

Learning Brief for the Not 9 to 5 project: “Mind Your Health”

SRDC’s Learning Support for Future Skills Projects



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INTRODUCTION

Through a number of thematic calls for proposals, the Future Skills Centre (FSC) has supported the development, refinement, or expansion of approaches to develop skills for workers from a variety of backgrounds and in a variety of sectors and regions. These projects identify emerging and in-demand skills, and test new methods of training delivery. The insights that come from these projects will help inform governments, the private sector, labour, educational training institutions, non-profits, and academics on the broader adoption of novel approaches to training and skills development. Furthermore, the projects are required to mobilize knowledge and evidence among key stakeholders, institutions, and decision-makers for the purposes of improving policies and practices in Canada. FSC has engaged SRDC to support this process by developing and then implementing a customized learning support plan for each of several projects, based on past activities and current status.

This document presents the learning brief for Mind Your Health, a project delivered by Not 9 to 5, running from April 2021 to March 2022. Not 9 to 5 is a not-for-profit institution with the goal to provide mental health advocacy and training for the hospitality and culinary sector. It both developed and implemented the project – one of many funded by the Future Skills Centre as part of a larger strategy to address the need for shock-proofing the future of work, with a particular focus on vulnerable populations in the Canadian workforce.

SRDC began its research on the project by reviewing all the available documentation related to the project, including the proposal, quarterly and annual reports, project information sheet prepared by FSC, work plan and evidence generation plan, learning reflection and final report. Using a standardized template, SRDC worked collaboratively with both FSC and Not 9 to 5 to develop learning questions related to each of the four learning stages of the project: discovery, designing, testing, and scaling (See Appendix A). We then worked through a process to answer each of the questions. Beyond analysis of these documents, SRDC completed an interview with the Not 9 to 5 lead in July 2023. Finally, SRDC shared and discussed with Not 9 to 5 the findings to ensure their accuracy and appropriateness.

This learning brief presents a synthesis of the answers to the questions posed in the learning support plan. For each of the four stages the project engaged in, this document presents what the project has achieved, lessons learned, and recommendations with respect to future evidence generation that the FSC can utilize, filter, and distill for its ongoing dissemination projects.

OBJECTIVES

Mind Your Health comprised designing and delivering a survey to workers in the service and hospitality industry in order to address mental health issues. It targeted workplaces in this sector across Canada, with a specific focus on Black, Indigenous, People of Color (BIPOC) participants. Mind Your Health also involved the design and delivery of mental health resources to address these issues, including a guidebook, webinar, online platform and certification program. See Appendix B for a project Theory of Change. More specifically, the project aimed to:

- Increase knowledge of workplace mental health in service and hospitality sector;
- Increase service and hospitality sector workers' understanding and knowledge to support their mental health;
- Expand reach to hospitality workplaces across Canada, with a focus on underrepresented groups.

Mind Your Health was expected to help Not 9 to 5 further develop innovative methods for knowledge mobilization, both to showcase the results of the project and expand its reach. Not 9 to 5 saw potential and interest to scale the project with further funding, even internationally (i.e., through translating the resource materials).

DISCOVERY PHASE

SUMMARY OF DISCOVERY PHASE

In this section, we review the approach the project used to obtain and include the needs of its target population in building a skills intervention. Importantly, the course was developed and delivered during COVID-19, which had a significant impact on the service and hospitality sector in particular. As outlined in the project proposal, there was emerging awareness of a mental health and substance abuse crisis among service and hospitality workers, while little research had been conducted to learn more about this issue. Not 9 to 5 undertook a survey of 445 food service and hospitality workers in Ontario in 2019 and found that 90 per cent of workers had experienced mental health and substance use challenges. This supported the need for program development and knowledge mobilization from Mind Your Health.

Mind Your Health aimed to increase knowledge of mental health issues in the service and hospitality sector by conducting a Pan-Canadian survey for workers in this sector.

Survey respondents identified themselves as working at a restaurant, bar, café/coffee shop, hotel/member club, distillery/winery/brewery, or other service. Roles in these workplaces included front of house, management, back of house, and owner/executive.

The 2021 Mind Your Health survey of 673 restaurant and hospitality industry professionals found that front line staff in food and beverage services in particular experienced high levels of burnout (87 per cent), depression (77 per cent), anxiety (84 per cent), and disordered eating (63 per cent). Further, 67 per cent of respondents said that they kept these struggles to themselves instead of seeking help, illustrating the need for Mind Your Health services and resources.

What worked, what didn't, and why?

For the most part, data and reporting on this topic was successful in filling a research gap on the intersection between service and hospitality and workplace mental health in Canada. Sharing surveys through social media, the project website, and an online newsletter proved successful in reaching 1200 participants inside of Canada and 700 outside of Canada (including 673 Mind Your Health survey participants), exceeding original targets for numbers of survey respondents.

Further, Not 9 to 5 was able to use their network to target BIPOC organizations, helping to share the survey within BIPOC communities specifically. However, Not 9 to 5 found that quantitative data collection with surveys was not ideal when collecting information from BIPOC communities; there were lower survey participation rates within these communities. BIPOC community members showed apprehension and resistance to filling out surveys due to a lack of trust regarding how the data would be used. This may be because most leaders in the service and hospitality industry are male. Not 9 to 5 also perceived an underreporting of mental health and substance abuse challenges among completed surveys in this demographic. When Not 9 to 5 held personal discussions with BIPOC community members, they received extensive feedback. To more effectively collect data from these communities in the future, Not 9 to 5 suggests more flexible, qualitative data collection practices and analysis, such as interviews with BIPOC community members.

DESIGNING PHASE

SUMMARY OF DESIGNING PHASE

In addition to survey delivery and analysis, Mind Your Health also involved design and delivery of key resources meant to target mental health and substance abuse issues within the service and

hospitality industry. Although Mind Your Health focused on all workers in this sector, it targeted BIPOC employees in particular, as well as people with disabilities.

The resources provided by the program involve developing and launching the following components:

- CNECTing Platform
- Workplace Mental Health Guidebook
- CNECTed Certification Program
- Kitchen Table Talks webinar series

These resources were distributed among partner organizations and were shared widely throughout workplaces in the industry. To implement this phase of the project, Not 9 to 5 worked with different partners or agencies, including:

- Canadian Mental Health Association BC
- George Brown College
- Mind the Bar Foundation
- James Beard Foundation
- Canadian Association of Professional Sommeliers
- Indigenous Tourism Ontario
- Black Food Folks
- Centennial College
- University of Guelph
- Tourism Industry Association of Ontario

WHAT WORKED, WHAT DIDN'T, AND WHY?

The impacts of COVID-19 presented additional challenges the target population. Many service and hospitality workers were returning to work environments with additional stresses and

challenges, including instability in the industry after multiple lockdowns/shutdowns. This exacerbated mental health problems that Mind Your Health was looking to address.

In designing the project, Not 9 to 5 quickly found that they needed to first focus on workplace leadership rather than individuals. It was crucial to have the support of sector leadership, who could then in turn support workers in accessing Mind Your Health resources and cultivate better working conditions.

Co-design of resources by those with lived experience in the service and hospitality was especially valuable to ensure approaches were compatible with participant needs. For example, flexibility was found to be very important to participants. As a result, online training and self-directed resources were developed to accommodate the unconventional work hours of the industry. Designing resources **by and for** service and hospitality workers through collaboration was key to increasing accessibility. Mind Your Health embedded stories of lived experiences to increase user connection with the materials. Not 9 to 5 reports making good progress in engaging service and hospitality workers across Canada in using these resources, however there was limited engagement from the BIPOC community. Not 9 to 5 again suggests adopting a more personalized approach to build relationships with these communities to support engagement with Mind Your Health resources.

Not 9 to 5 also reported some challenges working with their contracted web designer. The designer was unable to deliver the website in the timeframe they had proposed, resulting in the launch of the site being delayed and timelines being adjusted.

Not 9 to 5 suggested they could have benefitted from more support from FSC social media and marketing to promote their project, as well as more guidance from FSC in the area of knowledge mobilization. For example, online resources are not ideal for the service and hospitality industry as people in this community tend to prefer in person engagement, leading to difficulties in distributing resources.

TESTING PHASE

SUMMARY OF TESTING PHASE

The questions related to the testing phase focused on, first, to what extent this project helped Not 9 to 5 achieve its goals of providing mental health and substance abuse supports to workers in the service and hospitality industry, as well as testing and understanding program success.

Survey uptake exceeded original estimates and provided Canadian specific data outlining the extent of mental health and substance abuse issues in the service and hospitality industry. This helped Not 9 to 5 to innovate new approaches in providing mental health supports and resources that were industry specific.

In terms of testing the effectiveness of these mental health supports, Not 9 to 5 collected user feedback for the CNECTing Platform, the Workplace Mental Health Guidebook, CNECTed Certification Program, and Kitchen Table Talks. Though this feedback was not systematically analyzed, Not 9 to 5 reported the response to be overwhelmingly positive as the resources addressed an often-ignored problem in the industry.

WHAT WORKED, WHAT DIDN'T, AND WHY?

User feedback suggested that its efforts to create an industry-specific space with the CNECTing Platform and Workplace Mental Health Guidebook was key to building a community around mental health supports and to support the sharing of free resources. These communities emphasize intersectionality and lived experience. Not 9 to 5 is not aware of any other space like this that currently exists.

Additionally, the CNECTed certification program was the first industry-specific mental health program in Canada. Not 9 to 5 found that developing inclusive, accessible, content that prioritized the needs of learners and allowed them to progress at their own pace worked well. The program incorporated both video and audio to support various needs of learners, and Not 9 to 5 continues to work on accessibility supports.

The Kitchen Table Talks webinars provided another supportive space for service workers to address mental health issues. These webinars were facilitated by an industry expert who guided conversations and supported space for community building around mental health.

The success and positive reception of Mind Your Health resources supported Not 9 to 5 in developing new partnerships, including the Canadian Association of Professional Sommeliers, the Tourism Industry Association of Ontario, and various post-secondary educational institutes with culinary and hospitality programs.

Not 9 to 5 found that employer investment in the program was critical. Though most workers who completed the CNECTed certification program did so as an individual, the engagement of owners, managers, and executive teams was found to be most important to bring Mind Your Health resources to employees. Willingness of employers to change workplace culture was also important, with some employers being more ready to do so than others.

Finally, Not 9 to 5 noted that time and budget constraints limited their ability to carry out the testing phase of the project. Not 9 to 5 noted that almost another additional year was likely needed to properly measure the impact of the project. Additionally, as research into the area is so limited, a lack of comparison data makes it more difficult to assess program effectiveness. Adapting part of the budget to allow for long term testing and evaluation could support improved measurement of the impact of Mind Your Health resources. Additional time and budget would also have helped the project conduct qualitative analysis of the program feedback received, which came from many sources including social media, in person, and emails. Not 9 to 5 also noted that even with additional time and budget, it would be difficult to measure the short-term impact of the program on participants, since mental health improvement is not immediate nor linear and takes time.

SCALING PHASE

SUMMARY OF SCALING PHASE

The project has begun to scale, aiming to expand its reach to hospitality workplaces across Canada with a focus on underrepresented groups. Not 9 to 5 focused on scaling through marketing, nurturing existing relationships, and building new relationships with hospitality and service sector partners. One of Not 9 to 5's scaling goals included getting the CNECTed certification program mandated, similar to the way SmartServe is required training in Ontario. Another major goal is to translate program resources into multiple languages (including ASL) to increase accessibility and spread of the program.

WHAT WORKED, WHAT DIDN'T, AND WHY?

For the scaling of Mind Your Health, Not 9 to 5 noted that partnerships have been key. Mind Your Health resources are currently being adopted by the Canadian Mental Health Association BC, as well as by many restaurants, chains, bars, and cafés as part of their leadership training. Not 9 to 5 is engaging in relationships with post-secondary institutions in order to embed Mind Your Health Resources into tourism and hospitality programs. Not 9 to 5 is also partnering with tourism organizations including the Tourism Industry Association of Ontario, Ontario Highlands Tourism Organization, Regional Tourism Ontario, and Indigenous Tourism Ontario to mobilize resources. It is important to note that different employment standards across provinces in Canada require the tailoring of resources (particularly the CNECTed certification course).

Not 9 to 5 has also shared resources internationally via a Slack channel, and have made connections around North America, the United Kingdom, Australia, and South America. Additional funding could help in translating resources so they can be shared more widely.

Finally, Not 9 to 5 is exploring creating alternative formats to resources to assist those who do not want to learn online, such as a physical book, an audiobook or a podcast.

SUMMARY OF PROJECT LEARNING

This FSC-funded shock-proofing project was intended to be relevant to members of the service and hospitality industry experiencing mental health and substance abuse issues.

Meeting original objectives

As set out above, the key objective of this project was to:

- Design and deliver a survey to workers in the service and hospitality industry in order to address mental health issues, targeting BIPOC participants

The project also intended to increase knowledge and understanding of workplace mental health in the service and hospitality sector among workers, as well as expand this initiative across Canada maintaining a focus on underrepresented groups.

This project **met its key objective and its secondary objective**, given that Not 9 to 5 conducted both targeted surveys about mental health/substances abuse challenges in the workplace and has partnered nationally and internationally to share resources and programming.

Practices that seemed effective

Firstly, related to the discovery phase, **Not 9 to 5 found that engagement with BIPOC communities required a more personal approach than survey distribution**. Although Not 9 to 5 received plenty of feedback from personal discussions with members of the BIPOC community, survey among this demographic was low. Qualitative data collection and analysis (i.e., interviews), may help in gathering key information in the future.

Secondly, **flexibility proved key in designing program resources**. Extensive collaboration with workers in the sector was important to co-design resources “by the industry, for the industry”. Also crucial was buy-in from industry leadership to address the culture around mental health and substance abuse in the workplace. Instead of focusing support initially on individuals, the

program found first and foremost that motivation of the respective leadership was needed in order to support workers in accessing project resources.

Not 9 to 5 considered the most promising ways to scale up the project in the future to include expanding partnerships and making materials accessible to a wider audience through translation.

Practices to revise

For more extensive and meaningful testing of the project impact, additional time and budget would have been needed. Not 9 to 5's small team was limited in its ability to systematically assess program effectiveness. Although user feedback was not systematically analyzed it was judged overwhelmingly positive. Not 9 to 5 stressed the importance of assessing effects over the long term, noting the nature of how mental health changes.

An additional lesson learned stemmed from the difficulty Not 9 to 5 experienced in keeping up with FSC reporting requirements. Not 9 to 5 shared that as an exceptionally small team, they felt overwhelmed with the large number of reports required, as well as the length and detail of each report. Not 9 to 5 also found FSC webinars overwhelming, as a small organization inexperienced with FSC funding protocols. They did not understand some of the internal jargon and terminology used and felt intimidated by some of the other larger, more experienced organizations.

Not 9 to 5 noted that building a relationship with the initial FSC point of contact was helpful, but when this person changed it became difficult to navigate the relationship. Not 9 to 5 also shared that they would be very interested in being connected to other similar FSC projects as part of a network that could seek to learn from one another and share experiences and resources.

IMPLICATIONS FOR THOSE WORKING IN THIS AREA IN THE FUTURE

- **Establishing, maintaining, and utilizing partnership networks is key**, specifically when targeting a project to specific communities (e.g., BIPOC) and when it comes time to scale the project.
- **Keeping participant needs in mind when designing the project** is very important. This project found that flexibility was key for service and hospitality workers, necessitating online

training and self-directed resources carefully designed to be compatible with participant needs. Further, the project found that quantitative data collection was not ideal in BIPOC communities, due to apprehension and resistance to filling out surveys stemming from a lack of trust. The project suggested that qualitative data collection would be more compatible for similar work with such communities.

- **If time and budget constraints are too restrictive, it can prove counterproductive, limiting the testing phase of a project.** This can make the short term impact of programming very difficult to measure.

APPENDIX A: LEARNING SUPPORT PLAN

The Learning Support Plan structured questions according to the learning stages the project included. There could be up to five learning stages:

- **Discovery** with a focus on understanding the issues and/or needs (FSC Innovation Stage: Needs Assessment)

This includes approaches intended to gain real insights into the lived experiences of the target population and to build an understanding of the opportunity space prior to designing skills interventions.

- **Defining** with a focus on project rationale and/or how to address the issue (FSC Innovation Stage: Concept Generation)

This includes approaches intended to frame the opportunity(ies) identified (e.g., as a result of a prior discovery) for changing future outcomes, define target population and/or outcomes, and determine the most critical barriers and enablers to supporting change.

- **Designing** with a focus on program logic/design or "bringing the concept to life" (FSC Innovation Stage: Research/design/prototype)

This includes approaches intended to develop solutions: setting out how to prototype potential solutions and validate these with those in the target population.

- **Testing** with a focus on initial delivery (FSC Innovation Stage: Delivery and Iteration)

This includes approaches intended to be used to test solutions or otherwise support collective ability across the ecosystem to learn what works, adapt and refine.

- **Scaling** with a focus on scale and spread (FSC Innovation Stages: Scaling and Sustainable Scaling)

This includes approaches intended to increase the support for and/or adoption of known solutions or that would assist in identifying and persuading public and/or private funders and/or partners to dedicate their resources to increase the reach and/or impact of known interventions.

SRDC concluded that Mind Your Health project included four learning stages: discovery, designing, testing and scaling.

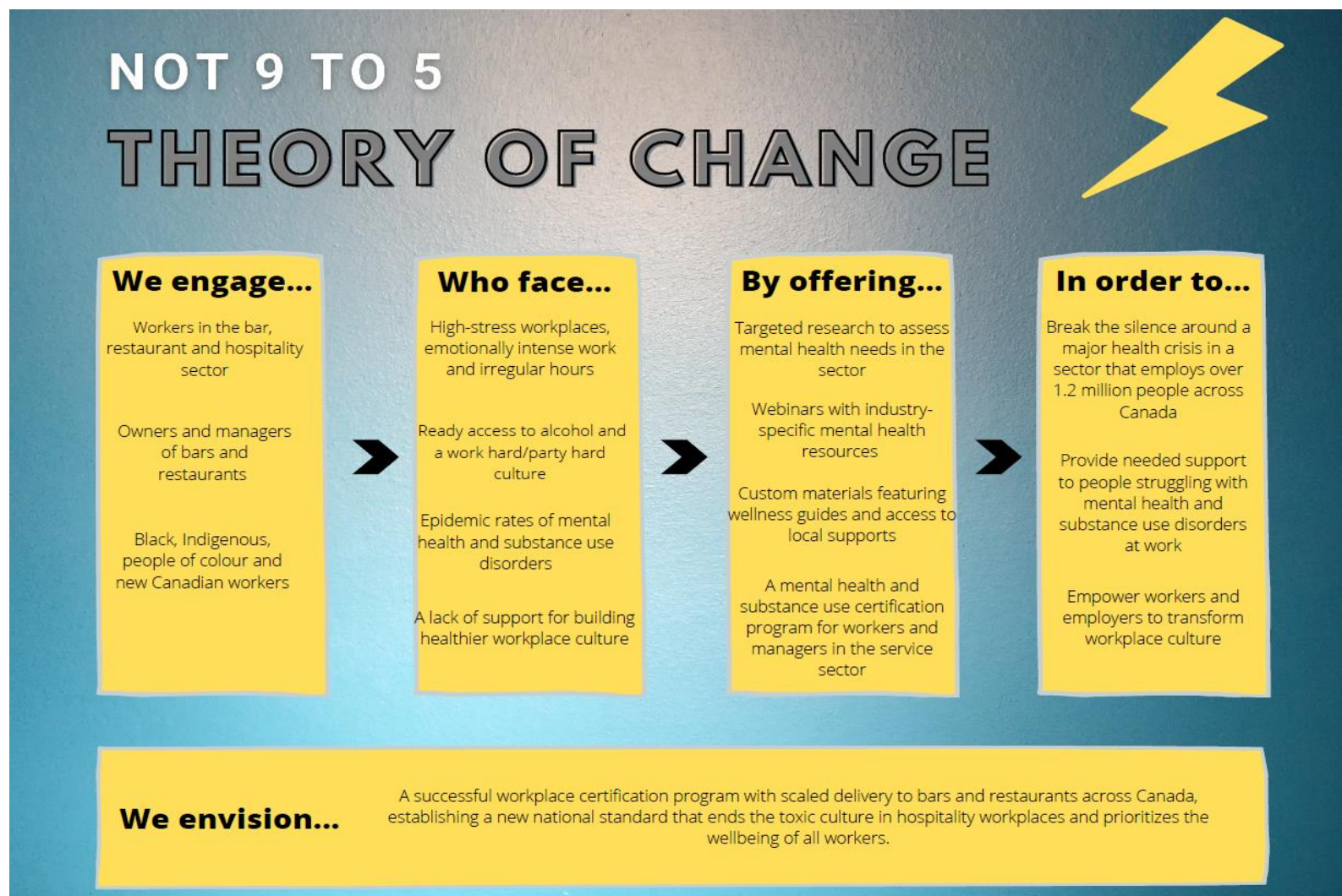
Possible information sources							
Learning Stage	Learning and Gapfilling Questions	Is more information required?	Documentation	Project Lead	Participants	Project Partners	Other Stakeholders
Discovery	To what extent has this project increased the knowledge and understanding of mental health and substance use (including prevalence, prevention, treatment and supports) in the hospitality sector? Is the situation different for BIPOC workers?	Some clarification regarding if any of the results were surprising or if they were fairly in line with the literature and general impressions. Also, did the results influence the content of the webinar/certification program?	Quarterly reports, Annual report, Survey report, and Guidebook	Interview			
Design	What has been learned about how to engage participants to attend the webinars and use the guidebook? What		Quarterly reports	Interview			

Learning Stage	Learning and Gapfilling Questions	Is more information required?	Possible information sources				
			Documentation	Project Lead	Participants	Project Partners	Other Stakeholders
	was innovative about the approach?						
Design	What has been learned about how to engage employers/workplaces to participate in the certification program? What was innovative about the approach?	Yes	Quarterly reports	Interview			
Additional/Gapfilling Questions							
	What was the take-up for the webinars, the certification program, and the number of organizations that incorporated your material into their curriculum/resources?	Yes	Annual report	Interview			
Testing	What are the factors that impact transformation of individual behaviour/well-being and workplace culture (both positive and negative)? Why might	Yes.		Interview		Interview	

Learning Stage	Learning and Gapfilling Questions	Is more information required?	Possible information sources				
			Documentation	Project Lead	Participants	Project Partners	Other Stakeholders
	we be seeing such results?						
Additional/Gapfilling Questions							
	What was the result of the evaluation an impact report completed in March 2022? Did the evaluation lead to any changes to the webinars, the certification program, or any other aspect of the project?	Yes.		Interview			
	Is there additional comparison data to assist in assessing any impact on individual behaviour/workplace culture?	Yes		Interview			
Scaling	What adaptations were necessary to implement this program more widely?	Yes.		Interview			

Learning Stage	Learning and Gapfilling Questions	Is more information required?	Possible information sources				
			Documentation	Project Lead	Participants	Project Partners	Other Stakeholders
Scaling	What types of partnerships are crucial in ensuring successful uptake and spread of the program?	Yes.		Interview		Interview	
Additional/Gapfilling Questions							
	Did the large-scale implementation occur? Has it led to a shift in workplace culture towards mental health and substance use in the hospitality industry?	Yes.		Interview		Interview	
	How much of the scaling activities went to providing material for other organizations to incorporate the material into their own training?	Yes.		Interview			

APPENDIX B: THEORY OF CHANGE



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