

A crisis in workplace mental health injuries... And in work itself

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Pano of an interior of a modern office

Dr Mélanie Dufour-Poirier, Associate Professor at the University of Montreal's School of Industrial Relations, discusses opportunities to safeguard employees' mental health injuries and wellbeing through union involvement

Well before the COVID-19 pandemic and the widespread requirement for telework, mental health injuries in the workplace (e.g., chronic stress, anxiety, depression, burnout and, in the worst cases, suicide) increased throughout the world. The acute rise in these problems is now considered the epiphenomenon of a global social and societal crisis, not to mention a major public health concern. That every year in Canada, on average, five hundred thousand workers are not at work due to mental health issues is testament to this. From that perspective, more and more research (including ours) shows the existence of a close correlation between how work is conceived, designed, organized and carried out and the prevalence of mental health problems in workplaces.

First, these observations clearly demonstrate the contemporaneousness of a crisis in and at work, as well as reveal the severity of the social impacts related to policies surrounding the performance of work and management methods targeting process efficiency as well as optimal use of resources, particularly human resources. Second, they also underline the complex task for trade union organizations in representing issues inherent to the conditions in which work is carried out and compensating for the persistent and growing lack of humanity and disintegration of solidarity in workplaces. Third, these considerations implicitly reiterate the inadequacy of unions' traditional actions, historically focused on formal bargaining and/or mobilization on the protection of physical safety and on assigning monetary value to related hazards, among other things. An unfortunate

tendency then prevails among workplace actors, including unions, to individualize mental health injuries and emphasize workers' responsibility in the case of negligence and/or error rather than to treat them as collective and organizational issues.

The FTQ's Social Stewards Network: An innovative union actor in preventing workplace mental health injuries

With six hundred thousand affiliated members, the *Fédération des travailleurs du Québec* (FTQ [Quebec Federation of Labour]) is the largest central labour union in the Canadian province of Quebec. In 1983, during the acute economic recession that then prevailed, the FTQ created the Réseau d'entraide syndicale des délégués sociaux [Union Social Stewards Peer Support Network] to offer union peer support in local working environments. In 2024, 41 years after the Network's launch, approximately three thousand social delegates operate daily in Quebec in various private and public workplaces.

For those unfamiliar with the term, social stewards are frontline workers, sentinels or 'workplace streetworkers,' as they describe themselves. Based on a relationship of equals, and irrespective of occupation, age, gender, or experience, they advocate active, non-professional listening and peer support directly in the workplace, a support which is free, confidential and accessible at all times. This approach responds to multiple needs, be they problems related to work and its organization (e.g., use of performance drugs to cope with occupational pressure; relational violence, including between co-workers; sexual and psychological harassment; problems related to telework); personal problems (e.g., debt; gambling and on-line addictions, etc.); and various disorders requiring a form of crisis intervention (e.g., threats of suicide or support for the co-workers of someone who has committed suicide, sometimes in the workplace). At times, the departure of a co-worker for a protracted period may make a workplace atmosphere that is already under pressure (e.g., constant work overloads) deteriorate further. In such cases, social stewards can prepare the ground beforehand, for co-workers and employer representatives, for the successful return of a worker after an absence of any time and also prevent the risk of a relapse. Social stewards can go so far as to provide assistance complementing the professional treatments offered by the employer-established employee assistance programs, often managed by outside firms removed from workers' everyday realities. In relation to the above, they can also provide their colleagues with helpful referrals (to physicians, psychologists, lawyers, etc.). In doing so, they ease the emotional strain in the workplace among their peers and even employer representatives, who are frequently poorly equipped to deal with such difficulties (not to mention the tragic events above). Finally, and not least, often the most easily accessible union representatives on the ground for workers are social stewards, which enables them to identify the upstream causes of damage to workers' mental health.

Collective action for primary, participatory and collaborative prevention

In Quebec, the reform of its *Loi sur la santé et la sécurité au travail* [Act Respecting Occupational Health and Safety] enacted in October 2021 newly included the employer's obligation to protect employees' mental wellbeing. Similarly, the province's *Tribunal administratif du travail* [Administrative Labour Tribunal] ruled that the obligation to identify and prevent occupational hazards now also covered issues relating to overall workload.

Nevertheless, despite these auspicious developments in the legislation and current case law, the complex nature of workplace mental health injuries, sometimes on the periphery of the occupational sphere, and their prevention remain major challenges for workplace actors in Quebec in taking collective ownership of them, as such problems are all the more easily relegated to the private sphere, on the level of individual failings. Notwithstanding such legislative and jurisprudential enlightenment, the protection of mental health in the workplace is still not addressed through a system of prevention that is truly primary, systematic and participatory, as nonetheless prescribed in the regulations enacted to that end in the province.

This being so, the severe exacerbation of such issues over the years now requires serious consideration of implementing collective management and upstream prevention of structural factors related to workplace mental health injuries that would rely upon the contributions of all stakeholders, namely management, unions, and workers. Advocating for such a collective approach would involve employer support, open communication channels, reinstating dialogue on an employer-union-employee basis (by making people feel they can speak freely!), and discussing the conditions of the organization and the execution of work per se.

Workplace mental health injuries and their prevention must now, more than ever, be thought of in a wholly de-individualized, transversal, and inclusive way to supplant the tendency to individualize the management of injuries and offer only à la carte union representation and management action. Union organizations in general – not just social stewards – and management must now consider workplace mental health injuries as opportunities to rethink work, its organizational procedures, and the corporate internal policies regulating it – in short, to heal work. The future of our common good depends upon it.

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