

**2022 PORTRAIT
OF THE MENTAL
HEALTH OF SME
WORKERS IN CANADA**
EXECUTIVE REPORT



SIMON COULOMBE

MARIE-FRANCE DE LAFONTAINE

CAROL-ANNE GAUTHIER



UNIVERSITÉ
LAVAL

Relief Research Chair in Mental Health,
Self-Management, and Work

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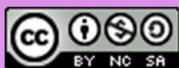
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 crrsmat@ulaval.ca
 www.crrsmat.ca

EXECUTIVE REPORT

BACKGROUND

Despite the fact that small and medium-sized enterprises (SMEs) represent the largest employers in Canada, hiring near to 13 million people, the situation of people working in SMEs across the country has been very poorly documented with regard to their mental health and the challenges they face. Our team has identified only one study on this topic, whose data were collected in Quebec, rather than Canada-wide, and which was conducted many years ago.

OBJECTIVES AND THEORETICAL FRAMEWORK

More complete and recent data are essential to better understand the mental health-related realities of SME workers in Canada and to help optimize the prevention of mental health issues and the promotion of well-being efforts for these individuals. To this end, the objectives of the study were to develop a portrait of 1) mental health indicators, mental health knowledge, and self-management strategies among people working in SMEs in Canada; and 2) the individual and organizational demands and resources likely to influence mental health among this population. In order to properly account for the large diversity of workers and of employment situations in SMEs across the country, our intention was also to further nuance this portrait by considering differences in mental health and associated factors according to sociodemographic (e.g., age, gender, immigration status) and work-related (e.g., teleworking, SME size, industry sector) characteristics.

The study is based on an ecological theoretical framework recognizing that workers are embedded within a complex ecosystem that includes their work environment, but also its wider social environment. In line with positive psychology, mental health is considered here to be more than the absence of mental health difficulties; it also includes manifestations of flourishing (well-being) in one's life in general and at work. Both the demands and resources of the work environment that may influence mental health, as well as resilience factors at the individual level (e.g., mental health knowledge, self-management strategies), are considered in the study.

METHODS

An online survey was conducted with individuals recruited from the LEO web panel by the Synopsis company. A sample of 2,500 adults, living across Canada and working at least 14 hours per week in an SME, completed the questionnaire (available in French and English) in February 2022. The 20-minute questionnaire included numerous scales of various concepts, including negative (e.g., anxiety and depression) and positive (e.g., well-being at work) mental health in general and at work; impacts of the COVID-19 pandemic; mental health knowledge and self-management strategies in general and at work; mental health stigma at work; perceptions of the work environment (in terms of psychosocial safety climate, psychosocial risks, support from managers, technology-related stress, and work-life/family balance); and employee assistance programs and other workplace wellness initiatives. The measures used show adequate reliability. An effort was made in the recruitment to reach a satisfactory representation of the population of SME workers in Canada in terms of gender, region, and number of people employed in SMEs of different sizes (small and medium). The data were weighted on the basis of age, gender, company size and major regions of Canada, with additional weighting performed to account for specific sociolinguistic and territorial realities in Quebec. Statistical analyses were then conducted with the weighted data.

KEY FINDINGS HIGHLIGHTS

Key highlights from the results regarding the mental health of SME workers in Canada are presented below. They are grouped according to the questionnaire themes.

GENERAL MENTAL HEALTH INDICATORS

A large proportion have mental health problems

About 55% of workers report living with at least one mental health issue.

Almost one-third live with anxiety or depression

Based on the screening tool used, 24% of workers live with anxiety symptoms above a clinical threshold, while 21% have depressive symptoms above a clinical threshold.

High positive well-being is reported by only slightly more than a quarter of workers

27% of people report frequent manifestations of flourishing (e.g., well-being manifestations such as experiencing meaning in life, having positive relationships, being optimistic, etc.).

Mental health difficulties and well-being coexist in a complex way

About 10% of workers with distress levels (anxiety or depression) above clinical thresholds also report being in a flourishing state (i.e., experiencing frequent well-being manifestations); 65% of people who do not experience distress above clinical thresholds nevertheless report being in a languishing state (i.e., infrequent well-being manifestations).

WORK-RELATED MENTAL HEALTH INDICATORS

Burnout, particularly its symptoms of physical fatigue, is relatively common

Approximately 22% of workers experience burnout symptoms above a clinical threshold, and more specifically, about 33% of workers report frequent physical symptoms of burnout.

Overall, people report relatively high levels of well-being at work

In general, they seem to enjoy their work and are proud of their job.

IMPACTS OF THE COVID-19 PANDEMIC

A majority of people perceive that the pandemic affects them, mostly negatively

Almost 50% of people report a negative effect of the pandemic on their mental health at the time of the questionnaire in February 2022; 34% report a negative impact on their well-being at work.

MENTAL HEALTH KNOWLEDGE AND SELF-MANAGEMENT

Workers generally have a considerably high level of mental health knowledge

Almost four in five people report a high level of knowledge with regard to mental health issues, their recovery and their treatments.

Workers use several self-management strategies in general

The most used strategies are learning to live with one's strengths and weaknesses, taking into account one's abilities when making one's schedule, and focusing on the present moment.

Many self-management strategies are implemented by people at work, but some strategies could be further encouraged by the organization

Over the last two weeks, workers report having frequently used, on average, five mental health self-management strategies at work; however, relatively few people give themselves permission to make mistakes, assert their needs and expectations, or try to determine sources of stress at work.

MENTAL HEALTH STIGMA IN THE WORKPLACE

Stigma in the work environment anticipated by people living with self-reported mental health issues is, on the whole, moderate

Two in five people said that disclosure of mental health issues at work could lead to their managers treating them differently.

However, workers (with or without mental health difficulties) have lower levels of stigma towards other individuals at work who are living with mental health issues

Just over three quarters would stand up for a colleague living with mental health issues if they were being made fun of.

WORK ENVIRONMENT

The organizational psychosocial safety climate is limited for a majority of workers

According to more than half of the people (52%), psychological health is not really prioritized by the senior management of the SMEs that employ them.

The situation is fairly neutral in terms of psychosocial risk factors at work

On average, people perceive a relatively neutral situation (neither adequate nor inadequate) regarding risks related to a high workload, lack of autonomy, lack of recognition, and low support from colleagues.

Nearly one in six workers have experienced psychological harassment at work in the past year

About 16% report having been subjected to words or actions, repeated or not, that violated their dignity or integrity.

Workers receive relatively frequent support from their supervisors, but emotional support tends to be rarer than other forms of support

The frequency of support varies considerably across the different support practices measured; one in two workers report that their manager never or rarely inquires about their physical or mental health.

Technology generates relatively little stress, but seems to intensify work activities

Only one in five people report experiencing stress due to the complex nature of some technology at work; however, one in three say that technology requires them to respond more quickly to requests.

People report some degree of work-life/family balance, but some companies are still not encouraging enough

People's perception of their work-life/family balance is, on average, slightly more positive than negative, but just over a quarter say their employer does not encourage their work-life balance.

MENTAL HEALTH AND WORKPLACE WELLNESS INITIATIVES AND PROGRAMS

A majority of people employed in SMEs do not have access to an Employee Assistance Program (EAP), and this proportion is higher in small businesses

Just over half report not having access to an EAP and about one in five do not know whether their employer offers this type of program.

Perceptions of the EAP are fairly positive, but feelings of shame may be limiting its use

A majority of people who have access to an EAP perceive that consultations with the EAP are confidential; among those who have not used the EAP, almost 30% believe that using the mental health support services offered by the EAP would cause them to feel shame or embarrassment.

A variety of other wellness programs and initiatives exist, but their availability is very limited and not well known by workers

For each of the ten or so programs and initiatives listed in the questionnaire, about 20-30% of people are unaware of its existence (or lack thereof) in their organization.

COMPARISONS BY SOCIODEMOGRAPHIC AND WORK-RELATED VARIABLES

Age

On average, the level of psychological distress (symptoms of anxiety and depression) lowers as age increases; proportionally more 18-24-year-old workers report burnout scores beyond the clinical level. Older people frequently implement a greater number of self-management strategies in their lives in general and at work.

Gender

Women report more psychological distress, but paradoxically also report higher levels of well-being at work than men. Women are more likely than men to have high mental health knowledge and to use more self-management strategies on a frequent basis.

Ethnicity

On average, racialized people have slightly lower levels of well-being at work than white people and report using fewer self-management strategies on a frequent basis than white people.

Immigration status

On average, people born outside of Canada report lower levels of psychological distress than people born in Canada; the former are also less likely to experience burnout above a clinical threshold.

Region in Canada

On average, people employed in SMEs in Quebec and in the Atlantic Provinces report a higher level of well-being at work and frequently implement a greater

number of self-management strategies in their lives in general. SME workers in Quebec also perceive a more positive situation, on average, with regard to psychosocial risks in their work environment compared to those in other regions.

Teleworking situation

On average, the degree of psychological distress is lower for those working in-person (at the workplace) most of the time than for those teleworking most of the time, or for those dividing their time between in-person and teleworking.

SME size

People employed in small enterprises report slightly less psychological distress than those in medium-sized enterprises. The work environment at small enterprises is also perceived as more positive in terms of work-related psychosocial risks than at medium-sized ones.

SME industry sector

On average, people working in the retail sector report higher levels of psychological distress and lower levels of well-being at work than those in other sectors. Those working in the health sector have higher levels of well-being at work and lower levels of mental health stigma compared to people in other sectors. Workers in the construction and finance sectors are less likely to report high levels of mental health knowledge.

COMPREHENSIVE ANALYSIS OF FACTORS ASSOCIATED WITH DEPRESSION AND ANXIETY

Several factors, both at the individual and environmental (organizational) level, are found to be associated with greater or lesser odds of living with anxiety or depressive symptoms above clinical thresholds.

Individual factors

Having lower mental health knowledge is associated with higher odds of depression; being younger and using fewer self-management strategies in general and at work are associated with higher odds of anxiety and depression.

Work-related characteristics

Working at home most of the time is associated with more risk (for anxiety only).

Work environment factors

Reporting a high level of psychosocial safety climate (e.g., an employer who prioritizes psychological health) and an adequate workload is associated with lower odds of anxiety and depression. Having been a victim of psychological harassment at work is associated with twice the risk of depression and anxiety, making it one of the main risk factors identified in the study.

ASSOCIATIONS OF ANXIETY, DEPRESSION AND WELL-BEING AT WORK WITH SELF-REPORTED INDICATORS OF ORGANIZATIONAL PERFORMANCE

Anxiety and depression

Experiencing anxiety or depression symptoms that are severe enough as to be above the clinical threshold is associated with higher odds of absenteeism, more presenteeism and lower self-rated performance scores.

Well-being at work

Experiencing higher levels of well-being at work is associated with higher self-rated performance scores and less presenteeism.

LIMITATIONS OF THE STUDY

Although weighting was applied to make the results as representative as possible of the population of SME workers in Canada, the study does not use random sampling, making it difficult to claim that the results fully represent the realities of all SME workers. The smaller sample size for some population groups (i.e., racialized or non-Canadian born people) requires that results for these groups be interpreted with caution. The limited number of people identifying with a gender identity other than man or woman made it impossible to explore their specific experiences. Also, the sample does not include any participant living in a Canadian territory. Future studies are needed to address these limitations. Longitudinal research is also important to better establish the temporal sequence of the observed effects and to help support the causality of the associations identified in the study.

RECOMMENDATIONS

Several people employed in SMEs in Canada, particularly younger people, are likely to report experiencing mental health issues and to score above clinical thresholds on anxiety and depression scales. The following recommendations, whose order of presentation does not necessarily reflect an order of priority, are formulated based on the findings to help better prevent mental health issues and to support SME workers who are experiencing difficulties. These recommendations straddle the entire intervention continuum from the prevention of psychological difficulties to the promotion of well-being and to support for people living with mental health issues.

1. Foster a holistic consideration of mental health, recognizing both the importance of preventing mental health difficulties as well as promoting well-being at work.
2. Strengthen the psychosocial safety climate within the organization through clear commitments by senior management to employee mental health.
3. Sustain prevention efforts to reduce psychosocial risk factors at work as much as possible, prevent psychological harassment, and promote work-life/family balance through concrete measures.
4. Strengthen training for managers to guide them in implementing concrete emotional support practices (e.g., appropriate ways to inquire about employees' state of mind) in their daily interactions with workers.
5. Make adjustments to the forms of support provided by managers and organizations so that people teleworking full-time can also have their support needs met.
6. Continue efforts to reduce mental health to ensure people clearly perceive that disclosing their mental health difficulties will not have a negative impact on their work life.
7. At the organizational level, increase the dissemination of mental health and workplace wellness programs and simplify access to them, in order to increase workers' levels of knowledge about existing initiatives and help reduce access barriers.
8. Better consider the needs of different subgroups of employees (young, racialized, immigrant workers) in relation to mental health at work, in particular by promoting their participation in the conceptualization and implementation of mental health and wellness programs and initiatives.
9. Some industry sectors could benefit from the development of mental health prevention and promotion programs and initiatives that are better adapted to their organizational contexts and to the sociocultural referents of workers, for example in the finance and construction sectors.
10. Although the organizational context in small businesses appears to be more supportive of mental health than in medium-sized businesses, there is still a need to work on improving access to a variety of mental health and wellness initiatives, possibly by creating partnerships with community mental health organizations.
11. Provide more practical psycho-educational activities to raise awareness of the variety of useful mental health self-management strategies in general and at work, and implement organizational conditions that support self-management (e.g., right to disconnect; right to take breaks during which one can practice self-management strategies).

SMEs can contribute to a culture of shared responsibility by fostering positive conditions that serve as a solid foundation for workers to empower themselves and optimize their mental health and well-being.

