



Mental Health
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Opening Minds in the Workplace: Interim Results of a Mental Health Promotion and Anti-stigma Intervention – The Working Mind

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1 OPENING MINDS: CHANGING HOW WE SEE MENTAL ILLNESS

Stigma is a significant concern for those living with a mental illness. It is one of the primary vehicle for the entrenchment of discriminatory behaviours, and has been identified as a major barrier to timely and accessible care, recovery, and quality of life for persons living with mental illnesses. As such, reducing the stigma and discrimination associated with mental illness is becoming an increasingly important focus. One particular area of focus is that of the workplace.

As part of its initial 10-year mandate, The Mental Health Commission of Canada (MHCC) has embarked on an anti-stigma initiative called Opening Minds (OM) to change the attitudes and behaviours of Canadians towards people with mental illnesses. OM is the largest systematic effort undertaken in Canadian history to reduce the stigma and discrimination associated with mental illness. OM is taking a targeted approach, with the workplace being one of its main target groups. OM's philosophy is not to reinvent the wheel, but rather to build on the strengths of existing programs from across the country. As such, OM is conducting evaluations of various programs to determine their success at reducing stigma. OM's goal is to replicate effective programs nationally.

For more information, go to: www.mentalhealthcommission.ca/English/Pages/OpeningMinds.aspx

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2 INTRODUCTION AND PURPOSE

Stigma and discrimination have gained the attention of the public health and policy communities as a hidden and costly burden cause by society's prejudicial reaction to people with a mental illness (World Health Organization, 2001). Stigma and discrimination pose major obstacles in virtually every life domain, as they have significant negative social and psychological impacts. Reducing stigma and discrimination have become important policy objectives at both international and national levels (Sartorius & Schulze, 2005). The 2009 launch of the Mental Health Commission's *Opening Minds* anti-stigma anti-discrimination initiative marked the largest systematic effort to combat mental illness related stigma in Canadian History.

Workplace wellness is a key issue in society, in part as most adults spend most of their waking life in the workplace. Mental illness in the workplace is known to cost employers billions of dollars annually, and it is associated with increases in accidents at work, workplace absenteeism, and reduced productivity. The stigma of mental illness compounds these problems by creating a barrier to seeking help. Unfortunately, few workplace mental health and anti-stigma programs have been scientifically evaluated for their effectiveness. OM has therefore actively sought out such programs, and is evaluating them to determine their success at reducing stigma and improving other mental health outcomes, in order to formulate recommendations based on the findings for effective programs that can be replicated and implemented nationally. A key component of programs being evaluated is contact-based education, where target audiences hear personal stories from and interact with individuals who have recovered or are successfully managing their mental illness. The success of contact-based anti-stigma interventions has been generally supported throughout international studies as a promising practice to reduce stigma.

Husky Energy is one of Canada's largest integrated energy companies. It is headquartered in Calgary, Alberta, and operates in Canada, the United States, and the Asia Pacific Region with Upstream and Downstream business segments. Husky is proud of its people, diversity and commitment to social responsibility.

In 2012, as part of their Health and Wellness initiatives, Husky Energy partnered with Alberta Health Services as part of their Minding The Workplace Project (MTWP). MTWP endeavoured to implement mental health programs across workplaces in Alberta. OM became an evaluation partner for MTWP in late 2012. Through the findings of an initial needs assessment, Husky Energy decide that *The Working Mind: Workplace Mental Health & Wellness* (TWM) program would fit with its organizational needs.

3 PROGRAM DESCRIPTION

3a Background

TWM was developed by the OM Initiative of the MHCC. This educational program is designed to address and promote mental health in a workplace setting and to reduce the stigma associated with mental illness. TWM is based on the *Road to Mental Readiness* (R2MR) program. R2MR was originally developed by the Department of National Defence to increase mental resiliency in soldiers coming out of stressful and traumatic situations and environments. R2MR has been adapted for all branches of the Canadian Forces (including civilian personnel) and at all levels (from recruits to senior leadership), and has been rigorously evaluated. Due to R2MR's demonstrated success in the Canadian Military, faculty members from the Department of Psychology at the University of Calgary and Opening Minds Researchers, Drs. Keith Dobson

and Andrew Szeto, with the help of many others, adapted it for the general workplace environment, and named this adaptation *The Working Mind*.

The main component of TWM is the Mental Health Continuum Model, which categorizes signs and indicators of good to poor mental health using a 4-colour continuum. The program also teaches four evidence-based skills (SMART goal setting, visualization, positive self-talk, and diaphragmatic breathing), named the “Big 4”, that help individuals to cope with stress and improve their resiliency. TWM uses contact-based education in the form of videos, and contains group discussions about mental health problems and their management. There is a manager version (6 hours) and an employee version (3 hours) of the TWM. Both versions of the program have the same core content described above. In the manager version of the program, there is also discussion about the responsibilities of employers and managers on such issues as how to talk about employees with mental illness, workplace accommodations, and the successful return to work for people who have had to take leaves due to mental illnesses. Most importantly, managers also learn about how to support their employees at each point of the continuum

In addition to the program itself, there is a 5-day “Train the Trainer” program, to certify individuals to become “facilitators” who are able to deliver the 3-hour employee and 6-hour manager workshops, and a “master trainer” program, to certify individuals to organize and facilitate “Train the Trainer” sessions. This train the trainer model was also used with R2MR, and is beneficial for organizations looking for long term sustainability of the program.

3b Implementation of *The Working Mind* at Husky Energy

The TWM began in April 2014 within one 300-person department of Husky Energy serving a pilot site. This department participated in 10 sessions (four manager and six employee) over an approximately 3-month period. The results also includes one session for Husky Energy HR staff and other managers in July 2014.

3c Purpose of Evaluation

The purpose of this evaluation was to determine the effectiveness of TWM in the context of this organization. A summary of results is provided based on data collected from Husky Energy participants during the initial pilot over the ten sessions. More TWM sessions have been held at Husky Energy where evaluations have been collected. This new data, along with the current data, will appear in a future final report.

4 EVALUATION METHODS

4a Survey Design & Procedures

The evaluation of TWM at Husky Energy was carried out using surveys with data collected at three time-points: immediately before the start of the workshop (pre), immediately following the workshop (post), and approximately 3 months following the end of the workshop (follow-up).

At the time of the workshops, TWM facilitator or one of the current researchers read a recruitment script to participants. A consent form outlining the steps of the project was then provided to participants as well as a paper version of the pre-questionnaire package for them to complete. At the end of the workshop, participants were given a paper version of the post-questionnaire package to complete. Finally, approximately 3 months following the workshop, one of the researchers contacted participants via email

and provided them with a link to complete the follow-up survey online.

The procedures and measures used in this evaluation were approved by the Conjoint Faculties Research Ethics Board at the University of Calgary.

4b Measures

Participants were not asked their name, and so the surveys were anonymous. Rather, a series of questions at the beginning of the survey enabled a unique ID code to be created. The same questions were asked at all time-points so that the same ID code would be created by the same individual each time. When followed correctly, this procedure allowed participants' surveys to be matched across time-points and the ability to conduct matched statistical tests while protecting the anonymity of participants.

The majority of the scales that make up the pre, post, and follow-up questionnaire packages serve to assess the overall efficacy of TWM. Each measure corresponds to a specific objective of program and allows for the examination of the efficacy of the program based on those objectives.

- 1) Reduce stigmatizing attitudes- One scale was used to assess stigmatizing attitudes: the Opening Minds Scale for Workplace Attitudes (OMS-WA; Szeto, Luong, & Dobson, 2013). This measure was administered at pre, post, and follow-up and measures stigmatizing attitudes towards people with mental illnesses in the workplace. The overall average score for the OMS-WA ranges from 1 to 5; higher scores indicate higher levels of stigmatizing attitudes.
- 2) Resiliency- Three measures were used to evaluate changes in resiliency. One scale, given at pre, post, and follow-up assessed participants' perceptions of their skills and abilities to recover from adverse or traumatic situations (resilience skills scale). This measure was created for this evaluation. The other measure, given at pre and follow-up assesses a person's general tendency to "bounce back" from stress (Brief Resilience Scale; Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard, 2008). Additionally, a one-item self-rated measure was used at follow-up to assess a person's perception of whether the program changed their resiliency. The overall average score for all three items range from 1 to 5; higher scores indicate higher perception of their skills or resiliency.
- 3) Mental health and wellbeing- To assess changes in mental health, the Mental Health Continuum Short-Form (MHC-SF; Keyes, 2009) was given at pre and follow-up. Additionally, a one-item self-rated measure was used at follow-up to assess a person's perception of whether the program changed their mental health. Average scores for the MHC-SF of respondents' general mental health range from 0-5 while the one-item measure at follow-up ranged from 1-5; higher scores indicate improvements in mental health and well-being.
- 4) TWM knowledge quiz- To assess whether information from TWM was retained, a short 12-item true/false quiz about the program content was given at post and follow-up.
- 5) Presenteeism- A short questionnaire was used to assess employees' perceptions of how productively they are working (Kessler *et al.*, 2003; Kessler *et al.* 2004). This measure was given at pre and follow-

up. Presenteeism is conceptualized as a measure of actual performance in relation to possible performance. A higher score indicates a lower amount of lost performance. Absolute presenteeism has a lower bound of 0 (total lack of performance during time on the job) and an upper bound of 100 (no lack of performance during time on the job). Relative presenteeism is a ratio of actual performance to the performance of most workers at the same job (possible performance), where a score of 1 means one is performing similarly to typical other workers while score below 1 and above 1 mean one is performing worse and better than a typical worker, respectively.

- 6) Program Perception- The general impact of the program was also assessed at the post and follow-up time points. Several open-ended questions regarding thoughts about the program were used on the post questionnaire. Questions regarding general perceptions and the use of the program since the workshop were included in the follow-up questionnaire.

A demographic form was included in the questionnaire package that assessed age, gender, education level, and marital status.

4c Understanding the Analyses

The main inferential statistical test used in this evaluation was the paired sample t-test. This test is used to determine whether if there was a statistically significant difference between the *average scores on the same measure* (such as one of the stigma scales) made at *two different time points* (such as pre and post). In this case, the test helped to determine whether the change in average scores over the two time-points was “real” change or due to chance. The “p-value” presented for each test indicates the significance level of the difference. P-values equal to or less than .05 indicate that a significant difference exists, while p-values greater than .05 indicate that there is no significant difference. The paired sample t-test is a more powerful alternative to the independent sample t-test, but can only be used when there is “matched” data. This means that analyses were restricted to participants’ data that could be matched over two different time-points. For this reason, the number of available observations varies among the various tests reported below.

In addition to p-values, the effect size calculation, Hedge’s *g*, was also provided with t-tests. Effect sizes are estimates of the magnitude of the observed change in the comparisons. This procedure is useful to determine impact of the workshops the individuals who undertook them. Conventionally, a benchmarking criteria is used to interpret them, effect sizes around .20 are considered to be minimal in impact. Effect sizes around .50 are considered to be moderate in impact, with effect sizes greater than .80 considered to be of large impact.

5 Results

Over the 10 TWM sessions held at Husky Energy during the pilot, a total of 256 participants completed the surveys for at least one time-point. Of the 256 participants who took part in the training, 188 completed the pre questionnaire, 169 completed the post questionnaire, and 63 completed the follow-up questionnaire.

5a Participant Demographics

Of the workshop participants who completed some, or all, of the demographic questionnaire (n=256), 62.9% (161) were male and 33.2% (85) were female, with a mean age of 44 years old. Almost half had a bachelor's degree education (45.3%) and 67.2% identified as being married. Table 1 outlines the full breakdown of demographic variables.

Table 1. Summary of participant demographics	
Demographic Variable	Pre-survey respondents % (n)
Gender	
Female	33.2% (85)
Male	62.9% (161)
Did not answer	3.9% (10)
Education	
High school	4.3% (11)
Non-university certificate	20.3% (52)
Bachelor's degree	45.3% (116)
Graduate degree	25.4% (65)
Missing	4.7% (12)
Age group	
<29	9.37% (24)
30-39	25% (64)
40-49	26.9% (69)
50-59	24.6% (63)
60+	7.81% (20)
Missing	6.25% (16)
Marital Status	
Single	15.2% (39)
Married	67.2% (172)
Divorced or Separated	3.5% (9)
Common Law	7.8% (20)
Missing	16% (6.3)

5b. Testing for Sample Biases

As indicated above, not all participants completed the surveys at all three time-points. It is possible that those who only completed the pre and post may be different than those who completed all three time-points; the differences between these two samples can bias the results and how they are interpreted. A series of analyses were conducted to rule out the potential that demographic differences and baseline scores (e.g., stigma, resiliency) between those who completed all three time-points and those who only completed the pre and post could affect the results and its interpretation. These analyses did not find any significant difference on the demographic variables and the baseline scores between those who completed the pre and post only or those who completed all three time-points. The one exception was marital status; a significant chi-square analysis ($p = .046$) suggests that there were proportionally fewer singles and more divorced participants in the pre and post group compared to those that completed all

time-points. Despite this one difference, the general results from this set of analyses would suggest that there were no major differences between the groups and that the subsequent results and interpretation were not limited by sample biases.

5c. Opening Minds Scale – Workplace Attitudes (OMS-WA)

Table 2 shows the average OMS-WA scores for each of the possible comparisons across the three time-points with the p-value and effect size. Because the sample size for each comparison can vary, the means for corresponding time-points can also vary across comparisons (e.g., the pre mean for the pre-post comparison is 2.10 while the pre mean for the pre-follow-up comparison is 2.03). Paired sample t-tests indicate that respondents' overall score on the OMS-WA significantly decreased from pre to post ($p < .05$) and from pre to follow up ($p < .05$), indicating that there was a reduction in stigmatizing attitudes following TWM presentation and this decrease was retained after 3 months. Effect size for the pre to post comparison was 0.41 and 0.37 for pre to follow-up indicating this change was of approaching a medium effect size. The results of the paired samples t-tests comparing the post and follow-up time-points indicated a significant increase in stigmatizing attitudes over those two time-points ($p < .05$) with a small effect size of 0.18. Although, there was regression of scores towards initial (pre) levels from post to follow-up, this change was not very impactful as indicated by the small effect size. In general, TWM appears to have reduced stigmatizing attitudes towards those with mental illnesses in the short term and mostly retained at 3 months after.

Table 2 .Overall OMS-WA scores at pre, post and follow-up				
Comparison	Mean 1 (SD)	Mean 2 (SD)	p-value	Effect size
Pre-post	2.10 (0.51)	1.90 (0.49)	<.001	0.41
Pre-follow-up	2.04 (0.48)	1.86 (0.48)	<.001	0.37
Post-follow-up	1.77 (0.47)	1.85 (0.49)	.016	0.18

Note: Mean 1 is always the earlier time-point; SD = Standard Deviation

Taking a closer look at the changes on the OMS-WA, Figure 1 shows the percentage breakdown of participants' whose OMS-WA scores increased (i.e., more stigmatizing), decreased (i.e., less stigmatizing), or stayed the same from baseline to right after the workshop. The pie chart indicates that almost three-quarters had a decrease in OMS-WA from before to after the workshop. One-fifth of the participants had an increase in their stigmatizing attitudes with only 6% showing no change from pre to post. It is also important to note that even though there were participants who had more negative score from pre to post, this increase in negative attitudes were small in most cases and may not translate to any discernable "real world" change.

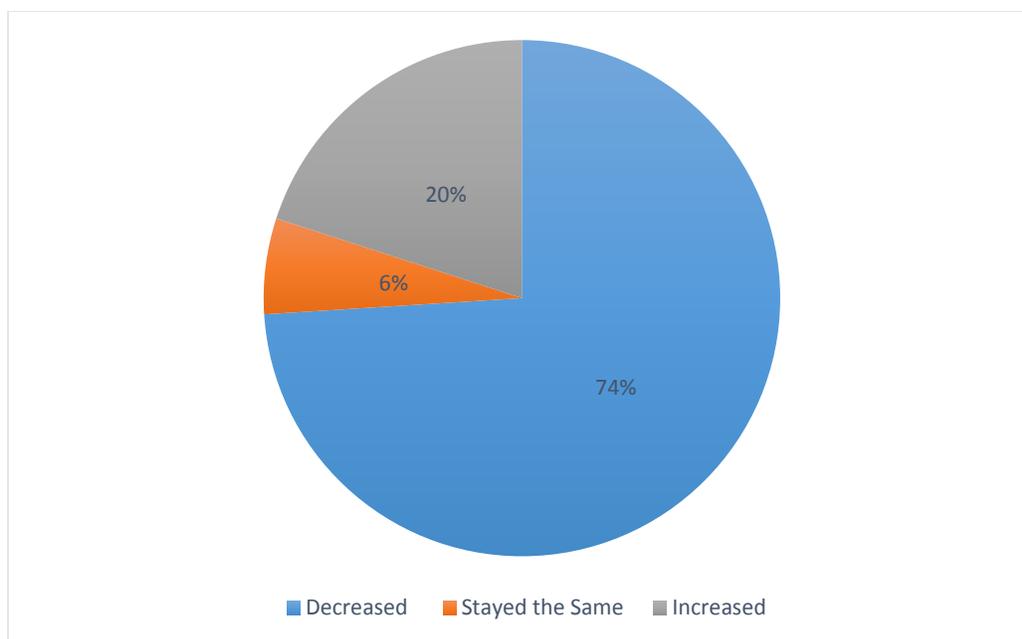


Figure 1 Total Score Change from Pre to Post

OMS-WA Subscales

In addition to the average scores, the OMS-WA can be further broken down into five domains (or subscales) of mental illness stigma: social distance (avoidance, danger/unpredictability, work-related beliefs (competency), helping behaviour, and perceptions of responsibility for their illness. Table 3 shows the average score (with p-values and effect sizes) comparisons across the time-points for each of the domains.

The pattern of results for four of the subscales (social distance, danger/unpredictability, work-related beliefs, and perceptions of responsibility for their illness) were similar to the pattern seen for the overall scores. There were significant decreases from pre to post and from pre to follow-up. From post to the three-month follow-up, there was a small regression back to baseline levels. In general, there was a positive shift in participants' attitudes in these three domains after the workshop with most of these positive changes retained three months later. It is also interesting to note that the changes in attitudes for the danger/unpredictability domain were the greatest and of a moderate impact (i.e., effect size).

The pattern for helping behaviour showed a slightly different pattern than the other subscales. That is, average scores did decrease immediately following the workshop in comparison to baseline scores (less stigmatizing) but the decrease was not retained at follow-up (i.e., marginally significant increase between pre and follow-up and a small increase comparing post and follow-up).

Overall, the subscale results tend to support the efficacy of TWM at reducing stigma in the short-term and in three-month's time. Future evaluations should pay some extra attention to the helping subscale to see if other samples report similar findings.

Table 3. Average OMS-WA Subscale Scores are Pre, Post and Follow-up					
Subscale	Comparison	Mean 1 (SD)	Mean 2 (SD)	p-value	Effect size
Social distance	Pre-post	2.09 (0.70)	1.86 (0.59)	< .001	0.33
	Pre-follow-up	2.02 (0.59)	1.84 (0.54)	.002	0.31
	Post-follow-up	1.74 (0.54)	1.86 (0.56)	.015	0.22
Danger/ unpredictability	Pre-post	2.24 (0.67)	1.90 (0.62)	< .001	0.51
	Pre-follow-up	2.18 (0.66)	1.84 (0.60)	< .001	0.53
	Post-follow-up	1.75 (0.61)	1.85 (0.61)	.071	0.17
Work-related beliefs	Pre-post	2.12 (0.61)	1.97 (0.64)	< .001	0.24
	Pre-follow-up	2.08 (0.59)	1.82 (0.58)	< .001	0.44
	Post-follow-up	1.82 (0.58)	1.83 (0.60)	.813	0.02
Helping Behaviour	Pre-post	2.15 (0.57)	2.01 (0.66)	.001	0.23
	Pre-follow-up	2.01 (0.52)	2.10 (0.76)	.292	0.13
	Post-follow-up	1.89 (0.70)	2.06 (0.70)	.040	0.23
Responsibility	Pre-post	1.83 (0.71)	1.70 (0.68)	< .001	0.19
	Pre-follow-up	1.80 (0.75)	1.65 (0.60)	.053	0.21
	Post-follow-up	1.59 (0.64)	1.64 (0.60)	.481	0.17

Note: Mean 1 is always the earlier time-point; SD = Standard Deviation

5d. Resiliency skills

Table 4 shows the average resiliency skills score comparisons across the time-point comparisons. There was a significant increase in participants' perceptions of resiliency skills from pre to post. That is, participants' believed they had more skills to deal with stress and trauma from before to after the workshop. The impact of this change was approaching moderate. The comparisons at the other two time-points suggest the increase in resiliency skills were largely retained at the three-month follow-up.

Table 4 .Resiliency Skills Scores at Pre, Post and Follow-up				
Comparison	Mean 1 (SD)	Mean 2 (SD)	p-value	Effect size
Pre-post	3.56 (0.62)	3.82 (0.60)	< .001	0.43
Pre-follow-up	3.51 (0.73)	3.73 (0.70)	.001	0.32
Post-follow-up	3.73 (0.75)	3.75 (0.71)	.811	0.02

Note: Mean 1 is always the earlier time-point; SD = Standard Deviation

5e. Brief Resilience Scale

Table 5 shows the average scores at pre and follow-up for the Brief Resilience Scale. While there was movement in a positive direction from pre to follow-up (i.e., increase in general resiliency), this difference was not quite statistically significant. The impact of this marginally significant change was small (effect size = 0.16) as well. Although, the increase was not quite significant, TWM seems to have somewhat improved participants' overall resiliency in the long-term.

Table 5. Brief Resiliency Scale and Follow Up			
Pre (SD)	Follow-Up (SD)	P-Value	Effect size
3.56 (0.84)	3.69 (0.85)	.060	0.16

Note: SD = Standard Deviation

5f. The Mental Health Continuum (MHC-SH)

General mental health and well-being was assessed using The Mental Health Continuum measure developed by Corey Keyes at pre and follow-up. The results showed a slight increase in score from baseline to follow-up, but the paired sample t-test showed that this change was statistically non-significant.

Table 6. MHC-SH Scores at Pre and Follow-up			
Pre (SD)	Follow-Up (SD)	P-value	Effect size
3.48 (0.97)	3.59 (0.96)	.264	0.10

Note: SD = Standard Deviation

5g. TWM Knowledge Test (Mind-Quiz)

The Working Mind knowledge quiz was given to participants at the post and follow-up time-points to assess the retention of what they learned in TWM workshop after 3 months. Results indicate that the number of correct responses out of 12 was 8.5 (or 71%) at the end of the workshops (post), while the average number of correct responses at follow-up was 7.9 (or 65%). The paired sample t-test indicated that this decrease in score was statistically significant. The effect size was approaching a medium impact and implies that there may be some loss of information after three months.

Table 7. TWM Knowledge Test (Mind Quiz) Pre and Follow-up			
Pre (SD)	Follow-Up (SD)	P-value	Effect size
8.50 (1.62)	7.83 (1.36)	.001	0.45

Note: SD = Standard Deviation

5h. Absolute and Relative Presenteeism

Participants were asked at pre and follow-up about both absolute and relative presenteeism. Even though participants showed an increase in both average scores at pre and follow-up as well as with the relative presenteeism measures (See Table 8), the paired sample t tests indicated that this increase was statistically non-significant for both types of presenteeism. In other words, participants tend to be performing at similar levels across the three month time period.

Table 8. Relative Presenteeism Scores at Pre and Follow-up				
Presenteeism	Pre (SD)	Follow-Up (SD)	P-Value	Effect size
Relative	1.11 (0.31)	1.13 (0.28)	.687	0.06
Absolute	77.45 (14.45)	78.13 (16.45)	.772	0.04

Note: SD = Standard Deviation

5i. Qualitative analyses

Participants were given open-ended questions at post and follow-up time-points. A complete analyses of these qualitative questions will appear in the final report. Reported below are some preliminary results and general impressions of these questions.

At the post-time point, participants were asked about their general experiences with TWM, which parts of the workshop they like or disliked, and which parts they would improve. In general, open-ended comments were very positive. Participants believed TWM was informative and offered practical and relevant skills and tools for both work and personal life. As well, they like the practical skills (e.g., the Mental Health Continuum Model, Big 4), the engaging delivery, the practical examples (e.g., scenarios), and the stigma-reduction content offered by the course. Some participants listed logistical (e.g., cramped room) and timing (e.g., divide session in two parts) issues, if addressed, could have enhanced their experience of the program.

At the three-month follow-up time-point, participants were asked which components of the program they remembered and if they had used what they learned during TWM workshop. A majority of the participants recalled the Mental Health Continuum Model. As well, many said they recalled the anti-stigma content in the program. About 60% of the participants indicated they had used some component of what they had learned during TWM. For example, many participants indicated they had used the Mental Health Continuum Model to assess their current mental health. Other participants indicated they have used one of the Big 4 skills taught (e.g., diaphragmatic breathing). In addition to the open-ended questions, participants were also asked to rate if TWM had helped improve their resiliency and mental health (Figures 2 and 3, respectively). It is interesting to note that over half of the participants believed TWM had helped improve their resiliency and almost half said that it has improved their mental health.

The Working Mind program has increased my resiliency.

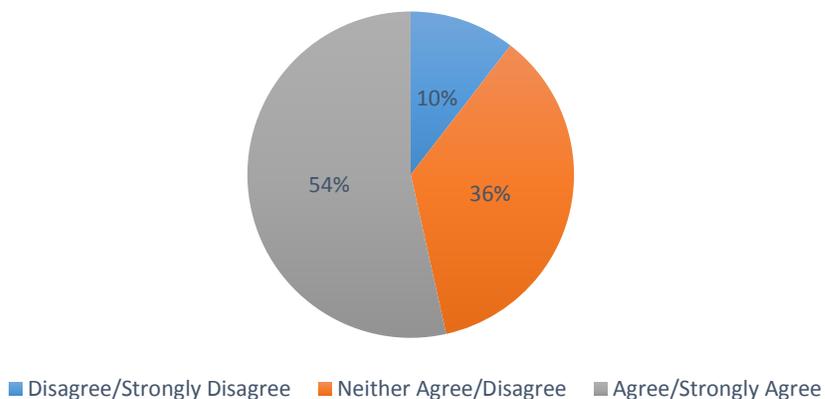


Figure 2.

The Working Mind program has helped to improve my mental health.

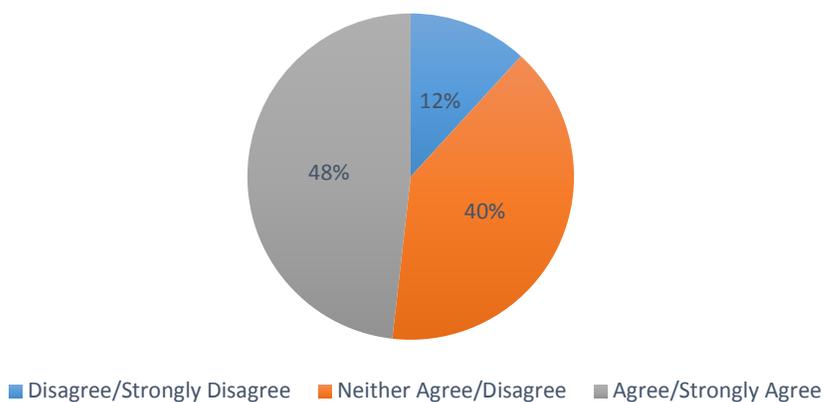


Figure 3.

6. Summary

The current report examined the results from the evaluation of an anti-stigma and mental health promotion program called TWM at Husky Energy. In general, TWM was evaluated positively on both quantitative and qualitative measures. With respect to stigmatizing attitudes toward those with mental illnesses, there was a significant reduction in these negative attitudes in the short-

term (pre to post) and most of this reduction was retained at the three-month follow-up. Similarly, participants' resiliency skills (i.e., whether they possess the skills to deal with stress and trauma) were improved in the short-term and retained at three-months. Some measures did show small gains at the three-month time-point (i.e., general resiliency, presenteeism, overall mental health) although they were not statistically significant. Despite this lack of significance, it is important to note that these measures of well-being and performance also did not decrease either during that time.

Overall, TWM was well received as indicated by the open-ended comments and was able to reduce negative attitudes and increase resiliency skills. Some results, however, do suggest possible improvements for future TWM implementation. Specifically, although most results showed initial improvement and retention, there was some reduction of these initial gains over time (e.g., stigmatizing attitudes, knowledge of TWM). These results suggest that "booster" sessions could help to reinforce and help maintain what was learned during the initial TWM sessions. While the current results provide strong evidence of the positive impact of the TWM program in the reduction of mental health stigma at this work setting, it is recommended that further efforts should be made to maintain and enhance the scope of workplace mental health and anti-stigma programs at Husky Energy.

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