

Courage My Friends Podcast Series II – Episode 4
Mental Health and Wellness in the Workplace:
Are We Working Well?

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ANNOUNCER: You're listening to *Needs No Introduction*.

Needs No Introduction is a rabble podcast network show that serves up a series of speeches, interviews and lectures from the finest minds of our time

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COURAGE MY FRIENDS ANNOUNCER: COVID. Capitalism. Climate. Three storms have converged and we're all caught in the vortex.

STREET VOICE 1: It's been two years already. If we can't get it together to deal with this world-wide pandemic, how are we going to deal with the climate crisis?

STREET VOICE 2: The future just seems so uncertain. What do say to my kids?

STREET VOICE 3: This is outrageous! The rich are getting richer, the are getting poorer. Where is the compassion? Where is the solidarity?

[music]

COURAGE MY FRIENDS ANNOUNCER: What brought us to this point? Can we go back to normal? Do we even want to?

Welcome back to this special podcast series by rabble.ca and the Tommy Douglas Institute (at George Brown College) and with the support of the Douglas-Coldwell-Layton Foundation. In the words of the great Tommy Douglas...

VOICE 4: Courage my friends; 'tis not too late to build a better world.

COURAGE MY FRIENDS ANNOUNCER: This is the *Courage My Friends* podcast.

RESH: For the majority of us, work is the centerpiece of our lives. In many senses, our job - or jobs - is our occupation. It occupies our focus, our time, our goals, our relationships, and through our incomes is a determining factor in every other part of our lives, including our health and mental health.

How does work impact our mental health? Does growing precarity mean our sense of wellness is likewise precarious? Is work culture in Canada good for us? Or can it be?

In this episode of the *Courage My Friends* podcast, *Mental Health and Wellness in the Workplace. Are We Working Well?* We will be discussing the upcoming report from the Douglas Coldwell Layton Foundation on *Mental Health and Wellness in the Workplace* with project leads Jon Weier and Tom Parkin.

Jonathan Weier is a professor in The School of Labor and The School of Liberal Arts and Sciences at George Brown College. An established historian and educator, policy professional and commentator on social and labor movements, his research focuses on voluntary organizations, trade unions, political parties and other efforts by workers, social activists, and reformers to achieve progressive political, social and economic goals. Jon has been active in the labor movement and in Left politics for over 20 years and is currently a board member and the academic advisor for the Douglas Coldwell Layton Foundation.

Tom Parkin is Principle with Impact Strategies and former Managing Director of the Ontario Worker's Health and Safety Center. A frequent political columnist and media commentator, Tom has contributed to print, radio and television news media across Canada.

Here now is my conversation with Jon Weier and Tom Parkin.

Welcome Jon and Tom.

TOM: Thank you.

JON: Thank you.

RESH: The *Mental Health and Wellness in the Workplace* report is an initiative of the Douglas Coldwell Layton Foundation. Jon, can you start us off by telling us a bit about the DCLF?

JON: Sure. Thanks Resh. Yeah. The DCLF is actually a really well-established charity. It was founded 50 years ago in fact in 1972 in recognition of Tommy Douglas's long and successful political career, as Premier of Saskatchewan for the Cooperative Commonwealth Federation and then as the first leader of Canada's New Democratic Party. The Douglas Coldwell Layton Foundation is a charitable organization with the purpose of forwarding social democratic research and scholarship in Canada, building on Tommy's life's work.

Originally it was called the Douglas Coldwell Foundation, after Tommy Douglas and his political mentor, another leader of the CCF, MJ Coldwell.

And so for the last 50 years it's gone through different periods of activity or inactivity; until quite recently when over the last two or three years the board, led by Carl Bélanger really has breathed new life into the DCLF.

We have hired, a full-time executive director, a first for the Foundation, Josh Bizjak.

Last year, the family of Jack Layton approached the DCF about adding the Layton name. And really that's led to much more of a focus as well on being the sort of guardians and promoters of the legacy of the past leaders of our movement.

So of course we've added Jack Layton's name and a prize has been created for him in social activism.

And we've also begun to much more aggressively fundraise, but also aggressively fund and support research and scholarship. So these are things like reports like this mental health report. We just last week announced a partnership with Mount Saint Vincent University in Nova Scotia to create an Alexa McDonough Women's Leadership Center in recognition of former federal NDP leader, Alexa McDonough.

And we're really moving forward with a lot of different projects right now, really trying to fill much more of this academic and scholarly space and support scholars and others who are doing research on, and teaching in the area of social democracy. And that's a social democracy writ large, right. Social democratic politics, the history of the social democratic movement in Canada and social democratic organizations. The legacies of important figures in that movement. But also research around issues like mental health, climate change, capitalism, right. Issues that matter; as we talk about a possible social democratic future for Canada,

RESH: And the DCLF is also, I should note, a supporter of the Tommy Douglas Institute at George Brown College and of the *Courage My Friends* podcast, this podcast as well.

So to continue with you, Jon, what is the genesis and intended purpose of this report on *Mental Health and Wellness in the Workplace*?

JON: One of the reasons is as we were talking with partners and stakeholders about what they wanted to see from DCLF - a lot of those partners of course being in the labor movement- there was a real feeling that issues of workplace health and safety, but especially issues around mental health which isn't sort of covered in the kind of typical discussion of workplace health and safety, is a really big issue, for working people... before COVID of course, but also especially coming out of this pandemic; which has really impacted the relationship of Canadian workers with their workplaces.

So for example, we talked to people from, the international association of firefighters, public sector, unions, nurses, unions. Just all sorts of different unions, really, who saw this as really an important thing to talk about in the context of workplaces.

Also what's really, really relevant, that we're seeing coming out of the pandemic, is that there's a real interest on the part of workers, in unionization, if they're not unionized, or in the rejuvenating of the labor movement, right. We're seeing this in the United States with union drives at Amazon. We're seeing this in Canada with renewed union drives at Walmart and Starbucks.

And a big part of that is a feeling on the part of workers, that they need to have more control over their workplaces; partly to protect their mental health. Working has been exceptionally stressful the last few years because of COVID. But also because of the pushback against unionization and the pushback against workers organizing. And

workers really want to have the power and the tools to protect their physical and mental health and to have power and agency in their workplace.

RESH: Right. And in the preliminary to the report, it says that this is, and I quote "a diagnostic and prescriptive analysis of Canada's workplace mental health crisis". So I want to go to you Tom, on why is it so critical to now look at work from the perspective of health and mental health?

TOM: Well, work is a place where we spend so much of our life and of course it has, an implication towards our, mental wellbeing. So what we need to do, what we're hoping to do through this research is to get a fuller understanding of what occupational health and safety means. That it's not just about, having, a fall off of a building or, poor ergonomics on a production line or, chemicals in a workplace. But that psychological hazards exist. And we used to focus on them as being issues like stress, issues like work-timing, workload, etc. The vision, I think, began to broaden to, accept that issues of harassment in the workplace, including sexual and racist harassment, were part of the workplace and therefore part of occupational health and safety.

And, now we're trying to just put these pieces together in the report, to hope that those who are more on the policy development side of progressive movements, can take what we've done and, think about, well, what can we change in workplaces? What, unions do. Or what governments can do to change the workplace; to make them places that are more conducive for mental health.

And so we want to try and point at the problems here and surface those to push the discussion forward. And I think that's part of the mandate of the DCLF.

RESH: So just to go a bit more into this. So right now, mental health issues that are generated from the workplace are not recognized within the health and labor policy?

TOM: Well, I wouldn't say that they're not, but, I would, say that the understanding of how the risk factors and hazards of the workplace, the way that work is organized, etc., How that turns out in terms of a health effect is much less understood than it is for - you know, we didn't put a rail around the outside of a building, somebody fell off. They weren't wearing any lifeline protection and they died. Or somebody inhaled dangerous chemicals in the workplace that should have been properly vented and they had scarred lungs from it. Those are things we understand.

This is not something that has had a ton of research into it about the flow-through the link, the causation between hazards and health effects. So I think this project is new in that way. I worked for 20 years before this in occupational health and safety - I don't know that anybody's done the research of this type to try and draw those pieces together. Because without understanding the conditions that give rise to a health effect, we can't really take a lot of action to try and protect people from that health effect. Because we have to know what we can change about those conditions. If we don't understand what those conditions are, it's hard to change them.

RESH: Right. So it, really makes it visible. These types of impacts that are largely invisible, not like somebody falling off a ladder or something, these tend to be more invisible at least to the wider world, right?

TOM: These are absolutely invisible and other elements of health and safety. It's similar ergonomics is a great example. In many cases, biological or chemical hazards in the workplace; you don't see them, you don't smell them, you can't feel them. But this is even more abstract than that because we're not talking about physics anymore. We're not talking about chemistry anymore. We're talking about something that has to do with the way that we operate as humans. And so it's at a level of abstraction. I think our role is to try and, take that abstraction and make it more concrete so that people can see that X leads to Y. And then at that point we can start talking about, well, what do we change in the workplace to make people more mentally healthy.

RESH: And though the report is focused on work and mental health during COVID-19, it also states that the mental health crisis facing workers began much earlier in the context of "late-stage capitalism". Jon, speak more to this context and how it's been changing the world of work even before COVID.

JON: Yeah. And it's not as if issues of workplace mental health didn't exist before the last few decades. But I think one of the contexts that we do want to include in this that's an important commentary; is that there are a lot of things that have happened since the 1980s or the 1990s that have resulted in increased precarity for workers. Of course decreasing or stagnant salaries. A decreased ability to unionize. And we recognize as well that there is some mental health distress that's increasingly built into the workplace. And again this is something that hasn't really been well studied.

We're starting to see the first few studies coming out of the United States, looking at working conditions, for example on app-based delivery or ride-share services, that kind of thing. And one of the things that they're starting to report is that because of the way that this work is structured, there are increased and meaningful impacts on mental health. This sort of constant sense of precariousness. The inability to control working conditions. The inability even really to predict what you'll earn on a given day. These all contribute to a deterioration or a negative effect on mental health.

And so one of the things that's really important to connect as well is that this isn't necessarily just about specific workplace conditions, unintentional conditions. But this is also about an intentionality or unintentional pushback against the rights and the power of workers by capital. And this is also part of this discussion.

I was really especially listening to I think the second episode of this podcast, talking about mental distress coming from the recognition and having to live with climate change. And I think that one of the things that we're trying to get to, and this is one of the things I think that we're finding is the most nebulous and difficult to really pin down, is the impact of this new precarity. The impact of this, pushback on worker rights that we're still experiencing in workplaces. And what does that mean for workers' mental health,

RESH: And it really is sort of a new culture, right? Once upon a time- again really depending on who you are - but once upon a time, the norm of work used to be that at some point you could expect to get that full-time, lifetime job and now would you say it's almost reversed? That this is no longer a guarantee for the majority?

JON: Yeah. And I think sometimes we look at labor past with, quite rosy glasses - as you say Resh, this was something for some people. But I do think that that's becoming less and less the norm. We hear more and more stories of people working multiple part-time jobs to make ends meet. This of course comes with increasing costs of living, partly because of housing, partly because of the inflation that we're facing right now.

And so this is becoming the norm rather than the exception, I think, in the world of work. And it's important to know what kind of an impact this has on the mental health of working people.

RESH: And all of this is happening against a backdrop over the last couple of decades of austerity, cutbacks to welfare payments and income support programs, those types of things. So what added impact has that had on workers?

JON: I mean, I think it's been a part of this whole devaluing of working people. Devaluing of people's health. One of the things of course we've seen in COVID, not just because of COVID, but we've seen this real erosion of things like our public health care system, reductions in funding, reductions in pay for workers in the public healthcare system.

And one of the things too that we saw most recently in the Ontario election, was an increasing desire, not just to reaffirm the important place and start funding again the public healthcare system, but also adding to that. So of course, one of the issues that was brought up by the NDP in the Ontario election was not just things like dental and vision care, but also increased funding for public mental health care. Because as many people know we have a, sort of tiered system of mental health care.

If you work in a workplace that has a good health insurance program you'll likely have access to mental health care. Many other Canadians don't actually have that kind of access. And so this is another thing to consider. What kinds of an impact of cuts on the public health care system had and how can we use the public healthcare system as well to create a more universal system of taking care of mental health and other health impacts not typically covered.

RESH: Right. So here we've been in COVID in this pandemic for, I think over two years. Generally speaking Tom, what role has the pandemic played in this ongoing crisis of work and mental health and what are some pressing and uniquely COVID-related mental health issues that has come up for workers?

TOM: Well, there's, not a ton of academic research on this. But there are a fair number of publicly available polls from Angus Reid and others who just surveyed people and have asked them this question. And it's a very strong group of people,

very numerous group that says that their mental health has declined during the pandemic. And it's interesting because it's most focused on young people. It seems that they feel most dislocated from what would be the normal expectations of life. And, hypothesizing a bit, we all take it that during COVID part of the gig is to not see your friends. And if there's ever a time in life where you're making friends and making new friends and friends were important to you in developing yourself and your future, it's surely when you're young. And, not just friends, but also more serious things like somebody who might be a spouse, a partner for life.

And some of this academic research has focused on what the impact was in terms of the symptoms. There happened to be a research project going on about the mental health of nurses in British Columbia that started in the fall of 2019. And it was planned to be three surveys, three waves of the same survey. So it would be a measurement over time of change. So the first was in the fall of 2019. The second was supposed to be in the spring of 2020. And the third was planned for the summer of 2020. Well, the pandemic breaks in March of 2020, and of course nurses are really the coalface of the pandemic in many ways.

And the research that came back from this study really clearly showed a high level of anxiety amongst BC nurses. A high change from the pre-pandemic to the onset of pandemic which settled down a little bit by summer, but still was pretty elevated. And that amongst those nurses who worked in long-term care settings the level of anxiety was doubled .

So, I think we all reflect on this and can think, of course, that would be a very normal reaction to the unknown.. Would be to be anxious and unsure. And yet, every day a nurse in these situations doesn't know exactly how things are transmitted. Doesn't know if they're going to be put at risk today. They don't know if it could be fatal for them. Certainly they're seeing the catastrophe all around them and they know they're at higher risk for infection than those who are safely sheltering at home. So, I think all these unknowns, the mental health effect of that is anxiety.

So now just generalize that, and again this is hypothesizing. We've all struggled with that to greater or lesser degrees. But again, I think it's important to remember that there were a lot of people who went out and had to continue their work at the workplace.

While others were, able to shelter at home. So we can probably make a, pretty, decent guess that a lot of the working people who were out there in essential jobs, who had to face the public experienced a real wave of anxiety. And so the polling results shouldn't be surprising.

And I guess the, larger question, but one not answered in any of the research that we found, is how does this work out over time as the anxiety levels start to recede? What does it mean for how people see themselves in society and how they see their work? What does it change? That would be an interesting follow-up, but not part of our research right now.

RESH: Absolutely. And when we're talking about these frontline workers that as you say, and as everybody's calling them, these essential workers. There is a disproportionate representative of certain communities among them. You've mentioned youth, so they have also been really impacted by this. But who are the other communities that we have seen on the frontlines of this pandemic and in this sense, on the frontlines of the mental health crisis that comes with working in these essential jobs?

TOM: Well, healthcare is obviously a, female dominated industry especially when you look at the PSWs who are in long-term care, which were horrific.

When we look at places that were heavily affected, they were with the warehouses, the slaughterhouses, abattoirs the factory farms with migrant workers. We know what the working class in our country looks like. And those are the people, who would have gone through the mental anguish, mental distress from having to worry and be unsure about their own health and what risks they might be taking on in their workplace.

RESH: And Jon, when it comes to, - again, just continuing on with these frontline really essential workers, and I guess, the majority of workers during this time - income is tied to so many aspects of our lives, right? Food, housing, the list goes on. Could you speak to the cascading impacts of this that's from the individual to other areas of lives, but also to their communities? Because I believe the report talks about how this crisis is not just contained within the individual, but is moving to their communities as well.

JON: Well, one of the things too that we saw in COVID, and I think this was really unfortunate, was a real unwillingness to talk about how, COVID affected certain types of workers. There was an unwillingness to sort of address the fact that there were some communities, whether racialized, Indigenous communities that were affected more than others, or spatial communities that were affected more than others. And this is still information that's largely absent from this public discussion.

I don't know if we're going to be able to really get into this in any meaningful way in this report. But this is a potentially the site for more research. So for example, one of the things that I think most people remember was that early in the pandemic there were reports, that sort of vanished after a little bit, of the really high rates of COVID for example among a lot of workers in Peel region, around Toronto, Brampton, Mississauga. Brampton, especially though, the site of numerous distribution centers. Numerous sort of logistics centers that were working at full capacity during the pandemic, because so much of our consumption when to online purchasing and delivery. And so there were communities of color that were affected by that. Brampton is a very, very racialized city. And so that's an important thing to remember. What, kind of an impact has that kind of mental health anguish had on that community?

To pick up on one of Tom's points We still don't have great numbers, but we do know for a fact that migrant farm laborers and migrant laborers in agriculture more broadly,

were heavily, heavily impacted by COVID. And this doesn't just of course have an impact on Canada. This has an impact on the countries they come from, mostly in the Global South, and the needs that their families and their communities have for the income that they've earned in Canada. What happens when the breadwinner from one of those families dies because of COVID on a Canadian farm? What does that do to their family and their mental anguish in the Global South?

RESH: So this has very widespread impacts. Because of course, nobody exists as an island. So, this is impacting other areas of their lives, their communities, whether here or there as well.

And then technology is something else that has really been playing a role here. So Tom, back to you, how has technology impacted the health and mental health of workers?

TOM: Well, it's not something, to be honest, that we have tons of research. In fact, when it came to workers who work for a platform - they're working for Uber, they're working for Skip the Dishes. They're working in a way that a digital service pushes out the work demands to them. There was really scant - which was a surprise - there was really scant academic research to go into what was the psychological impact of those sorts of things. We do know a couple of, key things. One is job insecurity is absolutely a, trigger for anxiety. There was tons of research on this, that insecure work conditions are more stressful than not working.

So if you're worried about your job and the outcome of your job's unknown, whether you might lose your job, that is very anxiety-inducing. And as parenthesis to this, more harmful to men than women

Unemployment wasn't in fact, something that created a lot of anxiety; it tended to be associated with depression.

So take that insecurity idea and who are some of the most insecure workers who don't know if they're getting paid, if they're getting fired, if they got a shift; surely the logic is there that they're suffering from anxiety.

But one in particular, that I found, very interesting piece of work about part-time work and people who were term-workers. And the research began to look at. This group of workers who will have a contract for a period of time.

And what it found is that really, we need to think differently about that group, because there's big differences between people in that group. You could be somebody who is working on a contract with no commitment for any hours at all. You could be working on a parental or maternity leave to fill somebody back in a little more secure. Or you could be in a term where you are appointed to a high paying position. But it's only for a term.

Well you know, people like that, they're doing quite fine. So the point of that research was to dis-aggregate this group of contract workers and try and focus in on the ones that are really struggling with the psychological impact of, contract work and, pushing aside those others who are more, the corporate Hitman who come in and do a job and then move on to the next - They're really not of the same ilk.

Other than that sort of insight, there hasn't actually been the research to drill into looking at contract workers of the sort that we think of, I think, when we think of this problem. So that's a piece that either I couldn't find, or it's a piece that doesn't exist.

RESH: And that's interesting that they've all sort of been lumped into these terms of "gig workers" or the "flexible workforce", but they're actually, as you say, two very different groups. Those who don't have much of a choice and those who this is actually their choice and they're doing quite well.

TOM: There's many consultants out there. They literally do not know where their next client is coming from. But they know that they've got the next client because they've got a group of clients and they're making a solid income of doing that kind of thing.

Well, I guess good for them, but that's not really the problem. They're not really the ones that we're worried about. So how do we start to look at the specific characteristics of the people that do have negative effects.

RESH: And Jon, I just want to again go to you with also this question of technology. Because it's been occurring in, different ways from surveillance to automation. But we know that during the pandemic, where on one hand you have those who were physically on the frontlines of the pandemic; there are those others who are just isolated and remotely working from home or where there really is no end to the work day - when your work is your computer in your home. And even policy makers have noted this as a health crisis. Ontario being the first province to legislate the right of workers to disconnect. So, Jon, could you speak a bit more to this?

JON: This is an interesting question because again, during the pandemic there was really this discussion of frontline workers and, an important discussion that people who are still putting themselves at risk physically which also of course had very intense mental health impacts with COVID.

But there hasn't really yet being this discussion of the COVID impact on workers, you're right, who left the physical workplace. And as you said for Ontario, this is something that was already being discussed. This sort of encroachment that has been happening gradually over the last number of years of work into more and more of daily life. With connection through cellular phones. Then connection through smartphones. And connection through Zoom now. But one of the things that we haven't looked at - and there is some, challenge to this - is what has been the impact of moving all online for so many workers for the last two years.

And of course, as Tom was saying in his discussion of workers who are on term, it's a similar discussion here. The reality of somebody having to work from home when they live in a large house, in a prosperous neighborhood, that has space devoted to offices potentially for multiple members of a family, is very different from the experience of many workers who were forced to move back into sort of jury-rigged spaces in an already potentially quite crowded homespace

We know that there is some research that's starting to be done on the impact that this has had on children and young people who moved their studies into their homes. And who were impacted by potentially poor wifi or inadequate space or inadequate technology.

But this is also a really big issue. And I think it's an interesting issue as well because it connects to an issue that was already starting to come to the fore before COVID; that because of COVID was really just amped up this sort of move to online. This need to be constantly connected and working out of a home space, that often people try to keep it as a separate space.

We don't know what these mental health impacts are. We know anecdotally that they exist. And I think this points to one of the issues the Tom's been highlighting. Is that we sort of have an anecdotal knowledge of a lot of this mental health distress, of the impacts of these various technologies, of COVID, of the pushback from capitalism on workers. But what we're really trying to do is not just fill the space that still exists in research that hasn't been done; but also hopefully with this report and with the kind of funding and support that DCLF is going to be able to provide, to spur more research into different areas. How has mental health affecting certain kinds of workers?

What is the impact of going digital largely on workers and their mental health? And so this is really setting the stage for what we're hoping is a broader research that we can support and spur in this area.

RESH: It's interesting because it's been a crisis, as you point out, for a while. This is something that impacts nearly the majority of people's lives. And yet what I'm hearing from the both of you, is that this seems to be a research gap. And I'm, wondering Jon, if you can speak to why this is?

JON: From my view part of it is the slow development rate that happens with academic research. Whether it's because of the peer-review process or other processes or just the ability of researchers to get together that kind of information in a short period of time.

And I think one of the things we're trying to do with this report and with how we're going to be doing, research at DCLF is really that we want the research to be done in a timely way, so that it has an immediate impact on policy and on the thinking of Canadians

RESH: Tom, the same question to you, the reasons for this gap and your hopes for how this research is going to be used?

TOM: Well, I think something we got to remember is that, not everybody wants this kind of research to be done. Because it opens up all kinds of cans of worms. When in Ontario the WSIB started to talk about allowing claims for a psychological injury. They fought it tooth and nail. And they had to be overturned in court to actually be compelled to do something.

And the, response was, how can we do the least possible. Because in their minds, "the flood gates go open. We don't know what's going to come." So there's a kind of institutional aversion to wanting to know too much; because once you know things, you can't deny the truth of a claim.

And this is not new in Occupational Health and Safety. When unions would go around and find the research that established that benzene caused cancer. Well, people were using benzene for all sorts of purposes in the workplace. And now workers who were getting cancer could come back to WSIB and say, "well, yeah, I was using benzene in the workplace. The link is clearly established and therefore I'm entitled to compensation from WSIB." So, there's always that want on behalf of institutions to not pay and to not know, because if you do know you have to pay.

And in occupational health and safety some of the organizations out there that do the research, they do the research based on government money, industry money. And so I think that presents a bit of a problem. Frankly, in my experience, it's always been unions pushing to get information out in front of governments and compensation boards.

And given the resources, that's a tough job for a small number of people to do. But that is the work of unions in our society. It applies to this project as well.

RESH: And again, it's going back to that question of the neoliberal erosion of the social safety net and not recognizing the types of social supports that people need. And in the absence of a policy response or in the fight back, do we then run the risk of normalizing a crisis?

TOM: Yes. And here's the way I think our project tried to think of it. While I think, Jon and I and the DCLF would all say, we need to have enhanced access to treatment; the question really is, why are people working in conditions that makes them mentally unhealthy? That's the question. So what can we know about that? And how can we prevent the mental distress that comes from certain types of work, certain types of workplaces. And, frankly - and there's a large piece of our report on this - the cost of mental health distress to our society is enormous. Just to be crass about it, if we spent a certain amount of money investing in changes in workplaces. If we did things that had the effect of reducing the outcome, what would the savings be?

So that's a, hard case to make, because we don't know the A to B causality. We can't really make that kind of return on investment claim very strongly yet. But the

estimate is that it's about a \$60 billion problem in a country that has a GDP of what, \$1.8 trillion. So it's a significant cost to our healthcare systems, emergency services, productivity. All these things.

So, could you take a small amount of that money and make an impact for people that makes people healthier and it makes our society more productive. There's a good argument to be made not in this report, but I think there's some research that could be done that starts to scope out that kind of idea that prevention is possible.

RESH: Possible. And again, far less costly in terms of money, but also health and happiness, than reaction, right.

TOM: I would just like to tag on a thought about this. One of the best tools that we came across in the research was a research tool that asked people about various dynamics of their work - job control, job satisfaction, respect in the workplace, these kinds of ideas, and then correlated those to employee mental health.

And there were two studies on this using the same standard tool, which is called the COPSOQ tool. And it starts to become much, much clearer what the problems are. And unlike other hazards in the workplace, it's not about not having a protective bar or not having vents where chemicals are being used or finding new things to replace dangerous chemicals. But rather it's about the humans running the workplace and about the way they run the workplace. If they run the workplace in a way that is harassing, sexually, racist or otherwise, employees or made it a place where that's okay. That's accepted. That continues. What can we do to turn that back if they're running it in a way where people feel like they have zero control over the pace of their work and the result is burnout, the result is people leave - and I think we're probably seeing some of that in the healthcare sector right now. What is the cost of that? What does that cost to humans, to their mental health? And surely there are better management approaches that can relieve these things. Some of the most interesting research that I saw, had to do with these dynamics in the workplace and in particular, suggesting that a big problem between poor management or poor operation of the workplace and mental health was this mediating factor of job security.

If you were less job secure, you were perhaps more likely to put up with it. And if you were more job secure and also if you had sort of the the friendship, the allyship of others in your workplace there was likely to be a buffering effect from a poor management or just an unhealthy workplace environment.

So that leads to this question, what is the effect of a union then in a workplace? If insecurity is a mediating factor? If, friends in the workplace or supporters in the workplace can play a buffering role to protect you from a poor mental health outcome? Well, what about a union? Wouldn't that have the same effect? Now unfortunately, while we found lots of data, lots of research showing that unions have a very positive impact on reduction of traumatic injury rates; there was nothing written that we could find that talked about whether a unionized worker versus a non-union worker might have a different mental health outcome for same mental health

environment, because a worker is actually more empowered to not put up with it, I suppose.

RESH: Right. And just to go back, so COPSQ, just to spell out that acronym is the Copenhagen Psychosocial Questionnaire that's also really looking into these, issues of mental health in the workplace, correct?

TOM: That's right. It's developed there, but it's being tested and having wider applications and our study includes a couple of reports about applying it. Because at first of course it's a theory and then you put data behind it and it becomes a theory with proof.

RESH: Jon, just going on what Tom was just saying about what's happening within the workplace and that those who are more vulnerable, are more open to exploitation. What is happening in terms of those systemic oppressions, such as sexism, racism, ableism, classism, transphobia, the list is unfortunately long, on worker mental health. What are the ways in which systemic oppressions play out at the workplace?

JON: I do think that one of the advantages of having this discussion is there's actually been a fair bit of research talking about the impacts of major- or microaggressions on members of equity-deserving communities.

What is the impact if you go into a workplace where you will experience discrimination, where you'll experience that kind of harassment? And so of course this is a really important part of this report. How are people like that impacted on their workplaces by those kinds of aggressions? How can those be prevented?

And of course, one of the things we've also seen is that this is another area where potential unionization has a positive effect.

We know that in a lot of cases unions are at the forefront of addressing these kinds of issues within workplaces. These become issues that are taken up in the collective bargaining agreement, but also taken up as activism by unions. There is some research on what kind of an impact those kinds of aggressions can have on mental health. But we really want to tie that in, I think more strongly, to this broader idea of how workplaces affect mental health? And how does it affect it in terms of precarity? But also how does it affect you in terms of discrimination and harassment?

And so this is also about just giving more ammunition, giving more material to individuals and groups demanding more equitable workplaces. Not just from a justice perspective, not just from an anti-racist or queer or trans perspective, but also from the perspective of how this affects the mental anguish and the mental health of individuals.

RESH: What you're taking through this report is that there are social determinants of health, as we now recognize, and work is a really powerful one. And this cannot be

so-called "cured" through necessarily clinical approaches, but through social and political approaches. And union, of course, when it comes to work, has been at the forefront of basically all of the rights that we have won within the workplace, right?

TOM: And I would say also what our research shows is it's a certain type of unionism that might be called for here. It's not just that people struggle with mental health effects because of the workplace though, the research is clearly there. But people who are not working, people who are struggling with paying the bills, people who are raised in households where they don't have enough food. People who live in households where there's just a lack of income.

The research over and over again, showed that these were neighborhoods that had higher levels of depression, anxiety, mental health distress than in more affluent neighborhoods. So if we're going to say, yes unions should be involved in this; the kind of unionism probably the three of us believe in, isn't just about the unions own members, but about a broader social agenda where we're trying to put in place the social supports. And have reduced inequality. Give people opportunities. This seems to me to be the larger progressive agenda and our research is pointing out that it's both in the workplace, but it's also about the way our system works in total. Putting people on the outside. Putting people into poverty. And that this is a major driver of mental health distress as well. So that also has to be the target of a workers' movement.

RESH: Right. So this is very much part of a larger and needed social transformation.

I want to take us back to the workplace for a bit. Our friends, family loved ones are bound to us by choice and/or ties of kinship. But the group of people that many of us will spend the majority of our lives with are neither kith nor kin. But through our jobs, they've been thrust into our lives and we into theirs. So just continuing with you, Tom. And you started to talk about this. What is your research finding in terms of the role of coworkers and interpersonal relations in the workplace as stressors within the mental health crisis or relievers.

TOM: Supportive workplace and supportive co-workers and supportive supervisors play a very important role in alleviating mental health distress caused by work. I think the research was pretty compelling about that. Where there are unhealthy approaches to the workplace. Where things are allowed to continue in an unhealthy way, the support of workmates has this buffering effect.

But it's also all kinds of really interesting and small things that we came across. Like today's world, many don't have an office, they live in a cube, right? You work out of a cube. And things like noise. Things like lack of privacy. Small things, like just whether the cube is in a way that people walk behind you; it can be quite stressful, right. People report that, I really don't like it when there's people constantly walking behind me all day. And I don't feel like I have people looking over my shoulder. It's a very unnerving kind of situation.

You know, there's design things that are part of this and light was also found to be a factor where people have a window to their shared, whether it's shared space or individual space, it matters to people's sense of mental healthiness.

So you know, there's a lot to this idea of how do we have a safer and healthier, mentally healthy workplaces.

RESH: And so many of those things that you described, like if you're near a window, what's the light like, what's the noise like. These are things that can so easily be taken for granted and overlooked because they're sort of the banal and every day, right?

TOM: Yeah. Yeah.

But, noise is known to be a big stressor. Whether you're in a workplace where you're dealing with a lot of noise on an ongoing basis, it has a very intense effect on us - more than we understand. I think.

RESH: Right. Now over the last two years Jon, there have been reports on increasing numbers of people quitting their jobs or taking early retirement. Media have dubbed this a "Great Resignation". So what is your research telling you about this?

JON: I guess I take the idea of this Great Resignation with a bit of a grain of salt. There's, a lot of privilege sort of baked into this idea. And while I understand that there is some truth to it I think there's still some question about how comprehensive the research is on this idea.

But for a lot of people, that's not really a choice. Sure some people may have careers or may have structured their lives financially or professionally in such a way that they can retire early or that they can make those kinds of choices. But for most working people, they have to work.

This isn't a choice for the overwhelming majority of Canadians for example, who work in blue-collar jobs. It's not really necessarily a choice for Canadians who work in education or healthcare. It's an interesting idea and the very idea suggests a discomfort or a trauma even associated with work. But I think for most workers, that's not really an option. For most workers there is a necessity, a survival necessity to work, especially as the cost of living increases and wages have remained largely stagnant over the last few decades. For many working people, work is a necessity to survive really, in the societies we live in.

RESH: Is there something that is a highlight of this report that people should really pay attention to. Because again, the majority of us are working people. We are experiencing probably in some degree, at least some of what you've been talking about. What are some other aspects that really should be of major interest to future readers?

JON: I guess for me one of the highlights or one of the high-level points that I think is really important is to understand that this is really a systemic issue. Mental health impacts or mental distress is something that affects many, many workers. We specifically are looking at how this is related to the workplace and to the idea of work. But of course, as you and others have pointed out on this podcast and in other places, mental health distress over a number of issues is really becoming almost a defining factor of our age.

And I think as a result, this kind of research and this kind of examination and understanding of the impacts of our society more broadly on mental health is a really, really important direction to be going right now in this research.

RESH: And Tom, your thoughts?

TOM: Well, maybe a couple areas that just briefly touch on. One was we looked at the issue of workplace injury and what that does to a worker. And there was really clear connection between mental health distress being brought on by a workplace injury. There's a feeling there that your abilities are being taken away from you and it's very unfair, kind of way.

Another interesting thing we looked at was work isolation. So people who work like a, a lumber camp or they're working in a remote mine, and they're there for 10 days of work and then they have four days back and the mental health implications of that. And it was kind of interesting, cause it was mixed. People felt that on one hand they were making money and they were using their skills and they felt good about that. But the loss of family was something that was reported. Missing out on children getting older. Fear that their spouse might be harboring some resentment for having to carry the burden in the home. These kinds of things. So there's all kinds of ways various types of work effect us.

But I think the number one thing Resh that, we're trying to get at is this idea of social determinants social and economic determinants, I suppose, that cause our mental distress in work and in our economy. And there are things we can do about these things. And it's not just treatment.

If people are falling into poverty and becoming severely depressed and unable to work, or just incredibly unhappy. Why do we have social systems rates in Ontario that are lower today than when Mike Harris, and every government in between us, cut them?

I mean it's preposterous. Why are we leaving so many things to risk and chance... Whether it's, extension of healthcare in various directions where people, can't get the healthcare needs that they want, because they're not insured for it.

There's a lot of dynamics to this idea of, well, what can we change at a matter of policy about how work is done and how we structure our society. And how could we be a happier group of people? That's a pretty profound question. It strikes a lot higher than saying, you know, let's just get our GDP up.

I'm all in favor of material wealth and living, a materially good life. But being happy is incredibly important. And a happier society, I think would be a much better one to live in if we could achieve that.

RESH: Yeah, happier worker, happier society and good for all of us right down the line.

So the report on *Mental Health and Wellness in the Workplace* will be launched in September, correct?

TOM: Well, it's got several phases to it. This is phase one where we've done this literature scan and we're hoping that we can have that out by the end of June. A lot of what we talked about is that there's gaps. So the hope is to fill some of those gaps with a survey of Canadian's attitudes towards their own mental health at work and publish those results. And then wrap it up in a final paper in September.

RESH: Okay. So we will post a link to the DCLF in the show-notes for this episode.

Jon and Tom, thank you so much. It's been a pleasure.

TOM: Well, thank you.

JON: Thanks Resh

RESH: That was Tom Parkin and Jon Weier project leads on the upcoming report from the Douglas Coldwell Layton foundation on *Mental Health and Wellness in the Workplace*.

I'm Resh Budhu host of *The Courage My Friends* podcast. Thanks for listening.

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