



It's **OUR** Business

Addressing Addiction & Mental Health in the Workplace



**AHS Staff Prevention and
Health Promotion Manual
for Workplace Consultation**



**Alberta Health
Services**

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- AHS—Mental Health Promotion
- AHS—Mental Health Early Identification and Screening
- AHS—Tobacco Reduction Program
- AHS—Practice Supports and Problem Gambling
- AHS—Legal Counsel Labour and Employment

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Glossary

A



Overview



Overview

Purpose of this manual

This manual is designed to help you consult with employers and assist them in

- understanding the business case for investing in employee health and workplace programs
- understanding addiction and mental health issues
- learning about alcohol and other drugs, tobacco, gambling and mental health in the workplace
- learning to talk openly about this subject with their staff
- helping their employees find addiction and mental health services they need, confidentially and appropriately
- learning how to foster and maintain a healthy, safe workplace where people feel valued and motivated

This manual also contains a wealth of information, tools, tips and strategies about how employers can better manage topics such as fitness for work, performance management and returning to work. Module 5 provides information to consider when working with an employer to design, implement or update existing policies.

Whether your consultations include small, mid-size or large companies, and whatever their industry or sector, this manual has something useful for you. It is intended to enhance and support your work with Alberta's employers while assisting you with your health promotion and prevention strategies and activities.

When consulting with workplaces, it is important to reiterate to the employer that you are not providing legal advice, just suggestions on best practice, and that in workplace matters it is always best to obtain independent legal advice specific to their working environment.



How the manual is organized

The material in this manual is organized into self-contained modules that can be adapted to fit different workplaces and situations. The entire manual can be read at once, or you can read only the modules that fit your interests and needs. Each module is designed for quick, easy reference and contains the following sections:

- **Module at a glance** gives a brief overview of the module and its relevance to you.
- **At a glance** summarizes key information in boxes.
- **Handouts** include different resources you can give workplaces during your consultations. These handouts supplement the information in each module.
- **References** provide a list of citations to support the information provided in each section.

Overview of modules

Module 1

Workplace health and the business case

This module reviews the different interventions workplaces can use to reduce the risk posed by substance use in the workplace. Workplace programs are more effective when an organizational, comprehensive approach is taken. This module will also help you present a strong business case to workplaces concerning the importance and benefits of investing in employee health.

Module 2

Promoting workplace health

This module provides information on what workplace health is, the benefits of workplace health promotion and how to promote it. Different factors that affect employee health are explored and discussed. This module provides a framework for understanding how a workplace can improve preventative measures using a comprehensive workplace health model.



Module 3

Understanding addiction and mental health in the workplace

If you want to better understand alcohol and other drugs, tobacco, gambling and mental health, this module will provide you with detailed information.

Module 4

Family and social support

Families and social support have a significant impact on employee health. This module discusses how the workplace can support these relationships and make connections with families, how the workplace and families can work together to deal with addiction and mental health, and how the workplace can build strong networks of support for employees and their families. Specific detailed information about peer support, how it works and how to create an effective workplace peer support team are outlined.

Module 5

Policy development

The importance of a workplace policy and the role of alcohol and drug policies is the focus of this module, which provides a step-by-step description of the process of policy development. Information on alcohol and drug testing in the workplace, as well as current workplace legislation about the use of alcohol and other drugs, tobacco, and mental health is also provided.

Module 6

Fit for work

One of the key responsibilities of any company is to ensure the safety of its workers, its customers and the public. This module focuses on the concept of fitness for work. It will help you understand the “fit for work” approach, the elements of this philosophy and how to apply it in the workplace. The next two modules will build on fitness for work through performance management and workplace re-entry.



Module 7

Effective performance management

Performance management is a key step in the fit for work process. It removes the need for employers to deal with employees' personal problems and shifts the focus to managing their work performance instead. This module offers information on when and how to intervene in a situation when an employee may be struggling with job performance and removes the confusion that often comes when employers try diagnosing problems.

Module 8

Getting help: Treatment, return to work and accommodation

This module completes the fit for work cycle and outlines ways the workplace can help manage an employee's smooth transition back to work, as well as ways to support the employee while in recovery.

Resources

This section provides a list of resources that supplement information from the other modules.

Glossary

Key terms used throughout this manual are listed and defined here. These terms are found in bold text throughout the manual.



Workplace health and the business case

Module 1

Workplace health and the business case

Module at a glance

Workplaces can positively affect the health of their employees. Having a comprehensive workplace strategy in place can prevent the development of addiction and mental health problems, and promote good habits like exercising, eating nutritiously, and using healthy strategies to cope with stress. Workplace programs are more effective when a comprehensive, organizational approach is taken. The benefits of promoting employee health are substantial to an organization's bottom line. So is the return on investment. Communicating the business case to employers and explaining why they should care about employee health will be essential as you promote your addiction and mental health prevention-based work in Alberta workplaces.

This module is intended to provide you with information on what a comprehensive workplace health program includes. Subsequent modules in this manual will provide you with more concrete information about how to support each aspect of a comprehensive program. This module will also help you present a strong business case to workplaces on the importance and benefits of investing in employee health.

Read on to learn more about

- workplace health
- the business case



Workplace health

Health definitions

What is individual health?

Individual health refers to a person's ability to maintain their physical and mental well-being. Maintaining well-being means both doing things that protect and enhance your health, and reducing or avoiding things that place your health at risk.

What is workplace health?

Workplace health refers to an organization's ability to promote and maintain the physical and **mental health** of its employees at all levels, through a combined effort of employers and employees. It is also about reducing risks to employee health and wellness through safe work practices, healthy work environments and responsible hosting of company events.

Leaders are in a great position to promote employee health. This begins at the very top of an organization, through executive endorsement and the creation of a culture that supports employees in improving their health and well-being.¹

Workplace health model

Among the goals of workplace **health promotion** are preventing the development of addiction and **mental health problems** and reducing the harm associated with them. This workplace health model is designed to provide Alberta Health Services (AHS) zone staff with the information, resources and tools necessary to develop and support employers' efforts in providing a comprehensive **prevention** program.

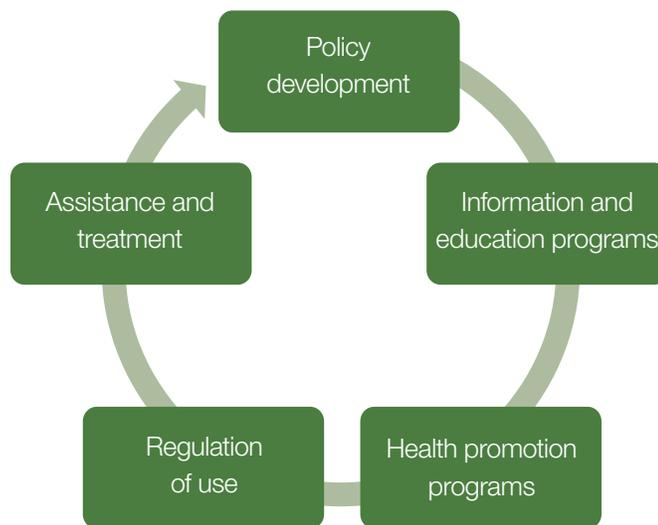
More than 67% of the population over the age of 15 are in the workforce, and spend an average of 60% of their waking hours in the workplace, or have meaningful involvement with other workplace environments, including schools, apprentice and vocational programs, and health-care settings.¹ The workplace has a strong influence on employee health and wellness and, in turn, has a positive correlation with family and community benefits. A healthy workplace is one where employees enjoy a safe and healthy work environment, where they have strong and supportive working relationships that give them a sense of control and influence over what happens to them, and where they are encouraged and supported to look after their own health, both at work and at home.



Intervention strategies

Workplace programs are more effective when an organizational, comprehensive approach is taken. Tim Stockwell and others² outline how interventions to reduce the risk posed by substance use in the workplace fall into five broad categories. These categories can be adapted to fit with other workplace health initiatives, including interventions aimed at mental health and tobacco use. Each of these sections will be addressed in more detail in subsequent modules of this manual.

Figure 1.1 Five types of interventions to reduce the risk posed by substance use in the workplace



Policy development

A written company policy signals a corporate commitment to substance abuse prevention, mental health promotion and employee health. Corporate policy provides the basis for further interventions. When developing a policy, it is important to address the following:

1. consultation with the workforce during development
2. universal application
3. adaptation to the specific organization
4. comprehensive coverage and specific procedures for responding to different issues (e.g., drug use in the workplace)
5. education on, and awareness of, company policies
6. education and training on the implementation of company policies



7. pace implementation
8. evaluation of stated objectives

Information and education programs

A key aspect of providing a comprehensive approach to any intervention or program within the workplace is providing health information to all employees (e.g., information on why alcohol and other drug use can be a problem in the workplace setting). Education programs can focus on the company's policies, health risks and other problems that can be associated with not addressing health issues. Such programs can also provide employees with tools they can use to assess their own or others' health behaviour. Education programs can also provide information on where to go for help.

Health promotion programs

Health promotion programs have the ability to change health environments and teach participants how to improve or maintain their health, including making healthier choices related to substance misuse, stress management and exercise.

Regulation of use

Regulation of use has a number of functions, and may include measures such as banning alcohol and other drug use, and compliance drug testing. For more information on alcohol and drug testing and what to consider when choosing whether or not to have an alcohol and drug testing policy, see Module 5.

Assistance and treatment

Assistance and treatment commonly involves referring employees to an **employee assistance program** for help with issues such as alcohol and other drug use problems, and mental health issues.



The business case

Why the workplace?

The workplace, where people spend an average of 60% of their waking hours, greatly affects our physical, mental and social well-being. There is conclusive evidence that the infrastructure of the workplace can provide a support network that will encourage and promote healthy **lifestyle practices** at both the individual and organizational level. There are other key reasons why workplaces are an ideal setting to promote health:

- Workplaces have access to a large number of people on a regular basis and can provide ongoing support to employees.
- Workplaces have access to groups who may be hard to reach otherwise (e.g., minority groups and people who do not visit doctors and other health professionals regularly).
- Workplaces are convenient places for people to get information and support.
- Workplaces can provide the necessary supportive social environment.

Reasons to invest in employee health

Workplace health programming has substantial positive effects on an organization's bottom line and the **return on investment (ROI)** can be significant.

A comprehensive approach to workplace health can help reduce both **direct and indirect costs** to an organization. Direct costs are those for which payments are made. These costs include health care costs (e.g., drug and hospital costs), insurance premiums, Workers' Compensation Board (WCB) costs, and recruitment and retention costs. Indirect costs are those for which resources are lost. These costs include productivity, **absenteeism** and **presenteeism**.

The benefits of workplace health programming for employees include increased health knowledge, increased job satisfaction, physical benefits, reduced risk of depression, more energy and less stress.



Benefits outweigh the costs

Substance abuse in the workplace is a concern for everyone: workers, leaders and managers, business owners and taxpayers. It is hard to measure the true economic costs of workplace substance use in Canada. It can be difficult, for instance, to directly link substance use with lowered productivity, absenteeism and accidents. As a result, the true costs of workplace substance abuse remain hidden. But there are human and economic costs to workplace substance abuse, both direct and indirect, and the costs are significant.

In 2002, annual productivity losses in Canada because of substance abuse were estimated at \$11.8 billion, which included

- \$4.1 billion for alcohol
- \$823.1 million for illegal drugs³

This is the equivalent of 1.29% of Canada's gross domestic product (GDP) that year, or \$313 per Canadian.³ These productivity losses say nothing about the cost of human suffering or other impacts on the workplace.

The Conference Board of Canada estimates that every employee who smokes costs a company \$3,396 per year through increased absenteeism, decreased productivity and the costs associated with maintaining and cleaning outside smoking areas.⁴

Alcohol abuse costs the Alberta economy \$855 million in lost productivity and \$407 million for direct health care services.⁵



Mental health in the workplace

Mental illness, which includes the most common mental health disorders, such as depression and anxiety, costs the Canadian economy a staggering \$51 billion a year, with one third of that due to lost productivity.⁶

According to the World Health Organization, depression will rank second only to heart disease as the leading cause of disability worldwide by the year 2020. Mental health problems and illnesses are rated as one of the top three drivers of both short- and long-term disability claims by more than 80% of Canadian employers.

Mental health problems and illnesses account for more than \$6 billion in lost productivity costs due to absenteeism and presenteeism.⁷

A recent stress-reduction program in a branch of the Halifax provincial government reduced absenteeism by 27%.⁸

Costs to organizations and return on investment (ROI)

Employee illness and injury add significantly to the cost of doing business. Employee absence alone costs Canadian businesses about \$8.6 billion per year.⁹ In addition, Canadian organizations report an annual absenteeism rate of 6.6 days lost per full-time employee, which equates to about 2.6% of their total payroll.

However, when workplace health programs are in place, employers have been able to cut costs while caring for their employees. There is a significant ROI for organizations that invest in their employees' health. Programs that demonstrated the largest returns focused on long-term behaviour change, used tailored communication methods and incorporated individualized counselling for high-risk individuals. Examples include

- eight organizations in Halifax calculated an ROI of \$1.64 for every dollar invested in a comprehensive workplace wellness program¹⁰
- a Canadian government corporate wellness program reported a return of \$1.95–\$3.75 per employee for every dollar spent¹



At a glance

Substance use, mental health and gambling problems can affect the workplace in the following ways:

Individual	Co-workers	Business
1. possible self-injury	1. increased risk of injury	1. more absenteeism
2. risk of demotion or firing	2. unsafe work environment	2. more presenteeism
3. problems in major life areas (including problems with family, friends and co-workers)	3. increase in the number of disputes	3. more accidents
4. increased illness	4. having to cover for a co-worker	4. higher WCB costs
5. loss of wages	5. increased stress	5. increased insurance costs
6. loss of self-esteem and respect	6. reduced morale	6. reduced productivity
		7. reduced morale
		8. higher staff turnover
		9. damage to equipment
		10. theft
		11. bad publicity
		12. loss of business/ customers
		13. possible legal liability issues
		14. loss of public trust



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IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders

Workplace health model

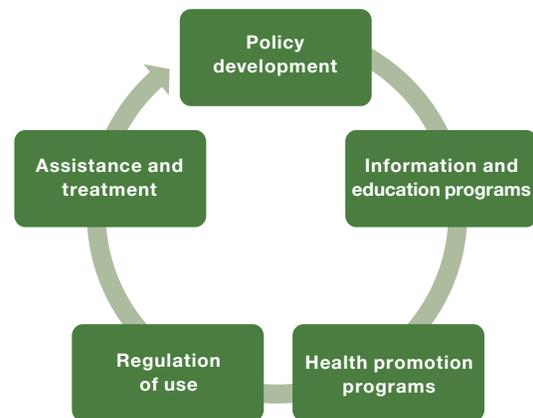
Among the goals of workplace health promotion are preventing the development of addiction and mental health problems, and reducing the harm associated with them. Workplace health refers to an organization's ability to promote and maintain the physical and mental health of its employees. It is also about reducing risks to employees' health and wellness through safe work practices, healthy work environments and the responsible hosting of company events.

More than 67% of the population over the age of 15 are in the workforce, and spend an average of 60% of their waking hours in the workplace, or have meaningful involvement with other workplace environments, including schools, apprentice and vocational programs, and health-care settings.¹ The workplace has a strong influence on employee health and wellness and, in turn, affects the family and community. A healthy workplace is one where employees enjoy a safe and healthy work environment, where they have strong and supportive working relationships that give them a sense of control and influence over what happens to them, and where they are encouraged and supported to look after their own health, both at work and at home.

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4. comprehensive coverage and specific procedures for responding to different issues (e.g., drug use in the workplace)
5. education on, and awareness of, company policies

6. education and training on the implementation of company policies
7. pace implementation
8. evaluation of stated objectives

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A key aspect of providing a comprehensive approach to any intervention or program within the workplace is providing health information to all employees (e.g., information on why alcohol and other drug use can be a problem in the workplace setting). Education programs can focus on the company's policies, health risks and other problems associated with not addressing health issues, and tools employees can use to assess their own or others' health behaviour. Education programs can also provide information on where to go for help.

Health promotion programs

Health promotion programs have the ability to change health environments and teach participants how to improve or maintain their health, for example by making healthier choices related to substance misuse, stress management and exercise.

Regulation of use

Regulation of use has a number of functions, and may include measures such as banning alcohol and other drug use, and compliance alcohol and drug testing. For more information on drug testing and what to consider when choosing whether or not to have a drug testing policy, request the following handouts:

- Steps to Consider When Developing a Policy (Handout 1, Module 5)
- Alcohol and Drug Testing (Handout 2, Module 5)
- Making Policy Work (Handout 3, Module 5)

Assistance and treatment

Assistance and treatment commonly involves referring employees to an employee assistance program for help with issues such as alcohol and other drug use problems, and mental health issues.

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1. Alberta Health Services–Workplace Health Team. (2011). *Workplace Health Improvement Project: Training manual*. Calgary, AB: Author.
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For more information

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IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders



Business case for workplace health

Why the workplace?

The workplace, where people spend an average of 60% of their waking hours, greatly affects physical, mental and social well-being. There is conclusive evidence that the infrastructure of the workplace can provide a support network that will encourage and promote healthy lifestyle practices at both the individual and organizational level. There are other key reasons why workplaces are an ideal setting to promote health:

- Workplaces have access to a large number of people on a regular basis and can provide ongoing support to employees.
- Workplaces have access to groups who may be hard to reach otherwise (e.g., minority groups and people who do not visit doctors and other health professionals regularly).
- Workplaces are convenient places for people to get information and support.
- Workplaces can provide the necessary supportive social environment.

Reasons to invest in employee health

Workplace health programming has substantial positive effects on an organization's bottom line and the return on investment (ROI) can be significant.

A comprehensive approach to workplace health can help reduce both direct and indirect costs to an organization. Direct costs are those for which payments are made. These costs include health care costs (e.g., drug and hospital costs), insurance premiums, Workers' Compensation

Board (WCB) costs, and recruitment and retention costs. Indirect costs are those for which resources are lost. These costs include productivity, absenteeism and presenteeism.

The benefits of workplace health programming for employees include increased health knowledge, increased job satisfaction, physical benefits, reduced risk of depression, more energy and less stress.

Benefits outweigh the costs

Substance abuse in the workplace is a concern for everyone: workers, leaders and managers, business owners and taxpayers. It is hard to measure the true economic costs of workplace substance use in Canada. It can be difficult, for instance, to directly link substance use with lowered productivity, absenteeism and accidents. As a result, the true costs of workplace substance abuse remain hidden. But there are human and economic costs to workplace substance abuse, both direct and indirect, and the costs are significant.

In 2002, annual productivity losses in Canada due to substance abuse were estimated at \$11.8 billion, which included

- \$4.1 billion for alcohol
- \$823.1 million for illegal drugs¹

This is the equivalent of 1.29% of Canada's gross domestic product (GDP) that year, or \$313 per Canadian.¹ These productivity losses say nothing about the cost of human suffering or other impacts on the workplace.

The Conference Board of Canada estimates that every employee who smokes costs a company \$3,396 per year through increased absenteeism, decreased productivity and the costs associated with maintaining and cleaning outside smoking areas.²

Alcohol abuse costs the Alberta economy \$855 million in lost productivity and \$407 million for direct health care services.³

Mental health in the workplace

Mental illness, which includes the most common mental health disorders, such as depression and anxiety, costs the Canadian economy a staggering \$51 billion a year, with one-third of that due to lost productivity.⁴

According to the World Health Organization, depression will rank second only to heart disease as the leading cause of disability worldwide by the year 2020. Mental health problems and illnesses are rated as one of the top three drivers of both short- and long-term disability claims by more than 80% of Canadian employers.

Mental health problems and illnesses account for more than \$6 billion in lost productivity costs due to absenteeism and presenteeism.⁵

A recent stress-reduction program in a branch of the Halifax provincial government reduced absenteeism by 27%.⁶

Costs to organizations and return on investment (ROI)

Employee illness and injury add significantly to the cost of doing business. Employee absence alone costs Canadian businesses about \$8.6 billion per year.⁷ In addition, Canadian organizations report an annual absenteeism rate of 6.6 days lost per full-time employee, which equates to about 2.6% of their total payroll.

However, when workplace health programs are in place, employers have been able to cut costs while caring for their employees. There is a significant ROI for organizations that invest in their employees' health. Programs that demonstrated the largest returns focused on long-term behaviour change, used tailored communication methods and incorporated individualized counselling for high-risk individuals. Here are two examples:

1. Eight organizations in Halifax calculated an ROI of \$1.64 for every dollar invested in a comprehensive workplace wellness program.⁸
2. A Canadian government corporate wellness programs reported a return of \$1.95–\$3.75 per employee for every dollar spent.⁹

What you can do

As a leader, you have the front-line responsibility of making sure that employees report for work and remain fit to perform their duties safely and effectively. However, you aren't expected to do it alone. As a leader, you can take responsibility for initiating discussions or ensuring that training occurs so that all employees are clear about their responsibilities. You can also promote fitness for work by setting a good example and intervening when required.

Ultimately, a troubled employee is responsible for his or her own change. Your role is to identify the impact on his or her performance and identify sources of assistance. You and your employees are partners in obtaining good work performance. These tools will help you fulfill your role as a workplace role model and leader more effectively.



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Promoting workplace health

Module 2

Promoting workplace health

Module at a glance

As discussed in Module 1, there is a strong business case for investing in employee health. As Alberta Health Services (AHS), Addiction and Mental Health (A&MH) staff, you do not need to be an expert in the workplace setting. However, with the material presented in this module, you'll have the information you need to encourage workplaces to work upstream, supporting employee health and promoting positive health outcomes. This section will guide you through understanding what comprehensive workplace health is and the steps that are required in the development and implementation of workplace health programming.

Read on to learn more about

- the benefits of workplace health promotion
- workplace culture
- factors that influence employee health
- the comprehensive workplace health model



Benefits of workplace health promotion

Workplaces can have a huge impact on the overall health of employees.

Workplace health is a joint responsibility that requires a combined effort between employers and employees. Having healthy employees is a benefit to any organization's bottom line, and the **return on investment** can be significant. As a setting, the workplace is second only to the education system in its effectiveness as a front-line approach to **health promotion**. For more information on the business case for workplace health promotion, see Module 1.

Healthy employees are

- more energetic
- more **health literate**
- less likely to be involved in a workplace accident
- sick less often and able to recover from illness faster
- more likely to be able to cope with stress

Benefits to employers who invest in health programs include

- reduced **absenteeism**, including sick leave
- reduced **presenteeism**
- increased performance and productivity
- improved **employee engagement**
- reduced health-care costs
- lower on-the-job accident rates





I was a safety co-ordinator before I became a supervisor. I kept looking for things that could be changed in our work environment: better lighting, windows that opened for ventilation. I didn't think about what the people on my team could be doing: wearing their glasses, getting outside at lunch, not drinking 20 cups of coffee. Now I know that working well is a shared responsibility. I'll do my part, but the team has to take some responsibility, too.



Workplace culture

Healthy organizations create and foster a culture that supports its employees in making healthy personal lifestyle choices. Workplace initiatives and programs need to be embedded within a positive workplace culture. Fostering a supportive workplace requires leadership endorsement, support and effort.

Characteristics of a healthy workplace culture include transparent communication, a respectful workplace, balanced work-life demands, fairness and concern for employee health, safety and wellness. A workplace culture supports all employees, at all levels of the organization, with access to health information, resources and programs to improve their work and personal lives.

Factors that influence employee health

A number of theoretical models have been developed that outline how various workplace-related factors impact employee health. Five of those models are outlined in table 2.1 on the next page.



Table 2.1 Employee health models and relationship to health outcomes

Model	Description	Health effects	References*
Job strain	This model looks at the relationship between job demand, job control and job support. Research has found that health outcomes improve when employees have greater control, more job support and/or lower job demands. An improvement in even one of these factors affects employee health outcomes, and this improvement increases as more factors are optimized. Conversely, as these factors become less ideal, employee health outcomes become worse.	Studies have found that job strain can negatively impact mental health and pregnancy, and can increase the risk of heart disease and cancer. However, when even one job strain factor is improved, health outcomes improve as well. When two or three job strain factors are improved, health outcomes improve even more.	2, 3, 4, 5
Effort-reward imbalance	This model suggests that, when insufficient recognition and/or reward is provided for the level of effort, emotional and physiological stress can occur.	Studies have found that this unbalanced relationship is related to adverse health outcomes, such as cardiovascular disease.	6, 7
Work hours	This model examines two factors: long work hours and anti-social work hours, such as evenings, nights and weekends.	Both long and anti-social work hours have been found to affect physical and psychological health outcomes, as well as social support from friends and family.	8, 9, 10
Work-life conflict	Work-life conflict occurs when multiple life roles are performed at the same time. When this occurs, two types of strain can result: overload and interference.	These conflicts cause increased stress and are strongly associated with poor physical and mental health, substance use and family interference.	11, 12
Job insecurity	An association has been found between job insecurity and various negative health, family and workplace outcomes.	Job insecurity can cause anxiety, depression, lower self-rated health, hypertension, psychiatric morbidity, musculoskeletal injuries, absenteeism, workplace accidents and fatalities. It can also lead to problems in marital relationships, parental effectiveness and child behaviour.	13, 14, 15, 16, 17

*Numbered references are provided at the end of the module.

These studies provide strong evidence that the workplace is an important **determinant of health**. Based in research and strong theory, these models demonstrate the relationship between workplace factors and employee health outcomes.

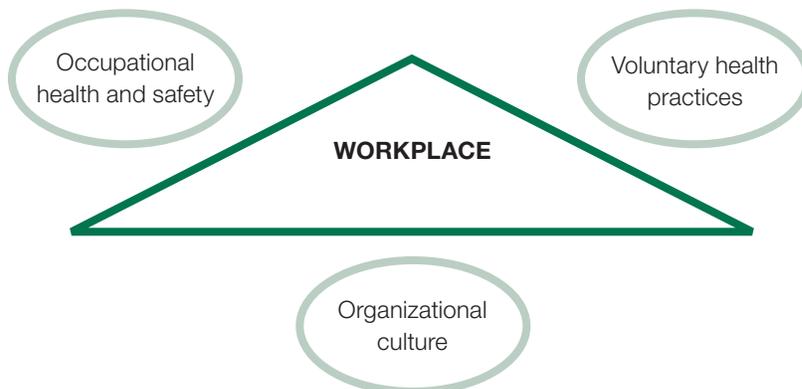
Comprehensive workplace health model

There are many workplace factors that can influence the health of employees and employers. Many companies believe that promoting health will be costly or complicated, or will take too much time. Health promotion can range from very simple to very complex efforts. It can be as simple as providing a place for health-related brochures, promoting a walking club or encouraging employees to re-organize tasks to reduce their stress and improve productivity. At the other end of the scale, it can mean establishing an **employee assistance program (EAP)** or **employee and family assistance program (EFAP)**, **peer support groups** and workplace policies. See Module 4 for more information on social support.

Companies have traditionally focused on health and safety programs that make modifications to the physical environment and work processes. These traditional programs focus less on the health of employees. However, companies are starting to develop programs designed to provide employees with skill training, access to resources, and information that support healthy behaviours. **Occupational health and safety**, along with encouraging positive **voluntary health practices**, contributes to the overall health and well-being of employees. However, best practice demonstrates that a more comprehensive workplace health approach is needed.

Comprehensive workplace health promotion is an approach that protects and enhances the health of employees. This type of approach builds upon efforts of a workplace culture created by supportive management at all levels, along with collective employee efforts to care for their own well-being. There are three aspects to comprehensive workplace health promotion: occupational health and safety, voluntary health practices and **organizational culture**.

Figure 2.1 Comprehensive workplace health promotion model



Occupational health and safety

Occupational health and safety refers to efforts to reduce the physical and chemical hazards in a work environment, with the goal of reducing work-related injuries, illnesses and disabilities. Many activities fall under this category, including ergonomic practices, injury prevention, hazard identification and control, emergency response planning, disability case management and medical services.

Voluntary health practices

Voluntary health practices describe an individual's efforts to promote their own health through actions such as physical activity, reducing use of alcohol and/or other drugs use, or quitting smoking. Workplaces can also support these practices by encouraging or supporting employees to act upon or change their health practices. This can be done by offering opportunities such as on-site health fairs, fitness or yoga classes during the lunch hour or confidential health coaching services. Workplaces can also support voluntary health practices with workplace policies such as fatigue management, healthy food choices, drug and alcohol use, and vacation and overtime.

Organizational culture

Organizational culture refers to the social environment, as perceived and experienced by employees, and focuses on changing or improving the organizational working environment. Elements within an organizational environment, include leadership style, management practices, employee autonomy and control, and social support. Workplace infrastructure can provide and promote support networks that encourage healthy behaviour at the individual and organizational levels.

For more information on the comprehensive workplace health model, and sample strategies to support these three aspects, please visit: <http://www.york.ca/Services/Public+Health+and+Safety/Workplace+Wellness/Comprehensive+Workplace+Wellness+Model.htm>.





We value our employees and like to celebrate our successes. When those celebrations involve alcohol, we share responsibility in making sure that our people don't overindulge and that they get home safely.



At a glance

Workplace health promotion: focus on employees

- Help employees understand the consequences of risky behaviour.
- Emphasize an employee's **shared responsibility** for his or her own health.
- Give employees the information and tools they need to reduce risky behaviour and to improve their health and safety.

Workplace health promotion: focus on the work environment

- Prevent, reduce and/or eliminate health risks for the organization and its employees.
- Provide health-promoting activities for all employees.



Steps for building a workplace health program

Follow these steps to promote health and wellness in the workplace.

Step 1: Get support from leadership.

Strong organizational, management and leadership support is essential for the success of workplace health programming. This support also creates and promotes a positive workplace culture. The organization needs to be committed to generating the human and financial capital required to provide health programming to their employees. Ways to demonstrate support include

- developing a vision or mission statement that outlines commitment to the health of its employees
- budgeting for workplace health programs and activities
- communicating regularly with staff about resources and initiatives
- creating workplace policies including implementation and enforcement strategies, with employee feedback

Step 2: Find out what employees need and want.

It is critical that employees at all levels participate in developing a workplace health initiative. Effective workplace health programs must reflect the interests of employees. To find out what employees want in a workplace health program, employers can meet informally with staff, conduct a written employee health and interest survey, install a suggestion box or hold formal meetings.

Step 3: Put together a plan.

Once you have gathered information about what employees want, develop an action plan for a workplace health program. Identify goals, timelines and the resources needed. The planning process will help highlight what can and cannot be done, based on what is available. It is important to continue working with employees throughout the planning and implementation process.



Develop an evaluation plan alongside your action plan to demonstrate that your workplace is achieving what you want and to show the employer benefits over time, such as decreased absenteeism and decreased health costs to the company. More information on monitoring and evaluating can be found in Step 7.

Step 4: Build commitment.

Encourage those planning and developing a workplace health program to spread the word and get support from others within the organization, especially top-level management. Have management actively involved and participating. Encourage employee commitment by being an active leader, developing and implementing activities people are interested in and rewarding progress.

Step 5: Put activities in place.

Once a plan is in place, it's time to act on it. Activities should

- raise awareness and provide education about health issues, to give employees the information they need to make informed choices
- build skills to encourage, support and enable people to keep themselves and their families healthy
- create a supportive work environment to send out a strong message about your commitment to health and safety in the workplace

Step 6: Communicate your activities.

Effective communication is essential for engaging employees, providing information and promoting employee health initiatives. Be sure to use multiple methods to communicate health initiatives, programming, education and awareness opportunities. Communication methods can include

- notice boards
- team briefings
- company intranet
- email
- paycheque stuffers
- staff surveys
- focus groups
- health and safety committees



- employee orientation to health and safety and benefit options offered by the organization
- manager distributions
- social media

Step 7: Monitor, evaluate and revise your activities.

As with any initiative, it is important to regularly evaluate whether or not a workplace health program is working, and explore ways to make it better. It is important to take the time to celebrate successes.

Employers can evaluate and track the success of their programs with the following information: achieved program goals, human resource data (e.g., absenteeism, stress leave or injury rates), EAP/EFAP data, employee participation rates, changes in health-related behaviours, increased knowledge and awareness of health-related topics.

There is a saying that success breeds success. Starting is what is important, however small or simple that start is. As employees get involved and start to enjoy the benefits of improved health and wellness, the committee can grow and tackle larger projects.



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Information for Leaders

Workplace health programs: Frequently asked questions

Do these programs cost a lot?

Workplace health programs do not have to be costly. Low-cost activities include providing brochures and resource information, having a speaker come in at lunch (many health organizations provide free speakers, including your employee assistance program/employee and family assistance program) or having workers organize fitness activities at lunchtime or after work.

How do we encourage people to participate in health-promoting activities?

Make them fun! Activities that require too much effort, equipment or planning may seem overwhelming. Make it easy for people to participate by keeping activities simple. It's also important to ask employees for their input. A committee can decide that there are too many overweight employees, for instance, and that an exercise room is the answer. But if employees aren't interested in exercising, and would rather attend a weight loss support group at lunch, then the exercise equipment might not get used. Other ways to encourage people to participate include

- giving employees incentives for participating
- providing work time for employees to participate
- developing methods for employees to provide input on the activities or things they would like to see provided in the workplace (e.g., health

and safety committees they can join or a suggestion box they can contribute to)

We offered a tobacco cessation program and nobody came. Why?

It's very important to involve employees in making decisions about programs that you hope they will attend. Not everybody who smokes is interested in quitting—that might be too big a step. To encourage and support employee participation, it may be important to include and offer support such as incentives for participation, providing a supportive environment and providing work time to participate.

Some smokers might be interested in looking at ways to cut down, while others might like to attend an information session on nicotine patches or other methods to quit with assistance. Start where your audience is and provide programs that they are interested in.

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Information for Leaders

Ways to promote workplace health

- Have pamphlets, videos and books available to your employees on topics like smoking, alcohol and drug use, problem gambling, stress management, weight control and anger management.
- Provide courses and seminars on topics such as substance abuse, problem gambling, heart-smart cooking, anger management, shift work, dealing with conflict, and healthy eating. These can be made available to family members too.
- Develop a health committee at your workplace. Identify interested and appropriate people, and call a meeting. If your company already has a health and safety committee, suggest that the committee make health promotion a priority.
- Give employees more control over their workplace environment. Employees need to be heard, to have input on decisions that affect them, to be treated fairly and to participate in solving problems. Create opportunities for employees to participate in decision-making and to provide input and suggestions regularly. Ensure that they are kept informed through ongoing communication. One way to collect this type of information is through general health and interest surveys.
- Invite speakers from health and community agencies to talk with leadership and employees about the health or counselling services they provide.
- Support employees in making improvements to their own health. Creating a supportive environment is an important step, alongside offering health-promoting programs. Health-promoting programs may include supporting employees in quitting smoking, making healthy food alternatives available in lunchrooms, creating safe and attractive stairways and encouraging their use, and providing exercise equipment and encouraging its use during breaks.
- Introduce flexibility in work scheduling to assist employees in balancing their work and family needs. Allow them to adjust their schedule so they can successfully care for aging parents, raise a family or adjust to physical ailments. Explore alternatives like job sharing and working from home to enable employees to juggle work and home demands successfully.

Being healthy and feeling well is about more than just the absence of disease.

Some ideas about how you can maintain or enhance your own health include

- doing things that will improve your health, such as eating well, exercising regularly, getting enough sleep and getting regular medical checkups
- reducing or stopping behaviour that puts your health at risk
- learning to manage stress in healthy ways, such as exercising, talking things out with someone you trust, meditating, getting a hobby or simply relaxing your mind and body
- taking steps to reduce stress when you can and learning healthy ways to manage stress when you can't
- getting support with the ups and downs of everyday living from friends, co-workers and family members
- getting professional help when you need it
- participating in workplace wellness programs or committees to make your workplace as healthy and safe as possible



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Information for Leaders

Workplace culture and substance use

Workplace culture refers to what is considered normal and acceptable behaviour at work. This is the unwritten way of doing things, including attitudes in the workplace, and it may or may not support the formal policies in place. As a leader, you contribute to establishing the culture of your team and work environment. A healthy work team will not encourage or tolerate the use of nonmedicinal mind-altering substances at work.

Alcohol and other drug use continue to rank high on the list of concerns that result in referrals to an employee assistance program (EAP) or employee and family assistance program (EFAP). While there is no foolproof way of preventing these problems from affecting employees, there are some steps that you, as a leader, can take toward the prevention of alcohol and other drug-related problems in the workplace:

- Set a good example and be a role model by recognizing that your actions send a strong message to other employees about what is and is not acceptable behaviour.
- Know your organization's guidelines and policies on alcohol and drug use, take a clear stand and enforce them consistently.
- Make sure that the employees on your team know about the guidelines and policies regarding substance use, as well as the support programs your organization provides, such as an EAP/EFAP, treatment programs, short-term disability or modified work.
- Take a look at the role alcohol use plays in your team's social activities and consider how this contributes to the culture of your team at work.

For more information

Alberta Health Services (AHS), Addiction and Mental Health offers information, prevention and treatment services through a province wide network of offices, facilities and funded services. Services include a toll-free helpline, prevention and education, detoxification, outpatient counselling, opioid dependency programs and residential treatment.

AHS, Addiction and Mental Health has counsellors with specific training in workplace issues. This allows us to better meet the needs of employees and supervisors, and to respond readily to referrals from the business community. Other specific services for the Alberta workplace include

- addictions-related information and prevention resources for the workplace
- addictions education, employer consultation and supervisory training
- the Addiction and Mental Health Business & Industry Clinic, which offers residential treatment for employees who have problems related to alcohol or other drugs

For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>

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Responsible hosting of workplace social events

Many workplaces host social events, such as staff barbecues and Christmas parties. Sometimes alcohol is served at these functions. Staff are also sometimes expected to host clients or be hosted as a client as part of their official or unofficial job duties. It is very important to practice responsible hosting when holding a workplace function, as there may be liability issues if employees cause harm to themselves or others after using alcohol at a work function. If you decide to serve alcohol at these events, here are some tips:

- Always have non-alcoholic beverages available.
- Hire a bartender to mix standard, measured drinks.
- Make sure that the bar is attended at all times, and has designated opening and closing times.
- Make sure food is available whenever the bar is open.
- Offer taxi/bus services or accommodation arrangements to ensure that those guests who have been drinking do not drive.
- Encourage responsible drinking by setting a tone for the event that does not emphasize drinking, and offer alternative activities, like dancing or other games.
- Ensure all of the above information is communicated to employees before and during social events so that all leadership and employees are aware.

- Develop guidelines about hosting and entertaining with alcohol. Be sure to address situations when the employee is the client and when the employee hosts clients. Share the guidelines with employees and also consider other ways to entertain without alcohol.
- Consider how your organization celebrates. Brainstorm a variety of ways your organization can celebrate organizational success or employee success in ways that don't involve alcohol or other drugs.

For more information

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>

IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders

Promoting health and wellness

Promoting workplace health and wellness is valuable, both as a way to retain and attract employees and as an ethical responsibility. But how does an organization move from good intentions in building a program to getting good results? This can be accomplished by working together. Any group of interested employees can work together to create a healthier work environment.

You can provide leadership and promote health within your own working group or by connecting with other work units within your organization. Your initiatives may be informal, or you can set up a workplace health committee. In larger organizations, you can involve safety representatives, members from occupational health and safety, someone from the social committee, an employee assistance program (EAP) or employee and family assistance program (EFAP) representative and other interested employees and managers. If your organization already has an established health and safety committee, encourage the integration of health-promoting topics.

Examples of some initiatives you and your workplace health group can undertake include

- setting up and maintaining a display of pamphlets and brochures aimed at employee health
- organizing information sessions for employees and their families on health-related topics
- organizing lunchtime exercise sessions or walks
- providing fun social activities that promote physical activity, such as hallway bowling, noon

baseball games and badminton tournaments

- promote information about the workplace EAP/EFAP
- participating in the development or annual review of workplace policies that involve health and wellness

For more information

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Information for Leaders



Steps for building your workplace health program

Follow these steps to promote health and wellness within your workplace.

Step 1: Get support from management.

Strong organizational, management and leadership support is essential for the success of workplace health programming. This support also creates and promotes a positive workplace culture. The organization needs to be committed to generating the human and financial capital required to provide health programming to their employees. Ways to demonstrate support include

- developing a vision or mission statement that outlines commitment to the health of employees
- budgeting for workplace health programs and activities
- communicating regularly with staff about resources and initiatives
- creating workplace policies and implementation and enforcement strategies, with employee feedback

Step 2: Find out what employees need and want.

It is critical that employees at all levels participate in developing a workplace health initiative. Effective workplace health programs must reflect the interests of employees. To find out what employees want in a workplace health program, employers can meet informally with

staff, conduct a written employee health and interest survey, install a suggestion box or hold formal meetings.

Step 3: Put together a plan.

Once you have gathered information about what employees want, develop an action plan for a workplace health program. Identify goals, timelines and the resources needed. The planning process will help highlight what can and cannot be done, based on what is available. It is important to continue working with employees throughout the planning and implementation process.

Develop an evaluation plan alongside your action plan to demonstrate that your workplace is achieving what you want and to show the employer benefits over time, such as decreased absenteeism and decreased health costs to the company. More information on monitoring and evaluating can be found in Step 7.

Step 4: Build commitment.

Encourage those planning and developing a workplace health program to spread the word and get support from others within the organization, especially top-level management. Have management actively involved and participating. Encourage employee commitment by being an active leader, developing and implementing activities people are interested in and rewarding progress.

Step 5: Put activities in place.

Once a plan is in place, it's time to act on it.

Activities should

- raise awareness and provide education about health issues, to give employees the information they need to make informed choices
- build skills to encourage, support and enable people to keep themselves and their families healthy
- create a supportive work environment to send out a strong message about your commitment to health and safety in the workplace

Step 6: Communicate your activities.

Effective communication is essential for engaging employees, providing information and promoting employee health initiatives. Be sure to use multiple methods to communicate health initiatives, programming, education and awareness opportunities. Communication methods can include

- notice boards
- team briefings
- company intranet
- email
- paycheque stuffers
- staff surveys
- focus groups
- health and safety committees
- employee orientation to health and safety and benefit options offered by the organization
- manager distributions
- social media

Step 7: Monitor, evaluate and revise your activities.

As with any initiative, it is important to regularly evaluate whether or not a workplace health program is working, and explore ways to make it better. Celebrate successes!

Employers can evaluate and track the success of their programs with the following information: achieved program goals, human resource data (e.g., absenteeism, stress leave or injury rates), employee assistance program (EAP) or employee and family assistance program (EFAP) data, employee participation rates, changes in health-related behaviour, increased knowledge and awareness of health-related topics.

There is a saying that success breeds success. What's important is starting, no matter how small or simple. As employees get involved and start to enjoy the benefits of improved health and wellness, the committee can grow and tackle larger projects.

For more information

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Understanding addiction and mental health in the workplace

Module 3

Understanding addiction and mental health in the workplace

Module at a glance

This module is divided into four different sections to provide a comprehensive overview of addiction and mental health facts and information within the workplace setting.

1. Module 3A, “Alcohol and Other Drugs,” touches on substance use in the workplace, mood-altering drugs, alcohol and Canada’s Low-Risk Alcohol Drinking Guidelines, and reviews other drugs that may be encountered.
2. Module 3B looks at gambling, problem gambling, how problem gambling develops, its effect on families and workplaces, and mental health and suicide among people with a gambling problem.
3. Module 3C reviews facts about tobacco and its health effects, as well as tobacco cessation.
4. Module 3D reviews mental health, mental illness and concurrent disorders. It also examines the impact of mental illness in the workplace and introduces the concept of psychological health and safety in the workplace.

Read on to learn more about

- alcohol and other drugs
- gambling
- tobacco
- mental health



Module 3A: Alcohol and other drugs

Introduction

The purpose of this section is to provide you with an overview of the ways that substance use can affect the workplace, brief descriptions of alcohol and other commonly used drugs, and definitions of harmful use. This foundational information can be used in combination with the steps outlined in the toolkit as you assist employers in mitigating the impact of harmful substance use in the workplace.



How substance use can affect the workplace

In addition to financial costs and productivity losses, which are substantial, substance use can affect the workplace in three ways: direct use, “hangover” effects and second-hand or indirect effects. Attention is often focused on preventing on-the-job use and the effects of direct use. The other two ways are often overlooked. It is important to consider and deal with all three ways that the use of alcohol or other drugs can affect the workplace.

Direct use

Direct use is when an employee uses substances during working hours, or shows up for work still under the influence of alcohol or other drugs. The consequences of using on the job can be severe, especially in jobs with high safety risks or where public safety is at stake. Employees using alcohol or other drugs on the job may have a substance use problem and need treatment. Or they may be occasional users making a very poor decision. It's also possible that a worker with an alcohol or other drug problem never shows up for work obviously impaired, but their workplace performance is still affected.

Research has shown that drinking any amount of alcohol immediately before or during the workday (including at lunch or company-sponsored events) is associated with work performance problems.



The hangover effect

The effects of a hangover from alcohol and other drug use contribute to many productivity problems in the workplace—problems that aren't usually linked to substance use or brought to the employer or company's attention. These effects include working slowly due to impairment or fatigue as a result of a hangover, making mistakes, arriving late for work, missing work because of illness related to alcohol or other drugs, and conflicts in the workplace resulting from irritability, stress and fatigue. Even if an employee does not feel hungover, their alcohol and other drug use can disrupt their sleep and increase fatigue.

Even if a person doesn't feel severely hungover, their ability to think clearly, concentrate and perform effectively may be diminished.

Second-hand or indirect effects

Second-hand or indirect effects are the adverse effects a worker's use of substances has on his or her co-workers. We know people who do not use tobacco can suffer second-hand or indirect harm resulting from tobacco use in their environment. Alcohol and other drug use can also have second-hand or indirect effects, including workers reporting being injured or put in danger, or having to re-do work, cover for a co-worker, or work longer and harder because of a co-worker's substance use. Current estimates of productivity costs related to substance use do not usually include these second-hand or indirect effects.



Mood-altering drugs and their effects

Certain drugs are referred to as mood-altering because they change how a person thinks, feels or acts. Some drugs make a person feel more relaxed (depressants, such as alcohol), while others make a person feel more excited (stimulants, such as cocaine) and some change how a person perceives the world (hallucinogens, such as LSD).

Because these drugs change how a person thinks and feels, they can also impair how a person performs. People taking **mood-altering drugs** can pose serious safety threats at work. Many of these drugs can cause serious impairment, even when taken as prescribed. When they are misused, there may be more severe problems.

There are dozens of drugs available on the street and thousands available by prescription. This manual will focus on the drugs that are most commonly abused.

Here are the drugs that are covered below:

- alcohol
- cannabis
- cocaine
- other depressants
- amphetamines
- heroin and other narcotics
- ecstasy and other hallucinogens
- solvents and inhalants
- prescription and over-the-counter drugs

All of these drugs affect a person's ability to function, and an employee under the influence of any of these substances presents a safety risk at work.



Alcohol

Alcohol can have a distinct influence on workplace safety, performance or productivity concerns and overall workplace culture. Alcohol is unique as a psychoactive substance in that it is used recreationally and can be used safely and legally. This complicates the task of discussing alcohol policy with employers and creating an alcohol policy.

Employers have a duty under **Occupational Health and Safety** to provide a safe workplace. Alcohol can directly and significantly contribute to workplace dangers.¹ A thorough policy can help employers ensure the safety of their employees, as well as defend themselves from potential liability. Ultimately, a policy can foster stability in a workplace and ensure consistency in operations. Here are some issues related to alcohol that employers should be aware of.

Being intoxicated at work

Intoxication from alcohol affects an employee's judgment, impulse control, perception, motor co-ordination, emotional state and alertness. Accordingly, it is a significant safety concern.

Alcohol metabolism

It takes approximately one hour to eliminate the alcohol from a single 355 ml (12 oz) can of beer. An employee who has been drinking the night before may not have fully eliminated all of the alcohol from their system by the time they report to work the following morning. This is especially important to consider for employees operating equipment.

Hangovers

Hangover symptoms include sensitivity to sound and light, loss of appetite, stomachaches, vomiting and nausea. Hangovers can affect a worker's attention, concentration and short-term memory. They can also create a deficit in visual-spatial and psychomotor skills. Put plainly, a hungover employee, while not absent from work, is an unco-ordinated, unfocused and tired one, someone who may not be **fit for work**. An employee with a hangover may also be an employee with a chronic pattern of excessive alcohol use, which can cause anxiety, depression and irritability, again decreasing fitness for work.



Other effects

Alcohol can have complicated interactions with other safety and productivity issues, often compounding other symptoms. Employers should be aware of the following interactions:

Alcohol combined with medications

Some medications can hinder the elimination of alcohol, heighten or mask its effects, or provoke unforeseeable reactions. Alcohol can reduce the effectiveness of some medications or hinder their elimination.

Alcohol and mood disorders

Drinking alcohol can affect a person's mood. Alcohol abuse and **mental health problems** can occur concurrently. Some people use alcohol to cope with depression or anxiety.

Alcohol and sleep

Alcohol may help a person fall asleep more quickly or produce an extended period of sleep. However, it alters the normal sleep cycle. Sleep loss can reduce cognitive ability and make a person feel grumpy, irritable and unable to function properly. Drowsiness can also increase the risk of accidents.

Host liability

Another important issue for workplaces is host liability. There are steps employers can take to minimize their potential liability. See the resource section for guidelines on how employers can host responsible social functions.



Canada's Low-Risk Alcohol Drinking Guidelines

With the support of federal, provincial and territorial health ministers, as well as many respected Canadian organizations, Canada has established one national set of **low-risk alcohol drinking guidelines** (LRDG).²

These guidelines are intended for Canadians of legal drinking age who choose to drink alcohol, and are informed by the best and most recent scientific research and evidence. They are intended to provide consistent information across the country to help Canadians moderate their alcohol consumption and reduce their immediate and long-term alcohol-related harm.

To learn more, please visit: <http://insite.albertahealthservices.ca/5773.asp>

The LRDG can be a tool to help employers discuss responsible drinking with their employees. However, it is important for workplaces to remember that these guidelines are related to health risks associated with alcohol consumption, not workplace health and safety, or risk management. Should employers choose to share these with their employees, there are a few key considerations to keep in mind:

The LRDG are population-health based. The guidelines are based on general populations, not individuals. They are not one-size-fits-all. Broadly distributing the LRDG without context is not effective.

The LRDG are age specific. Canada's LRDG are intended for people 25 to 65 years of age. However they also recommend youth and young adults delay their drinking or abstain from drinking for as long as possible, and never exceed the daily or weekly limits outlined in the LRDG. Although it is legal for young adults of legal drinking age to consume alcohol, it is not without certain health risks to their developing brain. The guidelines also do not address adults over the age of 65, since general population health recommendations are difficult to make due to various as health concerns, conditions and medication histories often found in this age group. As a result, the guidelines were developed with these factors in mind.

The LRDG recommend abstinence for certain groups of people and situations. The guidelines recommend abstinence for high-risk groups, including people with alcohol dependence, youth, and pregnant women. They also recommend against alcohol consumption in high-risk situations, such as operating a vehicle or other machinery, making important decisions or taking medications or other drugs.



Other drugs

Cannabis

Cannabis is the most widely used illegal drug in Canada, and the most commonly used illegal drug in the workplace. **Marijuana** refers to the dried leaf of the plant, while **hashish** and **hash oil** come from the plant's resin. It is usually smoked in a cigarette (joint) or pipe. Hashish is stronger than marijuana, and hash oil is stronger still.

Table 3.1 Effects of cannabis

Short-term effects	Long-term effects	Tolerance and dependence
Concentration and short-term memory impairment; feeling calm; enhanced sensory perception; impaired motor skills; for some, anxiety, depression or panic	Chronic, heavy use may produce decreased motivation, memory and concentration problems, and respiratory problems.	There is some evidence that tolerance develops in regular high-dose users. Psychological and physical dependence can occur in people who use heavily or regularly. Withdrawal symptoms include anxiety, irritability, sleeping problems, sweating and loss of appetite.

Cocaine

Cocaine (also called C, coke, snow or nose candy) is an illegal stimulant that speeds up the central nervous system. It is sold as a fine, white powder and is either snorted or injected. Crack is cocaine that has been chemically altered so it can be smoked and is sold in chunks, or rocks. Freebase is another form of cocaine that can be smoked.

Table 3.2 Effects of cocaine

Short-term effects	Long-term effects	Tolerance and dependence
Euphoria, rapid heart rate and breathing, sweating, agitation, dilated pupils, paranoid thinking, erratic or violent behaviour	Weight loss, impotence, sleep disorders, heart problems, strokes, seizures, intense cravings	Can produce powerful psychological dependence. Physical dependence can develop. Withdrawal symptoms include sleeping and eating disorders, depression, anxiety, irritability and strong cravings to use again.



Other depressants

Depressants other than alcohol include tranquilizers and sedatives.

Tranquillizers are often prescribed for anxiety, as muscle relaxants, for nervousness and for sleeplessness (e.g., Valium®, Vivol®, Ativan® and Librax®).

Sedatives are prescribed to help people sleep (e.g., Seconal®, Nembutal® and Halcion®). All of these drugs can severely affect a person's ability to perform. Combining these drugs with alcohol can be very dangerous, even fatal.

Table 3.3 Effects of other depressants

Short-term effects	Long-term effects	Tolerance and dependence
Reduced tension; impaired thinking; slowed reflexes and breathing; concentration and memory impairment; impaired motor skills	Anemia, liver damage, depression, confusion, disorientation	Tolerance can develop quickly, as can physical and psychological dependence. Withdrawal symptoms include nausea, anxiety, increased heart rate, abdominal cramps, tremors or even seizures.

Amphetamines

Amphetamines (also called uppers, bennies, pep pills, speed, crystal meth or ice) are artificial stimulants. They come in tablet and capsule form and are taken orally. They can also come as off-white crystals, chunks and powders, which may be snorted or injected. Because they increase alertness and energy, amphetamines are sometimes used illicitly by shift workers, truck drivers and students.

Table 3.4 Effects of amphetamines

Short-term effects	Long-term effects	Tolerance and dependence
Feeling of well-being; increased alertness and energy; increased heart and breathing rates; shakiness, sweating, anxiety, headache, blurred vision, dizziness, irregular heartbeat and chest pain; for some, feelings of power and superiority or hostile and aggressive behaviour	Sleep problems, depression, mood swings, high blood pressure, anxiety, weight loss, increased risk of stroke; for some, paranoia and violent behaviour; in high doses, possible nerve damage, psychosis, paranoia and hallucinations	Chronic use can result in physical dependence. Withdrawal symptoms can include extreme fatigue, disturbed sleep, anxiety, hunger, depression and suicidal thoughts. Psychological dependence can occur even among regular low-dose users.



Heroin and other narcotics

Narcotics are highly addictive painkillers that can also produce a euphoric sense of well-being. Some narcotics are also used to suppress coughs and control diarrhea. Some are available by prescription (e.g., codeine, morphine, Demerol®, Percodan® and Talwin®), while others are available as illegal substances sold on the street (e.g., heroin). These drugs may come in pill or powder form. They may be taken orally or by injection.

Table 3.5 Effects of heroin and narcotics

Short-term effects	Long-term effects	Tolerance and dependence
Euphoria, reduced pain, nausea and vomiting	Loss of appetite and malnutrition, chronic constipation, moodiness, anemia, cardiac disease. Women can have irregular periods and men can become impotent.	Tolerance develops fairly rapidly. Most narcotics are highly addictive. Withdrawal symptoms can include severe anxiety, sweating, muscle spasms, chills and tremors.

Ecstasy and other hallucinogens

Also known as **psychedelics**, these drugs dramatically affect a person's perceptions, emotions and mental processes. They can distort the senses and cause hallucinations. There is no currently accepted medical use for any hallucinogens. Drugs in this category include LSD ("acid" or "blotter"), PCP, MDA, MDMA ("ecstasy"), mescaline and magic mushrooms. These drugs come in a variety of forms, including powder, drops on paper, tablets, capsules or as a liquid.

Table 3.6 Effects of ecstasy and other hallucinogens

Short-term effects	Long-term effects	Tolerance and dependence
Altered perceptions, sensory distortion, disturbed thinking, loss of short-term memory, extreme mood swings, increased heart rate, poor motor co-ordination	Depression, anxiety, flashbacks, psychological problems	Regular use may produce tolerance. Not known to create a physical dependence.



Solvents and inhalants

Inhalants are found in many household and commercial cleaning fluids, glues, aerosols, paint thinners and paint removers. Inhalants also include gasoline and other fuels. When used to get high, most are poured into a bag and inhaled, or inhaled from a saturated cloth held over the nose. Aerosols are usually inhaled by first spraying them into a bag.

Table 3.7 Effects of solvents and inhalants

Short-term effects	Long-term effects	Tolerance and dependence
Euphoria, lightheadedness, exhilaration, recklessness; slowed breathing, heart rate and other body functions; possible sudden sniffing death syndrome (SSDS) due to heart failure resulting from a severely irregular heartbeat	Fatigue, forgetfulness, inability to think clearly, poor co-ordination and difficulty walking, weight loss, depression, hostility, paranoia; in some, kidney, liver and brain damage	Regular use may produce tolerance. Physical and psychological dependence can develop. Withdrawal symptoms include anxiety, depression, irritability, tremors, nausea, abdominal pains, headaches and hallucinations.

Although it is possible to abuse solvents and inhalants, it is not all that common. However, it is important to have clear safety precautions at work when handling these materials to avoid accidental exposure/intoxication.

Prescription and over-the-counter drugs

Over-the-counter drugs are medications you can buy without a prescription. Some of the most common drugs sold this way are pain relievers, cold and cough medications, and antihistamines. Short-term effects, long-term effects, tolerance and dependence vary depending on the drug regardless if it is a prescription or over-the-counter drug. Many of these drugs can impair functioning, and their interaction with alcohol can be dangerous and even fatal.

The unintentional misuse of prescription and over-the-counter medications is one of the biggest drug problems facing the Alberta workplace today. Workers don't want to miss work when they have a headache or a cold, so they may take medication and go to work. But their good intentions often have disastrous results. The cough medicine they thought would help may contain codeine, which severely affects their ability to work safely. The prescription Tylenol® 3 they borrowed from their spouse to deal with a migraine headache could have a severe impact on their co-ordination.



Most employees are committed to their job, want to come to work and would never intentionally take drugs if they knew they would endanger themselves or their co-workers. Education is the best way to ensure that workers are not taking medications that will affect their performance.

Employees must be taught the importance of checking with a physician or pharmacist before using any medication that has the potential to affect their work performance. Sometimes this is as simple as the doctor prescribing an alternative medication, or the pharmacist suggesting an over-the-counter medication that does not cause drowsiness. If employees need to take medicines that may affect their functioning at work, they must alert their supervisors that they will require modified work duties or time off as a result.

“

My wife buys all the medicine at our house. I had no idea that the stuff I was taking for the flu could affect my work performance.

”



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2. Butt, P., Beirness, D., Gliksman, L., Paradis, C., & Stockwell, T. (2011). *Alcohol and health in Canada: A summary of evidence and guidelines for low-risk drinking*. Ottawa, ON: Canadian Centre on Substance Abuse.



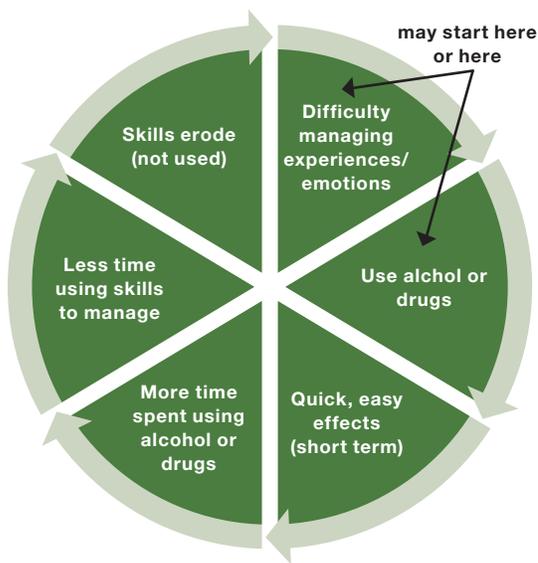
IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders

How substance use problems develop

If there were no good things about alcohol and other drugs, people wouldn't use them. People use substances because they provide two things: pleasure, and relief from emotional or physical pain. In other words, drugs work. They work quickly, too, meaning that the benefits of using drugs are short term. However, there are also many not-so-good things about using substances. The problems associated with alcohol and other drugs usually evolve over time.



The short-term good things and longer-term, not-so-good things can form a cycle that explains how substance use develops into dependency. At first, getting high feels good and allows a person to temporarily escape from life's problems. But the more often a person turns to alcohol or other drugs to cope with or escape life's problems, the less they use their other life

management skills. Gradually, more time is spent drinking or using other drugs, and less time is spent managing life in healthy ways. The person relies more and more on the substance to cope. The more they use, the more problems they may have at home, at work and with their friends. And the more problems, the more they use, and so on. Eventually, the person requires the substance just to feel normal.

Cycle of dependence

How people move through this cycle differs for each person. Here are some examples of how the cycle works.

1. Bill is having problems at home. He and his wife have been fighting a lot lately. To get away from the stress at home, he starts going out with the boys more often. Rather than dealing with the problem with his wife, he avoids it by going to the bar. He has a few too many, comes home and the fighting gets worse. The less that Bill and his wife talk, and the more he drinks, the harder it gets for them to sort things out.
2. Susan started smoking pot as a teenager to fit in with a peer group. She found that when she was high, it was easier to socialize and to overcome her shyness. Rather than developing the social skills needed to feel confident, she started to rely on marijuana to loosen her up at social events. Over time, she became more dependent on pot, and now can't handle any social situation without getting high.

No one sets out to have an alcohol or other drug problem. Problems with alcohol and other drugs usually develop gradually, over time. The more a person drinks or takes drugs, the greater the risk for developing a problem.



For more information

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Addressing addiction and mental health in the workplace

Information for Leaders & Employees

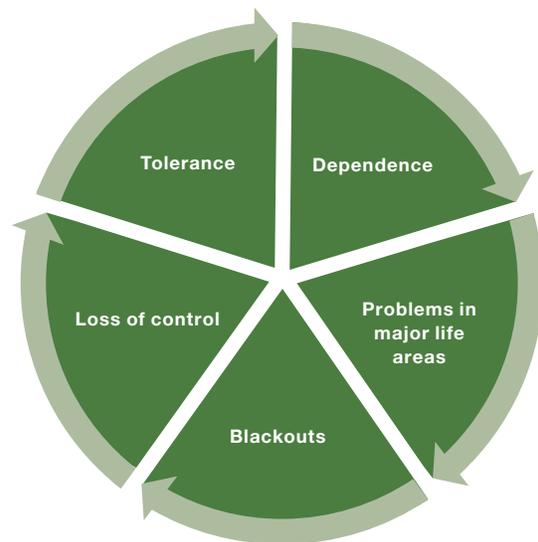
Alcohol and other drugs: It's a problem when...

Alcohol and other drug problems develop for a variety of reasons. Problems can occur when a person

- uses too much of a drug, or takes it too often
- uses drugs for too long (the longer a person uses a substance, the more difficult it can be to stop—some medicines, like painkillers and sleep aids, can cause problems if taken for extended periods of time, or after they are no longer needed)
- takes drugs for the wrong reasons (e.g., using alcohol to cope with unpleasant feelings, taking pain relievers to deal with stress, taking someone else's medications)
- takes drugs without following directions (e.g., taking more than the prescribed dose, driving when taking a drug that warns that performance can be impaired)
- combines drugs (many drugs become dangerous when mixed, and can produce unwanted or unexpected side effects)
- uses in dangerous ways (e.g., driving while under the influence, sharing injection equipment, buying drugs on the street where you can never know for sure what's in them)

People don't set out to become dependent on alcohol or other drugs, nor do they wake up one day and find they are addicted. Dependence on a substance is a process that happens over time.

As an alcohol or other drug problem gets worse, the person may experience:



Tolerance

With regular use over time, the body adapts to the presence of alcohol or another drug in its system. This results in a person needing to take more and more of the drug to get the same effect. Alcohol tolerance is different from a person's blood alcohol concentration (BAC). The more often a person drinks, the more alcohol they need to feel the same effects. This is called tolerance. Being able to "hold your liquor" simply means that one can drink more alcohol before appearing drunk. Tolerance can be a warning sign that a person's drinking habits are becoming dangerous.

A heavy drinker or drug user can consume a lot of the substance and not appear intoxicated. They have adjusted to feeling impaired and have learned to control their behaviour.

This is called behavioural tolerance. They may still be impaired, and still present a safety risk.

Dependence

Dependence occurs when a person becomes hooked on alcohol or other drugs. This can happen physically and/or psychologically.

A person with an alcohol or other drug problem continues to drink or take drugs despite the problems it creates in major areas of their life.

Physical dependence: It's in the body

Physical dependence occurs when the body becomes so used to alcohol or a particular drug that it cannot function normally without it. People who are physically addicted to alcohol or other drugs will most likely experience withdrawal when they stop taking the substance.

Withdrawal is the unpleasant and sometimes life-threatening physical reaction a person may experience when they stop using alcohol or another drug. Physical dependence is often measured by how severe the withdrawal is. The symptoms and length of time it takes to withdraw from a substance vary depending on the substance, how long the person has been using, how much they have been using and their overall health.

Withdrawal symptoms range from mild discomfort to life-threatening reactions. For example, a hangover from alcohol is a mild form of withdrawal; severe alcohol withdrawal can include hallucinations and seizures. Some people can withdraw safely on their own. Others need medical assistance and must go to a detoxification centre or hospital to ensure that their withdrawal is managed safely.

Psychological dependence: It's in the mind

Psychological dependence occurs when a person's thoughts, emotions and activities become centred on substance use. They believe that these thoughts, emotions or activities would be less satisfying or even impossible without using that substance. They can experience cravings even though there is no physical dependence. People can become psychologically dependent on almost any mood-altering drug (the only exception appears to be hallucinogens, such as LSD).

Physical dependence ends when withdrawal is complete. However, psychological dependence can linger for a long time. For example, the habit of smoking cigarettes lasts much longer than the actual withdrawal from nicotine. It is the psychological dependence that creates the most difficulty when quitting smoking. Psychological dependence also creates many of the difficulties in recovery from heavy use of alcohol or other drugs.

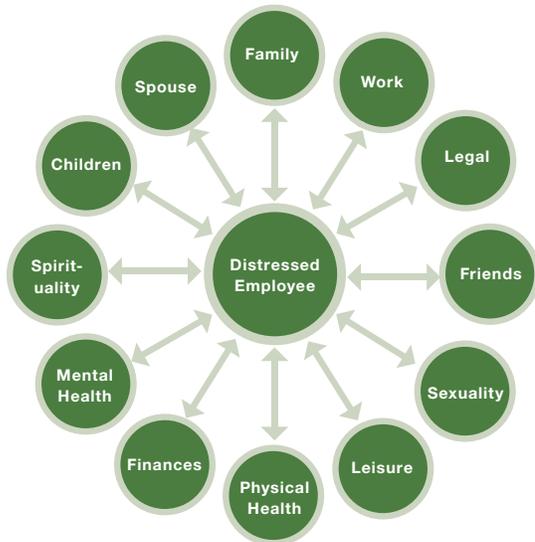
Problems in major life areas

One of the most important indicators of an alcohol or other drug problem is when a person continues to drink or take other drugs despite the problems it creates.

"I never thought I had a drinking problem until I took an honest look at how the things going wrong in my life were connected to the booze. Arguments at home, hassles at work—once I got my drinking under control, I was able to sort these problems out."



These major life areas can be affected by a person's alcohol or other drug use:



Examples of the problems a person may experience include

- feeling depressed, angry, guilty or ashamed
- being charged with impaired driving or possession of an illegal substance
- an increase in debts, problems making payments or not being able to cover basic expenses (e.g., rent/mortgage, utilities, food or other necessities for the family)
- poor job performance, failing a drug test or getting disciplined/fired
- more and more leisure activities involving drinking/using, less time with family or losing friends who do not drink or use
- hangovers or blackouts
- arguments with spouse and spending less time with children

It's also important to realize that sometimes it is the problems in a person's life that contribute to their alcohol or other drug use. Men and women who are dissatisfied with their jobs, who are experiencing grief or loss, who have stresses at home, who suffer from poor self-esteem or who are battling illnesses will sometimes attempt to

cope by drinking alcohol or using other drugs. These are complex issues. That's why it's so important to leave diagnosis to the professionals.

Blackouts

A blackout is a loss of memory about events that happened while drinking or using other drugs. A person may wake up at home, for example, but not remember how they got there. Some people will experience memory lapses for large periods of time, but more commonly people who experience blackouts will be unable to remember an hour or two of their drinking or other drug-using experience.

When helping someone determine whether their alcohol or other drug use is a problem, the counsellor will ask about blackouts. Although not all people have them, they do commonly occur in those who are experiencing signs of physical dependence.

Loss of Control

An important factor in determining whether someone has an alcohol or other drug problem is whether they can control their use. For example, if a person decides to have two beers after work, are they able to stop after two drinks? Often people who have alcohol or other drug problems are not able to limit their use or are unable to stop using when they want or had planned to. They find themselves drinking or using more than they intended despite their best intentions to limit or control their use.

For more information

For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at [1-866-332-2322](tel:1-866-332-2322). For mental health related information, and to find a mental health clinic near you, please call the 24-hour Mental Health Helpline at [1-877-303-2642](tel:1-877-303-2642).

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Alcohol and other drugs: Stages of use

There are many different choices that people can make regarding alcohol and other drug use. Some will choose not to use at all. Others will decide to use socially and have no problems controlling their use. The majority of people who start using a drug will not become addicted to it.

Some people will start out experimenting with a particular drug and become addicted to it. For them, use occurs in a progressive pattern: they use more of the drug more often until they have become hooked or dependent.

Here are some common ways that people use alcohol and other drugs. They may be based on individual choices or may reflect a progressive pattern of use.

No use

Most people are born into the world in a state of no use, with the exception of babies born to addicted mothers. Some people choose to remain non-users. Others use for a while and then make a conscious choice not to use (e.g., for health or religious reasons).

Experimental use

Many people experiment with alcohol and/or other drugs. They do this for a variety of reasons, often to see what it is like. Experimentation can happen at any age—adults can experiment, too. Some people don't like the feeling of being drunk or high, so they stop. Others don't like the consequences of use (e.g., hangovers, spending money, feeling out of control) so they choose not to use again.

Social use

Social users are able to use occasionally and stop when they want to. They are able to remain in control and don't use more than they intend. They might disappoint someone by overindulging on one occasion, but they don't continue to do so time after time. In other words, they can use without continued negative consequences.

Many Canadians are social users of alcohol. They use once in a while, without experiencing continued problems because of their use.

Harmful use

People who use in harmful ways are not yet physically or psychologically hooked on alcohol or another drug, but they are often using heavily. Sometimes using is the focus of how they spend their free time (e.g., getting ready for the party, then going to the party, then recovering from the party). People who are harmfully involved almost always experience problems in their lives because of their use.

When people are in this stage, their use can be described as a problem. The good news is that they can still turn it around. They can learn to reduce their use, or use more responsibly, as long as they are not yet dependent on the drug.

Dependence

People who are dependent are addicted to alcohol or other drugs, physically or psychologically. Often, they are not able to stop using even when they want to. People who are addicted experience withdrawal when they come off alcohol or other drugs. They may feel like they need the drug or alcohol in order to feel normal. People who are addicted are almost always experiencing problems in their lives as a result of their use. Once a person has reached this stage, he or she will likely need help in order to stop using. And to do so, he or she will likely need to quit using altogether.

For more information

Alberta Health Services (AHS), Addiction and Mental Health offers information, prevention and treatment services through a province wide network of offices, facilities and funded services. Services include a toll-free helpline, prevention and education, detoxification, outpatient counselling, opioid dependency programs and residential treatment.

AHS, Addiction and Mental Health has counsellors with specific training in workplace issues. This allows us to better meet the needs of employees and supervisors, and to respond readily to referrals from the business community. Other specific services for the Alberta workplace include

- **addictions-related information and prevention resources for the workplace**
- **addictions education, employer consultation and supervisory training**
- **the Addiction and Mental Health Business & Industry Clinic, which offers residential treatment for employees who have problems related to alcohol or other drugs**

For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at **1-866-332-2322** or the 24-hour Mental Health Helpline at **1-877-303-2642**. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>



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Problem drinking: Frequently asked questions

What is problem drinking?

Problem drinking occurs when alcohol use becomes harmful and begins to interfere with the user's personal life. This type of use has both short and long term health risks and falls outside of Canada's Low Risk Alcohol Drinking guidelines. At this stage, the user may or may not be physically or psychologically dependant.

Can a problem drinker ever drink again?

Looking at the research, as well as the experience of many alcoholics, most people who are dependent on alcohol or other drugs do best when they are abstinent (when they don't drink or use at all).

Is it normal to experience blackouts when I've been drinking?

Blackouts are periods of time that a person can't remember after they have been drinking or taking other drugs. Not everyone who drinks or takes other drugs experiences blackouts. If you do, consider it a red flag that you might have a problem.

Is alcoholism hereditary?

There are many theories that try to explain why one person will become addicted to a substance and another person, even someone from the same family, does not. Research seems to support that there are physiological factors that predispose some people toward becoming

addicted. However, genetic make-up is only one of many factors that explain why people develop dependencies.

For more information

For more information on alcohol and problem drinking visit: <http://www.albertahealthservices.ca/2459.asp>

For more information on Canada's Low Risk Alcohol Drinking guidelines check out: <http://www.ccsa.ca/Eng/Priorities/Alcohol/Canada-Low-Risk-Alcohol-Drinking-Guidelines/Pages/default.aspx>

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>

Module 3B: Problem gambling

Introduction

Most people agree that alcohol and other drug use can affect a person's job performance. But what about a gambling problem? Can a person become addicted to gambling, like they can to alcohol or other drugs? What kind of issues can this create in terms of an employee's ability to do their job?

Gambling is a serious problem for some people, and its effects can be just as severe as those of an alcohol or other drug problem. Someone with a gambling problem will likely experience serious problems at home, at work and with their finances.



Problem gambling

Gambling is a popular form of recreation. Any time people bet money or something of value on an uncertain outcome, they are gambling. This includes buying raffle and lottery tickets, betting on sport events, using video lottery terminals (VLTs), playing cards for money, gambling in casinos and electronic gambling on computers and smart phones.

Technically, online gambling is illegal in Canada, with the exception of online lotteries that are regulated by provincial or territorial governments. However, according to the Alberta Gaming and Liquor Commission, many Canadians play on sites that are registered in other countries where online gambling is legal.¹ One of the challenges specific to online gambling is its ease of access. The only requirement is an Internet connection. Financial transactions over the Internet have become so easy that people sometimes forget that they are using real money and lose track of how much they have charged to their credit cards. Gambling over the Internet is usually done on a personal computer in the privacy of a person's home, or else discreetly in the workplace. Teens are the most likely to suffer from online gambling addictions. They spend a lot of time on the Internet and gambling is just one more form of entertainment, one whose legal or personal consequences they may not fully understand. It may be easier to hide a gambling problem if it is done online, as it requires no travel time and can be done at your own convenience, without anyone looking over your shoulder while you do it.

Studies indicate that about 85% of Albertans gamble. For most of us, it's just for fun, and we gamble in ways that don't cause any problems in our lives. However, roughly 5% of Albertans who gamble have major problems related to their gambling behaviour.¹

“

It never occurred to me that buying lottery tickets was gambling! I also didn't know that some people could get hooked on gambling.

”



Gambling is also big business, generating \$2.1 billion in the past year in Alberta alone.² The average Albertan spends \$785 per year on legal gambling, compared to the national average of \$547.³ Gambling participation rates are high in Alberta, both in absolute terms and by comparison to many other provinces and U.S. states. Across the country, Alberta ranks third in government-operated gaming revenue per person.⁴ About three-quarters of this money is spent at slot machines and VLTs.

Slots and VLTs are the favourite types of gambling among problem gamblers.

What is problem gambling?

For many people, gambling is something they do occasionally, as a form of recreation. They buy a lottery ticket, bet a few dollars on a horse or drop a couple of loonies into a machine. People who have their gambling under control realize that the more they gamble, the more money they are eventually going to lose. The games are designed that way.

For some people, however, gambling becomes a problem. A gambling problem may be as simple as spending more time or money gambling than the person had planned. This might make it hard for the person to pay their utility bills or make a car payment some months.

For others, a gambling problem can be much more serious. A person might be spending a lot more time or money than they can afford on gambling. There can be trouble in other areas of their life, too, including excessive debt, marriage problems and even illegal activity.

Like alcohol and other drugs, gambling provides a way for people to escape their problems for a while. While gambling, they can be totally drawn into the game and block out everything else. It can be a way to numb their feelings for a while or to get away from things. Some people experience a high similar to what others get from alcohol or other drugs. Risk-taking and thrill-seeking become the most important elements of their lives. As the problem gets worse, the person increasingly focuses on gambling while ignoring the problems it is creating, just like someone with a substance use problem.



Problem gamblers will often try to win back what they've lost. This is also called "chasing their losses." But no matter how much they win, it's never enough. Some problem gamblers chase "the big win," and imagine this will solve all their problems. When it doesn't happen, the person continues to lose more and more money. With today's easy access to credit, a problem gambler can quickly end up with unmanageable debt. They turn to family and friends for financial bailouts and may even resort to criminal activity (e.g., theft from work). The financial consequences for a problem gambler and their family can be disastrous. Financial crisis can lead to bankruptcy. Some problem gamblers become suicidal.

“

When I was gambling, I didn't know who I was anymore. I stole from my children, 'borrowed' from the employee social fund and maxed out our credit cards—things I would never have done before. And I felt so guilty that I actually thought of killing myself.

”

How a gambling problem develops

Like problems with alcohol and other drugs, problem gambling develops over time. How quickly a problem develops depends on the person. However, there are three stages that problem gamblers often progress through. Change or recovery can begin at any stage of the process.

1. The fun (winning) phase

In this initial stage, the financial rewards or the internal escape the person gets from gambling motivates them to continue doing it.

2. The losing phase

During this stage, losses begin to pile up. The person will start to borrow money and use credit to get more. They start chasing losses, and their gambling becomes increasingly out of control. This phase often lasts for years. Despite the constant betting, borrowing, juggling and repaying, the gambler somehow manages to stay afloat.



3. The desperation phase

At this final stage, the person is overwhelmed. They likely feel extreme emotional and even physical distress and have severe family and financial problems. The person might turn to criminal activities to get money, with severe legal consequences. Ironically, the desperation phase often begins with somebody giving the person a financial bailout, which is meant to get them out of debt and out of trouble. The gambler will often bet, and lose, the bailout money, which makes the situation worse. This cycle can repeat itself until the person hits a wall where they can no longer manage financially.

Like someone with a substance use problem, many problem gamblers need outside help to quit gambling and to resolve their difficulties. With help, this cycle can be interrupted at any time.

Gambling is a popular form of recreation. But, for some, gambling can become a problem, with devastating effects on both the gambler and their family.

Signs of problem gambling

If somebody has a gambling problem, friends and family members will likely see some of the following signs.

Spends large amounts of time gambling

This allows little time for family, friends or other interests.

Places larger, more frequent bets

Larger bets, and betting more regularly, become necessary to get the same level of excitement.

Has growing debt

The person with a gambling problem is secretive or defensive about money and may borrow money from family members or friends.

Pins hopes on the “big win”

The problem gambler believes winning a jackpot, rather than changing the gambling behaviour, will solve their problems.



Promises, without success, to cut back

The problem gambler is unable to reduce or stop gambling.

Makes excuses or lies about gambling

The person may be away from home or work for long periods of time, or may make an unusual number of personal telephone calls.

There are many similarities between a gambling problem and a problem with alcohol or other drugs. The problems develop in similar ways and have many of the same consequences.

Experiences mood swings

If unable to gamble, the problem gambler misses the thrill of the action and may be bad-tempered, withdrawn, depressed or restless. During a winning streak, the gambler experiences a high.

Boasts about winning

The person loves to relive a win but will make light of losses when others express their concern. Wins and losses may also be kept a secret.

Misses special or family events to gamble

The problem gambler may arrive late or miss family events, including birthdays and school activities.

Seeks new places to gamble

The problem gambler may insist that evenings out, or even family vacations, are spent at places where gambling is available.

Gambles to escape

Achieving a dissociative state, or spacing out, while gambling is characteristic of problem gamblers.



At a glance

Signs that someone has a gambling problem include

- spending large amounts of time gambling
- placing larger, more frequent bets
- growing debt
- pinning hopes on the “big win”
- promising, without success, to cut back
- making excuses or lying about gambling
- experiencing mood swings
- boasting about winning
- missing special or family events to gamble
- seeking new places to gamble
- gambling to escape

Problem gambling and the workplace

There's a good chance that some form of gambling is occasionally available in a workplace. It may be a hockey or football pool, somebody selling raffle tickets or a group that gets together to buy lottery tickets. A person with a gambling problem may or may not be involved in these activities. However, the presence of gambling at a problem gambler's workplace can be a source of stress if they are trying to quit gambling. Employers should consider what message they want to send about gambling to their workers.

As their gambling problem becomes more severe, a problem gambler's work performance is likely to deteriorate. The worker might be away from work more often and spend work time gambling. They may be preoccupied with how and when they are going to gamble, or how they are going to manage their growing debt. In extreme cases, they may be involved in stealing money or goods from their company to finance their gambling, resulting in criminal charges. Here's an example of how a person's job performance can be affected as their gambling gets out of control.

John has been a steady worker for several years. However, the past few months he just can't be counted on. He takes long lunches, disappears



for hours at a time and is calling in sick more often. He seems wound too tight, snapping at co-workers and unable to concentrate on the job. Creditors have been calling and threatening to garnishee his wages. It turns out John has a gambling problem. His wife is threatening to leave him, he can't make his payments and the bank has started foreclosure proceedings on his house.

At a glance

Signs of problem gambling that may be seen in a workplace include

- borrowing money frequently
- boasting about winnings
- complaining about debts more than usual
- experiencing drastic mood swings
- spending more time gambling during lunch hours and after work
- making an unusual number of personal telephone calls
- allowing work performance to deteriorate (e.g., being distracted, missing deadlines, having frequent or unexplained absences)
- having personality changes (e.g., being irritable, secretive or dishonest)
- getting calls from creditors (either the employee or the employer)

The qualities often found in problem gamblers (e.g., hard working, energetic and persistent) can be channeled into a productive, healthy lifestyle.

Recovering problem gamblers can be very successful when the gambling is behind them. However, they often need the same kinds of help to recover that someone with an alcohol or other drug problem needs.

Effects of problem gambling on the family

Families are often hit hard when a member has a gambling problem. The first losses a family may experience are money and time with the person. As gamblers spend more and more time gambling, children often feel abandoned, and relationships between spouses deteriorate.



Gamblers tend to be very good at hiding their problem. A gambler can destroy their family's economic stability long before a spouse or partner even realizes there is a problem. Financial problems can lead to a lack of money for basic necessities, harassment by creditors, repossession of the family home and bankruptcy. The ensuing distrust, fear and hopelessness can destroy relationships within the family. Many families need outside help to deal with debt problems and to rebuild relationships.

“

Once I started gambling, I couldn't stop. Sometimes I'd go play the VLTs at lunch, and by the time I finished, I had missed work and supper!

”

Similarities between substance use and gambling problems

The following are some similarities between gambling and substance use problems.

Both exist on a continuum.

The severity of a substance use problem, like problem gambling, exists on a continuum. At its most extreme, the person becomes dependent; however, at less severe stages, the person is using or gambling too much and having problems as a result.

Both are complex conditions.

There is often a combination of physical, social and psychological components involved in problem drinking or other drug use and problem gambling. Simply stopping the problem behaviour is not a cure. Resolving the associated problems is usually essential to recovery.



Both involve increased tolerance.

The more a person drinks or uses other drugs, the more they must consume to get the desired effect. Similarly, as a gambling problem progresses, the gambler must bet larger amounts of money.

Both involve mental preoccupation.

People with substance use problems spend a lot of time thinking about drinking or using (e.g., when they can get their next drink, or whether they have enough drugs for the weekend). Similarly, problem gamblers think a lot about gambling (e.g., their last win or loss, when they can gamble again, how much they will bet or what will happen when the “big win” arrives).

Both involve loss of control.

People with substance use problems often cannot stop drinking or using when they want to, despite their best intentions. Similarly, a person with a gambling problem will have trouble sticking to a predetermined limit on how much they plan to spend on gambling.

Both can result in withdrawal symptoms.

People with substance use problems may experience withdrawal symptoms (e.g., anxiety, sleeping difficulties, nausea or confusion, depending on the substance). Withdrawal symptoms from gambling are generally not as severe, but problem gamblers can become restless and irritable when they are unable to gamble. Problem gamblers, like those with alcohol or other drug problems, may rely on their problem to avoid or relieve withdrawal symptoms.

Both create problems in the person's life.

Problem gamblers, like those with alcohol or other drug problems, often neglect their social or work responsibilities. This can lead to family conflict, job problems and legal difficulties.

Both are recognized as illnesses.

The medical and psychiatric community recognized alcoholism as a disease in the 1950s and pathological gambling in the 1980s. Although debate continues over whether these are truly illnesses or diseases, there is agreement that both are conditions requiring treatment.



Mental health and suicide among adult problem gamblers

Thoughts of suicide may arise when a person feels that they have few supports to cope with significant life stressors, including physical or psychological problems. This situation can arise for some problem gamblers.^{5,6,7} In one study, researchers using data from the Canadian Community Health Survey found that people with gambling problems were more than three times more likely to have attempted suicide than those who did not have gambling problems.⁵

It's important for those who work with problem gamblers to stay alert for warning signs and to provide support and resources.



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Problem gambling: Frequently asked questions

What kind of help is available for somebody with a gambling problem?

A person with a gambling problem has access to the same treatment services as someone with an alcohol or other drug problem. A person with a gambling problem can go directly to their local Alberta Health Services, Addiction and Mental Health office for assessment and counselling, or call the Addiction Helpline at 1-866-332-2322. The helpline is a toll-free, confidential service available to all Albertans 24 hours a day, every day. It provides support, information and referral to services for people who have problems with alcohol, tobacco, other drugs and gambling.

Intensive treatment programs are available. There are also 12-step, self-help programs for gamblers (Gamblers Anonymous) and their families (Gam-Anon). Most provinces offer free debt management services. In Alberta, contact Money Mentors at 1-888-294-0076. Or, Credit Counselling Society at 1-888-527-8999.

If I'm concerned that somebody at my workplace has a gambling problem, what should I do?

One of your primary responsibilities as a leader is to manage job performance, so you need to address any performance problems that come to your attention. However, any time you are concerned about a co-worker or employee, you

can also intervene by trying to direct the person to the appropriate sources of help. While it's not your job to diagnose a personal problem, there will likely be times when you know what the problem is, and you are in a great position to support and encourage the person to get the help they need. You could tell your co-worker or employee about the employee and family assistance program, direct them toward an addiction counsellor or provide the number for Gamblers Anonymous.

Should we quit selling tickets and holding hockey pools at work?

This is a decision each workplace will need to make. Often, workplaces that promote employee wellness will discourage activities that could create problems for some of their workers. But it may not be realistic to expect those who don't have gambling problems to refrain from buying raffle tickets or setting up a hockey pool, either. The solution might be to educate employees about problem gambling and to help them understand the importance of not pressuring an employee who says no to participate in gambling activities.

How can a gambling problem affect the workplace?

There's a good chance that some form of gambling is occasionally available in a workplace. It may be a hockey or football pool, somebody selling raffle tickets or a group that gets together to buy lottery tickets. A person with a gambling problem may or may not be involved in these activities. However, the presence of gambling at a problem gambler's workplace can be a source of stress if they are trying to quit gambling. Employers should consider what message they want to send about gambling to their workers.

As their gambling problem becomes more severe, a problem gambler's work performance is likely to deteriorate. The worker might be away from work more often and spend work time gambling. They may be preoccupied with how and when they are going to gamble, or how they are going to manage their growing debt. In extreme cases, they may be involved in stealing money or goods from their company to finance their gambling, resulting in criminal charges. Here's an example of how a person's job performance can be affected as their gambling gets out of control.

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The qualities often found in problem gamblers (e.g., hard working, energetic and persistent) can be channeled into a productive, healthy lifestyle. Recovering problem gamblers can be very successful when the gambling is behind them. However, they often need the same kinds of help to recover that someone with an alcohol or other drug problem needs.

For more information

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>



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Ways to raise awareness about problem gambling

- Invite someone from your local Alberta Health Services addiction services office to talk about problem gambling and the services available.
- Invite a debt management expert (e.g., someone from Money Mentors or Credit Counselling Society) to talk about managing credit, as well as options for when your debts are out of control. In Alberta, Money Mentors can be reached at 1-888-294-0076 or, contact Credit Counselling Society at 1-888-527-8999.
- Contact Gamblers Anonymous and ask if a member would be willing to visit your workplace to talk about their own experiences with problem gambling. A story about recovery can be a powerful motivator for someone with a problem to get help.
- Provide resources, pamphlets and brochures on problem gambling in your workplace. These should be displayed where employees can pick them up without being observed.
- Remember that legalized gambling is misunderstood. Many people don't know what a problem looks like or how to tell if their own gambling is problematic.
- Contact your employee assistance program (EAP) or employee family assistance program (EFAP) for resources on problem gambling or debt management or to inquire about workshops or lunch and learn sessions that can be offered on managing debt.

For more information

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>

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How a gambling problem develops

Stages of Gambling

Like problems with alcohol and other drugs, problem gambling develops over time. How quickly a problem develops depends on the person. However, there are three stages that problem gamblers often progress through. Change or recovery can begin at any stage of the process.

The fun (winning) phase

In this initial stage, the financial rewards or the internal escape the person gets from gambling motivates them to continue doing it.

The losing phase

During this stage, losses begin to pile up. The person will start to borrow money and use credit to get more. They start chasing losses, and their gambling becomes increasingly out of control. This phase often lasts for years. Despite the constant betting, borrowing, juggling and repaying, the gambler somehow manages to stay afloat.

The desperation phase

At this final stage, the person is overwhelmed. They likely feel extreme emotional and even physical distress and have severe family and financial problems. The person might turn to criminal activities to get money, with severe legal consequences. Ironically, the desperation phase often begins with somebody giving the person a financial bailout, which is meant to get them out of debt and out of trouble. The gambler will often bet, and lose, the bailout money, which makes

the situation worse. This cycle can repeat itself until the person hits a wall where they can no longer manage financially.

Like someone with a substance use problem, many problem gamblers need outside help to quit gambling and to resolve their difficulties. With help, this cycle can be interrupted at any time.

Signs of problem gambling

If somebody has a gambling problem, friends and family members will likely see some of the following signs.

Spends large amounts of time gambling

- This allows little time for family, friends or other interests.

Places larger, more frequent bets

- Larger bets, and betting more regularly, become necessary to get the same level of excitement.

Has growing debt

- The person with a gambling problem is secretive or defensive about money and may borrow money from family members or friends.

Pins hopes on the “big win”

- The problem gambler believes winning a jackpot, rather than changing the gambling behaviour, will solve their problems.

Promises, without success, to cut back

- The problem gambler is unable to reduce or stop gambling.

There are many similarities between a gambling problem and a problem with alcohol or other drugs. The problems develop in similar ways and have many of the same consequences

Makes excuses or lies about gambling

- The person may be away from home or work for long periods of time, or may make an unusual number of personal telephone calls.

Experiences mood swings

- If unable to gamble, the problem gambler misses the thrill of the action and may be bad-tempered, withdrawn, depressed or restless. During a winning streak, the gambler experiences a high.

Boasts about winning

- The person loves to relive a win but will make light of losses when others express their concern. Wins and losses may also be kept a secret.

Misses special or family events to gamble

- The problem gambler may arrive late or miss family events, including birthdays and school activities.

Seeks new places to gamble

- The problem gambler may insist that evenings out, or even family vacations, are spent at places where gambling is available.

Gambles to escape

- Achieving a dissociative state, or spacing out, while gambling is characteristic of problem gamblers.

For more information

Alberta Health Services (AHS), Addiction and Mental Health offers information, prevention and treatment services through a province wide network of offices, facilities and funded services. Services include a toll-free helpline, prevention and education, detoxification, outpatient counselling, opioid dependency programs and residential treatment.

AHS, Addiction and Mental Health has counsellors with specific training in workplace issues. This allows us to better meet the needs of employees and supervisors, and to respond readily to referrals from the business community. Other specific services for the Alberta workplace include

- addictions-related information and prevention resources for the workplace
- addictions education, employer consultation and supervisory training
- the Addiction and Mental Health Business & Industry Clinic, which offers residential treatment for employees who have problems related to alcohol or other drugs

For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>



Module 3C: Tobacco

Introduction

In Canada, tobacco use is the greatest preventable cause of illness, disability and premature death, causing more than 45,000 deaths per year. Links between exposure to **second-hand smoke** and health problems such as cancer, heart disease and respiratory disease are also well established. Tobacco smoke contains more than 7,000 substances, of which 69 are **class A carcinogens**. Tobacco smoke is identified as the cause of 30% of all cancers, and is linked to 85% of lung cancer cases; more women will die from lung cancer than from breast cancer and all reproductive cancers combined.^{1,2}

Traditionally, tobacco use has been viewed as a bad habit or a lifestyle choice; however, more recently it has been globally acknowledged as a chronic, relapsing condition. The use of tobacco is no longer a personal choice once a person becomes addicted to nicotine, which creates a dependence on tobacco products.

Second-hand smoke is the most common and harmful form of indoor air pollution. It consists of sidestream smoke (the smoke released from the burning end of a cigarette) and mainstream smoke (the smoke exhaled by the smoker).¹ Sidestream smoke makes up about 85% of second-hand smoke.² It has a different chemical composition than exhaled mainstream smoke because it is generated at lower burning temperatures, and the combustion (burning) is not as clean or complete. It can also interact with other occupational hazards to become even more hazardous.¹



Did you know?

- Second-hand smoke has at least twice the amount of nicotine and tar as the smoke inhaled by the smoker, as well as increased levels of carbon monoxide, ammonia, lead, cadmium, benzene and hydrogen cyanide.
- The residual tobacco smoke pollutants from second-hand smoke can build up on surfaces, walls, furniture, drapes and dust, and in vehicle upholstery. These pollutants are toxic and, once deposited, are considered to be third-hand smoke.
- Non-smokers who breathe in second-hand smoke can get many of the same serious diseases, including lung cancer, heart disease, chronic obstructive pulmonary disease (emphysema and chronic bronchitis) and asthma, that affect individuals who smoke.
- Regular exposure to second-hand smoke increases the risk of lung disease by 25% and of heart disease by 10%.¹
- Smoking bans in workplaces encourage employees who smoke to cut down or quit, help those who are already smoke-free to stay that way and protect all employees from the effects of second- and third-hand smoke.



Nicotine tolerance and dependence

Nicotine is one of the main ingredients in tobacco. It is a powerful drug that speeds up the brain and central nervous system, and triggers the release of a brain chemical (dopamine) that boosts moods and calms the person but can also increase alertness at the same time. The nicotine in cigarette smoke is absorbed through the skin lining of the mouth and the nose. Nicotine level in blood peaks within 10 seconds of inhaling cigarette smoke.

Over time, the brain adjusts to the stimulation from nicotine and lowers a person's natural energy level or mood. The individual may then start to crave a cigarette for a boost. The more a person smokes, the more nicotine he or she needs to feel good. Soon a tobacco user craves nicotine just to feel normal. Being without nicotine for even a few hours can cause withdrawal symptoms like headaches, depression, anger, anxiety and problems sleeping.

How behaviour feeds nicotine addiction

The other part of nicotine addiction is behaviour. After months or years of smoking, cigarettes become a part of a smoker's daily life, such as lighting a cigarette out of habit when getting into the car, or when drinking a cup of coffee.

Smoking habits can also be connected to a person's feelings—many smokers reach for a cigarette when they feel bored, stressed or angry. Even someone who has been smoking for many years can learn to live without cigarettes. Support for cessation helps people address both the addiction and habit sides of their tobacco use.



Health benefits of quitting smoking

There are a number of health benefits experienced from quitting smoking. Some of these benefits can be experienced in a matter of minutes and hours, others weeks, months or a year. The chart below outlines the various benefits and the corresponding quit time.

Table 3.8 Quitting smoking and time to health benefits

Quitting Time	Health Benefits
20 minutes	Blood pressure lowers and pulse rate decreases.
8 hours	Oxygen level goes back to normal and carbon monoxide levels drop.
48 hours	Chances of having a heart attack decrease and senses of smell and taste start improving.
72 hours	Breathing gets easier as bronchial tubes relax and lung capacity begins to increase.
2 to 3 weeks	Circulation improves, exercising becomes easier and lung capacity can increase by as much as 30%.
6 months	Coughing, sinus congestion, tiredness, shortness of breath and colds are reduced.
1 year	Risk of smoking-related heart attack is reduced by 50%.
5 years	Risk of having a stroke is reduced to that of a non-smoker.
10 years	Risk of dying from lung cancer decreases by 50%.
15 years	Risk of dying from a heart attack reduced to that of a person who has never smoked.



Tobacco reduction legislation

The Tobacco Reduction Act (Alberta) came into effect on January 1, 2008, amending the previously existing Smokefree Places Act. Here are a few key highlights of the act:

- Smoking is currently prohibited in all public places and workplaces in the province. This includes all bars, bingo halls and casinos.
- A public place is defined as all or any part of a building, structure or other enclosed area to which members of the public have access, including common areas of multi-unit residential facilities, group living facilities, outdoor bus and taxi shelters, licensed premises, restaurants, hotels and public vehicles.
- A workplace is defined as all or any part of a building, structure or enclosed area in which employees perform the duties of their employment, including reception areas, corridors, lobbies, stairwells, elevators, escalators, eating areas, washrooms, lounges, storage areas, laundry rooms, enclosed parking garages and work vehicles.
- A work vehicle is defined as a vehicle owned or leased by an employer and used by employees during the course of their employment.

Supporting employees to become tobacco free

Workplaces have a variety of options to help employees quit using tobacco. Smoking cessation programs can be offered on their own, or as a part of a comprehensive workplace wellness program. Having a no-smoking policy in the workplace not only protects employees from dangerous second- and third-hand smoke, but it also supports those employees who want to quit smoking and underlines the employer's commitment to employee health.

There are three basic workplace tobacco cessation approaches:

1. **Comprehensive:** This approach involves offering programs and activities at the workplace. Employees can then receive support on site, often during **work hours.**



2. **Facilitated:** This approach involves working with outside agencies to deliver programs and activities off site, along with offering self-help materials on site.
3. **Education and information:** This approach involves providing information, for example, self-help programs and contact listings for external resources.

Any of these approaches may be supplemented by benefit programs providing coverage for nicotine replacement therapy or pharmacotherapy to aid employees in addressing the nicotine addiction or dependence experienced by smokers and other tobacco users.

Stop-smoking programs and supports in a workplace should reflect the cessation process. They should

- avoid approaches that stigmatize employees who smoke or use other forms of tobacco
- recognize that tobacco dependence is an addiction to nicotine
- recognize that smoking is a health issue, not a moral issue
- acknowledge that tobacco cessation is a difficult process
- recognize that relapse is a normal part of the cessation process
- support each attempt an employee makes to quit using tobacco
- consider extending the cessation benefits, supports and activities to spouses and other family members living with the employee

Approaches to tobacco cessation

Comprehensive approaches offer programs and support to employees in the workplace.

Facilitated approaches connect employees to outside agencies to deliver programs and activities off the work site.

Education and information approaches are limited to providing employees with self-help materials and self-referral opportunities.

From Health Canada, *Smoking Cessation in the Workplace* ⁴



Tobacco cessation options

Medications

Evidence indicates that using cessation medications at least doubles a person's chance of successfully quitting tobacco. A number of such medications have been approved for use in Canada, including various forms of nicotine replacement therapy (NRT), bupropion SR (Zyban®) and varenicline (Champix®). Please note that prescription medications should always be discussed with a physician and/or pharmacist.

It is not the nicotine that is responsible for the majority of tobacco-related illnesses, but rather the thousands of toxins in tobacco and tobacco smoke. The purpose of NRT is to provide a tobacco user with a controlled dose of nicotine that helps reduce cravings by reducing withdrawal symptoms and allowing the user to develop new behaviour to support them as they quit. NRT makes it easier to quit using tobacco by replacing some, but not all, of the nicotine normally consumed. NRT may also be used temporarily to prevent the onset of withdrawal when a tobacco user is in an environment where use is restricted.⁹ NRT can be recommended to anyone who is attempting to quit smoking or reduce tobacco use.

Bupropion SR and varenicline are only available by prescription and work in different ways to decrease the desire to use tobacco and minimize withdrawal symptoms.

It is important for organizations to review their benefit plans to ensure coverage for recommended cessation medications. Employer coverage for NRT and other cessation medications increases the chances of successful employee cessation.

Self-help

Employers can provide access to self-help materials, brochures and websites.

- Alberta tobacco reduction resources: <http://tobaccofreefutures.ca/resources.html> (tobacco cessation kits, Flip to Quit brochures and One Step at a Time for Smokers Who Want to Quit booklets can be ordered)
- Health Canada—On the Road to Quitting: www.gosmokefree.gc.ca
- Canadian Lung Association: www.lung.ca/protect-protegez/tobacco-tabagisme_e.php
- Canadian Cancer Society: www.cancer.ca
- AlbertaQuits: www.albertaquits.ca



Brief tobacco intervention

Health care providers, including those who specialize in occupational health, safety or wellness, can make a difference in the health of a person who uses tobacco in as little as three minutes with a brief intervention.

For cessation, evidence-based guidelines strongly support the so-called five A's approach: ask, advise, assess, assist and arrange. This involves consistent screening to identify and document people who use tobacco. Ask every client if they use tobacco. Advise all tobacco users about the benefits of quitting tobacco, using a personalized approach. Assess the client's readiness to quit and their interest in available treatment. Assist tobacco users who are interested in quitting by linking them to, or providing them with, behavioural counselling and/or pharmacotherapy. Arrange for appropriate follow-up.

Individual counselling

There is a strong connection between the intensity of tobacco dependence counselling and its effectiveness.³ All interested tobacco users will benefit from more intensive counselling in either a one-to-one or group setting, and will increase their chances of quitting successfully. Counselling can be delivered by health professionals from a variety of disciplines who have received tobacco cessation training.⁹

Whenever possible, intensive tobacco cessation programs should

- consist of four or more sessions, with each session lasting between 10 and 90 minutes
- focus on practical problem-solving and skills training, along with social support
- provide basic information about tobacco use and quitting, as well as identifying triggers and high-risk situations that increase the risk of relapse

Employers may also provide support and reduce barriers to participation by providing counselling on-site (facilitated by the organization's staff or external providers), subsidizing programs in part or whole (including the cost of nicotine replacement therapy or cessation medication), allowing employees to attend during work hours and inviting spouses or other family members to participate.



Group programs

An example of a group program is QuitCore. This is a group tobacco cessation program that is designed to assist current smokers and tobacco users, as well as recent quitters, in becoming or remaining tobacco-free. Offered throughout the province, this free group support program is led by trained facilitators and offers six 90-minute sessions over a period of six to nine weeks. The program uses education, self-monitoring and behavioural modification techniques, and includes visits from former tobacco users who share their stories with participants. Support for behaviour change is built in with encouragement from group participants, educational sessions for a participant, an identified support person and concurrent support from the AlbertaQuits Helpline and website. More information can be found at www.albertaquits.ca or by calling 1-866-710-7848 (QUIT).

For employers able to offer comprehensive support onsite (i.e., those with occupational health and safety, or wellness, departments), the AHS tobacco reduction program offers health professional training in tobacco cessation and facilitating the QuitCore group program. Contact tru@albertahealthservices.ca for more information.

AlbertaQuits Helpline

This is a toll-free tobacco cessation telephone service available to all Albertans from 8 a.m. to 8 p.m., seven days a week, at 1-866-710-7848 (QUIT). Services are available in 180 languages. Trained cessation counsellors are available to help individuals develop a quit plan, deal with cravings and difficult situations, provide support throughout their quit plan and keep tobacco free afterwards. Clients can call the helpline themselves, or healthcare providers may initiate contact on behalf of the client by completing a fax referral.

AlbertaQuits Online

This Internet-based service is available free of charge to all Albertans at www.albertaquits.ca. The online community message board and chat room are always available to users. The site provides an interactive self-guided support to quit and stay tobacco-free. It provides expert advice, online **peer support** through discussion boards or forums, quitting strategies, email or text messaging encouragement programs and more.



One of the new features is AlbertaQuits By TEXT, which is a texting service that delivers motivational tips directly to a person's mobile device for three months. Individuals can get support tailored to their individual quit status. Participants can text "KEYWORDS" for extra help. Individuals can register through the AlbertaQuits website, or by texting "ABQUITS" to 123456.

Employee assistance programs (EAP) or employee and family assistance programs (EFAP)

Many organizations contract external providers to deliver EAP/EFAP for their workers. These programs may include intensive counselling for tobacco dependence. Workplaces should consider what programs and resources are available through their providers and ensure that the information is communicated to their employees.

Primary care networks

Many primary care networks across the province offer tobacco cessation support for their clients. Availability varies from community to community, so employers should investigate what is available to them locally, as well as the networks' respective referral processes, and provide that information as an option for their employees.

Each employer should consider the available options, their own capacities and their role in providing or linking employees to cessation supports.

For employers looking to create a company tobacco control policy or tobacco cessation support program, see the resource section.



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IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders



Tobacco: Frequently asked questions

How far from a doorway are employees allowed to smoke?

Smoking is not allowed within five metres of a doorway, window or air intake of a public place or workplace.

Who enforces the restriction around smoking near doorways?

Employers of a workplace where smoking is prohibited under the Tobacco Reduction Act must not permit a person to smoke in that location. Employers who permit smoking where it is prohibited are guilty of an offence and liable to fines up to \$10,000 for a first offence and up to \$100,000 for a second or subsequent offence.

Individuals who smoke where it is prohibited can receive fines up to \$1,000 for a first offence and up to \$5,000 for a second or subsequent offence. In addition, a ticket for \$250 can be issued for smoking in a prohibited area.

Who enforces this legislation?

Peace officers within the meaning of the Provincial Offences Procedure Act, which includes police, RCMP, municipal bylaw officers and special constables.¹

Who smokes and who wants to quit?

Nineteen per cent of Canadians aged 15 and older are current smokers. Most smokers want to quit, and among those who do, more than half stay tobacco free. We know that receiving support can double a tobacco user's chances of success.²

What are the smoking rates for different occupations?

- 24% of workers in processing, manufacturing or utilities occupations smoke
- 28% of trade, transport or equipment operators smoke
- 20% of sales or service workers smoke
- 16% of workers employed in the business finance or administrative sectors smoke
- 12% of health care workers smoke³

What are the smoking rates by education level?

- 19.5% of Canadians without a high school diploma smoke
- 18.1% of Canadians with a high school diploma smoke
- 17.5% of Canadians with a community college degree smoke
- 10.2% of Canadians with a university degree smoke⁴

What are the options for employers who want to support their employees in quitting smoking or using other forms of tobacco?

Workplaces have a variety of options to help employees quit using tobacco. Smoking cessation programs can be offered on their own, or as a part of a comprehensive workplace wellness program. Having a no-smoking policy in the workplace not only protects employees from dangerous second- and third-hand smoke, but it also supports those employees who want to quit smoking and underlines the employer's commitment to employee health.

There are three basic workplace tobacco cessation approaches:

1. **Comprehensive:** This approach involves offering programs and activities at the workplace. Employees can then receive support on site, often during work hours.
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Any of these approaches may be supplemented by benefit programs providing coverage for nicotine replacement therapy or pharmacotherapy to aid employees in addressing the nicotine addiction or dependence experienced by smokers and other tobacco users.

Other resources

AlbertaQuits

- Helpline: 1-866-710-7848 (QUIT)
- Online: www.albertaquits.ca

Tobacco Free Futures

- www.tobaccofreefutures.ca

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For more information

For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>



Module 3D: Mental health

Introduction

“Mental health is the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.”¹

Mental health is a positive concept that means more than simply the absence of mental illness. It is the ability to be resilient and to cope well with life's challenges and setbacks. Optimal mental health means getting the most out of life, or flourishing.²

It is also important to talk about mental health and mental illness simultaneously, because even those living with mental illness can have good mental health. Most people know a friend or co-worker who has a diagnosed mental illness but is still able to engage in positive activities (e.g., work or volunteering), has a strong network of support from family and friends and is able to enjoy life.

You may also know someone who shows no signs or symptoms of a mental illness but has poor mental health. They may have trouble maintaining relationships, holding down a job and achieving their goals.

Mental illness is a broad classification for many mental health problems, and feeling overwhelmed, intimidated or frightened by it can make things worse. When we talk about mental health problems, issues or concerns, we're really talking about burnout, stress, depression, anxiety and substance abuse, to name a few.



Mental health problems are increasingly common. While on average one in five people in Canada experience a mental illness in any given year, rates first peak during a person's early working years, with more than 28 per cent of people aged 20 to 29 affected. By the age of 40, nearly 50 per cent of Canadians will have had an experience with a mental health problem or illness.³

Today's employers are recognizing that creating a culture of civility and respect can help prevent mental illness and promote mental health. Equally important is the ability to openly discuss mental health issues, recognize the signs and symptoms of a mental health problem, and know how to help those in distress. This will not only reduce the stigma that still surrounds mental illness but also vastly improve our workplaces, social networks, families and communities.



Understanding mental health problems, mental illness and mental health

People from all socio-economic backgrounds and cultures experience mental health problems or illnesses. In other words, “No one is immune and, at some point in their lives, all Canadians are likely to be affected through a mental illness in a family member, friend or colleague.”⁴

Mental health problems can be identified as mental disorders or illnesses when symptoms meet the diagnostic criteria outlined in clinical guidelines such as the Diagnostic and Statistical Manual of the American Psychiatric Association. Mental health problems and illnesses are disorders that are diagnosed and treated by health care professionals like psychiatrists, family doctors, nurses and psychologists.⁵

There are many types of mental health problems and illnesses, and they vary in severity, symptoms and treatment. Common mental health problems and illnesses include bipolar disorder, anxiety and depression. The cause of mental health problems and illnesses is highly complex. It is believed that the development of mental health problems and illnesses is the result of a combination of complex biological, genetic, social, economic and psychological factors.

The concept of **mental health** is extensive and includes mental well-being, wellness and flourishing. It is more than just the absence of mental illness and, in fact, includes a focus on a person's emotional, physical, spiritual, intellectual and social abilities and strengths.^{6,7}

Good mental health buffers people from the stresses and hardships that are part of life for all of us, and can help reduce the risk of developing mental health problems and illnesses. Even when someone develops a mental health problem or illness, they can still experience good mental health, and this can contribute to their recovery.



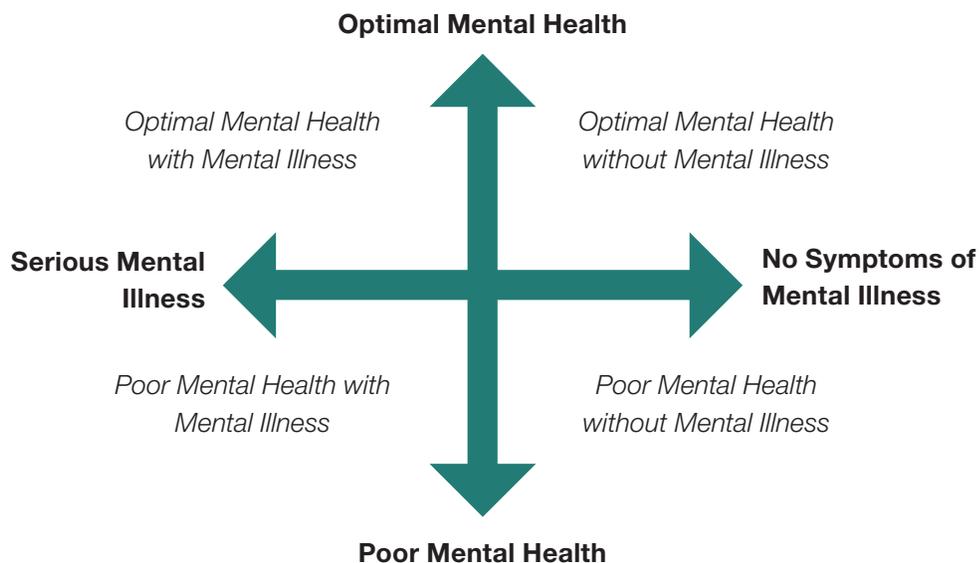
The mental health continuum model

The figure below shows that mental health is a fluid state in which mental health and mental illness can co-exist.⁸

On the vertical axis, optimal mental health is on one end, while poor mental health is on the other. On the horizontal axis, having no symptoms of mental illness is at one end, while having serious mental illness is at the other.

The two intersecting continuums show us that someone can have a mental illness and mental health at the same time, and that someone can have poor mental health without a mental illness.

Figure 3.1 The Mental Health/Illness Continuum



The goal of the two-continuum model is to move “beyond a simplistic categorization of people as either mentally healthy or mentally ill.”⁹



Concurrent disorders

According to the Centre for Addiction and Mental Health, **concurrent disorders** is defined as a situation in which a person has both a mental health disorder and a substance use disorder.¹⁰

A person who has a mental health disorder has a greater chance of developing a substance use disorder, and a person with a substance use disorder also has a greater chance of concurrently developing a mental health disorder. Some examples of concurrent disorders are

- an anxiety disorder and a drinking problem
- depression and dependence on sleeping pills

There is no one cause of concurrent disorders. Rather, there are many combining factors that explain why someone might develop both a mental health and a substance use problem (e.g., biology, or physical or emotional trauma).

Substance use can also influence the development of concurrent disorders in the following situations:

- A person may use a substance to make their mental health issue feel better, help them forget about their problems or relieve symptoms in the short term. This is sometimes referred to as self-medication.
- Substance use can also induce or mimic symptoms of a mental health problem, including depression, anxiety, impulsivity and hallucinations.

Because concurrent disorders can include a broad range of mental illnesses and substance use, there is no one single symptom common to all combinations. It may be more helpful for employers to try to recognize the symptoms of substance use and then look for mental health problems (e.g., depression and anxiety).



Impact of mental illness in the workplace

Mental health problems and mental illness place a heavy financial burden on the Canadian economy—an estimated \$51 billion annually.¹¹ In lost time alone, mental illness is believed to cost Canadian workplaces 35 million workdays every year. That's almost 25 times the number of days lost to strikes.¹²

The effects of mental health disorders and illness have an increasingly adverse impact on disability claims. It has been estimated that short-term and long-term mental disorder disability claims account for about one-third of all claims, with the monetary cost reaching approximately \$15 to \$33 billion annually.¹³

Beyond the financial implications is decreased employee morale, lower engagement and strained co-worker-client relationships. Common mental health problems, such as depression and anxiety, can severely interfere with one's ability to work. Not feeling capable of getting out of bed, for example, can lead to long periods of **absenteeism**. Even missing a day or two every week or so, or constantly coming in late or leaving early, is a common sign that someone may be experiencing a mental health problem. Regular attendance but failing to get anything done (also called **presenteeism**) is also a sign.

Further signs and symptoms of what a mental health problem or illness looks like are discussed in Module 7.

Employers who can provide appropriate help and support to employees who are in distress are also most likely to improve mental health and well-being in the workplace. In a survey of Canadian employees who had experienced a mental health issue, the primary recommendations for employers to improve workplace mental health included

- educating staff on the nature and treatment of mental illness
- offering workplace resources and being able to direct employees to these resources
- talking openly about mental health in the workplace
- keeping an open mind when an employee discloses a mental health issue
- being empathetic, supportive and respectful when managing an employee with a mental health issue¹⁴



Promoting a psychologically safe and healthy workplace

Today's employers have the opportunity to create and foster what is known as a **psychologically safe and healthy workplace**. This is similar to occupational health and safety and **psychological health and safety**, which are already being addressed in some workplaces.

The Mental Health Commission of Canada, the Bureau de normalisation du Québec and Canadian Standards Association (CSA) Group have released Canada's first national voluntary standard, which is designed to help organizations and their employees improve workplace psychological health and safety.

“

A psychologically healthy and safe workplace is one that promotes employees' psychological wellbeing and does not harm employee mental health in negligent, reckless or intentional ways.¹⁵

”

An important first step for employers who are interested in creating a psychologically healthy and safe workplace is to complete a series of 20 questions for leaders outlined by the Great-West Life Centre for Mental Health in the Workplace.¹⁶ The Centre provides organizations with a variety of free public resources, including information, strategies and resources.

For the complete series of 20 questions for leaders outlined by the Great-West Life Centre for Mental Health in the Workplace, visit

<http://www.workplacestrategiesformentalhealth.com/display.asp?l1=181&l2=220&l3=191&d=191>



It's also helpful to understand how a psychologically healthy workplace is created. Here are some tips: ¹⁷

- creating a mission statement that incorporates trust, honesty and fairness
- reviewing the importance of keeping personal information confidential and avoiding office gossip
- having a process for employees to explore other positions (e.g., job shadowing, career development) that might better match their skills and style
- providing educational and professional development opportunities for individual and departmental needs
- celebrating employee dedication and recognizing employee contributions
- encouraging employees and managers to work together to develop clear, realistic project goals and work plans that they both agree with
- conducting an annual satisfaction survey to allow all employees to give feedback on their manager's ability to lead, communicate, manage conflict and innovate
- trying to reduce job-related travel time for employees
- teaching and training all employees about mental health awareness
- creating and enforcing a zero-tolerance policy for violence and harassment in the workplace¹⁷

Check out the National Standard of Canada for Psychological Health and Safety in the Workplace at http://www.mentalhealthcommission.ca/English/Pages/workplace_guide.aspx.

For more mental health resources, see the resource section at the end of this manual.



Another way employers can address psychological health and safety in the workplace is to assess and address the 13 psychosocial factors known to have a powerful impact on organizational health, the health of employees and the financial bottom line.¹⁸ These include

- psychological support
- **organizational culture**
- clear leadership and expectations
- civility and respect
- growth and development
- job fit
- recognition and reward
- involvement and influence
- workload management
- engagement
- work–life balance
- psychological safety

This can be done through Guarding Minds @ Work, a free, web-based tool developed by leading research practitioners and mental health experts.

For more information about Guarding Minds @ Work visit:

<http://www.guardingmindsatwork.ca/info>

A psychological health and safety action guide is also available to employers at no cost.¹⁹ It provides a series of steps and actions accessible to all Canadian employers, regardless of size, sector or location. The guide is intended for employers and human resources personnel considering programs and policies to improve **psychological health** in their organization. It is also relevant to frontline managers, union leaders, occupational health care providers and legal and regulatory professionals.

These are just a few examples of the wealth of information and resources available to employers, so that they begin to build, create and sustain a positive workplace culture that is grounded in civility and respect, and that promotes optimal mental health and well-being.



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IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders

Promoting a psychologically safe and healthy workplace

Today's employers have the opportunity to create and foster what is known as a psychologically safe and healthy workplace. This is similar to occupational health and safety and psychological health and safety, which are already being addressed in some workplaces.

The Mental Health Commission of Canada, the Bureau de normalization du Quebec and Canadian Standards Association Group have released Canada's first national voluntary standard, which is designed to help organizations and their employees improve workplace psychological health and safety.

"A psychological healthy and safe workplace is one that promotes employees' psychological wellbeing and does not harm employee mental health in negligent, reckless or intentional ways."

Check out the National Standard of Canada for Psychological Health and Safety in the Workplace at http://www.mentalhealthcommission.ca/English/Pages/workplace_guide.aspx.

An important first step for employers who are interested in creating a psychologically healthy and safe workplace is to complete a series of 20 questions for leaders outlined by the Great-West Life Centre for Mental Health in the Workplace.² The Centre provides organizations with a variety of free public resources, including information, strategies and resources.

For the complete series of 20 questions for leaders outlined by the Great-West Life Centre for Mental Health in the Workplace, visit <http://www.workplacestrategiesformentalhealth.com/display.asp?l1=181&l2=220&l3=191&d=191>

It's also helpful to understand how a psychologically healthy workplace is created. Tips include

- creating a mission statement that incorporates trust, honesty and fairness
- reviewing the importance of keeping personal information confidential and avoiding office gossip
- having a process for employees to explore other positions (e.g., job shadowing, career development) that might better match their skills and style
- providing educational and professional development opportunities for individual and departmental needs
- celebrating employee dedication and recognizing employee contributions
- encouraging employees and managers to work together to develop clear, realistic project goals and work plans that they both agree with
- conducting an annual satisfaction survey to allow all employees to give feedback on their manager's ability to lead, communicate, manage conflict and innovate
- trying to reduce job-related travel time for employees
- teaching and training all employees about mental health awareness
- creating and enforcing a zero-tolerance policy for violence and harassment in the workplace³

As an employer, another way you can address psychological health and safety in the workplace is to assess and address the 13 psychosocial factors known to have a powerful impact on organizational health, the health of employees and the financial bottom line.⁴ These include

- psychological support
- organizational culture
- clear leadership and expectations
- civility and respect
- growth and development
- job fit
- recognition and reward
- involvement and influence
- workload management
- engagement
- work–life balance
- psychological safety

This can be done through Guarding Minds @ Work, a free, web-based tool developed by leading research practitioners and mental health experts.

Check out the resources and tools available to support you through Guarding Minds @ Work:
http://www.guardingmindsatwork.ca/info/gmaw_resources

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For more information

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>

Family and social support

Module 4

Family and social support

Module at a glance

This module takes a look at the significance of healthy, strong support networks (e.g., peer support programs), particularly when someone is trying to manage or recover from an addiction, a mental health problem or a mental illness. It also provides concrete examples of how workplaces can create a healthy and safe environment that supports employees and their families.

Read on to learn more about

- how employers can support employees and their families
- how families and employers can work together to deal with addiction and mental health issues
- ways employers can help employees and their families build strong social support networks



Workplace, family and social support: The connection

It's easy to understand how an employee with an addiction or mental health concern can affect the workplace and work performance. It can be harder, however, to understand how the workplace is affected when an employee's family member is having difficulty managing their addiction or mental illness. It can be even more difficult for an employer to know how to deal with the issue in a supportive way. What an employee is going through at home can often affect how that employee performs at work. They may be preoccupied, be worried about family members, receive frequent phone calls or require time to support the family member through treatment or crisis intervention.

When an employee is experiencing a problem with alcohol, other drugs or a mental health concern, it can sometimes take a while before the problem shows up in the workplace. Often, family members are the first to see and feel the effects of an employee's substance abuse or mental health concern. As family members try harder and harder to help the person with the problem, they may even reach out to the workplace for help.

The family is often overlooked as an aspect of employee health and well-being. Family and **social support networks** can have a significant influence on the following workplace health models, which are outlined in Module 2: **job strain, work hours, work-life conflict** and **job insecurity**. Each of these models, in less than an ideal state, can create strain on the employee, their family or their social support networks.

As a result, it is especially important for employers to recognize the importance of strong social support networks for employees and to find ways of supporting these networks. The Public Health Agency of Canada lists social support as a key determinant of health:

“Support from families, friends and communities is associated with better health. Such social support networks could be very important in helping people solve problems and deal with adversity, as well as in maintaining a sense of mastery and control over life circumstances. The caring and respect that occurs in social relationships, and the resulting sense of satisfaction and well-being, seem to act as a buffer against health problems.”¹



How employers can support employees and their families

People have many different roles in their lives, and these roles differ from employee to employee. Some of these roles may include mother, father, sister, brother, spouse, partner, child, volunteer, caregiver, patient, parishioner, manager, project leader, employee or friend. **Work-life conflict** and role overload, at home and at work, are real problems for many people. This conflict can create issues at work and at home and, ultimately, can end up affecting a workplace's bottom line.

Employees who experience strain from role overload are more likely to experience burnout and/or a decline in their mental and physical health. This conflict can also affect families, children, marriages and relationships in negative ways, as it limits the social support required for these relationships to flourish. There are strategic ways an employer can help support their employee's families, including

- limiting overtime
- allowing flexibility in work scheduling (e.g., days of week, start times or compressed work weeks)
- allowing flexibility in work location (e.g., working from home some days)
- extending the **employee assistance program** to include families
- including families in company social events
- giving families access to employee wellness programs
- limiting frequent or extended travel, or allowing families to accompany employees
- assisting employees with child-care solutions
- providing employees with personal days every year to help handle family emergencies



How families and employers can work together to deal with addiction and mental health issues

Addiction and mental illness have an impact beyond the person living with them. By working together, individuals, families and employers can encourage and support those who are living with an addiction or mental illness to get help and support them in the process. Education and assistance are two key strategies for employers, employees and families to work together to provide support.

Education

Education is one of the most important things an employer can offer to help prevent problems related to addiction or mental health in the workplace. Employees need to know about addiction and mental health problems and illness, how to recognize the signs and symptoms of someone who may be experiencing a problem, and what to do if a problem develops. Early intervention increases the chances that a problem can be dealt with effectively.

The following are some suggestions for ways that employers can educate employees and their families about addiction and mental health:

- Organize employee information sessions on addiction and mental health. Invite family members to attend.
- Ensure that employees and their family members know what sources of help are available, both within and outside the organization.
- Display posters listing telephone numbers and websites of sources of help in prominent locations around the workplace.
- Make written information (e.g., pamphlets) available to employees. These should be easy to find. Display them where employees can pick them up without anyone else noticing: the coffee room, employee washrooms and locker rooms are great places for pamphlet racks.
- Make sure family members get the information in written form as well. This can be sent home in newsletters or mail outs.
- Inform all employees about steps they can take if they are concerned about someone's substance use or mental health concerns, including their own.



- Teach employees about enabling behaviour—the actions they take that allow the problem to continue. These include covering up, making excuses and ignoring the problem. Enabling can happen on the job as well as between family members.

You can also suggest that leaders and managers may need additional training. It is important for them to know

- how to recognize and assist employees who are experiencing personal and family problems
- how to manage performance to ensure that personal and family problems are not interfering with employee health, performance, safety and morale
- how to conduct performance meetings so that employees in distress are encouraged to get help
- what workplace policies are in place to support employees and their families when they are in need of help
- what workplace programs and community services are available to assist employees and their family members
- how to refer employees and their families to the sources of help available

Assistance (if there is a problem)

There are many ways to help employees and their family members deal with personal problems. An employee may be concerned about a family member's use of alcohol or other drugs, perhaps a spouse, a child, a sibling or an aging parent. However, sometimes it is the family that is concerned about the employee's substance use or mental health problem, and it may be a family member who reaches out to the employer.

A workplace can offer support and assistance to employees and their families through **employee and family assistance programs** (EFAP), community resources, community support groups and **peer support** programs.



Employee and family assistance programs

Many workplaces offer an **employee assistance program** (EAP) for employees only, or an EFAP for employees and dependents. These programs are usually free for employees and their families and are available to help them deal with personal or family-related problems. Employees are encouraged to contact these programs for private, confidential and professional help without a referral. Reasons to call include relationship issues (e.g., home, work, social), mental health concerns, career counselling and parenting strategies.

Community resources

Many workplaces do not have a formal EAP or EFAP. Instead, a manager or a human resources staff member serves as the link between an employee and sources of help in the community. The employee may be given a list of available counselling services. Family members may also be connected with community services, directly or indirectly. When community resources such as day treatment or residential rehabilitation charge fees, employers and unions may cover all or part of the fees or may lend the employee the money to cover them.

Community support groups

There are a variety of support groups that meet to deal with problems such as addiction, depression, grief and loss. Generally, there are three types of support groups: groups run by community agencies, groups run by professionals and groups that run themselves and follow a 12-step approach.

Twelve-step support groups also offer support for family members. Al-Anon, Nar-Anon and Gam-Anon are groups for adults affected by someone else's alcohol use, drug use and gambling, respectively. Alateen is a group for teenagers affected by someone's alcohol use. These groups are listed in the telephone directory and online. Some workplaces host support group meetings on-site to make it easy for employees to attend; however, it is more common for these groups to be offered in the community.

Peer support programs

More and more workplaces are recognizing the benefits of peers helping peers. The basic principle of peer support is that co-workers provide a bridge between an employee with a problem and the sources of help available to them.



“

We value our people, and we want to support them and their families. The money we spend assisting employees and their families is a sound investment—our employees care about the work that they do, and we care about them.

”

A peer support program can support employees with individual concerns or issues. For example, an employee may ask the peer support team about ways to cope with stress during a busy season, or through the holidays. An employee may also turn to the peer support program for support in finding a counsellor to help them deal with a personal issue, which the employee may or may not wish to disclose to the peer support team.

Peer support can also help employees with concerns that involve family members. An employee may be concerned about a 16-year-old family member who is experimenting with drugs, for example. The employee might ask a peer support team member for resources that can help them to talk to the teen, or might ask how to connect the teen with an addiction counsellor. Another example would be an employee asking a peer support team member for help finding resources that will help the employee deal with an elderly parent who is abusing prescription drugs.

A recent approach to peer support is to invite members of employees' families to join the peer support team.

When a workplace becomes involved in assisting employees and their family members, everybody wins. Employees are more productive at work, workplace safety is improved, families get help dealing with the problem, and co-workers have a healthy employee back on the team.



Ways for employers to strengthen social support networks for employees and their families

Workplace peer support programs

Co-workers can be very effective in encouraging and supporting one another. They can also help each other stay safe and well. This is called workplace peer support. This role has also been referred to as health or wellness champions, ambassadors or leaders.

Research shows that peer support can break down stigma and discrimination by helping employees realize that others are experiencing similar situations, challenges and concerns. It also helps provide a sense of hope and understanding.²

Sometimes peer support happens informally, with a simple expression of concern, an invitation to get help or a referral to a health professional. However, it can also happen in a more formal, organized way. Companies will often develop peer support teams to act as champions of health and wellness that encourage and support employees, or help their co-workers find the support that they need. Peer support teams are also an excellent on-site resource for offering immediate or ongoing support to their co-workers.

Employees who have successfully overcome a personal difficulty or challenge, such as depression, divorce, grief or a gambling problem, will often want to help others in similar situations. These men and women are excellent candidates for workplace peer support teams. It's important to invite any employee who has an interest in peer support to be a member of the team.

What is peer support programming?

Workplace peer support programming is all about workers helping workers. It gives trained co-workers an opportunity to offer support and encouragement to people they work with, to act as a resource in staff meetings or to be a staff representative who fosters a culture of wellness in their workplace.

The basic principle of peer support programming is that trained team members can provide a bridge between an employee and professionals who can help.



They are knowledgeable about the sources of professional help available, both within the organization and in the community.

Peer support team members listen without judgment, and they know how to encourage a co-worker to get help. They will often discuss the sources of help available, but they don't diagnose or prescribe solutions. They also know that pushing someone to accept help before he or she is ready usually results in resistance. The goal is peer support, not peer pressure. Offering effective support to co-workers is a learned skill. The workplace must offer specialized training to employees who are members of their peer support team.

Peer support in the workplace

Peer support can benefit workplaces of all sizes. Each organization must design its peer support program to meet its own needs.

Some teams will limit their function to assisting co-workers in finding the help they need. Others will serve as ambassadors for the company's EAP/EFAP or health and wellness program. Their goal will be to publicize the EAP/EFAP or other programs and to make sure that all employees know about it. They may also help a specific employee make contact with the EAP/EFAP provider.

In addition to supporting the EAP/EFAP, most teams establish strong relationships with other workplace programs, such as **occupational health and safety groups**. Peer support team members need to understand the roles of others in keeping the workplace safe and well. They also need to understand the policies and regulations that govern their workplace (e.g., safety regulations and substance use policies). Understanding workplace policy can help team members make appropriate referrals.

Some teams will encourage a colleague to seek professional help that is available in the community. An employee may also be encouraged to attend a support group. This might be an independent group like Alcoholics Anonymous, which is a 12-step support group (other examples of 12-step support groups are Gamblers Anonymous, Narcotics Anonymous and Al-Anon). There are other types of support groups that deal with problems like depression, grief and loss.



Successful peer support programs offer activities based on the needs of their colleagues and organizations. This might mean hosting **workplace health** events. It might include organizing support group meetings in the workplace. It may even include team members partnering with new employees to participate in their orientation and welcome them to the workplace.

“

When I called the peer support team, I was at my wits' end. I didn't know where to turn. Jack met with me within half an hour, listened to my situation and told me about the EFAP. I was scared, but with Jack's encouragement, I went. That was the turning point for me.

”



At a glance

Workplace peer support is

- a formalized and organized way to provide support and encouragement to co-workers who are experiencing a substance use or mental health problem or illness, coping with adversity or struggling with stressful life events
- training a group of peer support team members to be a bridge between employees and sources of professional help
- focused on all employees, not just those in crisis
- often proactive, including workplace wellness and **prevention** activities

Workplace peer support is not

- counselling
- diagnosing problems
- dispensing advice
- peer pressure

The ideal starting point for a workplace peer support program is the education of the staff that will be offering support.

Starting a peer support program

If an employer wants to encourage peer support, an important first step is to organize information sessions to talk about the benefits of peer support programs. Employers can invite speakers to help all employees understand how a peer support program works. A meeting for interested employees to talk about starting a team can also be organized. For a step-by-step guide on starting a peer support program, please refer to Handout 7 at the end of this module.



Workplace leaders must also be prepared to offer support in order for the peer support team to succeed. Members may need help from the organization in deciding the key functions of the team or finding space in which to meet. The organization must also provide ongoing training for all team members.

Members may require time away from work to attend meetings or provide services to their co-workers. They may also need time off to attend training.

Peer support program components

Peer support programs usually have five main components: planning, recruitment/selection, training, activities/implementation and evaluation/monitoring.

Figure 4.1 Peer Support Program Components



Planning

- Decide on the function and role of the team.
- Decide where and how often the team will meet.
- Decide how people will contact the team.
- Develop guidelines to handle confidentiality.



Recruitment/selection

- Decide on the membership of the team.
- Talk about how the team will maintain itself.

Training

- Identify training needs for team members.

Activities/implementation

- Maintain updated information about resources.
- Decide how the team will promote its services.
- Determine what the organization will need from the team.

Evaluation/monitoring

- Determine how you will know your program is working.
- Evaluate the skills and training of the team members.
- Evaluate the program itself.
- Ask what the organization will need from the team.

Some components will overlap. For example, some implementation might take place before all of the training is completed. Evaluation can occur throughout. Planning may be ongoing, as new ideas and services are developed. Training will also be an ongoing program component, as team members develop and expand their individual skills.



At a glance

Effective ways for families and employers to work together

- Educate workers and their families about substance use, mental health disorders and illness, and mental health and wellness.
- Host information sessions and invite family members to attend.
- Publicize sources of help available (e.g., posters and promotional materials).
- Provide written information in coffee rooms or washrooms.
- Send mail-outs (e.g. letters, newsletters, flyers) to employees' homes.
- Teach employees how to get assistance, both internally and externally.
- Teach all employees about enabling behaviour.
- Provide additional training for managers and supervisors.
- Offer assistance, if there is a problem.
- Develop and publicize an EAP or an EFAP.
- Identify someone to serve as a link between the workplace and community resources.
- Publicize support groups available in your community.
- Host support group meetings on-site.
- Develop a peer support program.
- Make the peer support program available to family members.
- Invite family members to serve as members of the peer support team.



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Peer support programs in the workplace: Frequently asked questions

Do peer support teams work?

Employers with successful peer support programs report increased use of their employee assistance program (EAP) or employee family assistance program (EFAP) and decreased unhealthy behaviour among co-workers. EAP/EFAP providers who track referral sources also report that peers are very successful in encouraging those who are experiencing personal problems to get help.

Why is training for team members important?

Team members usually bring a lot of personal experience and attributes to the group. Training is essential to show individual team members how to best use their personal experiences to help others. Effectively encouraging others to get help is also a learned skill. Someone who feels pressured usually backs away. Too much advice can sound condescending and inappropriate. In addition, training can help team members feel more comfortable in taking on new challenges.

Informing employees about the types of training peer support team members receive helps build credibility for the peer support program and lets employees know the subject areas members of the team have knowledge about.

How much will it cost?

Starting a peer support team doesn't have to be expensive! The most important asset—people—is already present in the workplace. Training the team

will likely require a financial or resource investment, but there are many free training opportunities available.

Effective training sources include your company's EAP/EFAP, AHS Addiction and Mental Health (and other addictions professionals) and other successful peer support teams. Brochures advertising the team's services can usually be produced in-house. Remember, they don't have to be expensive to be effective.

Where will we find the people?

There are many different ways to select team members. Some companies welcome anyone who is interested; others select members who have experienced similar situations and circumstances. Some programs start with a tiny core of members who then reach out to others who they think will make effective peer supporters. Each organization has the flexibility to decide which approach it prefers.

What's most important is that members have an interest in helping others, a willingness to learn, the trust and respect of their co-workers and the ability to maintain confidentiality. Some programs also welcome family members of employees to the peer support team. Whatever an employer decides, the best approach is to keep the team a manageable size, about eight to 15 people. However, this is a guideline that can be adjusted based on the size of the workforce and number of worksites.

Should there be equal representation on the team?

Many people struggle with this question. Remember, this is a group whose main function is to offer encouragement and support to others. Peer support team members can be wonderful ambassadors for the EAP/EFAP, for example, but they need to be separate from it. Having a small, caring and committed group is better than having a large number of members representing each work area, who may or may not have an interest in peer support.

For more information

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Providing support to employees: Frequently asked questions

How do I support an employee with a family member who has a substance use issue, mental health issue or gambling problem? Should I give the employee time off to look after their family member when the family member is not coping with their addiction or mental illness?

This is a tough question. First, talk with the employee about the services available through the company's employee assistance program (EAP) or employee and family assistance program (EFAP) or in the community, both for the employee and for the family member. If the employee gets help and begins to understand what is helpful and what is not, they may make different decisions about how they respond to their family member's substance use, mental health problem, or gambling. Another way of helping is to answer the question, "Is providing time off going to make the situation worse or better?" Time may just be what the employee and their family need. However, if granting time off becomes a regular occurrence, the employee will likely continue to look after the family member. This may inadvertently enable the family member to continue engaging in unhealthy behaviour.

How can I help someone on my team without sticking my nose in their business?

The easiest way is to focus concern for the employee on the changes that you have observed. Perhaps they no longer join the team for lunch, or they may appear withdrawn and preoccupied. Rather than saying, "Hey, I think your husband has an alcohol problem, and I think you should go to Al-Anon," try, "I'm concerned about you. You aren't joining us for lunch any more, and you don't seem to be your usual happy-go-lucky self. I don't know what's going on for you, and I don't need to know. But I just want to remind you that if it's something going on in your personal life, our EAP/EFAP program is a great resource that will likely be able to help."

Should I be giving a person a break when they've got a lot going on at home?

That depends. If their work performance has not been affected, and they are asking for vacation time with very little notice, an employer might be able to accommodate their request. If, on the other hand, the employee's attendance is sporadic, the quality of their work has declined and others on their team are complaining about them, talk to them about their change in performance and encourage them to seek help.

Suggestions for how to use this information in the workplace

- Use what you have learned to discuss starting a peer support team in your workplace.
- If there is interest, visit other peer support teams to see how their programs operate.
- Watch for sessions on peer support programming at workplace conferences and training events.
- If a peer support team already exists, invite some members to attend the next supervisory meeting to talk about their services.
- If you decide to develop a team, write about your plans and goals for the program in the company newsletter. Sharing success stories from other programs is a great way to encourage use of the program.
- If you have an EAP/EFAP, ask your provider to track the number of referrals received from the peer support team. This can help you track how well the program is working.
- Ensure that employees and their family members are aware of the sources of help available. These can include resources available through the organization and in the community. Printed or emailed information can be sent home to employees and their families.
- Ask your EAP/EFAP provider or local addictions agency to hold an information session on the effects that substance use or other issues can have on families. Invite employees and their family members to attend.
- Invite a member of the local Al-Anon group to visit your workplace. He or she can talk about the program and how it helps family members.
- Involve family members on the peer support team.
- Consider having family members as EAP/EFAP representatives. They can be given specific training and be available to reach out to other family members.

For more information

Alberta Health Services (AHS), Addiction and Mental Health offers information, prevention and treatment services through a province wide network of offices, facilities and funded services. Services include a toll-free helpline, prevention and education, detoxification, outpatient counselling, opioid dependency programs and residential treatment.

AHS, Addiction and Mental Health has counsellors with specific training in workplace issues. This allows us to better meet the needs of employees and supervisors, and to respond readily to referrals from the business community. Other specific services for the Alberta workplace include

- addictions-related information and prevention resources for the workplace
- addictions education, employer consultation and supervisory training
- the Addiction and Mental Health Business & Industry Clinic, which offers residential treatment for employees who have problems related to alcohol or other drugs

For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>



IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders

When issues at home affect the workplace

When an employee is experiencing a substance use, gambling or mental health concern, it often shows up at work. The quality or quantity of their work may decrease, mood swings may increase and the employee may be absent from work more often. Co-workers might complain about the employee “not pulling their weight.”

When the issue is in the employee's family, the effects may be a little harder to see. The employee might talk openly about a substance use problem or mental health concern at home, but it is more likely that they will keep it to themselves and attempt to solve it on their own.

The strain of dealing with someone else's addiction or mental health concern can affect an employee's behaviour and performance. Signs include

- appearing preoccupied at work
- seeming depressed or tired
- calling home often or receiving a lot of personal calls at work
- missing work or asking for time off or vacation with very little notice
- missing deadlines
- showing decreases in quality or quantity of work
- having strained relationships with co-workers
- causing co-workers to complain that the employee is “not pulling their weight”
- creating a safety risk because of their preoccupation with the problem

These are the same signs that might indicate that the employee is in distress themselves. In fact, a variety of personal issues can cause these types of changes in behaviour.

It can be helpful to have an understanding of how a concern at home can affect an employee's work performance, as illustrated by these two examples.

1. **Mike's wife has anxiety. He doesn't talk about it, but co-workers can always tell when she is not coping well. Mike is cranky and agitated and just not himself. His mind is not on his work, and he makes mistakes doing work he has done for years. Because he works in a safety-sensitive position, his co-workers don't feel safe working with him.**
2. **Cathy's teenage daughter has been experimenting with drugs. Sometimes she doesn't come home at nights, and because Cathy tries to wait up for her, she is often tired at work. Cathy doesn't know what to do. This morning she called in to see if she could take the remaining two weeks of her vacation starting immediately.**

Problems at home often mean problems at work.

If you notice an employee has been acting differently from their usual self, the first step is to check in with them, ask them if they are OK, and tell them that you have noticed they haven't quite been themselves lately. Next, ask if there is anything you can do to help or let them know you are always there if they need help with anything.

For more information on performance management and enabling, request the following handouts:

- Performance Management: Frequently Asked Questions (Handout 1, Module 7)
- Tips for Performance Management (Handout 2, Module 7)
- Performance Management: How to Tell That Employees Need Support (Handout 3, Module 7)
- When Performance Management Is Required (Handout 4, Module 7)
- Enabling in the Workplace (Handout 5, Module 7)

For more information

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>



IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders & Employees

How a person's substance use or mental illness affects families

When a family member is in distress, either related to substance use or mental illness, the whole family is affected. As the situation worsens, the family often tries harder and harder to adjust and cope.

Family members, including children, may make excuses for their loved one, even apologizing for their actions. They often assume their family member's responsibilities in an effort to maintain some sort of status quo. The spouse may need to take on the sole responsibility of parenting or become the main breadwinner. Children may begin caretaking for the family member struggling with the issue, or they may become responsible for their younger siblings.

Typically, there are three rules that family members learn to live by: don't talk, don't trust and don't feel.

Don't talk

- Many families try hard to keep the situation a secret. Not talking about it allows the family to pretend it isn't there, or deny its impact on the family. By hiding the problem, the family may hope to avoid job loss, embarrassment and other consequences of public exposure.

Don't trust

- Families affected by addiction and mental illness may have a hard time trusting. The more a loved one engages in unhealthy behaviour or is in distress, the less reliable he or she will become at home. There are often broken promises, as well as failed attempts to quit.

Don't feel

- Family members often learn to bottle up their feelings and not to show their own anger, resentment, loneliness and feelings of rejection. As a defense mechanism, people put up walls to protect themselves in an unpredictable environment.

Trouble talking about the problem and trusting others may prevent employees and family members from reaching out to workplace programs for assistance. However, the longer the situation persists, the greater the stress on the individual, the family and the workplace, which can lead to larger complications, including declining work performance and, ultimately, dismissal. This is why offering education and assistance to employees is essential.

"When my spouse was drinking, I tried so hard to cover it up. His boss even told me about the EFAP at a Christmas party, but I denied that there was anything wrong. One day, I'd had enough. I called the EFAP and got help myself—it was the turning point for me."

For more information

For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>

IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders & Employees

What family members or co-workers can do to get help for themselves

An employee who lives or works closely with someone who needs help may also benefit from getting help for themselves. It's common for family members to react by saying, "I'm not the one with the problem. Why should I see a counsellor?" Similarly, an employee who has a troubled co-worker may not realize the impact their co-worker's behaviour has on them.

The following checklist can help someone determine if he or she is being affected by a family member or co-worker's behaviour:

1. *Do you worry about how much time someone spends on a certain activity (e.g., drinking, gambling, crying, sleeping, obsessing)?*

Yes No

2. *Do you feel that if the person cared for you enough, they would stop their behaviour (e.g., smoking, gambling or verbal abuse)?*

Yes No

3. *Do you have money problems because of someone's behaviour?*

Yes No

4. *Do you lie to cover up for someone's behaviour (e.g., too hungover to work or too depressed to host a child's birthday party)?*

Yes No

5. *Have you threatened to leave the relationship in order to scare the person into getting help?*

Yes No

6. *Have you been embarrassed or hurt by the results of this person's behaviour (e.g., intoxication, smelling of alcohol, verbal or physical abuse or social exclusion)?*

Yes No

If the respondent answers yes to any of these questions, then they are being affected by their family member's or co-worker's behaviour. If the issue is a co-worker, it is important for the employer to address any job performance concerns and try to direct the person toward help. If the issue is from the employee's personal life, they can seek information or help from their employee assistance program (EAP) or employee and family assistance program (EFAP), the addictions agency in their community or a self-help group like Al-Anon (for adults affected by someone else's drinking), Alateen (for teenagers affected by someone's drinking) or Nar-Anon (for adults affected by someone else's drug use). In addition, there are two **24-hour helplines for Albertans**: one for addiction (**1-866-332-2322**), and one for mental health (**1-877-303-2642**).

Online resources:

Alberta Health Services:

- <http://www.albertahealthservices.ca/addiction.asp>
- <http://www.albertahealthservices.ca/mentalhealth.asp>

Alcoholics Anonymous:

- <http://www.aa.org>

Canada Alcohol and Drug Rehab Programs:

- <http://www.canadadrugrehab.ca>

For more information

For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>



IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders & Employees

Enabling

Over time, the behaviour of a person with a mental health, substance use or gambling problem changes. Family members, friends and co-workers usually work hard to adapt to these changes. It's natural to want to keep things running smoothly. However, these adaptations may not always be for the best.

As the problem continues, friends and family members often try harder and harder to adjust and cope. This creates more stress for all and often protects the person with the problem from experiencing the negative consequences of their behaviour. This is called enabling.

It's important for those around the person with the problem to realize that protecting them from the real consequences of their behaviour is not helpful. In fact, they may unintentionally be helping the problem to continue or get worse. Facing the consequences of their behaviour can help to motivate a person with the problem to change.

Here are some common examples of enabling behaviour:

- Glen is hungover and can't come in to work. His spouse Tina calls in sick for him, explaining that he has the flu. Tina is so tired of covering up for Glen. Guilty, angry, and ashamed of lying, she feels a sense of total despair. The more Tina covers for Glen, the more he is protected, and so his use continues. Tina has entered into an escalating cycle, where Glen's drinking gets worse, she covers up for him and he drinks more and more. Because of Tina's feelings of frustration and guilt, she is stressed at work and preoccupied by thinking about how to find

help for Glen. Her own workplace performance is declining, and her manager and co-workers are starting to notice this change.

- Sue and Rachel are friends at work. Rachel often comes in late and leaves early for work because she can't cope with her anxiety and depression from being there. She finds it hard to get out of bed in the morning to go to work. She often feels overwhelmed by the pressures of the job and looks for reasons to leave early. Sue feels like she is always covering for Rachel when others come looking for her and Rachel isn't there. Sue feels guilty and caught in the middle. She doesn't want Rachel to get in trouble, but also doesn't want to get into trouble herself.
- Stu is the team leader. Kelly has been working on his team for a long time. Lately, Kelly has been coming to work smelling of alcohol. Stu decides to "give Kelly a break" time and time again, rather than deal with her declining job performance.

It is important for employees to be able to recognize when they are covering up for somebody and to realize that this may not be helpful. Sure, everybody needs a hand now and then, but if there is a serious underlying problem, it's better that the person deal with it sooner than later. The longer a problem continues, the worse it gets, and the more difficult it can be for the person to recover. During this time, the consequences to the individual, their family and their co-workers can be devastating.

Enabling behaviour usually puts off dealing with something that will only get worse. Every person who has a substance use or gambling problem will affect the lives of many others.



For more information

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>



IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders



Steps for peer support teams

Although it's important to tailor your peer support team to the needs of your colleagues and your workplace, there are some steps that almost all teams can take to get started. The following is a list of common peer support team tasks.

Planning

Step 1: Decide on the function and role of the team.

Will team members assist co-workers in obtaining help when they are showing signs and symptoms of an addiction or mental health issue? Is the goal to publicize the company's employee assistance program (EAP) or employee and family assistance program (EFAP) and help employees use it? Will management emphasize a preventative approach by organizing workplace wellness events?

Step 2: Get endorsement and support from top-level management.

This is an important part of establishing the program. It will help ensure the success of the program through allocation of resources and employee time. It will also help embed the program into the culture of the organization.

Step 3: Decide how often and where the team will meet.

Will the team gather for training and information purposes only? Will they meet to plan events for the workplace? Will they meet to talk about the needs of team members? If the team is going

to stay strong and maintain itself over time, it is also important for them to meet to celebrate their successes.

Step 4: Decide how people will contact the team.

Some teams wait until their fellow employees approach them. However, it is sometimes very difficult for people to ask for help. Other teams encourage members to approach employees who they are concerned about. Successfully encouraging people to seek or accept help requires skill, and team members who undertake this should have special training. If team members come on too strong, offer advice or start telling their co-workers what to do, they may alienate workers and defeat the whole purpose of a peer support program. Remind the team that the goal is peer support, not peer pressure.

The peer support team will also have to decide if members will be available after work hours, or only during certain times of day. Will the services be available to employees only, or can team members also talk to family members?

Step 5: Develop guidelines to handle confidentiality.

Employees must be able to trust that they can get help from a member of their peer support team without anyone else finding out. This is the cornerstone of successful peer support programs. It is important for team members to establish clear confidentiality guidelines and to understand similar policies in the workplace,

such as those governing managers, occupational health staff and EAP/EFAP providers. New teams may also seek expert advice about confidentiality from a specialist in the field. A lawyer familiar with confidentiality guidelines, for example, can play an important part in the team's training.

Recruitment and selection

Step 6: Decide on the membership of the team.

There are many options. One is for team members to be appointed by management. Another is for people who are interested to volunteer. In some organizations, team members are nominated by their peers because they possess certain skills or are seen as credible and respected. In others, teams are formed at the grassroots level. For example, people who have successfully dealt with addiction or mental health issues may choose to give something back to their workplaces by offering to talk with others in similar situations.

The role of organized labour in promoting peer support is also very valuable. Some workplaces strive for a balance of union and non-union members on their teams.

Step 7: Decide how the team will maintain itself.

Once a team of interested members has been identified, it needs to determine how it will sustain itself over time. Again, there are options. Some teams hold recruitment drives and then train and maintain the same group for a certain length of time. Other teams are made up of an evolving group of members who coach and train each other on an ongoing basis. Some teams choose to welcome new members a couple of times per year, ensuring that the necessary training occurs immediately after recruitment.

Training

Step 8: Identify training needs.

Peer support team members must recognize the importance of confidentiality, objectivity and listening without judgment. They must be trained to offer support and encouragement without trying to counsel. Team members are not expected to diagnose or fix problems themselves. Instead, they must be knowledgeable about the resources that are available to help employees. It is also valuable for them to receive training about addiction, grief and loss, depression, stress, suicide and financial problems, among other issues. Training can also be done on an ongoing basis, with various learning opportunities offered throughout the year.

Implementation and activities

Step 9: Maintain updated information about resources.

Some teams keep a list of community and company resources. One team member can be responsible for ensuring it is updated regularly. Many teams invite guest speakers from these groups and have them share information about their services.

Step 10: Talk about how the team will promote services.

The team could publish a peer support brochure, develop promotional posters or have team members speak to employees at safety meetings or other work events. Some organizations make peer support team introductions part of the orientation process when they hire new staff. These are important decisions. Remind employers that they can start small and add new services as the team evolves.



Evaluation and monitoring

Step 11: Talk about how you will know your program is working.

Most teams want to know that their efforts are making a difference. This is an important part of keeping team members interested and encouraged to keep participating. It's also important to know whether the peer support team is doing a good job. Teams need to establish early how they will evaluate the success of the program.

Some ways that peer support teams can evaluate their activities are

- setting aside time at each meeting to talk about the number of contacts each member has made since the last meeting
- counting the number of referrals each member has made
- looking at the activities offered and identifying which were most effective
- getting feedback from outside the team

A written or online survey is one way to get feedback. Team members can ask all employees if they are aware of the peer support program, if they've used it and whether they were satisfied or if they have any suggestions for improvement. Those who have not used the program can be asked if they would use it. Evaluation can help the team enhance what is working well for the program and let go of the things that are not.

Remember that evaluation does not mean breaking confidentiality. It is not necessary to talk about specific cases or specific employees. Instead, it is helpful to talk about the process:

- Were referrals made?
- Did employees follow through?
- Have team members contacted them recently to make sure they are getting the help they need?

Step 12: Ask what the organization will need from the team.

The organization is far more likely to support team activities if they can actually see that peer support is working. Evaluating the program and presenting the results to the organization is one way to demonstrate this. Some organizations may require that the team account for its hours and activities. Each team is unique and each organization may request different things from its team.

For more information

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>

Policy development

Module 5

Policy development

Module at a glance

Policy development is a proactive way for workplaces to provide employees with current information about operational practices and human resources. Comprehensive workplace policies provide a framework for an employee and his or her employer to work within and understand many employment-related decisions and practices. Due to the number of complex decisions that need to be made, it is advised that an employer seek the help of a policy expert, as well as legal counsel, to assist them in the development of any workplace policy.

This module is intended to provide you with background information as you consult with employers about workplace policy. Included are steps employers can consider when developing their own comprehensive workplace policy. Also highlighted are key considerations for employers, as they determine whether alcohol and drug testing is right for their company.

Read on to learn more about

- policy development
- steps to consider when developing a policy
- information on, and the role of alcohol and drug testing in, the workplace
- current legislation for workplaces



Steps to consider when developing a policy

The World Health Organization (WHO) has a process for businesses to address **mental health** in the workplace that can be adapted for developing any type of workplace policy.¹ WHO states that a policy can help define a vision for improving aspects (e.g., mental health) of the workforce, while also establishing a model for action. Without policy direction, and with a lack of co-ordination, the impact of any workplace strategy will be reduced.

Putting a policy into place requires the following four steps.^{1,2}

Step 1: Analyze the issue.

Make the case for developing a policy in the workplace. Use a business case to demonstrate the potential savings, including increased productivity and decreased costs. A co-ordinating body, such as a working group or steering committee, should be established to help guide the assessment of the workforce, facilitate consultation with stakeholders and co-ordinate the development of the policy.

Step 2: Develop the policy.

A health policy usually includes a vision statement, a statement of values and principles on which the policy is based, and a set of objectives. Comprehensive consultations with employees need to take place prior to the development of a policy. You can engage the working group or steering committee (set up in Step 1) to develop the policy. Continue consultations with key stakeholders.

Step 3: Develop strategies to implement the policy.

There are three tasks within this step: review strategy options, find resources to implement strategies and develop an implementation plan. The strategies selected will depend on the company's resources as well as the needs of the company and its employees. The implementation plan should outline the objectives, specific strategies, activities and targets. Implementation plans also need to identify the people responsible, timeframes, expected outcomes and potential barriers.



Step 4: Implement and evaluate the policy.

The main actions in this step include generating support and collaboration, co-ordinating implementation, training, demonstration projects and evaluating the outcomes.

Here are some things to consider when implementing and evaluating the policy:

- Review the policy with employees regularly. Ensure that they understand the standards, as well as their responsibilities. Make copies of the policy available to them.
- Intervene when you suspect or observe that employees are not **fit for work**. When you receive reports about an employee drinking or taking drugs, take them seriously. Investigate the situation and take the required actions. For those in unionized environments, involving a union representative may be required. (More information on how to intervene is given in Module 7.)
- Make use of counselling or employee relations resources if you're unsure what action to take. Each company has its own guidelines about who to call for assistance, but these will likely include a manager, a human resources team, an occupational health nurse, or an **employee assistance program** (EAP) or **employee and family assistance program** (EFAP).
- Ensure that managers, human resources staff and executives understand the company policy. Encourage them to seek clarification wherever points are unclear. Make sure their knowledge is current and that they are kept up to date on any revisions to the policy.



At a glance

Effective policies

- focus on all employees
- are called “alcohol and drug policies,” not “substance abuse policies”
- reflect the company’s unique circumstances and practices
- often involve the assistance of a policy expert
- reflect the involvement of employees and unions
- find a balance between the needs of the company and the desire to support troubled employees
- include clear and specific standards and responsibilities
- use positive language
- outline the resources available to those experiencing problems
- clearly describe the consequences for policy violation
- have been reviewed by a lawyer specializing in labour and employment law
- are clearly communicated to all employees and reviewed regularly with them

What about alcohol and drug testing?

Deciding whether to include **alcohol and drug testing** in a company policy is an important decision. Each company will have to decide for itself. A company may need to rely on expert assistance to make this decision. Here are some points for companies and leaders to consider about testing.

1. Alcohol and drug testing is controversial and involves legal, ethical and technical issues. Although it can be useful in some situations, it is not a complete answer to alcohol and other drug misuse in the workplace.



2. A positive drug test result indicates only that a substance is present in the employee's urine sample. It cannot determine the level of impairment at the time the sample was taken. For example, a positive test for cannabis indicates that an employee has recently used marijuana or hashish. It cannot tell whether he or she was fit for work at the time the urine sample was provided, or whether the drug was used while the person was on the job.
3. Testing cannot differentiate between occasional and addictive use. For example, in the case of an employee who is charged with impaired driving, the breathalyzer test cannot tell if the employee has an alcohol problem or is simply someone who made a bad decision in a single instance (e.g., after the company's Christmas party). Only an alcohol and drug assessment by a trained professional can determine this.
4. Sometimes testing is used with employees who have returned to work after being sent to treatment for an alcohol or other drug problem. For addicted employees, total abstinence (absolutely no use) from the substance is recommended. Once the employee returns to work, occasional testing can tell the employer whether the employee is maintaining sobriety. If they have relapsed (returned to their old drinking or drug-using behaviour), further steps can be taken. Some employees who are recovering from alcohol or other drug addiction say that they find testing after treatment helpful in maintaining their recovery.
5. Some employers are required to have a testing program in place in order to bid on or perform work (e.g., some companies in the transportation industry that are involved in cross-border transportation to the United States).
6. Little research has been conducted to determine whether alcohol or drug testing is effective in reducing substance use or whether it is more effective than supervision in detecting impairment.

Alcohol and drug testing should not stand alone as a company's only effort to determine an employee's fitness for work. It should be part of a comprehensive alcohol and drug policy that includes clear guidelines about drug testing, education and training for all employees.

- Employees need to understand why testing has been introduced.
- Employees need to be clear on alcohol or drug testing guidelines, procedures and the consequences of a positive test result.



- Employees need to feel secure that those with an alcohol or other drug problem will be treated fairly and given support throughout their treatment and recovery process.
- Supervisors/managers must be trained on policy, procedures and the consequences of a positive test.
- Supervisors/managers need to be provided with the skills to manage workplace substance use problems.

“

It took our company a long time to understand that a positive drug test didn't always mean the employee was addicted. Treatment isn't always the answer—sometimes it's simply a case of bad judgment, and they have to suffer the consequences.

”



At a glance

Alcohol and drug testing considerations

- Although alcohol and drug testing may be part of an overall approach, it is not the complete answer to reducing substance misuse in the workplace.
- Positive drug tests cannot determine the level of impairment at the time the sample was taken, or whether the employee used the drug on the job.
- Testing cannot differentiate between occasional and addictive use.
- Testing may be useful in some situations, such as after an accident or incident.
- Testing after an employee returns from treatment may be one way to provide support to the recovering employee and ensure that they are maintaining sobriety/abstinence.
- Some employers are required to have testing programs in place in order to bid on or perform work.
- If alcohol and drug testing is used, it should be part of a comprehensive alcohol and drug policy

The role of alcohol and drug policies

Having a clear **alcohol and drug policy** is one element of a comprehensive workplace program. Although individual leaders usually are not responsible for developing policies, they often participate in policy design committees or policy review meetings. Leaders also play a key role in the implementation of the alcohol and drug policy and are usually responsible for ensuring that employees adhere to its standards.

Here are some key points for an employer to consider in developing an effective alcohol and drug policy.

1. Each company should write its own policy. Although it can be useful to refer to other companies' policies, it is very important to develop a



policy that reflects the company's unique circumstances and practices. Employers that borrow heavily from other companies may end up with policies that are disjointed, overly complicated and not aligned with their own practices.

2. Rely on a policy expert for assistance. This is serious business, and it's important to make use of expertise. There are few formal guidelines in Canada to serve as a template for policy development. The precedents concerning workplace alcohol and other drug use are still evolving; as a result, there are often changes to what is (and what is not) considered appropriate or acceptable practice for Canadian companies.
3. Involve employees and their unions in the development of the policy. In the best-case scenario, the company, union(s) and employees will support and even co-sponsor the finished policy.
4. Find a balance between the needs of the company and the desire to support troubled employees. It's important for companies to practice due diligence: being responsible for the safety of employees, customers and the public. It's also important to offer assistance to employees who are affected by alcohol and other drug problems.
5. Be clear about who is covered by the policy (e.g., all employees, contractors and those in safety-sensitive positions), what behaviour and substances will be prohibited, and where and when the policy will apply. It is also a good idea to outline the roles and responsibilities of various groups, including leaders, human resources staff, supervisors and the EFAP. The company must also decide whether to use EAP/alcohol or drug testing. A policy expert will be able to help with these decisions.
6. Use positive language that takes a strength-based approach. Have the wording describe desired behaviour rather than only outlining those that will be penalized. For some organizations, it will also be important to outline what employees should expect if their behaviour does not align with company policy.
7. Outline the resources available to employees who are experiencing problems and how to access them.
8. Be clear about the consequences for policy violation. It is important for employees to know, up front, what the consequences of their choices will be.
9. Ensure that a lawyer specializing in labour and employment law reviews the finished policy. It is very important to make sure that company policy is up to date and reflects acceptable practices. The policy should be reviewed regularly to ensure that any required changes are made.



10. Educate all employees about the policy. This is a critical step. Employees can only comply with policies if they know what the policies are and what behaviour is expected of them. Give employees the opportunity to ask questions. This will allow them to be absolutely clear about the policy and its implications.
11. Once the policy has been enacted, review it regularly with all employees focusing on what to do, rather than a long list of don'ts. This can be done at staff meetings or safety presentations.

A policy will be easier to understand, and more positive, if it tells employees what to do, rather than focusing on a long list of don'ts.



Legislation and guidelines

Alcohol and other drugs

Canadian Human Rights Commission Policy on Alcohol and Drug Testing

This policy outlines limitations and requirements for alcohol and drug testing in the workplace in order for workplace testing to comply with the Canadian Human Rights Act:

<http://www.chrc-ccdp.ca/pdf/poldrgalceng.pdf>.

Substance Abuse Issues and Public Policy in Canada: Canada's Federal Drug Strategy

This strategy seeks to address the harmful effects of substance use in Canada, paying special attention to the role of communities, workplaces and government:

<http://www.parl.gc.ca/content/LOP/researchpublications/prb0615-e.pdf>.

Mental health

While no legislation exists in this area, there is a new voluntary standard for workplaces available. Psychological Health and Safety in the Workplace provides workplaces with guidelines that will help enable the development and continuous improvement of psychologically safe and health workplace environments:

http://shop.csa.ca/en/canada/occupational-health-and-safety-management/canicsa-z1003-13bnq-9700-8032013/inv/z10032013/?utm_source=redirect&utm_medium=vanity&utm_content=folder&utm_campaign=z1003.

Tobacco

Tobacco Reduction Act (Alberta)

This act outlines prohibited locations for tobacco use, including areas in the workplace and in work vehicles:

<http://www.qp.alberta.ca/documents/Acts/T03P8.pdf>.

Non-smokers' Health Act (Canada)

This act regulates tobacco, specifically in the workplace:

<http://laws-lois.justice.gc.ca/eng/acts/N-23.6/page-1.html>.



References

1. World Health Organization. (2005). *Mental health policies and programmes in the workplace (mental health policy and service guidance package)*. Geneva: Author.
2. Alberta Health Services. (2010). *Workplace Health Improvement Project (WHIP): Review of standards and best practices for workplace health programming*. Calgary, AB: Author.



IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders

Steps to consider when developing a policy

The World Health Organization (WHO) has a process for businesses to address mental health in the workplace that can be adapted for developing any type of workplace policy.¹ WHO states that a policy can help define a vision for improving aspects (e.g., mental health) of the workforce, while also establishing a model for action. Without policy direction, and with a lack of co-ordination, the impact of any workplace strategy will be reduced.

Putting a policy into place requires the following four steps.^{1,2}

Step 1: Analyze the issue.

Make the case for developing a policy in the workplace. Use a business case to demonstrate the potential savings, including increased productivity and decreased costs. A co-ordinating body, such as a working group or steering committee, should be established to help guide the assessment of the workforce, facilitate consultation with stakeholders and co-ordinate the development of the policy.

Step 2: Develop the policy.

A health policy usually includes a vision statement, a statement of values and principles on which the policy is based, and a set of objectives. Comprehensive consultations with employees need to take place prior to the development of a policy. You can engage the working group or steering committee (set up in Step 1) to develop the policy. Continue consultations with key stakeholders.

Step 3: Develop strategies to implement the policy.

There are three tasks within this step: review strategy options, find resources to implement strategies and develop an implementation plan. The strategies selected will depend on the company's resources as well as the needs of the company and its employees. The implementation plan should outline the objectives, specific strategies, activities and targets. Implementation plans also need to identify the people responsible, timeframes, expected outcomes and potential barriers.

Step 4: Implement and evaluate the policy.

The main actions in this step include generating support and collaboration, co-ordinating implementation, training, demonstration projects and evaluating the outcomes.

Here are some things to consider when implementing and evaluating the policy:

- Review the policy with employees regularly. Ensure that they understand the standards, as well as their responsibilities. Make copies of the policy available to them.
- Intervene when you suspect or observe that employees are not fit for work. When you receive reports about an employee drinking or taking drugs, take them seriously. Investigate the situation and take the required actions. For those in unionized environments, involving a union representative may be required.

- Make use of counselling or employee relations resources if you're unsure what action to take. Each company has its own guidelines about who to call for assistance, but these will likely include a manager, a human resources team, an occupational health nurse or an employee assistance program (EAP) or employee and family assistance program (EFAP).
- Ensure that managers, human resources staff and executives understand the company policy. Encourage them to seek clarification wherever points are unclear. Make sure their knowledge is current and that they are kept up to date on any revisions to the policy.

References

1. World Health Organization. (2005). *Mental health policies and programmes in the workplace (mental health policy and service guidance package)*. Geneva: Author
2. Alberta Health Services. (2010). *Workplace Health Improvement Project (WHIP): Review of standards and best practices for workplace health programming*. Calgary, AB: Author.

For more information

Alberta Health Services (AHS), Addiction and Mental Health offers information, prevention and treatment services through a province wide network of offices, facilities and funded services. Services include a toll-free helpline, prevention and education, detoxification, outpatient counselling, opioid dependency programs and residential treatment.

AHS, Addiction and Mental Health has counsellors with specific training in workplace issues. This allows us to better meet the needs of employees and supervisors, and to respond readily to referrals from the business community. Other specific services for the Alberta workplace include

- addictions-related information and prevention resources for the workplace
- addictions education, employer consultation and supervisory training
- the Addiction and Mental Health Business & Industry Clinic, which offers residential treatment for employees who have problems related to alcohol or other drugs

For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>



IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders

Alcohol and drug testing

What about alcohol and drug testing?

Each company has to determine for itself whether or not to institute alcohol and other drug testing. A company may need to rely on expert assistance to make this important decision. Here are some points for companies and leaders to consider about testing.

1. Alcohol and drug testing is controversial and involves legal, ethical and technical issues. Although it can be useful in some situations, it is not a complete answer to alcohol and other drug misuse in the workplace.
2. A positive drug test result indicates only that a substance is present in the employee's urine sample. It cannot determine the level of impairment at the time the sample was taken. For example, a positive test for cannabis indicates that an employee has recently used marijuana or hashish. It cannot tell whether he or she was fit for work at the time the urine sample was provided, or whether the drug was used while the person was on the job.
3. Testing cannot differentiate between occasional and addictive use. For example, in the case of an employee who is charged with impaired driving, the breathalyzer test cannot tell if the employee has an alcohol problem or is simply someone who made a bad decision in a single instance (e.g., after the company's Christmas party). Only an alcohol and drug assessment by a trained professional can determine this.
4. Sometimes testing is used with employees who have returned to work after being sent to treatment for an alcohol or other drug problem. For addicted employees, total abstinence (absolutely no use) from the substance is recommended. Once the employee returns to work, occasional testing can tell the employer whether the employee is maintaining sobriety.

If they have relapsed (returned to their old drinking or drug-using behaviour), further steps can be taken. Some employees who are recovering from alcohol or other drug addiction say that they find testing after treatment helpful in maintaining their recovery.

5. Some employers are required to have a testing program in place in order to bid on or perform work (e.g., some companies in the transportation industry that are involved in cross-border transportation to the United States).
6. Little research has been conducted to determine whether alcohol and other drug testing is effective in reducing substance use or whether it is more effective than supervision in detecting impairment.

Alcohol and drug testing should not stand alone as a company's only effort to determine an employee's fitness for work. It should be part of a comprehensive alcohol and drug policy that includes clear guidelines about drug testing, education and training for all employees.

- Employees need to understand why testing has been introduced.
- Employees need to be clear about alcohol and other drug testing guidelines, procedures and the consequences of a positive test result.
- Employees need to feel secure that those with an alcohol or other drug problem will be treated fairly and given support throughout their treatment and recovery process.
- Supervisors/managers must be trained on policy, procedures and the consequences of a positive test.
- Supervisors/managers need to be provided with the skills to manage workplace substance use problems.

Alcohol and drug testing considerations

- Although alcohol and drug testing may be part of an overall approach, it is not the complete answer to reducing alcohol and drug misuse in the workplace.
- Positive drug tests cannot determine the level of impairment at the time the sample was taken, or whether the employee used the drug on the job.
- Testing cannot differentiate between occasional and addictive use.
- Testing may be useful in some situations, such as after an accident or incident.
- Testing after an employee returns from treatment may be one way to provide support to the recovering employee and ensure that they are maintaining sobriety or abstinence.
- Some employers are required to have testing programs in place in order to bid on or perform work.
- If alcohol and drug testing is used, it should be part of a comprehensive alcohol and drug policy.

The employer's role in alcohol and drug testing

1. Ensure that you are knowledgeable about your company's alcohol and drug testing program. Ask for clarification if anything is unclear.
2. Make sure that employees understand the testing program. You do not have to be a drug testing expert. You can invite a speaker in to talk with your team about testing and how it works. The laboratory that provides your drug testing services may be able to help you find a knowledgeable speaker.
3. Make sure that employees understand the situations in which they may be asked to submit to a test for alcohol and other drugs. Your invited speaker can talk to the employees about how their consent will be obtained, how the sample will be provided, the safeguards in place to prevent tampering with samples, how positive test results will be confirmed by a second test and to whom results will be reported.
4. Request that employees submit to a drug test when required to do so under your policy. Front-line managers and co-workers are often the first

to notice signs that a worker is not fit for work. Your company policy will explain what actions you should take. It is rare that a manager or leader would be asked to refer employees for drug tests without first consulting at least one other person. Be clear on your role and take action when required.

5. Use resources to assist you when you do not know what to do. Each company has its own guidelines about who to call for assistance. For most companies, the people called to assist will include a manager, the human resources team, an occupational health nurse and, often, a union representative.

Detecting alcohol and drugs in testing samples

Each person is different. Each drug is different. Some classes of drugs stay in the body for a few days, and some can be detected even after a few weeks. It depends on a number of factors, including how long it takes your body to metabolize (clean out) the drug. Alcohol, for example, is usually metabolized more quickly than a drug like marijuana, which can be detected several weeks after the last use. The best way to prevent testing positive is not to use at all.

Supplementary handout

AHS It's Our Business: Alcohol/Drug Policy Development and Employee Testing:

<http://www.albertahealthservices.ca/AddictionsSubstanceAbuse/if-wrk-its-our-business-policy-dev-employee-drug-testing.pdf>

For more information

For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322. For mental health related information, and to find a mental health clinic near you, please call the 24-hour Mental Health Helpline at 1-877-303-2642.



IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders

Making policy work

It is not enough to have a sound company policy on alcohol and other drug use. Leadership has to show commitment to a safe workplace, ensure that employees understand the reasons for having the policy, and actively engage employees in applying the policy.

Information

Leadership must take responsibility for employee familiarity with the company's alcohol and other drug use policy. Make sure that all employees have a copy of the policy and that they know where to obtain other copies. Post a copy in each staff area for easy reference.

Review your company's alcohol and drug policy with your employees on a regular basis. You can do this at times when you are already getting together (e.g., safety meetings or staff meetings).

If your company uses alcohol and drug testing, your employees will feel comfortable with this process if they know what to expect. Invite a speaker from the laboratory that does your alcohol and drug testing to speak to your employees. Focus on telling employees what happens when they go for a test, how test results are handled and analyzed, what a positive result means and how positive test results are communicated to the company. Leave lots of time for questions.

Education

No alcohol and drug policy will work without employee participation. Employees will be more likely to co-operate if they understand that the policy is in place for their benefit and if they know what their role is in helping to keep their workplace safe.

To help employees understand the need for a policy, invite a physician or pharmacist to talk with your team about the effects of some common drugs on work performance. Encourage employees to ask questions.

Teach employees to discuss their specific job duties with their physician. Emphasize that it is especially important to have this discussion when they are on medication, to find out if they can safely perform their work duties while using the medication, or if it would be best to modify duties. Ask the employee to get a note from their physician indicating what they can do and how long the modified duty will be required.

Teach employees to talk with their pharmacist before using over-the-counter medications to ensure that these drugs will not affect safe work performance.

Help your employees to understand that fitness for work is everyone's responsibility. Offer education to all employees so that they know how to intervene if they think a co-worker is not fit to perform their duties safely. Ensure that you take action when you receive reports from team members that an employee is not fit for work.

A safe workplace

Ensure that the work environment is designed for employee safety in accordance with your alcohol and drug policy. Ask a pharmacist to review any medications that are kept on site in first-aid kits or nursing stations. Ask the pharmacist to ensure that none of the headache remedies, decongestants or other cold medications made available to employees have the potential to affect safe work performance.

For more information

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at [1-866-332-2322](tel:1-866-332-2322) or the 24-hour Mental Health Helpline at [1-877-303-2642](tel:1-877-303-2642). For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>



Fit for work

Module 6

Fit for work

Module at a glance

This module introduces the fit for work philosophy and outlines the four key elements that make up this comprehensive approach. It also provides a number of tools and tips on how employers can promote employee health and well-being in their workplace while balancing the needs of both the employee and the employer.

Read on to learn more about

- the fit for work approach
- the elements of a comprehensive fit for work philosophy
- the role of alcohol and drug policies
- the role of alcohol and drug testing
- what leaders can do to promote fitness for work



Understanding fit for work

What is fit for work?

“Fit for work” refers to employees’ ability to safely undertake the physical and psychological demands of their jobs.¹ It is a comprehensive approach that employers can take to co-ordinate health and safety efforts, policies and guidelines to ensure a safe and healthy workplace for everyone. A fitness for work assessment is part of this approach and is used to determine if an employee can perform a specific job or task under their documented working conditions. Fitness for work assessments are most often done to determine medical fitness after an illness or injury, but are sometimes done after employment has been offered (pre-placement), as requested by the employer or as a condition of a job transfer.

Fit for work is a philosophy—it reflects the company’s approach to dealing with a variety of issues. The main focus is on the employee’s ability to do his or her job.

Why fit for work?

The fit for work approach refers to a collaborative effort by employers and employees to ensure that job duties are performed in a healthy and safe manner. It’s important for employers to think about the physical and psychological aspects that can affect job performance and reduce the risk of work-related illness or injury.

For example, an employee may show up for work distracted, upset, groggy or unco-ordinated for any of a number of reasons, such as the effects of substance use from the night before; side effects of medication for a physical injury, illness or psychological disorder (e.g., depression); fatigue caused by caring for a new baby or a sick child; or distress because a spouse has just been diagnosed with cancer.



Fit for work—a new way of thinking about common workplace issues

The fit for work approach provides a framework for dealing with physical and **psychological health** issues at work, including substance use and addiction, in a proactive way. Using this framework, employers are freed from feeling like they need to be drug enforcement police, medical experts or counsellors. When an employee shows up for work looking or behaving differently, employers don't have to figure out why. Instead, they can focus directly on whether the employee is fit to perform his or her duties.

Some workplaces continue to concern themselves with what their employees are doing in their personal lives. If workers are using illegal drugs, they are often dealt with harshly. This approach puts workplaces and supervisors in the difficult position of having to judge individual values about what is right and wrong. With the fit for work approach, the employee's fitness for work becomes the employer's only concern, rather than trying to play detective or diagnose health concerns. The end result is the same: an unfit worker is removed from the work site. But it will be because they are not fit for work, not because of judgments about the worker's choices in his or her personal life.

The situation is similar for cases of mental illness or other chronic conditions. By using the fit for work approach, the employer can help the employee get help and can support the worker in the workplace, rather than trying to make a medical diagnosis. The end result is that the employee receives support, and confidentiality is maintained.

“

I've worked very hard to help my team understand that they can't leave the bar at 3:00 a.m. and show up for work at 7:00 a.m. thinking that they are sober and fit for work.

”



It is not an employer's responsibility to figure out why an employee's behaviour is unusual; rather, it is their job to find out if an employee is fit to perform his or her duties.

This way of thinking makes it much easier for employers to intervene based on a worker's inability to do their job in a healthy and safe manner. Diagnosing the cause is left to professionals, including physicians, counsellors, occupational health nurses, **employee assistance programs (EAP)** or **employee and family assistance programs (EFAP)**.

When a supervisor notices changes in an employee indicating that he or she is not fit for work, the first step the supervisor can take is sitting down with the employee to discuss their concerns and observations. If the employee acknowledges that there are issues, the employer may refer them to the workplace **Occupational Health and Safety** group or tell them about EAP/EFAP services, as required. Depending on the situation, the employer may also directly involve Occupational Health and Safety and can request an assessment of an employee's fitness for work. According to the Canadian Centre for Occupational Health and Safety, an employer can request these assessments for appropriate reasons and in line with legislation such as the Alberta Human Rights Act.^{2,3} Once the assessment is complete, the employer will know one of three things: the employee is fit for work, the employee is fit for work with certain **accommodations** or the employee is not fit for work. In this last case, the appropriate referrals will then be made. For more information about understanding **performance management** and a step-by-step guide for managers on the planned approach to performance management, see Module 7.

Check out the Canadian Centre for Occupational Health and Safety website (http://www.ccohs.ca/oshanswers/psychosocial/fit_to_work.html) for some quick, easy-to-follow guidelines regarding fitness for work and answers to some commonly asked questions, such as "Why is an assessment done?" and "Can an employer really ask for this type of information?"

For more information and resources related to the fit for work approach, see the resource section of this manual.



If an employee does not appear fit for work, the employer should place the employee on a paid leave of absence, pending investigation into the behaviour at work. A worker whose performance is affected by alcohol or other drugs is more likely to deny that their performance is affected. Thus, rather than trying to persuade the employee to go home, the employer can unilaterally send the employee home with pay and request the employee not return until they provide documentation indicating that they are fit for work, as determined by a fitness for work assessment. It is also important for the employer to refer to company policies on fitness for work and understand how unions are involved.

The employee will be immediately referred, usually to a medical professional, for a decision about whether he or she is fit for work. In larger companies, this referral might be to a company physician or occupational health nurse. A smaller company may ask the worker to obtain confirmation of fitness for work from a personal physician or a physician on call in an emergency room. This assessment may include drug testing, depending on the circumstances and the workplace policy. Until deemed fit for work by a physician, the employee should not return to work.



A comprehensive approach

Fit for work is a comprehensive approach where many individual pieces are brought together to create the whole picture. There are four key elements that make up this approach:

- clear policies and guidelines
- workplace programs and services
- employee support
- **shared responsibility**

Figure 6.1 The fit for work approach



Clear policies and guidelines

All staff should be clear on what the rules are and what is expected of them. The company should also have procedures and guidelines in place with regard to treating employees according to labour, employment and occupational health and safety legislation. Some examples of policies and guidelines that can support workplaces in consistently managing addiction, substance use, psychological health or physical health situations include



- alcohol and drug policies
- fit for work testing
- alcohol and drug testing programs
- disability management programs
- occupational health and safety programs
- respectful workplace guidelines (e.g., the Canadian Safety Association psychological safety standard)
- shift work guidelines

The role of alcohol and drug policies

A clear alcohol and drug policy is one element of a comprehensive fit for work approach. While individual leaders are usually not responsible for developing policies, they often participate in policy design committees or policy review meetings. Leaders also play a key role in policy implementation and are usually responsible for ensuring that employees adhere to workplace standards.

Further information about policy development can be found in Module 5.

Workplace programs and services

Individual programs and services contribute to an understanding and the effective administration of policies and support services offered to employees.

Examples of these programs and services include

- education
- supervisory training
- **workplace health** and wellness programs
- EAP/EFAP
- informal and formal **peer support** (this ensures confidentiality)

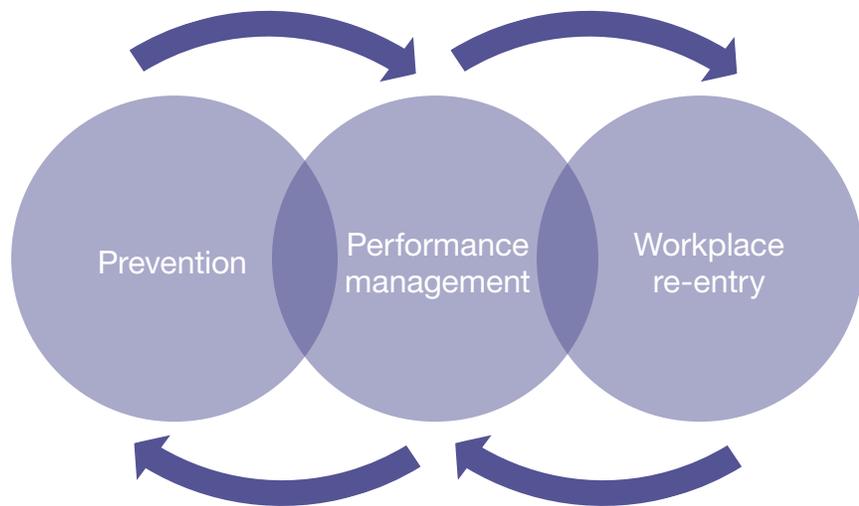
For more information on workplace health and wellness and workplace peer support, please refer to Modules 2 and 4, respectively.



Employee support model

The model below outlines the range of support that a company can make available to its workers while implementing its fit for work approach.

Figure 6.1 The fit for work approach



The process is not linear and does not have a start or end point. At any point in the process, the employee can move to the next or previous phase, though they do not usually skip a step entirely. It is common for organizations to focus on performance management: identifying and dealing with employees who violate policies. The fit for work approach, however, is much more proactive and focuses instead on **prevention**. For example, as part of this approach, employees are offered information about the effects of drug use on safe work performance, allowing them to make better choices. On the following page is an example of effective prevention.



Table 6.1 Example of effective prevention

Without prevention and education	With prevention and education
<p>A worker goes to work unaware that the Tylenol® 3 he is taking, as prescribed by his doctor for back pain, has the potential to affect his work performance.</p> <p>The worker has an accident driving the company vehicle. The investigating supervisor notices that he is groggy and unco-ordinated.</p> <p>The worker is tested for alcohol and drugs. He tests positive for opiates.</p>	<p>A worker is prescribed Tylenol® 3. He is aware that some medications can impair safe work performance.</p> <p>The worker asks his doctor if the Tylenol® 3 can affect his work performance. The doctor advises him that it can impair his ability to drive or operate equipment.</p> <p>The worker discusses this with his supervisor and the supervisor reassigns him to other duties that do not involve driving.</p>

In this example, the worker would fail a drug test even though he has never used an illegal drug. Tylenol® 3 contains codeine, which is derived from the same source as opium and heroin. The bottom line is that the accident is still an accident, and the driver was under the influence of a drug. This situation can be avoided when employees receive workplace education to help understand the effects of some medications on their work performance.

Education is usually effective, and it allows for an approach that is proactive and positive. Content usually focuses on what to do or not do, as well as how to comply with the policies and guidelines of the workplace.

Today's workplaces focus more attention on supporting workers in recovery, as well as those who are returning to work after a leave. By focusing on education and prevention, employers and organizations can increase an employee's chances of success. More information on how to support a recovering employee as they re-enter the workplace is available in Module 8.

Shared responsibility

The foundation of a comprehensive fit for work approach is shared responsibility. An organization's **culture, structures, policies and procedures** can have a significant effect on its employees' health and well-being. Employers and employees share responsibility for creating and sustaining a safe, healthy, respectful and productive workplace. Each employee contributes to the company's commitment to fitness for work.

Employers, with support from key leaders, can work towards creating a



psychologically healthy and safe workplace. This refers to a workplace that promotes good mental health for all employees by preventing careless, negligent, reckless or intentional harm.

Here are 13 characteristics of a workplace culture that supports a psychologically healthy and safe workplace:⁴

1. Psychological support: Co-workers and supervisors support the addiction and mental health concerns of all employees.
2. **Organizational culture:** The organization and team culture fosters trust, honesty and fairness.
3. Clear leadership and expectations: Leaders help employees understand what they need to do, as well as how their work contributes to the organization and future changes.
4. Civility and respect: Employees show respect and consideration to clients, the public and each other.
5. Growth and development: Leaders encourage and support employees to develop people and job skills.
6. Job fit: There is a good fit between how an employee interacts with people and how his or her emotions, job skills and job position are managed.
7. Recognition and reward: Employees are acknowledged and appreciated for their efforts in a timely manner.
8. Involvement and influence: Employees are included in discussions about how they do their work and how important decisions are made.
9. Workload management: Employees are able to perform tasks and responsibilities successfully in the time available to them.
10. Engagement: Employees are motivated to do a good job because they enjoy and feel connected to their work.
11. Balance: The need to balance work, family and personal life is recognized.
12. Psychological safety: Employees feel comfortable asking questions, seeking feedback, reporting mistakes or problems, or proposing new ideas, without being afraid of negative consequences to themselves or their job.
13. Physical safety: management and employees take appropriate actions to protect the physical safety of employees, who then feel more secure and engaged at work.



Employees also play an active part in improving their health at work, as well as the health of others. Managers can encourage employees to adopt these healthy work and life habits:

- Monitor work–life balance and make a list of ideas each week to establish a better balance.
- Set a regular bedtime and wake-up routine—most adults need seven to nine hours of sleep each night.
- Choose activities and habits that will help lower stress, improve sleep and manage anxiety or depression (e.g., take walks, spend more time with their children, stop smoking and limit their alcohol intake).
- Be respectful in the workplace—this may look different for everyone but generally includes valuing other workers and their families, being fair, valuing diversity and treating others with respect and dignity.
- Think about activities that make them feel good about themselves—if these activities are written into a schedule, people are more likely to do them.
- Learn how to manage emotions—be aware of thoughts that are unfair, unrealistic and inaccurate and turn them into thoughts that are balanced, fair, realistic and accurate.

Employers have the front-line responsibility to make sure that employees report for work and remain fit to perform their duties safely and well. But this is not something they are expected to do on their own.

Promoting fitness for work must start at the top. Companies must equip their leaders with clear policies, guidelines and programs that support fitness for work. They must also support their leaders in enforcing fitness for work. This starts with training and extends to standing behind leaders when they make a decision to remove a worker who does not appear fit for duty.

Individual employees must also share in the responsibility of keeping their workplace safe. This starts with healthy personal choices (e.g., a drug-free lifestyle), safe work practices, good **sleep hygiene** (especially for shift workers) and managing treatable medical conditions (e.g., diabetes, depression and epilepsy). Individual team members must also learn how to intervene when they suspect that a co-worker is not fit for work. Each workplace will have its own guidelines about what steps should be taken. All employees must be clear on what steps to take if a fellow employee is not fit to perform their duties.

Employers can take responsibility for initiating team discussions or ensuring that training occurs so that all employees are clear about their safety



responsibilities. They can also promote fitness for work by setting a good example and intervening when required.

Refer to the resources section of this manual for more resources and tools, such as the Anti-Depressant Skills @ Work booklet:

www.comh.ca/antidepressant-skills/work



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IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders

Fit for work: A comprehensive approach

What is Fit for work?

“Fit for work” refers to employees’ ability to safely undertake the physical and psychological demands of their jobs.¹ It is a comprehensive approach that employers can take to co-ordinate health and safety efforts, policies and guidelines to ensure a safe and healthy workplace for everyone. A fitness for work assessment is part of this approach and is used to determine if an employee can perform a specific job or task under their documented working conditions. Fitness for work assessments are most often done to determine medical fitness after an illness or injury, but are sometimes done after employment has been offered (pre-placement), as requested by the employer or as a condition of a job transfer.

A comprehensive approach

Fit for work is a comprehensive approach where many individual pieces fit together to create the whole picture. There are four key elements that make up this approach:

- clear policies and guidelines
- workplace programs and services
- employee support
- shared responsibility



Clear policies and guidelines

All staff should be clear about what the rules are and what is expected of them. The company should also have procedures and guidelines in place with regard to treating employees according to labour, employment and occupational health and safety legislation. Some examples of policies and guidelines that can support workplaces in consistently managing addiction, substance use, psychological health or physical health situations include

- alcohol and drug policies
- fit for work testing
- drug testing programs
- disability management programs
- occupational health and safety programs
- respectful workplace guidelines (e.g., the Canadian Safety Association psychological safety standard)
- shift work guidelines



The role of alcohol and drug policies

Having a clear alcohol and drug policy is one element of a comprehensive fit for work approach. While individual leaders are usually not responsible for developing policies, they often participate in policy design committees or policy review meetings. Leaders also play a key role in policy implementation and are usually responsible for ensuring that employees adhere to workplace standards.

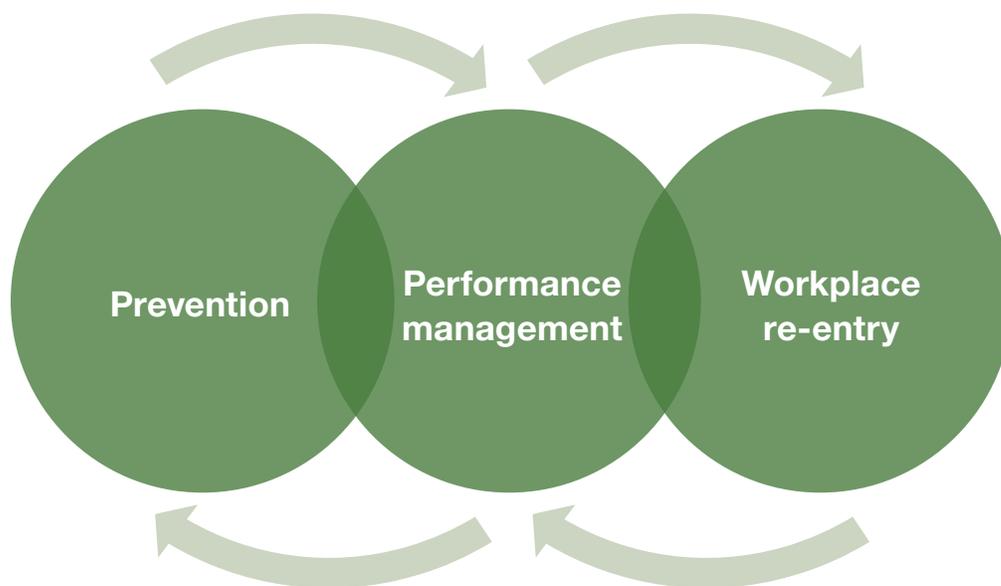
Workplace programs and services

Individual programs and services contribute to an understanding and the effective administration of policies and support services offered to employees. Examples of these programs and services include

- education
- supervisory training
- workplace health and wellness programs
- employee assistance program (EAP) or employee and family assistance program (EFAP)
- informal and formal peer support (this ensures confidentiality)

Employee support model

The model below outlines the range of support that a company can make available to its workers while implementing its fit for work approach.



The process is not linear and does not have a start or end point. At any point in the process, the employee can move to the next or previous phase, though they do not usually skip a step entirely. It is common for organizations to focus on performance management: identifying and dealing with employees who violate policies. The fit for work approach, however, is much more proactive



and focuses instead on prevention. For example, as part of this approach, employees are offered information about the effects of drug use on safe work performance, allowing them to make better choices. Here’s an example of effective prevention.

Without prevention and education	With prevention and education
<p>A worker goes to work unaware that the Tylenol® 3 he is taking, as prescribed by his doctor for back pain, has the potential to affect his work performance.</p> <p>The worker has an accident driving the company vehicle. The investigating supervisor notices that he is groggy and unco-ordinated.</p> <p>The worker is tested for alcohol and drugs. He tests positive for opiates.</p>	<p>A worker is prescribed Tylenol® 3. He is aware that some medications can impair safe work performance.</p> <p>The worker asks his doctor if the Tylenol® 3 can affect his work performance. The doctor advises him that it can impair his ability to drive or operate equipment.</p> <p>The worker discusses this with his supervisor and the supervisor reassigns him to other duties that do not involve driving.</p>

In this example, the worker would fail a drug test, even though he has never used an illegal drug. Tylenol® 3 contains codeine, which is derived from the same source as opium and heroin. The bottom line is that the accident is still an accident, and the driver was under the influence of a drug. This situation can be avoided when employees receive workplace education to help understand the effects of some medications on their work performance.

Education is usually effective, and it allows for an approach that is proactive and positive. Content usually focuses on what to do or not do, as well as how to comply with the policies and guidelines of the workplace.

Today’s workplaces focus more attention on supporting workers in recovery, as well as those who are returning to work after a leave. By focusing on education and prevention, employers and organizations can increase an employee’s chance of success.

Shared responsibility

The foundation of a comprehensive fit for work approach is shared responsibility. An organization’s culture, structures, policies and procedures can have a significant effect on its employees’ health and well-being. Employers and employees share responsibility for creating and sustaining a safe, healthy, respectful and productive workplace. Each employee contributes to the company’s commitment to fitness for work.

Employers, with support from key leaders, can work towards creating a psychologically healthy and safe workplace. This refers to a workplace that promotes good mental health for all employees by preventing careless, negligent, reckless or intentional harm. Some examples of the characteristics of such a workplace culture are

- **psychological support:** co-workers and supervisors support the addiction and mental health concerns of all employees
- **organizational culture:** the organization and team culture fosters trust, honesty and fairness
- **clear leadership and expectations:** leaders help employees understand what they need to do, as well as how their work contributes to the organization and future changes
- **civility and respect:** employees show respect and consideration to clients, the public and each other
- **growth and development:** leaders encourage and support employees to develop people and job skills
- **job fit:** there is a good fit between how an employee interacts with people and how his or her emotions, job skills and job position are managed
- **recognition and reward:** employees are acknowledged and appreciated for their efforts in a timely manner
- **involvement and influence:** employees are included in discussions about how they do their work and how important decisions are made
- **workload management:** employees are able to perform tasks and responsibilities successfully in the time available to them
- **engagement:** by enjoying and feeling connected to their work, employees are motivated to do a good job
- **balance:** the need to balance work, family and personal life is recognized
- **psychological safety:** employees feel comfortable asking questions, seeking feedback, reporting mistakes or problems, or proposing new ideas, without being afraid of negative consequences to themselves or their job

- **physical safety:** management and employees take appropriate actions to protect the physical safety of employees, who then feel more secure and engaged at work²

Employees also play an active part in improving their health at work, as well as the health of others. Managers can encourage employees to

- monitor work–life balance and make a list of ideas each week to establish a better balance
- set a regular bedtime and wakeup routine—most adults need 7–9 hours of sleep each night
- live an active and healthy lifestyle (e.g., take walks, spend more time with their children, stop smoking and limit their alcohol intake) to help lower stress, sleep better and manage anxiety and/or depression
- be respectful in the workplace—this may look differently for everyone but generally includes valuing other workers and their families, being fair, valuing diversity and treating others with respect and dignity
- think about activities that make them feel good about themselves—if these activities are written into a schedule, people are more likely to do them
- learn how to manage emotions—be aware of thoughts that are unfair, unrealistic and inaccurate and turn them into thoughts that are balanced, fair, realistic and accurate.

Employers have the front-line responsibility to make sure that employees report for work and remain fit to perform their duties safely and well. But this is not something they are expected to do on their own.

Promoting fitness for work must start at the top. Companies must equip their leaders with clear policies, guidelines and programs that support fitness for work. They must also support their leaders in enforcing fitness for work. This starts with training and extends to standing behind leaders when they make a decision to remove a worker who does not appear fit for duty.

Individual employees must also share in the responsibility of keeping their workplace safe.



This starts with healthy lifestyle choices (e.g., a drug-free lifestyle), safe work practices, good sleep hygiene (especially for shift workers) and managing treatable medical conditions (e.g., diabetes, depression and epilepsy). Individual team members must also learn how to intervene when they suspect that a co-worker is not fit for work. Each workplace will have its own guidelines about what steps should be taken. All employees must be clear on what steps to take if a fellow employee is not fit to perform their duties.

Employers can take responsibility for initiating team discussions or ensuring that training occurs so that all employees are clear about their safety responsibilities. They can also promote fitness for work by setting a good example and intervening when required.

References

1. Dyck, D. (2011). *Occupational health and safety: Theory, strategy and industry practice* (2nd ed.). Markham, ON: LexisNexis Canada.
2. Guarding Minds at Work. (2012). *The 13 psychosocial factors in GM@W*. Hamilton, ON: Canadian Centre for Occupational Health and Safety. Retrieved from http://www.guardingmindsatwork.ca/info/risk_factors

For more information

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>

Effective performance management

Module 7

Effective performance management

Module at a glance

When an employee is dealing with an addiction or mental health issue, supportive performance management can make all the difference to that person's health and well-being and, ultimately, their productivity and success at work.

Managers are not addiction and mental health experts, nor do they have to be for their role in the fit for work and performance management process. However, having some basic information about common signs and symptoms will help increase a manager's confidence and comfort when addressing performance management issues. During performance management discussions, employees may disclose underlying addiction and/or mental health issues; it is therefore helpful for managers to know where to refer an employee for further support. Performance management can be a positive, effective and successful process.

This module is designed to provide Alberta Health Services (AHS) Addiction and Mental Health zone staff with the information and resources necessary to discuss the role of performance management in the workplace. Your consultations with employers can help them understand the process of managing performance—particularly with someone who is struggling with an addiction and/or mental health issue. Performance management doesn't have to be a daunting or awkward experience. Rather, it can be a win-win situation for employers and employees alike, with the employee feeling valued and workplace productivity maintained.

Read on to learn more about

- the importance of focusing on job performance
- when performance management is required
- performance management with distressed employees
- supporting an employee, even though their job performance has not yet been affected
- ways for employees to get help
- respecting employee confidentiality



The importance of focusing on job performance

Changes in performance can be caused by a variety of personal problems (see signs and symptoms of employees in distress on page 7-195). That's why it is so important for managers not to assume they know the underlying cause of the performance problem. An employee who is experiencing an alcohol or other drug problem may exhibit some or all of the performance changes listed below; however, these changes may also be seen in an employee who is suffering from a chronic illness or is having a personal, marital or family problem.

Because changes in work performance may be the result of a variety of personal problems, it is important that managers stay focused on job performance and act as a liaison between an employee in distress and the sources of help available to them.

Work culture as a contributing factor

Workplace culture is a key determinant of organizational health and an important contributing factor to employee health. The concept of workplace culture is examined in greater detail in Module 2; however, as part of the **performance management** process, it is important for an employer to consider how the workplace culture affects employee well-being. The Guarding Minds @ Work survey has been designed to help organizations assess and measure 13 psychosocial factors that affect organizational **psychological health and safety**. **Psychological health** refers to the ability to think, feel and behave in a manner that enables us to perform effectively at work, in our personal lives and in society.¹ **Psychological safety** deals with the risk of psychological injury and involves precautions to prevent the risk of harm to employees' psychological health.¹ The 13 psychosocial factors assessed are

1. psychological support
2. **organizational culture**
3. clear leadership and expectations
4. civility and respect



5. psychological competencies and requirements
6. growth and development
7. recognition and reward
8. involvement and influence
9. workload management
10. engagement
11. balance
12. psychological protection
13. protection of physical safety

For more information on psychological health and safety, the aforementioned 13 psychosocial factors and their contribution to employee performance, and the Guarding Minds @ Work program, please visit <http://www.guardingmindsatwork.ca/info>.



Signs that an employee may be in distress

One of the main indicators that an employee may be in distress is a change in their performance at work. Other signs and symptoms that may indicate someone is struggling with an addiction or mental health issue are outlined below.

Changes in productivity

An employee in distress may have highs and lows in their productivity. They may try to compensate for dips in productivity by working extra hard at other times, creating a pattern of peaks and valleys.

Changes in attendance

There may be an increase in the employee's absences from work. They may arrive late, leave early or take long breaks from their work station. Managers can also look for patterns in the employee's attendance. For example, are they missing days on either side of the weekend? Are there absences before or after major holidays?

Changes in quality of work

An employee in distress may not be completing work on time, or the work may be of lesser quality. Is the employee missing deadlines? Are they completing tasks accurately and completely? Has the quality of their work diminished from what it was previously?

Changes in ability to concentrate

Sometimes an employee may seem distracted. People experiencing an addiction or mental health problem may also have difficulty understanding instructions or remembering details.

Changes in appearance

It's a common assumption that employees with personal problems care less about their appearance, or that they will appear sloppy or unkempt. This might be true for some, but others will take extra care to put their best face forward.



Changes in relationships

Employees who are experiencing problems may not get along as well with others. Co-workers may report that these employees are “not pulling their weight,” or that they are cranky and irritable. Sometimes the employee with the problem relies on others for help completing tasks that they used to be able to do alone.

Changes in safe work practices

Employers may notice that an employee has a higher accident rate or is not following safety regulations. The worker may also forget to wear safety gear or to leave machinery in a safe condition. Perhaps she or he reports a lot of peculiar “accidents” at home, coming to work bandaged or bruised.

As the employer observes changes in the employee’s behaviour, attitude and activity, it is important to look for patterns or combinations of indicators rather than simply focusing on single incidents.

“

It was such a relief to me to know that the best way to deal with employees who were having personal problems was to focus on job performance. I kept trying to learn everything I could about addiction and mental health, and now I realize I do not have to be an expert to be a good performance manager.

”



At a glance

WHAT THE WORKPLACE SEES

Changes or deterioration in job performance

- productivity
- attendance
- quality of work
- ability to concentrate
- appearance
- relationships with co-workers

WHAT THE PROFESSIONAL SEES

Underlying personal problems

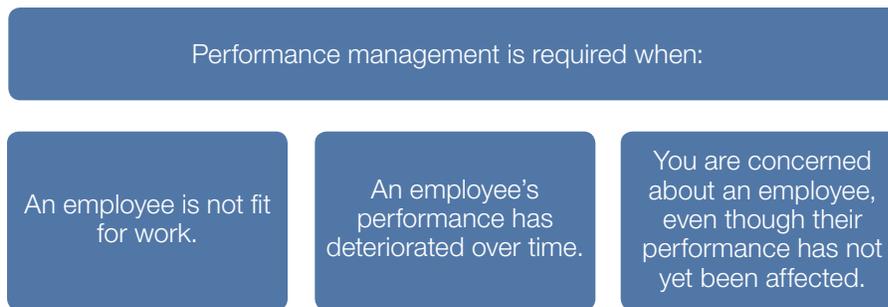
- alcohol, other drug, and/or gambling problems
- relationship problems
- family problems
- vocational problems
- legal problems
- financial problems
- medical problems
- mental health problems
- grief and loss issues



When performance management is required

Some human resources professionals say that managers should always be managing employees' performance: actively, passively, proactively or reactively, as the situation demands. This type of management may help the employee grow professionally, but it may also help the employee meet performance expectations. In the latter case, there are three basic situations that call for an employer's intervention.²

Figure 7.2 Three situations that require performance management



When an employee is not fit for work

There are some instances in which a manager has an obligation to take immediate action to ensure that a worker who is not **fit for work** does not remain on the job. If there are alcohol, other drug or fit for work policies in place, the manager should review these prior to taking any action and refer the employee to them during discussions. Here are some examples of situations that require immediate intervention:

- A worker is seen drinking or using drugs at work, just before work or while on a break.
- A worker is slurring their words, staggering or unsteady, which may be the result of the employee drinking, using drugs, taking a new medication that is causing adverse effects, having a stroke or having (or having just had) a seizure or other medical symptom.
- A worker is very upset, emotional or irritable on more than one occasion.



For each of these situations, behavioural clues can be used to guide the manager's decision to request an assessment; however, these clues should not be used to attempt a diagnosis. In these instances, it is unlikely that the worker is fit to perform their duties safely. As a result, the manager must decide on an immediate course of action:

- If the manager thinks the worker has been using alcohol or other drugs and is met with resistance or denial, request an immediate fitness for work assessment from a medical professional. For more information, refer to Module 6. However, if the assessment cannot be done immediately, let the employee know that they cannot return to work until they have documentation from a physician that they are fit for work.
- If the worker does not participate in a fitness for work assessment, ensure that the worker is removed from the work site immediately and escorted home, either by someone from the work site or a friend or family member of the employee. Remember, if the worker is not fit for work, they likely are not fit to drive, either.
- If the worker requires medical or psychological assistance, the employer needs to make arrangements to transport the person to a medical professional, **employee assistance program (EAP)** or **employee and family assistance program (EFAP)**, or involve the occupational health nursing team. If the worker does not think they need medical assistance, the manager may wish to request a fitness for work assessment.
- If the worker has just received bad news, the manager should suggest they go home for the day. Most employees will do so without argument. In this case, the manager should also have someone drive the worker home. It is also helpful for the manager to remind the employee of the EAP/EFAP or community services available to them, along with a pamphlet and the phone number to call.

The following guidelines will help a manager get an employee who is not fit for work to a place where they will be safe:³

- Obtain a witness, if possible. In a unionized environment, the manager will probably call a steward or other union member. Rely on the company's policies for guidance.
- Take the worker aside, and tell them that they do not appear able to work and that they need to leave the work site.



- Listen to their response, but do not attempt to reason or negotiate with them. Assure the worker that there will be an opportunity to discuss the incident when they return to work.
- Document the date, time and specifics of the incident. Make sure both the manager and the witness sign it.
- Meet with the employee upon their return. Advise them of the consequences at that time.

At a glance

How a manager should respond when an employee is not fit for work

1. Decide on an immediate course of action.
2. Request that someone from human resources, safety or security accompany them, if deemed necessary.
3. Obtain a witness, if possible, for observation and decision-making support.
4. Call the worker aside.
5. Tell the employee that they do not appear to be fit for work, and that they need to leave the job site.
6. Listen to their response, but do not attempt to reason or negotiate.
7. Assure the worker that there will be an opportunity to discuss the incident when they return to work.
8. If the employee insists they are able to work, request a fitness for work assessment, which can be done by their family doctor or an independent medical examiner paid for by the employer.
9. If the worker appears to have been using drugs or alcohol, ensure that he or she does not drive. Make arrangements for the employee to get to the assessment, or to get home safely.
10. If it appears that the employee requires medical or psychological assistance, make arrangements to transport her or him to a medical professional.
11. Document the date, time and specifics of the incident.
12. Meet with the employee upon their return and advise them of the consequences then.



When an employee's performance has deteriorated over time

Working effectively with an employee whose performance has deteriorated over time is a learned skill. It is based on a planned approach to performance management that includes five key steps.

These steps allow leaders to focus on job performance and help them avoid becoming personally involved in their employees' problems.

Figure 7.3 Planned approach to performance management



Step 1: Watch and listen.

This skill is largely observation. At the first sign of a change in an employee's usual behaviour, attitude or activity, managers should start to watch and listen. Sometimes managers will notice these changes themselves and other times they will hear reports or rumblings from co-workers.

Managers should look for patterns or combinations of indicators, not single incidents. Patterns may also be observed in absence from work, attitude, behaviour, activity or a combination of these factors. To identify these patterns, co-operation between human resources, **occupational health and safety** and the manager will likely be required. Some typical patterns that are seen include sick days before or after weekends, on the first day of a shift, or on the day of a shift rotation; changes in behaviour after the lunch break; frequent lateness; or even changes in mood and behaviour that appear to be out of the ordinary.



At a glance

Performance management

Step 1: The manager should watch and listen for changes.

Behaviour

- attendance
- absences from the work area
- number of phone calls or visits
- incidence of illness, ailments, injuries and accidents
- safety violations
- policy violations
- the ability to keep promises for improved work performance

Attitude

- mood swings
- conflicts with others
- morale problems within the team
- complaints from customers, co-workers and others
- rationalizing or making excuses

Activity

- pace of work
- concentration
- reliability
- the ability to meet deadlines
- quality or quantity of work

Look for patterns or combinations of indicators, rather than single incidents.



Step 2: Record what you observe.

It's important for managers to document what they see and hear. Good documentation helps managers stay focused on job performance when they meet with the employee. It also allows them to talk openly with the employee about changes in their performance.

The manager's notes must reflect observable, verifiable facts, rather than their thoughts or opinions about the situation. Two examples are given in the table below. The poor example does not describe the specific situation or behaviour observed. The better example does the opposite by providing specific, factual, descriptive information about the situation and action taken.

Table 7.1 Documentation examples

	Poor documentation	Better documentation
Situation 1	"January 13—Mitch was at it again! He was not getting along with the team."	"January 13—Mitch appeared agitated at the morning dispatch meeting. He was speaking loudly and became very angry when he was assigned to the clean-up crew. He swore at two other team members—Jill and Glenn—and told them he 'wouldn't ride with them because neither of them should have a licence anyway.'"
Situation 2	"January 15—safety infraction."	"January 15—Mitch showed up on the job site without a hard hat or safety glasses. When I approached him about this, he told me to 'mind my own business.' I explained that he would have to leave the job site if he refused to wear the gear. He told me I was 'much too picky about stuff that was a waste of time,' then went to his truck, got the gear and put it on."

When writing down these observations, it is important for managers to be fair, objective and consistent so that the employee is clear about what changes they need to make. Managers will also need written documentation, should they need to discipline or terminate an employee.



At a glance

Performance management

Step 2: The manager should record what is observed.

Records should be

- factual
- objective
- verifiable
- complete
- accurate

Good documentation helps a manager

- avoid counselling
- show the performance picture over time
- demonstrate that they are serious
- support corrective action
- record their efforts to assist the employee
- be objective, fair and consistent

Step 3: Prepare to meet with the employee.

When the manager has observed a change in an employee's performance and made a written record of it, the next step is to prepare to meet with the employee. This allows the manager to make a plan for the meeting and to anticipate how the employee might respond.

Here are some tips to make sure the manager is prepared for the meeting:

- Review all documentation. Choose the entries that are most factual, verifiable and objective to demonstrate how the employee's performance has changed.
- If employee attendance is an issue, review their attendance records. The company's payroll or human resources department will likely be able to provide these. When examining the records, the manager should look for patterns in the employee's absences.



- Review the employee's past performance records. Has the employee's performance been similarly affected in the past? If so, what actions were taken?
- Review relevant company policies and programs (e.g., alcohol and drug policies, disability management policies, EAP/EFAP and **peer support** programs).
- Get direction and/or support. If the manager is unsure how to proceed, they should consult with someone who can provide guidance (e.g., an immediate supervisor, a member of the human resources team or an EAP/EFAP service provider).

At a glance

Performance management

Step 3: The manager should prepare to meet with the employee.

Review documentation.

Review the employee's

- attendance records
- past performance records

Review relevant company policies and programs, including

- alcohol and drug policies
- disability management policies
- EAP/EFAP
- peer support programs

If unsure how to proceed, consult with

- an immediate supervisor
- the human resources team
- an EAP/EFAP co-ordinator
- an EAP/EFAP services provider
- an occupational or other health and wellness provider



Step 4: Meet with the employee.

It's important to schedule a private meeting to discuss the employee's performance rather than talking with them in front of their co-workers.

In an unionized workplace, the employee may wish to have a union steward present. In some instances, the managers may also want to involve their supervisor or a human resources representative. The manager should pick a time when they are most likely to be uninterrupted and when both the manager and employee are calm.

Here are some ideas that may help the manager stay focused on performance and keep the meeting on track:

- Discuss the employee's current performance. Rely on information that has been observed and documented.
- Get input from the employee. Rather than telling the employee what should change, ask for their ideas about how their performance can be improved. Discuss solutions, rather than focusing strictly on the problem. The employee must be very clear about the objectives and what they must do to fix the performance problem.
- Advise the employee of the corrective action that must be taken. The goal here is to highlight the changes that you see in the employee's behaviour, attitudes and activities and to focus on improving their future performance.
- Set timelines. It's important that the employee understand the timelines in which improvement should occur. Otherwise, the manager might think that performance should be improved within a few days, while the employee thinks that he or she has months.
- Be clear about consequences. These must be clearly spelled out in advance so that both the manager and the employee understand what steps will be taken if the employee's performance does not improve.
- Get commitment from the employee. One way of doing this is to record the action plan that has been developed during the meeting. This should clearly specify the actions that both the manager and the employee have agreed to take, the timelines for completion and the consequences if success is not achieved. Set a date to review progress. The employee and the manager both need to sign the action plan. A copy is then provided to the employee, the manager and human resources, if the employer has a formal HR department. In some cases it may also be necessary to share a copy with the union.



- Managers need to anticipate that the employee may admit that they have an addiction or illness. If this happens, the manager will likely need to involve their supervisor, the EAP/EFAP co-ordinator, the occupational health representative or a human resources representative. This is especially true if the employee works in a safety-sensitive position.

Success breeds success—recognizing improvements in an employee's job performance is a good way to get more of it!

At a glance

Performance management

Step 4: Meet with the employee.

- Schedule a time to meet with the employee.
- Discuss the employee's current performance.
- Focus on the corrective action that must be taken.
- Ask the employee for ideas about how performance can be improved, and discuss solutions.
- Specify the timelines in which performance must improve.
- Advise the employee of the consequences if their job performance does not improve. (Failure to improve performance could result in discipline, up to and including termination of employment.)
- Get commitment from the employee.
- Involve others, as needed, if the employee discloses an alcohol or drug problem.
- Remind the employee that assistance is available if personal factors are contributing to the unacceptable work performance:
 - be a bridge to the EAP/EFAP or other sources of assistance
 - refrain from counselling the employee
- Offer encouragement that performance can improve.



Step 5: Follow up to ensure success.

It is important to follow through with scheduled performance reviews. These reviews allow the manager and the employee to ensure that any agreed-upon action plans are being carried out. If improvement is not occurring, the manager can plan additional actions and follow through with the consequences that you agreed to during your first meeting.

It's a good idea to schedule a follow-up meeting within two or three weeks of your first meeting. This gives the employee enough time to start making improvements and the manager enough time to recognize changes the employee is making. If you wait too long to follow up, smaller changes may not be noticed, or they may be forgotten. It's also a good idea to schedule regular performance reviews as the employee is working to bring their performance up to expected standards. These can taper off over time.

Follow-up meetings are also a great opportunity to recognize improved performance and provide encouragement. Employees often work very hard to fix their performance problems, especially if personal difficulties are involved. It can be very disheartening to employees when nobody notices the improvements in their performance.

For more information, visit <http://www.mentalhealthworks.ca/employers/faqs/talking-to-employee/approach#prepare>.

At a glance

Performance management

Step 5: Follow up to ensure success.

- Follow through with scheduled performance reviews.
- Ensure action plans are being carried out.
- Meet regularly to
 - provide encouragement
 - recognize improved performance
- Follow through with consequences or disciplinary procedures if job performance does not improve.



When an employee's job performance has not yet been affected

Sometimes you will be concerned about an employee on your team, even though their work performance has not yet been affected. You may notice changes that could be an indication of a personal problem. Perhaps they are looking tired or have become withdrawn. You may notice changes in their behaviour or attitude. Other times, you may see your co-worker outside of work and become aware of a personal issue.

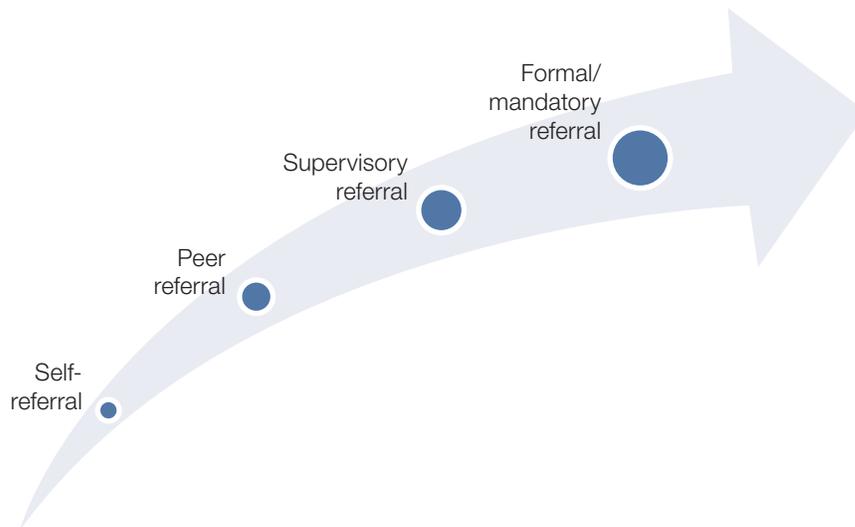
When you have these concerns, you do not have to wait until there are job performance problems to take action. As a leader, you can take action informally, with a simple expression of concern or an encouraging word about the availability of assistance. To learn more about making peer referrals, please refer to page 7-211 of this module.



Ways for employees to get help

When a workplace has a comprehensive approach to assist employees who are experiencing distress, there are numerous ways to get help.

Figure 7.4 Ways for an employee to get help



Self-referral

In the best-case scenario, an employee who recognizes a personal problem will choose to get help on their own. The employee may access their EAP/EFAP or a community resource directly. In this case, you and the company will be completely unaware of the employee's participation, or the outcome.

An employee might also choose to approach their manager, a co-worker or a workplace resource to ask for assistance in obtaining help. In a larger company, the employee might turn to an EAP/EFAP representative or a member of a workplace peer support team, whereas employees of smaller companies will likely ask a co-worker, or even their boss. Although the manager or co-worker may informally ask how things are going, no formal workplace follow-up is required unless the employee's performance has also declined.

In order for a workplace to encourage self-referrals, it is important to publicize the sources of help available. The manager can play an important role by ensuring that your team is aware of all of the services your company and your community offer.



Peer referral

Co-workers who work together regularly get to know each other well. Often a manager or co-worker will notice changes in each other that might signal a personal problem. These changes are often noticed long before an employee's performance is affected. At this point, a manager or co-worker may choose to help by expressing their concern and providing the employee with a list of resources and services that are available to them. However, it is possible for an employee to approach a co-worker or an employee from another team, or for a manager to approach another manager.

Regardless of who approaches whom, the approach remains the same. Employees should be encouraged to use their EAP/EFAP or seek assistance in the community, but the choice to participate is ultimately up to them.

Here are some tips for employees to use when making peer referrals:

- Tell the co-worker that they are concerned about them.
- Talk about the changes they have noticed in the co-worker that are causing them to be concerned.
- Be clear that their intent is not to pry, but simply to let their colleague know that they care.
- Refrain from offering advice or attempting to counsel.
- Remind the co-worker that assistance is available through the workplace and in the community. If brochures or a telephone number for the company's EAP/EFAP provider are available, this information can be provided to the co-worker.
- Encourage the co-worker to call, but leave it up to them to decide.

Peers should not counsel one another or attempt to diagnose any problems experienced by fellow employees.

Leaders can also make peer referrals for employees, but only if their work performance has not yet been affected. When performance starts to suffer, their role will be to intervene as a supervisor, rather than as a concerned peer.



A co-worker's reaction could range from gratitude to denial to open hostility. The outcome is difficult to predict. A peer's concern may result in that co-worker deciding to seek help, it may be one of several messages that eventually motivate the employee to get help or it may have no noticeable effect at all. Whatever the co-worker chooses to do, the supportive peer has provided them with essential information and support.

Supervisory referral

There are many options for supervisory referrals (those made by an employee's leader). If the company has an alcohol and drug policy, a supervisory referral may outline these options and clarify at what point the referral becomes formal, or mandatory. In the most common situation, the leader will

- recognize a change in performance and meet with the employee to present their documented observations
- be clear with the employee about performance expectations
- encourage the employee to seek assistance, if personal problems are contributing to their performance problems
- provide information about the sources of help available, but leave it up to the employee to decide whether they will participate
- set a date for performance review with the employee. In the meantime, the employee is responsible for resolving their performance issues
- understand what is expected to change

Sometimes the employee's performance will continue to decline, and the manager will have to meet with them again. This might happen more than once. Between these meetings, it is likely that the manager will begin to see more and more indicators of a problem, as they continue to document changes in performance. Sometimes the nature of the problem will become obvious. Other times the employee may actually disclose the problem. In these instances, the manager/employer may ask the employee to participate in a fitness for work assessment. The purpose for requesting the assessment is two-fold:

- to ensure that the employee is fit to perform their duties safely
- to assist employees who are not fit for work to get help resolving their problems



If the employee discloses an alcohol or other drug problem, or psychological health concern, the manager may also refer him/her for a professional assessment by an EAP/EFAP or community services provider. This might even be company policy. Smaller companies without an EAP/EFAP can also request a fitness for work assessment through a medical professional (e.g., a family physician) to address addiction and/or mental health concerns.

AHS Addiction and Mental Health Services provides voluntary assessments and treatment for Albertans who want to address their use of alcohol, other drugs, tobacco, gambling and/or mental health concerns. This assessment can be a useful part of the medical professional's overall fitness for work assessment.

When an employee participates in any kind of professional assessment, it is likely that the manager, the EAP/EFAP provider or the company's human resources department will request that the employee sign a release of information for the agency providing the assessment. This allows the agency to provide the employer with a letter detailing the assessment's findings (e.g., fit for work, not fit for work or fit for work with modified duties) and recommendations (e.g., no recommendations, treatment away from work, treatment with modified duties or modified duties). Service providers and community agencies cannot disclose the outcome of their meetings with the employee without a signed release.

Formal or mandatory referral

Formal referrals usually occur when an employee has violated company policy or when an employee has repeat performance problems, despite earlier interventions and assistance. Examples include

- an employee testing positive following an alcohol or other drug test
- an employee being caught using alcohol or other drugs at work
- an employee's performance declining again, after attending counselling or treatment for an alcohol or other drug problem with the company's assistance

Formal referrals are much more prescriptive in nature, and the employee's choices become more and more restricted based on their policy violation or continued performance problems. These referrals often represent the company's last attempt to offer assistance to an employee before firing them.



When employees are formally referred for assistance, it is likely that they will be required to

- participate in a mandatory professional assessment, to determine the severity of their problem
- sign a release of information
- attend treatment, receive counselling or follow other recommendations made by the counsellor or physician
- develop a plan for following up and aftercare
- participate in regular performance reviews with their leader to monitor progress

The employee may also be required to

- accept consequences for their actions, as outlined by company policy
- enter into a return-to-work agreement with their employer, spelling out the consequences of any further performance problems (see Module 8 for more information)
- verify their participation in follow-up and aftercare counselling
- participate in random, unannounced alcohol or drug testing for a specified length of time (many companies specify two years)

For more information on ways to get an employee help, visit <http://www.mentalhealthworks.ca/employers/faqs/talking-to-employee/help>, or refer to the many other resources outlined in the resource section of this manual.



Policy and performance management

Effective workplace policies are an important part of the performance management process. For more information on developing effective workplace policies, see Module 5.

Respecting employee confidentiality

Companies and leaders need to emphasize confidentiality when working with an employee who is experiencing distress. Confidentiality is essential for encouraging employees with personal problems to get help. Without it, troubled employees and their co-workers will be reluctant to come forward, and problems will go unchecked and even worsen.

Managers need to understand confidentiality and their responsibilities as a leader. Here are some ideas to consider:

1. The goal is to exercise the highest degree of confidentiality possible in any given situation. However, managers must balance the employee's right to privacy with the need to practice due diligence and ensure safety.
2. It is important for supervisors to keep their involvement with employees as confidential as possible. In some situations, managers may have to alert someone else in the organization, but information should only be shared on a need-to-know basis (e.g., if the employee is not fit for work, or if a company policy has been violated).
3. As an employee's performance deteriorates, managers may need to involve others (e.g., a manager, a physician or an EAP/EFAP provider) in attempts to assist the employee. In these instances, each party should be given only the information they require. Everyone is responsible for maintaining the employee's confidentiality—this includes refraining from gossiping or discussing the employee's situation with others.
4. Confidentiality, as well as how much choice an employee has about accepting help, often depends on the severity of the problem. For example, when an employee self-refers to the EAP/EFAP or a community service, their level of confidentiality is very high. Often, nobody in the company is ever aware that the employee has requested help. The degree of choice is also very high. The employee can pick and choose what course of action they wish to follow because their work performance has



not yet been affected.

5. In situations where the employee's work performance has been affected, however, the manager and employer will likely become more prescriptive in their efforts to offer assistance and make sure the employee's performance is safe and reliable. As these interventions progress, the employee's choices often narrow accordingly. For example, in the case of a formal referral, the employee may be required to undergo an assessment, attend treatment and participate in post-treatment alcohol or drug testing.
6. Sometimes the team has witnessed the employee's behaviour directly, and their problem is obvious. When an employee's actions clearly demonstrate a problem behaviour, their privacy is also affected. Managers can still exercise confidentiality by not discussing their interventions with others on the team.
7. It is very important not to breach an employee's confidentiality, even if the manager believes they are doing the employee a favour. For example, the manager should only disclose to their team that the employee is away from the work site receiving treatment, regardless of whether it is for substance abuse, mental illness or cancer. Some leaders think that if they tell their team in a discrete way, the team will help the returning worker. These good intentions usually have bad results. For one thing, the leader has breached the employee's confidentiality. The team may also feel obliged to enable the returning employee by making allowances for sub-standard performance. In any case, the only person who can disclose where the employee is and why they went away is the employee themselves.



References

1. Centre for Applied Research in Mental Health and Addiction. (2012). *What is psychological health and safety?* Retrieved from http://www.guardingmindsatwork.ca/info/safety_what
2. Bender, A., & Kamkar, K. (2011, Winter). Mental health and workplace functionality. *Moods Magazine*, 27.
3. Shepell-fgi. (n.d.). *The employee and family assistance program resource guide for managers, supervisors and other people leaders*. Retrieved from <http://insite.albertahealthservices.ca/Files/hr-whs-efap-manager-resource-guide.pdf>



IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders

Performance management: Frequently asked questions

Should the employees on my team intervene when they notice changes in each other?

Absolutely. But your team will likely need training in how to intervene effectively.

Should the employees on my team tell me when they notice changes in a co-worker?

That depends. If colleagues notice changes in an employee that they have worked with for a long time, and their co-worker's performance has not been affected, they may choose to make a peer referral without your knowledge. Employees will likely be more inclined to talk with you if they are concerned about a teammate whose performance is suffering. It is important that all team members understand the importance of alerting the manager if they are concerned that someone on the team is not fit for work. Approaches to intervention are most effective when everyone on a team shares responsibility for safety and wellness. When everyone shares responsibility for the team's safety and wellness, these approaches to intervention will be most effective.

If my company doesn't have any formal policies, do these guidelines still apply?

Even when a company doesn't have clear policies, it's important for leaders to focus on safe and effective work performance from

all employees. When you notice changes in performance, you can still intervene effectively.

The difference is that you will likely need to consult with others in your company for guidance about how to best handle the situation, rather than referring to a policy. Regardless, it's important for leaders to rely on the assistance of others when they are in doubt. The leader can consult with their manager, a member of the human resources team, an internal or external occupational health professional or an internal or community-based service provider.

As a leader, you can promote employee fitness for work by keeping yourself informed and by influencing your workplace to educate leaders and employees.

Ask your workplace to build a comprehensive addictions and psychological health strategy that covers policy, enforcement and staff training. You may also consider implementation of a voluntary psychological safety standard. Information and examples can be found at <http://www.psychologicallysafeworkplace.ca/standards.html>.

For more information

For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322.

For mental health related information, and to find a mental health clinic near you, please call the 24-hour Mental Health Helpline at 1-877-303-2642.

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Tips for performance management

Keep your knowledge of workplace policies up to date and attend training events offered by your workplace. Even if you do not have any performance problems on your team now, you never know when employees will experience personal difficulties that will affect their work.

Ask your workplace to organize a training session for leaders on confidentiality. A company representative can outline how to deal with personnel records, and your employee assistance program (EAP) or employee and family assistance program (EFAP) representative can provide guidelines on how to handle confidential situations.

Promote familiarity with the EAP/EFAP program by inviting your EAP/EFAP provider to meet with you and other team leaders to talk about the services they offer.

Provide training on mental health, mental illness, enabling behaviour and peer intervention to the employees on your team. Check with your local community mental health association, addictions agency or EAP/EFAP provider to see if they provide this training.

For more information and tips on successful methods of intervening with employees, ask your provider to recommend or lend you resources. Other sources include local agencies like the Canadian Mental Health Association or your local Alberta Health Services, Addiction and Mental Health office.

For more information

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>

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Information for Leaders



Performance management: How to tell that employees need support

Early warning signs of distress	Early warning signs of short- and long-term performance decline	Early warning signs of absenteeism
<ul style="list-style-type: none"> • withdrawal, isolation or avoidance • tardiness • mood swings • irritability and impatience • relationship issues • conflict with others • anxiety, fearfulness or a lack of confidence • confusion, reduced concentration or forgetfulness • overreactions to negative feedback • complaints of unexplained aches and pains • frequent physical illnesses (e.g., colds, influenza and headaches) • high rate of accidents on or off the job 	<ul style="list-style-type: none"> • missed deadlines • reduced quality of work and frequent mistakes • longer turnaround times • difficulty recalling instructions • erratic work patterns • coming or returning to work in an unacceptable condition (e.g., impaired by substance or fatigue, vomiting, unkempt appearance or body odour) • increased excuses for underperformance • mistakes due to inattention or poor judgement 	<ul style="list-style-type: none"> • frequent unscheduled short-term absences • frequent Monday or Friday absences • peculiar and increasingly improbable explanations for absences • excessive tardiness and leaving early • continued absences from the work area (e.g., long coffee breaks)

If an employer observes changes in an employee's behaviour, attitude and activity on the job, it's important to look for patterns or combinations of indicators, rather than focusing on single incidents.

Managers are not addiction and mental health experts, nor do they have to be for their role in the fit for work and performance management process. However, having some basic information about common signs and symptoms will help increase a manager's confidence and comfort. During performance management discussions, employees may disclose underlying addiction or mental health issues; it can therefore be helpful for managers to know where to refer an employee for further support. Performance management can be a positive, effective and successful process.



For more information

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642.

For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>



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When performance management is required

Some human resources professionals say that managers should always be managing employees' performance: actively, passively, proactively or reactively, as the situation demands. This type of management may help the employee grow professionally, but it may also help the employee meet performance expectations. In the latter case, there are three basic situations that call for an employer's intervention.¹

Performance management is required when:

An employee is not fit for work.

An employee's performance has deteriorated over time.

You are concerned about an employee, even though their performance has not yet been affected.

When an employee is not fit for work

There are some instances in which a manager has an obligation to take immediate action to ensure that a worker who is not fit for work does not remain on the job. If there are alcohol, other drug or fit for work policies in place, the manager should review these prior to taking any action and refer the employee to them during discussions. Some examples of situations that require immediate intervention are

- a worker is seen drinking or using other drugs at work, just prior to work or while on a break
- a worker is slurring their words, staggering or unsteady, which may be the result of the employee drinking, using other drugs, taking a new medication that is causing adverse effects, having a stroke or having (or having just had) a seizure or other medical symptom
- a worker is very upset, emotional or irritable on more than one occasion

For each of these situations, behavioural clues can be used to guide the manager's decision to request an assessment; however, these clues should not be used to attempt a diagnosis. In these instances, it is unlikely that the worker is fit to perform their duties safely. As a result, the manager must decide on an immediate course of action:

- If the manager thinks the worker has been using alcohol or other drugs and is met with resistance or denial, request an immediate fitness for work assessment from a medical professional. However, if the assessment cannot be done immediately, let the employee know that they cannot return to work until they have documentation from a physician that they are fit for work.
- If the worker does not participate in a fitness for work assessment, ensure that the worker is removed from the work site immediately and escorted home, either by someone from the work site or a friend or family member of the employee. Remember, if the worker is not fit for work, they likely are not fit to drive, either.²
- If the worker requires medical or psychological assistance, the employer needs to make arrangements to transport the person to a medical professional, employee assistance program (EAP) or employee and family assistance program (EFAP), or involve the occupational health nursing team. If the worker does not think they need medical assistance, the manager may wish to request a fitness for work assessment.
- If the worker has just received bad news, the manager should suggest they go home for the day. Most employees will do so without argument. In this case, the manager should also have someone drive the worker home. It is also helpful for the manager to remind the employee of the EAP/EFAP or community services available to them, along with a pamphlet and the phone number to call.

The following guidelines will help a manager get an employee who is not fit for work to a place where they will be safe:

- Obtain a witness, if possible. In a unionized

environment, the manager will probably call a steward or other union member. Rely on the company's policies for guidance.

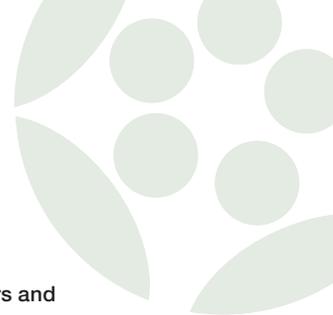
- Take the worker aside, and tell them that they do not appear able to work and that they need to leave the work site.
- Listen to their response, but do not attempt to reason or negotiate with them. Assure the worker that there will be an opportunity to discuss the incident when they return to work.
- Document the date, time and details of the incident. Make sure both the manager and the witness sign it.
- Meet with the employee upon their return. Advise them of the consequences at that time.

When an employee's performance has deteriorated over time

Working effectively with an employee whose performance has deteriorated over time is a learned skill. It is based on a planned approach to performance management that includes five key steps.

These steps allow leaders to focus on job performance and help them avoid becoming personally involved in their employees' problems.





Step 1: Watch and listen.

This skill is largely observation. At the first sign of a change in an employee's usual behaviour, attitude or activity, managers should start to watch and listen. Sometimes managers will notice these changes themselves and other times they will hear reports or rumblings from co-workers.

Managers should look for patterns or combinations of indicators, not single incidents. Patterns may also be observed in absence from work, attitude, behaviour, activity or a combination of these factors. To identify these patterns, co-operation between human resources, occupational health and safety and the manager will likely be required. Some typical patterns that are seen include sick days before or after weekends, on the first day of a shift, or on the day of a shift rotation; changes in behaviour after the lunch break; frequent lateness or even changes in mood and behaviour that appear to be out of the ordinary.

The manager should watch and listen for changes in behaviour, attitude and activity:

Behaviour

- attendance
- absences from the work area
- number of phone calls or visits
- incidence of illness, ailments, injuries and accidents
- safety violations
- policy violations
- the ability to keep promises for improved work performance

Attitude

- mood swings
- conflicts with others
- morale problems within the team

- complaints from customers, co-workers and others
- rationalizing or making excuses

Activity

- pace of work
- concentration
- reliability
- the ability to meet deadlines
- quality or quantity of work

Look for patterns or combinations of indicators, rather than single incidents.

Step 2: Record what you observe.

It's important for managers to document what they see and hear. Good documentation helps managers stay focused on job performance when they meet with the employee. It also allows them to talk openly with the employee about changes in their performance.

The manager's notes must reflect observable, verifiable facts, rather than their thoughts or opinions about the situation. Two examples are given in the table on the next page. The poor example does not describe the specific situation or behaviour observed. The better example does the opposite by providing specific, factual, descriptive information about the situation and action taken.

	Poor documentation	Better documentation
Situation 1	“January 13—Mitch was at it again! He was not getting along with the team.”	“January 13—Mitch appeared agitated at the morning dispatch meeting. He was speaking loudly and became very angry when he was assigned to the clean-up crew. He swore at two other team members—Jill and Glenn—and told them he ‘wouldn’t ride with them because neither of them should have a licence anyway.’”
Situation 2	“January 15—safety infraction.”	“January 15—Mitch showed up on the job site without a hard hat or safety glasses. When I approached him about this, he told me to ‘mind my own business.’ I explained that he would have to leave the job site if he refused to wear the gear. He told me I was ‘much too picky about stuff that was a waste of time,’ then went to his truck, got the gear and put it on.”

When writing down these observations, it is important for managers to be fair, objective and consistent so that the employee is clear about what specific changes they need to make. Managers will also need written documentation, should they need to discipline or terminate an employee.

Documentation should also include written notes of any actions that a manager has taken to assist an employee. For example, managers should record each time they meet with an employee, remind them about the EAP/EFAP or other sources of help, or provide training or coaching to assist the employee in meeting performance standards. The manager should record what is observed.

Records should be

- factual
- objective
- verifiable
- complete
- accurate

Good documentation helps a manager:

- avoid counselling the employee
- show the performance picture over time
- demonstrate that they are serious
- support corrective action
- record their efforts to assist the employee
- be objective, fair and consistent

Step 3: Prepare to meet with the employee.

When the manager has observed a change in an employee's performance and made a written record of it, the next step is to prepare to meet with the employee. This allows the manager to make a plan for the meeting and to anticipate how the employee might respond.

Here are some tips to make sure the manager is prepared for the meeting:

- Review all documentation. Choose the entries that are most factual, verifiable and objective to demonstrate how the employee's performance has changed.
- If employee attendance is an issue, review their attendance records. The company's payroll or human resources department will likely be able to provide these. When examining the records, the manager should look for patterns in the employee's absences.
- Review the employee's past performance records. Has the employee's performance been similarly affected in the past? If so, what actions were taken?
- Review relevant company policies and programs (e.g., alcohol and other drug policies, disability management policies, EAP/EFAP and peer support programs).
- Get direction and/or support. If the manager is unsure how to proceed, they should consult with someone who can provide guidance (e.g., an immediate supervisor, a member of the human resources team or an EAP/EFAP service provider).

Step 4: Meet with the employee.

It's important to schedule a private meeting to discuss the employee's performance rather than talking with them in front of their co-workers.

In a unionized workplace, the employee may wish to have a union steward present. In some instances, the managers may also want to involve their supervisor or a human resources (HR) representative. The manager should

pick a time when they are most likely to be uninterrupted and when both the manager and employee are calm.

Here are some ideas that may help the manager stay focused on performance and keep the meeting on track:

- Discuss the employee's current performance. Rely on information that has been observed and documented.
- Get input from the employee. Rather than telling the employee what should change, ask for their ideas about how their performance can be improved. Discuss solutions, rather than focusing strictly on the problem. The employee must be very clear about the objectives and what they must do to fix the performance problem.
- Advise the employee of the corrective action that must be taken. The goal here is to highlight the changes that you see in the employee's behaviour, attitudes and activities and to focus on improving their future performance.
- Set timelines. It's important that the employee understand the timelines in which improvement should occur. Otherwise, the manager might think that performance should be improved within a few days, while the employee thinks that he or she has months.
- Be clear about consequences. These must be clearly spelled out in advance so that both the manager and the employee understand what steps will be taken if the employee's performance does not improve.
- Get commitment from the employee. One way of doing this is to record the action plan that has been developed during the meeting. This should clearly specify the actions that both the manager and the employee have agreed to take, the timelines for completion and the consequences if success is not achieved. Set a date to review progress. The employee and the manager both need to sign the action plan. A copy is then provided to the employee, the manager and human resources, if the employer has a formal HR department. In some cases it may also be necessary to share a copy with the union.

- Anticipate the possibility of the employee admitting to having an addiction or illness. If this happens, the manager will likely need to involve their supervisor, the EAP/EFAP co-ordinator, the occupational health representative or an HR representative. This is especially true if the employee works in a safety-sensitive position.

Success breeds success—recognizing improvements in an employee’s job performance is a good way to get more of it!

Step 5: Follow up to ensure success.

It is important to follow through with scheduled performance reviews. These reviews allow the manager and the employee to ensure that any agreed-upon action plans are being carried out. If improvement is not occurring, the manager can plan additional actions and follow through with the consequences that you agreed to during your first meeting.

It’s a good idea to schedule a follow-up meeting within two or three weeks of your first meeting. This gives the employee enough time to start making improvements and the manager enough time to recognize changes the employee is making. If you wait too long to follow up, smaller changes may not be noticed, or they may be forgotten. It’s also a good idea to schedule regular performance reviews as the employee is working to bring their performance up to expected standards. These can taper off over time.

Follow-up meetings are also a great opportunity to recognize improved performance and provide encouragement. Employees often work very hard to fix their performance problems, especially if personal difficulties are involved. It can be very disheartening to employees when nobody notices the improvements in their performance.

For more information, visit
<http://www.mentalhealthworks.ca/Employers/faq/Talking-to-employee/approach#prepare>

When an employee’s job performance has not yet been affected

Sometimes you will be concerned about an employee on your team, even though their work performance has not yet been affected. You may notice changes that could be an indication of a personal problem. Perhaps they are looking tired or have become withdrawn. You may notice changes in their behaviour or attitude. Other times, you may see your co-worker outside of work and become aware of a personal issue.

When you have these concerns, you do not have to wait until there are job performance problems to take action. As a leader, you can take action informally, with a simple expression of concern or an encouraging word about the availability of assistance.

References:

1. Bender, A., & Kamkar, K. (2011, Winter). Mental health and workplace functionality. *Moods Magazine*, 27.
2. Shepell-fgi. (n.d.). *The employee and family assistance program resource guide for managers, supervisors and other people leaders*. Toronto, ON: Author. Retrieved from <http://insite.albertahealthservices.ca/Files/hr-whs-efap-manager-resource-guide.pdf>





For more information

Alberta Health Services (AHS), Addiction and Mental Health offers information, prevention and treatment services through a province wide network of offices, facilities and funded services. Services include a toll-free helpline, prevention and education, detoxification, outpatient counselling, opioid dependency programs and residential treatment.

AHS, Addiction and Mental Health has counsellors with specific training in workplace issues. This allows us to better meet the needs of employees and supervisors, and to respond readily to referrals from the business community. Other specific services for the Alberta workplace include

- addictions-related information and prevention resources for the workplace
- addictions education, employer consultation and supervisory training
- the Addiction and Mental Health Business & Industry Clinic, which offers residential treatment for employees who have problems related to alcohol or other drugs

For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>

IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders

Enabling in the workplace

Enabling refers to protecting someone from experiencing the consequences of their behaviour. For example, it is common for employers to accept excuses from employees who are not performing up to their usual standards. Sometimes the team even makes excuses for someone else's behaviour. It is also common for team members to cover up for those who are experiencing problems. Some leaders will repeatedly give people breaks or choose to ignore or avoid the problem.

Enabling is usually done with good intentions. Often, people who enable others think they are helping an employee with a problem by cutting them a little slack or taking on some of their workload. However, enabling employees increases the risk of their situation getting worse. The earlier an employee gets help for an addiction or mental health issue, the more likely they can get the support they need to get better.

There are many reasons why you might enable someone else. Sometimes it's to avoid conflict or because you are not sure how to intervene. It may also seem easier to do nothing than to deal with the embarrassment of having a poor performer on your team. The key to resolving personal problems successfully is early intervention. If you find yourself thinking any of the following thoughts, you may be putting off intervening with someone on your team and enabling their problem:

- If I wait long enough, the problems may fix themselves.
- I'm afraid my boss won't support me.
- I have too much work as it is!
- I do not want to hurt anyone's feelings.
- I am afraid the employee will quit.
- I do not want to get involved in anyone's personal life.
- I do not have enough authority.
- I hate arguing with employees.
- My company doesn't have any policies in place to deal with this.
- I'm afraid of the employee.
- I do not know what to do about a substance use problem.
- It will reflect badly on our whole team.
- The problem is too big.
- If I take action now, my boss will wonder why I didn't take action sooner.

Peers should refrain from counselling one another or attempting to diagnose problems experienced by their fellow employees.

If you do not feel confident in addressing performance problems, get help from your own supervisor. You might also benefit from some training in supervision or performance management, especially when working with employees who are distressed.

Enabling behaviour in the workplace

We enable another person when we protect them from experiencing the consequences of their behaviour by

- accepting excuses
- making excuses for their behaviour
- covering up for them
- giving them unnecessary breaks
- ignoring the problem
- avoiding the problem

Enabling is usually well intentioned.

Reasons for enabling include

- avoiding conflict
- feeling helpless
- avoiding embarrassment or stigma
- feeling that the person's problem is somehow a reflection of our own competence

For more information

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at [1-866-332-2322](tel:1-866-332-2322) or the 24-hour Mental Health Helpline at [1-877-303-2642](tel:1-877-303-2642). For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>



Getting help: Treatment, return to work and accommodation

Module 8

Getting help: Treatment, return to work and accommodation

Module at a glance

When employees or colleagues are away from work because of an addiction, a mental health issue or a combination of the two, managers and co-workers may have a lot of questions. Will the employee be different when they return? How will they interact with others when they come back to work? If performance was an issue, will they be able to do their jobs? How can managers and colleagues provide support?

Returning employees may feel nervous, vulnerable and full of self-doubt about their role at work. They may also have questions. Will they be able to perform their job effectively? How will their co-workers respond? What will happen if they relapse?

This module is designed to assist you in consultations with employers by highlighting the tools and resources that support a successful return-to-work and accommodation process. While it doesn't go into detail about treatment and treatment options, there are handouts at the end of the module that will assist you in your discussions about treatment.

Read on to learn more about

- the steps an employer needs to take during the return-to-work process
- an employer's duty to accommodate: what it means, and what actions are required

DISCLAIMER: This manual is intended to provide an overview of the return to work process and the legal duty to accommodate. Nothing in this manual is intended to be legal advice and all clients/employers should be advised that they should retain their own legal counsel to review cases on an individual basis.



Treatment

Alberta Health Services (AHS) Addiction and Mental Health staff have extensive knowledge about treatment and recovery, which is why this module focuses on supporting successful return-to-work and accommodation processes. However, handouts pertaining to treatment, recovery and relapse are included at the end of this module that can be provided to employers during workplace consultations.



Return to work

Helping an employee return to work

In some situations, the workplaces you consult may not know if an employee has been off for an addiction or mental health-related problem. The reason an employee is away on a medical leave is confidential—it is between the employee and the professional providing care. However, medical paperwork indicating if an employee is fit to return to regular work, or if they require an accommodation, is usually provided. Discussed throughout this module is more information about what information employers may request, what information employees must provide and what limitations there are.

It is up to an employee to decide how much they tell their employer and co-workers. Whether or not co-workers know why an employee has been off work, they will need to welcome the employee back. The employee coming back to work and their employer need to work together to develop an effective **return-to-work process**.

Effectively managing the return-to-work process following a leave of absence is one of the most challenging yet critical leadership roles. When the process has been managed effectively, the employee can return to work quickly, safely and productively. By acknowledging the challenges involved in this process and addressing the employee's concerns before they grow into bigger problems, managers can ensure a smoother transition, maintain productivity and boost the morale of the entire team.¹

It is important to recognize that each return-to-work situation is unique and complex. Employers need to balance their right to lead a productive workplace with the employee's legal right to equality, dignity and privacy.² A return-to-work process is successful when a collaborative and co-operative approach is taken between the employer, employee and, if applicable, the union.³ The Canadian Human Rights Commission states that it is the employee's legal obligation to actively participate in their return-to-work process.⁴

On page 8-240 you will find steps you can discuss with employers to help them facilitate an employee's smooth return to work and contribute to their success.



At a glance

There are many things that leaders and organizations can do to assist and contribute to an employee's ongoing success after he or she returns to work:

- Respect the employee's confidentiality.
- Provide education for all employees about addiction and mental health issues. Remember, timing is important: you don't want to host a seminar right after an employee returns to work, thereby indirectly exposing the reason for the employee's absence.
- Schedule return-to-work meetings with employees who have been away to update them on any changes and identify any concerns.
- Use return-to-work agreements to record agreements made between the organization, the leader and the employee. These agreements also need to be signed by the health professional (e.g., physicians, psychologists, the rehab centre) working with the employee to facilitate their return to work.
- Provide ongoing supervision to review job performance, recognize the employee's success and provide support.
- Provide flexibility to the employee's schedule to allow them to attend counselling, follow-up programs or group support meetings.

Confidentiality is important to recovering employees—let them decide how much, if anything, they want to disclose to others at work.

Looking for more information on the return-to-work process? Check out the resource section of this manual for links to a number of Alberta- and Canada-specific resources, such as Alberta's Public Service Return-To-Work Guidelines for Managers, Supervisors and Human Resources Practitioners.⁵

<http://www.assembly.ab.ca/lao/library/egovdocs/2008/alchr/173797.pdf>



How to support an employee's return to work

Education for all employees, managers and leadership

When people throughout an organization feel comfortable with their level of understanding and awareness about addiction and mental health, and are able to recognize the signs and symptoms of someone in distress, adverse situations are more likely to be avoided. Education may be the easiest step a workplace can take in supporting recovering workers and their co-workers. Encourage workplaces to provide staff training and resources so they are aware and have appropriate information before a situation arises.

Specific training for managers and leadership is an essential part of the return-to-work process. Training will help bridge a gap between what employees need and what managers/employers may think they know about the return-to-work process. In the end, training will increase an employer's comfort level in understanding and confidently facilitating the return-to-work process.

According to *Guarding Minds @ Work*, a free comprehensive workplace **psychological health and safety** resource, "a psychologically healthy and safe workplace is one that promotes employees' psychological well-being and actively works to prevent harm to employee psychological health due to negligent, reckless or intentional acts."⁵ One way of promoting a psychologically healthy and safe workplace is through employee education.

Examples of education for employees may include

- information on addiction, workplace policy and resources available to support employees
- information on mental health and illness and resources available to support employees
- training in skills and strategies to successfully manage stress

Check out the new, voluntary National Standard of Canada for Psychological Health and Safety in the Workplace from the Mental Health Commission of Canada for tips on creating a psychologically safe and healthy workplace: http://www.mentalhealthcommission.ca/English/Pages/workplace_guide.aspx.



Remember, education should be an ongoing initiative. That way, education initiatives don't suddenly appear to be linked to an incident and thus affect employee confidentiality.



One of the lessons I learned the hard way was not to hold an 'alcohol and drug' seminar the day after one of our team members went off on leave. Everybody figured out where he went. It's better to hold information sessions on a regular basis instead of waiting until there is an issue on the team.



Return to work: meetings

Both the manager and the employee will likely be nervous and unsure about what to say and how to act when the employee returns to work. They may wonder about the worker's ability to maintain an acceptable level of job performance, as well as the best way for the employer to offer support. A return-to-work meeting can offer the opportunity to talk about concerns and identify solutions.

Return-to-work meetings can be used to

- remind the employee that they have been missed and are valued by the organization
- discuss any fears or concerns the employee has about returning to work
- identify any special needs the employee may have about returning to work (e.g., return-to-work documentation provided by the health professional or physician who is working with the employee)

Return to work: agreements

These agreements must be clear about job performance expectations and what will happen if the employee's performance is not satisfactory.



There must be a balance between supporting a recovering employee and ensuring workplace safety. The consequences of a relapse must be spelled out very clearly. Even though it may never happen, it is important for leaders and employees to talk openly about the possibility and consequences of a relapse.

A return-to-work agreement is a formal, written record of the agreement made between the organization and the employee. It should specify

- clear performance expectations
- when and how performance will be reviewed
- consequences of poor performance
- consequences of a relapse (e.g., being under the influence of alcohol on the job, testing positive for drugs, gambling on company time)
- a plan for long-term support

This formal return-to-work agreement needs to be signed by the employee, employer and, as required, the union. Depending on company and insurance policies, this may also need to be signed by the health professional or physician who is working with the employee.

Long-term support

Ongoing follow-up and support are essential once the employee is back on the job. The manager should arrange to meet with the employee on a regular basis to review their job performance. This is also a good opportunity to discuss whether the return-to-work agreement is still fitting the employee's needs, or if adjustments need to be made. This gives the manager an opportunity to recognize, compliment and support employees who are succeeding. It also provides an opportunity to address any job performance concerns early, before major problems develop.

The recovering employee should leave the treatment program with a recovery plan. This plan includes steps the employee can take to reduce the risk of relapse (e.g., ongoing counselling or attending self-help meetings). Some flexibility with scheduled **work hours** may be necessary for a period of time after the employee returns to work.



To maintain long-term support, an employer may

- allow the employee to use a flex schedule to accommodate time off to attend follow-up counselling and programs
- review performance and their return-to-work plan regularly
- maintain confidentiality
- compliment and reinforce the employee's success

There are many ways that leaders and co-workers can provide support to a recovering employee, which can reduce the likelihood of a relapse.

Some suggestions about how to support employees return to work can be found in Manulife Financial's Return to Work—A Manager's Guide: <http://www.viu.ca/HumanResources/documents/Manulife-RTW-Managers-Guide.pdf>.

“

When one of the women on my team returned from the treatment centre, I wasn't sure how to act or what to say, so I asked her. She told me that it would be helpful if I met with her once a week to talk about her performance. Her work was good, so most times our meetings focused on how well she was doing. Later, she told me that our weekly talks became her lifeline because she could see that she was actually getting better—it helped her keep going.

”



Understanding accommodation and recovery in the workplace

What is the duty to accommodate?

According to Mental Health Works, accommodation demonstrates an employer's commitment to a healthier, more equitable workplace. More importantly, the Supreme Court of Canada ruled that it is an employer's legal duty to take reasonable steps to accommodate an employee's needs, up to the point of undue hardship. These reasonable steps may include policies or conditions of work. Undue hardship on the employer must be "substantial in nature" (e.g., compromising safety).⁶

"Accommodation means making changes to certain rules, standards, policies, workplace cultures and physical environments to ensure that they don't have a negative effect on a person because of the person's mental or physical disability, religion, gender or any other protected ground."⁶

Accommodations may not be needed in every situation. Some people with mental health issues, for example, may not have any functional limitations and will not require an accommodation at work. However, there may also be a range of long- and short-term accommodations needed, depending on the needs of each individual request. For example, someone returning to work may only require a short-term accommodation, such as setting a flexible schedule or working reduced hours.⁷ (See Module 3D for more information on the mental health continuum and flourishing versus languishing with mental illness and mental health in the workplace.)

What are the accommodation rights and responsibilities of employers, employees and unions?

A return-to-work process is successful when a collaborative and co-operative approach is taken between the employer, employee, and, if applicable, the union.³ It is also important that the manager, employee and union understand one another's role in this process.



Table 8.1 Accommodation rights and responsibilities of employers, employees and unions ^{7,8,9}

Employer	Employee	Union (if applicable)
<p>Create an environment in which employees feel comfortable receiving information about the company's accommodation policy.</p> <p>Highlight procedures that guarantee confidentiality of requests.</p>	<p>Request accommodation, preferably in writing, and provide information on the type of accommodation needed and how long the accommodation is required.</p>	<p>Be an active participant in the accommodation process.</p>
<p>Once an employee's request is received, the duty to accommodate is on the employer or service provider.</p>	<p>Listen to and consider accommodation options provided by the employer. An employee must accept a reasonable accommodation, even if it is not the one that was originally requested.</p>	<p>Share responsibility with the employer in the development and implementation process.</p>
<p>Maintain records of employee requests for accommodation and steps taken in working with the employee and experts to explore and understand all accommodations.</p> <p>An employer can request information pertaining to an employee's</p> <ul style="list-style-type: none"> • prognosis for recovery • fitness to return to work • fitness to perform components of their pre-leave job • restrictions or limitations, and duration thereof, following a return to work 	<p>When requesting an accommodation, the employee does not have to provide specific information on the nature of the illness or specific diagnosis (e.g., an addiction or mental health issue). However, they do need to provide enough information for the employer to understand the accommodations required.</p> <p>The employee is also responsible for notifying the employer of any changes that affect the request for accommodation.</p>	<p>Unless it would create undue hardship, support requests for accommodations, even when such requests are not consistent with the collective agreement.</p>



Table 8.1 cont'd. Accommodation rights and responsibilities of employers, employees and unions^{7,8,9}

Employer	Employee	Union (if applicable)
Respect employee confidentiality and respond to requests in a timely manner. Respond to all requests, even if they are not made formally.	Provide supporting documentation to assist the employer in developing an accommodation.	
<p>Maintain records of employee requests for accommodation and steps taken in working with the employee and experts to explore and understand all accommodations.</p> <p>An employer can request information pertaining to an employee's</p> <ul style="list-style-type: none"> • prognosis for recovery • fitness to return to work • fitness to perform components of their pre-leave job • restrictions or limitations, and duration thereof, following a return to work 	<p>When requesting an accommodation, the employee does not have to provide specific information on the nature of the illness or specific diagnosis (e.g., an addiction or mental health issue). However, they do need to provide enough information for the employer to understand the accommodations required.</p> <p>The employee is also responsible for notifying the employer of any changes that affect the request for accommodation.</p>	Unless it would create undue hardship, support requests for accommodations, even when such requests are not consistent with the collective agreement.
Respect employee confidentiality and respond to requests in a timely manner. Respond to all requests, even if they are not made formally.	Provide supporting documentation to assist the employer in developing an accommodation.	
Obtain only the information from an employee that is needed to develop an accommodation plan.	Work with the employer to determine an appropriate accommodation. A union and/or other expert may also be involved.	



Table 8.1 cont'd. Accommodation rights and responsibilities of employers, employees and unions^{7,8,9}

Employer	Employee	Union (if applicable)
Take the necessary steps to accommodate the employee, without causing undue hardship for the organization. If full accommodation is not possible due to undue hardship, work with the employee to find options that could partially meet their needs.	If unsure of how reasonable proposed accommodations are, consult with an expert (e.g., human resources or union representatives, or lawyers).	
Train managers, and ensure they understand their obligation to prevent an employee from being harassed due to accommodation. Ensure the employee knows that no form of harassment will be tolerated by the organization.	Once accommodation has been provided, be sure to meet all standards and job requirements.	
Make a formal written agreement with the employee outlining the accommodation and, if applicable, its timelines. Follow up with the employee to ensure the accommodation is meeting their needs.	Work with the employer to ensure success of the accommodation.	
Ensure performance management processes are in place to identify and assist employees prior to performance issues arising.	Be willing to review and potentially modify the accommodation agreement, if needed.	
Pay for costs associated with accommodation (e.g., any required medical certificates).	The employee is responsible for following any continued treatment plan.	



Are there limits on the duty to accommodate?

Yes. According to Mental Health Works, “in Canada, the limits are described as either ‘reasonable’ accommodation or accommodation to the point of ‘undue hardship.’”¹⁰

Accommodations may create some level of hardship for an employer. However, accommodations are required unless they create undue hardship, implying that such would create an onerous circumstance for an employer (e.g., financial costs, resources, disruption of operations, and health and/or safety concerns).⁹

What information can an employer request for an accommodation?

It is an employee’s responsibility to provide information so that their employer can understand and assess an accommodation request. In this disclosure process, an employer must respect an employee’s right to privacy. While employers may not, for instance, request information about an employee’s diagnosis, the Alberta Human Rights Commission states that employers may request other information that supports an employee’s return to work and necessary accommodation requests. This includes information on an employee’s

- prognosis for recovery
- fitness to return to work
- fitness to perform components of their pre-leave job
- restrictions or limitations, and duration thereof, following a return to work

The Alberta Human Rights Commission advises that when a health professional or physician who is working with the employee provides information to an employer about the employee’s fitness for work, it is helpful for that professional or physician to review the employee’s job description in order to understand the range of tasks the employee is required to perform.¹¹

Check out the resource section of this manual for links to resources that will help an employer determine if an accommodation would create undue hardship. One example is the Alberta Human Rights Commission:

Duty to Accommodate resource:

http://www.albertahumanrights.ab.ca/Bull_DutytoAccom_web.pdf.



How are accommodations determined?

Accommodations are determined on a case-by-case basis, dependant on the needs of an individual employee and their situation. It is important to remember that accommodations are determined jointly by the employer, employee and, in some cases, the union. While there is no list of required accommodations, there are guiding principles and documents that can be used to assist an employer and employee in determining accommodation. See the resources section of this manual for a list of guiding documents (e.g., from the Alberta Human Rights Commission and the Treasury Board of Canada Secretariat).^{3,10}

What kinds of accommodations can be made?

Since accommodations are based on the needs of both the employee and employer, it is important that both people work together to find an accommodation that works for them. There are a range of accommodations that can be provided to employees. One example provided by Mental Health Works pertains to employers setting up opportunities to mitigate discrimination and workplace prejudice that may occur toward people with mental health issues in the workplace.¹⁰ This accommodation includes workplace education, issuing statements about a workplace harassment policy and ensuring employees are aware that they can report instances of harassment in the workplace. Another type of accommodation may include an alternative position or changes or adjustments to their current duties so they can continue their original job.

Some common accommodations include

- flexibility in start or end time of working hours
- part-time shifts to return a worker to a full-time position
- more frequent breaks
- allowing an employee to work from home
- altering some of the person's job duties
- offering rehabilitation programs^{9,12}



How to determine if an employer has met the duty to accommodate

Employers need to maintain records of employee accommodation requests and the steps employers have taken with the employee (and, if applicable, the union/professional body) to explore and understand accommodation options. These records can be referred to if there are any concerns about whether the duty to accommodate has been met. Mental Health Works outlines some of the criteria courts may look at to determine if the duty to accommodate has been met. Refer to the resource section of this manual for a link to this list of criteria.^{10,13}

For more accommodation suggestions, see the resource section of this manual for mental health-specific accommodations, including the Alberta Human Rights Commission: Duty to Accommodate document:

http://www.albertahumanrights.ab.ca/Bull_DutytoAccom_web.pdf.



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IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders

Treatment for substance misuse and gambling problems: Frequently asked questions

Is a person cured when they come back from a treatment program?

People cannot be “cured” of an addiction in the same way that they can be cured of an infection or some types of cancer.

After treatment, people are in recovery. Just as it can take years to develop a severe problem, it can take a long time to recover. Attending a treatment program is a starting point for many people. It gives them the opportunity to explore the role that substance use or gambling has played in their lives, and to learn skills for coping without using. Once treatment is completed, the recovering person must start to use these skills in real life and strengthen them through practice. Recovery is an ongoing process, not a completed event.

What do I do if I'm not sure whether an employee has been away on medical leave for a mental health concern or an addiction problem?

The reason for anyone's absence from work for a medical problem is confidential and kept between the employee and the professional providing care. The person may be away because they asked for help for an addiction problem, a mental health problem or a physical ailment. Leaders and co-workers only need to know what the employee chooses to tell them.

Sometimes, the employee is referred to treatment as a result of a formal workplace referral. In these instances, the manager or supervisor may have initiated the referral process and will know where the employee has gone. Employers will also need to find out if there are any special needs or limits on the kinds of work they can do when they return to work, and to determine if they will require further time off for appointments related to their illness. No matter the reason, all co-workers should make the employee feel welcome when they come back.

I know somebody whose life was messed up because of drinking. They quit but, just when it looked like they were getting it together, they relapsed. Why?

If people could easily say no to alcohol or other drugs once they have a problem, they would. Unfortunately, change is not that simple, and there are many reasons why a person might relapse. While outsiders may see only the problems a person's substance use causes, they may not understand how much that person has come to rely on alcohol or other drugs to manage their life.

Some people with substance use problems have relied on that substance for many years to see them through stress, grief, celebration and depression. Those in recovery must first learn how their use fits into their lives and how

to manage all aspects of their lives without substances. People in recovery have to make many changes in their lives and their behaviour. It can be extremely difficult to make them all at once.

For more information

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at [1-866-332-2322](tel:1-866-332-2322) or the 24-hour Mental Health Helpline at [1-877-303-2642](tel:1-877-303-2642). For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>



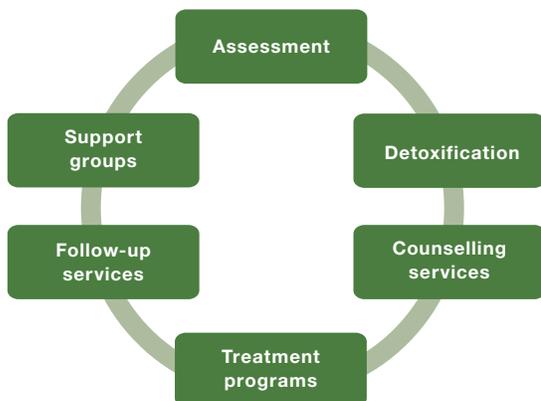
IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders

The continuum of treatment services for substance misuse

There are many options for people who need help quitting alcohol, other drugs or gambling. These include having an assessment, going to a detox centre, talking with a counsellor or attending an addictions treatment program. Remember: change is a process, not an event!



Assessment

The first step for many people is an assessment. Counsellors will ask them to reflect on how their addiction is affecting their lives, help them determine how serious the problem is, help them decide what changes they want to make and direct them to the relevant services in their community. Some workplace employee assistance programs (EAP) and employee and family assistance programs (EFAP) provide assessment services. Addictions professionals are also available to complete assessments in most communities.

Detoxification (detox)

Withdrawal is a process a person goes through when they stop taking a substance that their body has become physically dependent on (e.g., alcohol and opioid drugs, such as heroin or oxycodone). A detox centre is a place where people can go to safely withdraw from alcohol or other drugs. Withdrawal symptoms vary depending on what type of drug(s) the person has been using, how long they have been using, what combinations they have been taking, how healthy they are and how old they are. Withdrawal can be life-threatening. In communities where no detox centre is available, people needing support through the detox process can go to their local hospital.

Counselling services

Most communities offer counselling services for people with substance use or gambling problems. People can attend information sessions, talk to a counsellor individually or join a counselling group. Those concerned about someone else's substance use or gambling can get help. Counselling for teens and children from homes where substance use or gambling is a problem is also available.

Treatment programs

Treatment programs are intensive. People attend them every day for several weeks. Most are residential or in-patient programs, with clients staying for long- or short-term treatment.

Some of these programs may not be available in all communities, so a person must go elsewhere to attend. Talk to your local Alberta Health Services, Addiction and Mental Health office for programs available in your area, as well as other options available throughout Alberta. Treatment programs usually provide group and individual counselling, a range of workshops to help people learn new skills to overcome problems, support group meetings and leisure activities.

There are a range of types of treatment programs available, including some that are designed specifically for workplace referrals. There are gender-specific programs (programs designed for just men or just women), programs for youth and programs for those with specific addictions (e.g., cocaine or gambling). Support programs are also available to family members of those with alcohol, other drug or gambling problems. Treatment can be a powerful experience during which people learn much about themselves. They will leave the program with a recovery plan to help them stay clean and sober, which includes actions they can take after leaving treatment. These may include attending 12-step or other support group meetings, seeing a counsellor, or going to a follow-up program at a later date. People are not “cured” when they leave treatment—it is only the start of the healing process. Recovery starts when they leave the program and begin to manage their lives without relying on substance use or gambling to cope.

Follow-up services

These services provide support to people after they have completed treatment. They help people build on the skills they learned in treatment and provide support for issues and concerns they face once they are home and back to work. The person may see a counsellor one on one, attend a group or return to the treatment program for a formal follow-up program.

Support groups

These are independent groups of people who come together to help each other deal with a common problem. They offer ongoing support to help people in the months, or even years, after they decide to quit using.

Best known are the worldwide 12-step groups such as Alcoholics Anonymous, Narcotics Anonymous and Gamblers Anonymous. There are also 12-step groups for those concerned about someone else’s use (e.g., Al-Anon, Nar-Anon and Gam-Anon).

For more information

Alberta Health Services (AHS), Addiction and Mental Health offers information, prevention and treatment services through a province wide network of offices, facilities and funded services. Services include a toll-free helpline, prevention and education, detoxification, outpatient counselling, opioid dependency programs and residential treatment.

AHS, Addiction and Mental Health has counsellors with specific training in workplace issues. This allows us to better meet the needs of employees and supervisors, and to respond readily to referrals from the business community. Other specific services for the Alberta workplace include

- addictions-related information and prevention resources for the workplace
- addictions education, employer consultation and supervisory training
- the Addiction and Mental Health Business & Industry Clinic, which offers residential treatment for employees who have problems related to alcohol or other drugs

For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>

IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders & Employees



How people change

Think of a time when you tried to make a change in your life. Maybe it was quitting smoking, losing weight or establishing an exercise routine. Was it easy? Did it happen all at once? Probably not—changing behaviour takes time, and there are usually many ups and downs before you succeed.

People in recovery from addiction often say that quitting alcohol, other drugs or gambling is actually easy—it's staying abstinent that's the hard part. They face many problems, such as issues at work, rebuilding relationships and addressing financial difficulties. And they must handle all of this without the addiction that they've used to rely on to cope or escape. It is very easy to slip back into old habits when under stress.

Recovery from a mental health problem is similar. There is often a trial and error process to select the most effective medication and counselling approach, thus a person's return to health can be a slow process.

Those who are most successful usually use a variety of resources to help them make the initial change. They also build a strong support network of family, friends, work colleagues and professionals to whom they turn when the going gets rough. This support network also helps the recovering person to recognize their success.

Recovery and preventing relapse

Recovery is an ongoing process of maintaining change. To be successful in recovery and prevent relapse, people with an addiction will likely need to

- develop new ways of dealing with their feelings
- learn how to deal with cravings for alcohol or other drugs
- have a well-developed plan for dealing with triggers and high-risk situations
- learn how to express their feelings appropriately
- have a support system
- find new ways of having fun without alcohol, other drugs or gambling
- examine areas of their lives that were damaged by their addictive behaviour or mental illness (e.g., rebuilding relationships, focusing on physical health and repaying debts)
- know the workplace consequences of a relapse
- deal with the perceptions, attitudes and expectations of others

For more information

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>

IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders & Employees



Recovery

Can people recover?

Each person has a different idea about what “recovery” means. Many people measure recovery by their success in meeting their treatment goals.

However, recovery is a process. It depends as much on attitude as on following a treatment plan. The process of recovery can include

- developing self-confidence
- having hope and optimism about the future
- setting achievable goals
- making changes to housing, lifestyle or employment situations

Recovery takes time and may require ongoing counselling or attendance at self-help or support group meetings. Some flexibility with scheduled work hours may be necessary for a period of time after the employee returns to work.

Issues in recovery

Treatment can be considered a kick-start to recovery. But recovery is an ongoing process. Some of the challenges people in recovery face are listed below.

Dealing with cravings for alcohol or other drugs

- People in early recovery may experience intense cravings and urges to return to using. Cravings can occur at work; if alcohol or other drugs are available on site, it can be a high-risk situation for relapse.

Dealing with feelings

- When people first get treatment, whether it be for alcohol, other drugs or mental illness, they may feel like they're riding an emotional roller coaster. One minute they feel ready to take on the world. The next, they are exhausted and overwhelmed by everything going on in their lives. The roller coaster can be scary. These extreme feelings do subside over time, but may arise when a person least expects them.
- When returning to work after treatment, workers may also have to deal with their co-workers' feelings towards them. There could be resentment or anger for their past behaviour. The recovering person may feel shame or embarrassment. These feelings can be very uncomfortable to deal with.

Creating a balanced life

- Once in recovery, people must rebuild relationships with family and friends, find ways to have fun, address any employment, financial or legal problems and deal with anything else that needs attending to. They must learn to handle problems as they arise, so that they don't pile up and become unmanageable.
- One of the ways people try to cope in early recovery is to overwork themselves. Overwork can lead to more stress and to relapse. A supervisor can monitor this and help the employee set appropriate work hours.

Dealing with health issues

- A person's physical health may have been damaged by their involvement with substances, especially if the addiction has been part of their life for a long time. A recovering person's health issues can create difficulties at work, including more time off or a temporary reassignment.

Dealing with perceptions, attitudes and behaviour of others

- People in early recovery are often worried about how they will be treated by others. Some may expect a person in early recovery to behave very differently, even though they are still the same person. Others may expect them to remain the same and not make any changes in their life. The recovering employee must also decide what and how much to tell co-workers about their addiction or mental health recovery, which is difficult.
- The initial weeks and months of recovery can be very stressful for both the individual and the people around them. It takes time to rebuild relationships. Supervisors may need time before feeling that they can trust the person to do their job in a safe and satisfactory way.

For more information

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For more information and to find an addiction services office near you, please call the 24-hour

Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>



IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders



Understanding relapse

What is relapse?

A person in recovery is not “cured.” In their most severe forms, mental health and substance use problems are both lifelong.

This means that, even after a person has received treatment, their problems may come back. When this happens, it is called a relapse.

Relapse is part of the recovery process

People who have a supportive family and job to go back to after treatment are less likely to relapse. However, it is still a concern for an employee in early recovery. Many businesses have policies in place that spell out the consequences if an employee relapses. It is important that the employee returning to work clearly understands these consequences. This is one of the many realities the person must deal with while in recovery. But it can also provide increased motivation to stay clean and sober.

When a person has a relapse, they may become discouraged and give up on their treatment plan. However, relapsing is common. It is not a reason to stop treatment. It is more helpful to see it as another step in the recovery process.

Relapse can be used as a chance to

- learn about the things that might lead to another relapse
- review the treatment plan (and make any necessary changes)
- renew a plan of action to continue recovering

There are many ways leaders and co-workers can provide support to a recovering employee, which can reduce the likelihood of a relapse. Some suggestions for how to support employees' return to work can be found in Manulife Financial's Return to Work—A Manager's Guide: <http://www.viu.ca/HumanResources/documents/Manulife-RTW-Managers-Guide.pdf>.

Why do people relapse?

It's no wonder people often feel overwhelmed in early recovery: they have to deal with many issues that were put on hold by their addiction or mental health problem. If they depended on substances to help them cope, it can be even more difficult now. If someone feels overwhelmed, they may be at risk of relapse.

For those with an addiction problem, most relapses occur within the first 90 days of a person's recovery. People are most vulnerable during this time. They are trying to rebuild their lives without relying on substances or gambling to cope. The longer they stay clean and sober, and the more successes they have, the better they are able to handle things without resorting to their old habits. Some people are able to maintain sobriety without ever experiencing a relapse. Others will relapse several times before they are able to make all the changes required to stay away from substances or gambling.



The reasons why a person may relapse include

- not being able to work out their stresses and problems on their own
- using a substance to cope with a mental disorder (e.g., anxiety or depression)
- stopping work on their recovery plan or letting it slide
- feeling they have the problem under control and wanting to test their ability to use or gamble again
- experiencing social pressures at work or at home, especially when having fun and trying to fit in with others

When people relapse, they are often overwhelmed with feelings of guilt and failure. These feelings can drive the person to slip back into old patterns. It is important that a relapse be used as a learning opportunity so that it does not happen again.

How to use this information in your workplace

- Invite an addictions counsellor to attend a staff meeting to talk about the different kinds of treatment services available in your community.
- Invite a mental health therapist to speak to staff about the process of treatment and recovery, and treatment services available in your community.
- Your local Canadian Mental Health Association (CMHA) may be able to provide someone who can speak to staff about living with their own mental illness.
- Invite a speaker to discuss what is involved in creating, supporting and maintaining a psychologically safe workplace.
- Invite a speaker from a mutual aid organization, such as Alcoholics Anonymous, to talk to your employees about their recovery and about the support the program has to offer.
- All employees should be aware of the services available to them. When employees return to work after any absence, leaders should provide information on all available services (e.g., employee assistance programs or employee and family assistance programs).

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IT'S OUR BUSINESS

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Accommodation

What are the accommodation rights and responsibilities of employers, employees and unions?

A return-to-work process is successful when all parties (the employer, employee, and, if applicable, the union) work collaboratively and co-operatively.¹ It is also important that the manager, employee and union understand one another's role in this process.

Accommodation rights and responsibilities of employers, employees and unions^{2,3}

Employer	Employee	Union (if applicable)
Create an environment in which employees feel comfortable receiving information about the company's accommodation policy. Highlight procedures that guarantee confidentiality of requests.	Request accommodation, preferably in writing, and provide information on the type of accommodation needed and how long the accommodation is required.	Be an active participant in the accommodation process.
Once an employee's request is received, the duty to accommodate is on the employer or service provider.	Listen to and consider accommodation options provided by the employer. An employee must accept a reasonable accommodation, even if it is not the one that was originally requested.	Share responsibility with the employer in the development and implementation process.



Accommodation rights and responsibilities of employers, employees and unions continued^{2,3}

Employer	Employee	Union (if applicable)
<p>Maintain records of employee requests for accommodation and steps taken in working with the employee and experts to explore and understand all accommodations.</p> <p>An employer can request information pertaining to an employee's</p> <ul style="list-style-type: none"> • prognosis for recovery • fitness to return to work • fitness to perform components of their pre-leave job • restrictions or limitations, and duration thereof, following a return to work 	<p>When requesting an accommodation, the employee does not have to provide specific information on the nature of the illness or specific diagnosis (e.g., an addiction or mental health issue). However, they do need to provide enough information for the employer to understand the accommodations required.</p> <p>The employee is also responsible for notifying the employer of any changes that affect the request for accommodation.</p>	<p>Unless it would create undue hardship, support requests for accommodations, even when such requests are not consistent with the collective agreement.</p>
<p>Respect employee confidentiality and respond to requests in a timely manner. Respond to all requests, even if they are not made formally.</p>	<p>Provide supporting documentation to assist the employer in developing an accommodation.</p>	
<p>Obtain only the information from an employee that is needed to develop an accommodation plan.</p>	<p>Work with the employer to determine an appropriate accommodation. A union and/or other expert may also be involved.</p>	
<p>Take the necessary steps to accommodate the employee, without causing undue hardship for the organization. If full accommodation is not possible due to undue hardship, work with the employee to find options that could partially meet their needs.</p>	<p>If unsure of how reasonable proposed accommodations are, consult with an expert (e.g., human resources or union representatives, or lawyers).</p>	



Accommodation rights and responsibilities of employers, employees and unions continued^{2,3}

Employer	Employee	Union (if applicable)
Train managers, and ensure they understand their obligation to prevent an employee from being harassed due to accommodation. Ensure the employee knows that no form of harassment will be tolerated by the organization.	Once accommodation has been provided, be sure to meet all standards and job requirements.	
Make a formal written agreement with the employee outlining the accommodation and, if applicable, its timelines. Follow up with the employee to ensure the accommodation is meeting their needs.	Work with the employer to ensure success of the accommodation.	
Ensure performance management processes are in place to identify and assist employees prior to performance issues arising.	Be willing to review and potentially modify the accommodation agreement, if needed.	
Pay for costs associated with accommodation (e.g., any required medical certificates).	The employee is responsible for following any continued treatment plan.	
Pay for costs associated with accommodation (e.g., any required medical certificates).	The employee is responsible for following any continued treatment plan.	

What is the duty to accommodate?

According to Mental Health Works, accommodation demonstrates an employer's commitment to a healthier, more equitable workplace.⁴ More importantly, the Supreme Court of Canada ruled that it is an employer's legal duty to take reasonable steps to accommodate an employee's needs, up to the point of undue hardship. These reasonable steps may include policies or conditions of work. Undue hardship on the employer must be "substantial in nature" (e.g., compromising safety).⁴

"Accommodation means making changes to certain rules, standards, policies, workplace cultures and physical environments to ensure that they don't have a negative effect on a person because of the person's mental or physical disability, religion, gender or any other protected ground."⁴

Accommodations may not be needed in every situation. Some people with mental health issues, for example, may not have any functional limitations and will not require an accommodation at work. However, there may also be a range of long- and short-term accommodations needed, depending on the needs of each individual request. For example, someone returning to work may only require a short-term accommodation, such as setting a flexible schedule or working reduced hours.²

Are there limits on the duty to accommodate?

Yes. According to Mental Health Works, "in Canada, the limits are described as either 'reasonable' accommodation or accommodation to the point of 'undue hardship.'"⁵

Accommodations may create some level of hardship for an employer. However,

accommodations are required unless they create undue hardship, implying that such would create an onerous circumstance for an employer (e.g., financial costs, resources, disruption of operations, and health or safety concerns).³

For more accommodation suggestions, see resources such as the Alberta Human Rights Commission: Duty to Accommodate document: http://www.albertahumanrights.ab.ca/Bull_DutytoAccom_web.pdf

What information can an employer request for an accommodation request?

It is an employee's responsibility to provide information so that their employer can understand and assess an accommodation request. In this disclosure process, an employer must respect an employee's right to privacy. While employers may not, for instance, request information about an employee's diagnosis, the Alberta Human Rights Commission states that employers may request other information that supports an employee's return to work and necessary accommodation requests.

This includes information on an employee's

- prognosis for recovery
- fitness to return to work
- fitness to perform components of their pre-leave job
- restrictions or limitations, and duration thereof, following a return to work

The Alberta Human Rights Commission advises that when a health professional or physician who is working with the employee provides information to an employer about the employee's fitness for work, it is helpful for that professional or physician to review the employee's job description in order to understand the range of tasks the employee is required to perform.⁶



How are accommodations determined?

Accommodations are determined on a case-by-case basis, depending on the needs of an individual employee and their situation. It is important to remember that accommodations are determined jointly by the employer, employee and, in some cases, the union. While there is no list of required accommodations, there are guiding principles and documents that can be used to assist an employer and employee in determining accommodation. The Alberta Human Rights Commission and the Treasury Board of Canada Secretariat have a number of useful guiding documents to assist you in determining accommodation. Please see their respective websites:

- <http://www.albertahumanrights.ab.ca/>
- <http://www.tbs-sct.gc.ca/search-recherche/query-recherche-eng.aspx>

What kinds of accommodations can be made?

Since accommodations are based on the needs of both the employee and employer, it is important that both people work together to find an accommodation that works for them. There are a range of accommodations that can be provided to employees. One example provided by Mental Health Works pertains to employers setting up opportunities to mitigate discrimination and workplace prejudice that may occur toward people with mental health issues in the workplace.⁵ This accommodation includes workplace education, issuing statements about a workplace harassment policy and ensuring employees are aware that they can report instances of harassment in the workplace. Another type of accommodation may include an alternative position or an accommodation so they can continue their original job.

Some common accommodations include

- flexibility in start or end time of working hours
- part-time shifts to return a worker to a full-time position
- more frequent breaks
- allowing an employee to work from home
- altering some of the person's job duties
- offering rehabilitation programs^{3,7}

How to determine if an employer has met the duty to accommodate

Employers need to maintain records of employee accommodation requests and the steps employers have taken with the employee (and, if applicable, the union/professional body) to explore and understand accommodation options. These records can be referred to if there are any concerns about whether the duty to accommodate has been met. Mental Health Works outlines some of the criteria courts may look at to determine if the duty to accommodate has been met.^{5,8}

References

1. Dyck, D. (2011). *Occupational health and safety: Theory, strategy and industry practice* (2nd ed.). Markham, ON: LexisNexis Canada.
2. Canadian Mental Health Association. (2010). *What are the accommodation rights and responsibilities of employers, employees, and unions?* Retrieved from <http://www.mentalhealthworks.ca/employers/faqs/rights-and-responsibilities/accommodation>
3. Alberta Human Rights Commission. (2010). *Duty to accommodate: Interpretive bulletin*. Retrieved from http://www.albertahumanrights.ab.ca/Bull_DutytoAccom_web.pdf

4. Alberta Human Rights Commission. (2009). *Duty to accommodate*. Retrieved from http://www.albertahumanrights.ab.ca/employment/employer_info/accommodation/duty_to_accommodate.asp
5. Canadian Mental Health Association. (2010). *What is reasonable accommodation?* Retrieved from <http://www.mentalhealthworks.ca/employers/faqs/rights-and-responsibilities/reasonable-accommodation>
6. Alberta Human Rights Commission. (2009). *Medical leave*. Retrieved from http://www.albertahumanrights.ab.ca/employment/employer_info/accommodation/medical_leave.asp
7. Canadian Mental Health Association. (2010). *What kinds of accommodations are people with mental health problems likely to need?* Retrieved from <http://www.mentalhealthworks.ca/employers/faqs/accommodations/types>
8. Canadian Mental Health Association. (2002). *Working well: An employer's guide to hiring and retaining people with mental illness*. Toronto, ON: Author.

readily to referrals from the business community. Other specific services for the Alberta workplace include

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Resources



Module 1: Workplace health and business case

Alberta Health Services

Information for workplaces

This website gives information about the costs of alcohol, tobacco, and other drug use on the Alberta economy and the risks of untreated substance use in the workplace. It includes links to additional workplace resources.

<http://www.albertahealthservices.ca/2672.asp>

Alberta Alcohol and Drug Abuse Commission (AADAC). 2002. Substance Use and Gambling in the Alberta Workplace, a replication study: Summary report. Edmonton, AB: AADAC.

<http://www.albertahealthservices.ca/Researchers/if-res-workplace-2002-summary-report.pdf>

Institute of Health Economics

The Alberta Survey of Addictive Behaviour and Mental Health in the Workforce

This is the third such study conducted since 1992. It provides an interesting, comprehensive picture of many issues related to the mental health of workers across all sectors in Alberta.

<http://www.ihe.ca/publications/library/2011/the-alberta-survey-of-addictive-behaviour-and-mental-health-in-the-workforce-2009/>

Industrial Accident Prevention Association

The business case for healthy workplaces

http://www.iapa.ca/pdf/fd_business_case_healthy_workplace.pdf

The Health Communication Unit, Centre for Health Promotion, University of Toronto

The case for comprehensive workplace health promotion: Making “cents” of a good idea

<http://www.thcu.ca/Workplace/documents/business%20case%20v102.pdf>



Centers for Disease Control and Prevention

CDC workplace health program: Steps and business case

<http://www.cdc.gov/workplacehealthpromotion/model/index.html>

Canadian Centre for Occupational Health and Safety

Advancing healthy workplaces

Information for employers about how to develop their own business case

<http://www.ccohs.ca/healthyworkplaces/employers/businesscase.html>

Mental Health Commission of Canada

The facts

Mental Health Statistics

<http://strategy.mentalhealthcommission.ca/the-facts>

Conference Board of Canada

Smoking and the bottom line: Updating the costs of smoking in the workplace

<http://www.conferenceboard.ca/e-library/abstract.aspx?did=1754>

Health matters: An economic perspective (2013)

http://www.conferenceboard.ca/temp/d508c8c7-c4bf-4d52-875b-faa0bb5b449e/13-193_healthmatters.pdf

Canadian Centre on Substance Abuse

The costs of substance abuse in Canada 2002

<http://www.ccsa.ca/2006%20CCSA%20Documents/ccsa-011332-2006.pdf>

Bellwood Health Services

Addiction treatment cost

Calculator for cost benefit of addiction treatment programs

<http://www.bellwood.ca/addiction-treatment-cost.php>



Module 2: Promoting workplace health

There are many municipal, regional and provincial organizations that can be of help, and many of them offer services and products free of charge. Try contacting one of the following types of organizations in your area:

- local public health departments
- local parks and recreation centres
- addiction agencies
- health agencies, such as the Alberta Lung Association

Alberta Health Services

What is a healthy workplace?

<http://www.albertahealthservices.ca/2676.asp>

The Canadian Centre for Occupational Health and Safety

Offers many resources on workplace health and safety; contact them at 1-800-263-8466, visit www.ccohs.ca or email inquiries@ccohs.ca

Healthy Workplace Month

Resources and tools

Resources and tools for workplace health programs

<http://healthyworkplacemonth.ca/en/resources/browse>

Canadian Centre for Occupational Health and Safety

Advancing healthy workplaces

Practical “how-to” information related to assessing, developing, implementing, managing, maintaining and evaluating healthy workplace initiatives

<http://www.ccohs.ca/healthyworkplaces/employers/tools.html>



Canadian Labour and Business Centre

Issues of workplace health and wellness—Case studies

http://www.clbc.ca/Research_and_Reports/Case_Studies.asp

Mental Health Commission of Canada

Psychological health and safety—An action guide for employers

This web page is intended for employers and human resources personnel considering programs and policies to improve psychological health in their organization. It is also relevant to frontline managers, union leaders, occupational health care providers, and legal and regulatory professionals.

http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Workforce/Workforce_Employers_Guide_ENG.pdf

York Region

Comprehensive workplace health model

<http://www.york.ca/Services/Public+Health+and+Safety/Workplace+Wellness/Comprehensive+Workplace+Wellness+Model.htm>

The Health Communication Unit and the Canadian Mental Health Association

Workplace mental health promotion

A how-to guide

<http://wmhp.cmhaontario.ca>

Great West Life Centre for Mental Health

Workplace strategies for mental health

<http://www.gwlcenreformentalhealth.com/index.asp>

Book

Creating healthy organizations: How vibrant workplaces inspire employees to achieve sustainable success.

Lowe, G. 2012. Toronto, ON: University of Toronto Press.



Module 3: Understanding addiction and mental health in the workplace

3A: Alcohol and other drugs

McLennan Ross Legal Council

Host liability/responsible hosting

Information on how to host responsible social events

<http://www.mross.com/law/Publications/Archives?contentId=618>

Alberta Health Services

Get the facts

Basic fact sheets and detailed research reports

<http://www.albertahealthservices.ca/2458.asp>

Information for workplaces

General information about the costs of alcohol, tobacco, and other drug use on the Alberta economy and the risks of untreated substance use in the workplace

<http://www.albertahealthservices.ca/2672.asp>

The basics: Alcohol, other drugs and gambling

<http://www.albertahealthservices.ca/AddictionsSubstanceAbuse/if-wrk-its-our-bus-the-basics.pdf>

It's our business: Is drinking, using drugs or gambling affecting my work?

<http://www.albertahealthservices.ca/AddictionsSubstanceAbuse/if-wrk-its-our-bus-affecting-my-work.pdf>

Canadian Centre for Occupational Health and Safety

Substance abuse in the workplace

The web page covers a great deal of information ranging from why workplaces should look at substance use, to what effects different substances have on people to what to include in a substance use policy.

<http://www.ccohs.ca/oshanswers/psychosocial/substance.html>



Canadian Centre on Substance Abuse

Workplace overview

Information and employer resources on substance abuse in the workplace

<http://www.ccsa.ca/Eng/Topics/Populations/Workplace/Pages/default.aspx>

Canada's Low-Risk Alcohol Drinking Guidelines

<http://www.ccsa.ca/eng/priorities/alcohol/canada-low-risk-alcohol-drinking-guidelines/Pages/default.aspx>

Centre for Addiction and Mental Health

Health information

General information on addiction and mental health

http://www.camh.ca/en/hospital/health_information/Pages/default.aspx

Health Canada

Healthy living – Responsible drinking

This website includes information and resources on the short-term and long-term effects of alcohol on the body, and on the health risks of too much alcohol.

<http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/life-vie/drink-boire-eng.php>

Health concerns – Alcohol & drug prevention publications

This website provides links to publications on topics ranging from alcohol and drug abuse prevention, to specific information on treatment and rehabilitation.

<http://www.hc-sc.gc.ca/hc-ps/pubs/adp-apd/index-eng.php>

3B: Problem gambling

Alberta Health Services

Mental health and suicide among adult problem gamblers

<http://www.albertahealthservices.ca/AddictionsSubstanceAbuse/if-res-problem-gambling-mh-suicide-profile-adult.pdf>

Residential gambling treatment/stabilization programs

- <http://www.albertahealthservices.ca/ps-1026805-2010-01-clinic-residential-gambling.pdf>
- <http://www.albertahealthservices.ca/ps-1026805-henwood-problem-gambling-program.pdf>



My Health Alberta

Gambling information

<https://myhealth.alberta.ca/alberta/stand-alone/Pages/Gambling-information.aspx>

Are you concerned about a co-worker's gambling?

<https://myhealth.alberta.ca/alberta/stand-alone/Pages/are-you-concerned-about-a-co-workers-gambling.aspx>

A gambling problem: How can you tell?

<https://myhealth.alberta.ca/alberta/stand-alone/Pages/a-gambling-problem-how-can-you-tell.aspx>

Gambling myths and facts

<https://myhealth.alberta.ca/alberta/stand-alone/Pages/Gambling-myths-and-facts.aspx>

Making a change

<https://myhealth.alberta.ca/alberta/Pages/making-a-change.aspx>

How does addiction affect your life?

<https://myhealth.alberta.ca/alberta/Pages/How-does-addiction-affect-your-life.aspx>

Addiction in the family

<https://myhealth.alberta.ca/alberta/Pages/addiction-in-the-family.aspx>

Alberta Gaming and Liquor Commission

Quick facts—Gaming

http://aglc.ca/pdf/quickfacts/quickfacts_gaming.pdf

The University of Alberta SEIGA Research Team

The socio-economic impact of gambling in Alberta

SEIGA Report 2011

http://dspace.ucalgary.ca/bitstream/1880/48545/1/Humphreys_et_al_final_May_25_2011.pdf



3C: Tobacco

Alberta Health Services

Addiction to tobacco

General information on tobacco addiction, including information on physical and psychosocial addiction; also includes related information on tobacco cessation with links to resources for tobacco cessation

<http://www.albertahealthservices.ca/2531.asp>

AlbertaQuits

AbertaQuits Online is a self-guided, interactive program to help you quit and stay quit. This website also offers discussion boards, self-help tools, and a new text messaging encouragement program.

<http://www.albertaquits.ca>

Helpline fax referral

http://www.tobaccofreeutures.ca/downloads/pdfs/helpline_fax_referral.pdf

QuitCore

This program offers free group tobacco cessation support across Alberta. Led by trained professionals, the program consists of six 90-minute sessions.

<http://www.albertaquits.ca/help-me-quit/services-available/groups.php>

Health Canada

Go smoke free!

Information on tobacco use, the effects of tobacco on the body, resources on how to quit, as well as specific provincial resources

<http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/index-eng.php>

On the road to quitting

Helps to build motivation and self-confidence by offering online self-help tools and strategies to quit smoking

<http://hc-sc.gc.ca/hc-ps/tobac-tabac/quit-cesser/now-mainenant/road-voie/index-eng.php>

Smoking cessation in the workplace: A guide to helping your employees quit smoking

This guide helps employers lead and support tobacco cessation programs in the workplace.

<http://www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/cessation-renoncement/index-eng.php>



Tobacco cessation and policy resources

Employers can order, free of charge, resources from Health Canada that will assist in the development of tobacco cessation programs.

<http://www.hc-sc.gc.ca/hc-ps/pubs/tobac-tobac/index-eng.php#workplace>

Towards a healthier workplace: A guidebook on tobacco control policies

This resource provides employers with information on why workplaces should implement tobacco control policies, how to implement them, sample policies and tips for evaluation.

<http://www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/work-trav/index-eng.php>

Canadian Cancer Society

Smoking and tobacco

<http://www.cancer.ca/en/prevention-and-screening/live-well/smoking-and-tobacco/?region=on>

Canadian Heart and Stroke Foundation

Just breathe: Becoming and remaining smoke free

http://www.heartandstroke.com/site/c.iKlQLcMWJtE/b.4355761/k.88EB/Heart_disease__

[Just_breathe_Becoming_and_remaining_smoke_free.htm](http://www.heartandstroke.com/site/c.iKlQLcMWJtE/b.4355761/k.88EB/Heart_disease__Just_breathe_Becoming_and_remaining_smoke_free.htm)

American Cancer Society

Tobacco policy planner

This online assessment tool for employers, which includes a company-specific survey, provides workplaces with a detailed report, including specific resources to address the policy issues identified by the survey.

<http://www.acsworkplacesolutions.com/tobaccopolicyplanner.asp>

Fresh Start

A group-based tobacco cessation program designed for the workplace that provides important information on tobacco cessation along with group support.

<http://www.acsworkplacesolutions.com/freshstart.asp>

Quit for Life programs

Workplace cessation program that gives employees access to personalized quit plans, a web-based social support system, nicotine replacement therapies and follow-up evaluation

<http://www.acsworkplacesolutions.com/quitforlife.asp>



Centers for Disease Control and Prevention (CDC)

Tobacco and tobacco use

Quit tobacco resources with information on how to quit, basic information on tobacco use, and links to publications and statistics

http://www.cdc.gov/tobacco/quit_tobacco/index.htm or
1-800-QUIT-NOW (1-800-784-8669)

Canadian Centre for Occupational Health & Safety

Environmental tobacco smoke (ETS): Workplace policy

Information about environmental tobacco smoke including types, information, research and policy information

http://www.ccohs.ca/oshanswers/psychosocial/ets_resolutions.html

Environmental tobacco smoke (ETS): General information and health effects

http://www.ccohs.ca/oshanswers/psychosocial/ets_health.html

3D: Mental health

Alberta Health Services

Mental health in the workplace

This web page includes videos of live presentations recorded at Minding the Workplace symposiums that cover topics ranging from organizational support of mental well-being to dealing with emotional intelligence in the workplace.

Four videos are available on the page:

- How healthy organizations support well-being and performance
 - o Dr. Graham Lowe
- Psychological health and safety in the workplace: Evidence informed, practical employer approaches and resources
 - o Dr. Joti Samra
- In the psychologically safe workplace: Risks and opportunities
 - o Dr. Martin Shain
- Managing emotions: Emotional intelligence in the workplace
 - o Dr. Joti Samra



<http://www.albertahealthservices.ca/4753.asp>

Minding the workplace: Employees and managers can collaborate to improve mental health in the workplace

This resource provides information and tips on promoting mental health at work and is aimed at departments and teams within organizations.

<http://www.albertahealthservices.ca/ev/ev-mhw-tips-individuals-and-managers.pdf>

Minding the workplace: Fostering mental health at work

Tips for individual employees to manage and promote mental health

<http://www.albertahealthservices.ca/ev/ev-mhw-tips-individuals.pdf>

Mental Health Works

How can the workplace contribute to or create mental health problems?

<http://www.mentalhealthworks.ca/employers/faqs/prevention/workplace-mental-health>

Best advice on stress risk management in the workplace

(Produced by Health Canada)

http://www.mentalhealthworks.ca/sites/default/files/stress-part-1_e.pdf

Canadian Centre for Occupational Health and Safety

Mental health at work

These three web pages describe what mental health, mental illness and psychological safety are. They also explain why they are an important concern to the Canadian workplaces and what can be done to support mental health in the workplace.

- Mental health—Introduction
http://www.ccohs.ca/oshanswers/psychosocial/mentalhealth_intro.html
- Mental health at work
http://www.ccohs.ca/oshanswers/psychosocial/mentalhealth_work.html
- Mental health—Psychosocial risk factors in the workplace
http://www.ccohs.ca/oshanswers/psychosocial/mentalhealth_risk.html

Bullying in the workplace

This web page outlines what bullying is, how it affects the workplace and the individual, and what the employer can do.

<http://www.ccohs.ca/oshanswers/psychosocial/bullying.html>



Mental Health Commission of Canada (MHCC)

The MHCC is funded by Health Canada and is mandated to promote Changing Directions, Changing Lives: The Mental Health Strategy for Canada. Their website includes resources on Mental Health First Aid, which refers to the help provided to a person who is developing a mental health problem or experiencing a mental health crisis.

- <http://www.mentalhealthcommission.ca/English/Pages/default.aspx>
- http://www.mentalhealthcommission.ca/English/Pages/workplace_guide.aspx
- <http://www.mentalhealthcommission.ca/English/Pages/MentalHealthFirstAid.aspx>

A leadership framework for advancing workplace mental health

This web page provides tools for senior leaders and includes videos of corporate, small business, government and union leaders talking about workplace mental health. The framework touches on business benefits, corporate social responsibility, risk management, recruitment and retention.

<http://www.mhccleadership.ca>

CSA Group

Psychological health & safety—An action guide for employers

Fill in your information at the bottom of the web page to receive a free download of the guide

http://shop.csa.ca/en/canada/occupational-health-and-safety-management/canca-z1003-13bnq-9700-8032013/inv/z10032013/?utm_source=redirect&utm_medium=vanity&utm_content=folder&utm_campaign=z1003#Download

The guide is described on the MHCC website

<http://www.mentalhealthcommission.ca>

Centre for Applied Research in Mental Health and Addiction (CARMHA) and BC Mental Health & Addiction Services (BCMHAS)

Antidepressant skills at work: Dealing with mood problems in the workplace

(Dan Bilsker, Merv Gilbert and Joti Samra)

This self-care manual was developed by scientist-practitioners with expertise in issues relating to workplace addiction and mental health.

<http://www.comh.ca/antidepressant-skills/work/>



Centre for Addiction and Mental Health (CAMH)

Mental health and addiction 101 tutorial series (concurrent disorders)

http://www.camhx.ca/education/online_courses_webinars/mha101/concurrentdisorders/Concurrent_Disorders_.htm

Canadian Mental Health Association (CMHA)

National Bottom Line Conference resources

<http://www.cmha.bc.ca/bl/resources>

MyMentalHealth.ca

5 steps to better mental health

In conjunction with the Canadian Mental Health Association, MyMentalHealth.ca seeks to raise awareness about mental health. The website includes information about mental health as well as links to resources throughout Alberta.

<http://www.mymentalhealth.ca/Home/tabid/829/Default.aspx>

Canadian Mental Health Association and The Health Communication Unit

Workplace mental health promotion: A how-to guide

This website provides a number of different tools available to the public as a way to help workplaces mobilize mental health initiatives. There are links to a number of other programs and tools.

<http://wmhp.cmhaontario.ca/tools>

Health Canada – Healthy Living – Mental Health

Each of these web pages includes general information, causes, symptoms and treatment of the mental health issue, as well as links to additional resources.

- *Stress*
<http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/life-vie/stress-eng.php>
- *Depression*
<http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/diseases/depression-eng.php>
- *Mental illness*
<http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/diseases-maladies/mental-eng.php>



Neighbour @ Work Centre

Based on principles of fairness, civility and respect, the Neighbour @ Work Centre offers tools to assist workplaces in the development of mental health programs and policies.

<http://www.neighbouratwork.com/>

Public Health Agency of Canada – Mental Health Promotion

Mental health

This website provides convenient access to a range of online materials related to the promotion of mental health including information on the planning, delivery, cost and evaluation of mental health programs.

<http://www.phac-aspc.gc.ca/mh-sm/index-eng.php>

Great West Life Centre for Mental Health in the Workplace

20 questions for leaders about workplace psychological health and safety

<http://www.workplacestrategiesformentalhealth.com/display.asp?l1=180&l2=191&d=191>

Centre for Applied Research in Mental Health and Addiction (CARMHA) and Great West Life Centre for Mental Health in the Workplace

Guarding minds @ work: Psychological health & safety in the workplace

A free set of resources that can be used to promote and protect psychological health and safety. In addition to resources, the website offers information on how to implement and act on the Guarding Minds @ Work Assessment.

<http://www.guardingmindsatwork.ca/info>



Module 4: Family and social support

Alberta Health Services

It's our business: Workplace peer support

This document defines workplace peer support and examines how employers can promote a culture of peer support.

<http://www.albertahealthservices.ca/AddictionsSubstanceAbuse/if-wrk-its-our-bus-workplace-peer-support.pdf>

It's our business: Does someone I work with have a problem?

This document explores solutions for co-workers who identify colleagues who may have problems with alcohol, drugs, and gambling in the workplace.

<http://www.albertahealthservices.ca/AddictionsSubstanceAbuse/if-wrk-its-our-bus-someone-at-work.pdf>

Addiction in the family: what it means for the workplace

This handout outlines the effects substance use and/or gambling can have on families, as well as how family members with these problems can impact the workplace. The handout also provides workplaces and families with tools on how to work together to deal with the addiction.

<http://www.albertahealthservices.ca/AddictionsSubstanceAbuse/if-wrk-its-our-bus-addiction-in-the-family.pdf>

Canadian Mental Health Association

Mental health innovations: Non-clinical interventions

This is an example of a peer support program.

<http://www.cmha.bc.ca/bl/files/2012/BLC2012-StephaneGrenier-Resources.pdf>

Centre for Occupational Health and Safety

Employee assistance programs (EAP)

Information on employee (and family) assistance programs (EAP/EFAP), what they involve and how they work

<http://www.ccohs.ca/oshanswers/hsprograms/eap.html>



Module 5: Policy development

Alberta Health Services

Information for workplaces

This web page provides information about substance use in the Alberta economy, as well as information about services AHS provides.

<http://www.albertahealthservices.ca/2672.asp>

It's our business: Dealing with the troubled employee

This handout provides employers information on how to identify the troubled employee, record observations, prepare to meet with the employee, meet with the employee and follow-up.

<http://www.albertahealthservices.ca/AddictionsSubstanceAbuse/if-wrk-its-our-bus-dealing-with-troubled-employee.pdf>

It's our business: Alcohol/drug policy development and employee testing

This handout provides employers with information on developing substance use and employee testing policy.

<http://www.albertahealthservices.ca/AddictionsSubstanceAbuse/if-wrk-its-our-bus-policy-dev-employee-drug-testing.pdf>

It's our business: Workplace health and wellness

This handout provides employers with information about workplace wellness including: the benefits, what employees need, what workplaces can do, and how workplaces can prevent substance use and/or gambling issues in the workplace.

<http://www.albertahealthservices.ca/AddictionsSubstanceAbuse/if-wrk-its-our-bus-workplace-health-and-wellness.pdf>

Alcohol Policy Network

Workplace alcohol policy collection

This web page provides information on workplace policies, legislation and sample policies from other organizations.

http://www.apolnet.ca/thelaw/policies/ap_wkplace.html

Alcohol policy 101

http://www.apolnet.ca/thelaw/policies/ap_101.html



Alberta Human Services

E-learning programs

Online training program that helps employers and employees understand how impairment affects workplace health and safety. In the list, select the Impairment and Workplace Health and Safety program.

<http://humanservices.alberta.ca/working-in-alberta/1333.html>

Alberta Human Rights Commission

Drug and alcohol dependencies in Alberta workplaces

This handout provides information about human rights related to substance use, drug and alcohol testing, as well as addressing dependencies and misconduct in the workplace.

http://www.albertahumanrights.ab.ca/Drug_and_alcohol_dependencies.pdf

Duty to accommodate

This handout outlines duty to accommodate, undue hardship union agreements and exceptions.

<http://www.albertahumanrights.ab.ca/EmplDutyToAccom.pdf>

Centre for Applied Research in Mental Health and Addiction (CARMHA) and BC Mental Health & Addiction Services (BCMHAS)

Antidepressant skills at work: Dealing with mood problems in the workplace

This site offers a free online workbook as well as audio and video vignettes to help build anti-depressant skills at work.

<http://www.carmha.ca/antidepressant-skills/work/>



Other resources

Alberta's Drug and Alcohol Risk Reduction Pilot Project (DARRP)

Information on alcohol and drug testing

- <http://www.darrpp.ca/>
- http://www.darrpp.ca/tiny_uploads/forms/DARRPP_brchr_final.pdf

Atlantic Canada Council on Addiction

Problematic substance use that affects the workplace

A step-by-step guide and toolkit provides information on how to address problematic substance use with emphasis on policy development.

<http://www.gnb.ca/0378/acca/pdf/acca-toolkit-english.pdf>

B.C. Council on Substance Abuse

Work Drug Free BC

This not-for-profit organization offers information on training and education.

<http://www.workdrugfreebc.com/>

Construction Owners Safety Association of Alberta

Canadian model for providing a safe workplace through alcohol and drug guidelines and policy

A best practice of the Construction Owners Association of Alberta, alcohol and other drug guidelines

<http://www.coaa.ab.ca/LinkClick.aspx?fileticket=P5EVhKd7bUQ%3d&tabid=90>

Guarding Minds @ Work

A workplace guide to psychological safety and health

This free set of resources can be used to promote and protect psychological health and safety. In addition to resources, the website offers information on how to implement and act on the Guarding Minds @ Work Assessment.

<http://www.guardingmindsatwork.ca>



Canadian Mental Health Association

Mental health works

This national program, which is available to Canadian workplaces, addresses the needs and supports of employers and employees through various resources.

<http://www.mentalhealthworks.ca/index.asp>



Module 6: Fit for work

Alberta Health Services

How to support your employee's fitness for work

This pamphlet discusses options for employers to deal with concerns relating to alcohol, other drugs, and gambling among employees.

<http://www.albertahealthservices.ca/AddictionsSubstanceAbuse/if-wrk-support-employee-fitness-for-work.pdf>

Canadian Centre for Occupational Health and Safety

Fit to work

Understand what fit for work is, how the assessment is done, and if an employee requires a fitness for work assessment

http://www.ccohs.ca/oshanswers/psychosocial/fit_to_work.html



Module 7: Effective performance management

Mental Health Works

Mental health in the workplace employer fundamentals 101—Frequently asked questions

<http://www.mentalhealthworks.ca/employers/faqs>

How can I approach an employee about their mental illness?

<http://www.mentalhealthworks.ca/employers/faqs/talking-to-employee/approach#prepare>

Where can I find help for an employee?

<http://www.mentalhealthworks.ca/employers/faqs/talking-to-employee/help>

When an employee has an addiction problem

<http://www.mentalhealthworks.ca/employers/faqs/addiction-problem>

Coaching the distressed employee: A guide for managers

<http://www.mentalhealthworks.ca/media/coaching-distressed-employee>

Health Canada

Best advice on stress risk management in the workplace

This file provides information on occupational sources of stress, implications of this knowledge and how to manage stress risk in the workplace.

http://www.mentalhealthworks.ca/sites/default/files/stress-part-1_e.pdf

Canadian Centre on Substance Abuse

Performance management tools

<http://www.ccsa.ca/2010%20CCSA%20Documents/ccsa-011809-2010.pdf>

Guide to competency based performance management

<http://www.ccsa.ca/2010%20CCSA%20Documents/ccsa-011807-2010.pdf>



Great West Life Centre for Mental Health in the Workplace- Workplace Strategies for Mental Health in the Workplace

Managing Mental Health Matters

This video-based training program is designed to help managers, supervisors and other leaders learn how to effectively recognize and manage mental health-related issues in the workplace. The five episodes provide a guide on managing accommodation, managing performance, managing conflict, managing return to work and managing emotions.

<http://www.workplacestrategiesformentalhealth.com/mmh/default.html>

Supportive performance management

This web page contains a wealth of information and resources about managing work performance.

<http://www.workplacestrategiesformentalhealth.com/display.asp?l1=92&d=92&>

Leadership and management: Managing mental health matters

This online program helps managers and supervisors to better understand and manage mental health related issues in the workplace.

<http://www.workplacestrategiesformentalhealth.com/display.asp?l1=7&l2=176&d=176>

Treasury Board of Canada Secretariat

Performance management approach

<http://www.tbs-sct.gc.ca/tou/pmc-dgr/omp-agr/1-eng.asp>

Performance management approach process map

This mapping tool provides a generic perspective and foundation to dealing with performance management.

<http://www.tbs-sct.gc.ca/tou/dwnld/overview-apercu-eng.pdf>



Module 8: Getting help: Treatment, return to work and accommodation

Treatment

Alberta Health Services

Business and Industry Clinic

The clinic offers specialized residential treatment programs designed specifically for employees who have alcohol or other drug-related problems. The program is located in Grande Prairie, Alberta and offers on-site detoxification, a 30-day alcohol/drug treatment program, an eight-week cocaine program, and follow-up services.

For more information call 780-538-5210 or 1-800-419-1149.

<http://www.albertahealthservices.ca/services.asp?pid=service&rid=1039204>

Help Lines

- Addiction Help Line: 1-866-332-2322
- Mental Health Help Line: 1-877-303-2642

Canada Alcohol and Drug Rehab Programs

Directory

This website is a free online directory of alcohol and drug rehab programs as well as other addiction-related services located in Canada.

<http://www.canadadrugrehab.ca>

Centre for Addiction and Mental Health

Concurrent disorder treatment information

This web page offers an information guide on how various concurrent disorders are treated.

http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/concurrent_disorders/concurrent_substance_use_and_mental_health_disorders_information_guide/Pages/how_cd_treated_infoguide.aspx



Return to work

Alberta Health Services

Business and Industry Clinic

The clinic provides information and help for those looking to reintegrate employees with addiction back into the workplace.

<http://albertahealthservices.ca/services.asp?pid=services&rid=1039204>

Supporting an employee's return to work

<http://insite.albertahealthservices.ca/Files/hr-efap-healthy-working-supporting-an-employee-return-to-work.pdf>

Alberta Government

Alberta's public service: Return to work guidelines for managers, supervisors and HR practitioners

<http://www.assembly.ab.ca/Lao/library/egovdocs/2008/alchr/173797.pdf>

Canadian Human Rights Commission

A guide for managing the return to work

This file includes guidelines that an employer can follow and case study examples.

http://www.chrc-ccdp.ca/pdf/GMRW_GGRT_en.pdf

Step-by-step guide for managing the return to work

http://www.chrc-ccdp.ca/publications/gmrw_ggrt/page1-eng.aspx

Manulife Financial

Return to work – A manager's guide

<http://www.viu.ca/HumanResources/documents/Manulife-RTW-Managers-Guide.pdf>

Return to work – An employee's guide

[http://groupbenefits.manulife.com/canada/GB_V2.nsf/LookupFiles/DownloadableFileGC2328Ereturntoworkemp/\\$File/GC2328Ereturntoworkemp.pdf](http://groupbenefits.manulife.com/canada/GB_V2.nsf/LookupFiles/DownloadableFileGC2328Ereturntoworkemp/$File/GC2328Ereturntoworkemp.pdf)



Great-West Life Centre for Mental Health in the Workplace

How do I deal with return to work or accommodation when mental health is an issue?

The Workplace Strategies for Mental Health site also provides resources according to job roles. There is a wealth of information for supervisors, employees, union leaders, senior leaders, HR professionals, occupational health professionals, and disability management professionals.

<http://www.workplacestrategiesformentalhealth.com/display.asp?l=206&d=206>

Great West Life Centre for Mental Health

Resource for the intervention, return to work and accommodation

<http://www.gwlcenreformentalhealth.com/display.asp?l1=175&d=175>

Mental health return to work 6 step process

<http://www.gwlcenreformentalhealth.com/display.asp?l1=175&l2=5&d=5>

Shepell-fgi

Supporting an employee's return to work

This article provides some good advice to managers on how to support an employee's return to work.

http://www.shepellfgi.com/EN-US/Employees%20and%20Families/Wellness%20Articles/Healthy%20Working/_Supporting+an+Employee+Return+to+work.asp



Accommodation

Alberta Human Rights Commission

Duty to accommodate (key document)

This document discusses the Alberta Human Rights Commission policies and guidelines as it relates to duty to accommodate.

http://www.albertahumanrights.ab.ca/Bull_DutytoAccom_web.pdf

Mental Health Works

What is a "reasonable accommodation"?

This link outlines what accommodation is, criteria for determining if an employer has met the duty to accommodate, limits of the duty to accommodate and undue hardship.

<http://www.mentalhealthworks.ca/employers/faqs/rights-and-responsibilities/reasonable-accommodation>

Accommodation rights and responsibilities of employers, employees and unions

<http://www.mentalhealthworks.ca/employers/faqs/rights-and-responsibilities/accommodation>

Treasury Board of Canada Secretariat

Duty to accommodate: A general process for managers

This resource provides information, guidelines and a list of resources available to help an employer/manager understand the duty to accommodate.

<http://www.tbs-sct.gc.ca/ee/dorf-eng.asp>

The fundamentals—Employers' responsibilities

This link outlines the employer's responsibilities to employee health and wellness and also outlines a promising practice in workplace mental health training. This practice involves the applied use of the Mental Health Continuum Model.

<http://www.tbs-sct.gc.ca/hrh/dmi-igi/fundamentals-fondements/er-re-eng.asp>

Canadian Human Rights Commission

Barrier-free employers: Practical guide for employment accommodation for people with disabilities

http://dawn.thot.net/employment_accommodation.html



Mental health specific accommodation resources

Centre for Psychiatric Rehabilitation, Boston University

What accommodations work on the job?

<http://www.bu.edu/cpr/reasaccom/employ-accom.html>

Office of Disability Employment Policy, US Department of Labor

Work-site accommodation ideas for people with psychiatric disabilities.

<http://www.jan.wvu.edu/media/Psychiatric.html>

Mental Health Works

What if I have provided accommodation for an employee and the situation is still not working out?

<http://www.mentalhealthworks.ca/employers/faqs/rights-and-responsibilities/accommodation-not-working>

Mental Health Works

Types of mental health accommodations

<http://www.mentalhealthworks.ca/employers/faqs/accommodations/types>



Additional Resources

Youth resources

Young workers zone

http://www.ccohs.ca/youngworkers/for_young_workers/

Know your rights in the workplace: Handbook

http://www.aclrc.com/pdf/Youth_Employment_Handbook.pdf

General

Safe and fair workplaces

<http://humanservices.alberta.ca/working-in-alberta.html>



Glossary



Absenteeism: A pattern of being absent from work.

Accommodation: An employer's duty to be flexible and lenient towards workers who are returning to work following a problem related to addiction or mental health. The duty to accommodate may mean changing certain rules, standards, policies or environments to ensure they don't have a negative impact on the employee as a result of their physical or mental disability, religion, gender or other protected ground. It does not require changes that lead to undue hardship for the employer. Changes may be temporary or enduring and can look different from case to case, since accommodation is tailored to individual need. Accommodation demonstrates an employer's commitment to a healthier, more equitable workplace.

Alcohol and drug policy: A workplace policy that explains the rights and obligations of workers and employers as they relate to alcohol and other drugs. It is one element of a comprehensive workplace program.

Alcohol and drug testing: The act of testing whether an employee has used alcohol or other drugs. Testing may be conducted randomly, post-incident, pre-access, for fitness for work, with reasonable cause, as follow-up or during pre-employment screening. Can be a controversial part of workplace policy that involves legal, ethical and technical issues.

Amphetamines: A category of artificial stimulants that increase the user's alertness and energy.

Cannabis: The plant that marijuana, hashish, hash oil and hemp are made from.

Class A carcinogens: Substances that are known to cause cancer and to which there is no safe level of exposure.

Cocaine: An illegal stimulant, made from the leaves of the coca plant, that speeds up the user's central nervous system.

Comprehensive workplace health promotion: An approach to workplace health that encompasses efforts by employees and different levels of management. Its three components are occupational health and safety, voluntary health practices and organizational culture.

Concurrent disorders: A mental health disorder and a substance abuse disorder experienced at the same time.



Crack: Cocaine that has been chemically altered in order to be smoked.

Determinants of health: The many factors that work together to affect the health of individuals and communities. Examples include the physical environment, education, income and health services.

Direct costs: Costs to a workplace for which monetary payments are made.

Duty to accommodate: The employer's legal duty to take reasonable steps to accommodate an employee's needs, to the point of undue hardship, as ruled by the Supreme Court of Canada. Also see Accommodation.

Employee assistance programs (EAP): Programs made available to workers to deal with personal or family-related problems. Services generally include short-term counselling, but can vary, depending on the employer's contract with the service provider. The service is paid for by the employer and offered free to employees.

Employee engagement: The degree to which employees feel connected to and enthusiastic about their work, workplace and co-workers.

Employee and family assistance programs (EFAP): Similar to employee assistance programs, these are programs available to workers and their immediate family members to deal with personal or family-related problems. Services generally include short-term counselling, but can vary, depending on the employer's contract with the service provider. The service is paid for by the employer and offered free to employees and family members.

Evidence-based practices: Practices that are employed because their effectiveness has been demonstrated by sound scientific research.

Fit for work: A worker's physical and mental ability to safely do his or her job. Can also be described as an employer's approach to dealing with physical and psychological health issues at work in a proactive way. Instead of focusing on employee problems, they can focus directly on whether the employee is fit to perform his or her duties. This may also include a fitness for work assessment conducted by a health professional.

Freebase: Cocaine that has been chemically altered in order to be smoked. Similar to crack.



Gambling: The act of risking money, property or something else of value on an activity that has an uncertain outcome (e.g., a sporting event, card game or lottery).

Hash oil: An illegal drug made from hashish, a substance made from the cannabis plant. Hash oil is a thick dark or black, sticky oil that is heated to inhale the vapour.

Hashish: An illegal drug made from the resin of the cannabis plant. Typically stronger than marijuana.

Health literacy: A person's ability to read, understand and make use of information about health and health care.

Health promotion: The process of enabling people to increase control over and improve their health.

Indirect costs: Costs to a workplace other than those for which monetary payments are made.

Individual health: A person's ability to maintain his or her physical and mental well-being.

Inhalant: Any of a category of drugs that produce mood-altering effects when inhaled.

Job insecurity: A workplace health model that looks at the effects of job insecurity on a worker.

Job strain: A workplace health model that looks at the relationship between a worker's job demand, job control and job support.

Lifestyle practices: One of three aspects of comprehensive workplace health promotion. Generally refers to efforts to change employees' behaviour.



Low-risk alcohol drinking guidelines: Refers to Canada's Low-Risk Alcohol Drinking Guidelines, a set of national guidelines, developed by the federal government, that helps adults moderate their alcohol consumption and reduce long-term harm.

Marijuana: An illegal drug made from the dried leaves of the cannabis plant.

Mental health: A person's ability to cope effectively with the challenges and opportunities of everyday life.

Mental health problems: Any of a range of mental disorders or issues that meet the criteria outlined in various clinical guidelines, and that are diagnosed and treated by mental health professionals.

Mental illness: A broad classification that includes several different types of mental health problems (e.g., stress, depression, anxiety, substance abuse).

Mood-altering drug: Any drug that changes how the user thinks, feels or acts.

Narcotics: Any of a category of highly addictive painkillers that can also produce a feeling of euphoria for the user.

Nicotine: The stimulant drug in tobacco products. Triggers the release of dopamine in the brain, which makes the user feel calm and alert.

Occupational health and safety: The promotion, protection and maintenance of employee health, safety and well-being, with a focus on injury prevention. It is also legislation, as well as a field of practice that protects worker health and safety, both physical and psychological. Many workplaces have trained professionals dedicated to keeping workers safe and healthy.

Online gambling: Gambling that takes place over the Internet.

Organizational culture: One of three aspects of comprehensive workplace health promotion. Refers to the social environment of the workplace, as perceived and experienced by employees. The culture is defined as a set of organizational (physical and social) and job factors that positively or negatively influence the interaction between people, their work and the organization.



Over-the-counter drugs: Any medication that can be bought without a prescription.

Peer support: A workplace network wherein co-workers can direct each other to the sources of help available to them.

Performance management: An active, passive, proactive or reactive approach to monitoring, coaching and addressing an employee's performance in the workplace. An active approach becomes particularly important in the following situations: when an employee is not fit for work, when an employee's performance has deteriorated over time, or when there is concern for an employee but no change in his or her performance. One of three parts that make up the employee support model.

Presenteeism: The opposite of absenteeism. Refers to the problems faced when employees come to work in spite of illness, which can have similarly harmful repercussions on the business's performance. Can also refer to the expectation of employers for their employees to be present at work regardless of whether any work is available or accomplished.

Prevention: An action or program that aims to keep something harmful from happening. Prevention consists of three levels of action.

- *Primary prevention* aims to maintain, promote, or enhance health through health promotion activities or protective actions, such as employee wellness programming or staff training on drug and alcohol policy.
- *Secondary prevention* refers to attempts to detect a health problem, illness or injury in its early stages, or to detect circumstances that could lead to illness or injury, before significant harm occurs: a fitness for work assessment is an example.
- *Tertiary prevention* aims to limit the impact of illness or injury after the fact; examples include accommodation in the workplace and treatment offered for short-term disability.

Prevention uses multiple strategies that range from public awareness and education to policy and interventions that address factors that influence the health of individuals.

In this manual, prevention focuses on strategies workplaces can use to maintain and promote the health of their employees. In the context of the fit for work approach and the employee support model, prevention is a key component that works alongside performance management and workplace re-entry.



Psychedelics: Any of a category of drugs that dramatically affect the user's perceptions, emotions and mental processes. Also called hallucinogens.

Psychological health: A person's ability to think, feel and behave in a way that allows him or her to function effectively at work, at home and in society.

Psychological health and safety: A voluntary standard meant to provide Canadian workplaces with guidelines for the improvement of psychological work environments for employees.

Psychological safety: A way of reducing an employee's risk of psychological injury.

Psychologically safe and healthy workplace: A workplace that makes every reasonable effort to promote and protect the mental health and psychological well-being of its workers, including protecting them from psychological injury as a result of neglect or reckless or intentional harm.

Return on investment (ROI): The income generated or saved from investing in workplace health programming.

Return-to-work process: The process by which a worker returns to work following a medical leave, which could be the result of a problem related to physical health, addiction or mental health. Part of this process may be to assign modified duties, devise a modified schedule or make other types of accommodation.

Second-hand smoke: The smoke exhaled or blown into the air by a smoker, and the smoke that comes from the end of a burning cigarette, cigar or pipe.

Sedatives: A category of depressant that induces tranquillity in the user, often prescribed for sleep disorders. Similar to tranquillizers.

Shared responsibility: The philosophy that everyone in the workplace is responsible for their own health and safety, as well as the health and safety of co-workers and those working around them. This responsibility is shared by both employees and employers.

Sleep hygiene: Refers to habits that influence sleep quality and quantity. Food, drink, time, routine, environment can all affect sleep both positively and negatively. Examples of good sleep hygiene include regular bedtime; regular



wake time; cool, dark quiet room; avoidance of spicy food, caffeine and alcohol four to six hours before bed; relaxing bedtime routine, etc.

Social support networks: The people or groups of people that a person can count on in time of need; the people who make a person feel supported and cared for. Can include family, friends, co-workers, church groups and communities.

Tobacco Reduction Act (Alberta): An act of provincial legislation that mandates how tobacco is regulated within Alberta.

Tranquillizers: A category of drugs that slows the central nervous system, inducing relaxation, drowsiness, reduced tension and feelings of well-being. They are often prescribed for anxiety, nervousness or sleep disorders.

Voluntary health practices: Individual lifestyle practices that make people healthy. Employees can choose to partake in these practices to enhance their health and well-being. Includes healthy choices related to physical activity, nutrition, immunization and the use of alcohol, tobacco and other drugs.

Work hours: A workplace health model that looks at long work hours and anti-social work hours (e.g., evenings, nights, weekends).

Work-life conflict: A workplace health model that looks at the strain that can occur when multiple life roles are performed at the same time or overlap.

Workplace health: An organization's ability to promote and maintain the physical and mental health of its employees.

