

KEVIN FLYNN 2520408

Workplace Mental Health and Competitive Advantage

flynnk-apjr-a1-16065 words-75 pages

COACH: TERESA ROSE

9/29/2011

Abstract

This paper through a review of literature examines the rise of mental health and mental illness as two issues that the public in Canada are becoming increasingly aware of and concerned about. It explores the impact of these important issues on the economy of Canada. The literature researched shows that the impact of mental illness on Canadian business is surprisingly high. The cost of mental illness in terms of lost profitability, lower productivity and human resource issues is staggering. While the financial impact presents challenges to corporate Canada it also may present some tremendous opportunities to companies who choose to confront this previously underappreciated issue. The paper poses two questions.

Why, with a strong case being made for potential financial savings, are many large private sector Canadian businesses seemingly reluctant to implement mental health programs for their workforce?

Is there evidence that large private sector companies who voluntarily tackle the issue of mental illness and mental health in their workplace reap any benefits or suffer any consequences as a result of this activity?

The paper highlights four well known Canadian corporations who are large private sector employers and Canada Post which is technically a crown corporation but competes in a private sector market. These companies have independently and voluntarily decided to act proactively and implement mental health programs within their own operations and also disseminate mental health information to the general public.

The paper focuses on competitive advantage and explores whether any evidence exists that would show competitive advantage is either lost or gained as a result of workplace mental health programs. Despite a lack of early evidence of significant advantage being achieved it appears no competitive advantage is lost. A Canadian Medical Association study which claimed customers would shy away from doing business with mentally ill employees does not appear to be impacting on any of the five organizations studied.

TABLE OF CONTENTS

INTRODUCTION	4
Mental health and mental illness defined	4
Prevalence and impact of mental illness in the workplace	5
Mental illness in the current domestic and global environment	6
The questions to be answered	10
RESEARCH DESIGN	11
LITERATURE REVIEW AND RELATED THEORIES	14
Options within existing mental health services in Canada	14
Stigma	16
The business case	17
COMPANIES WITH A PROACTIVE APPROACH TO WORKPLACE MENTAL HEALTH	23
Bell Canada	24
Great West Life	26
Manulife	28
Canada Post	29
Scotiabank	31
COMPETITIVE ADVANTAGE AND MENTAL HEALTH PROGRAMS	33
Stress	34
Globalization	35
Presenteeism, absenteeism and cost control	37
Misdiagnosis and the offset effect	40
CHALLENGES TO IMPLEMENTING MENTAL HEALTH PROGRAMS IN THE WORKPLACE	42
SUMMARY AND CONCLUSIONS	53
REFERENCES	63

INTRODUCTION

Mental health issues are achieving a heightened level of prominence in the political and business agenda (The Ontario Mental Health and Addictions Alliance, 2011, Conference Board of Canada (CBOC), 2011a). This increased attention is borne of a number of factors much of it generated by simple public pressure to confront an issue that appears to be playing an increasingly negative role in the Canadian social fabric and has been neglected by governments to date. In a September 2009 report CBOC gave Canada a “B” for its performance on addressing mental disorders, but also classified the issue as an “increasing problem”.

Mental Health and Mental Illness Defined

The World Health Organization (WHO) (2010) defines mental health in a published fact sheet as follows:

“Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community”

Health Canada (2002a, p.7) characterizes mental illness in the following way:

“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.”

Often the terms mental health and mental illness are used interchangeably and a very clear and contrasting definition is provided by Health Canada (2002b, p.7), which states the following:

"Mental illnesses are characterized by alterations in thinking, mood, or behaviour (or some combination thereof) associated with significant distress and impaired functioning. The symptoms of mental illness vary from mild to severe, depending on the type of mental illness, the individual, the family, and the socio-economic environment."

Prevalence and Impact of Mental Illness in the Workplace

Estimates vary on the actual incidence of mental health issues in Canadian society but an often cited estimation is that approximately 1 in 5 or 20% of the population will experience a mental health issue in their lifetime. Family, workplace and life event stresses are listed as the top 3 risk factors with stress being the largest determinant (Public Health Agency of Canada, 2002).

A 1998 Health Canada report estimated the direct economic impact of mental health problems in Canada to be \$14.4 billion per year using a bottom up calculation of non medical health care costs. When indirect costs are added such as days absent from work, that figure is estimated to rise to \$30 billion (Stephens-Joubert, 2001). In 2003 the Canadian Mental Health Association (CMHA) (2008) revised that figure upwards and estimates the total impact to the Canadian economy was in the range of \$51 billion and was the number one cause of disability in Canada.

Any health issue with a conservative incidence estimate of this magnitude will have significant impact on society in a number of realms. Individual and family life will be

changed, interpersonal relationships can suffer. Education and lifelong learning may be delayed or in the extreme even cancelled and it should come as no surprise that an individual experiencing mental health issues may encounter difficulty in their working environment. Difficulties can be manifested in a number of ways depending on the role performed by the individual and can also impact on co-workers. Forty-four per cent of employees recently surveyed reported experiencing a mental health issue, yet only 22 per cent received any information on mental health from their employer. Only 1 in 3 of the 20-25% of the population who experience mental illness will receive any treatment at all from any source either in or out of the workplace (CBOC, 2011b).

Senator Michael Kirby, Chair of the Mental Health Commission of Canada in a 2007 speech to the Canadian Club in Vancouver highlighted the paradox of work in citing a witness before the Senate Committee who said:

“Therein we have one of the fundamental paradoxes we face today: Work is good for your mental health and work can make you crazy” (Kirby, 2007).

Mental Illness in the Current Domestic and Global Environment

Internationally the provision of mental health services does not meet the need.

However in 2002 primary mental health treatment was present in 87% of all countries although often not backed up by a dedicated government budget (Thorncroft, Maingay, 2002). Treatment in Canada for mental health services is trending downwards instead of in a positive direction. CBOC studied the issue of overall health performance including mental illness and found Canada ranked 10th overall, but had dropped from an A ranking in the 1960's to a B ranking in the 2000's in terms of mortality due to mental illness. The report goes on to state that Canada's record on mental health has steadily

declined and that mental health services within the country are in serious need of reform (CBOC, 2011c).

In the middle of the last century Canadian society chose to move to a system of socialized medicine existing within a capitalist economy. Within that relatively robust health care system it is widely believed that mental health issues have never received the full attention that they need and deserve and the 2011 Conference Board report would support that opinion. Canadian society in general and health professionals themselves appear to have avoided the issue to date. The following quote was used as an opening line in the May 2006 Canadian Senate Report “Out of the Shadows at Last” (Out of the Shadows at Last, 2006a, p.xvii) one of the most extensive reviews of mental health and addiction issues in Canada’s history:

“In no other field, except perhaps leprosy, has there been as much confusion, misdirection and discrimination against the patient, as in mental illness... Down through the ages, they have been estranged by society and cast out to wander in the wilderness. Mental illness, even today, is all too often considered a crime to be punished, a sin to be expiated, a possessing demon to be exorcised, a disgrace to be hushed up, a personality weakness to be deplored or a welfare problem to be handled as cheaply as possible”.

Although 28 years old the quote appears to be as valid in western society today as it was in 1963 when one reads the following in a report commissioned in 2008 by Health Scotland for the WHO describing the stigma surrounding mental health. The report states that social stigma is illustrated in the following common ways:

“...through blaming people for their mental health problems ... shaming people for their mental health problems ... not wanting to get close to them ... fearing them ... calling

them names ... talking behind their back ...laughing about them ... people thinking they have nothing in common with people with mental health problems ... considering mental health problems embarrassing or disgraceful...thinking people with mental health problems are childlike ... thinking they are unintelligent' (Health Scotland, 2008)

Examples do exist of companies who are prepared to tackle the issue of mental illness in a proactive way. This paper examines the methods and experience of five large Canadian corporations who have voluntarily stepped to the fore in an effort to improve the mental health of their own employees and also play a role in educating the public and consumers on issues of mental wellness. By researching the different approaches to a common problem by companies in the banking, communications, mail service and employee benefit sectors we are able to understand the differing needs, motivators and goals of each organization in addressing the issue of mental health. The paper also examines areas where the approaches of different companies are very similar or complimentary. The five companies chosen are Great West Life (GWL), Manulife, Canada Post, Bell Canada and Scotiabank.

Despite Canada's relative drop in international rankings, great strides have been made in the area of mental health treatment globally over the last century. Society's understanding of such issues as anxiety, depression, bipolar disorder and schizophrenia for example has increased. New and better treatments have emerged; many prison like institutions have been closed down and people are able to live productive lives in the community with support (American Psychiatric Association (APA), 2011).

The size of financial impact to the Canadian economy is significant and one can argue that it raises questions about the ability or willingness of Canadian business to deal with what appear to be routine manageable costs like any other in a strategic way. A strong business case already exists for excellence in workplace health and safety and is documented in a joint report by Ontario's Workers Safety and Insurance Board (WSIB) and the Canadian Manufacturers and Exporters (CME). Many leading corporations have integrated accident prevention and ergonomics into routine operations and are advising others to follow (Workers Safety and Insurance Board-Canadian Manufacturers and Exporters, 2000).

It appears Canadians are getting mentally ill younger than our major trading partners and therefore the impact of mental illness is felt much earlier in employees' working lives (Wilkerson, 2002). The result of carrying employees with unresolved mental illness or allowing preventable illness to occur within the workplace like any other business cost not managed strategically could put Canadian business at a competitive disadvantage in the domestic or global economy.

Companies could gain a significant competitive advantage by ensuring employees can maximize their potential by having programs available to help prevent or treat mental health issues. Shareholders, however do not appear to be insisting senior management maximize their profits in this regards. Evidence shows that where employers proactively assist employees through such programs as an Employee Assistance Plan (EAP) both the employee and the company can prosper (Centre for Disease Control (CDC), 2010). Different schools of thought exist as to whether mental health programs should be integrated into EAP's but the experience, metrics and success of assistance programs

is instructive. In a global work environment where recruiting and retaining people with specific skills is critical business can no longer afford to ignore this issue (CBOC, 2011d). Canada appears poised to tackle mental illness from a political and health care perspective with the Mental Health Commission of Canada announcing recently that it will be presenting Canada wide standards for psychological health and safety standards in 2012 (Michaels, 2011). Indications are that money invested in mental health programs will pay dividends to Canadian business but a recent survey of CEO's showed that many feel their employees are at more risk than five years ago and yet with a few notable exceptions business has not engaged meaningfully in this issue to date (Attridge, 2008).

The Questions to be Answered

Two questions arise from what has been presented and are the focal point of this paper.

Why, with a strong case being made for potential financial savings, are many large private sector Canadian businesses seemingly reluctant to implement mental health programs for their workforce?

Does evidence exist that large private sector companies who voluntarily tackle the issue of mental illness and mental health in their workplace reap any benefits or suffer any consequences as a result of this activity?

RESEARCH DESIGN

This paper examines the issue of mental health programs in the Canadian workplace and their value to both employers and employees. It examines the literature available from five examples of Canadian business that have chosen to give the issue of mental health more attention within their own operations. These companies were chosen as they represent a cross section of large private sector Canadian business and they have made a publically overt and deliberate attempt to champion the issue of mental health. An examination of the external form the support for mental health takes in the community will be undertaken and the five companies' initiatives will be researched to understand how they have engaged in the issue.

Digital media plays a very strong role in the ability of corporations to communicate with interested stakeholders such as consumers, employees, suppliers and governments. All five companies have very comprehensive web sites which in many ways function as the public face of the organization. By examining each of the sites a perspective can be gained from the viewpoint of any of one of the stakeholders outlined above. For example, this research examines if company initiatives take the form of direct donations to worthy community based programs or research initiatives. It also identifies if the company encourages the involvement of staff in mental health issues or if the site is a user friendly avenue by which important information such as contacts or web links for primary mental health assistance can be obtained.

Another important perspective is that of an employer. Company websites devoted to mental health provide the opportunity to research how each of the five companies' overt

support for the cause of mental health manifests itself in their unique everyday role as a large public sector employer.

Community initiatives are often communicated to the field, marketplace and general public in the form of standard media releases or social media announcements.

Information also resides on the company web sites. These communication tools will be researched with a critical eye and full knowledge that the communications professionals in each organization will have crafted the information to showcase their employers in the best possible light. Often companies will partner or contribute to a major community or research based institution or organization and further information on the donation or partnership will reside on the website of the national or provincial body. Business organizations themselves have expanded their research in recent years to examine the benefits or downside of increased vigilance on the mental health file. This information often takes the form of commissioned studies or surveys that are then made available publicly online or in print form and can be utilized for research purposes.

Research was also conducted on the many organizations devoted to the practice of mental health and/or business disciplines which publish journals on a regular basis on a variety of topics including mental health and more specifically for the purposes of this paper, on various initiatives in workplaces. Journals such as the British Medical Journal, the Journal of Occupational and Environmental Medicine, the Journal of Nervous and Mental Diseases and the Journal of Management provides a wealth of information in this regard.

Policy research organizations such as the CBOC prepare reports and information specifically related to the issue of workplace mental health and much of this information is very recently published.

Medical organizations in the field of psychiatry and physical health have an obvious interest in the topic of mental health. The Canadian Medical Association (CMA), the Psychology Foundation of Canada and the American Psychiatric Association distribute valuable research available either directly online or through electronic libraries.

Advocacy groups and treatment centres such as the Centre for Addictions and Mental Health (CAMH), the CMHA and the Mental Health Roundtable have detailed information and best practices that look to the workplace as a place where problems often manifest themselves but also as a potential source of solutions to many of the issues.

Governments and non-governmental organizations such as the Canadian and Ontario governments and such international organizations as the World Health Organization (WHO) and the International Labour Organization (ILO) bring a local, national and global perspective to the issues of mental health in the workplace. The latter information was researched with a view to understanding Canada's role in the global economy. The business experience or incidence of mental health concerns in other jurisdictions or countries is instructive to the Canadian business reality. Information from the United States of America for example is pertinent to Canada in terms of our role as major trading partner, neighbor and ally and similarity of social structure (Central Intelligence Agency, 2011). Canada also is home to international arms of multinational companies that operate in many other countries and the experience of the home country or society can dictate the policy of companies pertaining to issues such as

mental health. Where a meaningful degree of Canadian relevance was established by social and business practice international data was researched and incorporated.

All materials researched reside in the public domain and as a result is limited by what research authors willingly disclosed publically in their work. No ethics review was required as a result of this approach.

LITERATURE REVIEW AND REVIEW OF RELATED THEORIES

Options within Existing Mental Health Services in Canada

Large public and private sector employers tend to be the early adopters of programs to assist employees to remain productive employees (Employees Assistance Professionals Association (EAPA), 2010). Larger private employers often have the capital necessary to invest in employees in such areas as professional development, child care, health and safety for example (Hartwell, 1996). Business in Canada plays an active role in other areas of our social fabric such as sponsorships in the arts or sports, championing various charitable causes, donating to health care facilities and events and/or programs for employees. Corporate giving in Canada was estimated at \$2.8 billion dollars in 2003 and at approximately 1.5% of pre-tax earnings in 2009 (Ayer, 2011)

As a major pillar of society, business by nature is compelled to consider ways by which it can implement programs designed to ensure employees are healthy and productive and that the workplace is a safe and healthy environment. Employee Assistance Programs (EAP's) were introduced during the last century primarily by larger companies to provide assistance to employees in times of need, often dealing with the impact of

alcoholism. While not designed specifically to address mental health issues they have paved the way in establishing a positive and proactive role for business in the well being of their employees. Lawrence Mannion (2004a, p.1) states the following:

“Formally, at least, employee assistance would appear to have arrived. It is recognized and recognizable, in possession of national certification (through EAPA [Employees Assistance Professionals Association]), and enjoying the prestige that comes with a degree of legitimacy”

Time spent at work is rivaled only by time spent with family. Many people define their entire lives by their role in the workforce. Like other aspects of everyday life, time spent at work can be a negative or positive experience. Pressures or stress at home or work can and does influence an individual’s ability to perform well in the workplace and pressure or stress at home or work can contribute to unhealthy personal or family relationships. Job dissatisfaction is closely linked with mental health or stress issues and the inability of an individual to deal with work overload, poor supervision or employer values (Gold, Shuman, 2009). A conundrum faces people dealing with or recovering from mental illness. Work is known to play a therapeutic role in a person’s recovery from mental illness, yet it is estimated that 90% of those with serious mental health issues cannot find work. (Out of the Shadows at Last, 2006b)

Mental health is by definition a health issue and as such is subject to the differing attitudes to health care delivery across jurisdictions. In some countries health care is a commodity to be bought and sold on the open market and health care practitioners are merchants within that market. Other jurisdictions such as the United States have heavy involvement from private insurance companies often provided as part of employment

contract provisions. Canada has a blend of public and private health care with an extensive selection of services covered by provincial government funding (Anup, 2010). Each individual province or territory makes the decision on which services should be covered. It is important to recognize the federal and provincial health care system in which these companies operate. Employer health taxes, personal income tax, corporate income tax and sales taxes are designed to fund the provision of a wide array of government health services to employees in Canada. Not all mental health services are government funded and coverage differs between provinces (Great West Life-1 (GWL), 2011). For example in the province of Ontario psychiatry is funded but psychology is not. Counseling services are often not funded by the Ministry of Health but sometimes are funded by other related ministries such as the Ministry of Community and Social Services or the Ministry of Children and Youth Services. Many Canadian private sector employee benefit plans have provision for some funding of counseling or psychologist services. Canadians live in a jurisdiction in which some mental health services are provided by the state run medical system and some are not. Companies have the option of supplementing their employee's provincial coverage with a selection of employee benefits available through such companies as GWL and Manulife. This private range of benefits can take the form of minimal or no supplemental coverage to comprehensive plans including mental health services not covered by provincial plans.

Stigma

Discussions on how to deal with mental health issues are taking place at various levels of Canadian society including the business sector and the need to deal with stigma is a recurring central theme (CBOC, 2011e). A strong business case for mental health

treatment and/or prevention programs can be made as part of an overall health and wellness program for employees yet relatively few large corporations have such a program. In order to understand this reticence, some of the more obvious potential reasons such as stigma or initial investment costs would be logical areas for investigation. Stigma has characterized and framed the debate or perhaps lack of debate and action on mental health issues in Canada to date. Stigma can take many forms resulting in discrimination against individuals, negative impacts on self esteem and even a devaluing bias against medical professionals who choose to enter the mental health field themselves (Ontario Legislative Assembly-1 (OLA)-Select Committee on Mental Health and Addictions (SCMHA), 2010a). Employees themselves also report an unwillingness to come forward and disclose mental health issues to their employer or union representative for fear of the negative repercussions such as diminishing their chances for advancement ridicule from other employees, limiting of everyday responsibilities and long lasting negative views from fellow employees (CBOC, 2011f).

The Business Case

Seventy-five per cent of larger American firms report having a physical or mental wellness strategy while only 28% of smaller or medium sized firms are engaged in a similar strategy. It also appears that smaller firms, who because of size, are often more reliant on the individual performance of each employee have the most to lose or gain (UPI, 2011).

Canadian companies exist to make profit for their owners or shareholders and may consider the value of health promotion and prevention initiatives within the business structure as a potential means of achieving a productive workforce. Services such as pharmaceutical, dental, orthotics and chiropractic for example are included in a broad selection of plans provided by private insurance companies designed to complement and enhance funded government services. The premiums for these private plans can come from employees alone, from the company or from a combination of both. It is logically in the company's best financial interest to consider providing benefit plans as one means of attracting the best employees in a competitive hiring market. In 2007 it was self reported in a study by MetLife that employee retention was the number one reason for employers to provide plans in the United States (HR.BLR.Com, 2007). It is also in the company's best financial interest to ensure that the plans are provided at a competitive cost. Keeping employees mentally well by providing a healthy and stress reduced work environment that openly acknowledges the impact of work related stress and can offer quick and affordable intervention when symptoms arise is a sound business decision that can pay dividends to companies who choose to proactively implement such programs. Rather than being considered a voluntary frill or extra the provision of services to deal with occupational stress can be considered a direct result and consequence of human involvement in the production of goods and services (Emmet, 1996). Mental health programs within companies can be a tool that limits the costs associated with the onset of serious mental illness as well as the premium costs for participation in group benefit plans.

Employee Assistance Programs have been in use in business for a long time and are designed to provide employees with counseling services related to psychological needs. International evidence exists however that despite the availability of these programs employees continue to disengage from the process of work (Kinder, Hughes, Cooper, 2008). EAP's do not appear to be keeping pace with the incidence of mental health and if disengaged employees continue to be paid by their employers whilst performing reduced or no work, profitability and productivity will inevitably suffer.

A number of resources are available to employers to calculate the cost of programs and help interested companies consider the business case for less stressful or psychologically safe working environments. Health Canada has a self assessment tool that is also featured on the GWL site. Companies are asked to assign costs to varying categories including absence, productivity loss, increase in work errors, and loss of intellectual capital, cost of staff turnover and training and a number of other areas of potential loss in stressful environments (Health Canada-2, 2009). By assigning hard figures to each area a company is able to gauge the actual cost of workplace stress.

The vast majority of companies however do not have such programs in place other than traditional EAP's. The Canadian business community is being advised of the tremendous economic impact of mental illness yet relatively few have chosen to implement programs that would seize upon potential opportunities and cost saving solutions. Only 33% of employees surveyed by CBOC reported that their employer had policies in place to promote mental health (CBOC, 2011g). Differing opinions exist within the field but it appears that a robust workplace mental health program does not fit neatly within a traditional EAP. BC Partners for Mental Health and Addictions (2011), a

group of seven non-profit providers in British Columbia promote the idea of expanded roles for EAP's on their website "Here to Help". They see the EAP as being able to fill the role of front line resource.

Other studies reach a different conclusion (Dunnagan, 2011a). The authors note the strong relationship between depression, anger, stress and job satisfaction and also note that workplace wellness or health promotion programs alone are not effective and suggest the real solution may be found within the organizational structure of the company itself.

Health care costs alone were quantified in a 1998 study by the Health Enhancement Research Organization (HERO) which found that depressed persons generated \$3,189.00 in annual health care costs while non depressed employee's costs were only \$1,679.00 (Langlieb & Kahn, 2005a). While some of these costs typically would be borne by government funded health care in Canada, a portion would find its way into employer sponsored health plans thereby raising premium costs for the affected company. Being able to manage these costs makes good business sense that has potential payoffs in a number of areas such as benefit premium costs, labour costs and productivity. Reductions in absenteeism and increases in productivity while at work are both logical sources of increased profitability. Differing jurisdictions report different findings but it is instructive to note that the Netherlands attributes 58% of work related disabilities to mental health and in the United Kingdom between 30%-40%. Being able to manage the costs associated with this type of incidence presents the opportunity for significant financial savings to the company (Rajgopal, 2010).

In a constantly changing and increasingly competitive global economy large scale Canadian companies systematically and routinely examine all areas of their operation to ensure it is running as efficiently and effectively as possible. Cost reductions in a major area such as labour can have a significant impact on the profitability and viability of large corporations and lead to increased production volumes and lower product costs (Koopmanschap, 2011). Less absenteeism can result in higher product quality, less employee turnover, less labour replacement costs and lower related human resource expenses.

Employee morale can be positively impacted by the actions of a company that demonstrates it cares about the welfare of their employees and understands the impact of working conditions on the stress levels and mental health conditions of their employees. Links have also been made between organizational efficiency and reduced occupational stress and mental wellness of employees. Evidence exists that supports the concept that proactive improvements to occupational efficiency in conjunction with improved psychosocial working conditions produce positive results particularly in lowering employee stress, positively impacting mental wellness and improving organizational performance (Arnetz, 2011).

Benefit providers such as GWL and Manulife and others offer advice to their clients on practical means of addressing mental health issues. One approach of early identification and intervention is intended to limit the overall costs of mental illness as it occurs. Another approach that concentrates on prevention advises employers to build what Great West Life refers to as a "*Psychologically Healthy Workplace*" in order to prevent the onset of mental illness (GWL-2, 2011). By implementing such strategies

benefit providers claim their clients will have healthier and more productive employees and less costs.

Continued high incidence of mental health issues within Canadian society and the workforce is an indication that corporate Canada may not be playing its part in achieving a resolution to a social issue that occupational stress is linked to. One could also argue that it is also an indication that business is not reaping the benefits of implementing strategic programs to treat or prevent mental illness and promote mental wellness.

To date many large business organizations appear to downplay the important role of human capital and employee benefit programs. It appears many of these companies don't comprehend the value of paying due attention to the personal health and success of employees. The concept that investment in employees can be of net financial benefit to an employer appears to be lost in dated thinking that views employees simply as a cost. One report asks the questions and provides potential answers:

“If human capital is so critical to an organization's success, why is it so often poorly managed? A study by Watson Wyatt found that there are three primary reasons.

Organizations find it difficult to distinguish between the cost of paying people and the value of investing in them, companies often do not make their people strategy a source of competitive advantage and finally less than half the companies surveyed used their reward plan as a source of competitive advantage” (Dolmat-Connel, 1999 p.46-53).

Birnbaum, Cremieux, Greenberg and Kessler (2000) estimated that employees with untreated depression cost companies 4.5 times more than an unaffected employee in related employee health and productivity costs.

With the link between depression and stress clearly illustrated and the growing awareness of the associated costs of mental illnesses such as depression the opportunity for business to directly impact their employee relations is tangible and capable of paying fairly immediate rewards. It does however take a different approach as traditional health programs are not necessarily a substitute for dedicated mental health programs. Companies must design a distinct, deliberate and concerted program that opens the dialogue, decreases the incidence and encourages the treatment of mental health specifically within its own program boundaries in order for the initiative to be effective (Dunnagan, 2001b). Although EAP's may have set the precedent for direct employer involvement or intervention in employee's well being, there is a difference of opinion within the field as to whether mental health programs should be integrated within the existing plans or free standing (Mannion, 2004b). Examining the approach and experience of large private sector companies who have engaged in the mental health issue may be instructive and help explain why other companies and competitors to date have a seeming reluctance to enter the field.

COMPANIES WITH A PROACTIVE APPROACH TO MENTAL HEALTH

In recent years some companies have made the decision to proactively and publicly address the issue of mental health in a positive way within their own operations. International examples exist and can be cited for research purposes but this paper will focus on large private sector Canadian companies who have chosen to go the route of proactively addressing mental health issues. Technically a Crown Corporation, Canada Post is included as much of the market it competes in today has large private sector competitors. The four private companies; Bell Canada, Great West Life, Manulife, and

Scotiabank are high profile and successful organizations within the Canadian business community. Canada Post is a crown corporation and is included in the list because they have taken a lead in becoming a primary corporate champion for the mental health cause. The four private companies are in the top 20 most profitable corporations in Canada (Globe and Mail, 2010). They have different reasons for voluntarily and publicly stepping forward to directly address the issue of mental health in the workplace. They also have different approaches to how they implement their specific programs both internally and externally to their business operations. The experience of each of the corporations illustrates a variety of methods by which companies can facilitate efforts to publicly champion the cause of mental health to varying degrees while implementing a program specifically for their own employees. As much of the information available is self reported and in the early stages of implementation, changes in behaviour either positively or negatively is qualitative rather than quantitative.

Bell Canada

In September 2010 Bell Canada launched a comprehensive strategy aimed at getting people in Canada to communicate about the issue of mental health. The strategy is called “Let’s Talk” and involves amongst other features, Bell donating a fixed amount of money to stigma reduction and other mental health programs based on the usage of long distance or text on a specific day (Bell Canada, 2011a). The President and CEO of Bell Canada; George Cope made his point very succinctly in announcing a \$10 million donation to CAMH in Toronto. Cope noted that every day 500,000 Canadians are absent from work due to psychiatric problems, which are the number one cause of long-term disability. *“So it makes business sense as well as social sense, he said.”*

(Kennedy, Toronto Star, May 11, 2011). Bell Canada describes its own initiatives to combat mental health as follows:

“Bell is introducing an extensive array of initiatives to support anti-stigma, increased access to care, additional research and the creation of an overall culture of mental health support across the Canadian business landscape” (Bell Canada, 2010a)

When compared to Bell Canada’s overall funding of charities at \$13 million per year the program is very well funded at \$50 million over five years. As a major communications company the intent of inviting Canadians to “talk” fits in very cleverly in terms of establishing a high profile charitable reputation and asking Canadians to talk or communicate which of course is the core business of Bell Canada. As technology is changing rapidly, Bell could be seen to be taking a calculated risk in a charitable field described as fraught with stigma and one could argue acting boldly and bravely.

With over 40,000 employees or team members Bell Canada has a critical mass of employees by which an analysis of the effectiveness of their own program can be performed.

In announcing the Bell program which kicked off with a million dollar donation to the Royal Ottawa Hospital, Cope challenged other Canadian corporations to follow in Bell’s footsteps in not only how they assist mental health initiatives in a charitable way but also how Bell treats its own employees. Cope described it this way:

So Bell plans to be a leader in this area and lead by example. We’re improving, effective this morning, better access to information for all of our team members, adopting best practices at work, improving the return to work policies which are so important for

people who are affected by this disease, and making sure our company is building a culture of support.(Bell Canada, 2011b, p.3)

Bell Canada has initially targeted the internal portion of the program at 4,000 Bell employees in management positions. The program is run by senior executive Mary Deacon a person with lived experience but one who also is cognizant of the potential positive financial outcomes and also refers to the issue as a “bottom line issue” (Canadian Broadcasting Company (CBC), 2011).

Great West Life

Great West Life (GWL) is a large Canadian insurance company that provides financial services including employee benefits and insurance to participating firms in a competitive market. As a service to all employers in Canada GWL offers a web based program called “Workplace Strategies for Mental Health”. This program has two objectives, the first is to increase knowledge and awareness of mental health issues and secondly to enable employers to turn that knowledge into action in a cost effective way. By bringing new information together GWL hopes to be able to convert the research into strategies that have a foundation of scientific credibility and can be implemented in a practical way in daily business life. Information is collected and shared in a collaborative way using recognized experts and the resource is available to all employers and individuals in Canada regardless of whether they are GWL clients or not (GWL, 2011c).

The site is very comprehensive and provides practical advice covering amongst others such issues as identification, coping strategies, prevention techniques, self assessment of costs and the various risks presented by differing occupational groups. The self

assessment tools allow business to examine their own operations over a period of time to determine what unresolved mental health issues are costing them and offer solutions designed to have a net positive return.

Prevention is also promoted heavily as a sound strategy that can reduce the cost of absenteeism, lost productivity and the benefit premium costs associated with mental illness. An initiative called “Guarding Minds at Work” allows employers to do a risk assessment of their own operations to determine the level of psychological safety. The case is made that a company that promotes the health of employees from both a physical and mental health perspective will be more successful in its operations and profitability. Work-life balance is promoted as a means to help employees avoid stress and related mental illness, employers are encouraged to acknowledge that family life is not separate from work life and that one will affect the other positively or negatively. While the “work hard, stay late and be successful” work ethic has dominated corporate Canada and western societal thinking for many years the GWL site dares to take a different approach and openly admit that longer working hours are the greatest predictor of stress and that stressed employees are not conducive to optimum performance within an organization. GWL’s recognition of this shift in people’s priorities is supported by the results of a 2007 survey by the CMHA sponsored by Desjardins Financial Security in which 65% of respondents felt that their own personal values regarding work-life balance were not supported in their workplace (CMHA, 2007).

Early intervention, identification and treatment are promoted as means by which an employer can achieve positive financial results when using best practices to implement mental health programs within the workplace (Human Resources and Skills

Development Canada, 2011). New and younger prospective employees in increasing numbers are looking for employers that value and promote work life balance. As a recruitment and retention tool this is very important for a company competing to attract the best and brightest recruits possible on a regular and ongoing basis. Although not specifically mentioned as a means of self promotion there is an underlying theme of financial responsibility by GWL which could reflect in a positive manner on an employer looking for a benefits provider. The site is user friendly, open to the public, well researched and credible with up to date information. A wealth of information on the issue of mental illness and wellness is provided in a thorough manner. Like the example of corporate giant Bell Canada stepping to the plate on the issue of mental health and setting an example the GWL site sets its own example for benefit providers and insurers. It can be argued that GWL raises the bar for all companies in the same field and takes the provision of valuable information to another level while positioning GWL as a responsible corporate citizen and a potential provider of choice for employee benefit packages. GWL has placed the link to the “Workplace Strategies for Mental Health” prominently on their main corporate home web page, which is significant when dealing with an issue that has previously been hidden away and discussed only in hushed tones or not at all.

Manulife Financial

Manulife’s programs exist as an example of a mental health program appearing to have undergone change. First announced in the fall of 2008 the program “Workplace Solutions for Mental Health” had similar aspirations at GWL’s “Workplace Strategies for Mental Health”. Manulife went as far as to partner with Sunnybrook Health Sciences in

Toronto and developed a web site called "www.letsfacethis.ca". This particular site has already slipped into disuse and a person accessing this site today would be directed to skin cream products and song lyrics. This treatment of a sensitive issue which still resides in the public forum does not reflect well on Manulife and may be indicative of either a lack of early commitment or not initially having thought out a long term strategy to publicly deal with the issue. It may also simply be an error in not protecting a website domain name in an adequate fashion. It appears some missteps occurred but Manulife to its credit has moved to rectify this. In 2009 the website was reorganized and the site today can be accessed easily by visiting www.manulife/wellconnected. Unlike GWL however the site is not featured prominently on the main corporate web site.

The program and site is served by a well credentialed advisory committee and is very similar to the GWL site providing solutions, realistic workplace scenarios and resources to help and encourage clients or others to implement their own strategic approach to the issue.

While GWL celebrates their website in a very overt manner, Manulife takes a much lower profile approach which is not necessarily indicative of less interest. It does however provide an example of a different approach for employers who perhaps are seeking a different, lower profile or more cautious approach to the issue.

Canada Post

Although not technically a private sector employer, Canada Post has used its position as the crown corporation responsible for delivering Canadian mail as a means by which it is able to support the Canada Post Foundation for Mental Health. Canada Post does

however find itself in a very competitive market alongside business rivals such as UPS, Purolator and FedEx all of whom are private sector firms engaged in parcel and mail delivery (Government of Canada, 2011). Through the sale of postage stamps, employee donations and online donations the foundation raised \$2.2 million dollars in 2011 for use in a variety of ways to promote and educate on the benefits of mental health with a strong emphasis on front line services where people can access help and advice or counseling directly.

Canada did not have a corporate champion who had chosen mental health as its signature cause of choice until Canada Post moved to fill this void in 2009. Canada Post recognized also that they would be required to walk the talk and moved to implement progressive mental health policy within their own workplace. The following sentences taken from the Canada Post website describe their reasons for picking mental health, the relationship to Canada Post's own working environment and their intent to promote recognition of mental health as their corporate cause of choice:

"... we take a holistic view and believe that creating a mental health-friendly workplace affects all aspects of our working lives... we are committed to this cause and to a mental-health-friendly workplace...Canada Post is proud to be one of the first large companies in Canada to champion mental health as its cause of choice. We want to place mental health front and centre so that people recognize it, understand it and, most importantly, are able to help those who are suffering. (Canada Post, 2008a)

Like Bell Canada, Canada Post has no commercial potential in direct product sales similar to the employee benefits and insurance provided by GWL and Manulife. Both Bell Canada and Canada Post have positioned themselves as corporate champions for the often neglected cause of mental health while at the same time they have ensured

they have implemented good programs and policy within their own organizations in order to reap the benefits contained in much of the literature featured on their own web sites.

Scotiabank

Scotiabank one of Canada's largest private sector banks have a program for employees called WorkAssist which is a voluntary program. Scotiabank employees are able to access this program through the existing EAP when required for services relating to what Scotiabank refers to as emotional and mental health.

A unique approach taken by Scotiabank is the emphasis placed on understanding and communicating with employees dealing with illness that is episodic in nature including a number of mental conditions such as the manic and depressive episodes of Bipolar Disorder (National Institute for Mental Health, 2011). In fostering an understanding of the difficulties faced by an employee who is well one week and out of commission the next, Scotiabank examines avenues by which the unpredictability of an employee's attendance can be accommodated. Scotiabank works with the Canadian Working Group on HIV AIDS and Rehabilitation and the Episodic Disabilities Employment Network in order to ensure their actions directly relate to the experience of the employees who need this accommodation (Scotiabank, 2011a).

While the CMHA study previously mentioned 65% of Canadians felt work-life balance was not supported in the workplace an impressive 85% of Scotiabank employees feel that they are supported, placing them in the top 10% worldwide in this category (Scotiabank, 2011b).

In 2009 Scotiabank gave a sizable donation of \$750,000 to CAMH and also formed a partnership with the Employment Support and Development (ESD) program. ESD is designed to concentrate on reintroducing persons who have dealt with or are still dealing successfully with mental illness back into the workforce. The program also educates and provides resources to recruiters at Scotiabank in order that potential matches can be properly assessed without stigma (CNW Group, 2009).

Scotiabank exhibits a firm comprehensive approach and is an example of an employer in the well established and competitive market of banking in Canada. The counseling component of WorkAssist allows existing employees quick access to either treatment or prevention. The episodic program allows employees who are partially disabled from attending work to maintain employment and contribute in a meaningful way that deals directly with the reality of the episodic nature of their particular condition. The ESD program clearly illustrates Scotiabank's desire to recruit from what may be a hidden pool of talent in order to maximize the skills capacity of their workforce. From the potential employee's perspective it gives realistic hope that Scotiabank could provide tangible employment opportunities and will also set an example to other employers.

In a speech and presentation to The Conference Board of Canada's : Workplace Mental Health 2011 Conference, Scotiabank's Deanna Matzanke, herself a person with lived experience expands on Scotiabank's first recognition of World Mental Health Day in 2010. All employees were provided with an explanation of the importance of mental health and the fact that Scotiabank was promoting mental wellness. Scotiabank works with their benefits provider who is currently GWL and deals with presenteeism in a direct way in which a three way dialogue is initiated with the employee, employer and

benefits provider to determine the best method of dealing with mental wellness including accommodation, family issues and flexible work schedules (CBOC, 2011h).

COMPETITIVE ADVANTAGE AND MENTAL HEALTH PROGRAMS

A recent report from the Conference Board of Canada very clearly states that mental health is a serious and significant business issue that requires the full attention of Canadian business (CBOC, 2011i). The report also states that in 2009-2010, 78% of short term and 67% of long term disability claims were related to mental health issues. The combination of employee absence costs and rising premium costs associated with employee business offers significant potential for companies who choose to address this issue from the perspective of competitive advantage.

A competitive advantage is an advantage over competitors gained by offering consumers greater value, either by means of lower prices or by providing greater benefits and service that justifies higher prices. The Business Dictionary (2011) defines competitive advantage as:

“A superiority gained by an organization when it can provide the same value as its competitors but at a lower price, or can charge higher prices by providing greater value through differentiation. Competitive advantage results from matching core competencies to the opportunities”.

Robert M. Grant defines basic competitive advantage as:

When two or more firms compete within the same market, one firm possesses a competitive advantage over its rivals when it earns (or has the potential to earn) a persistently higher rate of profit (Grant, 2008, p.205).

Michael Porter proposes four approaches that companies may use to obtain a competitive advantage over competitors depending on the spectrum width of the market or industry those being, differentiation, differentiation focus, cost and cost leadership (Porter, 1985). Large scale private sector employers are active in all types of markets and the four approaches could apply to varying degrees.

Stress

Motivated and satisfied employees who are productive are a basic ingredient of business success. The employment experience should be satisfying and mutually beneficial to both employee and employer. Human Resource outcomes influence organizational effectiveness (Koys, 2001). If a company finds itself spending large amounts of time or money dealing with performance issues, high turnover, low morale or excessive grievances it may signal a review of employee satisfaction is warranted including mental health or workplace stress issues.

Chrysalis Performance Inc. research shows that stress in a business may contribute up to; 19% of absenteeism costs; 40% of turnover cost; 55% of EAP costs; 30% of short and long term disability costs; 60% of workplace accidents; 10% of drug plan costs and 100% of stress related lawsuits (Tangri, 2003).

It is improbable that a business case could be made for ignoring these types of cost drivers. Any operational, organizational, marketing or production cost driver with such significant impacts would attract the immediate attention and action of most diligent managers. Every one of the above costs results in lost productivity and profits.

Many different corporations financially support and champion a myriad of charities and causes designed to improve society, cure diseases, help the vulnerable and enhance lifestyles, many of which are aligned to branding, marketing and corporate reputation (Community Foundations of Canada, 2006). Prior to Canada Post's involvement no major corporation had adopted mental health as their cause of choice. While simply supporting a certain cause is helpful and gives the donor good corporate profile, mental health has the additional proviso of an expectation the sponsoring corporations will practice, to the greatest extent possible, what they preach. One of the most obvious ways by which a corporation can overcome the cynicism and disconnects that surveys tell us exists between employee and employer is in the area of stress management. Stress is linked negatively to mental health and to company operations in an age of globalization (Ramsey, 2008, p.170). Treating internal employee stress as a serious issue is one tangible method by which a corporation can both realize the financial benefits of stress reduction and demonstrate publicly that it not only supports the cause of dealing with mental health but also is playing an active role from a preventative perspective.

Globalization

Part of the solution to the problem may lie in the emerging qualities of traditional business. Globalization has opened many doors and markets to Canadian business that was not available before. It has presented tremendous economic opportunity that a trading nation like Canada welcomes for the prospect of wealth creation, economic growth and job expansion.

Both the ILO and the WHO cite the negative impact globalization has on the stress levels of employees. Demands by employers that employees be able to keep pace in an ever changing business world are shifting the emphasis from hard physical labour to hard mental labour with the need for new and different product lines and concepts and tighter deadlines and budgets. Constant organizational change can have an unsettling effect on employee morale and a direct parallel has been drawn between periods of economic unrest, job insecurity, downsizing or mergers and cost incurring job related accidents and illness (Mental Health Commission of Canada, 2011).

Excess stress in home or work life is linked closely to the incidence of mental illness and heart disease and ulcers (CMHA, 2011). While some stress is normal in everyday life and is part of being human, repetitive and unresolved stress can lead to chronic stress and physical and mental ailments. Stress was defined by a pioneer in the field of stress research, Dr. Hans Selye as “...*the non specific reaction of the body to any demand for change*” (American Institute for Stress, 2011).

Advice and resources are available to companies investigating the possibility of implemented stress reducing initiatives within their own organization. The Psychology Foundation of Canada (2011) suggests that a company seriously interested in realizing the benefits of a stress reduced work environment needs to have a plan that alerts employees to the existence of a plan and allows for feedback. It should also be flexible by considering work hours, encouraging exercise and using all vacations and activity. How a company treats the physical and ergonomic working environment is important and sends a message to the workforce. Management itself should mirror and practice various methods of stress alleviation and should receive regular education on the

importance of mental health and stress reduction and be equipped with the management skills to recognize potential problems as they arise and have the people skills necessary to deal with situations.

Presenteeism, Absenteeism and Cost Control

C.S. Dew and E. Lin (2001) explore the issue of “presenteeism” and the correlation between mental illness and days of unproductive time spent at work. “Presenteeism” is a term used for employees who are able to attend at work and are compensated but because of mental health issues are unable to be fully productive. While other studies focus on lost work days and absenteeism Dewa and Lin focus on those who attempt to do the right thing and attend work but are not productive and may even exacerbate their problems . They state:

Consequently, they dutifully show up to work day after day without seeking treatment. Yet, if the mental illness is related to the workplace, they may be subjecting themselves to the factors that could exacerbate the problem (Dewa-Lin, 2001, p.41-50).

One of the major drivers of competitive advantage is being able to control costs better than competing firms while producing or delivering a quality product or service of equal or better value. Companies with a large labour component to its operations have the potential to control labour costs in a number of ways including innovation and increased productivity. Controlling absenteeism is an obvious method by which costs can be minimized and productivity enhanced. Controlling presenteeism by ensuring that all employees are able to operate at or near peak performance mentally and physically is also a strategy that can deliver positive financial results. Mental Health America asserts

that the costs of not dealing with employee mental health issues in a proactive way exceed costs incurred by the introduction of a program and goes as far as to describe mental health programs as an absolute necessity in today's competitive environment:

“Mental health education efforts more than pay for themselves—in fact, they are a business necessity and offer a competitive advantage” (Mental Health America, 2011a, para.13).

Evidence shows us that traditional EAP's and wellness programs pay dividends to companies who implement them in a strategic manner. Despite this knowledge and the self reported findings for example by Detroit area business 76% of which feel it is an employer's responsibility to promote wellness amongst their employees, yet only 46% have a formal strategy in place. Larger employers are more likely to have a program in place and many small businesses feel that such a program is beyond their financial means. Alliances can be formed with health care providers or private sector companies that would benefit small to medium sized business and yet many of those businesses continue to deal with the rising costs of not having wellness programs in place. (EHS, 2004).

In 2010 a study by Met Life found that controlling benefit costs had surpassed employee retention as the number one objective for American companies. Shifting to a pay for prevention strategy to enhance productivity and profitability through improved employee wellness both physical and mental is emerging as a sound business strategy that focuses on keeping employees well.

Savings in gained productivity, lowered absenteeism and lower premium benefits can be quantified in a number of ways. A study in Arkansas found that the cost of lost

earnings to employees or employers outweighed the cost of treating depression (Zhang M., Ross K. & Fortney J, 1999) by comparing simple wages lost from time off to the cost of treatment provided by the patients or benefit providers. No allowance for increased productivity or related health cost reduction was made which would have made the investment in treatment even more favourable.

Another study looked at the costs of intervening in the absence of long term disability claimants and screening for depressive symptoms. The study concluded that if only 10 of every 2500 claimants returned to work as a result of treatment for depression the cost of intervention was covered (Leon, Walkup & Portera, 2002).

When a study was conducted to determine what modifiable conditions or actions caused the most increase in ancillary health care spending a surprising result was that depression led the list which also included smoking, poor diet, high cholesterol, excessive alcohol consumption and other seemingly more obvious options. Depressed employees had a 70% higher health care cost than non depressed employees over and above the treatment costs for depressions. Depressed persons are much higher consumers of health care dollars unrelated to traditional treatment for depression. Highly stressed employees were 46% more expensive in the survey and depressed and highly stressed persons registered 147% higher overall health care costs than a typical non stressed and non depressed employee.

Misdiagnosis and the “Offset Effect”

Panic disorders showed similar results in visits to primary care providers. In a phenomenon described as the “offset effect” it was discovered when researching 61 subject employees that their total annual health care utilization included 313 visits to general practitioners and specialists other than psychiatrists. After proper treatment for panic disorder, visits to the same general practitioners and specialists dropped by 94% the following year to just 15 visits for the entire 61 employees (Salvador-Carulla, 2005).

The “offset effect” involves individuals seeking treatment or advice on the physical effects of what eventually is diagnosed as a mental condition. A large number of patients citing chest pain or abdominal distress for example will even undergo a series of tests often expensive and often risky to investigate potential heart or stomach issues which eventually are diagnosed as panic. Mental health programs within companies could provide front line assessment for psychological issues prior to the more rigorous and expensive medical procedures which often induce even more stress and anxiety within an individual. By having this treatment option readily available and easily accessible employers could avoid the offset effect and the related loss of productivity and absence that accompanies more intrusive medical procedures. The patient could also begin proper treatment far more quickly for the accurate mental health diagnosis. Studies show for example that between 18-40% of patients presenting with chest pain and suspected cardiac problems are actually dealing with panic, anxiety or depression (Huffman, 2003). Misdiagnosis in this regard elevates costs in a number of direct and related ways and can negatively impact the profitability of a company.

The authors of the study in support of the concept that accessible and rapid treatment for depression and stress are sensible and profitable investments for companies categorically state the following:

If a larger proportion of employees in employer A's workforce were depressed, when compared with a competitor's workforce, then employer A's benefit and human resource expenses were likely to be greater—all else being held equal (Goetzel et al, 2002, p320-330).

In economic times of fierce global and domestic competition amongst corporations it appears that the potential for positive competitive advantage can be obtained through a strategic and well planned approach to mental health issues within a company. If absenteeism, presenteeism, productivity, benefit premiums, retraining and recruitment costs can be controlled while employee morale rises through the implementation of a stress reduction approach and mental health programs, the literature appears to bear out the fact that a company will achieve competitive advantage over a company who chooses the status quo of denial, misdiagnosis or disinterest.

In 2002 Dofasco examined information researched from their own employee files and found that not only were physical health determinants such as smoking, obesity and high blood pressure linked to increased accident incidence and absence from work but so were those employees dealing with psychological issues. By determining the link between health and wellness and safety at work, physical and mental wellness can be viewed with the same eye towards savings and productivity as proven health and safety initiatives (DiGiacomo, 2002).

How companies are able to deal with the pressures of globalization or even increased domestic competition and ensure that their staff is working hard and productively but not under stressful conditions is the key to achieving competitive advantage over other companies who are either not running as efficiently and effectively as possible or at the other end of the spectrum are burning out employees, having problems with recruitment and retention and facing increased benefit premium costs. Resources exist for companies to assess the level of stress within their organizations and consider changes to reduce stress levels. Resources are also available to determine the costs of implementing a proactive program to reduce workplace stress and provide mental health services and programs to employees.

A simple but comprehensive cost benefit comparison is instructive for a company which is looking to increase profitability by investing in the mental wellness of their employees. Like any other traditional investment the pros, cons, costs and savings can be fully evaluated and a program implemented to improve profitability.

CHALLENGES TO IMPLEMENTATING MENTAL HEALTH PROGRAMS IN THE WORKPLACE

Despite having either access to or knowledge of the potential for increased profitability and positive competitive advantage the number of large private sector companies choosing to implement stand alone mental health programs in Canada is relatively small. In a survey of Canada's top 100 companies performed by Medisys in 2008 all companies reported having an EAP, approximately 90% offered health seminars and fitness programs, 45% offered individual physical health assessments and yet only 20% offered individual mental assessments. On a more optimistic note 55% of companies

who were re-evaluating their wellness programs were looking at mental health as being an important feature of the reevaluation process.

Companies cited the top three reasons for having a wellness program as employee satisfaction and engagement, increasing productivity and improving corporate reputation. Cost reduction came in as the fourth and fifth highest response with disability cost and prescription drug benefit costs. Although generally satisfied they have a wellness program, very few of the companies actually took the time to quantify the results in a formal or strategic manner. It is also very interesting to note that employers had much lower expectations of their wellness program than the results revealed they were receiving. The study concludes that the time is approaching when Canadian employers who do not have wellness programs will be rare exceptions and that coupled with an increasing interest in reevaluating the mental health component of the plans could show a potential increase in companies with mental health programs (Medisys, 2008). Currently though it appears that companies do not have a firm measurement of success or failure of their existing wellness programs and without that information little incentive exists to expand into more adequate mental health programs.

One could argue this lack of attention to measured outcomes gives rise to the notion that corporations are simply mimicking competitors. Corporations could be offering wellness programs simply to keep pace with competitors and with little regard for whether positive results are being achieved.

Mental illness is trending to become the number one cost driver of disability claims by 2020, already accounting for 30-40% of total claims and costing Canada 2% of its

economic output every year (CBC, 2009). This information is relatively easily obtainable by any CEO or HR professional and yet action is slow on this issue suggesting that some complicating issues may make dealing with mental illness different than managing the routine minimization of other costs drivers which is viewed as sensible business practice.

“More than ever before, employers are recognizing the value of a healthy workforce and are viewing wellness programs as an investment to help address their business objectives,” says Dr. Ronald Leopold, vice president, U.S. Business, MetLife. “However, many appear to be underestimating this tool, especially compared against the perceived value by their employees.” (Business Wire, 2010).

Actual medical costs account for less than half of all health and productivity expenses incurred by large companies in the United States. At 47% it is the largest of all expenditure groups compared with turnover accounting for 37%, unscheduled absence at 8%, non-occupational disability at 5% and workers compensation costs at 3% (Goetzel, 2001, p.10-17). Employers appear to be hesitant to enter into further increases in benefit premium costs especially during times of economic unrest. It appears however that their scrutiny may be on the smaller (47%) side of the equation and not paying enough attention to the 53% side which shows greater promise of cost savings under a well run strategic mental health program.

Human Resource staff could be tempted by the myth that treatment for issues such as depression is abused by employees, is not effective and is therefore an appropriate option for cost cutting measures. This could be a very costly misconception for employers to make and it could be indicative of the overall culture of misinformation that

surrounds the mental health issue in general (CMHA, 2004) Early intervention and treatment is key to successful outcomes (OLA, 2010b) and under-treatment by limiting the number of mental health visits is potentially the worst of both worlds in which expenses are incurred but not for long enough to realize the potential savings from a mentally well employee. Mental health professionals themselves can be part of the problem by refusing to release an employee for return to work, when the work environment has been identified as a source of unhealthy stress. Due to patient confidentiality mental health professionals and employers often do not talk or share information that could aid in the employee's recovery (Marlowe, 2002).

Employers may not always see or realize that an employee is dealing with stress depression, anxiety or other mental illness. Often the employee is being treated for physical symptoms and not the underlying mental health condition. In this circumstance the employee may not be aware that the cause of the ailment is actually related to mental wellness.

Employers appear to be focused on the direct cost of benefit provision and not on the reality of the staggering costs of depression and other mental illness amongst their own employees and the widespread incidence. Evidence already listed pertaining to the "offset effect" shows that employees with untreated mental illness become much greater users of the physical health system and therefore more expensive employees who reduce competitive advantage. Ironically in this regard cutbacks to expenditures result in greater long term expense to the company and are a pyrrhic short term victory at best (Langlieb & Kahn, 2005b).

Many myths still surround the issue of mental illness in society and it would stand to reason that many of these myths are subscribed to by employees at all levels in Canadian workplaces. A study by the International Labour Organization (ILO) (2000) in Geneva listed 5 myths surrounding mental health those being; that mental illness is the same as intellectual disability, recovery from mental illness is not possible, mentally ill or people with previous lived experience are inferior employees, mentally ill people cannot tolerate job related stress and finally that mentally ill people are violent, unpredictable and dangerous. If the stigma associated with these inaccuracies in society is mirrored in the workplace then important human resources decisions are possible being made on flawed information.

These myths appear to have continued to impact people's decision making throughout the decade. A study by the Canadian Medical Association (CMA) (2008a) concluded the following:

“ a large majority of the population would not do business with people with a mental illness; 58% would be unlikely to hire a lawyer with a mental illness; 58% would not use a child care worker with a mental illness; 58% would not hire a mentally ill financial advisor; 61% would not use a family doctor with a mental illness and 50% likely would not tell a friend or co-worker about mental health in their family.”

These numbers are illustrative of the prevailing attitudes towards mental health in Canadian society. For a company concerned with its profile or image and wanting to please the majority of consumers it appears that the field of mental health is a marketing minefield. A law firm for example who had a publicized mental health program would in effect be admitting it had employees with mental illness. Fifty-eight percent of

Canadians would not hire a lawyer with a mental illness. Some firms might be dissuaded from publicly engaging on the mental health issue in order to continue to satisfy the 58% of the market making purchasing decisions based on the myths of mental illness.

Previously mentioned firms Scotiabank, Bell Canada and Canada Post have taken a pioneering step in confronting this issue. All three firms have decided to speak out against the impact of stigma (Bell, 2010b, Scotiabank, 2011c, Canada Post, 2008b). In deciding to take this step the firms openly admit that they have employees suffering from mental illness. Those employees are the same people that the CMA report indicates a majority of people would prefer not to deal with. It is easy to infer that these actions are both courageous and risky for a number of reasons. The images conjured up by the theme of mental illness are not necessarily good and positive ones, rather they would be in keeping with myths outlined in the ILO report; incompetence, lack of hope, doomed to failure, prone to stress, incurable and other negative stereotypes. Corporations when choosing a cause to align themselves with an organization, event or cause often choose positive images such as saving trees, funding kid's sports, buying school supplies for underprivileged children for example. In this case these pioneering firms have decided to speak openly about an issue that the majority of people view in a negative light. There is an obvious business risk to this strategy in that consumers may directly connect the image of the 3 corporations to a negative issue and therefore shy away from them commercially. It is important to recognize the difference between image and reputation. Image is the mental picture that people have of an organization, reputation is an opinion held by the beholder which is a value judgment of the attributes

of the organization (Reference for Business, 2011). One could argue that a corporation could have a negative image and a positive reputation or vice versa. On the opposite and positive side a corporation may obtain commercially positive notoriety and positive reputation as forward looking organizations that are prepared to be pioneers on this issue and challenge society to take a closer look at an issue that is holding business and society back in a variety of ways. A comparison of this type of issue marketing is the “United Colors of Benetton” marketing of a clothing line in the 1980’s which took on stereotypes and strongly promoted diversity in a world strife with conflict. This approach was a strong departure from typical advertising and marketing which while sometimes portraying a social message steered clearly away from controversy. Benetton approached issues head on and their ads were often victims of censorship and conflict but the message seemed to resonate as the clothing line became very successful while forcing the public to think differently about many taboo issues such as war, racial conflict and HIV-Aids (Benetton, 2009).

A balance of the business risks involved to the corporations listed as examples has led each of them to proceed to corporately champion an issue that by many accounts needs strong support from the all sectors of society including the corporate sector. Not all corporations are willing to take this type of risk but often seeing another company succeed in this regard will motivate competitors to consider a new strategy. An example of this may be the United Way movement which struggled for a number of years to find its footing in the Canadian business world but then grew into a concept where it is unusual to find a large corporation today that is not somehow involved with

United Way. In their 2010 annual report the United Way of Canada lists almost 90 large recognizable companies who are major donors (United Way, 2010).

Stigma may also be playing a negative role in diminishing the ability or desire for corporate Canada to play a more active and positive role in the issue of mental health.

Recent reports dealing with mental health issues both in workplaces and in general society raise stigma as an issue that needs to be dealt with in order to properly address mental wellness. Goffman (1963) provides a definition of a stigmatized person as follows:

“He is thus reduced in our minds from whole and usual person, to a tainted discounted one” (GOFFMAN.1963 p.3).

There is no reason to suggest that those responsible for hiring or human resource decisions within corporate Canada have any different approach to stigma than the societal norm. During the hiring process corporations are not typically seeking to hire “tainted or discounted” persons. Nor would these same “tainted or discounted” persons be the target for retention in times of staff rationalization. This leaves the employees in the vulnerable situation of fearing coming forward and confiding in their employer for fear of future retribution, job security or limiting their own promotional opportunities.

Stigma can affect the human resource decisions of a corporation as uneducated opinions held by very normal and ordinary members of management are brought to bear in everyday corporate life. With no one to challenge, champion or educate staff on the reality of mental illness the issue is quietly dealt with in the wrong way or not at all.

Corrigan and Watson describe the impact of stigma as:

“The stigma of mental illness strikes with double misfortune. On one hand, stigma yields a public that misunderstands the course and impact of mental illness (“They are all dangerous!”) and discriminates against people with these disorders as a result (“I’m not going to hire them.”)” (Corrigan, 2002a).

There is also no reason to suggest that those dealing with the lived experience of mental illness hold any different opinions than the general population that mental illness somehow diminishes the worth of an individual. This leads to a situation in which the affected individual buys into the argument that they have become less attractive to employers, incompetent, prone to stress, violent or undisciplined. This is known as self stigma and the thought process is self described as manifesting in the following manner:

I perceived myself, quite accurately unfortunately, as having a serious mental illness and therefore as having been relegated to what I called “the social garbage heap.”... I tortured myself with the persistent and repetitive thought that people I would encounter, even total strangers, did not like me and wished that mentally ill people like me did not exist (Corrigan, 2002b).

A person who has bought into their own unsubstantiated degradation is unlikely to come forward and disclose this condition to the source of their income and will likely attempt to hide the fact that they are dealing with mental health issues for obvious fear of corporate discipline which in their own minds they might feel they deserve. In this way corporations are hidden or shielded from the reality of what individual employees within their current staff complement are struggling with on a daily basis and may be operating

under the misconception that their work force has escaped the impact of mental illness on the population at large.

This standoff leaves both employer and employee in a precarious situation; the employee does not get the support or accommodation that may be necessary for recovery and the employer has an employee who may be struggling, absent, underperforming or under producing and having negative effects on staff productivity which in term impacts competitive advantage.

Resources and information exist in the public and private domain for companies to utilize in order to deal progressively with mental illness amongst their workforce.

Despite this availability of information the issue has been minimized as a taboo subject and very few staff receives proper training or support in how to adequately deal with a mental health situation in the workplace (CBOC, 2011j). When one considers the potential magnitude of unresolved mental or physical health issues such as contained in a study in 1997 it is surprising to see just how little attention is paid to the issue. The study by an insurance organization in the USA found the following symptoms of unresolved stress at work. The results of the survey revealed that 56% of employees reported being under immense pressure and 48% reported acting on this stress in a variety of ways, such as cutting comers on quality control, covering up incidents at work, lying about sick days, and deceiving customers. A staggering 88% of respondents reported physical and or psychological reactions to their pressure, with insomnia, headaches, depression, weight changes, and panic attacks being the most frequent in the listed order (Dana, 1999).

This would seem to be a compelling call to action for employers and a sensible option to look for ways to improve product quality, employee honesty, absenteeism and outright fraud or deceit. Business in the western world is operating in a climate where 1 in 5 employees surveyed in a British study felt that merely mentioning stress to a supervisor would significantly raise their chance of job loss and yet work was listed as the most stressful aspect of the person's life by 41% of respondents. In Canada it appears that business thinks it is doing a good job of dealing with mental health but employees disagree. Eighty-two per cent of executives believe their company is fostering a healthy workplace when it comes to mental health, yet only 30% of employees would agree. Forty-four per cent of managers have no training at all in dealing with mental health issues yet it forms the vast majority of short and long term disability claims and only 29% of employees would agree that management is doing a good job in handling mental health issues (CBOC, 2011k). Often employers do not know and do not attempt to seek out the true extent of the problem within their own operations. Mental health is often lumped in with other health services and becomes an underappreciated facet of the overall program where the focus is on physical health and wellness. Data collection in this regard does not always isolate mental illness as an issue to be dealt with on its own.

Part of routine training for a front line manager or even human resource persons would not typically include knowledge of how to deal with a mental health issue, nor how to identify or recognize a problem. In many areas of Canada high quality psychiatric services are not readily available even if a mental illness can be identified and what services are available often involve long wait times and sometimes extensive travel.

Employers often think suggesting mental health evaluation or treatment automatically involves disability leave and related expenses. Accommodation for a mental illness is often a mystery that either baffles or scares both employer and fellow employees due in large part to the myths that continue to linger around the issue. (Langlieb & Kahn, 2005c)

SUMMARY AND CONCLUSIONS

Society is coming to the realization that mental illness has been ignored and avoided for many years yet is largely a very manageable condition for which great strides in treatment have been made in recent years. Business on the other hand appears to have been slow off the mark and continues to lag behind. The breadth of difference in survey results shows that business thinks it's engaged and committed to employees physical and mental health and wellness, yet employees disagree and feel employers could do much more.

The literature available demonstrates that currently most business appears to be willingly avoiding dealing with an issue that could make a dramatic difference in improving profitability and positively impacting competitive advantage through cost reduction, productivity increases, lower absenteeism, reduced presenteeism and increased staff morale. Companies achieve competitive advantage not only through innovation but also by simply doing existing things differently and change is not a natural act particularly in large successful companies (Porter-2, 2001, p.75).

Employers may be living in a world of ignorant bliss, not hearing from employees that mental health programs are needed, but also not realising that the business climate of their company and the nature of mental illness are not conducive to employee disclosure. If no other competitor is using mental health programs as a means of competitive advantage and the company is running profitably then little incentive exists to initiate any form of change.

From an internal perspective companies may be using a competitive negotiation strategy with their own employees. By depriving employees of mental health programs and avoiding the cost, companies may feel they have struck a winning deal for themselves in terms of employee costs. What is increasingly apparent is that this is actually a win-lose approach that is indicative of a situation where the employer may be concerned about the outcome in benefit cost and not overly concerned with the future relationship with their employees. The reason for this lack of concern may be the company is unaware that any mental health issues exist within their company. The end result is a small win in short term costs but a much greater loss in productivity, attendance, quality and health care costs or premiums. Both sides lose in external competitive advantage if a competitor moves on implementing a mental health strategy and realises competitive advantage putting the company's viability and employee job security at risk. If employers are aware mental health problems exist but decide willfully to ignore the issue then an avoiding negotiation strategy with employees may be an apt description. This strategy may also be accompanied by avoidance from the employee side as fear of disclosure again may hide the severity of issues from the employer. The

end result of this strategy is lose-lose and signals that one or both sides is not interested in proceeding with the issue any further (Lewicki, 1996, p.57).

Creating a culture in which employees feel comfortable confiding in company officials is not an easy step, especially when mistrust currently prevails. Many people with mental health issues do not even confide in family members. A culture of trust needs to be established before employees will reveal the details of personal health issues. Deciding to investigate the pros and cons of implementing a mental health program from a number of angles is a sensible first step for any organization and assistance and advice is available from the government or often from the company's own benefit provider.

If companies will not act voluntarily in their own best interest then perhaps market forces will compel that change in an "adapt or perish" scenario. Corporate altruism alone in the field of mental health doesn't appear to have caused any progress based on past experience. What does appear to have an anecdotal impact however is that many of the more outspoken executives and politicians who are showing leadership in this regard have witnessed treated and untreated mental health issues within their own families and often with a tragic result. People who have become strong advocates for mental health include Ontario Minister of Health David Caplan, former federal Finance Minister Michael Wilson, former Lieutenant Governor of Ontario James Bartleman, General Romeo D'Allaire, Bell President and CEO George Cope, former Canadian Olympians Clara Hughes and Liz Manley, former CBC announcer Valerie Pringle, senior Bell executive responsible for mental health issues Mary Deacon and many other public figures who have spoken out publicly on this issue. All have been compelled not necessarily by business or political reasons alone but also by personal stories within

their own family. As these public figures speak out on the issue it may reduce stigma which may in turn send a signal to corporate Canada that this is an issue whose time has come. It could reduce the seeming reticence of companies to become involved in this issue.

In reality the issue may be a consumer or retail issue as the costs of untreated mental illness within companies are eventually passed onto the end user. No competitive advantage exists when a very large percentage of the corporate world continue to avoid this issue and are not prepared to invest in order to drive their own cost of production down and lower prices to the end user or increase earning for shareholders. As long as one company does not decide to play an active role and reduce costs and prices, all companies can continue to avoid this issue and perhaps unwittingly avoid potential cost savings or increased profitability. The evidence indicates any company that moves to seriously deal with the impact of workplace stress and mental health, and does it correctly, should achieve relatively rapid and significant return on investment. The figures presented are of such a magnitude that it could potentially begin a domino effect by which a company would not be able to compete, especially in labour intensive markets, unless it had a reasonable mental health and stress reduction program. If consumers were aware that not having a mental health program was potentially raising prices perhaps those same consumers would feel differently about the current myths driving stigma in the marketplace.

Stigma continues to pose a significant risk for the commercial ventures of profit making companies. Before entering into the issue in a significant way the company must decide if it is prepared to weather the negative effects of the stigma that may still exist.

It must balance that potential against their own corporate values and determine whether they want to be a catalyst for change within their own organization and in the community on this issue. The potential may exist for a company to reap the value of being a first adopter in an issue that is increasingly gathering the public's attention. Mental health advocacy groups, government and government agencies, health professionals, foundations and charities are examples of organizations that are engaged in educating people and challenging the myths that we've lived with as facts for a long time. The Mental Health Commission of Canada (2009) launched the "Opening Minds" initiative as the largest anti-stigma campaign in Canadian history. In order to establish proper baseline costs from which a corporation's progress can be measured, the Mental Health Roundtable (2007) has developed the CFO Framework for Mental Health and Productivity. This initiative encourages senior finance executives to implement a rigorous system to measure progress or lack thereof as a result of the introduction of mental health initiatives. They also request Canadian business to establish meaningful objectives and benchmarks in order to gauge the impact of mental health programs. Benefit costs, absenteeism and presenteeism, productivity and overall mental disability are suggested as good potential metrics that could gauge success.

The presence of even a small number of large recognizable corporate names goes a long way towards normalizing an issue that has been treated as abnormal in the past. No company, whether large or small should have any reason to feel they are exempt from mental health issues. Mental health issues cut across all income levels (Alegria, 2000). Most if not all companies should expect that the same proportion of people dealing with mental health issues in the general population will be mirrored within their

own walls. They should also anticipate that the same numbers of people who still subscribe to the many myths that drive stigma will also be represented and perhaps resistant to continuing to work with a person dealing with mental illness. Fifty percent of survey respondents would not confide in a co worker that someone in their family was dealing with mental illness let alone confide that they themselves were dealing with an issue (CMA, 2008b).

Companies not interested in considering the issue from the perspective of good employee relations or from a heightened sense of corporate social responsibility may want to consider financial implications. Shareholders and investors have a major interest in the issue of mental health but it is not a regularly discussed issue when market reports are issued. The 2006 Economic Business Plan for Mental Health and Productivity lists five items a well prepared investor should be looking for from a mental health perspective before investing in a company. In speaking to considering employees the greatest asset a company has in a brain based economy they believe that financial performance improvements can be quantifiably linked to improved mental health services for employees. The report states that human capital is more valuable than financial capital in terms of shareholder value. The report continues by showing a positive link between employee attitude, well being and financial results and that reshaping corporate culture is just as important as monitoring financial outcomes. The list is completed by suggesting that a compelling place to invest is a compelling place to work and that by making employees feel they count better financial returns should be realised (Mental Health Roundtable, 2006).

Bell Canada, Great West Life, Manulife, Canada Post and Scotiabank are 5 companies that have publicly stepped to the fore in this issue. All do and can expect to see positive financial outcomes as a result of this action. They seem prepared to battle any negative market impact of stigma by tackling the issue head on by way of anti stigma campaigns that have a positive public message but also contain an element of enlightened self interest if the public can be educated.

This paper asks two questions:

Why, with a strong case being made for potential financial savings, are many large private sector Canadian businesses seemingly reluctant to implement mental health programs for their workforce?

Does evidence exist that large private sector companies who voluntarily tackle the issue of mental illness and mental health in their workplace reap any benefits or suffer any consequences as a result of this activity?

In answering the two research questions the following conclusion is reached.

Companies may shy away or not even consider mental health programs for some of the following reasons:

As mentioned previously, large private sector Canadian companies do not monitor the results of existing wellness programs in a meaningful way and are often unaware of the excellent return on investment they already receive from fostering employee wellness. Moving into a new area such as mental health is unlikely without the benefit of past experience with employee programs.

Stigma is still a prevalent issue and myths continue to skew the opinions of Canadians when asked to comment on mental health issues. To date, although this may be changing, no strong public push for reform has materialized as it has in the past for such issues as workplace fatalities and hazardous materials for example. The nature of mental illness and the stigma of disclosure often culminates in situations where employers are unaware they have employees who are suffering and coping with mental illness.

One of the questions directly asks the question if workplaces reap benefits or suffer consequences as a result of mental health programs and the paper has examined two major pieces of evidence that appear contradictory. The 2008 Canadian Medical Association report previously cited states that in a variety of ways a majority of Canadians would not do business with a person dealing with mental illness. The report by the 2011 Conference Board of Canada, also previously cited, supports the evidence that people with mental health issues are working everyday in Canadian workplaces, albeit often with untreated illness. The author has found no evidence that customers are shying away from the five companies studied or that any change in market share has been realised either positively or negatively as a result of actively and publicly engaging in the promotion of mental wellness. Each of the five hopes to realise better productivity and profitability through their actions and while the change in culture and organization may take a period of time to provide tangible results all five companies seem confident that financial rewards will follow.

The contradictions appear in the following ways: With the prevalence of mental health issues in the Canadian workplace, people who respond negatively in conducting

business with a person dealing with mental illness probably have done so on a number of occasions and not been aware. It does not appear that consumers are acting in accordance with their stated intentions in the CMA report. No evidence is available that would show people do not bank with Scotiabank, or buy phones from Bell, or use Canada Post for mail, or use either of the benefit providers GWL and Manulife simply because they employ, like all other large private sector companies in Canada, people dealing with mental illness.

The results of the CMA study are based on the myths that still exist and are advanced by the media surrounding the topic of mental health as outlined in the introduction. The myth and stigma that people dealing with mental illness are violent, dangerous, childlike, unreliable, unpredictable, prone to stress and a host of other negative stereotypes would logically influence the survey answers. The reality of mental illness however is much more subtle, many employers have employees dealing with mental health issues, sometimes with, but more often without the knowledge of the employer or the client or consumer.

By dealing openly with an issue that already forms a part of everyday business life in Canada the five companies studied set an example for other companies to follow. Despite evidence in the CMA report showing a consumer backlash was possible, none has been reported by any of the companies studied. Should the potential tangible financial benefits outlined by many other reports materialize then the companies have achieved a win-win scenario in which they have fulfilled their fiduciary responsibilities to shareholders while at the same time exhibited admirable corporate social responsibility for which they deserve recognition that may come by way of enhanced reputation or

awards but could also take the form of improved financial performance. While specific information is not available from any of the five companies on the measurement to date of progress in the field of employee mental health. Mental Health America (2011b) reports that many American firms report that promoting mental wellness has resulted in lower medical costs and financial gains and refers to the adoption as a “bargain in the long run” and emphatically states that mental health programs are a necessity in today’s business world and do offer competitive advantage.

REFERENCES

- Alegría M., Bijl R., Lin E., Walters E., Kessler R. (2000). Income Differences in Persons Seeking Outpatient Treatment for Mental Disorders. A Comparison of the United States with Ontario and the Netherlands. *Archives of General Psychiatry*, vol.57.no.4, April 2000. Retrieved August 27, 2011 from: <http://archpsyc.ama-assn.org/cgi/content/abstract/57/4/383>
- American Institute for Stress, (2011), Definition of Stress. Retrieved August 23, 2011 from: http://www.stress.org/Definition_of_stress.htm
- American Psychiatric Association, APA History (2011), Retrieved June 16, 2011 from: <http://www.psych.org/MainMenu/EducationCareerDevelopment/Library/APAHistory.aspx>
- Anup S. (2010). "Global Health Overview." *Global Issues*. Oct. 2 Ed., Retrieved August 3, 2011 from: <http://www.globalissues.org/article/588/global-health-overview>
- Arnetz B., Lucas T., & Arnetz J. (2011). Organizational Climate, Occupational Stress, and Employee Mental Health: Mediating Effects of Organizational Efficiency. *Journal of Occupational and Environmental Medicine* Vol. 53(1), p.34-42 Jan. 2011. Retrieved August 8, 2011 from: http://0-ovidsp.tx.ovid.com.aupac.lib.athabascau.ca/sp-3.4.1b/ovidweb.cgi?&S=KGMOFPELBDLDDOLENNCBLCDJJCJEMNAA00&Link+Set=ib.search.47%7c1%7csl_10
- Attridge M. (2008) Human Solutions Report, (2008). The Business Case for Managing Employee Mental Health. p.20. Retrieved September 6, 2011 from: http://www.homewoodhumansolutions.com/docs/HSreport_08.pdf
- Ayer, S. (2011). Imagine Canada. Corporate Giving in Canada: The Latest Data, Trends and Implications. Retrieved September 6, 2011 from: http://www.imaginecanada.ca/files/www/en/partnershipforum/ayer_en_june2011.pdf
- BC Partners for Mental Health and Addictions (2011). Here to Help, Mental health and substance use information you can trust. Retrieved September 12, 2011 from: <http://heretohelp.bc.ca/publications/workplaces/alt/1>
- Bell Canada (2010a). *How Bell is Supporting Mental Health (Sept.2010)* Retrieved May 6, 2011 from: <http://letstalk.bell.ca/initiatives/>
- Bell Canada (2010b) The Bell Mental Health Initiative Anti Stigma: Stigma Compounds Suffering (Feb. 2011) Retrieved August 12, 2011 from: <http://letstalk.bell.ca/initiatives-anti-stigma/>

Bell Canada (2011a). The Bell Mental Health Initiative (Feb. 2011) Retrieved May 6, 2011 from: http://letstalk.bell.ca/?EXT=CORP_OFF_URL_letstalk_en

Bell Canada (2011b). Transcript of Bell Canada's Mental Health Program Announcement p.3. Tuesday, September 21, 2010. Retrieved August 15, 2011 from: http://bce.ca/data/documents/mentalhealth/BCE_Mental_Health_Webcast_Sept_21_Transcription_En.pdf

Benetton (2009) About Benetton, - Our Campaigns, Campaign History. Retrieved August 26, 2011 from: http://press.benettongroup.com/ben_en/about/campaigns/history/?t=print

[Birnbaum, Howard](#); [Cremieux, P.](#); [Greenberg, P.](#); and [Kessler, R.](#) (2000) ,Management of Major Depression in the Workplace, Disease Management and Health Outcomes, Vol.7. 3rd Ed. 163-171. Retrieved August 3, 2011 from: http://econpapers.repec.org/article/wkhdmhout/v_3a7_3ay_3a2000_3ai_3a3_3ap_3a163-171.htm

Business Dictionary (2011), Competitive Advantage Defined, Retrieved August 18, 2011 from: <http://www.businessdictionary.com/definition/competitive-advantage.html>

Business Wire, (2010) MetLife Study Reveals Growing Recognition of the Toll Health and Financial Concerns May Have on Workplace Productivity. Programs That Help Employees Help Themselves May Have Mutually Beneficial Results (April 2010) Retrieved August 18, 2011 from: http://www.businesswire.com/portal/site/home/permalink/?ndmViewId=news_view&newsId=20100412005575&newsLang=en

Canada Post, (2008a), Cause of Choice: Mental Health, The Canada Post Foundation for Mental Health, Retrieved September 8, 2011 from: <http://www.canadapost.ca/cpo/mc/aboutus/community/sponsorshipdonations/causemarketingprogram.jsf>

Canada Post, (2008b). Cause of Choice: Mental Health, The Canada Post Foundation for Mental Health, Retrieved August 12, 2011 from: <http://www.canadapost.ca/cpo/mc/aboutus/community/sponsorshipdonations/causemarketingprogram.jsf>

Canadian Broadcasting Company (CBC) (2011) Health, Mental Illness Common in the Workplace. June 20, 2011. Retrieved August 5, 2011 from: <http://www.cbc.ca/news/health/story/2011/06/20/mental-health-workplace.html>

CBC-2 (2009). Health. Mental illness costs Canada \$33B annually: TD 'A major economic cost' Retrieved August 25, 2011 from:

<http://www.cbc.ca/news/health/story/2009/11/25/canada-economy-mental-health-cost.html>

Canadian Medical Association (CMA) (2008a), 8th Annual Report Card on Health Care, p.28-29. Retrieved June 12, 2011 from:

http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Annual_Meeting/2008/GC_Bulletin/National_Report_Card_EN.pdf

CMA (2008b). 8th Annual Report Card on Health Care, p.28-29. Retrieved June 12, 2011 from:

http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Annual_Meeting/2008/GC_Bulletin/National_Report_Card_EN.pdf

CMHA (2004). Mass Media and Mental Illness: A Literature Review. Retrieved September 24, 2011 from: http://www.ontario.cmha.ca/docs/about/mass_media.pdf

CMHA, (2007). Canadian Mental Health Association, Desjardins Financial Security Survey, Survey Shows “Workaholic” Label is Losing its Luster as Canadians Seek More Time with Family, Retrieved August 22, 2011 from:

http://www.cmha.ca/bins/site_page.asp?cid=284-294-297-405-1933&lang=1

Canadian Mental Health Association (CMHA) (2008). Economic Burden of Mental Illness in Canada reached \$51 billion in 2003. Retrieved May 15, 2011 from:

http://www.ontario.cmha.ca/mental_health_notes_story.asp?clD=25513

CMHA, (2011) Your Mental Health, Stress. Retrieved August 18, 2011 from:

http://www.cmha.ca/bins/content_page.asp?cid=2-28

CNW Group, (2009). Scotiabank announces gift and partnership with CAMH's Employment Support & Development program to provide employment for CAMH clients. May 2009. Retrieved August 22, 2011 from:

<http://www.newswire.ca/en/releases/archive/May2009/04/c7743.html>

Centers for Disease Control and Prevention (CDC) (2010). CDC's LEAN Works, A Workplace Obesity Prevention Program, Dr. Ron Goetzel. Retrieved July 12, 2011 from:

<http://www.cdc.gov/leanworks/assess/expert.html>

Central Intelligence Agency (2011). The World Factbook. Canada, Economy Overview. Retrieved September 21, 2011 from: <https://www.cia.gov/library/publications/the-world-factbook/geos/ca.html>

[factbook/geos/ca.html](https://www.cia.gov/library/publications/the-world-factbook/geos/ca.html)

Community Foundations of Canada (2006). New report examines changing face of corporate philanthropy, May 2006. Retrieved September 8, 2011 from: <http://www.cfc-fcc.ca/news/news.cfm?intNewsID=815>

Conference Board of Canada-1 (CBOC) (2011a). How Canada Performs. Health, Mortality Due to Mental Disorders. Retrieved September 1, 2011 from: <http://www.conferenceboard.ca/HCP/Details/health/mortality-mental-disorders.aspx>

CBOC-2 (2011b). Building Mentally Healthy Workplaces, Perspectives of Canadian Workers and Front Line Managers, p.i-ii, Ottawa Retrieved July 25, 2011 from: <http://www.conferenceboard.ca/hcp/default.aspx>

CBOC-3 (2011c). How Canada Performs: A Report Card on Canada, Ottawa Retrieved June 11, 2011 from: <http://www.conferenceboard.ca/hcp/default.aspx>

CBOC-4 (2011d). How Canada Performs: A Report Card on Canada, p-48, Ottawa Retrieved June 29, 2011 from: <http://www.conferenceboard.ca/hcp/default.aspx>

CBOC-5 (2011e). Building Mentally Healthy Workplaces, Perspectives of Canadian Workers and Front Line Managers, p-i, Ottawa Retrieved July 11, 2011 from: <http://www.conferenceboard.ca/hcp/default.aspx>

CBOC-6 (2011f) Building Mentally Healthy Workplaces, Perspectives of Canadian Workers and Front Line Managers, p-8, Ottawa Retrieved September 4, 2011 from: <http://www.conferenceboard.ca/hcp/default.aspx>

CBOC-7 (2011g). Building Mentally Healthy Workplaces, Perspectives of Canadian Workers and Front Line Managers, p.12 Ottawa Retrieved September 4, 2011 from: <http://www.conferenceboard.ca/hcp/default.aspx>

CBOC-8 (2011h) Speech by Deanna Matzanke to the Conference Board of Canada's Workplace Mental Health Conference 2011. Retrieved September 17, 2011 from: <http://www.conferenceboard.ca/e-library/abstract.aspx?did=4328>

CBOC-9 (2011i). Building Mentally Healthy Workplaces, Perspectives of Canadian Workers and Front Line Managers, p.17, Ottawa Retrieved September 26, 2011 from: <http://www.conferenceboard.ca/hcp/default.aspx>

CBOC-10 (2011j). Building Mentally Healthy Workplaces, Perspectives of Canadian Workers and Front Line Managers, p.ii, Ottawa Retrieved August 26, 2011 from: <http://www.conferenceboard.ca/hcp/default.aspx>

CBOC-10 (2011k). Building Mentally Healthy Workplaces, Perspectives of Canadian Workers and Front Line Managers, p.17, Ottawa Retrieved September 24, 2011 from: <http://www.conferenceboard.ca/hcp/default.aspx>

Corrigan P. & Watson A. (2002a). The Paradox of Self-Stigma and Mental Illness. *Clinical Psychology: Science and Practice* Volume 9, Issue 1, pages 35–53, March 2002 Retrieved August 26, 2011 from: <http://0-onlinelibrary.wiley.com.aupac.lib.athabascau.ca/doi/10.1093/clipsy.9.1.35/abstract>

Corrigan P. & Watson A. (2002b). The Paradox of Self-Stigma and Mental Illness. *Clinical Psychology: Science and Practice* Volume 9, Issue 1, pages 35–53, March 2002 Retrieved August 26, 2011 from: <http://0-onlinelibrary.wiley.com.aupac.lib.athabascau.ca/doi/10.1093/clipsy.9.1.35/abstract>

Danna, Karen; Griffin, Ricky W.(1999) Health and Well Being in the Workplace, A Review and Synthesis of the Literature *Journal of Management*, 1999, Vol. 25 Issue 3, p357-384 Retrieved August 26, 2011 from: [http://0-web.ebscohost.com.aupac.lib.athabascau.ca/ehost/results?sid=239875eb-7074-4007-b39c-acefa6e86129%40sessionmgr15&vid=2&hid=10&bquery=\(JN+%26amp%3bquot%3bJournal+of+Management%26amp%3bquot%3b+AND+DT+19990501\)&bdata=JkF1dGhUeXBIPXVybcxpcCx1aWQmZGI9YnRoJnR5cGU9MCZzaXRIPWVob3N0LWxpdmU%3d](http://0-web.ebscohost.com.aupac.lib.athabascau.ca/ehost/results?sid=239875eb-7074-4007-b39c-acefa6e86129%40sessionmgr15&vid=2&hid=10&bquery=(JN+%26amp%3bquot%3bJournal+of+Management%26amp%3bquot%3b+AND+DT+19990501)&bdata=JkF1dGhUeXBIPXVybcxpcCx1aWQmZGI9YnRoJnR5cGU9MCZzaXRIPWVob3N0LWxpdmU%3d)

Dolmat-Connell, J. (1999). Developing a reward strategy that delivers shareholder and employee value. *Compensation and Benefits Review*, 31(2), 46-53. Retrieved August 5, 2011, from: <http://0-proquest.umi.com.aupac.lib.athabascau.ca/pqdweb?did=39905576&sid=1&Fmt=4&clientId=12302&RQT=309&VName=PQD&cfc=1> ABI/INFORM Global. (Document ID: 39905576)

Dewa C.S., Lin E. (2000). Chronic physical illness, psychiatric disorder and disability in the workplace. *Social Science and Medicine* 51(1) p.41-50.

DiGiacomo, G. (2002) Case Study, Dofasco's Healthy Lifestyles Program p.7, Canadian Labour and Business Centre. Retrieved August 22, 2011 from: <http://www.clbc.ca/files/CaseStudies/dofasco.pdf>

Dunnagan T., Peterson M. & Haynes G. (2001a). Mental Health Issues in the Workplace: A Case for a New Managerial Approach. *Journal of Occupational and Environmental Medicine*. Volume 43(12), December 2001, pp 1073-1080 Retrieved September 12, 2011 from: http://0-ovidsp.tx.ovid.com.aupac.lib.athabascau.ca/sp-3.4.2a/ovidweb.cgi?&S=AEAPFPLKDFDDAJGCNCBLFHIBOFLFAA00&Link+Set=jb.search.24%7c10%7csl_10

Dunnagan T., Peterson M. & Haynes G. (2001b). Mental Health Issues in the Workplace: A Case for a New Managerial Approach. Journal of Occupational and Environmental Medicine Issue: Volume 43(12), Journal of Occupational and Environmental Medicine Issue: Vol. 43(12), pp 1073-1080. December 2001. Retrieved August 8, 2011 from: http://0-ovidsp.tx.ovid.com.aupac.lib.athabascau.ca/sp-3.4.1b/ovidweb.cgi?&S=DFMJFPHKOODDLJINCBLBLBDOPGAA00&Link+Set=jb.search.26%7c1%7csl_10

EHS Today, (2004). Study Finds Employee Wellness Plans Increase Productivity, Sandy Smith. Retrieved August 18, 2011 from: http://ehstoday.com/news/ehs_imp_37035/

Emmet E.A. (1996). What is the Strategic Value of Occupational and Environmental Medicine? Observations from the United States and Australia. Journal of Occupational & Environmental Medicine Issue Vol. 38(11), p.1124-1134 November 1996. Retrieved August 8, 2011 from: http://0-ovidsp.tx.ovid.com.aupac.lib.athabascau.ca/sp-3.4.1b/ovidweb.cgi?&S=BGLLFPPHODDOLAENCBLIBFBIIJPAA00&Link+Set=jb.search.80%7c45%7csl_10

Employee Assistance Professionals Association (EAPA), (2010) About the EA Profession and EAPA. Retrieved July 12, 2011 from: <http://www.eapassn.org/i4a/pages/index.cfm?pageid=825>

Global Business and Economic Roundtable on Addiction and Mental Health (2007). CFO Framework for Mental Health and Productivity. Retrieved September 25, 2011 from: http://www.mentalhealthroundtable.ca/nov_07/CFO_Report_FINAL%20Nov%202007.pdf

Globe and Mail (2010). Report on Business. Rankings of Canada's top 1000 public companies by profit
Published Friday, Jun. 18, 2010. Retrieved September 25 from: <http://www.theglobeandmail.com/report-on-business/rob-magazine/top-1000/rankings-of-canadas-top-1000-public-companies-by-profit/article1608779/>

Goetzel R., Guindon A., Turshen I. & Ozminkowski R. (2001). Health and productivity management—establishing key performance measures, benchmarks and best practices. Journal of Occupational and Environmental Medicine. 2001; 43: 10–17. Retrieved August 26, 2011 from: <http://0-ovidsp.tx.ovid.com.aupac.lib.athabascau.ca/sp-3.4.1b/ovidweb.cgi?WebLinkFrameset=1&S=DAJJFPHJKDDJKPMNCBLPFMCDGAHAA00&returnUrl=ovidweb.cgi%3f%26TOC%3djb.search.51%257c4%257c50%26FORMAT%3dtoc%26FIELDS%3dTOC%26S%3dDAJJFPHJKDDJKPMNCBLPFMCDGAHAA>

[00&directlink=http%3a%2f%2fgraphics.tx.ovid.com%2fovftpdfs%2fFPDDNCMCPFPMJK00%2ffs028%2fovft%2flive%2fqv009%2f00043764%2f00043764-200101000-00003.pdf&filename=Health+and+Productivity+Management%3a+Establishing+Key+Performance+Measures%2c+Benchmarks%2c+and+Best+Practices.&link_from=jb.search.51%7c4&pdf_key=B&pdf_index=jb.search.51](http://www.graphics.tx.ovid.com/ovftpdfs/FPDDNCMCPFPMJK00%2ffs028%2fovft%2flive%2fqv009%2f00043764%2f00043764-200101000-00003.pdf&filename=Health+and+Productivity+Management%3a+Establishing+Key+Performance+Measures%2c+Benchmarks%2c+and+Best+Practices.&link_from=jb.search.51%7c4&pdf_key=B&pdf_index=jb.search.51)

Goetzel R., Ozminkowski, J., Sederer, L., Mark, T. (2002). The Business Case for Quality Mental Health Services: Why Employers Should Care About the Mental Health and Well-Being of Their Employees. *Journal of Occupational and Environmental Medicine* Issue: Volume 44(4), April 2002, pp 320-330 Retrieved August 24, 2011 from: http://journals.lww.com/joem/Abstract/2002/04000/The_Business_Case_for_Quality_Mental_Health.12.aspx

Goffman, E. (1963). *Stigma, notes on the management of spoiled identity*.p.3, New York: Simon and Schuster

Gold Lisa H. & Shuman Daniel W. (2009). *Evaluating Mental Health Disability in the Workplace. Model, Process and Analysis*, New York N.Y.: Springer Science + Business Media

Government of Canada (2011). *Canada Post Corporation Strategic Review. Part 1-The Postal World in the 21st Century*. Retrieved September 23, 2011 from: <http://www.cpcstrategicreview-examenstrategiquescpc.gc.ca/finalreport/pt1-eng.html>

Grant, Robert M. (2008). *Contemporary Strategy Analysis*, 6th Ed. p.205, Victoria, Australia, Blackwell Publishing.

Great West Life-1 (2011a). Client Services web site. Provincial Health Plan Coverage. Provincial Government Health Plans. Retrieved September 21, 2011 from: http://www.greatwestlife.com/001/Client_Services/Group_Plan_Administrators/Provincial_Health_Plan_Coverage/index.htm

GWL-2 (2011b). Workplace Strategies for Mental Health Website. Retrieved August 4, 2011 from: <http://www.gwlcentreformentalhealth.com/display.asp?l1=4&l2=43&d=43>

GWL-3 (2011c). Workplace Strategies for Mental Health Website. Retrieved August 12, 2011 from: <http://www.gwlcentreformentalhealth.com/display.asp?l1=1&d=1>

Hartwell, T.D. (1996). Aiding troubled employees: The prevalence, cost, and characteristics of employee assistance programs in the United States, *AMERICAN JOURNAL OF PUBLIC HEALTH* Volume: 86 Issue: 6 Pages: 804-808 Retrieved July 11 from: <http://ajph.aphapublications.org/cgi/reprint/86/6/804>

Health Canada (2002a). [*A Report on Mental Illnesses in Canada*](#) (October 2002), p.7. Retrieved September 3, 2011 from: http://secure.cihi.ca/cihiweb/en/downloads/reports_mental_illness_e.pdf

Health Canada (2002b). [*A Report on Mental Illnesses in Canada*](#) (October 2002), p.7. Retrieved September 3, 2011 from: http://secure.cihi.ca/cihiweb/en/downloads/reports_mental_illness_e.pdf

Health Canada (2009). Environmental and Workplace Health, Self Assessment Tool for Measuring the Cost of Work Stress. Retrieved August 18, 2011 from: <http://www.hc-sc.gc.ca/ewh-semt/occup-travail/work-travail/cost-cout/index-eng.php#f1>

Health Scotland (2008). Stigma, An International Briefing Paper, p.3 Scottish Development Centre for Mental Health Retrieved September 13, 2011 from: http://www.healthscotland.com/uploads/documents/6422-Stigma_An_International_Briefing_Paper_2704.pdf

HR.BLR.Com, (2007). Employee Retention Emerges as Top Consideration in Benefits Strategies, Retrieved Aug.4, 2011 from: <http://hr.blr.com/HR-news/Benefits-Leave/Employee-Benefits/Employee-Retention-Emerges-as-Top-Consideration-in/>

Huffman J. & Pollack M., (2003) Predicting Panic Disorder among Patients with Chest Pain: An Analysis of the Literature. *Psychosomatics* 44:222-236, June 2003 Retrieved August 22, 2011 from: <http://psy.psychiatryonline.org/cgi/content/full/44/3/222>

Human Resources and Skills Development Canada (2011). Labour. Organizational and Employer Benefits. Retrieved September 21, 2011 from: http://www.hrsdc.gc.ca/eng/lp/spila/wlb/08benefits_costs.shtml

International Labour Organization (ILO) (2000). Mental Health in the Workplace. Situational Analysis. United States p.4-5. Retrieved September 10, 2011 from: http://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_108227.pdf

Kennedy, B. (May 11, 2011). Bell makes Record \$10 Million Donation for Mental Health, Toronto Star, and Retrieved May 12, 2011 from: <http://www.thestar.com/news/article/989452--bell-makes-record-10m-donation-for-mental-health>

Kinder, Andrew & Hughes, Rick & Cooper (eds), Cary L. (© 2008). Employee well-being support: a workplace resource. [Books24x7 version] Retrieved June 11, 2011 from: <http://ezproxy.athabascau.ca:2051/toc.aspx?bookid=29499>

Kirby, Michael (2007). Mental Health is the Business of Business...and of all Canadians, p.7, Speech presented to the Vancouver Board of Trade. Retrieved June 16, 2011 from: http://www.mentalhealthroundtable.ca/jun_07/Kirby_Vancouver_BofT%20050807.pdf

Koopmanschap M., Rutten F., van Ineveld B, & Roijen L. (1995). Journal of Health Economics. The friction cost method for measuring indirect cost of disease. 14 (1995) p.174. Retrieved Sept 22, 2011 from: <http://www.ppage.ufrgs.br/giacomo/arquivos/eco02072/koopmanschap-rutten-1995.pdf>

Koys, D. (2001). The Effects of Employee Satisfaction, Organizational Citizenship Behavior, and Turnover on Organizational Effectiveness: A Unit-Level, Longitudinal Study. Personnel Psychology, 54(1), 108-111

Langlieb, A. & Kahn J. (2005a). How Much Does Quality Mental Health Care Profit Employers? Journal of Occupational and Environmental Medicine. Vol. 47(11), p1100 Nov.2005. Retrieved August 8, 2011 from: <http://0-ovidsp.tx.ovid.com.aupac.lib.athabascau.ca/sp-3.4.1b/ovidweb.cgi?&S=LBFLFPDNMADDOLOFNCLFGOBDABFAA00&Complete+Reference=jb.search.47%7c5%7c1>

Langlieb A. & Kahn J. (2005b). How Much Does Quality Mental Health Care Profit Employers? Journal of Occupational and Environmental Medicine, Vol. 47, No.11, Nov.2005. p.1106. Retrieved August 25, 2011 from: <http://0-ovidsp.tx.ovid.com.aupac.lib.athabascau.ca/sp-3.4.1b/ovidweb.cgi?&S=LBFLFPDNMADDOLOFNCLFGOBDABFAA00&Complete+Reference=jb.search.47%7c5%7c1>

Langlieb A. & Kahn J. (2005c). How Much Does Quality Mental Health Care Profit Employers? Journal of Occupational and Environmental Medicine, Vol. 47, No.11, Nov.2005. p.1103. Retrieved August 26, 2011 from: <http://0-ovidsp.tx.ovid.com.aupac.lib.athabascau.ca/sp-3.4.1b/ovidweb.cgi?&S=LBFLFPDNMADDOLOFNCLFGOBDABFAA00&Complete+Reference=jb.search.47%7c5%7c1>

Lewicki R., Hiam A. & Olander K. (1996). Think Before You Speak. The Complete Guide to Strategic Negotiation. p.57, New York, John Wiley & Sons Inc.

Manion L. (2004a). Employee assistance programs: what works, what doesn't? p.1. Praeger Publishing, Westport Connecticut: Retrieved July14, 2011 from: http://books.google.ca/books?id=xBLiTINFMS4C&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false

Manion L. (2004b). Employee assistance programs: what works, what doesn't? p.149. Praeger Publishing, Westport Connecticut: Retrieved September 22, 2011 from:

http://books.google.ca/books?id=xBLiTiNFMS4C&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false

Marlowe J. (2002). Depression's Surprising Toll on Worker Productivity. *Employee Benefits Journal*, March 2002, Vol. 27 Issue 1, p16, 6p Retrieved August 26, 2011 from: <http://0-web.ebscohost.com.aupac.lib.athabascau.ca/ehost/detail?vid=3&hid=17&sid=f4869bb4-0521-44aa-82b0-1735f2741618%40sessionmgr12&bdata=JkF1dGhUeXBIPXVybCxpCcx1aWQmc2l0ZT1laG9zdC1saXZI#db=bth&AN=6167622>

Mayfield J. & Mayfield M. (2011). The Role of Leader Motivated Language in Employee Absenteeism.p.3111-3112 Retrieved September 22, 2011 from: <http://www.decisionsciences.org/Proceedings/DSI2008/docs/311-5293.pdf>

Medisys (2008). Wellness in the Workplace: Aligning Intentions and Outcomes. A Survey of Canada's top 100 Employers' Perceptions of Workplace Wellness Programs. Retrieved August 25, 2011 from: http://www.medisys.ca/docs/whitepapers/wellness_top_100.pdf

Mental Health America (2011a) Gaining a Competitive Advantage through Mental Health: The Business Case for Employers. Retrieved August 18, 2011 from: <http://www.nmha.org/go/gaining-a-competitive-edge-through-mental-health-the-business-case-for-employers>

Mental Health America (2011b). Gaining a Competitive Advantage through Mental Health: The Business Case for Employers. Retrieved September 25, 2011 from: <http://www.nmha.org/go/gaining-a-competitive-edge-through-mental-health-the-business-case-for-employers>

Mental Health Commission of Canada (2009). Opening Minds. Mental Illness and Stigma. Retrieved September 26 from: <http://www.mentalhealthcommission.ca/English/Pages/OpeningMinds.aspx>

Mental Health Commission of Canada (2011). Elements and Priorities for Toward a Psychologically Safer Workplace. Why Now? Retrieved August 23, 2011 from: <http://workplacestrategiesformentalhealth.com/mhcc/WhyNow.aspx>

Mental Health Roundtable (2006). The Business and Economic Plan for Mental Health and Productivity, Part 1, Building Productive Capacity in a Brain Based Economy. p.16-22 Retrieved August 27, 2011 from: <http://www.mentalhealthroundtable.ca/20060328/Part1.pdf>

Michaels D (2011), Employee Mental Health Remains a Challenge for Employers, Benefits Canada, and (July, 2011). Retrieved September 6, 2011 from:
<http://www.benefitscanada.com/benefits/health-wellness/employee-mental-health-remains-a-challenge-for-employers-18698>

National Institute for Mental Health, (2011) Introduction: Bipolar Disorder. What is Bipolar Disorder? Retrieved September 5, 2011 from:
<http://www.nimh.nih.gov/health/publications/bipolar-disorder/complete-index.shtml>

Ontario Legislative Assembly (OLA) (2010a), Select Committee on Mental Health and Addictions, (SCHMA) Navigating the Journey to Wellness: The Comprehensive Mental Health and Addictions Action Plan for Ontarians, (Aug, 2010) 2nd Session, 39th Parliament 59 Elizabeth II. Toronto. Retrieved May 23, 2011 from:
http://www.ontla.on.ca/committee-proceedings/committee-reports/files_pdf/SCMHA-InterimReport

Ontario Legislative Assembly (OLA) (2010b) Select Committee on Mental Health and Addictions, (SCHMA) Interim Report, p.8 (Mar, 2010) 2nd Session, 39th Parliament 59 Elizabeth II. Toronto. Retrieved August 12, 2011 from:
http://www.ontla.on.ca/committee-proceedings/committee-reports/files_pdf/SCMHA-InterimReport-March2010.pdf

Ontario Mental Health and Addictions Alliance (2011). Ontario needs leadership for an effective mental health and addictions strategy. Retrieved September 1, 2011 from:
<http://www.vote4mha.ca/>

Out of the Shadows at Last (2006a). The Standing Senate Committee on Science, Technology and Social Affairs. Transforming Mental Health, Mental Illness and Addiction Services in Canada p. xvii. Ottawa. Retrieved September 15, 2011 from:
<http://www.parl.gc.ca/Content/SEN/Committee/391/soci/rep/pdf/rep02may06part1-e.pdf>

Out of the Shadows at Last. (2006b). The Standing Senate Committee on Science, Technology and Social Affairs. (2006). Transforming Mental Health, Mental Illness and Addiction Services in Canada. Retrieved September 15, 2011 from:
<http://www.parl.gc.ca/Content/SEN/Committee/391/soci/rep/pdf/rep02may06part1-e.pdf>

Porter, M. (1985). "Competitive Advantage". Ch. 1, p.11-15. The Free Press. New York.

Porter M.-2 (2001). The Competitive Advantage of Nations, p.75, Harvard Business Press. Retrieved August 27, 2011 from:
<http://faculty.bus.olemiss.edu/cnoble/650readings/Porter%20Competitive%20Advantage%20of%20Nations%201990.pdf>

Psychology Foundation of Canada, (2011). Managing to Manage Workplace Stress p.6-7. Retrieved on August 23, 2011 from:

http://psychologyfoundation.org/pdf/publications/managing_to_manage.pdf

Public Health Agency of Canada (2002). A Report on Mental Illnesses in Canada.

Retrieved June, 2011 from: <http://www.phac-aspc.gc.ca/publicat/miic-mmacc/pref-eng.php>

Rajgopal T. (2010). Mental well-being at the Workplace, Indian Journal of Occupational and Environmental Medicine, Issue Vol. 14(3) p63, September-December 2010.

Retrieved August 8, 2011 from: [http://0-](http://0-go.galegroup.com.aupac.lib.athabascau.ca/ps/retrieve.do?sgHitCountType=None&sort=DA-SORT&inPS=true&prodId=AONE&userGroupName=atha49011&tabID=T002&searchId=R1&resultListType=RESULT_LIST&contentSegment=&searchType=BasicSearchForm¤tPosition=6&contentSet=GALE%7CA247114856&&docId=GALE|A247114856&docType=GALE&role=)

[go.galegroup.com.aupac.lib.athabascau.ca/ps/retrieve.do?sgHitCountType=None&sort=DA-SORT&inPS=true&prodId=AONE&userGroupName=atha49011&tabID=T002&searchId=R1&resultListType=RESULT_LIST&contentSegment=&searchType=BasicSearchForm¤tPosition=6&contentSet=GALE%7CA247114856&&docId=GALE|A247114856&docType=GALE&role=](http://0-go.galegroup.com.aupac.lib.athabascau.ca/ps/retrieve.do?sgHitCountType=None&sort=DA-SORT&inPS=true&prodId=AONE&userGroupName=atha49011&tabID=T002&searchId=R1&resultListType=RESULT_LIST&contentSegment=&searchType=BasicSearchForm¤tPosition=6&contentSet=GALE%7CA247114856&&docId=GALE|A247114856&docType=GALE&role=)

Ramsay, J., Hair, M., & Renaud, K. V. (2008). Ubiquitous Connectivity & Work-Related Stress. In Zemliansky, P., & St.Amant, K. (Eds.), Handbook of Research on Virtual Workplaces and the New Nature of Business Practices. (p.170). doi:10.4018/978-1-59904-893-2.ch013. Retrieved Sept.23, 2011 from: [http://0-www.igi-](http://0-www.igi-global.com.aupac.lib.athabascau.ca/gateway/contentowned/chapter.aspx?titleid=21896&accesstype=infosci)

[global.com.aupac.lib.athabascau.ca/gateway/contentowned/chapter.aspx?titleid=21896&accesstype=infosci](http://0-www.igi-global.com.aupac.lib.athabascau.ca/gateway/contentowned/chapter.aspx?titleid=21896&accesstype=infosci)

Reference for Business (2011). The Encyclopedia of Business 2nd Ed. Corporate Identity. Retrieved September 7, 2011 from:

<http://www.referenceforbusiness.com/encyclopedia/Con-Cos/Corporate-Identity.html>

Salvador-Carulla L, Segui J, Fernandez-Cano P, Canet J.(1995) Costs and offset effect in panic disorders. British Journal of Psychiatry Suppl.; 23-28 Retrieved August 25,

2011 from: <http://0-ovidsp.tx.ovid.com.aupac.lib.athabascau.ca/sp-3.4.1b/ovidweb.cgi?&S=AKHKFPFDHBDKMLNCBLGALBEKKGAA00&Complete+Reference=jb.search.27%7c2%7c1>

Scotiabank (2011a). CSR at Scotiabank, Employee, Health Safety and Wellness.

Retrieved September 22, 2011 from:

http://www.scotiabank.com/cda/content/0,1608,CID13076_LIDen,00.html

Scotiabank (2011b). CSR at Scotiabank, Employee, Health Safety and Wellness.

Retrieved August 22, 2011 from:

http://www.scotiabank.com/cda/content/0,1608,CID13076_LIDen,00.html

Scotiabank-3, (2011). CSR at Scotiabank, Employee, Health Safety and Wellness. Retrieved August 12, 2011 from: http://www.scotiabank.com/cda/content/0,1608,CID13076_LIDen,00.html

Stephens, T., & Joubert, N. (2001). The economic burden of mental health problems in Canada. *Chronic Diseases in Canada* 22(1). Updated link retrieved August 16, 2011 from http://www.phac-aspc.gc.ca/publicat/cdic-mcc/22-1/d_e.html

Tangri, R. (2003). *Stress Costs: Stress Cures*. Victoria B.C., Trafford Publishing

Thornicroft, G. Maingay, S. (2002). The global response to mental illness. An enormous health burden is being recognized. Editorial, *British Medical Journal*, Retrieved June 3, 2011 from: <http://www.bmj.com/content/325/7365/608.full>

United Way of Canada (2010). Annual Report. p.18-19. Retrieved September 9, 2011 from: <http://www2.unitedway.ca/UWCanada/uploadedFiles/canada/AnnualReports/United%20Way%20Annual%20Report%202011%20ENGLISH%20Screen.pdf>

UPI (2011). Smaller Firms Don't Know Wellness Pays Off. April 2011. Retrieved August 18, 2011 from: http://www.upi.com/Health_News/2011/04/12/Small-firms-dont-know-wellness-pays-off/UPI-59381302586880/

Wilkerson, B. (May, 2002). The Human Condition of Business: A New Path to Shareholder Value, Speech presented to The First International Disability Forum, Vancouver, British Columbia. Retrieved June 16, 2011 from: http://www.mentalhealthroundtable.ca/nov_2002/BWMay27_2002.pdf

Workers Safety and Insurance Board / Canadian Manufacturers and Exporters (2000). *Business Results Through Health and Safety*. p.3 Retrieved Sept 4, 2011 from: <http://www.wsib.on.ca/files/Content/Downloadable%20FileBusiness%20Results%20Through%20Health%20&%20Safety/Biz.pdf>

World Health Organization (2010). Mental Health: strengthening our purpose. Fact Sheet. Retrieved June 3, 2010 from: <http://www.who.int/mediacentre/factsheets/fs220/en/>

Zhang M, Rost KM, Fortney JC. (1999). Earnings changes for depressed individuals treated by mental health specialists. *American Journal of Psychiatry*; 156:108–114. Retrieved August 23, 2011 from: <http://ajp.psychiatryonline.org/cgi/content/full/156/1/108>