



Caring for Carers, Investing in the Mental Health of Front-line Community Service Workers

A Joint 2023 Pre-Budget Submission from BGC Canada, National Association of Friendship Centres, United Way Centraide Canada, YMCA Canada and YWCA Canada

Endorsers:



Executive Summary

Charities and non-profits represent one of Canada's largest economic sectors, employing over 2.5 million highly skilled people, equivalent to 14% of Canadian employees¹. The charitable sector contributes 8.3% to Canada's Gross Domestic Product, which exceeds contributions made by the construction, transportation, and agricultural sectors.

Since the onset of the pandemic, Canada's human and community service charities and non-profits have mobilized to serve community members at a time of widening inequalities. This sector is comprised of a dedicated women-majority workforce of 591,000 people on the front-lines of supporting mental and physical health, food security, housing stability, and employment readiness. They are delivering critical mental health and substance use health services, quality child care, helping newcomers settle in Canada, and caring for our seniors. They have remained devoted, agile, and willing to do more to ensure community needs are met despite seemingly endless challenges. However, the unprecedented and growing demand on our care economy during this prolonged crisis has taken a toll on those on the mental health of those on the front-lines. It is now time to care for our carers.

As the government looks to advance its recovery agenda, it will be essential to create a permanent Canada Mental Health and Substance Use Health Transfer (Transfer) that earmarks 50% of its funding for community-based mental health and substance use health services to support those in vulnerable circumstances and to embed care that is publicly funded and free to everyone when they need it. As an essential part of this, investing in the mental health and wellness of those that provide services in Budget 2023 is a timely, critical part of a suite of investments to support groups disproportionately impacted by the pandemic. This investment will stabilize a workforce experiencing heightened levels of stress and anxiety while also critical to the delivery of high-quality mental health services. We propose the federal government invest in "Caring for Carers" in Budget 2023 as part of its commitment to create Canada's first ever, permanent, and ongoing Mental Health Transfer.

Across the country, people and governments turn to trusted community organizations to provide services to cope, connect and recover. Today, high service demand and the complexity of needs exacerbated by the pandemic persists while organizations struggle with underfunding, rising costs, and labour shortages. Across the sector, charities are reporting increasing levels of staff absenteeism, burnout, and mental health challenges. Staff on the front-lines delivering community services are seeking mental health leaves, or resigning, with many leaving the sector entirely for higher paying positions in other sectors. This has resulted in added pressure on the workforce and subsequently on organizational capacity to deliver programs and on governments' ability to support a resilient, inclusive society and economy.

Investing in the mental health and well-being of Canada's care economy workforce is necessary to ensure the sector can continue to address complex individual needs and social problems such as poverty, racism, and gender inequality. It is also a critical investment in the sector's resilience. We propose the Government of Canada implement "*Caring for Carers*, Investing in the Mental Health of Front-line Community Service Workers" in Budget 2023, as part of the commitment to establish a Canada Mental Health Transfer.

***Caring for Carers* is a two-year \$100 million dollar suite of evidence-based mental health supports for front-line community service workers.** Through this investment the Government of Canada will support this dedicated workforce within Canada's care economy, ensure better outcomes for individuals using services, and stabilize the organizations they work for. It includes three key costed interventions to:

- 1. Expand immediate access to mental health and substance use health supports for staff who are currently struggling, with an estimated investment of \$45 million.**
- 2. Fund research on best practices related to clinical supervision and incident debriefing at the agency level, with an estimated investment of \$5 million.**
- 3. Enhance organizational capacity building for Psychologically Healthy and Safe Workplaces through the development of a resource hub and funding for pro-active mental health action plans, with an estimated investment of \$50 million.**

These interventions will advance the goals of the Transfer by helping to ensure this critical workforce is supported to strengthen their own mental health so they can help bolster a collective recovery from the stress and strain of the pandemic. *Caring for Carers* is a critical investment in the role of community and human service sector in supporting more equitable, inclusive and resilient communities. This submission is endorsed by 16 prominent national and local organizations. The complete list can be found at the end of the proposal.

Budget 2023 Proposal: *Caring for Carers*, Investing in the Mental Health of Front-line Community Service Workers

The Federal Government relies on the Care Economy to Deliver on its Priorities

With a majority-women workforce of approximately 591,000 people², the human and community services sector (the sector) is an essential part of the care economy. It provides Canada with a critical safety net to ensure no one gets left behind and it is a significant contributor to the economy. Overall, charities and non-profits represent one of Canada's largest economic sectors. They employ over 2.5 million highly skilled people³, equivalent to 14% of all Canadian employees⁴. The charitable sector also contributes 8.3% to Canada's Gross Domestic Product⁵, which exceeds contributions made by the construction, transportation, and agricultural sectors⁶. As trusted community organizations, this sector's work is fundamental to the fabric of communities.

The value of the sector was confirmed in no uncertain terms during the pandemic. From coast to coast to coast, it was on the front-lines of responding to emergency and urgent local needs starting in March 2020. Today, it continues to face high service demand from communities grappling with ongoing social and economic challenges exacerbated and/or caused by the pandemic⁷, including food security, housing affordability, domestic violence and mental health and substance use health challenges. Meeting community needs is more challenging due to the added complexity of widening inequalities and division within our society, and Canada's ongoing cost of living crisis, spurred by global supply chain issues and record inflation with a recession looming.

The sector is a key partner to the federal government. It is increasingly called upon to help achieve the federal government's historic commitments to create a Canada-wide early learning and child care system, ensure everyone has a place to call home through the National Housing Strategy, to settle over 500,000 people annually as part of Canada's 2023-2025 Immigration Levels Plan and for the implementation of the first Canada Mental Health Transfer. Additionally, the sector is critical to deliver high quality long-term care; support employment and skills training for a green economy; and improve mental health support and substance use health programs as the psychological effects of the pandemic linger.

Statistics Canada data from 2021 indicate the sector's workforce is highly educated, majority women and increasingly composed of immigrants and racialized people with a growing proportion of workers who are 55 years or older.⁸ Many workers work short-term contracts,

have multiple jobs, and have limited or no benefits and earn low wages despite their skills and education and the fact that their work requires addressing complex human needs with limited resources.

The sector, but particularly those on the front-lines of service, are the linchpin of safe, healthy and equitable communities and to the achievement of federal priorities from coast to coast to coast. Federal support for the mental health of front-line workers is a targeted investment in ongoing recovery and in a Canada's shared prosperity and well-being

Who are the Care Economy's Front-line Community Service Workers?

The sector's workforce is part of Canada's care economy. It includes (but is not limited to): community mental health and substance use health workers, social workers, housing and shelter workers, those addressing gender-based violence, Early Childhood Educators/Assistants, child and youth workers, employment counsellors, settlement workers, disability support workers, and relief workers who offer essential programs and services. They are skilled and trusted community members who respond to complex needs and support the most vulnerable.

An estimated 10% (59,000) of the sector's workforce are in administrative roles (front desk, reception, etc). Administrative staff are often exposed to community members' trauma and crises while supporting day-to-day operations and services even though they may lack the training or skills to intervene.⁹ With front-line staff, from reception to custodial, interacting with service users who are in distress, it is important that mental health and well-being supports are available across sector organizations and indeed free and widely available in communities.

Pandemic-driven Service Demand Impacting Mental Health of Workers

Throughout the pandemic, staff on the front-lines in communities provided emergency and essential programs and services in-person and online. They remain devoted, agile, and creative to ensure community and individual needs are met even when they are highly complex. High demand for services persists as the sector struggles to stabilize following the pandemic and grapples with underfunding, rising costs, increased staff turnover, and minimal human resources infrastructure.¹⁰ These pressures have contributed to a stressful work environment for staff, many of whom often work long hours at multiple jobs for low pay. As those on the front-lines devote themselves to addressing community needs, they too are coping with pandemic-related stress. Additionally, this majority-women workforce is more likely to be responsible for child and elder care at home, while the nature of their work often meant they could not work from home at the height of the pandemic.

Front-line workers experience significant occupational hazards to their mental health, and this precedes the COVID-19 pandemic. In 2016, Statistics Canada found that people working in health, education, social, community and government services "were the *most likely* to have experienced mental health risk factors at work ... occupations in education, law and social, community and government services (20.6%) had the highest rates of exposure to severe time pressure or overload of work"¹¹ (emphasis added). Female employees are "more likely to have been exposed to mental health risk factors at work, than their male counterparts (28.1% compared with 21.8%). The difference between the two groups [is] mostly attributable to women's greater exposure to harassment or bullying than men (18.6% compared with 11.6%). In addition, female employees were more likely to have experienced violence or threats than male employees (5.0% compared with 3.4%)"¹². This highlights that investing in mental health supports for the front-lines will also contribute to addressing pervasive gender inequities and systemic gender-based violence in our society.

Further Statistics Canada data show front-line workers mental health issues escalated during the pandemic as they were disproportionately impacted. In late 2020, 38% of front-line workers in Canada reported that their mental health was much worse or somewhat worse compared to before the COVID-19 pandemic, with the percentage increasing to 52% in early 2021. As well, 57% of front-line workers in Canada reported excellent or very good mental health in late 2020, with the percentage falling to 46% in early 2021.¹³ Notably, only one third of employees in all sectors have access to burnout prevention and only one third feel comfortable talking to their supervisor about their mental health and believe doing so would not impact their career.¹⁴ This highlights the need to accelerate action on the Transfer in Budget 2023.

For equity seeking communities¹⁵, the compounding effects of increased discrimination and hate crimes further compromise well-being and social inclusion. Given the demographics of the care economy workforce, these have significant implications for the mental health of the sector's front-line workers.

The pressures of high demand; increasingly complex community needs; staff shortages; as well as precarious work with variable hours, short-term contracts and low wages, and; the absence of benefits during a cost of living crisis has taken a toll on the mental health and well-being of the workforce. Across the sector, organizations are reporting increasing levels of absenteeism, burnout and mental health challenges among their staff. Staff on the front-lines delivering community services are seeking mental health leaves of absence or resigning with many leaving the sector entirely for higher-paying positions outside the sector.

Supporting the Mental Health of Front-Line Community Service Workers is Critical to an Equitable Future

The care economy is essential in supporting the overall Canadian economy and in providing support to people in vulnerable circumstances. This sector assists people seeking to meet their basic needs for food and shelter and to access psycho-social supports to reduce isolation, access employment, and treat mental illness and substance use issues through innovative and evidence-based methodologies. If front-line staff do not have the training and support *they* need to maintain their own mental health and well-being, they will not be equipped to address individual needs nor to build more equitable communities in the face of complex social and economic problems such as poverty, colonialism, racism and sexism.

While workers contend with complex care responsibilities at work and home, supports to enable them to maintain their own mental health and well-being are both limited and hard to access. Community service organizations simply do not have the funding capacity to pay for both the mental health support many workers require and for staff time away from the front-lines to attend clinical supervision and professional development training. While these programs would improve workers' mental health and better equip them to support service users, financial capacity is greatly constrained by increased program and operations costs linked to high inflation. This, coupled with the reality that mental health and substance use health supports remain out of reach for many reinforces the need for dedicated resources for the sector as part of the Transfer.

Budget 2023 proposal: *Caring for Carers*, Investing in the Mental Health of Front-line Community Service Workers

For Budget 2023, we propose government invest **\$100 million over two years** in *Caring for Carers*, a suite of evidence-based supports for human and community service front-line workers, and their organizations. This solution should be viewed as part of and not as a replacement for the implementation of the Transfer in Budget 2023. The Transfer should provide "evidence-based, culturally safe and responsive community-based mental health

programs, including health promotion and mental illness prevention programs, early intervention programs, peer support, self-guided mental health skills building, and social and emotional learning.” We concur that, “this access must be free, timely, high-quality, and equitably available” and ongoing.¹⁶

By investing in *Caring for Carers*, government will stabilize and support a vital cohort of workers and organizations within the care economy and shore up vital community-based supports at this critical juncture while Canadians seek to cope, connect, and recover from the pandemic. The proposal includes three key costed interventions:

1. Expand immediate access to mental health supports for staff who are currently struggling with an estimated investment of \$45 million. This will be achieved by immediately improving access to things such as individualized supports, mental health literacy and wellbeing coaching using tools available to government.

a) Allow flexibility for organizations within their current Grant and Contribution Agreements so they can increase mental health spending and supports within employee benefit programs, such as employee assistance programs (EAP) and extended health care benefits; provide access to incident debriefing starting immediately and continuing for the duration of the program¹⁷, support individual or small-group coaching within teams on mental health literacy and promotion, and workplace initiatives that support psychological health and safety.

b) Enable future federal grant and contribution agreements to include budget lines for mental health and substance use health supports, counselling from Indigenous Elders and appropriate cultural supports, clinical supervision, workplace psychological health and safety and human resources capacity building (in addition to regular administrative costs). The federal government should also lead by example and encourage other funders and levels of government to do the same given not all community service organizations receive federal grants and contributions.

c) Create a stipend so organizations (including those who do not have a grant and contribution agreement with the federal government) can provide paid mental health leave for one week per year to recover from a traumatic workplace event or to address cumulative vicarious trauma and other related mental health concerns.

This intervention is responsive to ongoing and growing needs and would allow the sector the flexibility to implement systemic solutions such as, but not limited to: hiring a health & wellness coordinator to implement organizational change initiatives; increase health spending within benefit programs so workers have greater access to counsellor and Indigenous Elders/knowledge-keepers; provide paid mental health leave days to workers to proactively address burn out and mental health challenges; support Indigenous and Afro-centric traditional practices for cultural reclamation and peer support on the land.

This initiative also supports an equity approach to enhancing protective factors in alignment with existing PHAC policy¹⁸. The proposed solution would be aligned with departmental results to support Canadians to have improved physical and mental health, and improved health behaviours¹⁹.

2. Fund research on best practices related to clinical supervision and incident debriefing at the agency level, with an estimated investment of \$5 million. This research will lay the groundwork for ongoing investments in such interventions through the forthcoming mental health transfer that target the care economy.

To help the sector move from reactive to preventative mental health support, this intervention would support the mid- to long-term scale up of existing care to provide therapist-led virtual

modules and clinical supervision debriefing, using modalities such as DBT-PTSD and CBT tailored to front-line staff²⁰ guided by University of Regina developed evidence-²¹. Funded by Government of Canada's National Action Plan on Posttraumatic Stress Injuries, PSPNET offers virtual well-being modules, for current and former Public Safety Personnel (PSP) and their spouses or significant others. This could be potentially adapted and customised for front-line community service contexts and scaled across community service organizations.

Additional Existing Promising Practices for potential Scale-up:

- a) [APTN introducing counselling with Indigenous Elders into EAP | Benefits Canada.com](#)
- b) [Virtual Therapist-led Modules for First Responders](#)²²

Best practices in clinical supervision will assist front-line workers in being supported around their psycho-social well-being, while building organizational capacity to manage vicarious trauma²³. This will work to offer confidential spaces for workers to disrupt social isolation and proactively address concerns, while engaging in debriefing and enhance protective factors that support well-being for the workforce²⁴. Community organizations will require funding to support staff time away from front-line service provision to access the modules and debriefing and to build on effective peer support models offered in community

3. Enhance Organizational capacity building for Psychologically Healthy and Safe Workplaces through the development of a resource hub and funding for pro-active mental health action plans with an estimated investment of \$50 million.

To combat the stigma that often prevents workers from seeking help, investments in front-line mental health should also support organizational wellness capacity building offering leadership the knowledge, competence and skills needed to care for the wellbeing of their employees. This should include the development of healthy workplace action kits^{25, 26}. Part of this, would include developing a common front-line training tailored to Canadian non-profit contexts that could help workplaces meet national mental health standards^{27, 28}.

Easy access to adaptable healthy workplace action kits for agencies can be facilitated through the 211 information and referral platform, which is already well-known and utilised by agencies within the community services sector. This approach would also allow organizations to shift their internal cultures, under a national unified approach, that takes into consideration the needs of diverse contexts and communities.

Organizations will require funding to support employee engagement and well-being surveys (conducted by a third party) and resulting action plans to address the root causes of burnout and stress identified through surveys. Such action plans could include leadership training on creating a culture of wellbeing within an organization, mental health first aid training, wellbeing strategic planning, framework development and further employee engagement to ensure front-line workers feel seen and heard in their roles.

Conclusion

The charitable and non-profit sector is a significant driver of the Canadian economy and acts as a foundation for community well-being and prosperity on a national scale. Its front-line workers make critical contributions to Canada's care economy, preventing and mitigating the effects of complex social issues through their work with individuals and communities to enhance mental and physical health, well-being and equity.

The COVID-19 pandemic has exacerbated the stress and strain upon front-line workers in the sector given unprecedented service demand and the increasing complexity of needs. Front-line workers struggle to meet this demand for support in the context of organizational

challenges related to occupational burnout, staff retention and precarious agency funding that contributes to low wages and minimal benefits, which add to stress.

The community services sector is a critical partner to the federal government, increasingly supporting the delivery of historic social policy commitments to early learning and childcare, housing and homelessness, and settlement. *Caring for Carers* is a timely, critical part of the Canada Mental Health Transfer and we urge government to invest in it in Budget 2023. The well-being of front-line community service workers is foundational to the sector's ability to maintain vital supports for communities seeking to cope, connect and recover. Frontline workers' well-being is a fundamental part of realizing the potential of government's historic commitment to the first Canada Mental Health Transfer and to the provision of widely accessible, free, and ongoing mental health and substance use health supports to help us all emerge from the shadow of the pandemic stronger.

Contacts:

Anita Khanna
National Director, Public Policy and Government Relations
United Way Centraide Canada
E: akhanna@unitedway.ca; M: 613-451-1661

Jessica Lue
Vice President, Government Relations and Advocacy
YMCA Canada
E: Jessica.Lue@ymca.ca; M: 416-433-8087

Gwendolyn Moncrieff-Gould
Director, Public Policy & Engagement
BGC Canada
E: gmoncrieffgould@bgccan.com; T: 905-477-7272 x2238

Caring for Carers Endorsers:

211	Child Care Now
Big Brothers Big Sisters of Canada	Ending Violence Association of Canada
Calgary Drop-In Centre	Imagine Canada
Canadian Alliance to End Homelessness	National Alliance for Children and Youth
Canadian Association of Social Workers	Ontario Nonprofit Network
Canadian Child Care Federation	Social Planning Toronto
Canadian Mental Health Association	Wellesley Institute
Cape Breton Transition House Association	Women at the Centre

¹ Statistics Canada. (2022). [Table 36-10-0489-01: Labour statistics consistent with the System of National Accounts \(SNA\), by job category and industry.](#)

² Statistics Canada. (2022). Employment in non-profit institutions by sub-sector (x 1,000). Retrieved May 2022 from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3610061701>.

³ Statistics Canada. (2022). [Table 36-10-0648-01: Non-Profit Satellite Account by sub-sector \(Total and Businesses\), seasonally adjusted at annual rates.](#)

⁴ Statistics Canada. (2022). [Table 36-10-0489-01: Labour statistics consistent with the System of National Accounts \(SNA\), by job category and industry.](#)

⁵ Statistics Canada. (2022). [The Daily: Non-profit institutions and volunteering: Economic contribution, first quarter 2022.](#)

⁶ Statistics Canada. (2022). [Table 36-10-0434-03: Gross domestic product \(GDP\) at basic prices, by industry, annual average \(x 1,000,000\).](#)

⁷ "During the fall of 2020, almost one in five Canadians (18.1%) aged 12 and older reported that they needed some help with their mental health in the past year. Among those who perceived a need, slightly more than half (55.0%) felt their needs were fully met (i.e., they received some form of care or help and did not report needing additional care). The remaining (45.0%) felt that their

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needs were either unmet (i.e., some care was needed but none was received) (22.5%), or only partially met (i.e., some care was received but was not sufficient) (22.5%).” emphasis added.

McDonald, H. (2021, September 8). *Self-perceived mental health and mental health care needs during the COVID-19 pandemic*. Retrieved December 6, 2022, from <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2021001/article/00031-eng.htm>

⁸ Statistics Canada. (2021). *Non-Profit Organizations and Volunteering Satellite Account: Human Resources Module, 2010 to 2019*.

⁹ Canada Helps. (2022). *Giving At a Crossroads: Unprecedented Strain on Charities*. English. Retrieved December 4, 2022, from <https://www.unitedway.ca/>

¹⁰ Lasby, D. L., & Cathy Bar. (2021, August). *The uneven impact of the pandemic on Canadian charities*. Imagine Canada's Sector Monitor . Retrieved December 5, 2022, from <https://imaginecanada.ca/sites/default/files/Sector-Monitor-The-uneven-impact-of-the-pandemic-on-Canadian-charities.pdf>

¹¹ Statistics Canada. (2022, May 30). *Mental health risk factors, 2016*. Quality of Employment in Canada. Retrieved December 6, 2022, from <https://www150.statcan.gc.ca/n1/pub/14-28-0001/2020001/article/00001-eng.htm>

¹² *ibid.*

¹³ Capaldi CA, Liu L, Ooi LL, Roberts KC. *Self-rated mental health, community belonging, life satisfaction and perceived change in mental health among adults during the second and third waves of the COVID-19 pandemic in Canada*. *Health Promot Chronic Dis Prev Can*. 2022;42(5):218-25. <https://doi.org/10.24095/hpcdp.42.5.05>

¹⁴ Mental Health Research Canada. (2021 December). *Psychological Health & Safety in Canadian Workplaces*. Retrieved December 12, 2022, from

<https://static1.squarespace.com/static/5f31a311d93d0f2e28aaf04a/t/61e59ce735bb7b247057299d/1642437865230/Long+Form+EN+Final+MHRC+PHS+Report.pdf>

¹⁵ Government of Canada, S. C. (2020, September 17). *Experiences of discrimination during the COVID-19 pandemic*. The Daily. Retrieved December 6, 2022, from <https://www150.statcan.gc.ca/n1/daily-quotidien/200917/dq200917a-eng.htm>

¹⁶ Joint statement: (2022, October 11). *Joint Statement from Members of the Child and Youth Sector*. BGC Canada.

<https://www.bgccan.com/en/joint-statement-from-members-of-the-child-and-youth-mental-health-sector-and-its-stakeholders/>

¹⁷ \$1500 is the minimum EAP amount recommended from the Ontario Association of Social Workers. OASW. (2022). *Social Work & Employee Mental Health*. Retrieved December 5, 2022, from

https://www.oasw.org/Public/Social_Work_in_Ontario/Social%20Work%20Employee%20Mental%20Health.aspx?hkey=75d983c2-8257-43e8-a456-2d958333f825&WebsiteKey=2972de80-ec0d-471a-9a23-49e5f3840d8a

¹⁸ Public Health Agency of Canada. (2022, October 25). *Chief Public Health Officer of Canada's Report on the State of Public Health in Canada*. Canada.ca. Retrieved December 5, 2022, from <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada.html>

¹⁹ Departmental PHAC Plan Supplementary Tables (2020-21): [Public Health Agency of Canada](https://www.canada.ca/en/public-health/corporate/publications/2020-21-supplementary-tables)

²⁰ Dialectical behavior therapy for PTSD (*DBT-PTSD*) and cognitive behavioural therapy (*CBT*) modalities are phase-based treatments that are designed to meet the needs of survivors of vicarious trauma, with a peer reviewed evidence base.

²¹ Public Safety Professionals Network. (2022). *Therapist-led Well Being and PTSD Online Courses*. PSPNET. Retrieved December 7, 2022, from <https://www.pspnet.ca/en/for-ppsp>

²² Research demonstrates that approximately 23% of first responders/public safety professionals report clinically significant symptoms of PTSD but many have difficulties accessing counselling. This digital therapist-led course was designed to be helpful for first responders who have mental health concerns or are faced with barriers:

- “geographical barriers (e.g., difficulty accessing support while posted to remote locations);
- logistical barriers (e.g., shift work limits access to standard service hours, busy work and family life);
- stigma barriers (e.g., perceptions of being evaluated negatively for having mental health concerns); or
- limited resources (e.g., insufficient access)”. Public Safety Professionals Network. (2022). *Therapist-led Well-Being Training*. PSPNET. Retrieved December 7, 2022, from <https://www.pspnet.ca/en/for-ppsp>

²³ Ontario Centre of Excellence for Child and Youth Mental Health (2020). *Supporting virtual teams and remote clinical supervision*. Ottawa, ON. Retrieved December 7, 2022, from: <https://www.cymh.ca/virtual>

²⁴ World Health Organization. (2022). *Mental health: Strengthening our response*. World Health Organization. Retrieved December 7, 2022, from <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

²⁵ Wu, A., Roemer, E. C., Kent, K. B., Ballard, D. W., & Goetzl, R. Z. (2021, December 1). *Organizational best practices supporting mental health in the Workplace*. *Journal of Occupational and Environmental Medicine*. Retrieved December 4, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8631150/>

²⁶ Coe, E., Cordina, J., Enomoto, K., & Seshan, N. (2022, August 2). *Overcoming stigma: Three strategies toward better mental health in the Workplace*. McKinsey & Company. Retrieved December 7, 2022, from <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/overcoming-stigma-three-strategies-toward-better-mental-health-in-the-workplace>

²⁷ Mental Health Commission of Canada . (2018, August 10). *Workplace programs*. Mental Health First Aid. Retrieved December 7, 2022, from <https://www.mhfa.ca/en/workplace-programs>

²⁸ Pudelko, J. (2011, October 26). *Psychological first aid training*. Johns Hopkins Bloomberg School of Public Health. Retrieved December 7, 2022, from <https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-public-health-preparedness/training/PFA.htm>