

IMPROVING QUALITY OF WORK IN CANADA:

Prioritizing mental health with diverse
and inclusive benefits



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Improving quality of work in Canada: Prioritizing mental health with diverse and inclusive benefits is funded by the Government of Canada's Future Skills Program.

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Publication Date:

June 2023

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Acknowledgements

The research team would like to thank Samir Khan and Eleanor Buxton who provided valuable feedback and support throughout the project. Roger Morier supported the dissemination of findings, and Tanya Piazza linked us to HR professionals and business owners. Carissa Links supported copy editing and provided other logistical support.

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Executive summary

Background

Since the onset of the COVID-19 pandemic, Canadian workers have experienced significant multifaceted hardships that have resulted in a decline in mental health and overall well-being. Governments, employers and benefit providers have failed to adjust to the current realities faced by workers and often do not provide effective support to enable them to prevent or address physical and mental health conditions.

Workers themselves will shoulder the most serious outcomes of failing to respond to this crisis. If the mental health and well-being of workers is not urgently addressed, the risk of workforce shrinkage will increase, within an already tight labour market. This will severely affect the profitability and sustainability of Canadian businesses and overall health of the Canadian economy.¹ The projected cost of poor mental health to the Canadian economy by 2041 is a staggering \$2.5 trillion.²

Failing to address the mental health and well-being of workers in Canada will also have serious implications for quality of work, including the satisfaction people derive from work and their thinking and decision-making about work.³ Without co-ordinated action and innovation to provide flexible, diverse and inclusive benefits for all Canadian workers, there is considerable risk of a continued degradation of quality of work. This will further compound the deterioration of workers' overall well-being and result in even greater costs for employers and benefit providers.

Purpose of the study

This study examines the relationship between access to benefits and quality of work in the current Canadian context, with mental health and well-being, diverse care and inclusion as the focal point. As benefits are fundamentally linked to quality of work, this study sought to better understand the diverse health and well-being needs of all workers in Canada in relation to the effects of the COVID-19 pandemic and implications of access to benefits for workers, employers and the Canadian economy.



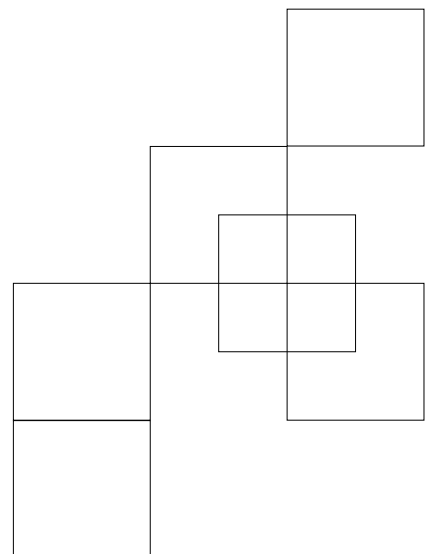
Summary of findings

Through extensive desk research, qualitative interviews and a quantitative survey of more than 500 Canadians, the research revealed that well-designed benefits are a fundamental enabler of all areas that define quality of work. This includes job security and protection for families, safety and rights, skills and prospects for growth, and social integration. The findings suggest that without benefits to support the physical and mental health and well-being of workers, it is impossible to achieve security, safety, growth and social integration, especially in a post-COVID-19 environment.

The desk research, survey and interviews provided the following key findings on the link between benefits and quality of work in relation to mental health and overall well-being, diverse care and inclusion:

Mental health-related absences:

- **Mental health related absences and disability claims have continued to increase** since the beginning of the COVID-19 pandemic, with high costs to businesses, benefit providers and the economy. In 2022, more than one third of disability claims were related to mental health.
- **The impact of the pandemic on mental health:** Pandemic-related stressors exacerbated pre-existing pressures, significantly affecting the mental health and well-being of Canadian workers and increasing the need for mental health benefits and services.
- **The role of workplaces:** Workplaces are directly contributing to the decline in mental and physical health among workers. Work-related stress and burnout are not only worsening pre-existing mental health issues but potentially causing new ones. It is therefore critical that comprehensive benefits are coupled with broader organizational initiatives to support well-being.
- **Working while unwell:** Without benefits and paid time off, workers are unable to address their health needs and are continuing to work while unwell, resulting in decreased productivity, more serious health outcomes and increased risk of long-term disability.
- **Preventative and comprehensive care:** Current benefit models are largely reactive, providing workers with care after an illness or injury has occurred. Benefits for preventative, recovery and diverse modes of care are needed to help prevent chronic illness or injury and ensure limited disruption to a workers ability to return to work.
- **Flexible benefits:** One-size-fits-all benefit models do not provide

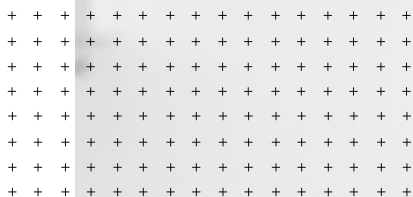


sufficient coverage and are overly restrictive in the types of care they cover. Flexible benefits are needed to support workers in accessing the most effective care for their needs, especially for conditions that are hard to treat.

- **Inclusion and diversity:** Many segments of Canadian workers do not have access to benefits to support their health and well-being, including self-employed, temporary and part-time workers and small business owners. The models of care included in benefits fail to respond to the needs of diverse ethnic groups in the workforce, potentially exacerbating vulnerabilities among different segments of workers.

Implications

The cost of not addressing the mental health and overall well-being of Canadian workers is significant and far-reaching. Without a concerted intervention by employers, government and benefit providers, the already weighty economic burden of poor mental health among workers will continue to grow. This will escalate the unsustainable pressure on our public health-care system and jeopardize the security of Canadian businesses, the health of the Canadian economy and the ability of Canadians to work. The findings of this study indicate that improving the quality of work in Canada and reversing the ongoing decline in mental health and overall well-being among workers is dependent on substantial effort to ensure that all workers in Canada have access to mental health and well-being benefits that are inclusive, comprehensive, and flexible and provided for diverse types of care.



Introduction

This research examines the fundamental link between benefits and quality of work. Benefits include financial and non-financial products that support the physical, mental and financial health of workers. These include insurance, such as life, health, dental disability; paid sick leave; and government administered employment insurance or EI. Non-financial services include employee assistance and preventative health and wellness programs. Quality of work refers to the satisfaction individuals derive from their work, being valued and able to contribute to the organization, and having the opportunity to save, build security, plan for the future, learn and grow, and participate in the community.⁴

The specific link between benefits and quality of work is seldom examined in current research. In most frameworks that define quality of work, benefits are identified as one of several thematic areas that contribute to quality of work. This study highlights that well-designed benefits that support mental health and overall well-being are fundamental enablers of workers' basic ability to work, their capacity to work productively, and all other thematic areas that constitute quality of work. This includes future career prospects, working conditions, safety and rights, skills and discretion, and social environment. Benefits are a key determinant of quality of work, quality of life, and overall well-being, including physical, mental and financial health, which all affect workplace outcomes and the economy.

The findings and recommendations of the study make clear that current benefit models available through public and private offerings are outdated and inadequately respond to the diversity and contemporary context of the workforce in Canada. Standard one-size-fits-all benefit models do not provide workers with access to diverse types of care or to the comprehensive care needed to maintain health and prevent, or fully recover from, illness and injury.



Context: A deterioration of mental health and well being

The research focuses on mental health, a primary factor affecting the ability of Canadians to engage in and derive value from work. Since the onset of the COVID-19 pandemic, workers in Canada have experienced multifaceted hardships that have resulted in a decline in mental health and overall well-being. Pandemic-related stressors including increased vulnerability and threat to well-being, financial and job insecurity, social isolation, and constraints on work-life balance severely affect workers' mental health.⁵

The World Health Organization describes mental health as “a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.”⁶ Health is defined as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”⁷

The true impact and long-term effects of COVID-19 are still not well understood, but recent studies indicate that pre-existing mental health symptoms intensified during the pandemic.⁸ For people in Canada, the incidence of anxiety quadrupled and depression nearly tripled.⁹ Workers experienced a variety of complex stressors that deteriorated mental health. With the highest inflation rates in three decades, 25 per cent of Canadians are experiencing increased financial stress, 57 per cent are struggling to meet basic needs, and one in five is without secure housing for the coming year.¹⁰

The result has been a severe decline in mental health among workers in Canada. Compared to 2019, 34 per cent of Canadian employers saw an increase in disability claims in 2021. The majority were related to mental health.¹¹ The cost of not addressing the mental health of workers in Canada is extensive. Employers lose an estimated \$17 billion annually in lost productivity.¹² Mental health-related disability claims and absenteeism cost the Canadian economy and benefit providers more than \$50 billion annually, including health-care costs, lost productivity and reductions in health-related quality of life.¹³

Despite the high costs, investments in preventative care for mental health and well-being continue to be limited. Recent studies suggest that, because preventative modes of care can be more expensive in the short term and cost savings come only over the long term, businesses and benefit providers may be reluctant to cover the added costs by either increasing premiums or reducing their profits.¹⁴

Access to benefits play an important role in improving one's overall quality of life. To achieve these outcomes, substantial efforts are needed to ensure that all workers in Canada have access to mental health and well-being benefits that are inclusive, comprehensive, flexible, and provide for diverse types of care.

The role of benefits

The findings of this study suggest that access to benefits play an important role in improving one's sense of physical and mental health and overall quality of life. To achieve these outcomes, substantial efforts are needed to ensure that all workers in Canada have access to mental health and well-being benefits that are inclusive, comprehensive, flexible, and provide for diverse types of care.

To fully support the mental health and overall well-being of workers in Canada, benefits should include flexible and diverse options for preventative care — 60 per cent of people with depression can achieve full remission with early intervention¹⁵ and 80 per cent of those with anxiety disorders will not develop other mental health conditions with early treatment.¹⁶ A preventative approach can achieve a drastic reduction in mental health-related costs for employers, benefit providers and the health-care system. Benefits should also be made more inclusive to meet the diverse needs of all Canadians. A growing number of workers in Canada, including small business owners, freelancers, temporary and part time workers and the self-employed, have little to no access to benefits. Most current models of care included in benefits fail to embrace forms of care that have diverse cultural roots. Indigenous healing modalities, for example, are not covered by most benefit plans, nor are Chinese or Ayurvedic medicines, popular among Asian and South-East Asian communities.

Employers could be inadvertently increasing vulnerabilities and exacerbating the marginalization of racialized groups by not providing equal access to preferred types of care, which is critical to managing mental and physical health. The exclusion of these segments from benefits and the failure to support culturally diverse care jeopardizes health equity and equitable access to positive quality of work outcomes. Ultimately, this could disadvantage groups and that inequity could continue for generations.¹⁷



Research project overview

Methodology

The study used multiple complementary research methods to address the following questions:

- What are the key health-related reasons people in Canada take time off work?
- What changes related to benefits emerged during the COVID-19 pandemic?
- What are the most significant gaps related to benefits?
- What are the implications for workers and for quality of work of not having benefits?
- What segments experience the most difficulties accessing benefits?
- What are potential outcomes of investing in the health and well-being of workers?
- What opportunities exist for innovating benefits?

Research methods included desk research, qualitative interviews and a survey of more than 500 people in Canada. The data was used to identify key insights and findings to make recommendations relevant for employers and government decision-makers.

Desk research

The study began with extensive desk research to identify major trends and themes related to the link between benefits and quality of work in existing research and to determine the key contributions of this study. Given the expansive nature of the topic, more than 100 pieces of literature were reviewed, including newspaper articles, peer-reviewed papers, insurance reports and government circulars. Existing regulations and policy pertaining to benefits available to workers in Canada were reviewed as well as publicly available datasets to identify key trends related to benefits and health and wellness indicators. The desk research provided important context for the qualitative interviews and survey.

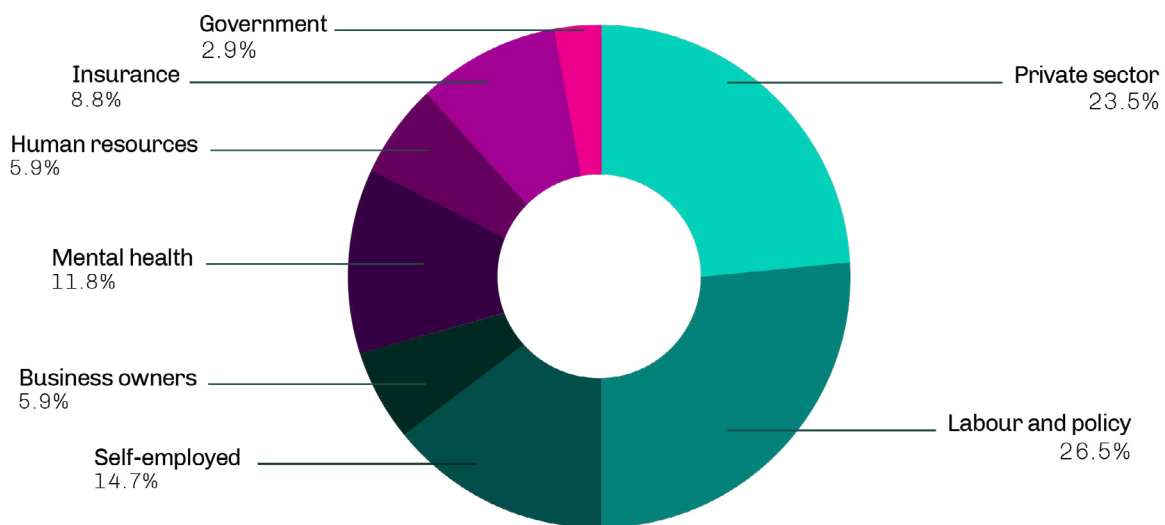




Qualitative interviews

Qualitative interviews were completed with 35 stakeholders from various sectors and stakeholder groups, including mental health experts, doctors and health-care practitioners, benefit providers, labour representatives and policy experts, human resources professionals, small business owners, and self-employed workers. Qualitative interviews enabled further exploration and more in-depth understanding of the trends identified by the desk research and survey. The interviews also provided insights directly from workers in Canada and experts from diverse sectors and groups.

FIGURE 1:
Interviews



Quantitative survey

The quantitative survey was administered to 506 employed, self-employed and unemployed workers as well as business owners in Canada. Respondents were randomly recruited by the survey partner from a large nationwide pool of survey respondents. Respondents were volunteers and were not financially compensated. However, a donation was made to the charity of their choice upon completion of the survey.

Most survey respondents had access to some form of benefits or insurance. The survey provided further insights into the trends identified by the desk research and a high-level understanding of the diverse perspectives and insights of the qualitative interviews. As well, the survey collected a diverse sample of data directly from Canadian workers.

FIGURE 2:
Employment profiles

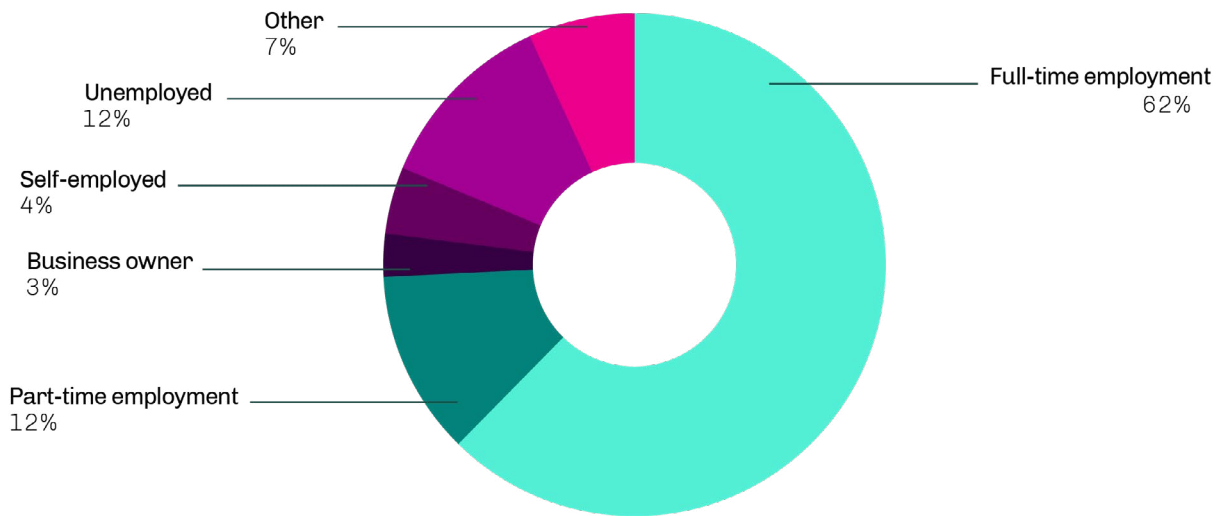
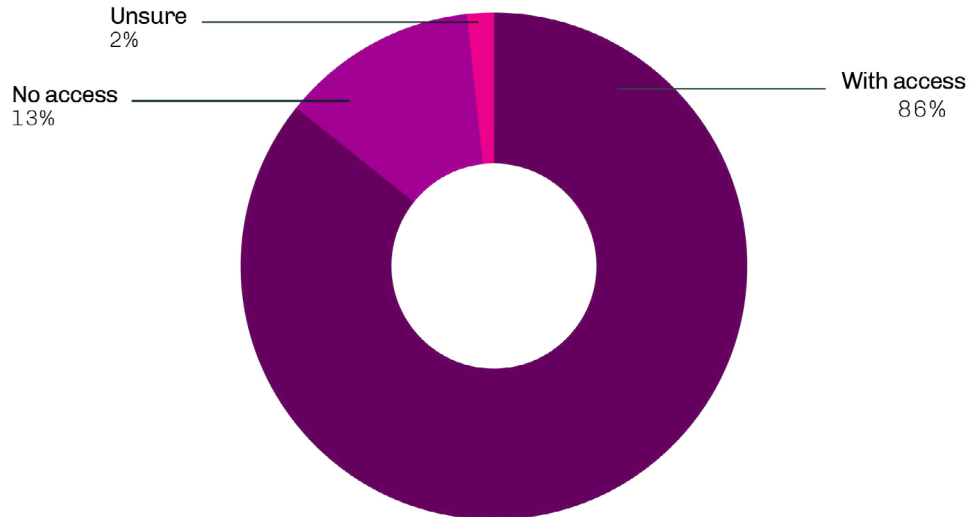


FIGURE 3:
Access to benefits or insurance



Analysis

Complementary research methods were used to ensure all research questions were effectively addressed. Quantitative and qualitative data from the desk research, survey and interviews were triangulated to derive insights, identify findings and make recommendations. Qualitative coding was used to extract key themes from the stakeholder interviews. The survey was conducted using SurveyMonkey to graphically represent key trends.

Limitations

Although the quantitative survey collected more than 500 responses and captured diverse data in certain areas, one limitation of the survey was that a significant majority (86%) of respondents had access to benefits or insurance. As a result, the perspectives of those who do not have access to benefits were under-represented in the survey data, and insights related to the inclusiveness of benefits were limited.

A second limitation of the survey was the size of the sample of responses from non-standard workers. Only 16 per cent of respondents were in non-standard work, including 12 per cent in part-time employment and four per cent in self-employment. This was due to the fact that the survey partner did not allow sampling based on type of employment, for example, full-time or self-employment.

To help mitigate against these limitations, consideration was given to inclusion in the stakeholder interviews, and a larger number of interviews were allocated to self-employed. The strategies ensured all research questions were effectively addressed and that insights and recommendations related to these topics were generated.

As further discussed in the Implications and Future Directions section of this report, future studies should undertake robust analysis of how to best incentivize companies and benefit providers to innovate and diversify benefits. Benefit providers and related stakeholders from the insurance sector represented nine per cent of interviewees, and the insights derived from this sample indicate this is a critical area for further research.



Findings

The findings focus on the key themes related to benefits and quality of work identified by this research: mental health and overall well-being, diverse care and inclusion. A core finding is that well-designed inclusive benefits that support mental health are fundamental to all quality of work outcomes, including safety and rights, skills and growth, security, and social integration.

The findings highlight the effect of pandemic-related stressors on Canadian workers and the increased need for mental health benefits to mitigate absenteeism, disability and lost productivity. The study also stresses the immediate need for inclusive and flexible benefits that support all workers in Canada to access comprehensive and diverse types of care to prevent illness or injury and maintain health and well-being.



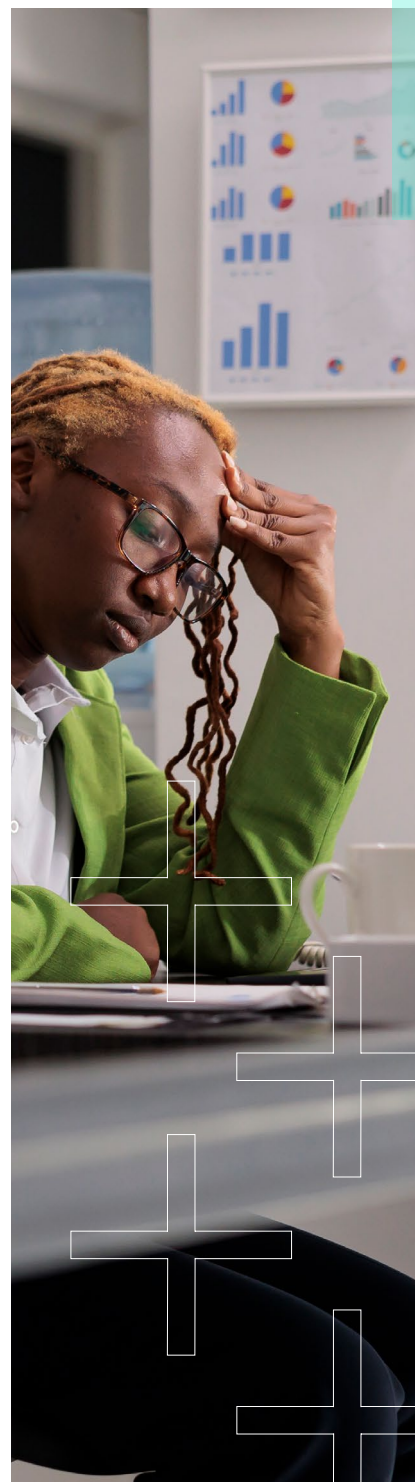
“When people are optimally thriving, they’re going to bring the best of themselves to the workplace.”

— Interviewee, labour and policy expert

1. Mental health is the primary reason people in Canada take time off work, with high costs to businesses, benefit providers and the economy

With 500,000 workers unable to work due to poor mental health every week, benefits for mental health are critically needed to enable workers to be productive, derive satisfaction from work, or simply work at all.¹⁸

Of the more than 500 Canadians surveyed, 38 per cent have taken time off work in the last five years due to mental health issues, including stress, anxiety, depression and burnout. Of those respondents, nearly half were off for one month or more. Benefit providers confirm that mental health is the leading cause of short-term absenteeism and long-term disability (LTD).¹⁹ In 2022, more than one third of LTD claims were directly related to mental health.²⁰ The costs of mental health



38 % of Canadians surveyed have taken time off work in the last five years due to mental health issues, including stress, anxiety, depression and burnout. Of those respondents, nearly half were off for one month or more.



to Canadian businesses, benefit providers and the economy are staggering. Each year, the cost to businesses in lost productivity is \$17 billion. The cost of mental health-related absenteeism and disability to the Canadian economy and benefit providers is \$50 billion a year. Mental health-related disability claims are the fastest-growing type of claim and account for 70 per cent of workplace disability costs.²¹ One in five Canadians will experience a mental health condition.²² Failing to immediately address the deterioration of mental health among workers will result in costs reaching \$2.5 trillion by 2041.²³

The cost of poor mental health:

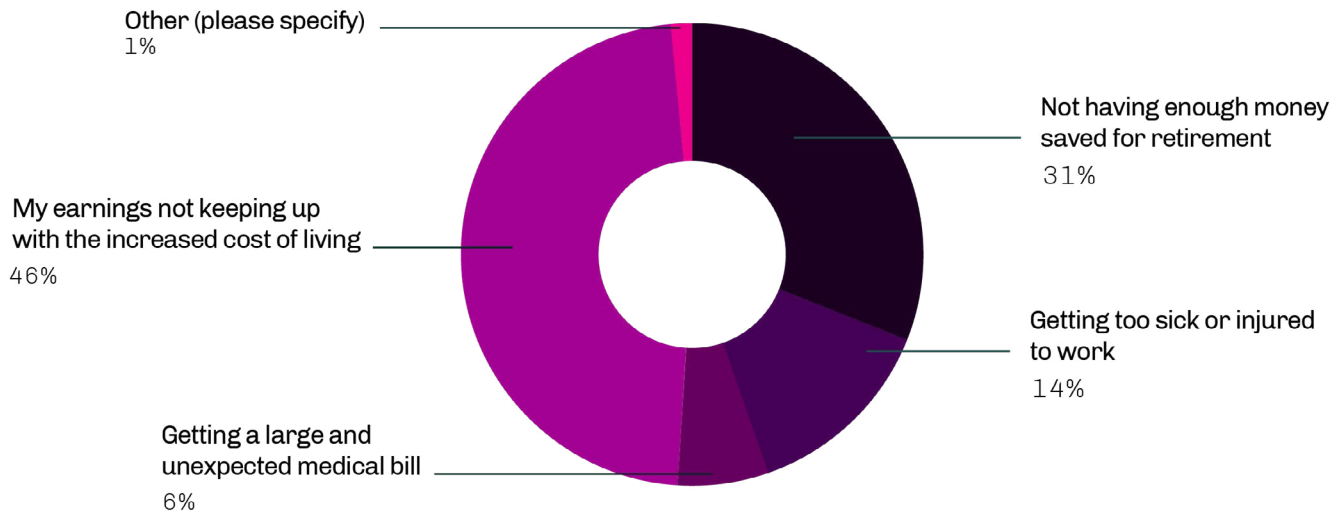
- 12—the average number of days workers in Canada are absent from work due to mental health²⁴
- \$50 billion—the annual cost to the Canadian economy of absenteeism and disability²⁵
- \$17 billion—the annual cost to businesses of lost productivity²⁶

2. Stressors caused by the pandemic exacerbated pre-existing pressures and contributed to a deterioration in mental health

Since the onset of the COVID-19 pandemic, workers in Canada have experienced multifaceted hardships that have resulted in a decline in mental health and well-being.²⁷ New stressors, including stay-at-home orders and lockdown measures, the inability to maintain work-life balance and adjusting to new ways of working, have exacerbated pre-existing pressures.²⁸ Ultimately, these compounded stressors contributed to the intensification of mental health issues and increased the need for mental health benefits and services. Mental health and labour experts highlighted a continuing increase in depression, anxiety, stress and substance use among workers.²⁹

In particular, the pandemic exacerbated financial stressors, which have been further escalated by inflation in 2022 and 2023. About 62 per cent of survey respondents identified finances as a key stressor affecting their mental health. When asked to specify their financial stressors, nearly half (48%) indicated that their earnings were inadequate for the increased cost of living, and nearly a third (30%) were concerned their retirement savings were insufficient. Human Resources professionals emphasized that these financial pressures directly affect the mental health of workers and their job performance.³⁰ However, resources available in workplaces and benefits to support the financial health of workers are severely limited.

FIGURE 4:
What do you consider the greatest risk to your financial health?



Many employers sought to support staff by adjusting benefits or introducing online mental health programming.³¹ Nevertheless, the pandemic fundamentally highlighted the gaps in workplace resources for mental health and the need to support all facets of workers’ well-being.



“It just makes good business sense to be taking care of the mental health needs of your workers because you’re going to see better productivity.”

– Interviewee, mental health expert

3. Workplaces are negatively affecting the mental health of workers, reducing profitability

- 50% of survey respondents indicated that work affected their mental health
- 35% of Canadians reported experiencing burnout³²
- 52% of workers with mental health conditions reported experiencing burnout³³

Of the survey respondents who took time off work for mental health (38%) in the last five years, 80 per cent indicated that the demands of their job and work environment were primary causes. The role of employers in supporting the mental health and overall well-being of workers is therefore critical. However, interviews and research revealed that very few employers have invested in initiatives to assess and address the impact of the workplace on mental health.³⁴



“If increasing your benefit package is going to keep your workers and keep the good workers, it would be hard to argue against that at this point.”

– Interviewee, labour and policy expert

The failure of employers to provide effective support for workers’ mental health has extensive consequences for profitability, including higher rates of presenteeism and absenteeism and lower rates of attraction and retention. This results in decreased productivity and increased costs.³⁵ Conversely, ample evidence demonstrates the positive return on investment (ROI) for employers who invest in mental health programming. A recent study found that, for every dollar businesses invest in mental health programming, the ROI after three years is \$2.18.³⁶

Interviewees emphasized the returns for employers in productivity, innovation, creativity and organizational growth. Supporting the mental health of workers is also essential for improving quality of work outcomes.³⁷



“The big picture of having job security and stability within the workforce, as a result of having benefits, means that employers can plan and grow for the future.”

– Interviewee, labour and policy expert

4. Workers who cannot take time off to address health concerns continue working while unwell, resulting in increased risk of disability

More than half of Canadians report working while mentally or physically unwell at least one day a week.³⁸ A recent survey of nearly 6,000 Canadians found that, although 67 per cent of full-time workers had paid sick days, only 34 per cent of part-time workers and just 31 per cent of self-employed workers had paid sick days.³⁹ About 43 per cent of workers surveyed indicated they continue to work while ill to avoid loss of income.⁴⁰

Without paid time off for care and recovery, workers must either work while ill or experience loss of income, which causes increased financial stress and deteriorates mental health.⁴¹ The cost to businesses in decreased productivity from working while unwell is three times the cost of absenteeism.⁴²



“They’re working multiple part-time jobs or they’re underemployed. Even taking time off work to come to an appointment is a decision that directly impacts their quality of life, their ability to put food on the table.”

– Interviewee, mental health care practitioner

Interviews with labour and mental health experts highlighted that workers need paid time off to access care and recover health, especially for mental health issues.⁴³ Interviewees also emphasized the dangers of working while unwell, including exacerbating illnesses or injuries, more severe mental health outcomes, and drastically increased risk of LTD, which ultimately increases costs for employers and

benefit providers. However, many Canadians continue to work while unwell precisely because they do not have disability benefits, leaving them at risk of becoming too unwell to work, with no financial safety net. The survey found that only 42 per cent of Canadians have disability benefits. Among workers without disability benefits, 84 per cent have not purchased private coverage due to cost.⁴⁴ Many workers are continuing to work while unwell to meet short-term financial needs at the risk of their health and long-term financial security.

5. Comprehensive benefits for preventative, recovery and diverse care are needed to maintain health, prevent illness and support return to work



“One of the largest issues with our work system in general, and the legislation around it, is that it’s largely set up to be reactive as opposed to proactive. It doesn’t proactively support the health of employees. It addresses concerns when things have already gone wrong.”

— Interviewee, labour and policy expert

Interviewees from across sectors highlighted the need for benefits for preventative care to maintain physical and mental health and prevent illness or injury. The ROI of preventative care is significant for employers, benefit providers and the economy. Preventative measures could reduce the \$190-billion cost of chronic diseases, and recent studies indicate higher ROIs when workers are supported along the entire care continuum.⁴⁵ Further, preventative care improves recovery times and return to work outcomes.⁴⁶

Benefits are also specifically needed for recovery care to support workers to return to work after an illness or injury.⁴⁷ The longer workers are off, the less likely they are to return, with a notable decrease in return outcomes after six months.⁴⁸ Return-to-work programming has one of the highest ROIs for employers and benefit providers, as it decreases absenteeism and reduces disability costs.⁴⁹



“Healthy and happy workers will be more productive because they are at work.”

— Interviewee, labour and policy expert

Comprehensive benefits that support diverse care types are similarly needed to help Canadians maintain, recover and improve mental health and overall well-being. About 55 per cent of survey respondents indicated they use diverse modes of care, including yoga, meditation, acupuncture, reiki, traditional healers, nutritionist, and other holistic and alternative therapies—many of which are integral to preventative and recovery care.⁵⁰ The majority of these types of care are not covered by public or employee benefits.

The failure of employers to provide effective support for workers’ mental health has extensive consequences for profitability, including higher rates of presenteeism and absenteeism and lower rates of attraction and retention.

6. Benefits are insufficient and too restrictive in the types of care covered to effectively support mental health

Robust and diverse benefits are urgently needed to support the mental health of workers in Canada. One-size-fits-all benefit models are overly restrictive, limiting coverage to registered psychologists and psychiatrists. Such restrictions limit care to resources that may not be the most effective.

Although 58 per cent of survey respondents identified improving mental health as a wellness goal, less than a quarter use care models that are covered by benefits such as counselling (21%) and prescribed medications (25%), but nearly half (46%) engage in mindfulness therapies that are not covered. This indicates a major need for greater flexibility in mental health benefits and coverage for diverse types of care to better support workers to improve mental health.

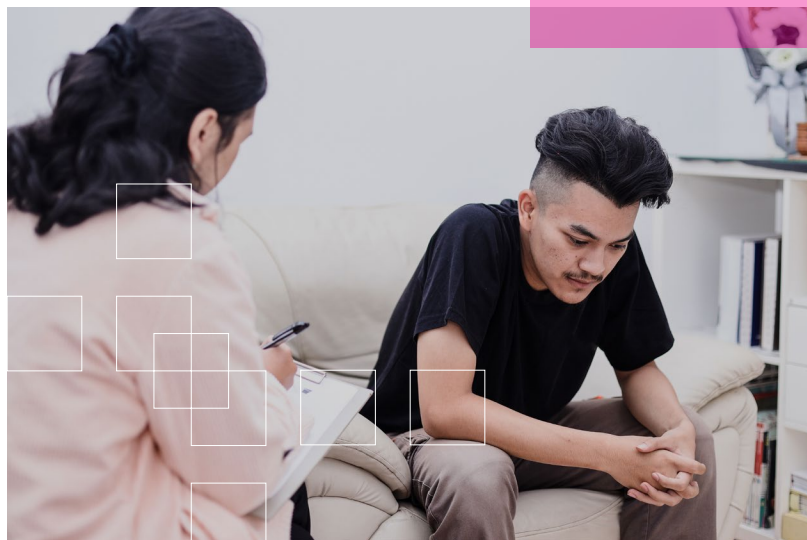
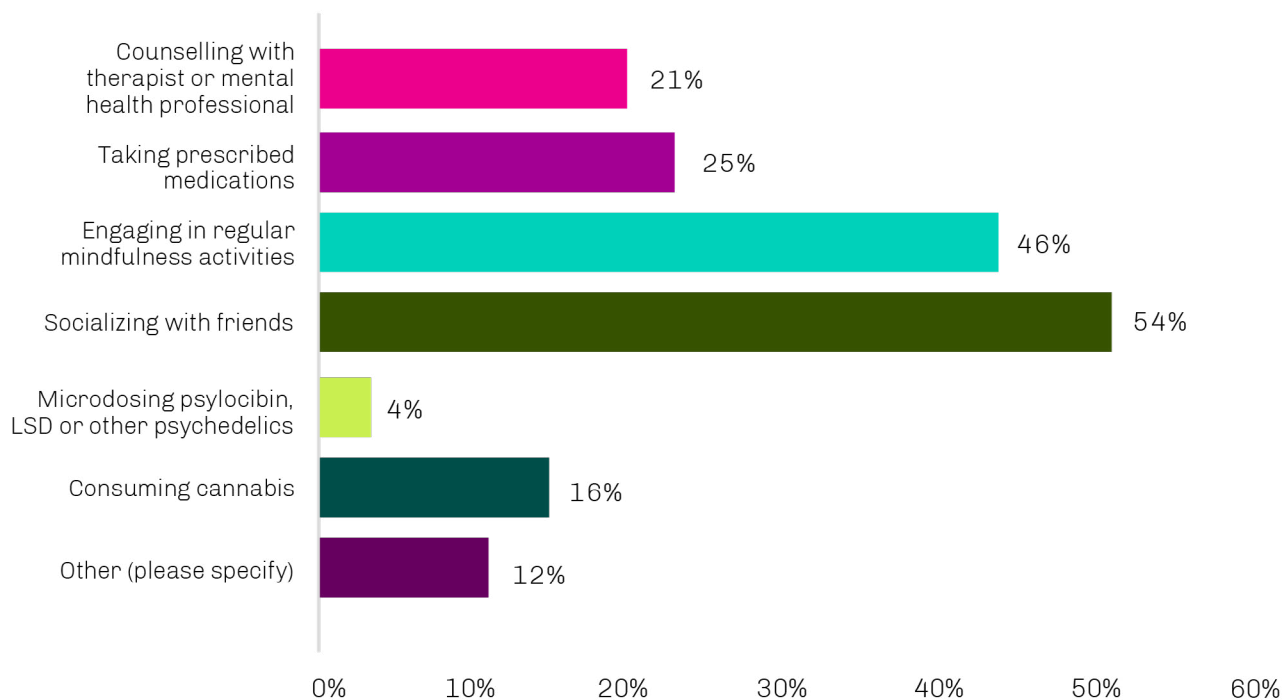


FIGURE 5:
What steps do you take NOW to maintain or improve your mental health?



Coverage allocated for mental health in most plans is insufficient for any effective extended or regular treatment that would lead to positive health outcomes. Benefit plans typically cover two to five sessions with a mental health specialist.⁵¹ However, for common conditions like depression or anxiety, it can take one to two appointments just to diagnose and a minimum of 12 weekly sessions to achieve improvement or resolution.⁵² For more severe conditions, like post-traumatic stress disorder (PTSD), it takes 15–20 sessions for improvement, but this length of treatment is only effective for half of patients.⁵³

Coverage for mental health in most benefit plans is primarily limited so that benefit providers can control costs and minimize risk. Setting such limits ensures providers are able to manage expenses, remain profitable and cover the costs of other insured services for their clients. If they were to offer unlimited coverage for certain types of care, they would be exposed to high financial risk.⁵⁴

7. Many Canadians do not respond to the mental health care models offered under existing benefit plans

About 60 per cent of the population with depression or anxiety is resistant to conventional treatments such as pharmaceuticals and psychiatry.⁵⁵ Workers with treatment-resistant conditions spend double the amount on medications annually and are twice as likely to go on LTD, resulting in increased costs for employers and benefit providers.⁵⁶

Too few recent research and clinical trials are examining the potential effectiveness of psychedelic-assisted therapies, primarily using psilocybin and ketamine, for treating a variety of conditions, including depression, anxiety and PTSD.⁵⁷ Although further research is needed to determine the optimal course of treatment for different conditions, these therapies could lead to improvement in just one to three sessions. This would potentially provide employers, benefit providers and the health-care system with more cost effective therapies for mental health.⁵⁸



“We need the biggest toolbox possible. We are in a severe mental health crisis.”

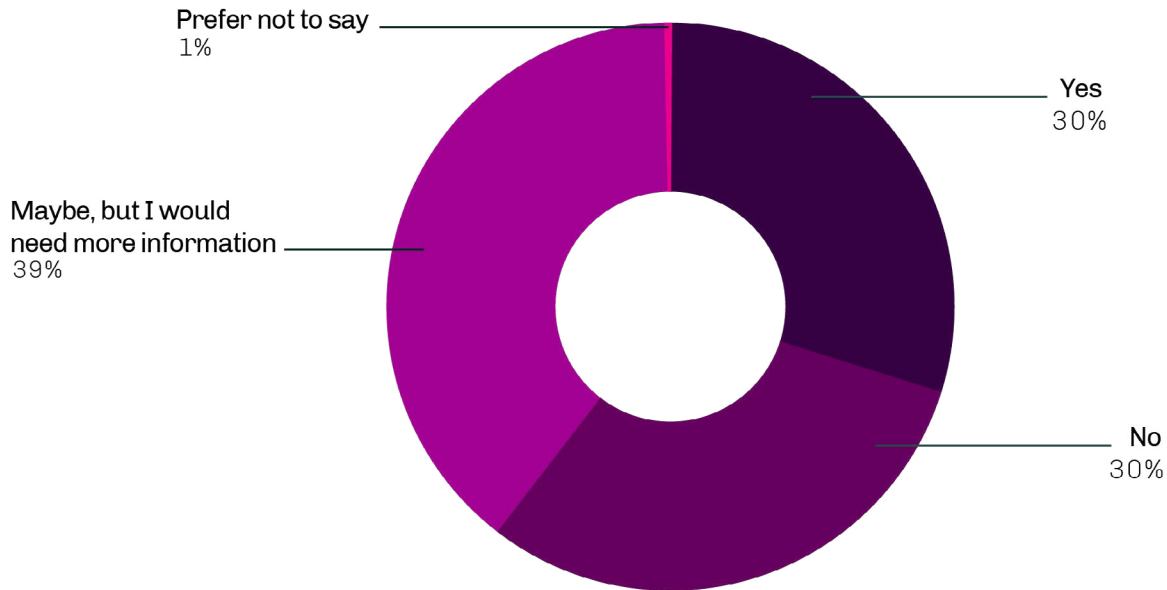
— Interviewee, mental health care practitioner

Survey findings reveal a growing interest in using diverse types of care as part of self-directed mental health care practices. About 16 per cent of respondents indicated they use cannabis as part of their mental health self-care, and four per cent said they already use psychedelics for self-directed care. About 30 per cent of respondents would participate in psychedelic-assisted therapy if it were legalized, and 39 per cent would consider doing so if they had more information. These findings reinforce that Canadians are seeking mental health therapies in more diverse forms than the conventional treatments typically covered by benefits. There is growing evidence to suggest that cannabis and psychedelics may be effective for certain mental health conditions, but it is important to note that research in this area is still ongoing. More studies are needed to fully understand the potential benefits and risks, especially with regards to self-directed consumption.⁵⁹



FIGURE 6:

Would you consider participating in psychedelic-assisted therapy (see definition below) to improve your mental health if this therapy became legal in Canada?



8. Benefits are not inclusive of all workers in Canada and care is not culturally diverse

Many segments of the workforce in Canada do not have access to benefits to support their health and overall well-being, and often they are in minority and marginalized groups. Without benefits, many workers forgo essential medications and care, with potentially serious consequences for health and increased costs to the economy.⁶⁰

Inclusive benefits aligned with Canada’s diverse workforce are critically needed to support access to culturally diverse care.⁶¹ Recent studies demonstrate the effectiveness of care that is culturally diverse, including cognitive behavioural therapy that is adapted and the incorporation of traditional healing into health services for Indigenous Peoples. However, conventional benefits do not support access to diverse types of care and therefore fail to respond to the needs of culturally diverse workforce.⁶² Indigenous forms of healing, for example, are not covered by most benefit plans. Likewise, Chinese or Ayurvedic medicines, popular among Asian and South-East Asian communities are not covered. Employers could be inadvertently exacerbating the vulnerabilities and marginalization of underrepresented groups by not providing equal opportunity to access culturally diverse care.



“Innovations to benefits need to be flexible enough to respond to different employment groups and industries.”

— Interviewee, labour and policy expert

Workers in Canada who are self-employed, small business owners or employees, and non-standard workers seldom have access to employer-provided benefits and are either uninsured or underinsured.⁶³ The cost of private plans is the key barrier for this segment, and many cover health expenses out-of-pocket, absorbing the risk of becoming too ill or injured to work. Of the 65 survey respondents with no insurance or benefits, 77 per cent indicated that it was due to cost.

- Full coverage for a self-employed individual ranges from \$400–\$2,000 a month in premiums
- The average net monthly earnings for workers in Canada is about \$3,900⁶⁴

The consequences of not having benefits are severe, including greater financial stress, risk of illness or injury, poor mental health and decreased ability to work.⁶⁵ Self-employed interviewees described the financial stress of not having benefits and how they must take on additional work to cover health-related expenses. Interviewees highlighted that, without sick days or disability benefits, they must work while unwell or experience loss of income. As one small business owner stated, there is no safety net for those without benefits.



“Everyone has felt very, very tired, like truly at the end of their rope. Everyone has experienced that to some degree. Imagine feeling sort of like that all the time. That’s what it can feel like to be a contract or gig worker who has no benefits.”

– Interviewee, self-employed worker



Conventional benefits do not support access to diverse types of care and therefore fail to respond to the needs of culturally diverse workforce.

Implications and future directions

Innovation on outdated one-size-fits-all benefit models is critical to supporting the health of the workforce in Canada. Co-ordinated action is urgently needed by the government, employers and benefit providers to deliver diverse and inclusive benefits that respond to the mental health and well-being needs of all workers. Failure to intervene will lead to a continued decline in quality of work, the depletion of the workforce, increased pressure on an overburdened health-care system, and significant costs to businesses, benefit providers and the economy. A crucial next step will be further research to better understand specifically how to incentivize benefit providers to expand, modernize and diversify their benefit offerings for workers.

Employers, government and benefit providers should consider the following recommendations:

1. Mental health should be immediately prioritized and supported with robust benefits

Employers and benefit providers should urgently revisit the allocation of mental health coverage in benefit plans. Limits for mental health care should be increased. Employers and benefit providers should also take into consideration the potential return on investment of expanding coverage to include more mental health experts and diverse types of practitioners, such as counsellors and social workers. Comprehensive and flexible benefits should also include medications, private therapy and counselling, preventative care, alternative therapies and care that is culturally diverse.

A cost-effective method for employers to support more flexible benefit options is to create a health or wellness spending account. These accounts provide employees with a fixed amount of money that can be allocated to the types of health or wellness care they choose. This gives them optimal flexibility and support for preventative health-care practices, from regular therapy sessions to mindfulness activities.





Spending accounts are affordable for businesses of all sizes, including those that have limited resources. They can be added to existing benefits or offered as a standalone strategy for supporting mental health and overall well-being.

It is estimated that mental health costs small businesses an average of \$2,000 per employee each year.⁶⁶ If even a portion of the funds used to cover those costs were invested in preventative care, the cost savings—especially over the long term—could be significant for employers and benefit providers.

2. Employers should take an active role in creating workplaces that are conducive to positive mental and physical health

Not only should employers provide robust and appropriate benefits, but they should also invest in creating work environments that are conducive to mental health and overall well-being. To do so, employers should allocate a budget and human resources to implement and monitor well-being programs. This would include well-being assessments that examine claims data and consultations with employees to identify health and well-being stressors, priority areas for improvement, and the impact of the work environment on mental and physical health. Program planning and resource allocation should be directed by senior levels to ensure broad organizational buy-in and full participation in mental health and well-being initiatives.

For businesses with limited resources, experts from local mental health organizations and workplace safety representatives should be consulted, and the available programming for psychologically safe workplaces should be utilized.⁶⁷ Without this focused approach, employers risk exacerbating or causing mental and physical health conditions, increasing costs due to absences and LTD.

3. Time off for care and sick days should be available to all workers to prevent further health decline

The statutory allocation of sick days should be revisited by the government. The Canada Labour Code allows for five days of leave and a total six paid sick days a year, with three paid days available after three months of employment.⁶⁸ However, this allocation does not respond to the number of days needed by most workers, who require an average of 12 days off each year for health-related reasons.⁶⁹

Employers should strongly consider filling statutory gaps by increasing their allocation of sick days as well as encouraging staff to take time off to address physical and mental health when needed. These measures could improve recovery outcomes and ensure workers do not have to work while unwell. Employers should also offer flex and wellness days to allow employees to take time off for preventative care and for activities that improve mental health and well-being. Wellness days could mitigate burnout, decrease illness and prevent LTD, reducing productivity losses for employers and costs for benefit providers. At the provincial level, the development of sick day policies for the self-employed should be considered, as this segment represents a significant portion of the workforce (17%).⁷⁰

4. Benefits should integrate preventative, recovery and diverse care

Preventative, recovery and diverse types of care are critical for workers to maintain their health, recover and return to work. Diverse modes of care such as yoga, mindfulness and nutritionists are already being used by half of Canadians. Existing benefit schemes do not prioritize these types of care and are structured to focus on reactive rather than preventative care. The lack of comprehensive support for preventative and recovery care increases costs for the government, benefit providers, and employers in treatment expenses, lost productivity due to absenteeism and decreased work performance, and social services for those unable to work. Comprehensive care should be immediately prioritized, or these costs will increase due to the continued decline in the mental and physical health of many in Canada.

5. New types of mental health care should be incorporated into benefits, especially for hard to treat conditions

For more than half of the population with depression or anxiety, conventional treatments covered by benefits are ineffective, putting them at greater risk of LTD. Studies are currently examining the potential effectiveness of psychedelic-assisted therapies for mental health conditions that are hard to treat. As the legal environment changes and these therapies become more widely available, they could be integrated into employee benefits and public health care to support the mental health crisis. With potential for improving health in one to three treatment sessions, these therapies may also save employers, benefit providers and the health-care system significant costs.⁷¹

6. Benefits should be made more inclusive to provide diverse care for all workers in Canada

Benefits do not cover types of care that are culturally diverse, such as Indigenous healers, Ayurveda or Chinese medicines. Further research is needed to explore the growing evidence of the effectiveness of care that is culturally diverse.⁷² Inclusive benefits should be designed to support access to care that is diverse for a diverse workforce. This will allow under-represented groups to affordably access the care they need to maintain or recover their health and improve their well-being. Given the diversity of the workforce in Canada, further study is critical to better understand the relationship between quality of work, access to benefits, and systemic inequities, as well as the specific needs of different segments of our population. Further research is also needed to identify innovations that would provide affordable and flexible benefits for self-employed workers, non-standard workers and small business owners.

Annex A:

Glossary of Terms

Absenteeism	Absenteeism refers to time taken off from work due to illness or other reasons.
Alternative care	Alternative care describes health-care treatments that are used instead of traditional mainstream and conventional therapies. It is also known as integrative or complementary medicine. It encompasses a range of modalities, including holistic care, acupuncture, reiki, herbal medicines and Ayurvedic medicine. ⁷³
Benefits	Employment and Social Development Canada identifies two main classes of benefits: the statutory minimums such as annual vacations and leaves which are mandated by the government and employer-provided benefits such as insurance and retirement savings plans.
Benefit provider	Benefit provider refers to any insurer, health benefit plan, provider organization, employer benefit plan, or other organization which provides payment or reimbursement for health-related expenses, health care services, disability payments, or any other benefits under a policy or contract. ⁷⁴
Burnout	Burnout describes emotional, physical and mental exhaustion due to prolonged excessive stress. It can cause decreased productivity and difficulty functioning. ⁷⁵
Disability benefits	Disability benefits are usually provided by employers and pay individuals who are too ill or injured to work with a monthly benefit comparable to their net income, typically 60 to 85 per cent. Disability insurance can also be purchased from private providers. ⁷⁶
Holistic care	Holistic health care addresses the physical, mental, emotional, social and spiritual as integrated aspects of health. It draws from many disciplines, religions, and cultures, including Chinese medicine, Ayurveda and Indigenous healing. ⁷⁷
Long-term disability	Long-term disability (LTD) is a leave of absence from work due to illness or injury that is for longer than 90 days in duration.
Non-standard work	Non-standard work describes employment that deviates from the standard employer-employee arrangements, including temporary, part-time and on-call work; multiparty employment; remote work and digital labour; self-employment and dependent self-employment. ⁷⁸
Presenteeism	Presenteeism describes when workers attend work but are not fully functioning due to illness, stress, or other medical conditions. Presenteeism is also used to identify the decrease in productivity resulting from workers attending work while unwell. ⁷⁹
Sick leave	Sick leave is defined as paid leave from work due to illness or injury and is intended to protect one's income during an absence from work due to non-occupational illness or injury.

List of Acronyms

Abbreviation	Description
EI	Employment insurance
HR	Human Resources
LTD	Long-term disability
PTSD	Post-traumatic stress disorder
ROI	Return on investment

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