Yet the majority of research on occupational health fails to do so (Gochfeld 2007; Messing et al. 2003). Gender and sex are often treated as confounders rather than as lenses through which to gain unique and important insights into workplace mental health. Accounting for sex and gender makes for better science and enables the tailoring of policies and interventions according to the unique needs of men and women. Consider Dewa et al.’s (2010) finding that women experienced higher rates of mental and behavioural disorder-

ders than did men; at 67 days, these disorders had the longest disability episodes of those studied. Might an intervention tailored for women enable them to return to health (and to work) more quickly? Are the lower rates of these disorders among men a result of social or biological differences in men's mental health, or an artefact of gender differences in how we diagnose mental and behavioural disorders? This is but one example of why gender and sex matter to workplace mental health.

IGH and IPPH are both committed to advancing research on workplace mental health through their respective strategic priorities. The institutes are further committed to fostering knowledge translation – “a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge” (CIHR 2009a) – of relevant research findings. The research showcased here are but a few examples of how research has the potential to make a difference in the lives of workers through facilitating evidence-informed decision-making by workplaces and other policy actors with a stake in workplace mental health.

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