

Promoting Positive Mental Health in the Canadian Working Population:
A Qualitative Review of Not Myself Today

by

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Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Abstract

As concerns about mental health (MH) escalate worldwide, large-scale efforts to decrease the known risks negatively impacting MH are becoming more common. Likewise, the workplace environment is becoming an important setting to promote, educate and support adult mental health. Evidence shows that reducing stigma is beneficial to increasing the likelihood that someone suffering from a mental illness will seek treatment. This study helps bridge the gap in understanding the possible implementation strategies of MH interventions in the workplace and the preferences of adults and organizations engaging in those interventions. Specifically, this study assesses the uptake and fidelity of the workplace MH intervention called Not Myself Today (NMT) from the perspectives of six organizations, their workplace implementers and employees. Through this research, NMT's goals of reducing stigma pertaining to MH, improving mental health awareness, and nurturing a supportive and safe MH work culture with the aim of changing targeted behaviour patterns (i.e., reducing stigma) are reviewed.

Applying a qualitative approach, evidence was collected from selected NMT participant organizations with a focus on understanding which NMT components they selected, implemented, promoted and what was then retained by participants. This research explored perceptions of the NMT campaign by studying the individual workplaces, possible barriers to engagement, and any normalization of mental health dialogue and resources. Through this study, a further understanding of how to engage, communicate, and promote positive workplace mental health is gained. In addition, tangible and transferable lessons relevant to MH interventions, and general adult interventions emerged.

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List of Abbreviations

Canadian Mental Health Association (CMHA)

First Responders (FR)

Manufacturing (M)

Mental Health (MH)

Not Myself Today (NMT)

Partners for Mental Health (PFMH)

Psychosocial safety climate (PSC)

Physical limitations (PL)

University (U)

Chapter 1: Background

Good mental health, as defined by the World Health Organization, “enables people to realize their potential, cope with the normal stresses of life, work productively, and contribute to their communities” (World Health Organization, 2013). Mental health (MH) is a global concern, for in Canada, one in five citizens is expected to experience a mental illness in their lifetime (Mental Health Commission of Canada, 2013). Despite the wide reach of mental illness, research shows that the general public has only a slight understanding regarding mental health or mental illness (Crisp, Gelder, Goddard, & Meltzer, 2005; Hanisch, Twomey, Szeto, Birner, Nowak, & Sabariego, 2016).

The large number of working adults affected by minimal mental health and/or mental illness (both directly and indirectly) has prompted a call for engagement with the adult public to encourage use of mental health resources (Mental Health Commission of Canada, 2013). Diverse mental health interventions are currently being implemented in Canada; however, limited evaluation is occurring to inform their improvement or deepen the understanding of their outcomes. Public health campaigns sometimes focus on MH and use short public service advertisements (such as video ads) for the purpose of raising awareness. Unfortunately, these campaigns do not always lead to comprehension or understanding about mental health (Corrigan & Shapiro, 2010). Internationally these efforts have achieved only 3-7 percent rates of recorded MH awareness (Gaebel, Zäske, Baumann, Klosterkötter, Maier, Decker, & Möller, 2008; Corrigan & Shapiro, 2010; Corrigan & Gelb, 2006; Szeto, 2010).

Overall, there was a variety of evaluations of workplace-based MH interventions published in the literature (Czabala, Charzynska, & Mroziak, 2011) when this study was initiated. From those studies reviewed, it was recognized that there is potential to reach those impacted by minimal MH through workplaces, as most adults work. The above collective evidence points toward workplace MH interventions as important and potentially effective mechanisms for increasing awareness and reducing stigma amongst adults about MH (Gaebel, Zäske, Baumann, Klosterkötter, Maier, Decker, & Möller, 2008; Corrigan & Shapiro, 2010; Szeto, 2010). Furthermore, by applying these interventions, there are likely economic benefits to organizations and workers (Czabala et al., 2011; Hanisch et al., 2016; Szeto & Dobson, 2010; Wagner, Koehn,

White, Harder, Schultz, Williams-Whitt, K., Wright, 2016). In promoting workplace mental health interventions, many workplaces provide MH education and resources which are consistent with evidence-based MH literature (Czabala et al., 2011). As critical first steps, addressing MH awareness and reducing stigma around mental illness are key to educate people and challenge negative, harmful perceptions of mental health (Szeto & Dobson, 2010). These interventions may also encourage and support those in need of mental health services to seek support. Therefore, many mental health interventions often have strong stigma reduction and mental health awareness components.

As a national leader advocating for MH, the Canadian Mental Health Association (CMHA) has acquired the mental health workplace-based intervention called Not Myself Today (NMT). Since 2013, NMT has been a national workplace intervention program with participants spanning over 450 organizations across Canada (Canadian Mental Health Association, 2019). It provides a range of resources for participating sites to select and tailor for on-site optimal mental health promotion activities. In addition, program evaluation is an important component of NMT as it supports organizations' exploring their own teams' feedback of the program. However, to gain a more in-depth understanding of how specific organizations engage and implement NMT, in addition to specific organization types' insight from First Responders, Universities, and Manufacturing, more research is required.

In response, a qualitative research study was proposed to explore the implementation and potential impact of the Not Myself Today (NMT) campaign in three different organization types and six organizations. Using a qualitative methodological approach, this study examined organizations' responses to the NMT campaign through exploration of multiple perspectives, such as their employees' and managers' experiences. Narrative information collected through interviews was thematically analyzed to better understand the barriers and motivators to participate, in addition to the usages of the NMT 'tool kit'. Overall this research identified the following: how organizations engaged with the NMT campaign, strengths and areas for improvement for the program, as well as determining any organizational trends in relation to NMT. The evidence from this study seeks to contribute to the program development of NMT and provides content relating to how people respond to NMT workplace mental health interventions.

Chapter 2: Literature Review

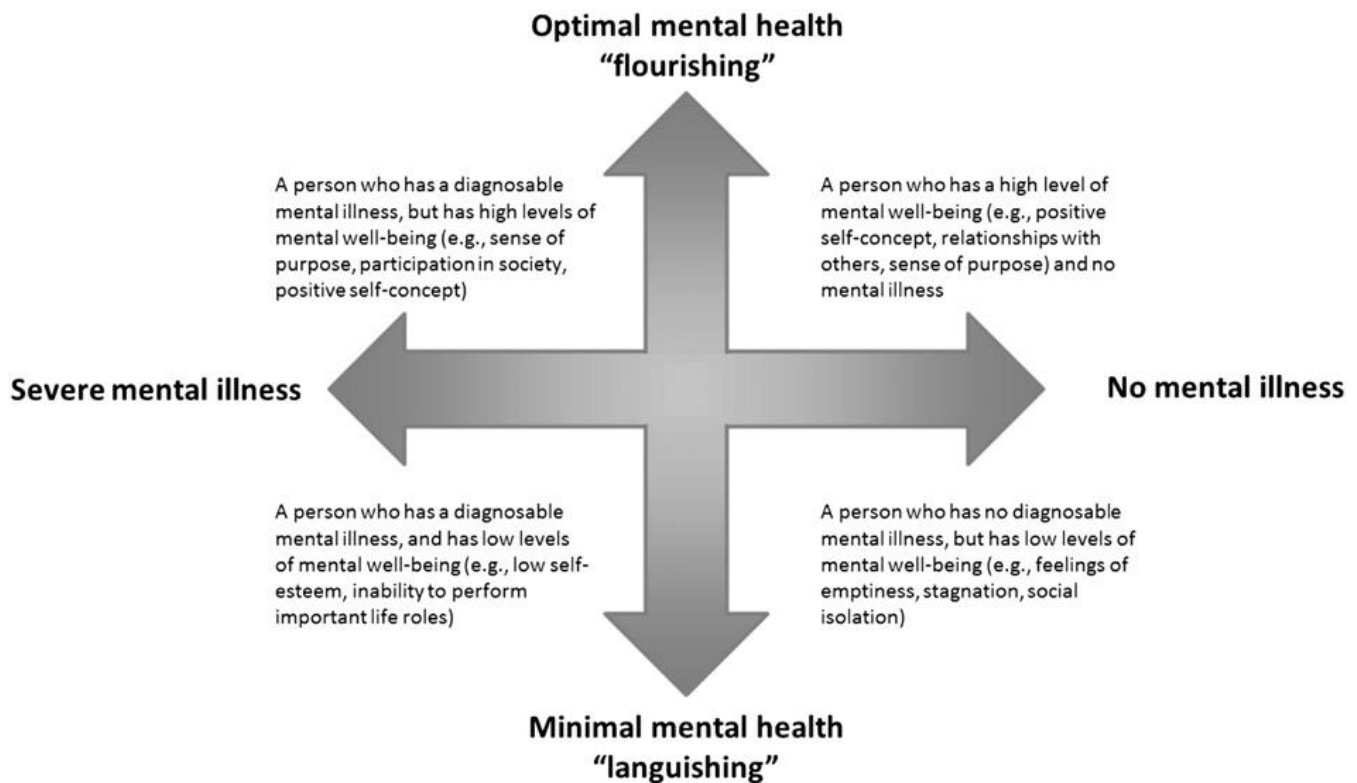
What is mental health and the related key issues in need of research and intervention development?

Mental health is a term used to describe a psychological state, and therefore it does not equate definitely with having or not having a mental health illness or challenge (World Health Organization, 2013). Numerous contributors to mental health (optimal to minimal) include “social, economic, psychological, biological, and genetic factors” (Mental Health Commission of Canada, 2013). Mental health when defined as *minimal mental health / languishing*, can be defined as low “levels of psychological and social functioning” (Enns, et al., 2016). Thus, *optimal* mental health is the opposite.

As shown in Figure 1 (on page 4), a person’s state of mental health is complex and based on a combination of mental health factors. For example, one person may have optimal mental health in some domains and yet have a severe mental illness. Another person may have no diagnosable mental illness/disease and yet experience minimal social and psychological mental health (Enns et al., 2016).

Accordingly, promoting optimal MH requires consideration of its multiple dimensions and factors that affect it. One way to buffer against developing debilitating MH problems and illnesses is to promote optimal mental health and build resiliency to the many challenges and stresses of life (Mental Health Commission of Canada, 2013).

Figure 1: The Dual Factor Continuum of Mental Health and Mental Illness (Enns et al., 2016)
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As awareness of the prevalence and effects of minimal mental health increases in Canada, it is becoming obvious that the mechanisms that encourage optimal MH need to be better understood. As one researcher noted “mental health research shows the same disease-focused bias as the clinical approach to mental health, with under-recognition of promotion/prevention efforts and preferred financial support of mental health treatment facilities” (Enns et al., 2016). In other words, it is not enough to determine possible treatments for minimal mental health or mental illness, for example, depression or anxiety (Enns et al., 2016). Instead, the cycle of predominately supporting those in need of acute MH care should be rebalanced, with more attention being paid to addressing the mechanisms of mental health causation and supporting prevention efforts to address them. Particular attention is needed to address the more pervasive and treatable forms of minimal MH including depression and anxiety (Joyce, Christensen, Mykletun, Bryant, Mitchell, & Harvey, 2016; Harvey & Henderson, 2009).

Mental Health Burden

Worldwide it is estimated that MH disorders currently affect 1 in 10 people (World Health Organization, 2015), yet in Canada the estimate is closer to double the world ratio (Mental Health Commission of Canada, 2013; Canadian Mental Health Association, 2020). Furthermore, those who have a mental health disorder have an increased risk of developing other health problems, for example heart disease (Czabala et al., 2011; Enns et al., 2016; Goodspeed & DeLucia, 1990), and have a mortality rate that is two to three times greater than that of the general population (Hert, Correll, Bobes, Cetkovich-Bakmas, Cohen, Asai, & Ndeti, 2011). Considering the physical ramifications of minimal mental health, we gain deeper understanding “that there is no health without mental health” (World Health Organization, 2013).

In 2011, it was found that “21.4% of the working-age population (20-64 years of age) was living with a mental health problem or illness”, a rate triple that of those living with diabetes (Mental Health Commission of Canada, 2017). The most prevalent conditions, affecting over 4 million out of 6.7 million Canadians with mental health challenges, were anxiety and mood disorders (Mental Health Commission of Canada, 2013). Fortunately, preventive actions and treatments are available for most common mental health conditions linked to anxiety and mood disorders (Harvey & Henderson, 2009). Nonetheless, there are often barriers to accessing treatments, including social stigma and costs.

Currently, minimal mental health predominately affects people between the ages of 25-54 (Mental Health Commission of Canada, 2013) – the core of Canada’s working population. Studies have shown that by the age of 40, nearly 50% of Canadians will have experienced mental illness (Mental Health Commission of Canada, 2013). As these mental health challenges appear to peak during the Canadian population’s working years, organizations have been taking notice of the direct economic impacts of MH in the workplace.

Mental Health in the Work Environment

The World Health Organization describes a healthy workplace as one where “workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace” (Burton, 2010). However, evidence shows that workplace disruptions, in the form of MH related absences from work, are prevalent (Joyce et al., 2016). In fact, evidence-based workplace programs and treatments regarding MH challenges should be promoted since the majority of working people with mental health issues are recognized as the top contributors towards “sickness absence and long-term work disability” (Joyce et al., 2016). Economic productivity disruptions such as absenteeism (Hamberg-van Reenen, Proper, & van den Berg, 2012), under-performance, or unplanned exit from participating in the workforce, had an estimated cost well above 6.4 billion Canadian dollars (some estimated triple that number) in 2011 (Mental Health Commission of Canada, 2013). Moreover, every week mental illness prevents about 500,000 Canadians from going to work (Canadian Standards Association, 2013).

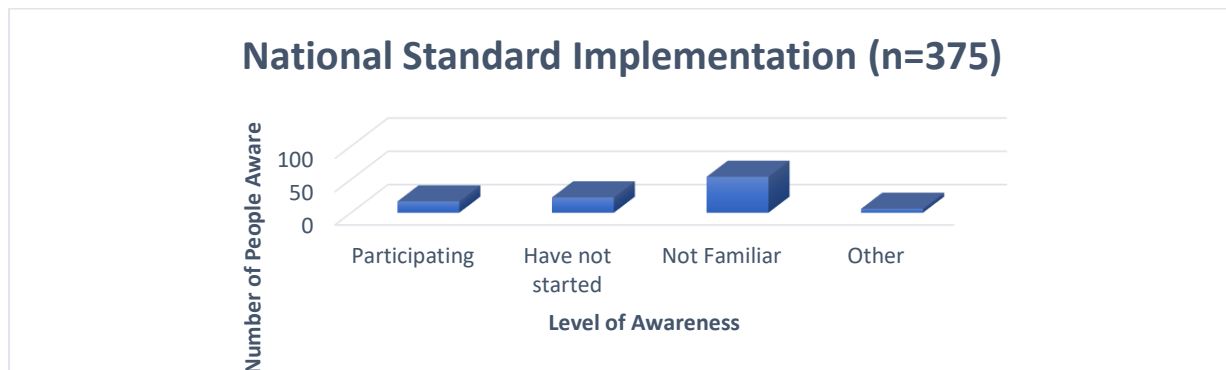
Given the number of people affected by minimal MH, there is debate regarding who should be responsible for MH, with one option being for MH to reside under the domain of public health ministries (Joyce et al., 2016). A few public health campaigns in Western countries have been launched with the goals of improving MH awareness and reducing stigma, yet these campaigns have achieved only low public awareness rates of 3-7 percent (Gaebel, Zäske, Baumann, Klosterkötter, Maier, Decker, & Möller, 2008; Corrigan, 2010; Szeto & Dobson, 2010). Studies show that public service announcements on TV which run for 30 seconds, and similar short public ads, can be complementary to but are not alternatives for awareness programs that provide dedicated programming and extended mental health content (Gaebel et al., 2008; Szeto & Dobson, 2010).

In addition to the economic motivation for addressing minimal mental health in the workplace, evidence shows that interventions “can contribute to helping prevent mental illnesses.” (Mental Health Commission of Canada, 2013) One study estimated that workplace MH prevention programming could increase productivity by 30 percent (Mental Health Commission of Canada, 2013). In this way, what is good for employees is good for business.

The Need for Workplace Mental Health Interventions

Considering both the costs to businesses (and governments) and the literature on public health burden, it has been concluded that promoting optimal mental health is beneficial for business and people alike (Czabala et al., 2011). In response, the Mental Health Commission of Canada has created voluntary workplace guidelines, tools and resources to assist organizations in promoting and working towards optimal mental health (Canadian Standards Association, 2013). However, as illustrated in Table 1, the need for a national standard is great and knowledge of current program resources is modest at best (Canadian Mental Health Association, 2016).

Table 1: Canadian National Standard Implementation Awareness (adapted) (Canadian Mental Health Association, 2016)



As research expands, our understanding of the relationships between the work environment and mental health, a growing body of evidence suggests that workplace MH interventions focusing on prevention and/or treatments can be cost-effective and produce positive results (Hamberg-van et al., 2012; Hanisch et al., 2016). For example, Wagner et al.'s (2016) systematic review which focused on work related outcomes "concluded that positive workplace outcomes result when workplaces provide high-intensity mental health intervention, access to clinical treatment, and support in navigating disability and management programs" (Wagner et al., 2016). Furthermore, through a systematic review, Seymour and Grove (2005) determined there was a moderate base of evidence in support of using "multimodal approaches" for MH interventions (Seymour & Grove, 2005). In consideration of MH burden in many workplaces, some organizations have taken the lead to improve their workplace MH. Other organizations are opting for third party support like the Not Myself Today Campaign (Partners for Mental Health, 2017) to help them organize and promote optimal workplace MH.

Given the diverse assortment of work environments, employment types (contract, part-time, permanent), and the fluctuating state of an individual's mental health (Wagner et al., 2016), it is unlikely that a single activity can address all MH needs in the workplace. However, evidence does point us toward two predominant pathways to engage in workplace MH. The first is to minimize risk factors like stress and provide job control, mitigated through options such as employee directed self-scheduling and flexible transition to retirement (Joyce et al., 2016). The second more prevalent pathway maintains the current work structure and offers MH and anti-stigma education, expanded knowledge about MH supports and resources, and personalized MH strategies, for example meditation training (Czabala et al., 2011; Joyce et al., 2016).

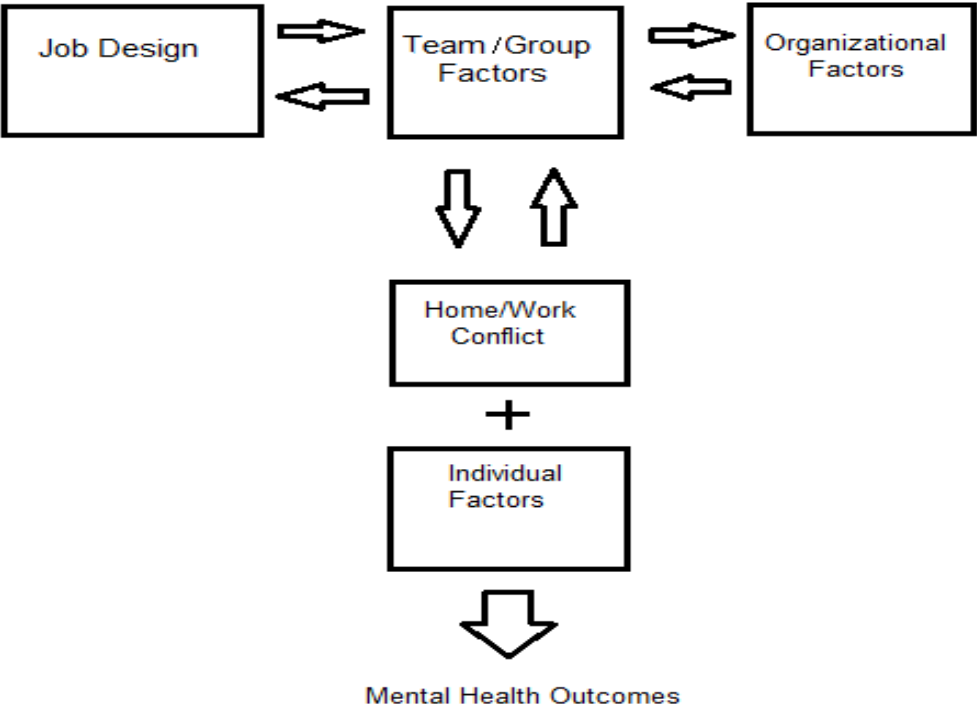
In addition, there are three broad types of interventions that can be pursued. Primary prevention promotes mental health awareness and reducing stigma while promoting overall MH for the organization's entire workforce. Secondary prevention / interventions focus on high-risk workers, and actively reduce MH issues and absenteeism. The third type of intervention, tertiary prevention, pertains specifically to return-to-work interventions (Hamberg-van et al., 2012). Primary prevention, which focuses on building up individual MH resilience is a popular choice for workplace MH programming (Bhui, Dinos, Stansfeld, & White, 2012; Hamberg-van et al., 2012). The preference for resilience-building reflects many organizations' tendencies toward pragmatically adjusting short-term factors contributing to MH with minimal impact to current workplace structures (Bhui et al., 2012)

Findings from a 2016 Pan-Canadian survey of 597 participants (33% from Ontario) highlighted the top five areas of concern that organizations can address to improve workplace mental health (Canadian Mental Health Association, 2016). These areas include: improving trust in leadership; honesty and transparency; tools, supports and resources; and an improved understanding of workloads/demands and their impact on workplace MH (Canadian Mental Health Association, 2016). Forty eight percent of participants indicated "they thought their organization was taking steps to address workplace mental health" (Canadian Mental Health Association, 2016) At the same time, 42% admitted that programs were not working (Canadian Mental Health Association, 2016). These results highlight a need to better understand nuances in the relationship between workplace MH intervention goals and outcomes.

Elements of Mentally Healthier Work Environments

Within the workplace environment there are internal and external factors that contribute to an employee’s state of mental health (Harvey et al., 2014). Harvey et al. (2014) present three sets of factors specifically related to workplace mental health: job design, team/group factors, and organizational factors, as displayed in Figure 2 (Harvey, Joyce, Tan, Johnson, Nguyen, Modini, & Groth, 2014). The authors outline further how the organizational factors influence MH through the two sub-categories of "psychosocial safety climate" and stigma (Harvey et al., 2014).

Figure 2: Mentally Healthy Workplace Contributing Factors (adapted) (Harvey et al., 2014)



Key Mental Health Mechanisms Influenced by Workplace Programs and Policies

Psychosocial Safety Climate

Psychosocial safety climate (PSC) refers to a balance between productivity and management's concern for the workers' mental health (Dollard & McTernan, 2011). Since PSC encompasses many aspects, four principles are defined to assess an organization's level of PSC. These principles are: senior level commitment to stress prevention; management priority assigned to psychological safety and mental health; quality of multi-directional communication regarding psychological health and safety; and management level of participation and involvement in mental health promotion activities (Harvey et al., 2014).

Within the workplace, leadership can contribute significantly to the mental health of the coworkers (Harvey et al., 2014). Often, leadership style varies within industries, which provides an area for further study in striving to better understand how to engage managers and employees on the topic of workplace MH (Harvey et al., 2014). Overall, building awareness of the contributions to optimal mental health is vital for a successful MH workplace intervention. Awareness raising and de-stigmatizing activities can permeate a workplace to encourage individuals to seek out self-help resources.

Stigma

Stigma, a prejudicial and discriminatory stance toward a person (or people) with a particular characteristic or behaviour, which devalues the identified person or people (Corrigan, & Shapiro, 2010). Due to the complexity of the components of stigma, it can be broken into the three dimensions of knowledge, attitude, and behaviour (Hanisch et al., 2016). Stigma surrounding MH is comprised of three aspects: ignorance of mental health symptoms; prejudiced attitudes toward mental illness and/or the mentally ill, and discrimination (real or anticipated) against those with mental health illness or problems (Corrigan, 2000). Stigma exists on two levels - public stigma and self-stigma (Hanisch et al., 2016). Public stigma can manifest as discrimination (Hanisch et al., 2016), which can negatively impact an employee's working environment (Pescosolido, 2010). Stigma can also be internalized wherein the individual absorbs

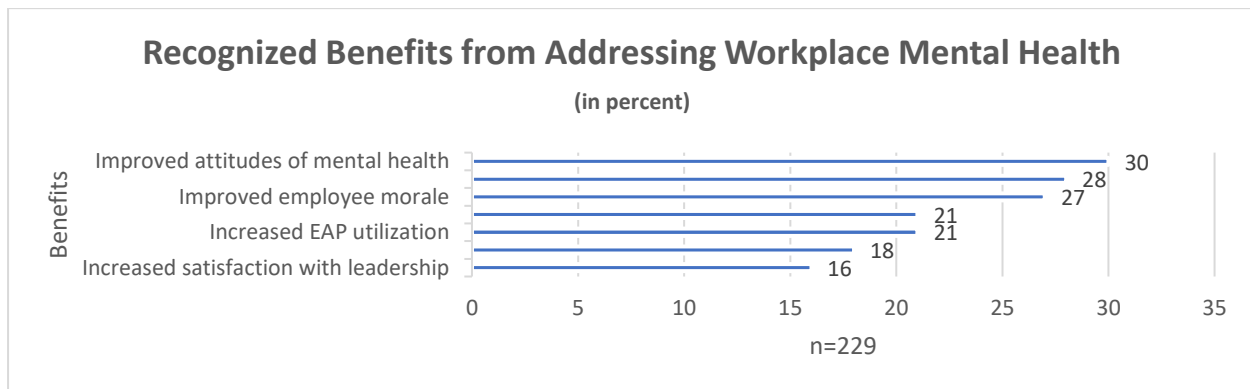
the negative opinions and attitudes about that which is being stigmatized – such as a mental health condition (Hanisch et al., 2016). Stigma can be harmful, and with mental health, stigma is often found to be an impediment to seeking or sustaining MH treatment (Corrigan & Gelb, 2006). Mental health interventions that do not address areas like stigma are less impactful overall as a result (Hanisch et al., 2016).

MH stigma can also affect overall work environments, including the dynamics of work relationships. Some employees may feel uncomfortable working with coworkers who have or are perceived to have poor MH. Accordingly, anti-stigma workplace interventions can be persuasive in addressing attitudes towards inclusion, employee knowledge, and treatment of those with MH challenges (Hanisch et al., 2016). It is therefore beneficial both for workplaces and individuals (directly and indirectly) to help address negative perceptions of MH, such as stigma, and encourage a positive psychosocial safety climate.

Outreach materials to promote MH awareness are diverse and can include posters, advertising, help phone lines, emails, webinars or in-person workshops. Research shows that mental health awareness has a direct relationship to and affects worker's ability to identify signs of mental illness, promote help-seeking behaviour and accept treatment (Hanisch et al., 2016). It is also critical to develop a workplace psychosocial environment supportive of health-promoting behaviours, for instance, building a more inclusive climate of awareness, which will in turn support greater retention of health education messages, and more self-action (Wyatt, Brand, Ashby-Pepper, Abraham, & Fleming, 2015).

In light of the findings from the literature, mental health interventions are shown to be important and worthy of study. To illustrate the benefits of mental health workplace interventions, Table 2 (on page 12) provides the top ranked benefits from surveyed respondents across Canada who reported benefits of addressing workplace mental health.

Table 2: Recognized Benefits from Addressing Workplace Mental Health (adapted) (Canadian Mental Health Association, 2016)



As concluded from various studies (Corrigan & Gelb, 2006; Hanisch et al., 2016) and a pan-Canadian survey (Canadian Mental Health Association, 2016), promoting mental health awareness, psychosocial safety climate (PSC), and reducing stigma are the cornerstones to improving mental health workplace environments. Likewise, these are also a common focus of many Canadian workplace mental health interventions.

A Canadian Workplace Mental Health Intervention

As a mental health promotion organization, The Canadian Mental Health Association (CMHA) is actively involved in promoting workplace mental health. The Not Myself Today campaign (NMT) was launched in 2013 by Partner for Mental Health (PFMH) and acquired by the CMHA in 2017. NMT has specific goals of reducing stigma, promoting awareness and understanding of mental health in the workforce, and nurturing supportive and safe work cultures (Partners for Mental Health, 2017). Informed by evidence, NMT is an integrated multi-component program aimed at changing targeted attitudes and behaviour (i.e., stigma) in the workplace, while raising awareness about mental health. Organizations that participate in the NMT campaign are given access to an extensive and comprehensive ‘tool kit’. Participating workplaces select program leaders to act as a liaison between their workplace and NMT. These leaders (and often committees) in turn select organization appropriate workplace mental health materials to share and promote among their organization’s employees.

The ‘Tool Kit’

The NMT ‘tool kit’ is an extensive assortment of physical and digital resources called the ‘campaign in a box’, originally created by Partners for Mental Health (Partners for Mental Health, 2016). Components include planning support with various options, awareness building materials (e.g., mood buttons, posters), engagement activities (i.e., customizable presentations), along with a "People Manager’s Guide" to aid managers in their engagement with NMT (Partners for Mental Health, 2016). Companies who sign up for NMT are given the opportunity to participate in intake and post-campaign surveys, and some pay additionally for an employee perspective survey. Results are then shared with participating organizations in hopes of encouraging them to appraise and possibly expand or alter how they implement NMT within their organization. From the range of materials available in the tool kit, organizations self-select activities and materials perceived to best match their needs and timeframes for implementation. Participants are often given access to a website where they could view MH-related YouTube videos and other resources at their own pace, allowing for a self-directed portion of the campaign.

The tool kit offers a diverse and well-organized set of resources that provides a workplace the flexibility to tailor its campaign to its specific needs. NMT also provides a liaison to each organization to support their NMT questions and experiences. The cost to participation in NMT, as of the 2018 campaign, was categorized by company size; for example, companies with 5000 employees or less paid \$4.00 per person – with the option for organizations to order additional supplies.

Why Not Myself Today?

As a Canadian national workplace mental health evidence-based program, NMT provides organizations with the potential for a shared MH intervention experience. Thus, when studying implementation processes, NMT provided a helpful baseline for this study when looking at different organization types. Likewise, NMT presented an opportunity to explore areas of low evidence in research literature related to MH workplace interventions, such as intervention programming, knowledge translation, and sustainable uptake of positive workplace mental health interventions (Hamberg-van et al., 2012; Hanisch et al., 2016; Joyce et al., 2016; Moullin, Sabater-Hernández, Fernandez-Llimos, & Benrimoj, 2015; Szeto & Dobson, 2010; Wagner et al., 2016).

Furthermore, through this study there is a focus on learning more about MH implementations from the employee perspective, in addition to engagement types of diverse work populations (Hanisch et al., 2016). Also, identifying important components of interventions (such as frequency, duration and sustainability) has been highlighted as a need for further research (Hanisch et al., 2016; Wagner et al., 2016). In response, this study of NMT contributes evidence about the employee experience within a workplace MH intervention (NMT) from various organizational types and highlights the NMT supports / components which contribute to its uptake.

Theories Relating to Workplace Mental Health Interventions

In relation to the complexities and diversities of work environments across Canada, numerous theories and frameworks have been developed, tested, applied and analyzed to enhance understanding of these relationships. Social cognitive theory, behaviour change theories, theories from implementation science, and normalization theory are relevant to the intended research (Bandura, 1986; Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004; Mathison, 2005; May & Finch, 2009; Michie, van Stralen, & West, 2011; Michie, Johnston, Abraham, Lawton, Parker, Walker, & "Psychological Theory" Group. et al., 2005; Moullin et al., 2015; Rogers, 1995). After discussing these various theoretical perspectives, and on the advice of the thesis committee, this study focuses on a limited number of comprehensive implementation and normalization theories (Greenhalgh et al., 2004; Michie et al., 2005; May & Finch, 2009). These were seen as providing sufficient theoretical breadth to be used as sensitizing concepts to guide the development of the study. In addition, the NMT program itself draws upon scientific advisors when supporting the development of some of its programming and guidance documents. Through this relationship, a “results chain” was created which describes the putative mechanisms of action operating in the NMT program. Taken together with the theoretical frameworks of implementation science, including those relevant to program sustainability (i.e. normalization processes leading to routine implementation), these concepts provide the theoretical basis for the study, providing sensitizing concepts relevant to the program under study. These are discussed briefly below.

Implementation Theory and the NMT Results Chain

Implementation theory assists with the exploration and explanation of the process by which a planned change is put into action. As the implementation process carves a path for an intervention, progressing from ideas to action, there are common factors which are seen as necessary for a successful project. Examples of these factors would be champions and resources, including funding and time (Greenhalgh et al., 2004). As NMT's participant organizations determine their own implementation strategy, it is of interest to assess how the different implementation styles impact the common goals and outcomes of the NMT program. The former NMT results chain (Table 3), created by Partners for Mental Health (PFMH), is included below and was used during analysis to determine how close an organization's participation plans related to its NMT implementation.

Table 3 was constructed in partnership between the Propel Center for Population Health Impact and Partners for Mental Health (PFMH). PFMH was consulted and provided guidance in setting the priorities for evaluation. Table 3 provides details of the layered implementation factors and the putative chain of effects which were considered for planning and execution of NMT. Moreover, Table 3 not only draws attention to the different components of a national MH workplace intervention but also provides a link between NMT outcomes and actions and this study's focus on outcomes and actions at the employee and manager levels of a sample of participating organizations.

Table 3: Not Myself Today Results Chain

Vision	Workplaces in Canada support mental health and employees facing mental health issues or mental illness.		
Outcomes:	Increase knowledge related to mental health and how someone can contribute to it	Improve understanding and empathy related to mental illness, reduce stigma, and better support those facing mental health issues or mental illness	Foster open, safe and mentally healthy work environments
Actions: Behaviours, policies	<p>Employees take actions to support MH in their workplace, and <i>NMT</i> influenced these actions</p> <p>Employee behaviours are supportive of people with a MH issue or mental illness</p> <p>Employees feel comfortable accessing support and resources</p>	<p>Front-line managers actively support MH of those who report to them and foster a mentally safe environment, and <i>NMT</i> influenced these actions</p> <p>Front-line manager behaviours are more supportive of people with a MH issue or mental illness</p>	<p>Organizations develop and implement policies, programs/training and procedures that are supportive of MH and those facing mental health issues and mental illness, and <i>NMT</i> influenced these actions</p> <p>Organizations demonstrate a commitment to championing MH, and creating environments that are supportive of MH and those facing mental health issues and mental illness, and <i>NMT</i> influenced these commitments</p>
Capacity: Aspirations, knowledge, attitudes, skills	<ul style="list-style-type: none"> • Support for organizational environments, policies and programs that impact MH increases, and <i>NMT</i> influenced this support • Awareness of needed changes to improve support for MH within organizations increases, and <i>NMT</i> influenced these perceptions • Knowledge of what a mentally healthy workplace is, and how one can contribute to it increases, and <i>NMT</i> influenced these changes • Positive attitudes and knowledge about MH and mental illness increase over time, and <i>NMT</i> influenced these changes 		
Participation / reaction	<ul style="list-style-type: none"> • <i>NMT</i> is perceived as filling a niche role which adds value to build and sustain mentally healthy work environments within Canadian organizations • Participation and engagement in <i>NMT</i> by organizations, key contacts, front-line managers and employees increases over time • Organizations repeat their engagement in <i>NMT</i> on an annual basis • Awareness of <i>NMT</i> increases over time 		
Approach	Each and every person has a role to play in building a mentally healthy workplace. Not Myself Today equips senior leaders, human resources and occupational health and safety managers and employees with information, engagement activities, tools and resources to achieve this goal.		

Activities	<p>By Organizations</p> <ul style="list-style-type: none"> • Organizations register to be involved in <i>NMT</i> • Key contacts, front-line managers and senior management receive and use relevant materials, resources and tools associated with <i>NMT</i> • Online resources are accessed and used by relevant stakeholders • Employees are engaged in <i>NMT</i> activities within their workplace • Key contacts and other relevant stakeholders engage in <i>NMT</i> evaluation activities • Senior leaders change policies and procedures and introduce programs/training to support employee MH and those facing mental health issues or mental illness
	<p>By PFMH</p> <ul style="list-style-type: none"> • Organizations are recruited and receive appropriate support to participate in <i>NMT</i> • Relevant, evidence-based activities are developed and provided as part of <i>NMT</i> • Monitoring and evaluation activities are implemented and used to inform decisions about <i>NMT</i>
Resources	<p>Human (time and expertise): External to PFMH: Participating Organizations; Evaluation</p> <p>Financial and in-kind Resources (non-personnel): Private sector; Public donations; Organization registration fees</p> <p>Human: Internal to PFMH: PFMH Board; Senior management team; staff; volunteers</p>
Context	<p>Organizational context: Organization characteristics</p> <p>Internal PFMH context: Strategic planning processes; organizational structures; culture; financial context requires that <i>NMT</i> generates revenue</p> <p>Political/social/economic context: Mental Health Strategy for Canada; current mental health system and funding</p>

* The results chain content was informed by the PFMH Results Chain, *NMT* documentation, *NMT* Targeted Evidence Synthesis, and consultations with the PFMH team

Additional Considerations from Implementation Science

When investigating the dissemination, uptake, and success of implementation, Michie et al. (2005) posited 12 domains for consideration when assessing interventions. These domains are knowledge; skills; social/professional role and identity (self-standards); beliefs about capabilities (self-efficacy); beliefs about consequences (anticipated outcomes/attitude); motivation and goals (intention); memory, attention and decision process; environmental context and resources (environmental constraints); social influences (norms); emotion; behavioural regulation; and nature of behaviours (Michie et al., 2005). These twelve domains have been condensed for the proposed study down to 8 domains. The four domains omitted for this study include: skills, social/professional role and identity, emotions, and beliefs about consequences. Those four domains are of interest, however for the purpose of this MSc study the focus was more on the organization vs the individual. Specifically, eight have been chosen for qualitative thematic coding and were explored through questions included in the interview guide. The selected domains are presented in Table 4 (below).

Table 4: Investigating Implementations: Abridged Version of Michie et al.’s Theoretical Domains and Constructs (Michie et al., 2005)

Domain	Constructs
1 Knowledge	Knowledge; procedural knowledge; knowledge about conditions
2 Self-efficacy	Empowerment
3 Goals and motivations	Priority; commitment
4 Memory and attention	Memory; decision making
5 Environmental resources/context	Environmental stressors; material resources
6 Social influences	Organizational Climate; champions; organizational commitment
7 Behavioural regulation	Barriers and facilitators
8 Nature of the behaviours	Adjusting habits

NMT Through the Lens of Normalization Process Theory: Becoming Routine

Normalization process theory seeks to provide a framework to understand the work behind the embedding and the maintenance of practice (May & Finch, 2009). As with any implementation, both groups (or organizations) and individuals contribute interdependently to the process of integrating the intervention (Greenhalgh et al., 2004; May & Finch, 2009). Expanding from this, the Normalization Processes Theory builds upon implementation theory and seeks to provide a model to explore the relationship between social structures of implementation, impact of daily routines, and their sustained embedding into a social context (May & Finch, 2009). Active changes are considered to occur between a commitment to change, and either its successful adoption (and institutionalization) or its rejection (May & Finch, 2009). Innovations which lead to successful implementation and normalization often have many components (Greenhalgh et al., 2004).

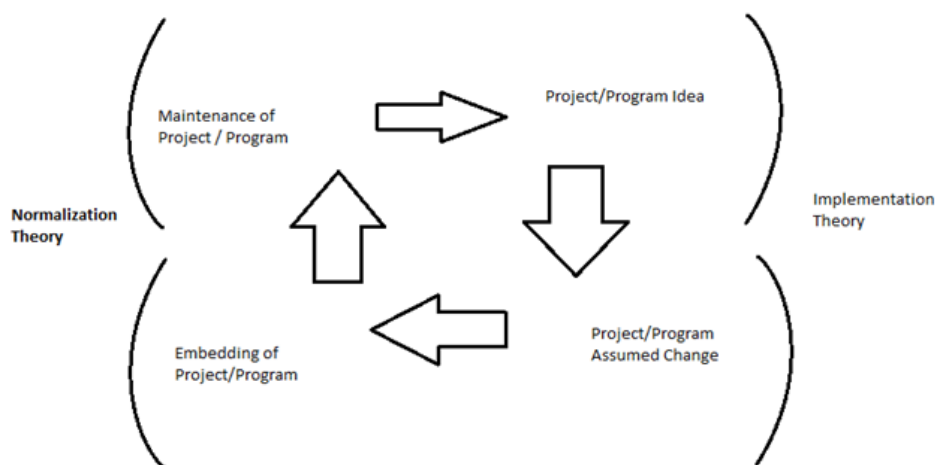
May and Finch (2009) provide a framework for operationalizing normalization theory which complements NMT's results chain provided in Table 3. In addition to Table 3, Table 5 (page 20) presents the concepts of cognitive participation and collective action. These two concepts helped to probe thematic overarching individual and collective engagement with NMT. Table 5 below provides an abridged version of May and Finches' 2009 Framework for operationalizing normalization process. The reason for the abridged version was to highlight the most applicable sections of their table to this study. The sections which were omitted included their first and final columns: Coherence: What is the work? and Reflective Monitoring: How is the work understood? The first column was removed, as Michie et al.'s (2005) abridged version used for this study provided a more robust breakdown of the specific factors which can contribute to the work relating to May and Finches' (2009) Coherence. As for the last column (Reflective Monitoring), it was removed for the purpose of this study as this study focused more on the uptake, use and initial stages of normalization.

Table 5: An Abridged Version of May and Finches' Framework for Operationalizing Normalization Process Theory (2009)

	Cognitive Participation Who does the work?	Collective Action How does the work get done?
Systematic explanation of mechanism and components at work.	Factors that promote or inhibit participation	Factors that promote or inhibit enacting a practice
Knowledge about the sources and operation of investments at work	Beliefs and behaviours that define and organize actors	Beliefs and behaviours that define and organize work
Investigation of core questions that could include...	How do participants come to engage with practice? How do they decide on engagement and the purpose that it serves?	How do participants enact a practice? How are their activities structured and constrained?

By using Michie et al. (2005) (Table 3) with May and Finch's (2009) concepts (Table 5) to guide my sensitizing concepts, interview questions and analyses framework, a research approach can be conceived that considers various layers of an intervention implementation and encompasses both the individual and collective outcomes. This hybrid framework was used to explore feedback from participating NMT organizations to determine both the benefits and the barriers to participation in NMT and the plausibility of normalization of NMT in their workplace. In summary of the relationship between the two theories, please see Figure 3 (below).

Figure 3: The Relationship Between Implementation and Normalization Theories



From the above theories, their combined purpose was to support the framework in exploring specific organization types' implementation of NMT through the lens of individual participants and their organizations.

Sensitizing Concepts

Due to the volume of time many Canadians spend in their workplace environments, the value of further determining tools and processes that can contribute to improved mental health in the workplace and beyond became apparent. Through reviewing the NMT campaign, it became clear that though NMT had thoughtful planning, including an evaluation plan, it could benefit from a qualitative study to explore implementation in different workplaces. In line with Charmaz's discussion of sensitizing concepts, various ideas and research pathways are considered through the process of identifying sensitizing concepts. Starting with the notion of one's initial research ideas, sensitizing concepts continue to be supported through the exploration process by helping define what data to collect and how to analyse it (Charmaz, 2006). Simultaneously, it is important while pursuing research to keep an open mind and allow the research (and the emerging data) itself to provide direction (Charmaz, 2006). For this reason, during discussions with NMT organizers, the investigator continued to keep an open mind and allow both the research and front-line feedback to contribute direction to the study.

Various sensitizing concepts were identified in the literature reviewed. Table 6 (page 22) outlines key analysis themes and sample directional questions for interviewing program participants engaged in this study.

Table 6: Sensitizing Concepts

Concept	Description	References	Probing direction for questions
Mental health awareness and stigma	Mental health is a vague term for many and often stigmatized which can limit those needing mental health support from pursuing help. This relates to knowledge, emotion and self-efficacy related to mental health actions.	World Health Organization, 2013; Hanisch et al., 2016	How is MH talked about when the topic comes up? Negatively, neutral? Why?
Roles of leadership and psychological safety climate in workplace mental health interventions	Leadership sets the stage for work environments, and is an important factor in positive workplace MH promotion and sustainability. This relates to social influence in mental health work climates.	Wyatt et al, 2015; Harvey et al., 2014; Canadian Mental Health Association, 2016	How would you describe leadership and its engagement with workplace MH? Can you describe your workplaces' approach to complex issues of addressing business goals and staff MH needs? (ref. to stigma and psychosocial safety climate)
Communication channels	Understanding how NMT is communicated in the workplace to participants, and their interpretation of the communications to improve future communications. This relates to goals and motivations.	Michie et al., 2005; Harvey et al., 2014; Canadian Mental Health Association, 2016	How would you prefer to learn about MH in your workplace? (How did you learn about NMT programming?)
Workplace mental health programming and resources	Programming and resources are only as valuable as the participants find them. Drilling down and gaining input from participants will contribute to improved programming and retention of messages. This relates to resources, memory and attention and behavioural regulation.	Michie et al., 2005; Michie et al., 2011; Chauchoir et al 2013; Canadian Mental Health Commission, 2013; Hanisch et al., 2016; Moullin et al., 2015; Canadian Mental Health Association, 2016	What were the activities that your workplace implemented as part of NMT? Describe. Can you describe program attendance and participation? What do you think may pose a challenge for people in your industry to participate in NMT? What workplace MH activities or events do you/did you participate in? Why or why not? Which workplace MH activities did you find boring, repetitive or negative? Why? Which activities or events would you want to participate in again? Why? What expectations did you have from the programming? Were they met?
Normalization of MH intervention components	As WMHI are encouraged, reviewed and institutionalized into a work culture the topic and process becomes normalized. Since normalization goes deeper than an imposed programing, true normalization occurs when groups and individuals adapt it to their routine. This relates to memory, nature of behaviour and setting new habits.	Greenhalgh et al., 2004; Michie et al., 2005; May & Finich, 2009; Hanisch et al., 2016;	What do you remember most about Not Myself Today? In your opinion, has NMT altered your organization's approach to MH? If so, in what way(s)? What have you or will you do with the information learned from the campaign?

The above table provides the outline of concepts and related questions which guided the interviews and provided the corresponding data.

Chapter 3: Study Rationale

The study sought to address a gap in understanding the nature of implementing MH interventions in workplaces from two perspective—that of the NMT program liaison/campaign champion, versus the front-line manager/ employee. Many organizations collect and internally review their own data on staff disability leave and absenteeism. However, evaluative research evidence is needed along with quantitative results. Qualitative research can be useful in assessing a wide array of pertinent factors, including contextual factors and the broader context and nature of the organizations studied. This study complements the evaluation data already being gathered for NMT and explores implementation of NMT in the three industries suggested by CMHA: First Responders (emergency workers in mental health, including counselors, and emergency medical personnel), Manufacturing, and Universities. The work explores perceptions of those engaged with the NMT campaign by studying the individual workplaces, possible barriers to participation, and any normalization in the uptake of mental health resources. Results from the study offer a snapshot of these organization and provide lessons concerning how to engage, communicate and promote positive workplace mental health across industries.

The following objectives and research questions (on page 24) were created in order to achieve the research purposes. In appendix 1 is a table outlining the relationship between the Objectives and Research Questions and the interview questions for this study.

Objective 1: To study how NMT influences mental health in the workplace.

Research Question 1: What components of NMT were implemented and what was participation like?

Research Question 2: What are the key factors that facilitated or impeded implementation of the NMT campaign and its components?

Research Question 3: What can be done to improve implementation (e.g., participation, uptake and use) of NMT program elements/components?

Objective 2: To explore how the implementation of NMT might influence/contribute to positive workplace mental health.

Research Question 4: What aspects/elements of NMT most influenced positive workplace outcomes and how?

Chapter 4: Study Design

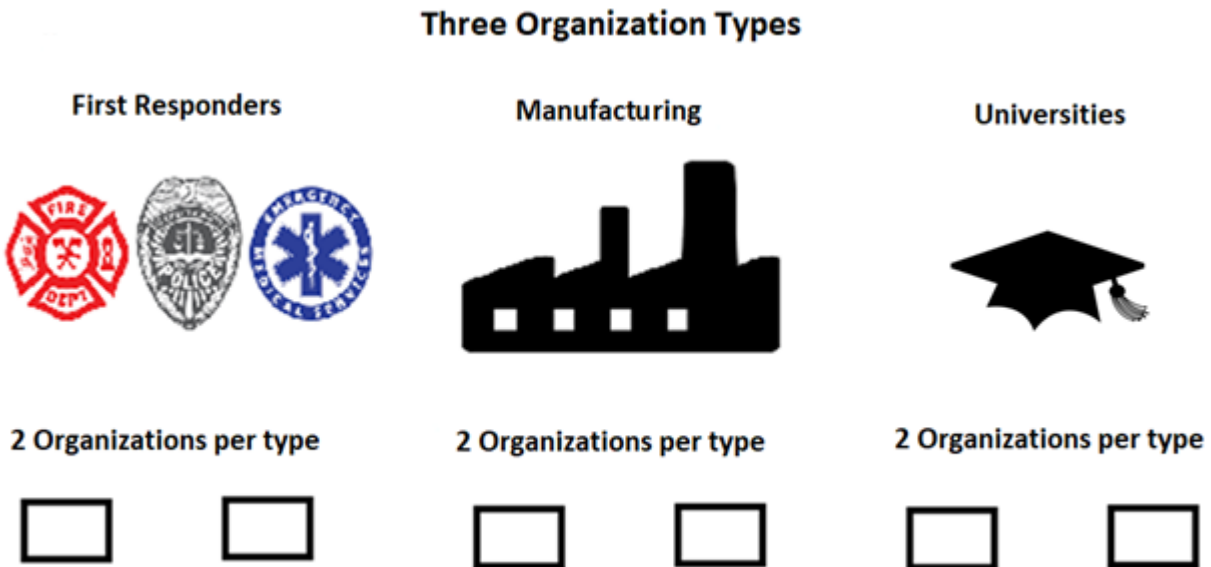
As part of the pre-existing NMT program, three predominately quantitative surveys can be included in the NMT process. However, this study is qualitative and, therefore, its focus is on allowing participants to reflect and expand on their experiences. Overall, it is hoped that CMHA will benefit from this supplementary qualitative study, and that it may contribute to and influence how NMT is implemented in the workplace.

Specifically, the study investigates perceptions, understandings of barriers and motivations that influence the uptake and participation of various industries in NMT. To support the collection of rich descriptive data, a semi-structured interview guide was created. It was used to focus interviews along a directed path, yet promoted open-end opportunities for interviewees to expand on NMT-related themes beyond the interview guide. Use of the same core questions (provided by the interview guide) enabled a thematic comparison. The interviews were conducted across a wide sample of staff and managers in the expectation of exploring the dynamics of NMT's MH interventions. Then through a constant comparative analysis of the interview data, patterns and themes were examined (based on sensitized concepts), including how and why organizations use certain NMT tools and how the impact is interpreted.

Purposeful Sampling and Selection of Organizations

For the research to remain aligned with CMHA interests, the three organization types of First Responders, Manufacturing, and First Nation organizations were originally selected by CMHA. From each of these organization types, two organizations were contacted and invited to participate in this study. From these organization types, six organizations (two per organization type) were selected and contacted. However, due to the low response from the contacted First Nation organizations, CMHA then suggested and initiated contact with a sample of post-secondary institutions (herein referred to as Universities). Once these organizations were confirmed, the goal was to interview one or more site campaign champions who oversaw the selection of MH tools and program development in their workplace. Besides the champions, the plan was to interview a mixture of managers and staff with the goal of interviewing up to a total of five participants per site. Figure 4 (on page 25) is an illustration of the sampling and selection process used in this study.

Figure 4: Illustration of the Sampling and Selection Process for this Study



To assess the impact of NMT, organization selection was determined based on the pre-existing 450 organizations that have participated in the NMT campaigns to date. From this list of organizations, CMHA provided a further subgrouping of potential participant organizations based on CMHA’s experiences to date. This short list of NMT organizations had a potential to provide rich data exploring insight into any patterns based on organization type.

Participant Recruitment

After ethics clearance had been obtained from the University of Waterloo’s Office of Research Ethics, organizational recruitment commenced. CMHA agreed to provide a first introduction to the research project and ask for the organizations’ participation (see appendix 2). To encourage support and to convey transparency (openness) with the organizations, the investigator made available the interview guide and ethics documents (for approved communications template see appendix 3).

When organizations agreed to participate, each organizations’ liaison’s contact information was confirmed. After an organization had agreed to participate in this study, and a NMT champion/contact within the selected the organizations had been confirmed, they were requested to send the

first recruitment email with the investigator's contact information to a group of NMT participants with a copy of the communication to the researcher. The group email was intended to minimize uncertainty about whether the organization supported their participation, as well as reduce individual pressure that may be felt by those receiving the email. In addition, to support anonymity, participants were prompted to contact the investigator directly. Furthermore, given the volume of surveys for NMT in the past, the decision was taken to minimize emails to avoid participant fatigue.

As participants were confirming participation, 30-minute phone interview times were scheduled. With the permission of the participants, interviews were audio-recorded. Before each interview began, the investigator reiterated that participation was voluntary and that the participant could discontinue the interview at any time.

Due to the nature of the topic, maintaining participant privacy and confidentiality was and remains an important consideration. At the start of the phone call, the investigator thanked interviewees for their participation and noted that no names would be used for purposes of the research. Moreover, as many workers do not have private offices with doors and may not be comfortable being interviewed about mental health in any relatively public space, especially if work peers are nearby, participants were able to select the interview's time, date and location.

Analysis of the Data

After the interviews, the data were stored securely on a locked laptop inside a locked apartment off site. The interviews were transcribed verbatim in confidential and anonymous form by a third party. As the transcriptions were completed, thematic coding and analysis proceeded using a general inductive approach including constant comparative analysis—a data-analytic process whereby each interpretation and finding is compared with existing findings. The first round of coding was done as the transcriptions were collected, taking thematic direction from this abridged list of Michie's constructs (Michie et al., 2005).

The investigator/ analyst reviewed the transcripts individually, regardless of their job title or organization type, to gain an overall perspective of the responses and experiences related to NMT. Following this, once all transcribing was finished, and the first wave of thematic analysis

completed, the transcriptions were reviewed again and coded by responses to interview questions. Any additional themes such as organization trends, were recorded.

All analyses were completed by the investigator manually using Microsoft Word software and paper and pencil sorting of data.

Ethical Considerations

The application to the University of Waterloo Research Ethics Committee has been included in addition to the letter of information and recruitment requests sent to participants (see appendix 4). In addition, one of the first responder organizations required an additional internal ethics approval in order to participate in this study. Thus, approval was applied for and obtained. Due to the privacy and confidentiality of this study the additional ethics approval is not provided.

Chapter 5: Results

The results section of the thesis presents a summary of the organizations who participated, the interviewees and their responses to the interview questions, including the major themes that emerged. This section explores the implementation and uptake of the Not Myself Today program from a combination of employee perspectives and their organizations.

When determining the results, the interview data were coded by the interview questions/sensitizing concepts. Furthermore, within the various tables below when words are italicised it is to reflect the researcher's interpretation of an interviewees' feedback, when words are non-italicised those are the interviewees' exact words. Also, you will come across quotes with underlined sections, those sections are to provide a highlight to the reader of the topic the interviewee was quoted for, with the additional text included to provide for a richer understanding of their experiences.

Description of Organizations in this Study

The table provided on page 29 illustrates a snapshot of the participating Canadian organizations, providing the year they initiated their NMT implementation and their staff size. The three types of organizations in this study were First Responders, defined as community responders and/ or medical front line workers, Manufacturing (factory based), and Universities. Only Universities (vs Colleges) were interviewed, however it is plausible for this organization type to be applicable to the wider scope of post-secondary education organizations. In addition, as per Statistics Canada, all organizations (on page 29) are considered large businesses (Statistics Canada, 2011). Furthermore, it is the opinion of this researcher that both factors (size and years with NMT) are additional influencers in the experiences communicated during the interviews for this study.

Table 7: Organizations Details, by Year and Employee Numbers

Organization Type	Year Org. Initiated NMT	# of Staff	Year Org. Initiated NMT	# of Staff
First Responders	2015	1,250	2014	7,500
Manufacturing	2017	2,327	2015	5,000
Universities	2013	2,500	2017	500

In addition, most of those interviewed were themselves predominately working in human resources and wellness, holding a combination of manager and non-manager roles. It is of note that all but two interviewees worked closely / were invested in their organization’s NMT program implementation.

Activities and Implementation

Early in each interview, interviewees were asked about which NMT activities they participated in. Of the many activities, videos, and possible event types outlined by NMT, Table 8 (on page 30) provides a summary of what interviewees recalled as being implemented in their organization.

Table 8: NMT Activities Recalled by Interviewees

Organization type FR = First Responders M= Manufacturing U= University	Activities					
	Buttons	Posters	Tips	Electronic	Cards	Quiz / Competition
FR1, Susan	Buttons		Weekly newsletter	Emails		Competition
FR1, Jule	Buttons	Posters	Tips and things	Emails	Talk it out	
FR1, Nancy	Buttons	Posters		Email signatures		
FR2, Cindy	Buttons	Posters				
FR2, Katy	Buttons	Posters	Electronically posting tips		Express yourself: fact or fiction cards	
M1, Isabel	Buttons	Posters				
M1, Tom	Buttons	Posters				
M2, Amy	Buttons		52 tips		Talk it out cards and thank you cards	
M2, Bob	Buttons	Posters	52 ...tips	Email		Competition
U1, Lisa	Buttons	Posters		Email	Cards	Quiz
U1, Stephanie	Buttons	Posters		Email	Card	Quiz
U1, Tina	Buttons			Webinars	Pay it forward	
U2, Sonia	Buttons	Posters		Email		

*Daisy (U2) had not been able to participate directly in any MH programming

As shown in Table 8, each interviewee mentioned the NMT buttons, and at least one person from each of the six organizations mentioned posters, providing a clear understanding of overall activity types which people remembered. For example, Jule FR1, noted:

I would say the biggest ...material that we have that people love, is the buttons and the stickers. That gives people a way to immediately engage with how they're feeling and the ones that they want to have at their desk

Beside the buttons, NMT cards/games, quizzes and competitions were also highlighted as popular with NMT participants in each of the three organization types, though not universally by everyone within an organization. Quoting Stephanie (U1), “the one I know that always goes over very well is whenever there’s some type of an assessment or quiz. Though quizzes and games were mentioned, interviewees also indicated a dislike when the game or quiz appeared “childish”.

With the exception of the 100% recall of the NMT buttons, there were a range of NMT products that interviewees and organizations mentioned (Table 7). This diversity of responses highlights both, how organizations might focus on different NMT products, and that NMT participants can be drawn to different products.

we really liked the 52 weekly health tips... they're easy to attach to emails and put on our digital displays. The Random Acts of Kindness, we're going to try to set up in some areas 'cause it'll work in some areas but it won't work in others, and we just think that's a good idea is this sort of, you know, good to get people to acting a little kinder towards each other. (M2, Bob)

Overall, electronic NMT products like MH e-signatures were popular. However, only one of four interviewees from manufacturing mentioned electronic tools from NMT. The reason may be that fewer staff in manufacturing have computer access and training compared to the other organization types in this study. Whereas, the Universities did not mention tips, although these were popular with the two other organization types. It is plausible that because the respondents from these Universities were mainly HR employees, and that these respondents were only somewhat aware of what the other University departments selected in a generally decentralized rollout of NMT activities.

Program Attendance and Participation

Overall, all but one organization reported good to high levels of attendance in their NMT programs (in the departments and areas where they had rollout out NMT). These attendance rates were either quantified by organizations collecting data (often in confirming attendance in the 70 - 80% range) or observed qualitatively. Half of the organizations that participated in this study acknowledged that they were still rolling out the NMT intervention and had yet to engage their full organization. The organization with low participant turnout was new to NMT (2017), in the University category, and attendance in their programing was voluntary. Nonetheless, it was relayed that they still received positive feedback from those who attended the NMT related activities.

In general, high participation was associated with high levels of organizational effort, often in the form of promoting NMT events, having multiple NMT activities, and encouraging attendance. As Nancy (FR1) observed, “attendance and participation to be quite high, but we’ve also put the manpower into it.” Furthermore, many interviewees reported that their initial rollouts of NMT started gradually, through their departments or with a small number of activities. Tom (M1) noted that “[i]t took a lot of work just trying to get the participation levels up. We also reached the 80 percent mark, but not on our first round.” From the interviewees, it can be established that high staff attendance in programs often requires encouragement and flexibility. A combination factors, including leadership, peer support, flexible scheduling, the fun activities/tangible takeaways, and possible discipline for not attending, all contribute towards employees’ attendance and participation.

Overall NMT Materials Used and Attendance Patterns

In summary, buttons and posters are the most recollected NMT product. Regarding attendance to NMT activities and events, many organizations acknowledged that effort and resources were needed to achieve the high participation rates they wanted. In addition, it was noted that where possible, having a motivation to improve attendance and participation was helpful.

Key Factors Affecting Implementation of NMT

The Role of Leadership and MH in the Workplace

Leaders are recognized in this thesis two ways. First, there are people who hold a titled leadership role, as defined by their job, for example as CEO. Second, there are people who may not have a leadership role ascribed to them (e.g. by way of a job title), yet they have acquired that identification as others follow their lead and are motivated by them. Within large organizations, such as those interviewed for this study, there are many levels of managers and leaders. The roles of the “leader” titled participants in this study ranged from executives to front line supervisors. In addition to those participants who were titled as a leader by their organization, due to the size of the organizations, many of the other interviewees also held roles supporting the implementation of NMT in their organization. Through these combined interviews there was provided diverse examples of the leadership experienced and witnessed relating to NMT.

Across the three organization types of First Responders, Manufacturing, and Universities, of those interviewed (Table 9 below) the two most common word concepts used to describe an organization’s titled leadership were *open* and *supportive*. The table below outlines interviewees’ overall perspectives of their organization’s leadership.

Table 9: Description of Organizations’ Leadership Engagement with NMT

Interviewees	Leadership	
FR2, Katy	Committed	Open, Supportive
FR2, Cindy	Visible	Open
FR1, Nancy	Engaged	Model the behaviours’
FR1, Susan	<i>Engaged</i>	<i>Visible</i>
FR1, Jule	Support	
M1, Isabel	Top-down	Supportive
M1, Tom	Support	Care
M2, Amy	very supportive	
M2, Bob	Good...at promoting	
U1, Stephanie	Very vocal	Openness
U1, Tina	Vocal	Some...open
U 1, Lisa	Supportive	Very open
U2, Sonia	Need to dedicate more	
U2, Daisy	<i>Distant</i>	

*Italic words are the researcher’s summary; bold to show common words

In expanding beyond single word concept summaries of open and supportive, the interviewees elaborated on their experiences with their senior leaders. Though the vast majority used positive words, they also provided valuable context. The following information is organized by organizational category.

When looking into the organizational categories separately, within the First Responder and Manufacturing organization types, the single word concepts of open and supportive, as well as engaged and visible, were most common. Thus, the impression arises that those who were interviewed thought well of their organization's leadership in relation to NMT. However, within each of the First Responder organizations, it seems that although the leaders were leading the organization, they were not necessarily uniformly leading or championing NMT.

I'm not sure I would say champions. I would say... our champions in the organization ... sit lower in the structure... But I would, I would definitely say our leadership are strong supporters (FR2, Katy)

I do find that from the more senior management it is checking a box. And that's what we're trying to avoid, but...I think that they do truly support and want to see this program (FR1, Julie)

Not all leaders are enthusiastic NMT champions, nor are they necessarily supportive at an altruistic level. However, those organizations whose leaders are actively engaging with NMT seem to have positive impacts on their workplaces.

if staff don't see their senior leaders being involved in something ... then they don't believe it. (FR1, Susan)

Leadership sets the tone and the culture of the organization and it is really important for employees to understand that this is what the company supports and this is what we care about. (M1, Tom)

The above quotes reflect the findings that across the First Responder and Manufacturing organizations, when senior leaders moved from words to actions it had a greater impact on implementation of NMT within their organization. Thus, interview evidence supports the notion that visible and active senior leadership engagement in NMT is an important factor leading to the engagement of the other employees in NMT.

For the Universities which participated, the evidence suggests that there was modest campus wide NMT programming, and individual departments and faculties had considerable latitude in the selection and execution of NMT.

for example, even our committee reached out to the directors to get quotes from them, which we were able to share in daily blast newsletters just showing that, you know, the individual units' leaders actually do support their employees participating and know the importance of it. (U1, Lisa)

As discerned from the interviews, a main role of leadership appears to be in motivating the other managers in developing a positive MH workplace culture. However, the role of a person's direct manager is often key in the front-line implementation of NMT.

Managers, Supervisors and Champions

In recognizing the various levels and types of leadership within an organization, the data provided a deeper understanding of how other types of managers and champions were engaging with NMT. It is understood that NMT also considered leaders in two groups and provided materials for People Managers and Campaign Champions. However, as noted by Stephanie (U1) below, some terms did not resonate with all:

the terms "campaign champion" and I think it's called "people manager" ... don't really mean anything to us and/or to the department. ... There were a couple of years where I don't think we even sent out the people manager guide because it was confusing the champions

Whereas, the First Responder and Manufacturing type organizations overall orchestrated a strong centralized dissemination of NMT. On page 36 a quote is provided to illustrate the clear leadership structure one Manufacturing organization took when implementing NMT.

we had a very detailed role - well, still do. The roles and responsibilities of a wellness champion, what their responsibilities are, and making sure that the senior manager at that location ...selects somebody appropriate. At the beginning it was selecting somebody appropriately, approaching them, having them read this document and make sure they knew what they were getting themselves into. Having the time commitment to roll these activities. And we tell them exactly what the responsibilities would be, right. Maybe three to four activities that would take this long..., you would just execute. You're not here to develop, you know, that gets developed from the committee. And their responsibility is if they leave the organization or choose not to continue being a volunteer, they have to find another volunteer. (M1, Isabel)

In contrast with the First Responder and Manufacturing organizations, the Universities chose a different implementation style for NMT. Uniformly, both Universities encouraged various departments to self-select their NMT programming and scheduling, while at an organization level providing a few days or a week of health promotion relating to MH.

it's really up to their own department to take this on and also roll it out in a way that makes sense to them. (U1, Tina)

we find it helpful to target it ...to managers because they can...dictate that...time is used for that activity... with their staff when they've already planned a department session. (U2, Sonia)

This study shows a trend that it is common for large organizations to choose from two options of NMT implementation pathways. Option one: they implement an organization-wide systematic and uniform NMT-based program. Option two: they promote NMT generally to their organization, then encourage the different branches or departments to self-select their activities. Both implementation paths usually start by introducing NMT in waves, either in small amounts of NMT programming and activities throughout their organization or by introducing specific departments to NMT and adding more departments each year.

Preparing MH Champions

Just as structure can have an important role for supporting uptake of NMT, looking beyond NMT and determining the education and resources available to supervisors is also important.

Knowledge, training, being equipped to answer questions, and dealing with tricky matters

pertaining to MH stigma are all important factors in the preparation of managers and champions, especially those who are not selecting the implementation activities.

In some ways we've made a mistake by talking this corporate talk ...it's really exposing the supervisors who don't have the knowledge and the training to deal with it... people are saying, Oh yeah, this is a lot of talk and no action. (M2, Amy)

some of the reflections of our staff here were... if I'm not an HR professional and I'm not a manager within that unit, I don't know how to answer this question, and if I'm putting this question out there to people, I don't feel equipped to be answering this or that I have all of the resources necessary. (U1, Stephanie)

obviously there still is stigma ..., some people might not want to address it...or talk about it so they'd rather just kind of ignore it. So maybe if that person was a supervisor, if they were to receive that material, they probably wouldn't... post it in their area or maybe they would post it but maybe not have discussions about it with their members, you know. (FR2, Cindy)

From the sample interviewed, the organizations' leadership have tried rolling out NMT either through a heavily structured/prescribed path or through supporting the implementation decisions of individual departments. Participating in NMT is one way that organization leaders show their interest and action towards improving workplace mental health. However, the intensity, energy, and structure focussed towards improving workplace MH varied. It was assumed that this leadership variation was reflected in the workplace implementations of NMT.

Balancing Business Goals and Staff MH Needs

As predicted, within each organization type there were a range of experiences and perceptions as to how an organization was addressing the challenge of balancing their business goals with employee MH needs. Due to the diverse responses, the quotes below are provided from four different organizations to highlight the range of perspectives:

in a manufacturing environment ...the production takes, in some cases takes, takes precedent. (M2, Amy)

we had ... employees die by suicide... and we wanted to stop that...to support employees' health and safety and wellness, and mental health I see as an integral part of safety even though traditionally it has not been seen as such. (M1, Tom)

we're also putting together an evaluation strategy for all of our workplace health promotion programs, so trying to build that in so that we can actually say and demonstrate how we're making some of these changes. (U1, Stephanie)

In the case of staff and faculty, however, there is a massive gap, meaning that we have very little communication about how to attend to our mental health (U2, Daisy)

Overall, all but two interviewees described their organization as actively striving to balance business goals with employee MH needs. From these responses, within the sample organizations interviewed, no common theme or pattern of how to address and balance workplace health needs was shared – not even within individual organizations. However, it does appear that overall there is a high-level trend moving towards increased focus on workers' MH than in the past. Still, a lack of a clear and stable balance between the needs of an organization and those of its employees remains elusive, succinctly reported by Katy (FR 2) “[t]he demands are very high ...it's very difficult for our members to find balance”.

Challenges to Participating in NMT

As with most interventions, there are challenges or barriers to be acknowledged and overcome. Some barriers occur within the limits of an organization; others can occur as unintended consequences of the implemented program. From the interviews, when analysing common themes, eight barriers were determined, which were then grouped into three categories; Organization limits, NMT perceived limitations and General barrier (Gen. barrier). Within the first category there were sub-categories of barriers labeled: time, physical limitations, cost, and organizations structure. Within each of these four categories there were at 3-4 interviewees who acknowledge those barriers. General barrier was found to only be stigma, and NMT perceived limitations had three sub-categories of: language, NMT resources and website. In Table 10 (page 39), below are the highlighted challenges that interviewees mentioned when participating in NMT.

Table 10: Perceived Barriers

Interviewees	Organization limits				Gen. barrier	NMT perceived limitations		
	Time	Physical limitations	Cost	Org. structure	Stigma of MH	Language	NMT resources	Website
FR2, Katy		physical limitations (PL) i.e. buttons						
FR2, Cindy					stigma			
FR1, Nancy	time	PL; access to a computer				prefer positive; not childish		
FR1, Susan		PL	cost				# of physical resources	
FR1, Jule		PL; access to a computer			stigma			website
M1, Isabel	time			working from home/ work location				
M1, Tom				coordination and having a hundred champions		<i>benefit more if geared towards blue collar men</i>		
M2, Amy			cost		stigma	more female than male	<i>Child-like, dramatic games not a fit</i>	
M2, Bob		access to a / experience				"fru fru"	<i>child- like card games</i>	<i>Navigate -on</i>
U1, Stephanie			cost			<i>NMT leader categories</i>		
U1, Tina	time						webinars a bit long	
U1, Lisa				overwhelmed by the content				
U2, Sonia	time							
U2, Daisy	time				stigma			

Time

The barrier of time was commonly mentioned as a challenge during the interviews. Time was listed in the context of workers being generally busy or having a demanding work structure.

It's really easy when it's a 9 to 5 job and you're putting a poster up and then you're running one of their activities, but when you have... a lot of [medical or emergency] things going on, it's not made for that. (FR1, Nancy)

we offer different days, right. And that's where the local champions come in, they know their local group and so they accommodate whether it's more meetings or having it at appropriate times. (M1, Isabel)

In larger organizations, such as those that participated in this study (see Table 7 on page 29), there is often a great diversity of different types of workers. Some might work shift work, others could be based at a desk, while others work on a factory floor or on call. Thus, workers needs should be assessed and respected to accommodate the largest number of participants in their organization's MH programs.

From the findings, two summary recommendations arose which could improve NMT uptake relating to the factor of time. First, a variety of quick activities can be used to engage subsequent participation. For example, offering a few abridged 5-minute long activities or activities which can be started, put down and picked up easily would provide more flexibility for participation. Second, there is a demand for diverse ways to engage in NMT activities: considering number of people and include different engagement types which support larger and / or busy groups.

Physical and Technological Barriers

Physical and technological barriers, as described by the interviewees included physical security limitations. Physical barriers can consist of limited movement of participants and/or their engagement with select NMT activities/materials. Examples of physical limitation include prohibition of the use of buttons due to sharp pin backs and employees being mandated to stay within their secured areas of their workspaces. Likewise, some workplaces have remote employees which also provides a challenge when engaging staff.

Similarly, technical barriers such as limited or non-existent access and or familiarity with computers was a factor within all three organization types. As Bob (M2) highlighted, “not everybody has computer access where we are”. In addition, other organizations limit access to the internet, and links are a limitation to access, as Jule (FR1) pointed out “if it's a link to something on the Internet then we can't, we can't show it or send it”.

Thus, it is worth consideration on how to minimize sharp materials/products and perhaps offer a pdf and or embedded links. Furthermore, simplifying online navigation was also flagged, as some organizations are not focused online, and could benefit from an increased streamlined offline experience.

Language

Language often sets the tone of engagement for a group or individual within a program. Thus, it is critical when addressing a sensitive topic like MH to be mindful of the language used. In analysis of the interviews, conversations around the role and influence of language were prevalent.

In this context, language style is used to describe the perception of the participants as interpreting the language used as having a negative or positive effect on the delivery of information. For instance, if the presentation of information is viewed as being gendered or geared towards a certain age cohort, and not matching their audience, then it was deemed less relatable. The quotes below provide examples of interviewees’ impressions of NMT language used in materials and resources.

the language is sometimes at bit more female than male (M2, Amy)

I believe we have to be more relatable to their industry, their demographics and feelings. I would even have a gender type of program. So some of them are targeted for male, some of them are targeted for female and their different needs in terms of a program, because males tend to be difficult at opening up and having those discussions (M1, Tom)

generally the staff would respond best when it was bringing positivity to lighten their day, not make it heavier. (FR1, Nancy)

From the above quotes it can be discerned that the language of NMT materials is important to engaging and maintaining the attention of participants. Within the Manufacturing, some interviewees relayed how they had heard coworkers describe NMT language as being silly or “Fru Fru” (M2, Bob), and the want to gear the language towards the main demographics in their organization type, which was older men. It is worth noting that even when NMT participants commented on a product being “silly”, this did not mean the implementors interpreted the NMT message(s) as not being received (FR1, Jule). However, this observed feedback is likely a symptom of the message not resonating as expected. Furthermore, some interviewees acknowledged that they omitted select NMT activities from implementation when they interpreted that an activity’s playfulness and or language was not conducive. As Bob (M2) stated, “we might not use the flip card game just because it seems ... almost childlike”. Diving deeper into the language barrier, the stigma of mental illness is still prevalent, especially when it is interpreted as being discussed in a gendered or negative way which does not resonate with the audience. Finding ways to bridge these perceived language barriers could be critical to improving MH communication.

Stigma

Stigma was flagged as a barrier for all organization types participating in NMT. One of the main purposes of NMT is to reduce the stigma of MH in workplaces (Canadian Mental Health Association, 2019). Thus, there is value in knowing that MH awareness is expanding, however the continued need for stigma reduction is still widespread.

The other barrier I have still found is the stigma. (FR1, Jule)

there is still considerable stigma around staff and particularly faculty mental health issues. ...I think that the problem is that there’s still a divide and stigmatization, or an assumption around stigmatization that we can’t point out that faculty are suffering because if we do that, then we might be, we might be sort of hitting on a sensitive thing, or that might be even be an actionable thing, who knows, right? in the workplace, right? Could there be perceptions of reputational damage or so forth. So I think that that is a major, a major issue. (U2, Daisy)

obviously there still is stigma... some people might not want to address it ... or talk about it so they'd rather just kind of ignore it. (FR2, Cindy)

The current stigma barrier supports the continued need for a program like NMT and validates the need for continued MH awareness and education. In addition, due to the high number of the Canadian population which is impacted by minimal MH, supporting ways to engage in neutral conversation activities is beneficial.

Cost

Financial cost was acknowledged as a factor for one organization in each category. For context, the cost breakdown of the program is connected to the number of employees communicated to NMT. On average, a company with less than 5,000 employees will have a unit cost of \$4 per person, which NMT will then send the organization an assortment of physical NMT materials. In addition to the \$4 per person, there is the option to purchase additional items.

As a barrier, cost is an important factor. It is assumed that the NMT program required finances to sustain and develop the program; whereas the organizations are also striving to balance their financial resources. Considering the continued expansion of organizations participating in NMT, it seems reasonable to conclude that the cost, though listed as a barrier for some, does not dissuade other organizations from participating. In this way, perhaps the mentioning of cost as a factor is a symptom of those who would benefit from a refresh of the NMT programs and products.

Summary of Key Factors That Facilitated or Impeded Implementation of the NMT

On reflection of the purposes of NMT, and this study's interviews, the value for NMT is apparent. NMT's goals of addressing MH stigma, education, and awareness are still needed. The evidence collected during this research process distilled key factors that facilitated or impeded implementation of NMT campaigns and components. Table 11 (page 44) is a summary of the main factors as distilled from this research.

Table 11: Summarized Key Factors with Hampered or Facilitated Implementation Relating To NMT

Key factors that <i>hampered</i> implementation:	Key Factors that <i>facilitated</i> implementation:
<p>1. Minimal MH education to leaders on the front line</p> <ul style="list-style-type: none"> a. Leaders lacking in knowledge of resources beyond NMT b. Stigma 	<p>1. Active participation from leaders</p> <ul style="list-style-type: none"> a. Visible senior leaders participating b. Front line leaders comfortable & knowledgeable c. Clear organizational motivations and encouragements to participate, as well as follow up
<p>2. Campaign/products that did not resonate</p> <ul style="list-style-type: none"> a. Language used <ul style="list-style-type: none"> i. Too child like or gendered, etc. ii. If too negative, product skipped or reconsidered b. Some poster images not reflecting with audience c. Activities/materials incongruent to org. size d. Limited computer access and or familiarity e. Consideration of time 	<p>2. Campaign/products which resonated</p> <ul style="list-style-type: none"> a. Positive language b. Competitive and or fun activities
<p>3. Cost</p>	

Assessing Opportunities for Uptake and Implementation of NMT

When encouraging and assessing NMT implementations, it is important to reflect on how the campaign was and could be introduced to an organization/group. This section reviews feedback from the participants of this study focusing on opportunities to improve uptake, participation and implementation of NMT.

Introducing Organizations to NMT

Understanding why an organization selects NMT instead of or in addition to other MH programs is an important consideration for CMHA and organizational managers. Thus, interviewees were asked how they first learned about NMT and if they were aware why NMT was selected.

One interviewee had learned of NMT from a newspaper article and contacted NMT. Another interviewee had been approached by NMT. The other 9 interviewees learned about NMT in their workplace (including via unions). Two others did not recall how they first learned about NMT. This information is useful as it shows the diversity of how interviewees learned about the program, and what communication pathways of promoting NMT worked.

the union brought it to me because it's endorsed by our union and their upper levels, and so we decided it would be a portion of what we run in our organization. (FR1, Nancy)

I read an article in the newspaper. Asked them to come in to see us. Obtained commitment from the company, rolled it out across the country. (M1, Isabel)

In terms of why organizations use NMT, one clearly stated a motivation was being aware of the volume of disability claims, looking for support and participation recognition.

disability claims numbers and mental health being ... in the top three of disability reasons, and just the awareness and so on, and going through Excellence Canada, the Mental Health at Work levels as well as healthy workplace awards. (M2, Amy)

In summary, testimonials from similar organizations are impactful to potential new organizations considering NMT. Also, where applicable, connecting with unions has the potential to become an ally in support NMT uptake.

Internal Communications about NMT

As a key consideration of implementation, internal communication channels regarding NMT is an important factor to consider. Many organizations communicated with their employees in different ways such as through emails, event days, etc. Through reviewing the interviewees responses, the below communication themes were distilled. Table 12 below summarizes popular forms of NMT communication.

Table 12: Popular Forms of NMT Communication within an Organization

Interviewees	Email	Weekly newsletter	Poster	Internal website	E-signatures	Day events
FR2, Katy	X			X		
FR2, Cindy				X		
FR1, Nancy	X	X	X		X	
FR1, Susan	X	X				X
FR1, Jule	X	X			X	
M2, Amy						
M2, Bob	X		X			
U1, Stephanie	X					X
U1, Tina						X
U1, Lisa						X
U2, Sonia	X					X
U2, Daisy	X					X

Unlike the other interviewees and organization types which participated in the interviews, those from the Manufacturing 1 (M1) group did not mention the above word concepts. It is important to note that the absences of the above word concepts does not mean to infer that M1 does not use any of the above communication tools. This difference illustrates that when M1 interviewees were asked about internal communications regarding NMT, these tools were not a focus. Instead, the intensely structured roll out of their MH programing and communication structure (via webinar or teleconference) to train wellness leaders was highlighted. In addition, it was mentioned how and who was selected to be a “wellness champion”.

over 100 wellness champions or volunteers... we... create a preparation plan to tell them exactly what they need to do in order to execute the activity... then continuously follow up to ensure it's done. And we track participation rates, and if they do not participate, they get points taken away from their health and safety score. (M1, Isabel)

With Manufacturing 2 NMT communication was described as:

a lot of our promotion and awareness-raising... at shift change because it's a 24/7 operation...We have TVs through the plant, digital displays where we use the Not Myself Today... the 52 tips...We've just recently started sending out communication to managers using the Not Myself Today so that they can share it in their meetings (M2, Amy)

For other organizations, they communicated in different ways with their departments and employees:

we've asked people to not only self select into participating in the campaign, but we've asked them to think about sort of their capacity for running it, how much support they have, either a committee or a team to be able to help them roll it out, and as a result, that's how we've made the determination as to what elements of the campaign to promote or put forward to those groups ...we've tailored the communication slightly. (U1, Stephanie)

the way that it's communicated is definitely a top-down approach. ... launching each year the program, it's typically through memos, emails, and a launch booth in our, in our main building. (FR 1, Jule)

It should be noted that one interviewee was clear regarding the limits of one-way communications, especially in recognizing the broader MH challenges relating to workplace MH supports.

When we do get communication ...it is a reminder that we can utilize our benefits to seek out mental health supports, again, without consideration of the lack of ability for us to be able to get into those appointments. (U2, Daisy)

Based on the feedback from interviewees, though there were differences in communication styles, most organizations engaged their employees through a MH event day or the use of a physical booth, in addition to use of electronic communication tools. This commonality provides evidence that direct personal contact around a topic, especially one which still holds some stigma, is preferred for preliminary engagement.

In summary, organizations often used internal communication tools such as internal intranet, email reminders and the use of e-signature. In addition, it is most common for an organization to hold at least one in person event promoting workplace MH.

NMT Activities to Repeat

The MH events/use of booths were quickly recalled by interviewees, as well as tactile materials like buttons. From the interviews it was gleaned that participants looked forward to re-engaging in the various activities and or events listed in Table 13. As a note, Table 13 below is different from Table 8 (on page 28). Table 8 illustrated general activities interviewees remembered engaging with, whereas Table 13 below highlights activities and materials which interviewees wish to engage in again.

Table 13: NMT Activities and Materials Which Organizations Look to Use Again

Interviewees	Buttons	Stickers	"Talk it out" game	Tips	Posters	Quiz
FR2, Katy				X	X	
FR2, Cindy	X					
FR1, Nancy						X
FR1, Susan	X	X			X	
FR1, Jule	X	X	X	X		
M1, Isabel		X				
M1, Tom		X				
M2, Amy			X			
M2, Bob	X			X		X
U1, Stephanie	X				X	X
U1, Tina	X					
U1, Lisa	X					
U2, Sonia	X					
U2, Daisy	n/a					

One example of why an organization looked forward to a repeat use of a NMT activity or material included:

daily tips...are probably our best, ... it allows us to put the message out there that is ...specific to one idea and ...that sort of grabs people's attention and then we're all able to link people back to one of the resources that we have available that is in line with that idea. (FR2, Katy)

In addition, buttons and quizzes were the only other activity which bridged all three organizational types. Interviewees flagged how much people liked interaction, competition and or quiz like materials. Bob (M2) referenced clearly how his male coworkers prefer “interaction, competition and they like their activities to be quick”.

In summary, a combination of buttons and stickers were the most common activity/material across all interviewees. However, they were not universally mentioned to be repeated across all organizations. Nonetheless, due to the popularity of the buttons and stickers, perhaps similar tools of engagement or activities related to the buttons and stickers should be explored. Furthermore, considering how quizzes (or quiz like activities) did span all three organization types, they should be explored in more detail as possible universal NMT activities and materials. Overall, there appears to be opportunity where organizations are open to future interactive NMT activities.

Less popular NMT Activities

In contrast with the above, the interviewees were also asked if there were any NMT activities which they found boring or unhelpful. Table 14 (page 50) explores their feedback, including their direct quotes (non-italics).

Table 14: Less Popular NMT Activities

Interviewees	Activity name	What was less liked about the activity
FR2, Katy	express yourself cards, um, and the "fact or fiction" cards; IOU Pads; buttons	we don't often have... an appropriate venue for that; our first responders are in uniform. they can't wear buttons on their uniforms.
FR2, Cindy	pins	<i>safety</i>
FR1, Nancy	webinars (<i>over lunch</i>); website	(<i>lunchtime webinars</i>) there just wasn't a big response to those, so I've kind of given up on those
FR1, Susan	door makers	but it's hard when it's not quite enough for everybody and to duplicate something
FR1, Jule	pass around some positivity	some people made comments about, you know, how it's silly and...not helping improve mental health in the workplace
M1, Isabel	low, medium and high [<i>level of activities</i>]	we stayed very clear of the high ones
M1, Tom	posters /visuals	has to be more relatable
M2, Amy	express yourself cards	we were just a little leery that they were going to work with our audience
M2, Bob	flip card game	we might not use the flip card game just because it seems a little, um, a little bit more trivial in nature
U1, Stephanie	scenarios [on cards...posters]	don't ...have the time or the knowledge to be able to facilitate them that way
U1, Tina	webinars	our planning team found that some of them weren't as appropriate or helpful; <i>low attendance</i>
U1, Lisa	wording / poster	triggering for some people... too negative we decided not to put that poster up
U2, Sonia	feelings and emotions	it seems a little bit elementary

**Daisy had not yet been able to participate in workplace MH programs and thus did not have any feedback on the related question*

The above table is rich in feedback on NMT areas that have potential to be improved on. Overall, webinars when provided in group settings did not resonate highly with interviewees. Nor did activities which were viewed as being less suited to large groups or requiring special venues.

Tailoring

Through interviewing it was discovered that many organizations found the need to tailor NMT materials and or activities to suit the needs of their location(s) and sizes. Adjustments and tailoring included, a change in email subject lines from "Not Myself Today Tip" to "Please take a moment for your mental health." (FR1, Julie), as it focused on the employee receiving the email vs the name of the program. Similarly, with buttons, they are unquestioningly popular, however the option for organizations to select, suggest or place personalized orders was requested by a few interviewees. The reasons for the adjustments often reflected the awareness of their NMT champion(s) and implementors to meet needs that would support a bridge to increased engagement and uptake of NMT. Below are some additional examples:

challenges or games for the staff would be really helpful...I end up doing that with their products all the time... aligning their material to it, like the Guarding Minds At Work, anything that the Mental Health Commission is endorsing. Certainly...I know there's links there, but it'd be good if they were stronger ...it'd be nice if this awareness program naturally flowed, especially with the calendar or ... with the fiscal year. (FR1, Nancy)

blew it up on a big flip chart and put that up in the entryway to the office with a bunch of Post-it notes and pens, and each day there was a different scenario, and so as people were coming and going, they were invited to read it and if they thought of anything, they could write it on a Post-it and pop it up there. And I thought that was a really effective way of utilizing those scenario cards because otherwise in our department there wouldn't really ever be an opportunity short of calling a specific team meeting for one of the many units that we have and having it facilitated by someone. (U1, Stephanie)

Overall, when reviewing the feedback from the interviewees, it is of interest to consider the ability / option of organizations to tailor items like button words or providing a template to print door hangers. In addition, reflecting on increasing the number of NMT activity options of 5-15min (or multiple 5-15min) windows – especially for First Responders whose working hours at a desk can be unpredictable, would be of interest. Likewise, exploring alternative ways NMT products and activities can be engaged within larger groups. Lastly, at the time of the interviews it was suggested to review and compile an annual MH calendar inclusive and extensive beyond NMT.

Overall, organizations implemented the NMT materials and activity outlines in ways that they assume would best support their employees. Most of the tailoring reflected adapting to large employee numbers and time limitations. During the interviews it was learned that NMT participants are not equally aware of all the NMT resources. Likewise, they are pleasantly surprised when they realise there are more resources and or that NMT is promoting innovative ways to use the materials. Bob (M2) succinctly summarizes this experience:

We were just sort of reevaluating what we were getting from Not Myself Today, so we wanted to use all that they had to offer, and looking a little bit more deeply into what was available. We learned that there was more there and more that we could use. (M2, Bob)

Summary of Opportunities for Uptake and Implementation of NMT

There are many motivations for an organization to participate in workplace MH programs, with evidence from this study supporting the use of testimonials from similar organizations and connecting with Unions to help connect possible new organizations with the services of NMT. In addition, where possible, consider targeted advertising within organization specific communication outlets.

Overall, the only universal MH communication channel used by the interviewed organizations in this study was having in-person MH resource booth(s) and / or MH related activity day(s). Otherwise, no universal internal organization communication channel was determined from the sample interviewed. Nonetheless, electronic communication was popular, though used diversely across the organization types, often through a mixture of organization TV screens, emails, etc.

However, within those organizations which participated in this study, the most popular NMT activities included buttons, stickers, “tips”, posters and quizzes. With quizzes being universally liked across all three organization types, and activities with a competitive component being highly sought after. Furthermore, this study flagged NMT areas which were less popular, such as webinars for groups and the importance of having NMT documents in PDF or providing direct links to compensate for potential lack of access to internet.

Furthermore, many interviewees did provide insight into how they tailored NMT activities in order to better align with their organizations' needs. Evidence shows that they are looking for greater flexibility with the products, such as having templates they can tweak (i.e. button names). Beyond the products themselves, participants are looking for alternative ways to use the products with larger groups, or groups that have unpredictable work demands and often only have 5-10 min for an activity (i.e. MH scavenger hunt). Helping organizations to align with the wider MH calendar was also mentioned as a way to support further normalization of NMT with complimentary MH programs and events. Overall, as a popular program, there are opportunities to further expand and explore the development of NMT.

The Vestiges of NMT

Within this section, vestiges of NMT will be explored in the areas of retention of NMT messaging, impact of NMT on organizations and expectations of the NMT program.

Retention of NMT Messaging

In terms of memory, though it may not be as quantifiable a matrix as recording an interviewee's age or the number of employees an organization has, it does speak to the retention and understanding of content and program messages. Thus, the reason for its inclusion as a question within this research. Table 15 (on page 54) provides the summary table of the findings pertaining to NMT and interviewees' memories associated with the NMT program's resources and general messages.

Table 15: Summary of What Participants Remembered of NMT

Interviewees	NMT Resources	General message/ impression from interviewee
FR2, Katy	Daily tips	"Not Myself at Work Day" event
FR2, Cindy	Statistics	
FR1, Nancy	Buttons	
FR1, Susan		"It's always there"
FR1, Jule		<i>awareness;</i>
M1, Isabel		awareness
M1, Tom	Mood stickers	
M2, Amy		<i>awareness</i>
M2, Bob	Buttons	
U1, Stephanie		education campaign
U1, Tina		awareness
U1, Lisa		encouraged to bring their whole selves to work
U2, Sonia	Buttons	
U2, Daisy		<i>* at the time unable to participate in MH events at work</i>

When talking with interviewees about their impressions and memories associated with NMT, two main themes were distilled: NMT materials/promotion and messaging. During analysis the two themes were almost mentioned on parity, and when the materials of NMT were mentioned, either the mood buttons or stickers were most popular. This is highlighted as it shows that adults enjoy engaging with tactile colourful materials and that they are impactful tools.

We seem to use the buttons a lot around here and they seem to go over fairly well ... it's very tangible (M2, Bob)

Regarding the materials and promotion of NMT, the Universities provided a few activities and promotion of MH in the workplace at an organization level. Instead they encouraged the various departments within their organizations to self-select their engagement. Whereas the First Responders and Manufacturing interviewees had highly organized processes for engagement and activities. Katy (FR2) described, “[t]here was a lot of promotion... made me interested to attend the actual event.” Furthermore, Susan (FR1) described NMT and MH programming as “always there”.

Lastly, NMT messaging; when interviewees were reminiscing about NMT and what they remembered, many described the NMT messaging that they retained. Jule (FR 1), described the new awareness that “we all have good days and bad days”. From the interviewees, the overall messages retained seemed related to MH awareness and acceptance of the fluidity of people’s mental state - both in others and in oneself.

I think it's a practical solution to transform mental health at work. It helps to build greater awareness, reduce stigma, and foster supportive work cultures. It's very easy to implement (U1, Tina)

Based on the above evidence, NMT’s materials are supporting positive MH messages, and those messages are being retained.

Impact of NMT on Organizations

For the purposes of this research, the term ‘alter’ is defined as impacting a positive change within an organization. When considering the question of the influence of NMT to alter a workplace, the evidence shows that no interviewee outright said NMT solely impacted MH in their workplace. However, 12 (out of 14) interviewees acknowledged that NMT contributed and or complemented their organization’s MH goals.

I think that it has been a contributing factor, yes... I would be confident to say that "Not Myself Today" has been a meaningful piece of that puzzle. (FR2, Katy)

I don't know if I would say it has altered it, but I definitely would say that it has enhanced it and... helped us fill a gap where we we're finding it difficult to engage folks at the department level... We engage the broader campus community from a strategy perspective or from a policy perspective, but we were sort of, before this campaign came in, missing a way of targeting departments for this type of education and training. So that's where I think that the campaign has come in and really supplemented that for us. (U1, Stephanie)

Overall, NMT is a complimentary program in supporting organizations move ahead with their workplace mental health goals. Thus, NMT is providing a positive impact on participating organizations, one might say that the more engaged an organization is, there seems to be a proportionately positive outcome.

Expectations of NMT

As with all programs, it is important to gage the perceptions and expectations from program participants. From the interviewees, it was gleamed that seven interviewees described their expectations of the program as being met; three used the word exceed; two suggested unmet needs and two were unsure. In Table 16 (below) a summary is provided of interviewees' expectations.

Table 16: Interviewees' Expectations of NMT

Interviewees	Expectations of NMT			
	Exceeded	Met	Concerned	Unsure
FR2, Katy			<i>Concerned</i>	
FR2, Cindy		<i>Met</i>		
FR1, Nancy	Exceeded			
FR1, Susan		Met		
FR1, Jule		Met		
M1, Isabel		<i>Met</i>		
M1, Tom		<i>Met</i>		
M2, Amy			<i>Concerned</i>	
M2, Bob		Met		
U1, Stephanie	Exceeded			
U1, Tina		Met		
U1, Lisa				<i>unsure</i>
U2, Sonia	Exceeded			
U2, Daisy				<i>n/a</i>

Two organization types mentioned the word exceed in terms of expectations regarding NMT (3 interviewees in total). Nancy (FR 1), commented that “[t]hey’re definitely met plus exceeded; it just depends on the product.” Interesting, Table 15 (page 54) illustrates that even within the same organization type, there lacked a universal perception of expectations of NMT.

Whereas 7 interviewees either directly used the word met or inferred that NMT met their expectations. To illustrate the interpretation of the word met, below are included two examples:

I think overall our expectations were met. We really were looking for something that was easy to implement, that you could just, you know, receive materials, either digitally or, like, physical materials that people could just take and run with it and roll it out within their departments. (U1, Tina)

I see Not Myself as one tool in the toolbox and I think for us what the program helped us to do was to open up the conversation. (M1, Tom)

Though the start year does not align in all cases with the interviewees first learning and participating in NMT, it does seem to have some relationship on the overall impact on how some interviewees' expectations of NMT are framed. Of the rest interviewed, two described concerns in continuing with NMT due to changing expectations and needs from the program. The below quotations are musing of two interviewees from Manufacturing and First Responder organizations relaying ideas about their expectations.

there needs to be new activities and things added, otherwise we won't see the value in continuing. I—But I really like the mindfulness and the video clips and things and that, those things are kind of all-reaching. (M2, Amy)

[t]here's nothing about it in year six that feels innovative in any way... when it comes to the end of the day...what we are getting for our money is, is posters. And electronic resources ...our most liked piece (FR2, Katy)

As expectations vary from individual to individual and organization to organization, it is beneficial to compare how interviewees and organizations across the study sample view their expectations of NMT. The trend leans towards most organizations valuing NMT and use it year over year. Some interviewees, after many years of participating in NMT, are looking for innovation in NMT. Another had the foresight to question the value of NMT and in looking, found more material than they had previously been aware of and are now content with the program. Thus, there appears to be worth in providing a refresh to organization already familiar with NMT as to other materials and products they might not be aware of.

Summary of the Vestiges of NMT

Interviewees' memory and perception of NMT were overall positive, with a distinct like of the NMT buttons and NMT MH awareness raising. Regarding NMT's impact on participating organizations, it was clear that the vast majority found NMT to be a complimentary program to their workplace MH goals. As for participants' expectations of NMT, it was discerned that some long-time participant organizations are looking for new activities and could benefit from a refresh of what is available and how they can engage with the NMT materials. Most organizations found that NMT met expectations.

Chapter 6: Discussion

The discussion section which follows will provide a summary of the data in order of the research questions posed in this study. For an overview of the relationship between the research questions and the interview questions they can be found in the appendix 1 on page 78.

What components of NMT were implemented and what was the participation like?

Of the 45+ materials, activities and templates provided by NMT through this study, it was learned that buttons, posters and quizzes were the most remembered NMT products across the three organization types. Likewise, many organizations which participated in this study have been using NMT for years; often starting by gradually implementing the program through different departments and or yearly expanding the NMT materials and activities they engage in.

This research provides further evidence to Michie et al., 2005's implementation theory, pertaining to the importance of motivating participation. In addition, this research's evidence pertaining to how some organization's motivate employees supports Michie et al. 2011's definition of Coercion found under Michie's Table 1: Definitions of interventions and policies. In this study, an example was given by one of the Manufacturing organizations, in how participation was connected with staff points, which they found effective in helping increase attendance at NMT events. Manufacturing and First Responder organizations tended to invest more time and resources in supporting and encouraging high participation in NMT related activities and events from a heavily centralized implementation plan. Over time, those Manufacturing and First Responder organizations had achieved high participation rate goals.

In this way, the sensitizing concept of *workplace mental health programming and resources*, was also validated through seeking a general understanding of what NMT resources participating organizations and their staff selected, and the corresponding attendance to NMT programming.

Overall, within an organization, when resources and energy were applied to NMT programming the attendance was positively reflected. Of the NMT tools and materials, buttons, posters and quizzes were the most remembered, thus suggesting possible types of products to focus on in the future for large organizations.

What are the key factors that facilitated or impeded implementation of the NMT campaign and its components?

As with all programs and interventions, there are many influencing factors to their failures and successes. A main influencer, as highlighted by Wyatt et al. (2015) and Harvey et al. (2014), and supported by this study, was the role of leadership. One of this study's sensitizing concepts related to the role of leadership and psychological safety climate, as nurtured by workplace leaders (Wyatt et al, 2015; Harvey et al., 2014). As seen through the evidence of this study, a strong and visible leadership commitment to an organization's NMT intervention was highly valued, though not universally provided.

Furthermore, a concern was raised repeatedly through interviews that some who were in leadership roles did not possess the MH training or comfort to act as a MH resource to their staff. This was a clear validation of the sensitizing concept relating to mental health awareness and stigma; and by extension the World Health Organization (2013) and Hanisch et al.'s (2016) encouragement of the need to promote MH awareness and stigma reduction. Furthermore, this research mirrored Harvey et al.'s (2014) summary for the need of leaders to be trained in MH, as "managers and supervisors who are provided with the appropriate mental health training not only feel more confident in discussing mental health matters with employees, but workplaces where supervisors have had such training demonstrate reduced psychological distress among employees." Since, leadership exists on various levels, such as senior titled leadership (i.e. a CEO), managers and identified MH champions closer to the front line of the organization, all can play important roles when it came to promoting workplace MH.

Within the Manufacturing and First Responder organizations, due to their clear implementation plans, in most cases the senior leadership was interpreted as being very supportive of their organization's NMT intervention. Whereas, none of the three organization types interviewed had

a suggestion or solution for balancing an organization's needs with that of their staff's MH. Overall, MH implementations benefited from strong, well informed multi-level leadership teams to successfully implement NMT. With time and continued effort, it is hoped that the MH needs of the staff, with that of their organizations, will find a healthy balance.

Likewise, it is important to understand overall which NMT campaign/products facilitated or impeded uptake and retention of MH awareness. From this study, those impeding factors were computer access, images in posters not reflecting their audience, select language (i.e. negative, child like or overly feminine) and activities/materials incongruent with size of organization. Lastly, the length of time needed for an activity and its cost (Greenhalgh et al. 2004) were also strong barriers and considerations. The facilitating factors included, activities which were deemed fun, lighthearted, and engaging (i.e. buttons, quizzes and competitions), in addition to clear leadership support and engagements in NMT related activities.

The two overarching factors influencing implementation of the NMT campaign and its components can be distilled down to: the role of leaders and how a campaign is implemented, and NMT product engagement and use resonating with participants.

What can be done to improve implementation (e.g., uptake and use) of NMT program elements/components?

Pertaining to the uptake of NMT, and related to the sensitizing concept of communication channels (Michie et al., 2005; Harvey et al., 2014; Canadian Mental Health Association, 2016), it was learned in this study that testimonials from similar organizations and connecting with unions, were effective in encouraging new organizations to participate. When looking across all three organization types, internal communication through in-person booths or MH related activity days were the only universal communication paths mentioned. Similar to Harvey et al. (2014), email and electronic communications were very popular with NMT participants. Regarding improving NMT implementation relating to communicating about NMT (within an organization), as well as interviewees' feedback on NMT materials and activities, all related with the sensitization concept of *workplace mental health programming and resources*, especially that of Michie et al. (2005) implementation theory. In this study, participants provided clear guidance

in areas that they saw room for improvement and expansion with NMT resources. They sought greater flexibility and options in using the products provided, suggesting electronic NMT templates for printing of materials and NMT documents in a PDF format in support improved sharing if there was limited internet access.

Furthermore, a common theme developed through analysis around the concept of tailoring NMT materials and activities beyond their initially suggested parameters. Since the organizations which participated in this study meet the definition of a large size organization, it stands to reason that they had tailoring needs based on their size. Interviewees suggested more options to tailor the materials, such as giving them the option to select or fill-in words on buttons. In addition, they looked to NMT for suggestions on how to use products specifically for large groups with short amounts of time for activities and programs.

Overall, to improve the implementation uptake and use of the NMT program elements/ components consider targeting industry specific communication pathways to encourage an increase of organizational uptake. In addition, when looking at retaining currently participating organizations with NMT, explore interviewees feedback regarding the plausible options of more flexibility for organization's to further tailor some of the NMT materials. Lastly, where possible provide alternative activity engagement options with suggestions on how an activity or product can be engaged with larger teams and organizations.

What aspects/elements of NMT most influenced positive workplace outcomes and how?

The vast majority of individuals and organizations who participated in a NMT MH intervention had positive experiences. The most popular components identified by individuals interviewed included the NMT buttons and the positive mental health awareness messages.

Though NMT did not stand out to those interviewed as being the sole influence improving MH in the workplace, as some were using complimentary MH programs, all three organization types did acknowledge the important and complimentary role. In addition, a few interviewees acknowledged that changing the culture around MH takes time and effort and through their

continued use of NMT they saw positive changes year over year. Likewise, some organizations have been working towards normalizing NMT materials and activities into their organization's habitual practices, such as during their HR onboarding and by incorporating NMT activities around other annual MH days. This normalization relates back to the sensitizing concept of *normalization of MH intervention components* (Greenhalgh et al., 2004; Michie et al., 2005; May & Finich, 2009; Hanisch et al., 2016). Furthermore, it speaks to May & Finich's (2009) when they wrote that "[i]mplementation may be conservative and focus on standardization and regulation of practices". In this, NMT is contributing to the gradual cultural adjustment towards a greater awareness and practice of positive workplace MH.

However, some long-term participating organizations are looking for new activities in order to be retained. While at the same time, due to the volume of NMT materials, evidence also shows that some organizations are not aware of the full breadth of NMT materials available and when made aware are then more content. The data collected in this study also provides evidence of NMT meeting expectations for most organizations as a tool in supporting positive workplace MH.

Overall, the implementation of NMT provides awareness raising and education resources to support workplaces in addressing challenging and stigmatic topics surrounding mental health amongst adults. MH when discussed and or promoted repeatedly over time, shows a trend of a corresponding increased retention of positive MH messaging in participants. Likewise, workplace MH health seems to benefit from a structured education and promotion format.

Furthermore, as organizations use NMT, many reflect on the type of resources they provide for their workplace, and often work to align their workplace with complimentary NMT MH goals.

Notes on Organization Types

Though it was not initially expected, there were commonalities between the First Responder and Manufacturing Organizations; those providing clear top down direction of how and who was to implement NMT within their internal organizations. It could be surmised that these two organizational types share a focus on the physical safety of their staff, due to their sometimes high risk work environments, which could make the addition of including mental health into their health education and practice plans a more natural transition.

Unlike the First Responder and Manufacturing organizations, the Universities stood apart in their structure of the NMT implementation, providing University departments the options to self-select their participation and how they used NMT to engage with their staff. When searched, the researcher was unable to locate articles focusing on the staff and instructors within a University, let alone a cross comparison between different organization types and their approach to workplace mental health interventions. In this way, the evidence appears to suggest the possibility that the organization type might have less weight than the roles of leadership, resources, organization size and structure.

Recommendations

In this section, recommendations will be provided from both the synthesis of participants' contributions to this study, and from the researcher's perspective. The following recommendations were distilled from the interviewees:

- Increase the number of competition and quiz based NMT activities, as they are overall popular for participants.
- Be considerate of physical limitations regarding products like buttons and online programs. In addition, PDFs (vs links) could be helpful for companies with limited internet access.
- In person activities with very short timelines or considerable flexibility for implementation are key – something that could be put down and picked up later (i.e. scavenger hunt) should be considered especially for First Responders.
- Review and reconcile the annual MH calendar beyond NMT, research and determine complimentary programming with provincial, national, and others' MH days/weeks. This holistic picture would make it easier on organizations to plan NMT programs.
- Where possible, have imagery (i.e. posters) and language reflect the workplace/employees' language and sensibilities. For in having images reflect or mirror their audience, there is a greater likeliness that the audience(s) would retain the messaging.
- Explore alternative ways that NMT products and activities can be used within larger groups, including the option to tailor/self-print items like door hangers.

When looking ahead for NMT, and programs like NMT, complimentary MH program components should be considered. One complimentary topic of MH mentioned in this study was the stigmatization of the use and abuse of substances and addictions (Katy, FR 2). As MH research expands, it would be of value to provide avenues for MH related conversations in these developing areas.

In addition to the above distilled recommendations from the interviewees, the following researcher's insights might also be considered for future NMT or other applicable programs.

These are as follows:

- Where possible have testimonials and images which align to the audience and apply them both in the external promotion of NMT and internal promotions within organizations.
 - In this way, consider having a few sets of packages with images which reflect the audiences of Manufacturers and First Responders (as they may better fit the unique needs of these workplaces).

- Finding new ways to use the buttons and stickers.
 - As the buttons with the emotion/feeling labels are popular, though not permissible in all workplaces due to security, explore other ways to use the buttons (and stickers). If possible, since evidence supports the value of competitions as well as the use of buttons (and stickers) as promotional devices, find a way to combine these factors possibly in new games or competitions (i.e. repurpose or redevelop new engagement activities with these already popular items).

- Review the Tool Kits through the lens of those with minimal computer skills or access to determine future opportunities of programming.

Many organizations are computer based. However, there are large numbers of employees who have limited computer skills and or access to computers yet want to engage more with NMT. It could be of value to talk with manufacturing organizations regarding their experiences of the NMT online platform and how they might prefer to engage with NMT (or what they would suggest in the physical tool kit).

- Re-engage with long standing NMT participating organizations.
 - Perhaps once a year, host communities of practice (by organization type or size) with organizations that have been participating with NMT for more than 2 years. During these teleconferences open the dialogue for the organization implementors to ask questions and provide feedback of their implementation experiences of NMT. This forum could allow for a continuous updating of workplace MH programming based on needs and future expectations for engagement in national campaigns and events. Likewise, it could help keep participating organizations motivated and energized through this theoretical workplace MH network.

- Consider regularly rotating in-organization front line implementation committee members.
 - If it is not already suggested to organizations, contemplate the idea of having rotating front-line staff members join their organization’s NMT committee annually. This staff member would not only be able to provide input from the staff perspective but would also gain personal insight and appreciation of the efforts and resources their organization is putting into improving MH in their workplace.

This research yields many recommendations which can plausibly be transferred between/amongst organizations. Furthermore, those who oversee NMT on a national level are annually working to improve the program, which was acknowledged and appreciated by several interviewees. As a national program, NMT provides contacts for external organizations to check in with, this direct connection also holds an opportunity to gather additional information regarding organizations’ needs and frontline experiences. Perhaps in the future, the CMHA NMT front-line liaisons could be surveyed and/or interviewed to collect their views to assess their holistic experience with NMT.

As with many interventions and programs, NMT is a ‘living’ program which evolves over time. Since this study began, NMT has undergone some changes and improvements based on feedback received. For example, they have adapted the term Ambassador over People Managers, which aligns with the findings from this current study as well. Thus, it is important to note that this study was a snapshot of what the program looked like from the interviewees’ perspectives in 2018 and a summary of their previous NMT experiences.

Contributions

To the best of the author's knowledge, this is one of the first reviews of a cross section of organizations of various types' uptake and approach to MH in the workplace. This study was able to analyse and summarize a sample of diverse organizations' employees' reflections on the NMT workplace MH intervention program. As expected, a few interviewees did acknowledge that some NMT products and materials were not complimentary to their work environment. However, more importantly, many provided specific details as to how they implemented and tailored those products for the betterment of their workplace. The following paragraphs provide summaries of the areas to which this research contributed.

Leaders and champions, as pivotal influencers, continue to play vital roles in program implementation and MH in the workplace (Harvey et al., 2014). As this study mentions, titled workplace leaders and program champions are not always the same people, nor do they all possess equal passion and intrinsic drive for their workplace MH goals. This research provided specific examples of ways in which intervention leaders and champions can be selected and or developed. As this evidence suggests, a workplace champion can be anyone within the workplace if they are given the opportunity and tools.

Regarding the topic of mental health stigma, literature is rich in description and definition (Corrigan, & Shapiro, 2010; Hanisch et al., 2016; Corrigan, 2000). However, beyond recognizing what stigma is, this research added further evidence to support the notion that stigma requires active engagement often over time to dissipate.

Relating to stigma reduction, the various vehicles of knowledge translation pertaining to MH education and awareness in diverse groups of adult workers is also vital. This study reviewed at length the possible communication channels, tools, products and activities that workplaces, through NMT, engaged in. This study was then able to directly contribute, with clarity, the types of activities and products (i.e. buttons/stickers, posters, and quizzes/competitions) interviewees preferred. Furthermore, evidence was gleaned beyond what the organizations preferred in their NMT implementations, to how many organizations choose to engage with those activities and products.

As for the literature surrounding the topic of PSC, or the balance between employee's wellbeing and an organization's productivity (Harvey et al., 2014), this study further concluded that those organizations which participated acknowledged the ever-fluctuating business goals and how each workplace defines as workplace-life balance. Many organizations are still distant from achieving this goal of balance; however, it appears that more organizations are making the effort in that direction.

Overall, this research contributes evidence in the areas of: the role and importance of workplace leadership; stigma reduction in the workplace; implementation, structure and normalization of workplace interventions, including the importance (and types) of knowledge translation tools to engage adults, and lastly implementation-related factors and their impact with respect to sustainable positive workplace mental health interventions (Hamberg-van et al., 2012; Hanisch et al., 2016; Joyce et al., 2016; Moullin, et. al, 2015; Szeto & Dobson, 2010; Wagner et al., 2016).

Limitations

As with all research, there are limitations. For this study, the sample size was limited to 6 organizations and 14 interviewees. The gender of the interviewees was not a consideration in this study, though the vast majority of those interviewed were women. Due to the modest sample size of this study, the results may not be uniformly applicable to all organizations.

In addition, being that the organizations were selected by NMT and how the vast majority of interviewees were approached directly by their organizations to participate, the potential bias seems probable. Also, those who have strong feelings (positive or negative) towards an experience, such as the implementation of NMT, are often more likely to participate than those with mild experiences. Nonetheless, the data provide rich pragmatic and transferable qualitative learnings which may improve organizations' future MH programming and researchers can use as a guide for future studies.

After the interviews were completed and transcribed, member checks were not pursued due to time and financial limitations. However, during the interviews, in order to support the flow of conversation and crystalize the relayed experiences and perceptions of the interviewees, the researcher would summarize and reiterate back to the interviewee what they had said for the purpose of clarification. This process of confirming with the interviewees provided some level of certainty in the quality of the data and researcher's interpretations of the interviews.

Furthermore, it is possible that some interpretation and analysis of the data would be subject to bias. Nonetheless, all plausible steps were made by the researcher to respect participant views through the use of rich descriptive direct quotes.

Knowledge Translation and Dissemination

A copy of this study will be offered to all organizations and interviewees which participated in this study. In addition, it will be shared with the CMHA and made public after the thesis defence examination and examining committee approvals are provided. Furthermore, an abridged form will be considered for future publication(s).

Future Studies

Within the limited time and scope of this MSc, the study has made contributions. However, when looking ahead, it is suggested that it would be fruitful to consider further engaging staff/employees and consider their feedback on workplace MH interventions and programs as a mechanism for continuous quality improvement. From this research, as the sample was predominately of interviewees from human resource backgrounds, possible studies which have a focus on both managers to employees is advisable.

Likewise, the leadership notion is a vital area where further research is needed. Harvey et al. (2014) described the important contribution of leadership to influence workplace MH. In this study, it was acknowledged how there are various types of leaders, such as titled leaders in formal positions within an organization, natural emerging leaders within employee groups, etc.

In addition to different types and organizational levels of leaders (senior manager, department manager, program manager, staff etc.) there is a plethora of ways to select and engage leaders when implementing MH programs. Both the organization type, as well as front-line leader selection within an organization (regarding employee engagement) could both be a focus of a future study further exploring how to engage, select and develop MH workplace leaders.

In addition, this study highlighted research gaps in the area of engagement with multiple generations and job types in workplace environments. A study which purposely seeks out interviewees within specific age categories and job types could provide insight into how to communicate about MH, or other topics, in a mixed age workplace with diverse job types.

Since over 1.5 million Canadians have “an unmet need for mental health care” (Canadian Mental Health Association, 2017), there is much room for increased MH awareness and education. There is room for future studies of MH implementation and resource deployment systems. Given that there are many ways mental health care and preventive measures can be provided, there is a need for further research to study it. At the same time, there is reason for optimism. There is a trend that MH interventions within the workplace are helping in the vital area of breaking down MH stigma, increasing awareness and providing positive education. This study makes an important, yet modest contribution to the workplace mental health movement by providing evidence about a key mental health promotion program offered by a significant national organization through a study of the implementation in selected workplaces. It is hoped that this research will contribute to both program improvements, following its consideration by the Canadian Mental Health Association, and inspire future research in workplace mental health promotion, particularly implementation science.

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Appendix 1a

The Alignment of Research Questions with Interview Questions

Below is a list of research questions, and their alignment with the interview questions used in the results section of this paper.

Research Question 1	Research Question 2	Research Question 3	Research Question 4
<i>What components of NMT were implemented?</i>	<i>What are the key factors that facilitated or impeded implementation of the NMT campaign and its components?</i>	<i>What can be done to improve implementation (e.g., participation, uptake and use) of NMT program elements/components?</i>	<i>What aspects/elements of NMT most influenced positive workplace outcomes and how?</i>
What were the MH activities that your workplace implemented as part of NMT?	What do you think may pose a challenge for people in your industry to participate in NMT?	Which workplace MH activities did you find boring, repetitive or unhelpful? Why?	What do you remember most about Not Myself Today? Why?
Can you describe program attendance and participation?	How would you describe leadership and its engagement with workplace MH?	Which activities or events would you want to participate in again? Why?	In your opinion, has NMT altered your organization's approach to MH? If so, in what way(s)?
	What is your workplace's approach to complex issues of addressing business goals and staff MH needs?	How did you learn about NMT programming? Any suggestions on how to improve communicating about NMT?	What have you done or plan to do with the information learned from the campaign?
			What expectations did you have from the programming? Were they met? Exceeded, etc.?

Appendix 1b

Relationship between Sensitizing Concepts and Research Questions

Concept	Description	References	Probing direction for questions	Research Question
Mental health awareness and stigma	Mental health is a vague term for many and often stigmatized which can limit those needing mental health support from pursuing help. This relates to knowledge, emotion and self-efficacy related to mental health actions.	World Health Organization, 2013; Hanisch et al., 2016	How is MH talked about when the topic comes up? Negatively, neutral? Why?	<i>What are the key factors that facilitated or impeded implementation of the NMT campaign and its components?</i>
Roles of leadership and psychological safety climate in workplace mental health interventions	Leadership sets the stage for work environments, and is an important factor in positive workplace MH promotion and sustainability. This relates to social influence in mental health work climates.	Wyatt et al, 2015; Harvey et al., 2014; Canadian Mental Health Association, 2016	How would you describe leadership and its engagement with workplace MH? Can you describe your workplaces' approach to complex issues of addressing business goals and staff MH needs? (ref. to stigma and psychosocial safety climate)	Same as above
Communication pathways	Understanding how NMT is communicated in the workplace to participants, and their interpretation of the communications to improve future communications. This relates to goals and motivations.	Michie et al., 2005; Harvey et al., 2014; Canadian Mental Health Association, 2016	How would you prefer to learn about MH in your workplace? (How did you learn about NMT programming?)	Same as above

<p>Workplace mental health programming and resources</p>	<p>Programming and resources are only as valuable as the participants find them. Drilling down and gaining input from participants will contribute to improved programming and retention of messages. This relates to resources, memory and attention and behavioural regulation.</p>	<p>Michie et al., 2005; Michie et al., 2011; Chauchoir et al 2013; Canadian Mental Health Commission, 2013; Hanisch et al., 2016; Moullin et al., 2015; Canadian Mental Health Association, 2016</p>	<p>What were the activities that your workplace implemented as part of NMT? Describe.</p> <p>Can you describe program attendance and participation?</p> <p>What do you think may pose a challenge for people in your industry to participate in NMT?</p> <p>What workplace MH activities or events do you/did you participate in? Why or why not?</p> <p>Which workplace MH activities did you find boring, repetitive or negative? Why?</p> <p>Which activities or events would you want to participate in again? Why?</p> <p>What expectations did you have from the programming? Were they met?</p>	<p><i>What components of NMT were implemented?</i></p> <p><i>What can be done to improve implementation (e.g., participation, uptake and use) of NMT program elements/components?</i></p>
<p>Normalization of MH intervention components</p>	<p>As WMHI are encouraged, reviewed and institutionalized into a work culture the topic and process becomes normalized. Since normalization goes deeper than an imposed programming, true normalization occurs when groups and individuals adapt it to their routine. This relates to memory, nature of behaviour and setting new habits.</p>	<p>Greenhalgh et al., 2004; Michie et al., 2005; May & Finich, 2009; Hanisch et al., 2016;</p>	<p>What do you remember most about Not Myself Today?</p> <p>In your opinion, has NMT altered your organization's approach to MH? If so, in what way(s)?</p> <p>What have you or will you do with the information learned from the campaign?</p>	<p><i>What aspects/elements of NMT most influenced positive workplace outcomes and how?</i></p>

Appendix 2

Interview guide

1. Could you please define mental health?
2. How is MH is talked about at work when the topic comes up? Negatively, positively or neutrally? Please elaborate.
3. How did you learn about NMT programming? Any suggestions on how to improve communicating about NMT?
4. What were the MH activities that your workplace implemented as part of NMT?
5. Can you describe program attendance and participation?
6. What do you think may pose a challenge for people in your industry to participate in NMT?
7. What workplace MH activities or events do you/did you participate in? Why or why not?
8. How long ago did you participate in a NMT program?
9. Which workplace MH activities did you find boring, repetitive or unhelpful? Why?
10. Which activities or events would you want to participate in again? Why?
11. What expectations did you have from the programming? Were they met? Exceeded, etc.?
12. What do you remember most about Not Myself Today? Why?
13. In your opinion, has NMT altered your organization's approach to MH? If so, in what way(s)?
14. What have you done or plan to do with the information learned from the campaign?
15. How would you describe leadership and its engagement with workplace MH?
16. What is your workplace's approach to complex issues of addressing business goals and staff MH needs?
17. Is there anything else you would like to comment on about NMT and MH in the workplace?

Appendix 3

Ethics Documents

UNIVERSITY OF WATERLOO

<https://oreprod.private.uwaterloo.ca/ethics/form101/ad/reports/certific...>

UNIVERSITY OF WATERLOO OFFICE OF RESEARCH ETHICS

Notification of Ethics Clearance of Application to Conduct Research with Human Participants

Faculty Supervisor: John Garcia **Department:** School of Public Health and Health Systems
Faculty Supervisor: Jennifer Yessis **Department:** School of Public Health and Health Systems
Faculty Supervisor: Elena Neiterman **Department:** School of Public Health and Health Systems
Student Investigator: Adria Cehovin **Department:** School of Public Health and Health Systems

ORE File #: 23151

Project Title: Not Myself Today: A qualitative review

Human Research Ethics Committee (HREC) Clinical Research Ethics Committee (CREC) is pleased to inform you the above named study has been reviewed and given ethics clearance.

Approval to start this research is effective on the ethics clearance date which is: 6/11/19 (m/d/y)

University of Waterloo Research Ethics Committees are composed in accordance with, and carry out their functions and operate in a manner consistent with, the institution's guidelines for research with human participants, the Tri-Council Policy Statement for the Ethical Conduct for Research Involving Humans (TCPS, 2nd edition), International Conference on Harmonization: Good Clinical Practice (ICH-GCP), the Ontario Personal Health Information Protection Act (PHIPA), the applicable laws and regulations of the province of Ontario. Both Committees are registered with the U.S. Department of Health and Human Services under the Federal Wide Assurance, FWA00021410, and IRB registration number IRB00002419 (HREC) and IRB00007409 (CREC).

The above named study is to be conducted in accordance with the submitted application (Form 101/101A) and the most recent approved versions of all supporting materials.

Ethics clearance for this study is valid until: 6/11/19 (m/d/y). Multi-year research must be renewed at least once every 12 months unless a more frequent review has otherwise been specified by the Research Ethics Committee (Form 105). Studies will only be renewed if the renewal report is received and approved before the expiry date. Failure to submit renewal reports by the expiry date will result in the investigators being notified ethics clearance has been suspended and Research Finance being notified the ethics clearance is no longer valid.

Level of review:

Delegated review
 Full committee review meeting date: _____ (m/d/y)

Signed on behalf of: HREC Chair HREC Vice-Chair CREC Chair CREC Vice-Chair


 Julie Joza, Director, Research Ethics, jajoza@uwaterloo.ca, ext. 38535
 Heather Root, Senior Manager, heather.root@uwaterloo.ca, ext. 30469
 Karen Pieters, Manager, kpieters@uwaterloo.ca, ext. 30495
 Joanna Eidse, Research Ethics Advisor, jeidse@uwaterloo.ca, ext. 37163
 Erin Van Der Meulen, Research Ethics Advisor, ervandermeulen@uwaterloo.ca, ext. 37046

This is an official document. Retain for your files.

You are responsible for obtaining any additional institutional approvals that might be required to complete this study.

Appendix 4

Communication Templates

Recruitment email

To recruitment organizations (sent from CMHA as an introduction):

Dear _____ (organization),

Thank you for your participation in the Not Myself Today (NMT) campaign!

As CMHA further develops Not Myself Today we would like to better understand how your organization and staff have experienced the NMT campaign(s). Thus, we have teamed up with a student, Adria Cehovin, at the University of Waterloo who is pursuing her Masters of Science in Public Health and Health Systems. For her thesis she is looking to study how and why NMT is implemented from various perspectives and industries to determine overall impressions of the program.

Your organization is being contacted in hopes that it will represent one of two organizations in your industry category, out of three categories selected. It is proposed that your site champion, and one to two others (staff and or managers) individually participate in 30min interviews. Adria is flexible and open to scheduling the confidential phone interviews during the work day, evenings or weekends. Adria will also provide the interview questions, information letter and [an introductory email template](#) to this study (if requested) ahead of time so that you are familiar with what would be asked of your employees. It is hoped that the interviews will all take place before the July 30, 2018.

Please know that participation in this study will contribute to a research and practice gap in better understanding how to support workplace mental health campaigns. If you wish to receive more information about the study or have any questions, please do not hesitate to contact Adria or her supervisor. The contact information is below.

If you would like to participate please contact Adria at acehovin@uwaterloo.ca or Dr. John Garcia at john.garcia@uwaterloo.ca or (519) 888-4567 ext. 35516. This study has been reviewed by, and received ethics clearance through a University of Waterloo Research Ethics Committee.

As a follow up, Adria will email you within two weeks to confirm if you are interested in sharing this opportunity with your staff.

Best,

Follow up email after no response from organization:

Dear _____ (organization),

We are two weeks into the study and I am hoping to find a few more participants to share their opinions about the Not Myself Today (NMT) campaign. The interviews will be approximately 30min and are semi-structured which means I have a few open-ended questions to ask with lots of room for exploring based on the comments of the person interviewed.

The interview answers will be confidential, independent, and done over the phone. My schedule is flexible and I can accommodate day time, evenings and weekends for the interviews. It is hoped that the interviews will take place before the middle of July.

Overall, participation in this study will contribute both to a research and practice gap across different employee groups and industries to better understand how to support workplace mental health campaigns in specific industries.

Please let us know either way If you would like to participate and send a response to either acehovin@uwaterloo.ca or Dr. John Garcia at john.garcia@uwaterloo.ca or (519) 888-4567 ext. 35516. This study has been reviewed by, and received ethics clearance through, a University of Waterloo Research Ethics Committee.

Best,

Communications to organization/ Campaign Champion:

Dear Campaign Champion/ Organization,

Thank you for your support of the Not Myself Today (NMT) campaign. You are an important key to the success of workplace mental health programming.

We have an opportunity to further understand how to support workplace mental health intervention implementation and are inquiring if NMT organizations would **invite 2-3 staff (including the NMT Champion) to participate/volunteer in short 30min interviews**. We appreciate the time you have given to complete and promote NMT surveys and they are important, however these interviews would add an important and rich personal layer to understanding the impact of NMT.

As such both your feedback about the campaign and your help in recruiting 2-3 participants for this study would be deeply valued. What I am hoping to accomplish is to interview your organization's NMT champion, as well as 1-2 two staff and or managers, individually for approximately 30min over the phone. I am flexible and open to scheduling the confidential phone interviews during the work day, evenings or weekends. It is hoped that the interviews will all take place before July 30, 2018.

Overall to support confidentiality I am seeking two organizations from each of the three industries selected. The reason for interviews in addition to surveys is that at this time I would like to give

participants at different employee levels the opportunity to reflect and provide feedback as to their personal experiences with NMT.

Please know that participation in this study will contribute both to a research and practice gap across employee groups and industries in better understanding how to support workplace mental health campaigns in specific industries. In appreciation, participants will be provided with a \$20 visa gift card.

I would be happy to provide an email template to be sent to potential interviewees, with the clear direction to contact me directly for all and any questions they may have.

If you would like to participate please contact me at acehovin@uwaterloo.ca or Dr. John Garcia at john.garcia@uwaterloo.ca or (519) 888-4567 ext. 35516. This study has been reviewed by, and received ethics clearance through, a University of Waterloo Research Ethics Committee.

Best,

Sent from champion on my behalf to their colleagues (cc'ing me):

Dear _____ (organization) employees,

What did you think of the Not Myself Today (NMT) campaign? Do you have suggestions or feedback that you would like to share? To provide you with an opportunity to share your thoughts on NMT, you will receive an email from Adria Cehovin inviting you to participate in a study about NMT.

Adria is a working towards her Masters of Science in Health and Health Systems and looking to study NMT from various perspectives (staff, manager and Campaign Champion) across different industries to determine how and why NMT was selected and is implemented.

She is looking for 2-3 people in our organization who have participated in NMT activities to participate in a one-on-one phone interview expected to last approximately 30 minutes. The interviews will be *confidential (participants communicating with her directly), independent, and done over the phone*. Her schedule is flexible and can accommodate day time, evenings and weekends for the interviews. It is hoped that the interviews will all take place before July 30, 2018.

Please know that participation in this study is voluntary. If you are able to participate it will contribute to a better understanding how to support workplace mental health campaigns in specific industries. In appreciation, participants will be provided with a \$20 visa gift card.

If you would like to participate please contact her at acehovin@uwaterloo.ca or Dr. John Garcia at john.garcia@uwaterloo.ca or (519) 888-4567 ext. 35516. This study has been reviewed by, and received ethics clearance through, a University of Waterloo Research Ethics Committee.

Best,

Letters to Participants

Communications with participants:

Dear _____,

Thank you for your continued support of workplace mental health!

I would like to make this process as simple as I can. To start with could you please provide three possible dates and times that you would prefer to participate in the interview? Estimated length of time would be 30 minutes.

I appreciate your participation with my study and contribution overall to better understanding Canadian workplace mental health programs. **In appreciation for completing the interview, you will be provided with a \$20 visa gift card.** The amount received is taxable. It is your responsibility to report this amount for income tax purposes.

Please feel free to contact me at acehovin@uwaterloo.ca if you have any questions about this study. This study has been reviewed by, and received ethics clearance through, a University of Waterloo Research Ethics Committee.

Best,

Adria

Confirming Interview date and time:

Dear _____ (participant),

Thank you for confirming X time and date for the phone interview!

Please see attached for the interview questions and letter of consent. If you have any questions please let me know. In the mean time please confirm a phone number where I can call you at the agreed to time.

Please feel free to contact me if you have any questions or need to adjust the time/date of the interview. You can reach me at acehovin@uwaterloo.ca. This study has been reviewed by, and received ethics clearance through, a University of Waterloo Research Ethics Committee.

Best,

Dear (Participant),

Thank you for your time and contribution to my study on workplace mental health intervention. I expect you to receive your visa gift card by (date). The amount received is taxable. It is your responsibility to report this amount for income tax purposes.

If you have any further question relating to this research project please feel free to email me at acehovin@uwaterloo.ca.

Best,

Dear _____ (organization lead contact),

Thank you for your continued support of workplace mental health!

I appreciate your support of inviting your employees to participate with my study and continue overall to contribute to Canadian workplace mental health.

It is hoped that by next spring I will defend my research thesis, and I would be happy to notify you at that time with the link for you to access the document at your leisure.

If you would like to participate please contact me at acehovin@uwaterloo.ca or Dr. John Garcia at john.garcia@uwaterloo.ca or (519) 888-4567 ext. 35516. This study has been reviewed by, and received ethics clearance through, the University of Waterloo Research Ethics Committee.

Best,

Letter of Information

Title of the study: Not Myself Today: A qualitative review

Faculty Supervisor: John Garcia, PhD, School of Public Health and Health Systems

University of Waterloo, 1-519-888-4567 x35516, Email: john.garcia@uwaterloo.ca

Student Investigator: Adria Cehovin, MSc, School of Public Health and Health Systems

University of Waterloo, Email: acehovin@uwaterloo.ca

To help you make an informed decision regarding your participation, this letter will explain what the study is about, the possible risks and benefits, and your rights as a research participant. If you do not understand something in the letter, please ask the researcher prior to consenting to the study. You will be provided with a copy of the information and consent form if you choose to participate in the study.

What is the study about?

You are invited to participate in an interview reflecting on the implementation of Not Myself Today's in your workplace. The purpose of the study is to find out why and how NMT is implemented in the three industry categories of First responders, Manufacturing and First Nation's organizations. Mental health is a popular topic, however few studies interview these three industries. Past research has shown that a majority of Canadians are impacted by mental health and this study strives to help determine better ways to provide mental health intervention selection and uptake. This study is being undertaken as part of my (Adria Cehovin) MSc research. I plan to combine my literature and document review of workplace mental health and Not Myself Today with feedback from the working Canadian public.

I. Your responsibilities as a participant

What does participation involve?

Participation in the study will consist of one interview approximately 30 minutes long. The interview will be held over the phone and you can be located anywhere you feel comfortable (i.e. at work or home) at a time and date convenient for you. During the interview I will guide our discussion on the implementation of Not Myself Today. The types of questions that I will ask include; What do you remember most about Not Myself Today? What workplace MH activities or events do you/did you participate in? In your opinion, has NMT changed your organization's approach to MH? The interview will be audio recorded to ensure an accurate transcript. With your permission, confidential quotations may be used in publications and/or presentations.

Who may participate in the study?

I am looking for people who have participated in Not Myself today and can speak and understand English.

II. Your rights as a participant

Is participation in the study voluntary?

Your participation in this study is voluntary. You may decide to leave the study at anytime, including in the middle of an interview. Any information you provided up to that point will not be used if you request. You may decline to answer any question(s) you prefer not to answer. You can request your data be removed from the study up until September 2018 as it is not possible to withdraw you data once my thesis has been submitted.

Will I receive anything for participating in the study?

In addition to my deep appreciation and the knowledge that your participation will contribute to the understanding of workplace health mental interventions, it has been arranged to provide you with a \$20 gift card.

What are the possible benefits of the study?

Participation in this study may not provide any personal benefit to you. I hope the data will aid future Not Myself Today's interventions and will contribute to the public discussion on workplace mental health.

What are the risks associated with the study?

There are no known or anticipated risks associated with participation in this study. Volunteer interviewees will contact the researcher (Adria Cehovin) directly and the list of participants will not be shared with anyone. See above for more details on voluntary participation.

Will my identity be known to others?

Only the researcher (Adria Cehovin) will know the identity of the interviewee.

Will my information be kept confidential?

Your personal information (such as your identity) will be kept confidential. In addition, any identifying information will be removed from the transcripts and the audio recordings will be deleted after I defend my thesis (expected to be spring 2019). The transcripts and other electronic data will be retained for a minimum of 1 year, after which they will be destroyed. Data will be stored in an encrypted folder on my password protected laptop. Only I will have access to the study data. No identifying information will be used in my thesis or any presentations or publications based on this research.

III. Questions, comments, or concerns Who is sponsoring/funding this study?

Who is sponsoring/funding this study?

There is no funding for this study. It is being done as requisite for a master's thesis.

Has the study received ethics clearance?

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (**ORE# 23151**). If you have questions for the Committee contact the Office of Research Ethics, at 1-519-888-4567 ext. 36005 or ore-ceo@uwaterloo.ca.

Who should I contact if I have questions regarding my participation in the study?

If you have any questions regarding this study, or would like additional information to assist you in reaching a decision about participation, please contact Adria Cehovin by email at acehovin@uwaterloo.ca.

Adria Cehovin
School of Public Health and Health Systems
University of Waterloo
acehovin@uwaterloo.ca

John Garcia
School of Public Health and Health Systems
University of Waterloo
1-519-888-4567 x35516
john.garcia@uwaterloo.ca

CONSENT FORM

By signing this consent form, you are not waiving your legal rights or releasing the investigator(s) or involved institution(s) from their legal and professional responsibilities.

I have read the information presented in the information letter about a study being conducted by Adria Cehovin, supervised by Dr. Garcia, of the School of Public and Health Systems at the University of Waterloo. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions, and any additional details I wanted.

I am aware that I have the option of allowing my interview to be audio recorded to ensure an accurate recording of my responses.

I am also aware that excerpts from the interview may be included in the thesis and/or publications to come from this research, with the understanding that the quotations will be anonymous.

I was informed that I may withdraw my consent at any time without penalty by advising the researcher.

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE#23151). If you have questions for the Committee contact the Office of Research Ethics, at 1-519-888-4567 ext. 36005 or ore-ceo@uwaterloo.ca.

For all other questions contact [insert researcher's name and contact information].

With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.

YES NO

I agree to have my interview audio recorded.

YES NO

I agree to the use of anonymous quotations in any thesis or publication that comes of this research.

YES NO

Participant Name: _____ (Please print)

Participant Signature: _____

Date: _____