



How the COVID-19 Pandemic is Affecting the Workforce: Retail and Hospitality Roundtable

Summary Report



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Workplace
Mental Health



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A close-up photograph of a person's hands, wearing a light-colored, textured sweater, holding the handles of several colorful shopping bags. The handles are made of thick, braided rope in various colors including grey, red, blue, yellow, and pink. The bags themselves are made of smooth, colorful paper in shades of blue, red, green, yellow, and pink. The background is a soft, out-of-focus light brown.

Executive Summary

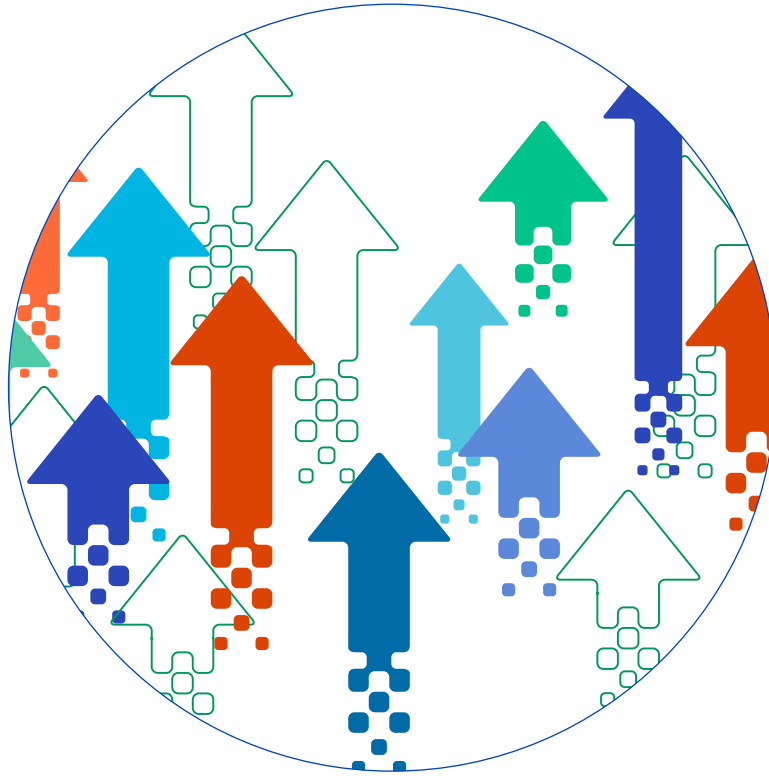
The COVID-19 pandemic has profoundly impacted the mental health and well-being of people working in the retail and hospitality sectors. To determine how to best support these industries in improving psychological health and safety in the workplace, the Mental Health Commission of Canada (MHCC) hosted a one-day roundtable in October 2021. At this event, retail and hospitality managers and executives discussed how COVID-19 has affected their workforces and explored which resources they need to help their staff through this current period and beyond.

Most of the time was dedicated to break-out sessions, where small groups discussed barriers to promoting and improving mental wellness in their organizations. Participants also highlighted the resources and practices that are working well for them and any current gaps in the available resources.

The goals of the roundtable were to

- gather first-hand information from the retail and hospitality industries to inform the development of new resources and recommendations
- collaborate with industry leaders to improve mental health
- educate and raise awareness of workplace mental health with the goal of improving organizational capacity
- create a free and publicly available report to help inform the industry of the common issues facing retail and hospitality workers.

Based on recommendations arising from the event, the MHCC will explore the possibility of developing further resources to address the specific needs expressed by participants. As well, efforts will be made to improve the capacity of retail and hospitality organizations to build psychological health and safety into their daily operations.



Key takeaways

The following emerged as key themes and recommendations from roundtable participants.

COVID-19 has affected the psychological health and safety of everyone in the workplace. While not all groups in the retail and hospitality industries have experienced the same effects, no group has been unaffected, and all roles have had to evolve as a result of the pandemic.

Managers and front-line staff are stretched thin. Limited hours and capacity restrictions have led to staffing reductions — in many cases, employees are not returning to work as restrictions are lifted. These staffing shortages are not only increasing the workload on remaining staff, the added burden is contributing to mental health struggles, including burnout, depression, and anxiety. In turn, it is leading to more time off for mental health reasons, which further worsens staffing shortages.

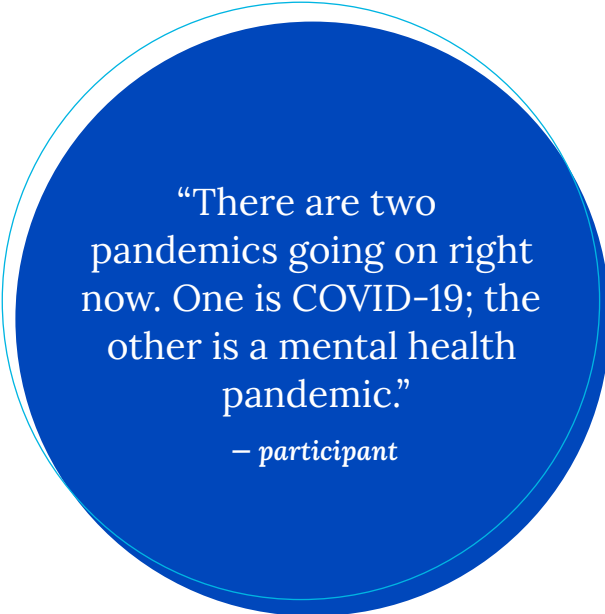
Stigma continues to be an issue. Although people have become more comfortable talking about mental health in the wake of the pandemic, many still find it difficult or uncomfortable. This discomfort includes managers who do not want to cross boundaries into their staff's personal lives, as well as employees who fear negative consequences for speaking out about their struggles.

More training in mental health-related topics is needed. Additional training would better equip managers and employees to take care of themselves and support each other. However, measures must be taken to ensure that this training is not just another item on an already exceedingly long to-do list.

Companies should dedicate more resources to preventive mental health. Because of competing priorities, preventive psychological health and safety measures are often neglected. This means that mental health concerns are largely ignored until they reach a crisis point. Addressing issues earlier would be better for employee mental health and require fewer resources for businesses.

Leadership teams need more guidance on using the National Standard of Canada on Psychological Health and Safety in the Workplace. While it is an excellent resource, many find its size and complexity overwhelming. Leadership teams want concrete resources to help them understand and implement the Standard effectively.

There is no one-size-fits-all resource. Different people have different learning needs, use different methods to access resources, speak different languages, and have different comfort levels with digital tools. Resources need to be available in a wide range of formats and be delivered through a variety of channels to reach and help the greatest number of people.



“There are two
pandemics going on right
now. One is COVID-19; the
other is a mental health
pandemic.”

– participant

Introduction

MHCC team

Tiana Field-Ridley
Implementation Specialist,
Workplace Mental Health

Amy Fogarty
Manager,
Programs and Priorities

Liz Horvath
Manager,
Workplace Mental Health

Sandra Koppert
Director,
Mental Health Advancement

Ed Mantler
Vice-President,
Programs and Priorities

Jade McInnis
Administrative Assistant
Mental Health Advancement

Ed Mantler welcomed participants to the roundtable and introduced the MHCC. He noted that the commission makes it a priority to pay attention to data so it can address the issues that emerge. The organization realizes that retail and hospitality have been especially hard hit by the COVID-19 pandemic. Consequently, the MHCC convened this roundtable to find out more about the challenges faced by managers in these sectors and the resources they need to support the psychological health and safety of their employees.

Sandra Koppert delivered a land acknowledgment recognizing that all attendees were viewing and participating in the virtual session on the traditional territories of the Indigenous peoples of Turtle Island. She also introduced the MHCC team and their roles for the roundtable. The team included Liz Horvath and Tiana Field-Ridley as lead facilitators, Amy Fogarty and Sandra Koppert as supporting facilitators and note-takers, and Jade McInnis to provide logistics support.

Liz Horvath and **Tiana Field-Ridley** introduced the main themes and background for the day's discussions. Retail and hospitality workers – particularly those deemed “essential” – found their jobs shifting and expanding to include additional requirements. These additions have included more frequent cleaning, the wearing of personal protective equipment (PPE), and the enforcement of customer behaviours related to PPE, physical distancing, and capacity restrictions. These workers are dealing with an increase in aggressive and even violent customers, greater workloads due to staffing shortages and, in many cases, additional caregiving responsibilities at home.

All this has resulted in higher stress levels and more mental health challenges. A [report from Deloitte](#) found that one in three people in Canada were experiencing depression and anxiety related to COVID-19, and that 44 per cent were

not able to fully meet their mental health needs. [Leger polls from the MHCC and the Canadian Mental Health Association](#) confirm these findings, showing that depression and anxiety have increased – and that mental health services are not keeping up. This means employers should assume that their workforce is experiencing higher than usual mental strain, and that many of them are not getting the help they need.

The registration notes for this event echo these conclusions, with participants highlighting the following issues:

- the need for training
- isolation and the difficulty of remaining connected
- anxiety and depression
- staff shortages
- increases in disability claims
- increased anger, blame, and shame
- stress related to reopening
- strain on managers
- burnout
- public interaction
- constant change financial strain
- grief
- balance
- overdose and suicide
- racism
- fear of exposing family members to COVID-19

Among the barriers to addressing such issues was stigma, which was cited by every participating organization. A common concern among managers was how to set boundaries while still providing the support employees need.

Horvath and Field-Ridley emphasized that the goal of the day's discussion was to answer the following questions:

- Which resources do you have?
- Which resources do you need?
- How can the MHCC help?

The MHCC will use the answers to explore the development of resources to fill identified gaps. However, some issues and gaps are beyond the MHCC's scope and ability to directly address. To encourage a broad response and collaboration to deal with those issues, the full event summary report will be shared publicly.

Throughout the event, participants were encouraged to be mindful of their own mental health – both during the session and afterward. Support resources were highlighted and made available for anyone who might need them.

The Discussions

Group 1 facilitators

Liz Horvath and Amy Fogarty


Group 2 facilitators

Tiana Field-Ridley and Sandra Koppert



In the break-out sessions, two participant groups discussed the following 11 questions:

1. What impact is psychological health and safety having on your business/industry?
2. Which populations/demographics are being most affected?
3. How do you address the diverse needs of your workforce?
4. What are some of the barriers to effectively addressing psychological health and safety in the workplace or your industry?
5. What have you found to be most helpful?
6. What information and resources are you currently using to address psychological health and safety in the workplace, and how helpful are they in meeting your needs?
7. Are there gaps in information or resources that you would like to see filled?
8. What do you need the most help with to improve psychological health and safety in your organization or industry?
9. Which supports are needed for front-line managers and supervisors in your organization or industry to help them with managing work in a psychologically healthy and safe way?
10. What are the best formats for delivering resources and information that would help ensure widespread use in your organization or industry?
11. Who should the MHCC connect with to help with the development of additional resources?



“Everyone’s prioritizing everything but themselves and their own mental health.”

– participant



An unprecedented threat to workplace mental health and safety


In both groups, all participants agreed that COVID-19 has a noticeable effect on the psychological health of their employees. Their workforces are highly diverse in age, role, ethnicity, family status, and life experience, etc. — and while each group has its own unique needs, no group has been unaffected. Front-line employees are afraid of becoming ill and passing it on to their loved ones, while employees working from home are dealing with isolation. Many employees have taken on additional caregiving tasks for children or elderly parents in addition to their regular workloads. These tasks also add mental stress and can affect employees' performance at work.

Constant alterations to COVID-19-related protocols and procedures since the onset of the pandemic have meant that every role has changed. With many roles continuing to change, employees are struggling to sustain what is expected of them. Misinformation and confusion make keeping up even harder.

Customers are also being asked to alter their behaviours and, in many cases, it is up to front-line employees to explain and enforce those changes. Some customers who are unwilling to comply can become aggressive or even violent toward employees who try to enforce the rules. Such interactions can put both their physical and psychological health and safety at risk.

At the same time, social issues related to Black Lives Matter, residential schools, and an upsurge in anti-Asian racism add extra layers of stress for many employees.

All of these challenges are leading to higher levels of employee time off due to mental health issues. This increase is exacerbating widespread staffing shortages and adding to the workloads of front-line staff and managers — worsening stress and making it harder to adequately address mental health.



“No one has any trouble saying they have a headache or that their knee is sore because they were playing slow pitch on the weekend. It’s much harder to say you’re feeling burnt out and didn’t want to get out of bed.”

– participant



Mental health challenges affect everyone

Participants generally agreed that the entire workforce is affected by current psychological health and safety challenges. They also acknowledged the difficulties faced by some groups, including women and minorities. Yet two groups stood out as being particularly susceptible to psychological risk during this time: managers and hourly workers.

Managers

Managers must often deal with the same issues as their staff, so they have to find ways to support their teams while struggling themselves. This situation can be especially challenging for younger, less-experienced managers who have only been in the workforce for a few years. The added stress of suddenly being responsible for the health and safety of their staff in the midst of a global health crisis adds to their burden.

In many cases, managers are facing similar performance expectations, operational demands, and sales metrics as they were before the pandemic, despite capacity limits and severe staff shortages. As a result, managers are taking on additional tasks to try and maintain performance levels, while risking exhaustion and burnout.

This extra work leaves managers with less time to check in with their teams, take additional psychological health and safety training, or prioritize wellness initiatives. A ripple effect is thereby created, with more stress among staff left unaddressed. In turn, the effect can lead to additional mental health crises that require time off, squeezing managers' capacities even further.

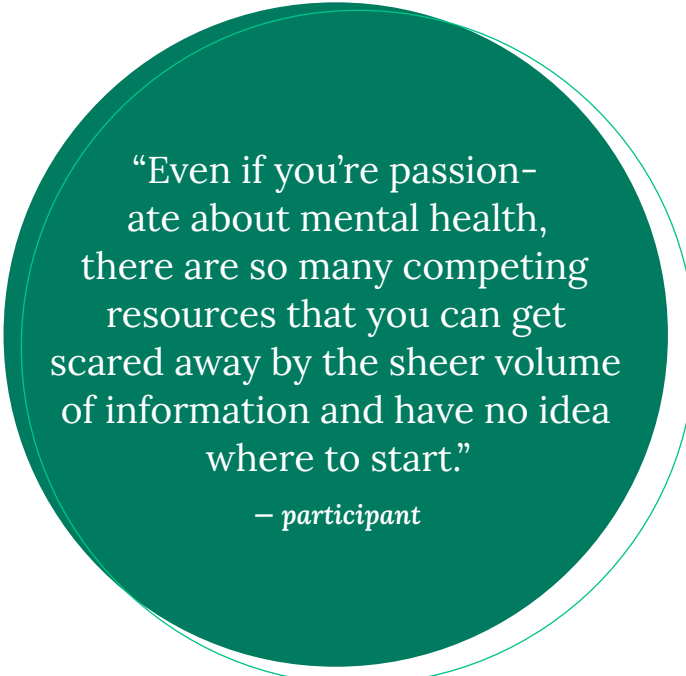
Hourly workers

Hourly workers, particularly those making minimum wage, are also in a difficult position. The nature of these jobs means that most hourly workers cannot build a significant financial cushion. This situation puts them at a disadvantage when hours

are reduced as a result of COVID-19-related restrictions, and the financial strain can take a toll on their mental health. While the Canada Employment Relief Benefit (CERB) has helped, those pressures are expected to return as the benefit ends.

Many of these employees have limited or no paid sick leave, forcing them to make the choice between coming to work sick or losing pay. Knowing that getting very sick and being unable to work will mean smaller paycheques, and also leave their already-stretched-thin co-workers to pick up the slack, adds to these workers' mental health burden.

While it is important for managers to recognize these additional challenges and be prepared to support their hourly employees, as noted, many managers are themselves overworked and face their own psychological health challenges.



“Even if you’re passionate about mental health, there are so many competing resources that you can get scared away by the sheer volume of information and have no idea where to start.”

– participant



Employers need time and simple, clear resources

From the day's discussions, it was clear that all participants want to support the psychological health and safety of their employees and fully recognize the importance of doing so. All are committed to doing the best they can with the resources available to them. Yet all reported similar barriers that make it hard to create the supportive environment and culture they want to provide.

Barriers

One of the most commonly shared challenges is how to talk about mental health in the workplace. Although the stigma surrounding mental health challenges is decreasing, many managers and employees are still extremely uncomfortable talking about it. People may shut down, pretend nothing is wrong, or even lash out when the issue is raised — which can leave others hesitant to offer support.

While participants agree that training is critical to solving these challenges, it must be the right kind of training. Many workplaces offer some mental

health training, but it often focuses on the extreme end of the mental health spectrum. Many would like to see more information for the broad area between being “fine” and “in crisis.” Participants noted that, while people often experience temporary symptoms of depression or anxiety, knowing when those symptoms become mental illness and require intervention is not always clear. They would also like to know more about the external factors that can trigger a decline in mental health and see more focus on prevention (rather than waiting until someone is seriously struggling and in need of treatment).

Prevention is especially important because mental health services across the country are in high demand, often with waiting lists of over a year. If someone does not ask for or receive support until they are near or in crisis, it can be almost impossible to help them, since managers are not qualified and external services are not available. Along with such an increased focus on prevention, participants would also like some guidance on how to support employees as they wait to receive the services they need.

Another challenge many participants noted relates to distributing information to employees, particularly in larger organizations. While staff members say they prefer digital resources, ensuring access for everyone can be difficult. Enewsletters and intranets are useful for office-based employees, but front-line workers do not often have corporate email addresses or access to online resources while at work. In these cases, employers may have to rely on posters and other paper-based communication methods.

Also important is ensuring that resources are inclusive, which may mean making the same or similar resources available in multiple formats.

Some people may want written information, while others may prefer videos or not have to go online at all. Likewise, to make them more comfortable for people to use them, counselling or other employee assistance program (EAP) services should be offered in a variety of online and offline formats.

A further issue many participants noted occurs once someone receives help. Many health-care professionals do not prioritize the return to work as a treatment goal, which can lead to lengthy leaves of absence. On the other hand, should a person be cleared to return to work before they are really ready, it can be difficult to manage and may lead to more severe problems later on. In both cases, the problem stems from the difficulty of quantifying someone's mental struggle. Unlike accommodations for a physical injury (such as a broken leg) accommodations for mental illness or injury are harder to determine. It is not always obvious which work-related tasks will be problematic or how severe an issue has to be to entitle someone to accommodations. As a result, participants noted that health-care professionals often err on the side of recommending time off instead of proposing accommodations.

All these issues are exacerbated by the lack of employer and manager capacity. Without time or dedicated resources, it is exceedingly difficult for managers to spend time on prevention, notice when something is wrong, or effectively manage psychological health and safety issues when they arise.

Resources needed

Because the lack of resources (both time and financial) is such a significant barrier, many participants said that industry-specific information to support the business case for prioritizing psychological health and safety would be extremely helpful. Managers and executives know that mental health is important. But without a strong business case backed by hard numbers on budget, return on investment (ROI), and other key metrics, other business needs tend to take priority.

Many said they appreciate tools such as the National Standard of Canada on Psychological Health and Safety in the Workplace, but find the Standard

overwhelming and hard to understand. They would like to see more resources offering practical guidance on what each part of the Standard means and how to implement each stage. Participants also said real-world examples of how other organizations have achieved comprehension would be immensely helpful.

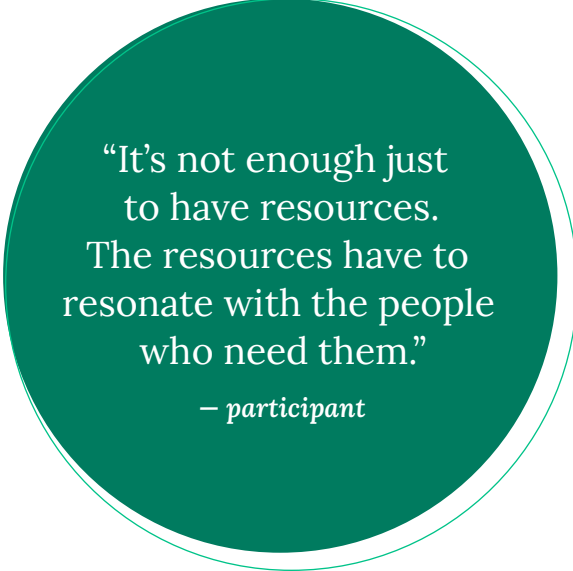
Resources (on the Standard and on other topics) should be developed with a non-specialist, time-crunched audience in mind. In other words, resource material should consist of language and terminology that can be understood by the average layperson. The materials should include a combination of hard data and personal testimonials. (For example, a resource could explain cognitive behavioural therapy and also include a story outlining a real person's experience.) Resources should be brief, breaking up complex topics into smaller, more manageable pieces that can be addressed in a two-page resource or brief video.

Participants also expressed interest in getting some sort of help to locate resources. While the internet offers a wealth of information, it can be hard to know where to start. It is not always clear

- which resources or services are available in specific areas
- how to access them
- who to contact
- what is, and is not, covered by provincial or other health plans
- what criteria people must meet to be eligible for certain services.

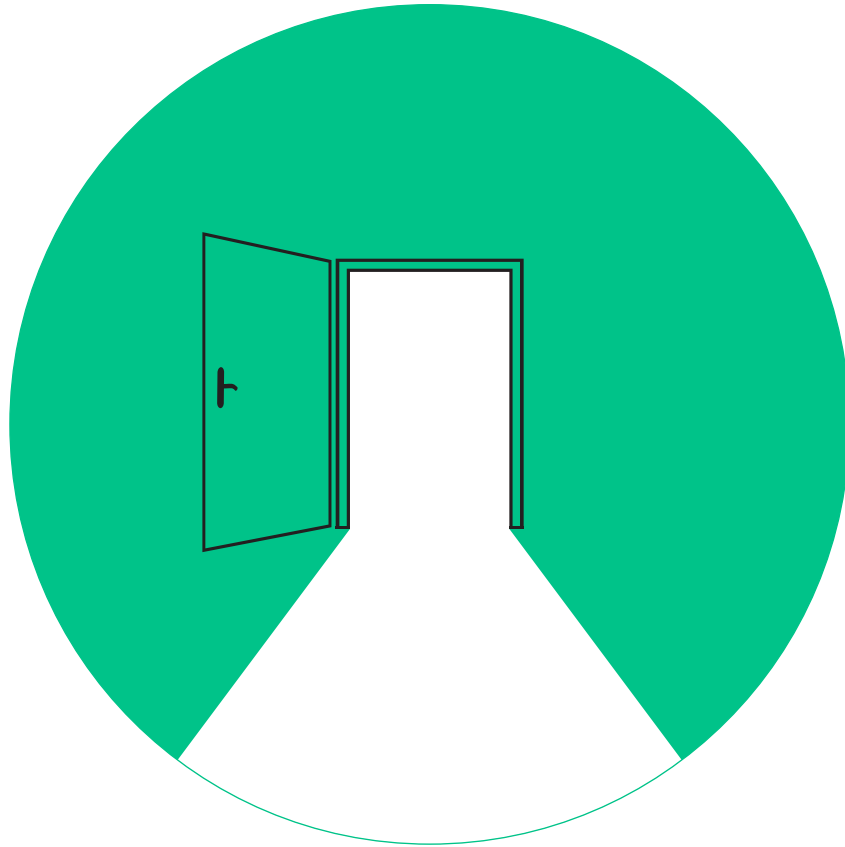
When someone is in crisis, finding the appropriate resource can be even more overwhelming. A navigation service that helps people understand which steps to take (and in which order) would be extremely useful.

Finally, participants suggested it might be time to consider moving beyond a voluntary standard and regulating a set of minimum requirements for workplace psychological health and safety. They pointed out that regulations for physical health and safety are well-established, and that similar requirements for psychological health and safety could make a real difference in workplace mental health.



“It’s not enough just to have resources. The resources have to resonate with the people who need them.”

– participant



A wide range of resource types helps the widest range of people

Participants mentioned several internal and external resources they have found useful for supporting their teams' mental wellness. One cited a mental health bingo card system, where employees can check off boxes by completing simple mental wellness tasks such as accessing the EAP or reading the latest EAP blog. The goal of the bingo card is to help normalize conversations around mental health and get people talking about it. One company includes a list of mental health resources in its staff directory to make them easy to find. Another has produced a "Do you know what to do?" guide to help managers navigate conversations based on the Mental Health First Aid framework.

Several participants have created resources to specifically deal with customer harassment or violence during COVID-19 restrictions. One company found that many incidents went unreported because the report form was too onerous. When a shorter, more streamlined form was introduced, employees made more use of it and the company was better able to track and respond to these incidents. Another company provided its employees with a tip sheet on difficult conversations, which includes suggested scripts to use when customers are unwilling to follow public health rules. Taking this concept further, one company created a code of conduct outlining the behaviours expected of its guests. Such a step makes it clear to employees that they do not have to tolerate abusive or other unacceptable conduct, and it empowers them to act as required – up to and including removing guests from the business.

Some third-party sources cited include [Hospitality Saskatchewan's mental health resource page](#) and information

available on most EAP websites. Participants found these resources usually well-curated, with high-quality and credible information. Participants also mentioned the MHCC as a useful and responsive resource, saying they appreciate being able to reach out and get help with whatever they need. The video series on the [13 factors that can affect employee mental health](#) was cited as especially useful. Their brevity, light-hearted tone, and accessible language were very helpful for starting to understand the Standard.

Participants emphasized that there is no single ideal format for all resources and all people. Providing resources through a wide variety of formats (e.g., tip sheets, videos, and online polls) and channels (e.g., websites, social media, and text messages) makes them increasingly accessible to more people while reducing the risk that people will tune out because they are bored with a repetitive format.

Summary and
Next Steps



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Horvath and Field-Ridley closed the meeting by recapping some of the main themes from the break-out sessions. They included:

- heavy workloads and labour shortages
- the importance of well-being
- the necessity for more training
- the need for a range of communication methods
- the difficulty of distributing resources to all staff
- the requirement for legislation

Next steps for the MHCC will be to develop resources based on the needs expressed at this event. Some of these tasks may involve reaching out to and working with other organizations and stakeholders. The purpose of doing so is to explore the possibility of collaboration and avoid the duplication of efforts and existing resources.

Participants were encouraged to take stock of the current resources they can access, including internal and external community resources, and to consider compiling them in a list that can be easily distributed among their teams. Those who had not yet downloaded the [National Standard on Psychological Health and Safety in the Workplace](#) were encouraged to do so and to start thinking about how to implement it in their organizations. The MHCC also invited participants to reach out any time they need help or guidance.

Appendices

Appendix 1

Agenda

Schedule	Discussion Item	Time	Discussion Leader
11-11:20	Opening and introduction	20 mins.	Ed Mantler Sandra Koppert Liz Horvath Tiana Field-Ridley
11:20-11:30	Mural demonstration	10 mins.	Tiana Field-Ridley
11:30-12:30	Break-out session 1	1 hour	All
12:30-1	Health break	30 mins.	All
1-2	Break-out session 2	1 hour	All
2-3	Report back and conclusion	1 hour	All

Appendix 2

Mural inputs

During the break-out sessions, participants used an online collaboration tool called Mural to jot down and share their thoughts. Their submissions are provided below, grouped by common themes and categories for easier reference. While identical entries have been included only once, similar entries have been retained for completeness.

Affected populations/demographics

Workers

- Seniors and younger students
- All, but maybe more on youth, as youth have a high representation in tourism/hospitality
- Workers aged 18-25 – they have less experience
- Millennials
- Our people in clubs tend to be younger and recent university grads
- Students
- Part-time workers and women who have taken on more responsibility in the home
- Hourly store employees – most affected due to financial concerns
- Minimum wage workers – financial stress
- Seasonal workers
- People living alone
- First-time job/early career
- Leaders and highly skilled workers from other countries now in entry-level jobs
- Low socio-economic colleagues
- Front-line workers
- Front-line retail staff
- Front-line workers adapting to changing regulations
- Front-line and office staff – two different experiences through the pandemic
- Contact centre staff
- Food and beverage workers
- Workers with varying levels of English
- Employees being cross-trained or multi-tasking
- All staff balancing new day-to-day demands (remote workers balancing family/sick family/child-care needs)
- Parents
- Those about to retire

Management/leadership teams

- Independent restaurants
- Retailers outside of large city centres
- Hiring teams – as the pandemic has continued, the workforce has become smaller
- Small retailers
- Small business owners
- Leadership/management
- Managers
- Managers taking on many new duties on top of very busy jobs and the added stress of supporting their team members
- Senior management burnout
- Young leaders who are new to the roles
- Safety/HR teams working behind the scenes keeping up with changes and risk management

Other

- Customers are angry and are taking it out on our front line
- Corporate – work/life burnout

Barriers

Internal resources

- Time and resources
- Time to access services
- Resources, time, and money
- Time
- Short staff
- Volume of work
- Difficult to ensure consistent management support for psychological health and safety; manager bandwidth
- Small employers with limited bandwidth
- Reduced staff and overworked managers
- Part-time and full-time access for care
- Lack of benefits coverage
- Financial
- Financial resources
- Lack of training for managers on how to deal with mental health and safety issues
- Lack of certain benefits for part-time staff

External resources

- Difficulty sorting through all resources available
- Understanding services available
- Substance/addiction program access
- Qualified practitioners and ability to see patients
- Access to professionals
- Wait lists/times, delays

Stigma/attitudes

- Stigma
- Attitudes in the industry – the “suck it up” mindset
- Stigma – perceived as overwhelming (“I’m not a therapist”)
- Shame
- Boundaries on how far you can go to help someone and the risks of what happens when you go too far in regard to the business
- Fear – leaders concerned about boundaries
- Leadership buy-in

- Leadership involvement and buy-in
- Hard to show financial ROI to leaders
- Approvals/red tape
- Prioritization
- Some people are uninterested
- Comfort levels discussing the subject matter
- Trying to make people comfortable around the discussion of mental health and its different levels

Communication

- Communication on virtual work teams
- Difficult to communicate resources available to all associates – especially in stores or distribution centres
- Communication barriers – challenging in multi-site environments
- Communication
- Geographical challenges
- French and English
- Cultural/language
- Line of sight
- Microlearning, otherwise it’s overwhelming
- Scheduling
- Other
- Public health measures changing – vary by province
- Shift schedules, turnover, training, government benefits
- Quantifying mental health
- Fairness
- Accessing supports through technology

Other

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- Shift schedules, turnover, training, government benefits
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Current gaps

- Training on building resiliency
- Prevention/resilience
- Lack of counselling resources, especially for those who do not have EAP
- EAP not available to all permanent employees
- Lack of long-term solutions
- More digital resources — accessible by mobile
- Navigator
- Finding equal resources available in French or other languages
- Mental health and safety training for staff (particularly management and HR)
- Levels of understanding of all that is available
- Time — shift work impacts life/work
- Owner/manager support
- Understanding of mental health as a continuum
- Overwhelming, unclear of the best resources for needs at a given moment
- Centre for Addiction and Mental Health (CAMH) videos on TikTok to reach youth
- Free/affordable individual support for small businesses
- Training specific to restaurant industry challenges
- Intranet
- Access to resources — currently wait times are very long to access mental health resources
- For the Standard: We need examples of steps that other organizations took to meet the Standard. What does the management review and audit look like? Assembling the Pieces is extremely high level.
- Specific ideas — actual action items you can do
- Not regulated
- Cost-effective training — Mental Health First Aid or similar should be free
- Availability of simple resources
- More background information to help support ROI for programs
- Limited commitment from company leadership
- More tax credits for businesses that are doing more
- Identifying formal versus informal leadership factors
- Medical community education on return to work for mental health
- Return-to-work strategies for those with mental illness

Supports needed

- Dedicated internal budget
- More government support for small businesses
- Family support for overnight and graveyard shift jobs
- Emotional intelligence and literacy
- Identification of psychological health and safety management system champions and leaders
- Simplification of the process of accommodating the needs of the team
- Employee engagement
- Empathy – suspension of judgment on employees
- Training for managers on how to help employees without taking on their issues
- Support for implementing the Standard – it's very onerous for smaller employers
- Short videos – 1-2 minutes with quick tips or training
- Diversity
- Types of diversity and challenges
- Multi-generational, multi-ethnic, and racial
- Various socio-economic backgrounds to approach with support tools – need tailored messaging
- Cultural challenges
- Not enough training tailored to leaders
- Demographical challenges
- Child care obligations in a pandemic
- What's required
- Diversity/inclusion training for leaders
- Adding diversity training for managers
- Diversity and inclusion training
- Diversity, equity, and inclusion is a focus and involved in all projects now
- Inclusion has been a cultural value since the company began in Canada
- Reviewing hiring practices to ensure we are diverse
- Offering resources in different languages and formats
- Offer resources in both official languages
- Addressing lack of resources in some geographical areas
- Tailored to generations/access
- Indigenous resources
- Indigenous awareness
- Reward not reprimand
- Information instead of being scared
- Ensuring that eligibility requirements and access to resources are inclusive
- Attraction and retention program

Diversity

Types of diversity and challenges

- Multi-generational, multi-ethnic, and racial
- Various socio-economic backgrounds to approach with support tools – need tailored messaging
- Cultural challenges
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What's required

- Diversity/inclusion training for leaders
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What is working?

Communication strategies

- Leadership buy-in and endorsement, speaking about well-being and psychological health and safety regularly
 - Encouragement from managers (to use EAP, take vacation, be open about mental health, etc.)
 - Normalizing discussions around mental health, adding topics of conversation in communications
 - Transparency from senior leadership
 - Multi-tiered approach to try to reach all employees
 - EAP information sent to employee homes
 - Constant communication and reassurance
 - Sharing personal stories
 - Leading by example, sharing personal stories
 - Ad hoc conversations based on observation
 - Listening, sympathizing
 - Regular email communication, pre-shift start-up meetings, workplace violence and harassment incident reporting
 - Consistently asking for feedback and involving employees in wellness initiatives
 - Consistent check-ins with managers for remote staff
 - Virtual connections
 - Face time
 - Proactive versus reactive
- “Safety moment” in every meeting
 - “Mindful moments” at start of meetings
 - Resiliency skills training
 - Webinars, training, and mental health workshops
 - Mental health and emotional intelligence (EQ) webinars
 - Mental Health First Aid training for all location managers
 - Active EAP promotion
 - Self-care/flexible work schedules
 - Well-being events
 - Mental health promotion — normalize it
 - Nutrition — healthy options at work

Tools

- Tip sheet — suggested responses for handling difficult customers
- Intranet or virtual “bulletin board” to share resources among staff
- Guides, tools, self-serve resources for self-care
- A combination of resources — some virtual, some actual physical handouts

Other

- Ownership within teams rather than with HR
- Leaders owning mental health activities
- Reviewed customer service training on harassment
- Building specific manager accountabilities to create a healthy and positive work environment
- Eliminating stigma
- Trust is driving employee engagement

Programs

- Substance program, Mind by Maple, Telehealth, Lifeworks, Lifespeak
- Bite-sized actions (e.g., Wellness Wednesdays)

Current sources

- EAP providers
- MHCC
- MHCC/CSA (the National Standard)
- Consultants
- Benefits data
- Human Resources Professional Association
- Articles from Harvard Business Review, Deloitte, etc.
- Canadian Mental Health Association
- St. John Ambulance workplace mental health training
- CAMH list of top 150 mental health influencers
- Crisis services
- Cascade sharing from our territory groups to our national committee
- LifeSpeak
- Lifeworks
- Mind by Maple
- WorkSafe BC
- Alberta Health Services
- Weekly news
- Clinical psychologists
- Health Canada updates
- Intranet
- Internal documents
- Health and safety associations
- Co-workers
- Howatt HR Consulting
- Associate experience team (internal)
- University resources
- Health and safety department
- HR department
- Disability management department

Formats for resources and information

- Lifeworks
- Mind by Maple
- Telehealth
- LifeSpeak
- EAP on our HR platform — direct access
- Well-being communications:
 - incentives
 - challenges
 - emails
 - screensavers
 - testimonials
 - champions
 - committees
 - webinars
- Tip sheets for managers on how to address psychological health and safety issues, addressing stigma, etc.
- Self-care guides
- Socialization at every level — newsletter, webinar
- Resources for managers to support different stages of employee life cycle — onboarding, termination, etc.
- Handouts
- Emails
- TV slides in break rooms
- Computer screensavers
- COVID-19 update set out corporately with links to EAP
- Online mental health page of resources, links, etc.
- Short videos that can be branded and used through retailers' intranet or at staff meetings
- Inspire talks, live fireside chats
- On location: printouts of resources
- Followup
- Integrating a mental health topic into a team meeting (1-2 minutes)
- One-pager followups on training
- Monthly “toolbox” topic
- Facebook page
- Resources to help people learn technology
- Combination of in-person, virtual learning, and pre-developed learning management system training
- Intranet and email to capture different groups
- Intranet and weekly psychological health and safety newsletters
- Microsoft Teams for online sessions
- Bi-weekly virtual huddles
- Face-to-face information sharing and ear-lending
- Weekly email communication to all associates that includes an EAP highlight
- Posters
- Communication scheduling and frequency



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