Mental Illness in the Workplace: Understanding How Managers Respond to their Employees Living with a Mental Illness

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ABSTRACT

This present research explores the following research question: How do managers respond to employees who are living with a mental illness? In answering this research question, I explore the challenges mental illnesses pose to managers, how managers successfully and unsuccessfully respond to those challenges, and the potential positive outcomes associated with encountering an employee who is living with a mental health condition. I answer my guiding research question through five in-depth semi-structured interviews and by relying on six structured and targeted narrative interviews that had been conducted for a previous research project. All interviews were conducted with managers across a variety of industries who have experience working with at least one employee who has lived with a mental health condition. Based on the themes that emerge in these interviews, I document the challenges managers face. I also identify several 'facilitators of success', defined as behaviours or actions that managers believed had some degree of positive impact on helping an employee living with a mental illness. The insights developed through this research will better inform the research community regarding managers' experiences working with employees with a mental illness, as well help inform organizations regarding how they can better equip their managers in dealing with employee mental illness.

TABLE OF CONTENTS

INTRODUCTION

Best estimates suggest that one in five Canadians will experience a mental illness each year (Mental Health Commission of Canada, 2013). Given this, we can reasonably infer that mental illness either directly or indirectly affects all Canadians, whether it be experiencing it firsthand, or knowing a friend, family member, or colleague living with mental health condition (Mental Health Commission of Canada, 2013). Mental illnesses, sometimes also referred to as psychiatric disorders, come in a variety of forms, including diagnoses such as depression, bipolar disorder, anxiety disorders, obsessive compulsive disorder, and post-traumatic stress disorder (American Psychiatric Association, 2013). While these ailments can no doubt be successfully treated through a variety of options, including medication and therapy, when unsuccessfully managed, mental illnesses can wreak havoc on the lives of those affected and present complex challenges for managers and organizations. For this reason, mental illnesses are sometimes referred to as the 'hidden epidemic' of the workplace (De Lorenzo, 2013). It is estimated that they cost Canadian companies over $6 billion annually due to lost productivity from absenteeism, presenteeism, and turnover (Sairanen, Matzanke, & Smeall, 2011).

One optimistic finding is that increased awareness of mental illness in the workplace has successfully led to strides towards reducing stigma and creating more compassionate responses to those affected (Bell Canada, 2015). Despite these successes, managers and organizations often struggle in defining best practices to accommodate their employees living with a mental health condition. This is confirmed by a large-scale poll conducted in Canada on mental health in the workplace by Ipsos Reid (2007). Results suggested that 45% of managers are unsure of how to appropriately react when an employee displays or discloses their status of living with depression (Ipsos Reid, 2007). Furthermore, only 18% of the managers surveyed had received any formal

training to deal with employees showing signs of mental illness (Ipsos Reid, 2007). Relatedly, findings from other polls suggest that employees can sense their managers' discomfort in responding to the challenges that arise from their mental illness. Alarmingly, 39% of Ontario respondents indicated they would not feel comfortable disclosing their mental illness to their managers if it were to occur (Canadian Medical Association, 2008). This is problematic because some level of disclosure is often considered the first step in ensuring that employees receive the accommodations necessary to improve upon their work-life (Bonaccio, Lapierre, & O'Reilly, 2019). In addition, employees who live with a disability, including mental illness, are most likely to initially confide in and seek help from their direct managers; even more so than seeking help from a close colleague or Human Resource representative (von Schrader, Malzer, & Bruyère, 2014).

Thus, while previous research has established that mental illnesses can pose challenges to managers and can be costly for organizations (Dewa, McDaid, & Ettner, 2007), much less is understood regarding how managers respond to and offer help to their employees who are living with a mental health condition. This gap in the current literature is relevant because the manager's role is integral to the overall success of an employee's rehabilitation, return to work, and general psychological well-being (Lemieux, Durand, & Hong, 2011). There is evidence to suggest that open dialogue between managers and employees significantly improves the implementation and uptake of workplace mental health strategies (Davenport, Allisey, Page, LaMontagne, & Reavley, 2016; Reavley, Ross, Martin, LaMontagne, & Jorm, 2014). Understanding managers' perspectives is fundamental in informing training programs and creating a healthier work environment for employees.

My M.Sc. thesis research seeks to address this current gap in the literature. Specifically, I

answer the research question: How do managers respond to employees' who are living with a mental illness? In answering this question, I am also interested in understanding more about the challenges mental illnesses pose to managers, how managers successfully and unsuccessfully manage those challenges, and the potential positive outcomes associated with encountering an employee who is living with a mental health condition. To answer my overarching research questions, I conduct a series of in-depth, semi-structured interviews with managers who have experienced working with at least one employee who has lived or is currently living with a mental illness ($N = 5$). I also pair this data with six structured interviews with managers who describe a time in which they experienced working with an employee living with a mental health condition.

Insights from my M.Sc. thesis will offer a number of theoretical and practical contributions. From a theoretical perspective, it will help us gain a better understanding of the various ways managers make sense of their employees' illness and capabilities, and how these processes influence their responses. It will also provide a foundation for better understanding the effectiveness or lack of effectiveness of managers responses. From a practical perspective, the insights gained through my M.Sc. thesis will help inform training programs for managers, providing information regarding the major gaps that may potentially arise in managers knowledge of mental illness in the workplace. Anecdotal evidence suggests that managers do not always respond in constructive ways towards employees' mental illness. Understanding the sources of these perhaps misaligned reactions can help better inform managers' of how to respond in more beneficial ways. These contributions will lead to better handling of employees with a mental illness broadly.

RESEARCH BACKGROUND

Given the prevalence of mental illness, it is reasonable to assume that most managers will encounter an employee living with a mental illness over the course of their careers. Notably, not all psychiatric disorders necessarily create 'struggles.' Many employees are able to effectively manage the symptoms associated with their mental illnesses through a variety and combination of methods (e.g., medication, therapy, self-monitoring, etc.) (Breaux-Shropshire, Whitt, Griffin, Shropshire, & Calhoun, 2014). However, when not managed effectively, mental health conditions are associated with several consequences that influence how work is accomplished, and the work experiences of employees. Major challenges for managers outlined in the literature include absenteeism, presenteeism, and strained interpersonal relationships. While ideally managers will respond to employees living with a mental illness with compassion and care, these challenges represent potential sources of frustrations that in turn influence how managers accomplish the work they need to accomplish.

I begin with a brief discussion about mental illness and describe some of the associated managerial challenges that have been documented to coincide with employees living with a mental health condition.

Mental Illness and Stigma

Mental illness encompasses a range of disorders; each have unique symptoms and present themselves in different ways in the workplace. Mental illnesses also tend to be comorbid, such that the presence of one mental illness is likely to coincide with the presence of one or more other mental illnesses (American Psychiatric Association, 2013; Fava et al., 2000; Kessler, Chiu, Demler, & Walters, 2005). Amongst the most common types in Canada are depression and anxiety disorders (McRae et al., 2016). Depression is an all-encompassing term used to represent

all depressive disorders in the DSM-5, including disruptive mood dysregulation disorder, major depressive disorder, and persistent depressive disorder (American Psychiatric Association, 2013). Common symptoms of depression include a loss of interest in activities once enjoyed, fatigue, guilt, and feelings of worthlessness (American Psychiatric Association, 2013). Depending on the diagnosis, depression can be episodic and temporary, or chronic and longstanding (Köhler et al., 2015). Depression due to seasonal affective disorder, for example, occurs during certain times of the year, whereas those diagnosed with major depression may experience symptoms on a daily or near daily basis.

Anxiety is manifested during the anticipation phase of a future threat (American Psychiatric Association, 2013). Types of anxiety disorders include generalized anxiety disorder, social anxiety disorder, panic disorder, and many others (American Psychiatric Association, 2013). Anxiety can make the smallest day-to-day tasks seem like incredibly impossible feats. Anxiety leads to irrational and negative thinking in the form of rumination (Marcus et al., 2008). Anxiety disorders, such as panic disorder, can be incredibly debilitating to an individual and can arise without any specific 'cause'. Symptoms of an unexpected panic attack include fear of dying, fear of losing control, trembling, pounding heart, sweating, nausea, and many other uncomfortable physical and mental reactions (American Psychiatric Association, 2013).

One of the most salient challenges is managing mental illness is the stigma that surrounds mental illness. Stigma broadly represents unfair prejudice and discrimination towards a group of individuals because of a particular identity or characteristic (Corrigan & Rao, 2012). Individuals with mental illness are mostly seen through various forms of media where they are depicted as unpredictable, unreliable, and, in some cases, even violent and dangerous (Arboleda-Flórez & Stuart, 2012). Mental illness is often considered to be an 'invisible stigma' because those who

have a mental illness, to varying degrees, can hide their stigmatized identity from others (Goldman & Lewis, 2008). Employees with mental illness can also experience 'self-stigma' in which an individual with a mental illness becomes aware of the characterizations and stereotypes of mental illness and internalizes them (Corrigan & Rao, 2012). Stigma and self-stigma are relevant because these social and psychological experiences can influence how an individual responds to his or her mental illness. For example, in a study of 246 college students, those who reported higher perceived social- and self-stigma towards seeking treatment for mental health problems were more likely to indicate that they would avoid seeking medical assistance should they ever encounter a mental illness. In other words, stigma was associated with the desire to engage in more autonomous coping strategies, which have been shown to be less effective than receiving medical treatment for mental illness (Labouliere, Kleinman & Gould, 2015). Relatedly, within the workplace, self-stigmatizing attitudes towards mental illness is associated with less disclosure, and less use of the accommodation resources in place to help employees with a mental illness (Clement et al., 2015). Beyond being a barrier to seeking help, stigma can also contribute to lower self-esteem (Corrigan & Bink, 2016).

The Challenges that Mental Illness Can Pose for Managers

Despite the unfair stigma that surrounds mental illness, however, the various symptoms associated with depression, mood and anxiety disorders, and other types of mental illness are associated with real managerial challenges that should also be acknowledged (Burton, Schultz, Chin-Yu, & Edington, 2008; Sanderson & Andrews, 2006). It is well documented that mental illness can be 'costly' for organizations. These costs are associated with a number of circumstances that pose challenges for how managers successfully accomplish work related tasks. The two most prominently documented challenges are absenteeism and presenteeism

(Burton et al., 2008; Sanderson & Andrews, 2006). Very broadly, absenteeism is when an employee fails to report for scheduled work (Johns, 2011; Thomas & Hersen, 2002). Absenteeism can be a challenge for managers and costly for organizations because it reduces overall productivity and the ability to complete work (Dunn & Wilkinson, 2002). Beyond the direct and indirect economic costs associated with absenteeism, absenteeism can also cause friction amongst employees, resulting in resentment and lowering the morale of employees who have to make up for the lost productivity of another (Lambert, 2001). Furthermore, managerial time is used towards solving these attendance issues (Lambert, 2001).

Presenteeism occurs when an employee physically shows up for work, but is unable to work to his or her full capacity (Burton, Schultz, Chin-Yu, & Edington, 2008). Presenteeism is similar to the concept of psychological withdrawal, employees are physically present but not as a productive as they could be (Cancelliere, Cassidy, Ammendolia, & Côté, 2011). While presenteeism is a hindrance within the workplace, many employees continue to go to work when they are experiencing a mental (and physical) illness because they do not want to burden colleagues (Navarro, Salas-Nicás, Moncada, Llorens, & Molinero-Ruiz, 2018) or, relatedly, because they have high organizational commitment (Miragila & Johns, 2016).

A number of studies have found that employees who experience a mental illness are more likely to engage in absenteeism or presenteeism, compared to employees who are not experiencing a mental health condition (see Burton et al., 2008 and Sanderson & Andrews, 2006 for two systematic reviews on the topic). In the United Kingdom, for example, stress leave associated with a mental illness accounts for 30% of all absences within the workplace and is the highest source of absence within the UK (Dewa et al., 2007). In another example, a study by Koopmans, Roelen, and Groothoff (2008) indicated that employees living with depression had

28 times higher risk of absence compared to employees who did not. In another survey study of 455 employed adults in primary care offices in the US, depression was linked to increased presenteeism within the workplace (Stewart, Ricci, Chee, Hahn, & Morganstein, 2003).

The absenteeism and presenteeism associated with mental illness are two competing challenges that managers face. On the one hand, absenteeism is a challenge because a missing employee changes how work is accomplished. On the other hand, a present but psychologically withdrawn employee also influences how work is accomplished. It should be noted that despite the managerial challenges associated with absenteeism, absenteeism is not necessarily disadvantageous in the long run. In many circumstances, absenteeism is likely required for employees to effectively manage their symptoms associated with mental illness and can potentially support a swifter return to work. In a recent study by Evans-Lacko and Knapp (2018), for example, the researchers found a positive association between managerial support towards the challenges that come with depression and employee absenteeism. They speculated that this positive relationship between managerial support and absenteeism could be because employees feel more comfortable being absent in order to recuperate from the symptoms of a mental illness when they have a supportive manager (Evans-Lacko & Knapp, 2018).

Potential for Positive Outcomes

Despite the above documented challenges, it is also possible that mental illness in the workplace can also result in positive changes that help both the employee living with a mental illness, and the work team as a whole. For example, some research suggests that when managers encounter an employee living with a mental illness, it can motivate the adoption of new policies and procedures that positively encourage future disclosure and that ultimately results in making sure employees living with a mental illness get help sooner rather than later (Hielscher &

Waghorn, 2015). Positive responses can result in building a more positive organizational culture around mental illness (Singh, James & Ganguli, 2018), that subsequently can promote worker retention (Weinberg & Whitney, 2013). Thus, while research has typically focused on the potential challenges associated with managing employees with a mental illness, there is the potential for mutual benefits when managers respond in helpful ways.

Current Research Question

The above section documents how the consequences of employees mental illnesses can have implications for how work is managed and the work experiences of other employees. Given these challenges, the question I seek to answer is: How do managers respond to employees' who are living with a mental illness? In answering this research question, I am also interested in understanding more about the challenges that managers encounter, how they successfully and unsuccessfully address these challenges in the context of their work, and the potential positive outcomes associated with managing an employee with a mental illness.

STUDY

Given that the guiding research question I sought to answer is exploratory, inductive research methods were appropriate (Edmondson & McManus, 2007). Inductive research seeks to identify relationships within the data collected to seek emergent themes that can inform or build theory, as opposed to using a theory to guide creating deductively derived hypotheses and testing those hypotheses through empirical research (Hennink et al., 2020). I relied on preliminary thoughts, generalizations and observations to inform my guiding research questions and interview questionnaire, but remained open to exploring additional themes as they emerged through the course of data collection and analysis. Since mental illness in the workplace from a manager's perspective does not have a broad amount of research (see Gignac et al., 2020 for one

exception), it is difficult and unnecessary to deductively produce and test a priori hypotheses. Furthermore, due to the nature of mental illness and the various ways in which mental illness can manifest in the workplace, a deductive approach may have stifled potential emerging themes which would not be known otherwise, and broader conclusions can be made when themes emerge from the data (Jaana & Urs, 2018; Patton, 1990).

Sample and Data Collection

Data was collected through two separate channels.[1] In the first channel, I applied purposive sampling (Patton, 2002) to recruit managers that met the following inclusion criteria: were 19 years of age or older, currently employed in a managerial position in an office and/or professional setting, and not currently on leave for any reason. Furthermore, the managers had to have been employed in their current position for at least 6 months and manage at least 3 direct reports. Finally, the manager had to have or continued to have experience managing at least one employee with mental illness. Managers did not need to know their employees' specific diagnosis to participate but had to have a reasonable reason to believe the employee was living with a mental health problem. I included this inclusion criteria for two reasons. First, as I previously noted, mental illness in the workplace is considered a 'silent epidemic' (De Lorenzo, 2013). Many employees do not disclose their mental health diagnoses to their managers for various reasons (nor are they directly required to by law in Canada), and, relatedly, some individuals because of their socioeconomic status or other life circumstances face relevant difficulties in receiving a reliable diagnosis (Peterson et al., 2011). Had I only included stories in which managers had explicit knowledge of their employees' formal diagnoses, I would not have

[1] I had originally intended to conduct 10 in-depth interviews for my thesis research. However, complications due to the 2020 Coronavirus pandemic impeded my recruitment efforts. The second channel of recruitment was included post hoc to provide additional insight into the challenges managers face when managing employees with a mental health problem beyond the five in-depth interviews I was able to conduct prior to the pandemic situation.

explored the full gamut of experiences in which a manager is trying to help an employee living with a relevant mental health problem. Second, I intuited that the challenges associated with managing an employee with a disclosed, formal diagnosis versus an undisclosed mental health condition would be different, and I wanted to explore this possibility through the course of my research.

Recruitment for the first channel of data collection was accomplished through postings on various social media websites such as the Telfer School of Management Research Twitter, Telfer School of Management Research LinkedIn, and various personal LinkedIn accounts. The posting was also placed on GC Collab, a government forum board website meant only for employees with a public service role and individuals within academia. An example of a recruitment ad placed in these various outlets can be seen in Appendix 1. When interested individuals reached out to participate, they were first sent the Information Letter and Consent Form to read and sign, and also asked to fill out a brief demographic related online survey (provided in Appendix 2). Interviews were then conducted at a time and place convenient for participants, either in person or online via Zoom. The interview schedule for the first channel of data collection is provided in Appendix 3. The interviews started with participants describing their typical days at work and their general philosophy towards work and being a manager. The participants were also asked questions about their training regarding mental health in the workplace. The interviews then shifted towards managers recalling and describing their lived experiences managing employees with a mental illness. Managers were then asked how they overcame the experience and any positive outcomes that surfaced during this time. This section of the interview adopted a narrative approach (e.g., Creswell, 2012). In other words, participants were asked to describe their experiences as a story and asked to recall all stories in which they had worked with an

employee with a mental health condition. Finally, the participants were asked if they had anything else they would like to add at the end of the interview and suggestions of where solutions could be found. My supervisor (Dr. Jane O'Reilly) and I conducted the interviews together.

The second channel relied on extant data based on structured interviews that explored the same research questions that coincided with my thesis research question. In these structured interviews, managers were asked to describe one experience, in depth, that they had encountered managing an employee with a mental illness that stood out to them. A list of example questions included in this study is provided in Appendix 4. Recruitment postings for the second channel was through convenience sampling and snowball sampling. The researcher of that study reached out to their social media pages (Facebook and LinkedIn) and sent out email broadcasts to previous work connections. Participants had to speak English, be over the age of 18, had at least five years of management experience and have managed at least one employee with a diagnosed mental health problem at some point in their career.

A summary of all the participants included in this study is provided in the Participant Inventory presented in Table 1. Following best practices in qualitative research, all interviews across both channels were recorded and transcribed for analysis (Patton, 2002). The first recruitment channel resulted in five managers (3 women and 2 men). The interviews lasted between 60 and 156 minutes and resulted in a total of 291 pages of transcripts. Across the five interviews in this first channel, the participants narrated a combined 14 distinct specific narratives of working with an employee with a mental health illness. Six interviews via the second channel of recruitment were analyzed. In these interviews, each participant recounted one story of working with an employee living with a mental illness. Thus, a total of 20 narratives

were used to answer the guiding research questions in this research. The structured interviews lasted between 35 and 52 minutes long and resulted in 76 pages of transcripts.

Data Analysis

Phase 1: I first applied thematic analysis described by Braun and Clark (2006) to analyze my data. The aim when using thematic analysis is to identify, analyze, and report on themes within the data (Braun & Clark, 2006). A particular benefit of thematic analysis is that it allows for research to be theoretically flexible which is necessary for the inductive approach I took (Braun & Clark, 2006). Thematic analysis also does not prescribe any one particular epistemological or ontological research tradition, but rather is a method of identifying patterns of recurring themes in one's qualitative data (Braun & Clark, 2006). I followed Braun and Clark's (2006) six step approach to analyzing qualitative data with thematic analysis.

The first step in their process is to familiarize oneself with the data. I conducted the five in-depth interviews described as part of the first channel of data collection firsthand. This helped me to start the familiarization process as at the same time as data collection, as I was privy to the information and heard the respondents' stories directly. Subsequently, following each interview I made notes of interest to which to refer back. While Braun and Clark (2006) advise transcribing one's interviews as an additional method of further familiarizing oneself, I did not follow this recommendation due to the length of each interview. Once the interviews were transcribed, I read through the transcripts several times. I did the same for the interviews transcripts collected through the second channel of data collection to familiarize myself with that data.

The second step is to generate initial codes from your data. My research started with an interest in learning more about the challenges that managers face when managing employees with a mental illness, the responses they take to those challenges, and potential positive

outcomes. Thus, I started my initial coding by looking for and highlighting narratives that gave at least some information regarding each of these overarching interests. I started with the challenges as these were the most obvious from the transcripts. I highlighted noted challenges in Word, and I relied primarily on descriptive, in vivo codes (Miles et al., 2013), in which I used the informants' own words and terminology in labelling the initial codes, whenever possible. I passed through the transcripts several additional times to recheck my initial coding. This process helped me to continue to better familiarize myself with my data. Once I was satisfied that all the challenge codes had been accounted for, I repeated this process for my other two areas of interest: responses and positive outcomes. I used different highlighting colours for each area of interest. I created summary sheets for each participant that displayed all the codes broadly categorized into my three areas of interest. I also included general thoughts, memos, or jottings of general observations and interpretations (Miles et al., 2013). An example of one of my summary sheets is provided in Appendix 5. My supervisor and I then went through the summary sheets in successive order to discuss the appropriateness of each code and how well each fit the overall area of interest. Some codes were removed, or refined, based on this process. Codes and naming of codes were then reviewed multiple times to better ensure they represented what they were meant to represent.

The third and fourth steps according to Braun and Clark (2006) is to search through the initial codes to identify emergent themes, and identify the similarities that connect the codes as well as distinctions between the codes and to then review and refine these categorizations. To accomplish this I first set out to work through each of the areas of interest in successive order. I found categorizing the challenge codes was comparatively easier than categorizing the other areas of interest. Thus, I completed the remaining steps of Braun and Clark (2006) for the

challenge codes and then had to go back and follow a slightly different process for the other codes (a process I detail below).

For the third and fourth steps, I also applied insights from the Gioia Method (Gioia et al., 2013), an inductive qualitative data analysis technique that helps to bring structure and rigor to a researcher's categorizations. Unlike Braun and Clark's (2006) method, the Gioia Method does prescribe a particular ontological perspective via social constructionism but the approach does not contradict nor preclude Braun and Clark's (2006) methodology. Both methods suggest starting with initial codes (referred to as first order codes in Gioia et al., 2013). Then initial codes are collected into second order codes. These codes start to infuse more of the researcher's interpretations and insights beyond the first order codes. These second order codes are then eventually categorized into higher order, aggregate concepts.

I completed steps 3 and 4 iteratively with my supervisor. I printed out the challenge summary sheets for each participant so that I could review the codes all together and physically move codes around to identify different ways of categorization. My supervisor and I first independently but loosely begun to categorize the codes. We then met to discuss initial thoughts and categorizations and repeated this process several times. Throughout our discussions we would deliberate upon potential discrepant categorizations, offer definitions and boundary conditions for the categorizations, and refine our categories. Throughout this process, some challenge codes were dropped along the way as upon further reflection they did not directly represent a challenge, or were merged with other codes because they did not represent an independent idea and were best combined with other surrounding transcript text. Through this process the final result was 122 independent initial challenge codes that served the basis for the second-level and aggregate categories.

The fifth and sixth steps are to define and name the overarching categories and present one's results. To a certain extent these steps were blended with steps three and four. As I named and defined the categories, I went back to my codes to check, working iteratively over several rounds to name and define. The final data structure is presented in Figure 1. The challenges fell into one of three categories: intrapersonal manager challenges, institutional based, and disruptions that require manager attention. Furthermore, Table 2 provides exemplary quotes for each of the categories of challenge codes.

Phase 2: As mentioned above, categorizing managers' described responses to the challenges they faced, and how they successfully helped their employees manage their mental health problems at work was a comparatively more difficult task to accomplish compared to categorizing the challenges managers described. In part, this was due to the vast diversity in how mental health conditions manifested at work. For example, some narratives described relatively benign situations, in which a manager did not have to intervene much into the situation, yet the situation was successfully resolved. For example, GOV3 described a situation in which one of her employees experienced a panic attack at work and sent her an email to let her know she would be leaving early. The situation did not require much follow up. GOV3 was able to slightly modify the employee's work schedule to reduce the likelihood of a future panic attack, and the employee was able to make up the work she missed at a later date.

Other narratives described comparatively more intense mental health crises. Borrowing a term from Olekalns, Caza, and Vogus (2019), these situations are best described as 'abrupt shocks' where a manager was initially unaware of the condition an employee was experiencing until there was a sudden need for immediate manager attention and response. For example, compare GOV3's situation described above to a situation GOV1 experienced when she traveled

to a remote work location. Once there she communicated with an employee she rarely interacted with in face-to-face settings. Through casual conversation, the employee revealed suicidal thoughts and admitted that she had a concrete plan should she not get a certain work promotion. After consulting with the employee's immediate supervisor, GOV1 called for medical assistance and the situation escalated to the point where the police were called to come help. When the police arrived, the employee became aggressive and engaged in violent behaviour.

Finally, several narratives described stories in which employees experienced long-term, ongoing mental health problems in which managers had to apply some degree of intervention throughout. These situations sometimes also coincided with punctuated or concentrated moments of conflict or difficulty that required some additional managerial attention, but otherwise the employee was able to carry out their work duties with little to no interference. For example, RFS10 described a situation in which an employee revealed having an anxiety disorder. RFS10 was able to put certain accommodations in place to help her employee successfully manage her anxiety at work, however, the employee would still sometimes experience stress that would trigger a panic reaction. Similarly, MED8 described a usually reliable employee who would sometimes engage in erratic and disruptive work behaviours because of unmedicated bipolar disorder. During these periods of time MED8 would offer several accommodations, such as letting the employee go home early or take additional time off work.

As a result of this diversity in situations there were little obvious patterns in the managers' responses; each situation required some idiosyncratic, context-relevant response. My supervisor and I went back to the data and my initial codes. Through refamiliarizing ourselves with the data we decided to reframe 'responses' to 'facilitators of success.' I defined facilitators of success as any behaviour or action that a manager described that, in their opinion, had some

degree of positive impact on helping an employee living with a mental health problem at work. This is not to say that all the narratives that managers described necessarily resulted in a successful conclusion. Indeed, there were several narratives in which managers either believed they had not handled the situation well, or in which the situation escalated into a bigger conflict or struggle to the point where the employee ended up leaving work or being on medical leave indefinitely. In coding facilitators of success however, I was interested in any action that may have had some impact on offering a more positive outcome.

I went back through my initial 'responses' codes. For the most part these codes were still relevant despite the change in coding focus, however, I recognize that the *meaning* of these codes was reconceptualized to capture the idea of 'facilitators of success' rather than a specific response per say. Some codes needed to be refined and relabeled. In categorizing these codes, I realized that the point in time mattered in managers' narratives. For example, several managers described how, in order to successfully help their employees with a mental health problem, they needed to lay certain groundwork that would be helpful down the road when a mental health problem presents itself. I refer to these facilitators as 'foundational facilitators.' Second, managers described sometimes experiencing an initial ambiguous period, where they were not entirely sure if an employees' behaviour was related to a mental health condition or something else. Managers often described needing more information or engaging in some information or advice seeking to try to make better sense of the situation. Finally, within their individual narratives, managers described several formal and informal strategies they used to successfully manage the situation on an ongoing basis.

Once I had finished categorizing the 'facilitators' concepts I went back to my data to categorize the 'positive outcomes' codes. Through this exercise I realized I did not have enough

data to fully flesh out such categories. Below I briefly describe some of the general findings here that might be helpful for future research. It should be noted that while I appeared to have reached reasonable 'theoretical saturation' (Glaser & Strauss, 1967) in which no new themes or categories emerged for the challenge codes, I did not reach theoretical saturation with my data for the facilitators of success. Thus, the current categories I present for the facilitators should be considered preliminary and the categorization and/or insights surrounding these categories could change if more data were to be collected, or, if a different conceptual lens were to be applied to the data. This is a common occurrence with the inductive, qualitative methodology I followed in my research and is not surprising since I had not originally anticipated the diversity in the stories in terms of employees' mental health trajectories at work. Table 3 provides a summary of the various facilitators of success, how they were categorized, and exemplary quotes.

Findings: Challenges

Analysis of the data revealed that the challenges that managers encounter when working with an employee experiencing a mental illness at work fell into three overarching types: (1) the intrapersonal challenges that capture managers' thoughts and emotions; (2) institutional challenges that create barriers to how managers can respond or help their employees; and (3) the disruptions to work that require manager attention or energy to manage.

(1) Intrapersonal Challenges: It was clear from the managers' narratives that managing a situation in which an employee was experiencing a mental illness was often an extremely ambiguous and jarring situation for many managers, especially for those with less tenure in a management role. My informants described worrying about how to best handle the situation, both questioning how to respond in a way that preserved the dignity of their employees and was respectful, but also reduce the likelihood of professional risks for themselves. The specific

themes that emerged in this category included the challenges associated with: uncertainty and incomplete information; worrying about professional and personal risks; and handing situations that are taxing on the managers' own mental health.

Uncertainty and incomplete information. Throughout several narratives, managers described having to toil with feelings of uncertainty. They discussed how when an employee is experiencing what appears to be a mental health crisis, it was often difficult to know just how to best handle the situation. GOV1 when discussing one of her first experiences with an employee showing signs of anxiety and depression states she does not, "…know what questions to ask this person or what things to say to make it better." This uncertainty was also magnified by a common lack of complete information: managers often did not have full information regarding what their employees were dealing with, which in turn made it difficult to find proper solutions to the situation. GOV1 later reflected about her cases stating the scope of uncertainty of information saying "…I want to make sure managers are trying to intervene as early as possible and try and help people. But I think there's such a vast sort of array of sort of symptoms that present and mental health issues, and sometimes there's substances linked in there and there's all these other factors that I feel like it's so hard to know what to do." Knowing what to say and how to respond to an employee living with mental illness is crucial in aiding the situation.

Managers worried about saying or doing things that might inadvertently offend their employee living with a mental health condition. For example, in talking about a situation with a troublesome employee with a history of outbursts in the office, GOV4 stated, "So my biggest issue was trying to figure out how I'm going to approach this without offending anybody and without seeming heartless, right, because I was a bit ignorant to the subject. I didn't know how." Beyond worrying about offending their employee, the managers also discussed how they worried

about potentially making matters worse if they were to respond in the wrong way. For example, GOV4 also went on to explain how he would toil with this issue, saying "The actions that I'm taking, are they helping or are they I'm making things worse? That's in general what I found hard." GOV4 also admitted that some of the uncertainty that surrounds these types of situations comes from not having personal, firsthand experience with the challenges' employees are facing. For example, in the context of an employee who was experiencing depression and missing a considerable amount of work he said: "[I] was trying to find ways to help her overcome those feelings or those issues. I didn't know what to say, right? Because again, I don't, to my knowledge, I don't suffer from mental health issues, so I can't relate. I don't know what she or he are going through. Because I've never suffered, I haven't followed through any services or support or therapy, so I don't know many tips and tricks" [GOV4].

Similarly, in a situation in which TW6 managed an employee with diagnosed with addiction, he mentioned that he would often check in on his employee, asking if they were ok and whether they needed any additional support on an ongoing basis. However, he also mentioned that during these conversations he would sometimes also ask if the employee was still attending meetings. Afterwards when he would reflect upon their interactions, he would worry that questions like that might have crossed a professional boundary and he should not have asked them.

One immediate impact of this uncertainty is that managers acknowledged that it sometimes led them then to avoid intervening in situations right away. For example, MED8 recounts a situation in which a nurse in her section was displaying uncharacteristic behaviours, such as engaging in offbeat emotional displays and making out of the ordinary statements. His behaviour escalated to more extreme attendance issues. MED8 recognized that at first she was

reluctant "The first time it happened, I was taken aback and didn't do anything…I ignored the first time because everyone is entitled to have a few odd days, but by the time the second time came around, there was clearly a pattern and I needed to have recognized it and do what I could to help him recognize it. But I didn't. I wasn't sure, really, where my boundaries should have been or what I should have been looking for. If I knew what to look for, I wouldn't have to go looking for the wrong things – things that might be too personal or not at all related to health." However, after the third time she sat the employee down for a chat to begin clearing the air and working on a solution. This statement brought forward by the MED8 represents a concern many managers have about overstepping professional boundaries by taking too much of an interest in a situation and person. Having to dance around the line of being too overly professional or overly caring causes challenges in executing proper strategies to help. This combined with managing the perceptions, inputs of other employees and managers of their responses causes tight tensions which can seem daunting and be tiring to sort out.

Worried about professional and personal risks. In addition to simply being uncertain about what to do in particular situations, managers also reported worrying about how their responses could potentially lead to a grievance or other professional risks. In other words, beyond not really knowing what to do in many circumstances of mental health crises, managers worried that doing the wrong thing might get them punished in some way. This thought process was illustrated by GOV2, who said the following about managers' reactions to mental health crises in general, "…they are afraid of making a mistake…am I going to be supported by my senior people or am I going to tarnish my reputation? Or what if I get a grievance or a complaint, will I be supported by my manager? So there's still that fear." Similarly, GOV5 mentioned that in addition to being worried about triggering a grievance, managers see mental health as a,

"…dialogue fraught with risks because any executive doesn't want to have a set of grievances against their leadership file." Thus, managers were not just worried about being the target of a grievance but how that grievance in their file might adversely affect their long-term career goals. GOV5 went on to explain that the anxiety that surrounded managers' apprehensions about receiving a grievance negatively influenced how they understood mental health crises at work, how they talked about mental health, and how they made decisions in terms of finding solutions. He described how the thought processes of management in these types of situations are tackled as "…shit, we've got a problem. There's going to be a grievance. Let's take the steps necessary to avoid this risk."

Taxing on own mental health. Finally, managers also reported how the uncertainty surrounding the situation, coupled with having to actively engage in 'crisis mode' at times, could be taxing on their own mental health. This theme encompasses the emotional and psychological costs associated with helping an employee manage their mental health at work. The emotions can range from frustration to helplessness and take a toll on the manager dealing with the challenges. Managers range in ways they cope with these stressful and uncertain situations but often find them difficult to get over and worried for future scenarios and cases.

GOV1 at the start of her interview reflecting over the files she has had to work over the years saying "So the more that I'm involved working in files like this, I'm finding it more and more challenging. And I feel like my own sort of personal resilience is depleting. So the files are becoming a lot more taxing." The taxing aspect of the job is depleting GOV1s personal resilience and becoming taxing which seems to be a common issue amongst managers with GOV3 similarly stating after handling a difficult in the moment situation, "I had to lock myself in a quiet room to be able to handle all of this at the same time.". Furthermore GOV3 added when

reflecting over her cases, "But at some point, I'll have… it makes me think that I'm not necessarily that far myself from having mental health issues also, from being tired of dealing with all those, all the others' issues. So it makes me conscious about that.". Emotionally, to deal with stressful situations that come from these situations, managers are burdened. GOV4 stating a challenging ongoing case causing, "Frustration, lots of frustration. Borderline discouragement because at one point I just didn't know what to do and I was like, you know, you made your bed and just lay in it, right?"

Some managers even going as far as to thinking of a career change, GOV2 reflects when discussing handling mental illness cases in the workplace, "That doesn't mean it's easy. It's draining, actually. It's very demanding. And as an individual person, I'm finding that as I'm getting more mature, even though I'm only 53 and I feel still young and so on, but I've done this for a long time and I'm starting to say, okay, this is starting to be too much for me. So right now I'm sort of in the midst of saying, okay, do I make a change, like a different job or something?". GOV1 also states the challenges handing an abrupt and shocking case as a reason for leaving a job saying, "But that was really, really hard, and that was one of the reasons why I chose to leave that job, because I just really felt that the department as a whole didn't really understand how difficult it was for me. And looking back, I'm like, you know what? Maybe I should have taken some time off or put in perhaps like a worker's compensation claim for future because I'm noticing like when situations like that occur now that I feel I automatically go back to that situation, and I think about what happened. So I'm like, there's obviously this sort of long-term piece, and that was probably, I think it was about four years ago now, maybe five. But I automatically go back to that. And so there's lasting impacts on me and sort of my ability to do my job."

(2) Institutional Based: The second category of challenges reflect the institutional based challenges that created barriers to how managers can respond or help their employees. Institutional challenges reflected themes such as a lack of upper management support, problems with training, and insufficient resources.

Lack of upper management support or understanding. Several managers expressed frustrations with the senior management's handling or treatment of employees' mental health as a management topic or issue. For example, GOV5 discussed how senior management in his organization tended to give inauthentic lip service to supporting mental health, when in actuality they did not offer any systemic resources or concrete guidance to managers in how mental health should appropriately be managed or addressed. He said, "You can have the most beautiful publicité, you can have policy cover, you can have tee-shirts printed during [Government Charity Campaign] and say how committed you are to mental health, but if you have systemic barriers to engaging people to the processes by which they can avoid the problem such that they need to make the call to EAP, look where you're at"[GOV5]. Furthermore, GOV5 expressed frustration on how senior management in his department publicly promoted a message of care and support towards issues of mental health, but in backdoor meetings would discuss mental health through a lens of risk management rather than genuinely helping people. He also discussed how senior management's public messages surrounding mental health actually created challenges for himself and other frontline managers because their posturing contributed to employees' higher expectations in terms of expecting their managers to be able to immediately and effectively handle situations surrounding mental health.

Another participant discussed how the system is set up to promote and hire managers who do not necessarily have the skills that are conducive to helping employees living with a

mental health condition. Participants acknowledged that a large portion of their job is dealing with and helping 'their people.' Participants typically acknowledged that mental health conditions cross professional boundaries as employees living with mental health condition typically require a degree of emotional support in addition to more conventional, managerial instrumental support. An issue brought up throughout the interviews was the topic of unfit managers. "The other side of it is that some people get into manager's job and they forgot that it comes with people management. And they don't have the knowledge, the experience, the tools, the skills. GOV5 discussed how the system is designed to promote those who do well with projects but may not have experience managing people:

> "So there's flow as opposed to some managers who either don't have the level of confidence in leadership or maybe they're new managers, or – and maybe this is a point that I like to pick up maybe later at some point – there are managers who are not supported. And we throw a lot of managers into leadership positions and last week, they managed a project and this week they're managing 30 people. It's different and we don't really manage that difference very effectively, I think, in today's public service" [GOV5].

Finally, participants also discussed how, while they knew of the basic resources they could rely upon if an employee was living with a mental health condition, such as reaching out to Human Resources and directing their employee to their institution's Employee Assistance Program (EAP) when available, participants discussed how they would have appreciated more senior level advice on how to handle the situations they were dealing with. One participant, GOV3, discussed how she often needed advice in terms of strategizing her approach with employees who were living with a mental illness and help with mediating relationships amongst a team of employees, but that senior management typically avoided having these types of conversations.

Problems with training programs. Despite the fact that most participants had received some degree of training either directly related to mental health or on a topic that could be

transferable to a mental health crisis situation, a common theme was that they felt that this training was problematic. These problems stemmed from either being too incomplete, or in other words, training programs not covering the full range of scenarios managers might face, or too infrequent. For example, GOV3 discussed how she had taken a course on mental health first aid, but at the conclusion of the course she still did not feel confident in her skills to address a crisis at work, saying, "I'd like training more on okay, well, what do we do from now on? Okay, what are the next steps? How do we help employees get better? How do we encourage them to go get help? Yeah, more guidance on this." Similarly, GOV1 expressed a desire for more concrete training programs that offered step by step guides of what to do in different situations, saying, "I feel like the pieces that are always missing are the practical what do I do when this happens?" In a similar vein, GOV4 discussed how several of the training workshops he had to take regarding mental health were more designed out of bureaucratic necessity rather than a desire to genuinely ensure that managers have the skills necessary to effectively manage their employees' mental health crises in a work context, referring to these programs as "checkmarks." A few participants also discussed how the training programs didn't necessarily cover the full gamut of situations she might encounter at work, pointing out that most of the training she had taken focused on highly intense situations, but failed to cover the more mundane or hidden forms of mental health crises at work:

> "And I know it's all case by case, but you know, watching videos and understanding, like some of them are a big show, like very dramatic. Like we show someone, like a full like psychotic episode. And you know, like I don't feel like that happens in the workplace so much. I think it is a bit extreme, but it's more to like know the depression and the anxiety and things that are affecting someone's ability to be at work or do their work, but not necessarily to the point that it's completely debilitating for their whole entire life" [GOV1].

Bureaucratic constraints or insufficient resources. Finally, participants also discussed institutional challenges in the form of bureaucratic constraints or insufficient resources that

tended to impede managers' flexibility or ability to help their employees. An interesting and relevant theme that emerged throughout several of the narratives concerned the role of Human Resources (HR) in managing situations in which an employee is living with a mental health condition. How managers discussed the role of HR often contained dialectic tensions. On the one hand, relying on the formal policies and procedures with the help of an HR expert could help provide clear guidance to managers, and alleviate some of the aforementioned intrapersonal challenges associated with uncertainty. On the other hand, managers acknowledged that once they brought HR into the situation, they lost a lot of control over the situation. For example, GOV7 described a situation in which one of his employees was living with a substance use disorder, and was having problems with absenteeism and mood swings at work. GOV7 described how going through HR negatively impacted his ability to maintain a healthy working relationship with her employee and that the frustrations caused by an overly cumbersome bureaucratic process eventually led to the employee filing a formal grievance.

> "Everything had to go through certain procedures and HR channels in a very formal way. It created a disconnect between me, as the supervisor, and the employee. There was separation between me and him because at some point near the end of all of this, he filed a harassment claim. Not against me, but against [redacted] because they were following-up with him so much. Because of the claim, we had to adhere to very specific communication requirements and it meant I couldn't have any informal communication with him. If we had been able to communicate more informally or unofficially, it would have been better, but this would have helped and made me feel more competent and in-tune to the situation and the employee's needs" [GOV7].

This passage shows how using the resources provided by the organization such as the formal HR channels created a larger and less manageable problem for the manager. The manager became more restricted and a situation which may have been diffused simpler, earlier, escalated to a greater challenge involving a lot more time, resources, and formality.

Other participants discussed how they would sometimes avoid communicating with HR or asking for help when they should because they worried about their employees being unfairly

reprimanded. For example, in discussing a situation in which an employee was living with anxiety and refusing to complete certain tasks associated with her job such as customer service, RFS10 stated, "I was so reluctant to ask for help or encourage the employee to ask for help until things got pretty bad. They have this tool that they pretend was a progress or development tool, but in reality it is just something they can use to fire you. There is zero understanding, and for someone with a mental health problem, that's a really horrible situation to be in." RFS10 went on to say, "Oh my god, they [HR] were horrible. Their policies are so strict that whenever I was accommodating her without following an explicit procedure, I would get anxious that they would find out and punish her somehow. Just the idea that I had to write people up for taking more than a certain number of sick days a year, even when it is allowed under the collective agreement."

Beyond HR, within this theme participants also discussed how other mechanisms or resources in place to help them often did not go far enough in providing clear guidance and support. For example, GOV3 described how in one situation she tried to use her organization's internal conflict management system in place but that the process did not really provide any clear help in the end. Other managers discussed how, while they acknowledged it was fortunate that their institution had a good EAP program in place, they felt short of telling their employees to call EAP they did not have any access to resources to help their employees at work while they waited for help through the EAP program.

(3) Disruptions that Require Manager Attention: A final set of challenges that emerged from participants' narratives focused on the disruptions to work or personal conflicts that could arise in the context of managing a mental health condition. Participants tended to acknowledge that while these issues were considered challenges at the time that they were experiencing them, looking back on the situation they could now reflect upon how these

'challenges' were actually early signs that their employees needed help in some circumstances. Disruptions came in three forms: creating an uncomfortable work environment, causing interpersonal or relationship conflict, and disruptions to work processes.

Uncomfortable work environment. Managers reported that sometimes employees living with a mental health condition would engage in behaviours that would create an uncomfortable work environment for other employees. For example, my informants reported instances in which an employee displayed negative emotions (e.g. anger, frustration) or engaged in norm violating behaviours (e.g. lying on the floor during a meeting). These behaviours were not necessarily directed towards a specific individual or colleague, but rather are best considered 'ambient' meaning they resulted in a general sense of uncomfortableness by those in the work environment. For example, GOV1 described a story in which an employee who was experiencing anxiety and depression was at work dealing with a personal financial problem on the phone. while also handling a small personal financial issue. GOV1 said, "And she was on the phone like screaming, crying for hours, and I actually had to send her home because I was like, we're in a cubicle environment. It was so disruptive to everyone, and I was kind of like, this seems like a huge overreaction…"

GOV3 relayed a similar experience. She had an employee who indicated they lived with depression and anxiety and who would lie on the floor on a yoga mat to help calm himself down. His colleagues were unaware of his depression and anxiety and would often complain to her about his behaviour: "So of course he doesn't understand that [male employee A] is dealing with depression and anxiety and panic attacks. And sometimes he's going to come and see me to say, oh my God, he's on the floor on his yoga mat, and what do I do? Nothing. He's okay. He's relaxing. Just let it go. So sometimes [male employee B] will have a little bit of difficulties to

understand, but so far it's working okay." When other employees were unaware of someone's mental health condition that is manifesting it created a delicate situation for managers. They had to encourage employees to be accepting of their colleague's behaviour without revealing their health status.

In a final example of this theme, a manager in a medical context described an employee living with (at the time) poorly medicated bipolar. She described how the employee would engage in periodic bouts of silliness that would disrupt meetings. She said, "I'd sit down with him and would notice that he, he would be inappropriately silly. This silliness or exuberance was contradictory to how he usually was, which was quiet and reserved. I'd have to look twice to know what was going on because of the noises he was making. Like weird humming and guttural noises. Not exactly professional for a healthcare center and very much uncharacteristic of him" [MED8]. This quote represents that these behaviours are not only noticed and experienced by coworkers but can be witnessed by customers and third-party users of the establishment. This narrative is also a good example of how managers often considered employees engaging in these types of behaviours at the time as disruptive, but looking back on the situation can recognize that these behaviours were really cues that an employee may need medical attention. In this particular example, the employee's behaviour was so out of character that it was easier for both the manager and fellow staff members to recognize that something was wrong and encourage the employee to seek out that medical attention.

Interpersonal conflict. In addition to engaging in behaviours that created an uncomfortable work environment, sometimes employees living with a mental health condition would become engaged in conflict with others that required their managers' attention to mediate. For example, RFS11 described a time in which an employee living with depression and anxiety

would lash out at others when she was feeling particularly stressed, saying, "She would act out during times when she seemed to be struggling with stress or workload. Lashing out was always a sign that she was heading downhill. Maybe once a month because of stress or because she had lashed out or something like that, she would be sent home. It really got bad when she started crying in front of customers or getting frustrated or even angry with customers. It got very bad." This is an example of interpersonal conflict not only affecting co-workers but spilling into conflicts with customers. The manager recalled how she would have to mediate the situation such as having to "...apologize and have to comp meals" for customers, or rescheduling staff who had recently had a negative encounter with the employee so that they would not have to work together and have time to cool off.

GOV7 described a similar situation in which an employee living with depression and substance use would sometimes boss around his colleagues without formal authority: "He would be very arrogant and sometimes rude, from what I heard. And once, onsite, I heard him talking to his coworkers during mess and he was giving them the "what's-what", as if he was the boss or he was the authority figure. I could tell by the body language of his peers that they were not happy about this" [GOV7].

It should be strongly noted that both RFS11 and GOV7 described how these negative interpersonal behaviours were very uncharacteristic of their employees. They both described how their employees had always been reliable hard workers that for the most part got along well with their colleagues. This further underscores the observation that these behaviours represent signs that an employee needs help, but in the heat of the moment managers often found themselves at a loss of what to do. They had to balance the interests of multiple stakeholders including other employees and customers.

Disruptions to work process. Finally, managers often talked about disruptions to work that caused problems they then had to solve. Disruptions to the work process can be shown in many different forms such as working inefficiently, attendance issues, abrupt disruptions to workflow, and working inconsistently. For example, MED8 told a story of how her employee living with bipolar disorder suddenly started displaying erratic attendance: "... he would suddenly say he needed to leave, that he was sick, that he couldn't possibly keep working. And then he would take some sick leave. He would be out for two weeks." Another time more abruptly, "…he came to me and said "I can't do this anymore" and was off work for a little while." Fortunately for this manager, she reflected on how everyone in the work team respected and liked this employee and as a result did not feel resentment when he was off work for long periods of time (instead they were hopeful that he would get medical help), but the manager did reflect upon how she had to scramble to find ways of covering his work.

Not all managers were as fortunate as MED8 and often time disruptions to the work process caused annoyance in coworkers. RFS11 told a story of a situation where his employee with a generalized anxiety disorder would not want to complete a basic work task. He went on to say:

> "... if there was a duty that she wasn't fond of, sometimes she would cry and say that it stressed her out too much. ...So, I either had to force her to do the task, and we're not talking about anything bad, just like cleaning out the coffee machine, that sort of thing. So, I either I had to force her to do that or I would have to find someone else to switch with her. As you can imagine, that got pretty annoying for her coworkers" [RFS11].

In this situation it caused friction between coworkers. RFS10 echoes a similar situation with her employee who was also living with a diagnosed anxiety disorder and who had refused to take on the customer service tasks associated with her job: "It was starting to seem like the job really wasn't a good fit for her since all she could seemingly do was work in the back or work

alone, and that's not really how the role is designed...obviously affecting performance standards and there were a few conflicts with coworkers, as a result" [RFS10].

As can be seen through several of the descriptions of the challenges, while they could be categorized into three overarching types (i.e., intrapersonal, institutional, and disruptions) they tended to be intrinsically tied together. For example, in discussing the limitations of the training programs participants often discussed how the lack of comprehensiveness and infrequency of these programs contributed to their sense of uncertainty and worry about what to do when their employees were living with a mental health condition. Similarly, having a lack of resources or being worried that HR might interfere with some of the more informal ways a manager might want to approach a mental health situation resulted in a manager waiting longer to get help and prolonging the disruptions they had to address in the work environment. The connections between the various challenges further underscore the complexity of these types of situations.

Findings: Facilitators

As noted, facilitators capture the broad activities or specific tactics that managers applied to help alleviate some of the described challenges and to manage situations surrounding their employees' mental health conditions more successfully. These activities occurred at three general points in time: before any mental health crisis had occurred (Foundational); at the very beginning of a mental health situation (Early Sensemaking); and subsequently throughout managing an ongoing mental health situation (Throughout). Table 3 provides exemplary quotes for each of the categories of facilitators.

(1) Foundational Facilitators: Several managers that I spoke to emphasized that successfully managing employees' mental health conditions at work required managers to lay a constructive foundation before any sort of crises occurred in the first place. For example,

managers discussed how building a strong rapport with all of their employees was important because if a situation or crisis were to occur, employees would be more likely to feel comfortable approaching them to ask for help. For example, GOV2 talked about how she strongly emphasizes that her office is a safe space to her employees, saying, "And then I'm lucky because the nature of my work is such that I've always had a closed-door office, and I say to them, in my office you're safe. You can say anything. You can tell me what makes you mad. If you need to scream, we'll scream together. When this is done, let's talk. Let me see how we can work this out, how we can help. If you need time off, it's okay."

Other managers also referenced having casual 'open door policies' to encourage their employees to come to them for help when they needed it. GOV4 told a story of how, when he was first hired for his job, he specifically asked to make sure he had an office close to his staff so that they could interact with him frequently. He also explained how he wanted his employees to be able to know his schedule and to feel comfortable talking to him about their problems. He told his staff that if his door is open they are free to come in but if it is closed it is a signal he is busy, and he only closes it discerningly. He said, "So if I'm slightly removed from them, they don't know if I'm gone to a meeting or what. So if they come and see me and I'm never at my desk or if I have to be on a call and I've closed my door, they're like, you're not available for us. Right?" [GOV4]. He wanted his employees to be able to see him on a frequent basis.

GOV1's experience was somewhat unique in that most of her employees worked all over the country and not physically in the same space as her. Just like GOV2, however, she emphasized the importance of creating a good relationship with her employees and made a conscious effort to speak with them on phone often, and to visit them in person when she could:

> …I do try and check in by phone all the time, at least kind of a quick chat weekly, just to be like how are things going? What's happening?" and when she can "So

> phone is usually the easiest way. And then I try to, you know, when there's budget available, which isn't often, try to get to where my staff are located. So maybe it's going on a trip to [Canadian city A] or to [Canadian city B] to try and sort of see them, because I feel like that relationship building, there's always something that changes when you're able to meet someone in person. [GOV1]

As mentioned, an important benefit of developing a strong, trusting rapport with their employees helped employees to feel support and more comfortable to ask for help when they needed it. Another benefit of developing a strong rapport with employees is that managers could more easily recognize changes in their behaviour or attitudes that might be reflective of a mental health condition. While managers did not directly discuss this benefit, it was implicit in some of the stories they told. For example, GOV4 recounted a story of an employee who was typically reliable and a good performer. He mentioned that her performance started to slip, but because he knew her well, to him these changes in her behaviour were concerning and a potential sign of a mental health condition. Because of their already established strong rapport he felt comfortable approaching her to ask if she was going through anything he could help her with.

In addition to building a rapport, managers also discussed how becoming comfortable with having difficult conversations with their employees, even on topics unrelated to mental health conditions, could be helpful because managers learn valuable skills that they can apply in situations related to mental health crises. For example, GOV2 discussed how she has developed the skills to always speak to her employees on "a human basis" no matter what their crisis is: "So I have acquired some confidence, some knowledge, some ways of like talking to people on a human basis, you know? Paraphrasing, you know, or if there's a crisis, they come in my office, they're crying, I will close the door. They're facing me, their back to the door, so nobody sees really who they are. Got a tissue box, and then I have my pad and I say, okay, this is a safe space. Take your time. I'm here for you. Let's talk. What happened? Tell me about it." Further GOV2

states, "And you need to sit down with the employee and say, okay, put your paper aside. You know, invite them for coffee. Okay, what's going on? I'm concerned about you. And not well you haven't done this, you haven't done that. You know, what do you think is going to happen to your performance appraisal, blah, blah, blah?" While these tactics may be used for other difficult conversations such as an employee is upset about something or having problems with their performance, GOV2 pointed out how it is the same skills she applies in situations in which an employee is a living with a mental health condition. Along a similar theme, GOV3 explicitly expressed how a training course she took, called *Having Difficult Conversations*, has been helpful in dealing with mental health conditions at work even though the training program was directed towards broader topics that require difficult conversations.

Another foundational tactic discussed by some of the managers was creating a supportive culture towards mental health to help destigmatize mental illness at work. Managers noted that destigmatizing mental health conditions is another way of helping to encourage employees to ask for help if they are experiencing a mental health crisis. For example, GOV5 discussed how it was important to him to often talk about mental health topics in meetings so that the topic was not "taboo" in the workplace. GOV5 also mentioned how he would often talk about the resources available to employees through their organization's Employee Assistance Program in normal, everyday conversation so that employees were generally aware of the program and could rely upon it on their own should they not be comfortable coming to him for help. As GOV5 described it, before his arrival to his team, team members tended to see the use of EAP in a 'negative light.' They perceived having to rely on EAP services as being weak. GOV5 made it his mission to "take some of the harrow" out of the term but talking about it in more positive terms. GOV2 also stated she is very open and forthcoming with her employees about her experiences with burnout

and what that process was like for her so that employees can relate and feel a sense of camaraderie while handling their own challenges.

Another important foundational activity was infusing more flexible work processes into how work is accomplished. Managers noted that when a mental health crisis arises, employees who are living with a mental illness often require work-related accommodations, such as the ability to work from home or a different schedule. There are several benefits when these flexible work arrangements are already easily available to employees. First, when these work arrangements are already available, it becomes easier to seamlessly apply them in situations in which an employee requires them for a mental health reason. These accommodations cause less disruption to how work is accomplished amongst a team because everyone in already used to and acclimatized to their colleagues engaging in flexible work. In addition, how work is accomplished is already designed in a way to accommodate flexible work arrangements. Second, already having a culture that supports employees' use of flexible work arrangements meant that when employees did encounter a mental health crisis that required a work accommodation, their privacy was better protected. Receiving a work accommodation did not 'stand out' to others when these accommodations were already widely and freely available. Work accommodations essentially become more normalized.

Finally, one manager also mentioned that establishing positive relationships with allies in senior management and HR is important. As noted earlier, a lack of senior management support and strict formalized HR procedures can sometimes cause barriers to successfully managing mental health crises at work. GOV5 mentioned that he always keeps his allies abreast of what is going on amongst his work team so that when a crisis does occur, he is more likely to get an immediate supportive response from those allies. For example, he is more likely to get a

temporary worker to cover for an employee who is on long-term leave for mental health reasons if he had already been communicating well with his superior.

Together, these factors (building a rapport, learning how to handle difficult conversations, creating a supportive/destigmatizing culture towards mental health conditions, infusing flexible work arrangements, and establishing ties with organizational allies) helps to create a supportive formal and informal climate that increases the likelihood that employees facing a mental health crisis at work will get help earlier rather than later. These activities help managers mores easily galvanize the resources they need in these situations (i.e., work arrangements, supportive superiors) and also create a culture where employees feel more comfortable talking to their managers about their mental health conditions, asking for help, or going out of their way to explore the resources available to them through their EAP.

(2) Early Sensemaking: Managers discussed how the early stages of a mental health crisis was typically a pivotal point in time that often continued to resonate with managers long after the situation had been resolved. Within this stage managers started to recognize that something seemed 'off' with their employees and questioned whether their employees' change in behaviours or attitudes was the result of a mental health condition or something else. For example, MED8 described a situation with an employee somewhat suddenly started coming into work late, calling in sick more often than normal, and acting out socially. While there was hesitation by MED8 at first to confront the employee of what she was noticing, "…by the time the third time happened, I didn't hesitate. I saw the pattern and knew I had to step in and help him."

It was in this stage that managers often described the greatest amount of interpersonal uncertainty and questioning what the best approach is. For example, MED8 waited until she was

confident that what she was seeing in her employee was 'off' but also admitted in her interview that she likely should have stepped in earlier and looking back on the situation she recognizes that she might have ignored early warning signs. The only manager I spoke to who seemed confident about approaching her employees at the first sight of something being off was GOV2, who had a long tenure as a manager in her organization. Notably, GOV2 was also employed as a Human Resources Manager. She mentioned that she would often approach employees who seemed to be struggling to ask them what might be wrong. She pointed back to her foundational rapport with employees when discussing this topic, reflecting upon how it was easier to approach her employees and ask what was wrong because she had a good relationship with them.

Managers described how when they first started to get a sense of something being wrong they would engage in some 'information gathering' activity. Often times, this would come in the form of Googling the employees' behaviours to assess whether there could be an underlying mental health condition at play. Alternatively, managers would seek advice from other managers, either within or outside of their organization. Once managers felt comfortable that they had collected enough general information they would often approach their employees.

GOV2 described a situation with an employee who was causing a lot of interpersonal commotion at work. The employee informed her that she has a personality disorder which prompted GOV2 to "… I googled this. Here's what it says, and it makes sense now. I understand, you know. The email, the confusion, the inconsistencies, the direct response, the screaming. When you go through and you Google, because lots of people use Google. There are more sound sources, but you know, Google is never such a bad thing. You know, you read the definition, and then you actually see what happened in the workplace, and it's like holy crap, you know?" There are periods in time when a manager first becomes initially but still ambiguously aware of an

employee's mental health condition and they try to find as much information as they can that might help them. In GOV2's experience, using Google helped provide more contextual information about what her employee was experiencing so that she could think of more personalized and targeted solutions.

Interestingly, managers often discussed how directly and unambiguously learning about an employee's specific mental health diagnosis was a pivotal moment within these types of situations. Managers discussed how when there was little information, there was often tension between wondering whether performance issues or changes in employees' behaviour should be treated as a performance-issue, relying upon disciplinary processes, or a mental health condition which could rely on a greater breadth of accommodation-based solutions. Sometimes learning of a diagnosis was a relief to managers because they could rely on more compassionate formal responses. For example, GOV3 explained how, "Not having a diagnosis, sometimes I'm just not sure exactly what's the issue and how to deal with it. That's what I find difficult." The lack of specific diagnosis contributed to the aforementioned challenges that surround high uncertainty in these types of situation. Being informed of an employee's specific diagnoses offered a sort of 'a-ha' moment for managers that could help them start to implement strategies to help their employees.

GOV4 related a similar story. He mentioned that he had an employee who was constantly calling in sick and complaining about work and her nondescript health problems. He mentioned that before he knew that she was dealing with a diagnosable mental health condition, he was frustrated by her behaviour: "So up until then, was I judging? Maybe. I was saying, no, you're calling in sick. You're not reliable. Like it's easy. Unfortunately, for what I know, with the cards I have in my hand, this is the game I'm going to play, and that's what it is" [GOV3]. He talked

about how he did not consider a mental health condition as the underlying issue at first. Him and his employee operated in a state of subtle conflict and tension where he continued to be frustrated about her work performance. At the time, it was unclear if even the employee was aware of her mental health condition. Once she was diagnosed with depression and anxiety, and she informed her manager, it opened the door to a wider range of possible solutions.

Across the various narratives I collected, not all necessarily experienced this stage of trying to make sense of what was happening and being unsure whether an employee's behaviour was due to a mental health reason. For example, in some situations managers described how they had 'inherited' an employee with a mental health condition that required additional managing and accommodations. This occurred when managers hired a new employee from a previous department and worked with Human Resources and the previous manager to help seamlessly integrate the employee into their new role, or because the manager entered a new job and was prepped by the previous manager about employees who had known mental health condition to be aware of.

(3) Throughout a Known/Recognized Mental Health Problem or Crisis: Once managers became explicitly aware of an employee's mental health condition (either through their own investigation and approaching the employee, because the employee directly informed them, or through a third party such as Human Resources or previous manager) managers relied on a myriad of formal and informal tactics to help manage the situation. Formal accommodations required managers to work with Human Resources to apply official policies to secure their employees' accommodations. Formal communications included formally documenting any conversations with the employee and ensuring that mutually agreed decisions were unambiguously codified in those documents. Both formal accommodations and communications

were interrelated: once a manager chose to use more formal procedures, they were typically required to document and formalize their communications with their employees. While recognizing that my data likely did not cover the full spectrum of situations in which managers might turn to more formal channels to help them manage mental health situations, from the data I had available there appeared to be a least two main reasons why a manager might use more formal mechanisms.

First, managers tended to turn to formal procedures when they wanted to provide their employees with accommodations that were beyond their own discretion. For example, GOV1 mentioned how her employee was experiencing financial issues due to having to take off work as a result of her living with depression. GOV1 stated how she "…tried to figure out ways to reduce the financial impact because we knew that was a stress for the person. We arranged for them to be able to contact E.A. services like from a closed office in like the manager's office." Alternatively, sometimes the employee approached Human Resources themselves and then managers were informed about the formal accommodations they would have to ensure their employees had access to. For example, GOV7 described how Human Resources had let him know that an employee with substance use disorder had certain types of accommodations such as being given certain shifts so that he could make counselling appointments.

Second, managers described how they would prefer to rely on more informal tactics until it became clear that these more informal approaches were not effective. For example, GOV1 described that her employee was showing signs of depression and anxiety, so she began offering informal accommodations such as increased breaks, offering social support, approving time off without documenting that time off so that the employee could attend counselling. This however was not helping improve the situation between GOV1 and her employee, and the employee's

performance continued to deteriorate over time. GOV1 recalled how she had to turn to Human Resources for help in the situation because she had exhausted all the informal tools she had available to her.

If informal tactics didn't work, and there was some concerned about performance issues requiring some disciplinary recourse, managers tended to resort to more formal communications with their employee. For example, RFS11 recalled a story in which his employee was displaying extreme anxiety when interacting with customers and completing normal work tasks. "I deferred responsibility related to formal discipline because it was often easier to report what I saw and provide a detailed account of the actions so that [Human Resources] could make a judgement" [RFS11]. In the end, Human Resources was able to help the employee take a formal leave of absence to get help for her underlying mental health condition and to return to work in a comparatively better state to continue working again. She returned "…really open about her anxiety and worked with us to help avoid triggers" [RFS11].

Despite these situations, managers often discussed how they preferred to use more informal approaches to managing situations of mental health problems for two related reasons. First, more informal approaches allowed them to add personal touches to the solutions they negotiated with the employee. And second, because they tended to have more control over the situation when they avoided relying on Human Resources. Often times these 'informal accommodations' were accommodations that were relatively easy to implement and could be done in a way that would not arouse suspicion or negative reactions from other employees. These informal accommodations were akin to what Rousseau refers to as *idiosyncratic deals* (Rousseau, 2015).

GOV4 brought up an employee with depression who started to frequently miss days at work. To help his employee, GOV4 detailed how he would, "…have regular talks, just chitchat. She'd share her personal life. I'd share mine. But I would also share some not so good news at home, you know, just like, uh, you know, my husband and I, we just had an argument about nothing, right, just so she could relate that I don't have a perfect life. I have crappy moments. And I would tell her, you know what? Today I really don't feel like being here. Because it's true, I don't, right? So if I seem a little, like out of a spot, that's fine." This allowed for his employee to feel she was able to confide in him. He went one to explain, "So she was able to relate. And she felt as if we were both at the same level kind of where she could talk to me. And I think that helped for her to open up…" With further reflection, GOV4 believes lack of communication surrounding mental health in employees is "…about shame and fear, so they keep bottled up, and then they second guess, they question, they double think their answers, and it just makes that a very awkward moment." By empathising with his employee it helped her to open up and this additional information helped him to uncover solutions to helping her deal with her depression at work. Similarly, TW6 brought up how he would informally check up on his employee living with a substance use disorder on an ongoing basis. "I would do things like try to check in with him more regularly. I would check in and say "how are you doing?", "what can I do to support you?", "is there anything I can do to help?" or I would even ask him if he was still going to the meetings. I wasn't sure if I should be asking that, but I felt like it was important to ask him" [TW6].

Perhaps the most fascinating data to emerge from my interviews was that some of the managers I spoke to had created very elaborate and personalized informal communication strategies with their employees living with a mental health condition. These strategies are best

described as 'secret codes' that would help employees covertly signal to their manager that they needed help. For example, GOV3 used secret codes with her employee who had lived with anxiety and depression throughout their working relationship and would often experience panic attacks. GOV3 allowed her employee to take a break or do whatever he needed at the time if he was having an episode in which his depression or anxiety was manifesting. If she was not around when these episodes occurred, he could covertly place a post it note on her desk so that she knew where he was. She also described how she would drop anything she was doing to go provide him help if he was having a panic attack. For example, she would keep her email available to her in meetings primarily for him to be able to reach her immediately in an emergency. If she received an email from him, she would excuse herself from the meeting to go help.

In a similar situation, GOV4 also described how he had a special communication strategy with one of his employees living with an unspecified mental health condition marked by angry outbursts in the workplace. GOV4 created a personal 'safe zone' for his employee. He would allow the employee to enter his office whenever he needed to and allowed him to vent his frustrations in whatever way he needed at the time. This often resulted in the employee yelling and swearing in GOV4's office. GOV4 explained how he often remind his employee that he wouldn't judge him, but also established very clear boundaries around this tactic. He would often remind the employee that he was not allowed to express angry outbursts towards other managers or employees and that if he were to swear outside of their 'safe space' GOV3 would have to turn the issue over to Human Resources for disciplinary actions. GOV4 admitted that his approach was unconventional (and likely not formally sanctioned by the organization). He told me how when he told his former manager and mentor of the approach he was taking with this employee,

his former manager was shocked and told him he would not have recommended he take this approach but to continue due to its results so far.

GENERAL DISCUSSION

The purpose of my thesis was to uncover the challenges that managers encounter when their employees are living with a mental illness, and to learn more about how managers respond to or address those challenges. To answer my research questions, I relied on two sources of data from managers employed in various industries: five in-depth, semi-structured interviews that I conducted firsthand, and extant data of six structured interviews that included interview questions in line with my thesis project topic. Across these interviews, managers described a myriad of mental health situations and crises at work, ranging from relatively benign situations in which their employees experienced only minor and manageable manifestations related to illnesses such as depression and anxiety, to comparatively more traumatic situations in which employees were struggling with suicidal ideation and self-harm at work. My research provides a foundational framework for understanding the broad types of challenges that managers face when in the context of their employees' mental health condition or crises. I found that challenges that managers discussed experiencing fell into three major categories: intrapersonal manager challenges, institutional based challenges, and disruptions that require manager attention. My work also starts to uncover how managers try to help in situations of mental health. Within these frameworks, several of my findings warrant additional discussion.

First, a noteworthy finding in my research is the extreme uncertainty managers discussed experiencing when trying to help their employees living with a mental health condition. This uncertainty was quite stark. Managers consistency discussed constantly questioning what it the right course of action, toiled with being too invasive with their employees' personal lives, and

worried about making the situation worse with their actions or inquiries. Compounding this uncertainty, managers worried about professional and personal risks should they engage in the 'wrong' course of action. The need to constantly question what is the 'right thing to do' contributed to the stress managers encountered in these types of situations. My findings here are in line with broader theoretical and empirical research on the stressful effects of encountering uncertainty (e.g., Cullen et al., 2014; Pollard, 2001). 'Uncertainty' takes up a lot of valuable and important resources, in terms of time and rumination. A relevant direction for future research would be to delve deeper into these experiences of uncertainty and to learn more about how managers eventually develop greater self-efficacy in managing situations of mental health. Interestingly, GOV2, who was perhaps the most experienced manager in my sample with over 30 years as a manager in a Human Resources capacity, did not communicate such a stark sense of uncertainty as some of her less experienced counterparts. Instead she was more confident in her approaches to managing employees' mental health and mental health crisis. Emerging themse in my data suggest that theories and models of managerial learning, which delve into how managers make sense of uncertainty, make decisions, and carry lessons through those decision making experiences, might be useful in bringing a new frame to the study of mental health (e.g., Argote & Kane, 2003).

Another notable finding in my research is the relevance of managers learning of their employees' diagnosis. Given the uncertainty that managers felt, it is perhaps not surprising that learning a specific diagnosis was a pivotal moment that managers frequently and autonomously discussed. A diagnosis provides a considerable amount of information and while it did not necessarily completely erase the unease managers sometimes felt, it did help in the sensemaking process. My findings here align with insights from Charmaz (2010), who pointed out that

disclosing illnesses and disabilities in the workplace can be important in helping employers to understand the employee's perspective, and help in making useful accommodations. In Canada, employees are not legally obligated to inform their manager or employer of their formal diagnosis to receive relevant accommodations. And naturally, there can sometimes be strong tensions between employees' desire for privacy and managers' need to make sense of the situation with concrete information. Employees can also experience costs associated with disclosure such as stigma and a lack of support from coworkers (Jones, 2011). All of these dynamics contribute to a very complex situation and highlights the need for more research that identifies strategies that can adequately balance these varies tensions in ways that help both employees and managers (e.g., Bonaccio, Lapierre, & O'Reilly, 2018).

A fourth noteworthy finding is how successfully managing situations in which an employee is living with a mental health condition starts before a mental health condition even manifests. Managers discussed the importance of building and maintaining a strong rapport with their employees so that when challenges arise both parties feel more comfortable working with one another to find a solution. Some of my findings here are in line with research on 'high quality connections' (Dutton & Heaphy, 2003). My data alone cannot determine whether the managers in my sample necessarily created genuine high-quality connections with their employees, however there was evidence that managers at least strove to develop relationships with their employees with similar characteristics. Theory on these types of relationships point out that the stronger the rapport between two individuals, the stronger the relational capacity to deal with negative events and information. Beyond building a strong rapport, managers also discussed learning how to be comfortable in difficult situations with their employees, creating a supportive climate that destigmatizes mental illness, and building ties with organizational allies who can

provide resources when needed. These findings are important in moving forward with creating organizational programs that help managers manage in situations of employees' mental health. These findings point towards the importance for establishing a strong foundation is necessary so that when a mental health situation or crisis occurs, there is already a capacity to effectively manage in place.

Another noteworthy finding is the importance of informal accommodations and communications when managing situations of mental health condition. Managers acknowledged that there were times in which they had to rely on more formal processes and procedures, and that there are benefits to using more formal channels. However, they also mentioned that most of the time they preferred using more informal procedures and communications. My data revealed some relatively elaborate communication strategies that some managers created with their employees, including secret codes so that employee could send an immediate and covert signal that s/he needed help, and special privileges that seemingly violate typical workplace conduct such as the permission to have angry outbursts in the privacy of the manager's office. Admittedly, my data is probably lacking here, and further investigation is needed to more thoroughly explore the existence and boundaries of such unique agreements. My preliminary interpretations of why managers preferred more informal approaches is that it allowed them to maintain more control in these situations and because it helped them maintain a more personal relationship with their employee, allowing them to communicate with their employee on a more "human level".

A final noteworthy finding is the different trajectories that the various types of mental health situations took. Situations fed into three broad types: benign; punctuated or concentrated moments; and abrupt shocks. Benign situations did not really cause much of a disruption,

solutions were easily implementable (or did not need much intervention), and it was resolved relatively easily. Punctuated or concentrated situations that were marked by periods of extreme disruptions which required managerial attention but otherwise the employee would be able to carry out work duties with little to no interference. The third type, abrupt shocks, described more mental illness crises where the manager was unaware of the condition the employee was experiencing until there was a sudden need for immediate managerial attention and response. Ideally, these three trajectories would have been used as a framework to analyze my data but there was not enough of each type to make this a feasible and complete approach. These different trajectories warrant additional further research as meaningful insight can be obtained in challenges and strategies used to address each.

On a final note, an unanswered guiding question for my research was to investigate the potential positive outcomes associated with managing mental health condition at work. Admittedly, I did not uncover enough positive benefits to warrant formal analysis however, managers did discuss how managing these situations made them a more effective manager, gave them a well rounded perspective of the complexity of mental health, built better empathy towards their employees and managers dealing with difficult cases, built stronger relationships with their employees and other managers, and gave them a sense of accomplishment and happiness to see their employee improve. Managers also discussed learning more about themselves through the situation, growing as a person and building a newfound resilience which they appreciated. Further research on these positive outcomes is warranted.

Practical Implications

In addition to uncovering several noteworthy findings that can guide theoretical work on mental health and illness in the workplace, my work also offers a basis for important practical

implications. First, my research highlights the importance of employers to recognize how taxing these situations can be for managers, and the critical importance of creating organizational frameworks that provide help for managers to successfully manage their employees living with a mental health condition. Within my study, the topic of burnout came up frequently for managers and their struggles with juggling the different hats they had to wear while handling their employees' mental health conditions in the workplace. The potential for burnout is high as these challenges take up a lot of time and toll on managers' emotional energy. Managers have to still keep up with their other daily responsibilities with often little time to replenish what has been depleted. One participant discussed wanting to change jobs and leave their managerial role entirely due to her experiences and the challenges the situations brought forward.

Second, managers discussed how many of the training programs they participated in typically fell short in providing the insight they needed to handle every type of mental health situation they faced. Many training programs were too dramatized, did not offer direct solutions, or were often seen as checkmarks over being applicable to the situation. However, there is a broad range of training programs and all of them provide a little bit of help in their own way. Mental health training is not something that organizations should take lightly and that genuine support for these programs and continual programs will go a long way in aiding their organization with the skills needed to address these challenges. The Mental Health Awareness Training program developed by Dimoff, Kelloway, and Burnstein (2016) focuses on helping managers recognize early warning signs of mental health conditions in the workplace. Furthermore, Mental Health First Aid developed by the Mental Health Commission of Canada has shown to also increase awareness, confidence, and decrease stigma. Developing a centralized

database and front for all mental health workplace trainings offered can help in further access to updated resources continually.

Limitations

A particular strength of my research is that it provides in-depth narrative accounts of how managers have experienced situations in which their employees are dealing with mental health conditions. My research however contains some limitations that deserve mention. First, my sample size was smaller than I had anticipated. This was due primarily because of challenges that arose because of the COVID-19 pandemic. Despite trying multiple strategies to increase participation I was unable. Furthermore, while my sample contained participants across four distinct industries, most respondents were from the Government. As a result, while my research provides a basis of future research directions, and some important insights that can help reframe how scholars understand the challenges managers face in the context of their employees' mental health conditions, my conclusions at this point are tentative. Second, my data my be influenced by sampling bias. Managers which have chosen to participate in the study may be more proactive managers in the realm of mental health in the workplace and acknowledge is existence in the workplace. This may not be representative of regular manager behaviour towards mental health. A solution for future research is to sample managers more broadly. Given the prevalence of mental health conditions in today's modern workplace (and now, in the context of the COVID-19 pandemic) it is likely that all managers have at least one experience with an employee who would fit the broader inclusion criteria of my research. Sampling more neutrally could help alleviate the impact of this bias. Third, my research is subject to recall bias. Respondents during an interview may not recall the situation as it truly was whether it be confusing order of events, missing out on details, or mixing up employee cases. Getting real time data about mental health

conditions at work is a difficult task, but one potential solution would be to conduct a daily diary study. Managers who are in the process of dealing with a mental health crisis at work could journal their descriptions of the daily events along with the thoughts and emotions they experienced throughout these events. Such an approach would provide more immediate data and journaling has been shown to be a cathartic experience for those involved in a conflict or distressing situation.

Conclusion

On World Mental Health Day in 2017, the Prime Minister of Canada Justin Trudeau emphatically stated that, "…work can be a source of stress and lead to mental health challenges. It is up to all of us to create workplaces that promote mental health and respond to employees' diverse needs." Mental health in the workplace is a proven detriment to the workplace which needs to be combatted by rigorous and compassionate research to better aid those who need help. Not only are employees affected by mental health in the workplace but so are managers. Countless benefits can be found in uncovering challenges, working on solutions, and creating stronger workplace training in order to combat this ever-creeping epidemic in the workplace. The call for research is ever greater since the COVID-19 pandemic and creative and innovative solutions will be a strength in ensuring a smoother process for the future of Canadian workplaces.

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TABLE 1

Participant Inventory

ID	Sex	Age	Years of Managerial Experience	Tenure in Current Role	Industry	Narratives of Experiences working with Employees with Mental Illness
Channel 1: Semi-structured in-depth interviews						
GOV1	F	38	16 years in the government	1 year	Government	001 - Hired an employee who has gradual issues over time with work performance leading to harassment complaints and needing time off. 002 - Had a client who had performance issues who self-harmed at work. 003 - Had a client who had known difficult outbursts at work. Client made comment about suicidal ideation. Police had to intervene after an aggressive outburst.
GOV2	F	53	30 years in HR	4 years	Government	001 – An employee living with with anxiety was worried about coronavirus after another employee returned from a different country (pre-full blown pandemic).

						002 - Employee was getting lots of complaints and having outbursts at work. Manager approached her to get help and ended up being diagnosed with burnout and depression. 003-Employee was having issues with attendance and smelling of alcohol at work. Had a meeting with the employee. Helped him to go on leave and seek treatment for substance abuse. 004 - Employee once did not come to work which worried manager and manager requested his place be checked. Employee had attempted to kill himself and was taken to hospital. Returned to work gradually. 005 – Former military employee who threatened harm towards his colleagues. Eventually diagnosed with a mental health problem.
GOV3	F	37	13 years in public service	3 years, 5 months	Government	001 - Employee straight forward with diagnosis of depression and anxiety. Manager created codes and strategies through open conversations to help accommodate.

						002 - Employee diagnosed with anxiety with panic attacks and sends emails to manager when needing accommodations. Has open discussions with manager and completing work well. 003 – An employee showing performance issues is eventually put on performance improvement plan that failed. Employee eventually fired but manager in retrospect believes a mental health problem was the root cause. 004 - Employee going through divorce and causing issues with other coworkers with his rougher behaviour. Manager has to help him manage his emotions in the workplace and handle employees affected.
GOV4	M	42	15 years civil servant, 6 years management	2 years	Government	001 - Employee displayed hostile behaviours in the workplace needing accommodations. Manager worked with employee through discussions and arrangements to help ease the case.

						002 - Employee with anxiety and bit of depression having issues with attendance at work and being reliable. Manager coached employee in showing better performance and gradually she improved and was promoted.
GOV5	M	55	30 years public service employee, 20 years executive	5 years	Government	001 - Has employee on team who when in mad mood lowers morale significantly, was otherwise a good employee before. Manager was unable to have accommodation conversations with this person. 002 - Employee has communication issues, no formal diagnosis but suspected. Suspects employee will have difficulty moving far up in their career while although capable and wishes to help.
Channel 2: Structured Interviews						
TW6 (A)	M	55	30 years	--	Transportation & Warehousing	001 - Employee had addiction issues which gradually got worse. There were performance and attitude issues which manager would approach to fix. Issues would resolve temporarily and come back. Employee was sent on short-term leave.

GOV7 (C)	M	39	10 years	7 months	Government	001 - Employee was diagnosed with bi-polar disorder and has small issues with performance turn into major issues completely out of character for the person. Formal process hurt communication and employee felt attacked. The employee after being on leave returned to a different department.
MED8 (D)	F	50	25 years	4 months	Medicine & Healthcare	001 - Employee was diagnosed with bi-polar disorder and would have sudden spouts of abnormal behaviour. Employee would begin acting over the top and unprofessional for environment. Manager and employee sat down for chats and was able develop insights into own patterns and get accommodations.
TW9 (I)	M	37	20 years	--	Transportation & Warehousing	001 - Employee had diagnosed addiction issue and depression. Employee was socially withdrawn but would have change in mood and become extreme. Manager gave employee platform to talk.
RFS10 (O)	F	36	11 years	--	Retail & Food Services	001 - Employee was diagnosed with anxiety and would have

						difficulties completing social aspects of work. The employee would have episodes at work such as crying and mood swings. Manager tried to accommodate and worked with EAP but organization is very strict regarding this subject matter. Employee used resources and got gradually better over time.
RFS11 (E)	M	31	7 years	--	Retail & Food Services	001 - Employee diagnosed with generalized anxiety disorder. The employee would have issues with performance at work and was difficult to work with. Manager was unable to stop the lashing out and would try to diffuse situations and tensions. Employee threatened to hurt self when approached about issues and went on leave. When returned was better at work.

TABLE 2

Exemplary Quotes for Challenge Themes

Aggregate Dimension	2nd Order Theme	Exemplary Quotes
Intrapersonal manager challenges: The cognitions and emotions that managers had to deal with that impeded their ability to effectively manage the situation.	***Uncertainty and incomplete information:*** Feelings of uncertainty about how to respond and what to say to employees living with a mental health condition and feeling as though one does not have enough information to effectively manage the situation.	"And I don't know that like an employee assistance program, like counsellors is really the appropriate place, because it wasn't so much of me like personally not being able to deal with it. It was more like I really don't know what questions to ask this person or what things to say to make it better." [GOV1] "So my biggest issue was trying to figure out how I'm going to approach this without offending anybody and without seeming heartless, right, because I was a bit ignorant to the subject. I didn't know how." [GOV4] "Was trying to find ways to help her overcome those feelings or those issues. I didn't know what to say, right? Because again, I don't, to my knowledge, I don't suffer from mental health issues, so I can't relate. I don't know what she or he are going through. Because I've never suffered, I haven't followed through any services or support or therapy, so I don't know many tips and tricks." [GOV4] "And I didn't know, and I didn't even know, am I doing the right thing by saying why don't you come in for a half-day instead? Am I doing the right thing or where they're like that, you have to let them feel it out and then… Like, I didn't, even to this day I don't know. I don't know if by me saying, no, no, no, come on. Like if you're capable of come on in, and if you need to leave, I'll support you and we'll do this. But try coming in. Did I do the right thing by kind of like somewhat encouraging slash… Because if you see it on a manager's point of view, is it pressuring? If you see it on a concerned person, is it

		encouraging? Like I don't know. I don't know if I did the right thing. I don't know if I'm allowed doing what I did, but that's what I did, and that's what I found challenging was is it okay?" [GOV4] "The actions that I'm taking, are they helping or are they I'm making things worse? That's in general what I found hard." [GOV4] "The other thing is if you have certain people who you're not entirely sure whether there's a mental health situation because they have not been open and candid with you, but there are some labour relations issues. What is it? A labour relations situation or is it a mental health situation? The fun ones are when they're both." [GOV5] "…but so what's the business protocol for a workplace that has had a suicide? What happens the day after, what happens the week after, what happens the month after, and how many check-ins do you do after?" [GOV5] "I would check in and say "how are you doing?", "what can I do to support you?", "is there anything I can do to help?" or I would even ask him if he was still going to the meetings. I wasn't sure if I should be asking that..." [TW6]
	Worried about professional and personal risks: Worrying about how one responded would potentially lead to a grievance or cause problems with their relationship boundaries with their employee.	"I think a lot of managers are afraid that they're going to get a harassment complaint against them, or they're going to get a grievance filed against them or there's going to be a human rights complaint filed against them." [GOV1] "And then beyond that, there's a fact that oh, am I going to be supported by my senior people or am I going to tarnish my reputation? Or what if I get a grievance or a complaint, will I be supported by my manager? So there's still that fear." [GOV2]

	Taxing on own mental health: The emotional and psychological costs associated with helping an employee manage their mental health at work.	"So the more that I'm involved working in files like this, I'm finding it more and more challenging. And I feel like my own sort of personal resilience is depleting. So the files are becoming a lot more taxing..." [GOV1] "But that was really, really hard, and that was one of the reasons why I chose to leave that job, because I just really felt that the department as a whole didn't really understand how difficult it was for me. And looking back, I'm like, you know what? Maybe I should have taken some time off or put in perhaps like a worker's compensation claim for future because I'm noticing like when situations like that occur now that I feel I automatically go back to that situation, and I think about what happened. So I'm like, there's obviously this sort of long-term piece, and that was probably, I think it was about four years ago now, maybe five. But I automatically go back to that. And so there's lasting impacts on me and sort of my ability to do my job."[GOV1] "That doesn't mean it's easy. It's draining, actually. It's very demanding. And as an individual person, I'm finding that as I'm getting more mature, even though I'm only 53 and I feel still young and so on, but I've done this for a long time and I'm starting to say, okay, this is starting to be too much for me. So right now I'm sort of in the midst of saying, okay, do I make a change, like a different job or something?" [GOV2] "I had to lock myself in a quiet room to be able to handle all of this at the same time." [GOV3] "But at some point, I'll have… it makes me think that I'm not necessarily that far myself from having mental health issues also, from being tired of dealing with all those, all the others' issues. So it makes me conscious about that." [GOV3]

		"Frustration, lots of frustration. Borderline discouragement because at one point I just didn't know what to do and I was like, you know, you made your bed and just lay in it, right?" [GOV4]
Institutional based: The challenges that extend from the broader institutional landscape and influence managers' ability to help employees living with a mental health condition.	***Lack of upper management support or understanding:*** Managers expressed frustrations with the upper management's handling of mental health conditions and poor installation of constructive culture.	"Well, I know there's… like on the team we have one of the staff who's a mental wellness ambassador, so she's going to send a lot of links. Okay, there's a training on this or a workshop. Someone's going to speak about mental health. So we have that, but as a manager, I can't turn to her. Who do I turn to for issues that are specific to mental health and how to deal with an employee? Apart from calling the Employee Assistance Program myself, I don't feel like there's one person in the department or one group I could turn to to seek advice." [GOV3] "You can have the most beautiful publicité, you can have policy cover, you can have tee-shirts printed during [Organization Charity Campaign] and say how committed you are to mental health, but if you have systemic barriers to engaging people to the processes by which they can avoid the problem such that they need to make the call to EAP, look where you're at."[GOV5]
	Problems with training: The challenges associated with incomplete or ineffective training approaches.	"And so I think sometimes it's like I don't know what's going on, and I'm only seeing maybe a portion of symptoms, so how do I ensure that I'm providing that support? And I feel like that's the piece that's always missing in the workshops…I feel like the pieces that are always missing are the practical what do I do when this happens?" [GOV1] "And I know it's all case by case, but you know, watching videos and understanding, like some of them are a big show, like very dramatic. Like we show someone, like a full like psychotic episode. And you know, like I don't feel like that happens in the workplace so much. I

		think it is a bit extreme, but it's more to like know the depression and the anxiety and things that are affecting someone's ability to be at work or do their work, but not necessarily to the point that it's completely debilitating for their whole entire life." [GOV1] "I'd like training more on okay, well, what do we do from now on? Okay, what are the next steps? How do we help employees get better? How do we encourage them to go get help? Yeah, more guidance on this." [GOV3] "So within the government we do have services and we have courses and what-have-you. But to be honest, they're checkmarks. We're given courses because we have to give courses because we now understand that mental health and mental illness is more and more common and hopefully less taboo, so now we're being more aware of it." [GOV4] "You follow those courses, and they're good, right? But it's the very tip of the iceberg." [GOV4] "I would have liked to be able to assess the employee myself, either informally or formally, and would need training to do that. We didn't have any training or anything like that beyond basic management education." [GOV7]
	Bureaucratic constraints or insufficient resources: The challenges associated with formal polices and procedures, or insufficient resources that impeded managers' flexibility or ability to help their	"Well, we had them [conflict management group] involved with [female employee A]. It was cute, but it didn't solve any problems. It didn't help the situation. It was nice. We used the mechanism where we had a full day of discussion between [female employee A], myself, and the conflict resolution officer. But in the end, we didn't get anywhere," [GOV3]

	employees manage a mental health condition and its impact at work.	"And when you do have a severe case, we don't have that many resources to go to, right? As a manager, I can call EAP, which is the Employee Assistance Program, and say I'm struggling with an employee who has a mental illness, right, or mental health issues. And they might say, give us a couple of key pointers. By the end of the day, they're going to say please refer them to us. We will refer them to a specialist, right, because we're not the specialists, and we're told we're not the specialists. But we still have to manage that expectation in the office and we're not fully equipped." [GOV4] "But having HR really wasn't' enough. There were other protocols or procedures that we just didn't have. Or, honestly, they were lacking." [TW6] "I was so reluctant to ask for help or encourage the employee to ask for help until things got pretty bad. They have this tool that they pretend was a progress or development tool, but in reality it is just something they can use to fire you. There is zero understanding, and for someone with a mental health problem, that's a really horrible situation to be in." [RFS10]
Disruptions that require manager attention: The challenges associated with having to attend to something regarding employee behaviour. Often times these challenges also served as cues that the employee needed help and in	***Uncomfortable work environment****:* Employee engaged in behaviours that created an uncomfortable work environment for others, such as displaying ambient negative emotions (e.g., anger, frustration) or engaging in norm violating behaviours (e.g., lying on the floor during a meeting).	"So of course he doesn't understand that [male employee A] is dealing with depression and anxiety and panic attacks. And sometimes he's going to come and see me to say, oh my God, he's on the floor on his yoga mat, and what do I do? Nothing. He's okay. He's relaxing. Just let it go. So sometimes [male employee B] will have a little bit of difficulties to understand, but so far it's working okay." [GOV3] "So sometimes he'd be at his desk, and I don't know what, right? The sun could be coming in the wrong way or he got a paper cut or the system was slow or what have you, and he'd get frustrated and he would start slamming things, whether it be his fists on the desk,

hindsight reflected a mental health condition.		whether it be slamming doors of his cupboards, stuff like that." [GOV4] "She was toxic to be around. Clearly she was unhappy and struggling with something," [RFS11]
	Interpersonal conflict: Employee engaged in behaviours that resulted in interpersonal or relationship conflict with another employee, customer or the manager being interviewed.	"There were times when she was very difficult to manage. She was rude and inconsiderate towards her coworkers and even towards customers sometimes. She usually had to leave work or be sent home at least once a month because she had lashed out or something like that." [RFS11] "She would act out during times when she seemed to be struggling with stress or workload. Lashing out was always a sign that she was heading downhill. Maybe once a month because of stress or because she had lashed out or something like that, she would be sent home. It really got bad when she started crying in front of customers or getting frustrated or even angry with customers. It got very bad." [RFS11] "...he would yell at coworkers or others in the [warehouse] when he was upset about something. He would be very arrogant and sometimes rude, from what I heard. And once, onsite, I heard him talking to his coworkers during mess and he was giving them the "what's-what", as if he was the boss or he was the authority figure. I could tell by the body language of his peers that they were not happy about this. He didn't seem to pick up on that at all, which was weird to me because he used to be fairly good at understanding people or putting himself in their shoes." [GOV7] "Most of the conflicts came up in the months before she received formal accommodation and that was largely driven by people feeling like she was getting special treatment and that it wasn't a fair situation. From their perspective, I can certainly appreciate why it felt that way.

		Some, although not many, continued to be resentful even after she had formal accommodations." [RFS10]
	Disruptions to work processes: Employee engaged in behaviours that impeded their own or others' ability to work effectively or efficiently.	"You know, there's certain things that, and we actually went through at one point with all the tasks she was assigned and how long she thought each thing would take. And in one week she did the equivalent of two hours of work. And it would have taken anyone else probably 15 minutes. But I said, okay, benefit of the doubt, two hours. When you think that two hours is a reasonable amount of work to have done in a 37.5-hour workweek, and it was like I don't know." [GOV1] "There were also more frequent accidents in the workplace.... Those were the big changes…" [TW6] "So, once he got into the field and was left upon his own actions, the way he would do things would be significantly different than discussed. He didn't prioritize the things we had discussed and he didn't communicate with others the way that he used to or the way that we had discussed. It was like he suddenly had a complete lack of respect for everything." [GOV7]

TABLE 3

Facilitators of Success Summary Table

General Point in Time	Facilitator Sub-Categories	Exemplary Quotes
Foundational Facilitators: Factors that were put in place even before a situation in which an employee living with a mental health condition arises in the workplace. Informants described how it was important for them to set a strong foundation so that if an employee experiences a mental health problem, they would be more comfortable seeking help.	***Building a Rapport:*** Informants described how it was important to them to build a positive, individualized, and personal rapport with their employees, unrelated to their mental health status, so that when any problems arise their employees feel comfortable coming to them. Building a rapport was primarily accomplished through positive communication, such as through maintaining an open-door policy, letting employees directly communicate concerns, meeting one-on-one and face-to-face with employees (when an option), etc. Building a strong rapport with employees also served to help managers see the warning signs of their employees' mental distress because they were better aware of their employees' behaviours under non-crisis circumstances.	"I always have an open-door policy. And in my new role, where I am now, I have the option of being in a closed office or what we call on the floor with the staff. And I asked to be on the floor with the staff simply because even though I have an open-door policy and I tell my team, come and see me whenever you want, they don't know my schedule. So if I'm slightly removed from them, they don't know if I'm gone to a meeting or what. So if they come and see me and I'm never at my desk or if I have to be on a call and I've closed my door, they're like, you're not available for us. Right?" [GOV4] [In reference to speaking to employee in office with door closed] "The rule I had was if you see that door's closed, you say anything you want. Absolutely anything. You need to spit nails into the wall, you need to punch the wall or whatever. Once we leave, we're all smiling and we have a shared message." [GOV5]
	Learning how to Communicate in Difficult Situations*:* Informants noted that employees' mental health conditions can be an uncomfortable conversation to have and therefore, any experiences that can help one get	"We have a course called Having Difficult Conversations. I found that really useful. As a manager, we have a lot of difficult conversations. Sometimes it's just on performance management or we have to let go an employee because there's not

	comfortable with difficult conversations will help a manager develop certain skills they can rely upon when an employee is experiencing a mental health problem or crisis. This also included learning how to listen and be upfront with employees.	enough work, the project was cancelled or things like that. So that's really helpful." [GOV3] "Not given right. To say that someone's always right, I don't think that's proper. But to say you know what? I hear what you're saying, and to be honest with them. I don't agree..." [GOV4]
	Creating a Supportive Culture towards Mental Health: Informants discussed how it was important to them to build a supportive culture that de-stigmatizes mental health conditions. Tactics to building a healthy culture included talking about EAP resources available to employees in normal conversations or meetings (outside of an actual mental health problem or crisis).	"I'll be clear. In the past, an EAP call was viewed as something of concern and not somebody necessarily associated with constructive means, or it was there's a problem here. It's bad. So I like to think that if I use EAP more in regular parlance, then it kind of takes some of the harrow off the term. And I think I've been realizing some degree of success, but it varies by shop to shop." [GOV5]
	Infusing Flexibility in Work Processes: Another foundational tactic is infusing more flexibility into work processes, such as flextime and work from home policies. The benefit of such policies is that when an employee has a mental health condition, it is comparatively easier to accommodate their needs, causes less disruption to the work processes and is less likely to spark negative attention from colleagues.	"Gosh, if we would have been a little bit more awakened to the positive elements of alternate work arrangements… From a performance measurement perspective, there are so many wins involved in my giving one of my managers a file and saying you know what? Find the time. If it's by the way 10 p.m. and midnight, if that's your happy space, then do it…And if you have alternate work arrangements, at least it's been my experience, and this is anecdotal, I haven't run the numbers on it, but my own personal numbers, they're all good." [GOV5]

	Establishing Strong Ties with Institutional Allies: Informants discussed how having instrumental ties to institutional allies, such as senior management and the union, can be important for when problems arise.	"Once I work something out, I let my boss know. That's part of Section 1 of your questions as well. Part of being a good leader is keeping your senior management apprised of what you're up to so that there's no surprises." [GOV5]
Early Sensemaking: Actions that informants took in the early stages of a mental health problem or crisis that helped them to make sense of or better understand the situation.	***Information Gathering:*** Informants described researching their employees' mental health conditions, either based on information regarding a formal diagnosis they received from their employee, or a perceived condition. This was often done using Google.	"So I googled this. Here's what it says, and it makes sense now. I understand, you know. The email, the confusion, the inconsistencies, the direct response, the screaming. When you go through and you google, because lots of people use Google. There are more sound sources, but you know, Google is never such a bad thing. You know, you read the definition, and then you actually see what happened in the workplace, and it's like holy crap, you know?" [GOV2] "So I mean like that's always helpful. It's not necessary, but I feel like it's helpful because then I and other managers, we can kind of do more research into like what does this sometimes look like? What kind of symptoms might we see? Are there things happening that maybe we can anticipate might show up in the future?" [GOV1]
	Advice Seeking: Informants would sometimes reach out to other managers, both within and outside of their organization, to learn more about how to handle particular situations.	"So a couple of weeks ago I had an issue with a poor performance of one of my staff, and I sought advice from her. So now I know I can turn to another person. So you try to use your network and see if anybody else had issues like this." [GOV3]

		"My [family member of participant] is a director of accountants, a senior director in an accountant firm, so I ask her, okay, do you deal with people that have issues like this? So we try to discuss as much as possible and see how others have dealt with similar situations so that I can learn and try to apply what worked. We try to adapt. You do your best. You do your best." [GOV3]
	Talking with Employee: Informants described how they would initially talk to the employee to learn more about their condition and potential ways to help.	"And you need to sit down with the employee and say, okay, put your paper aside. You know, invite them for coffee. Okay, what's going on? I'm concerned about you. And not well you haven't done this, you haven't done that. You know, what do you think is going to happen to your performance appraisal, blah, blah, blah?" [GOV2] "I have had to intervene and meet the employee or tell the manager to bring the employee in and talk and have that human talk and say, hey, are you okay? I saw you react that way. I'm not sure what it is, but can you tell me more? You can't scream at people that way." [GOV2] "I needed to start somewhere, and having a chat is a pretty good place to start in almost all things in life. We talked about it and I encouraged him to speak with his doctor. He told me that he spoke with his doctor and that he was going to adjust his medication. After that, this sort of thing stopped occurring. He seemed to develop some insight into his own patterns." [MED8]

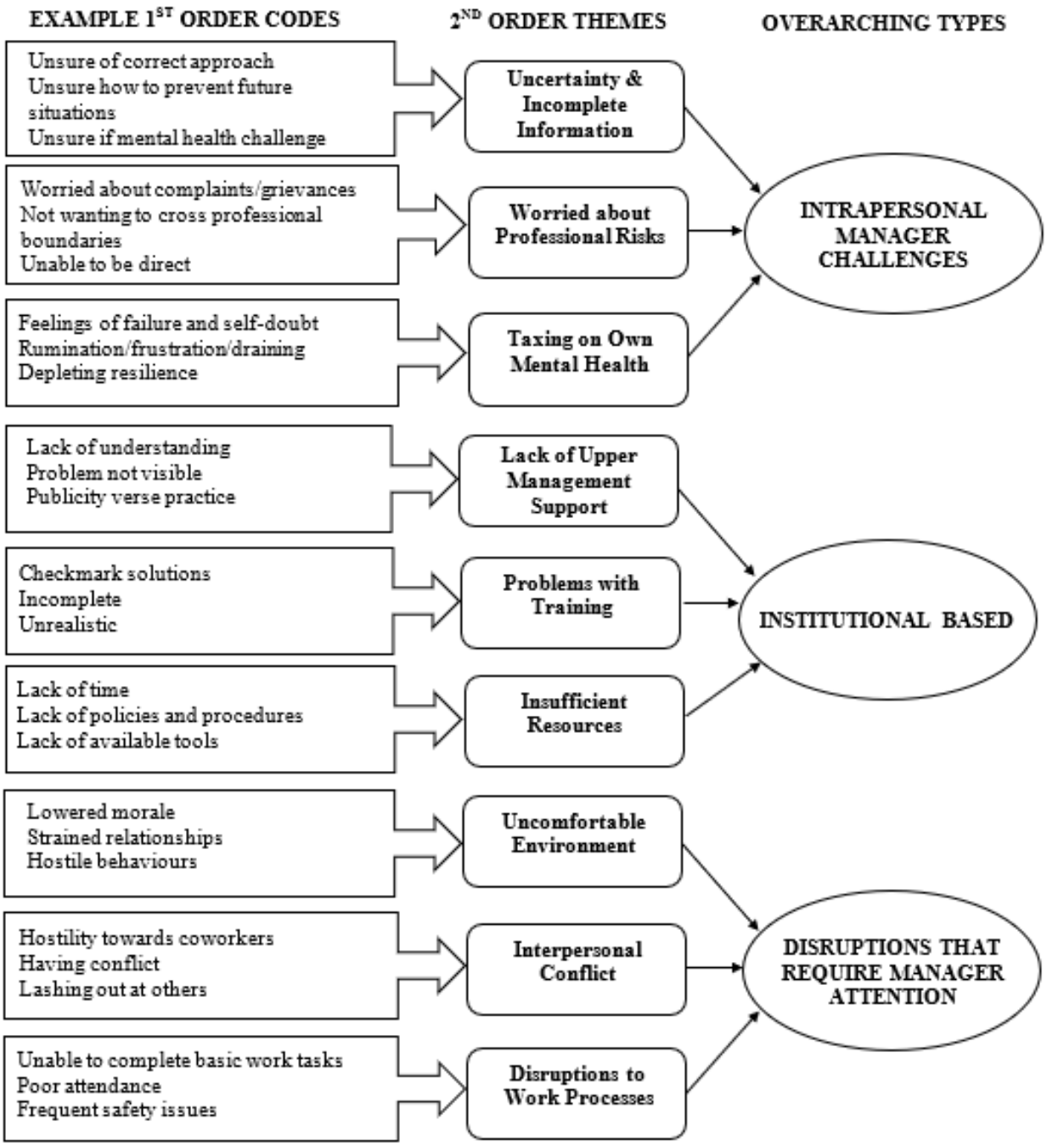
Throughout a Known/Recognized Mental Health Problem or Crisis: Informants described the various formal and informal actions they could rely on throughout a mental health situation to increase the likelihood of helping their employee living with a mental health condition to successfully manager their work experiences.	***Formal Accommodations:*** Describes the various formal accommodations that managers would ensure their employees had access to.	"So we tried to figure out ways to reduce the financial impact because we knew that was a stress for the person. We arranged for them to be able to contact E.A. services like from a closed office in like the manager's office." [GOV1] "HR also let me know that he had certain types of accommodation, like he would have to be given certain shifts so that he could make counselling appointments." [GOV7]
	Formal Communications: Communicating to employee through formal, official channels, including documenting communications.	"I really didn't do much with her directly except to let her know what her behaviour wasn't acceptable and that I would have to write the behaviour up for the GM and the owner to look at." [TW9] "I documented everything really well, from the content and duration of our meetings, what was said, what the outcome was, and all of those types of details." [TW6] "…the documentation and formalization helped me to know what I had done and when I had done it and why I had done it, from a management perspective. By being written, it was helpful to me,…" [GOV7] "…informal conversations stopped having an impact, I had to do a couple of formalized letters of expectations because his actions and practices would differ from what we had discussed during our planning meetings." [GOV7]

	Informal Work Arrangements: Offering employees work arrangements informally, without the approval or help of HR. Informal work arrangements were usually coordinated between the manager and employee and done by working around established rules or policies.	"But we tried to sort of make more arrangements to say, hey, like on the days that you're meeting with the psychologist or counsellor, whoever, like if you can get your appointment at 1:00 o'clock and it's an hour, but then don't come back for the rest of the afternoon, to sort of just give them that time to reflect, to be really supportive." [GOV1] "We tried to incorporate the ability for the employee to take sort of more breaks or to be able to come to the manager and just say like, I'm feeling really overwhelmed, and they could sit in the manager's office for 10 or 15 minutes to kind of decompress rather than always like leaving and going home," [GOV1] "I would call her up and ask her: How are you doing? And she would explain to me. And then I'd say: Well, what if you came in for a half-day instead, right? Are you capable of doing that? She says: I don't know. But then she would come in for a half-day. So it didn't look as bad, and she would do that, right? And I said, even if you only come in for a couple of hours and you have to go home, you know what? You're not feeling well, you decide to come in, your stomach's bothering, you'll leave. Don't worry about it, right?" [GOV4]
	Informal Interpersonal tactics: Several participants talked about coming up with 'secret communication codes' to help employees manage their mental health condition at work. These tactics	"I sat down, I spoke with him, and I said: You know what? I said: I can't relate. I can't. But I have a job to do and you have a job to do. And if we respect our boundaries, we'll be fine. What I'm capable of doing is that when we're doing our one-on-ones, if

	included picking up on their employees' cues that they were having troubles and needed help, or assigning secret codes so that the employee could ask for help without sparking the suspicions of other employees.	something frustrates you, let it out because I know it's not directed at me. So if you want to curse and if you want to say bad things, go ahead. As long as when you're saying them you're not pointing the finger at me, good… I'm here to let you do that in a safe environment without any judgement, and I won't judge you and I won't repeat it, as long as it's not pointed towards me. And if you need to vent about somebody, vent, and that's fine , right? Just weigh your words because if anything like too heavy is said, I need to report it." [GOV4] "So from the get-go, we established a relationship and special codes in the event that he needs me to be there for him…so the code was he was supposed to leave a post-it on my computer screen, and I would come between meetings and see it, and I would need to drop everything and focus on him. Or when he comes to see me and says I need to talk to you, I have to drop everything because like he needs to deal with his panic attack right away, so before it goes out of control. Or sometimes he just wants to retrieve himself from the rest of the group and just walk away, he'll send me an email and say, all right, I need to go, or I will be late this morning. I couldn't make it. I had a panic attack. So things like that. So we've established some communication channels." [GOV3]

FIGURE 1

Data Structure for Challenges



APPENDIX 1

Recruitment Posting

The following text will appear on the invitation card shared by the researchers to various outlets to reach eligible candidates. This includes but is not limited to the Telfer Alumni Network and various social media websites.

Have you managed an employee struggling with a mental health condition? If so, we would love to hear from you

A team of University of Ottawa researchers is conducting a study on **managers' experiences managing employees with a mental illness**, such as experiences with depression, anxiety disorder, bi-polar, eating disorders, or substance abuse/dependence disorder. The goal of this study is to understand the manager's perspective of these experiences. Participation includes a short online survey and an in-depth interview.

We are looking for managers who fit the following criteria:

- 19 years of age or older
- Are currently employed in a managerial position in an office and/or professional setting and **not** currently on leave for any reason
- Have been employed in current position for at least 6 months
- Manage at least 3 direct reports
- Have had or continue to experience managing an employee with a mental illness. Examples of mental illness include but are not limited to: depression, anxiety disorder, bi-polar, eating disorders, or substance abuse/dependence disorder. **Participants do not need to know an employee's specific diagnosis to participate in this research, but should have reasonable reason to believe that an employee is struggling with a mental illness.**

If you would be willing to confidentially share your experiences of managing an employee (or multiple employees) with a mental illness, or would like additional information, please contact the research co-investigator: **Ridhi Khokha** for more information.

Those who participate in the interview component of this research will receive a **$25 Amazon Canada gift card** as a token of appreciation. Participants will be selected on a first come first served basis.

Please share this information with anyone you think could be interested in participating in this research.

Please avoid "tagging" other individuals if you share this invitation via social media

APPENDIX 2

Example of Brief Pre-Interview Survey

Demographics

How do you identify your gender?
- o Male
- o Female
- o Neither of those options describe me, I identify as _____
- o Decline to answer

Choose one or more races that you consider yourself to be:
- o White
- o Black or African American
- o American Indian or Alaska Native
- o Asian
- o Native Hawaiian or Pacific Islander
- o Other _____

What year were you born?

_____

What is the highest level of school you have completed or the highest degree you have received?
- o Less than high school degree
- o High school graduate (high school diploma or equivalent including GED)
- o Some college but no degree
- o Associate degree in college (2-year)
- o Bachelor's degree in college (4-year)
- o Master's degree
- o Doctoral degree
- o Professional degree (JD, MD)

Job Details

Are you currently employed?
- o Yes
- o No

Are you currently on leave from your job?
- o Yes
- o No

How long have you been employed in your current position?

_____ years and _____ months

How many employees work in your organization? [Please give best estimate; your answer does not need to be exact]

_____

How many direct reports do you currently manage?

_____

Do you work in an office or professional setting?

o Yes
o No

Which of the following industries most closely matches the one in which you are employed?

o Forestry, fishing, hunting or agriculture support
o Real estate or rental and leasing
o Mining
o Professional, scientific or technical services
o Utilities
o Management of companies or enterprises
o Construction
o Admin, support, waste management or remediation services
o Manufacturing
o Educational services
o Wholesale trade
o Government
o Health care or social assistance
o Retail trade
o Arts, entertainment or recreation
o Transportation or warehousing
o Accommodation or food services
o Information
o Other services (except public administration)
o Finance or insurance
o Unclassified establishments

<u>Managing an Employee with a Mental Illness</u>

Do you have experience managing at least one employee who has struggled with a mental illness in your present role?

o Yes
o No

If you answered 'Yes' above, in the space below please briefly describe the nature of the employees' struggles with mental illness. You can simply include their general symptoms, or formal diagnosis if you are aware. Please do not include any identifying information in the space below.

_____

_____

_____

How confident or unconfident are you with your ability to manage an employee with a mental illness?

- o Extremely confident
- o Moderately confident
- o Slightly confident
- o Neither confident nor unconfident
- o Slightly unconfident
- o Moderately unconfident
- o Extremely unconfident

How satisfied or dissatisfied are you with the amount of training that you received on managing mental illness in the workplace?

- o Extremely satisfied
- o Moderately satisfied
- o Slightly satisfied
- o Neither satisfied nor dissatisfied
- o Slightly dissatisfied
- o Moderately satisfied
- o Extremely dissatisfied

How would you describe the amount of direction you receive from your organization regarding managing an employee with a mental illness?

- o Far too much
- o Slightly too much
- o About right
- o Slightly too little
- o Far too little

Interview Participation

Thank you. Your responses have been recorded. We look forward to meeting you in person for the interview component of this project. If you have any questions or concerns before the interview, please do not hesitate to reach out to one or more members of the research team. You are under no obligation to participate in the interview component and may change your mind at any time.

APPENDIX 3

Interview Protocol for First Channel of Data Collection

Section 1: Learning More about the Participant's Professional Life

We would like to start by learning more about your job, what it is that you do, and what your values as a manager are.

1. What do you do?
2. How did you get into this line of work? Was it always what you expected you would do?
3. What is a typical day look like at work?
4. What do you think are important qualities and values in a manager?
5. What is your philosophy to managing?
6. How many employees do you manage and what are your relationships like with your employees?
7. How often do you interact with your employees on a daily basis and what do these interactions entail?

Section 2: Learning about their Experiences Managing an Employee with a Mental Illness

If you don't mind, we would like to learn more about your experiences managing an employee with a mental illness. We know that some managers have experience managing multiple employees with a mental illness but let's start with your first experience.

1. What was the first experience, either in your current job or in a previous job, in which you encountered an employee struggling with a mental illness? In as much detail as possible can you tell us what happened?
    a. How long ago did this happen? Did this occur in your current role?
    b. What was the employee's job and/or role on your team?
    c. What was your relationship with this employee like before the described events?
    d. How did your employee's mental illness affect their work?
    e. How did it affect your work?
    f. How did you learn about the employee's mental illness? Did they disclose any details that you can remember?
    g. What sort of accommodations did the employee request? What sort of accommodations did you offer?
    h. What were the challenges you experienced?
    i. How did you address those challenges?
    j. What were your thoughts and feelings at the time? (Assess potential differences across time)
    k. How confident did you feel throughout managing the situation? (Access potential differences across time)
    l. Did you have any specific worries at the time?
    m. What was the aftermath of the situation?

n. In your opinion, was the situation managed effectively? Do you mind sharing more about why or why not?
o. Did anything positive come out of the experience?

Thank you for sharing your story of the first employee you encountered with a mental illness. Moving forward, have you had additional experiences managing an employee with a mental illness?

If YES, repeat above line of questioning.

2. What was the next experience, either in your current job or in a previous job, in which you encountered an employee struggling with a mental illness? In as much detail as possible can you tell us what happened?
    a. What was the employee's job and/or role on your team?
    b. What was your relationship with this employee like before the described events?
    c. How did your employee's mental illness affect their work?
    d. How did it affect your work?
    e. How did you learn about the employee's mental illness? Did they disclose any details that you can remember?
    f. What sort of accommodations did the employee request? What sort of accommodations did you offer?
    g. What were the challenges you experienced?
    h. How did you address those challenges?
    i. What were your thoughts and feelings at the time? (Assess potential differences across time and whether different from previous situation)
    j. How confident did you feel throughout managing the situation? (Access potential differences across time and whether different from previous situation)
    k. Did you have any specific worries at the time?
    l. What was the aftermath of the situation?
    m. In your opinion, was the situation managed effectively? Do you mind sharing more about why or why not?
    n. Did anything positive come out of the experience?

3. Thinking back to this experience/these experiences, is there anything you would have done differently knowing what you know now?

Section 3: Learning more about how these experiences have influenced them as a manager

Before we finish, we would like to learn more about whether or not these experiences have changed the way you manage or influenced how you see your role as a manager.

1. In what ways, if any, did these experiences change how you manage people in general?
    a. What was your previous approach to managing?
    b. How has your managerial philosophy changed over time?
    c. Have there been other important situations that have influenced this change?
    d. In what ways have these changes been positive/negative?

    e. Have these influenced how you manage situations beyond issues surround employees' mental illness?

2. In finishing up, is there anything else you would like to share that you believe was not covered in our questions?

APPENDIX 4

Interview Protocol for Second Channel of Data Collection

1. Could you please tell me your job title or a little about your current role?

2. Could you please tell me a bit about how many employees you manage, both directly and indirectly?

3. And what about throughout your career as a manager, how many employees have you managed?

4. In your current role, are you working in the same location as the majority of your direct reports?

5. What types of interactions are you typically having with your direct reports? For instance, in-person, video conference, phone calls, emails.

6. During the pre-screening questionnaire, you indicated that you have managed at least one person with a diagnosed mental illness (i.e., depression/depressive disorder, anxiety/anxiety disorder, bipolar disorder, schizophrenia, addiction) at some point in the last five years. Is this correct?

7. For the remainder of the interview, I am going to ask that you please focus on the employee with a mental illness who is the most memorable to you. Does one person stand out to you?

8. Could you please verify how you knew that this person had a diagnosed mental illness?

9. While this employee was working for you, did you notice any changes in her behaviours or things out of the ordinary for her? If so, what changes did you observe?

10. Did these changes happen all at once or was it more gradual?

11. How did you respond when you observed these behaviour changes or behaviours in your employee?

12. Did you receive any help or guidance from your employer or others in the organization that helped you respond?

13. So, what could your employer/organization/company have done better?

14. What do you think you did well, and is there anything you would do differently?

15. What was the final outcome of your actions or responses?

16. Is there anything else that you would like to add?

APPENDIX 5

Coding Summary and Thought Sheet Sample

Participant ID:	203 GOV3

Participant Description: (e.g. Age range, sex, employment history, number of direct reports etc.)	Gender: Female Race: Caucasian Age: 36-37 (born 1983) Level of Education: Master's Degree Tenure: 3 years 5 months Direct Reports: 23 Industry: Government Confidence in Ability to Manage Mental Health: Moderately Confident Training: Slightly Satisfied Amount of Direction to Manage Mental Health: Slightly too little

Codes for Research Questions	
Challenges (RED)	
Code	**Excerpt Text**
lack of available training - IC	**"I'd like to have more, but there's not that much that is available right now."**
peer understanding - EC	**"But the difficulty as a manager is to try to make his colleagues understand that he's a bit different and has different needs, and at moments may need a different environment, or to be left alone."** **"So of course he doesn't understand that [male employee A] is dealing with depression and anxiety and panic attacks. And sometimes he's going to come and see me to say, oh my God, he's on the floor on his yoga mat, and what do I do? Nothing. He's okay. He's relaxing. Just let it go. So sometimes [male employee B] will have a little bit of difficulties to understand, but so far it's working okay."** **"It's very difficult because I'm not allowed to name things. So I have to find all kinds of ways to make others understand that we don't all deal with the situations the same way. But sometimes I would like to have more vocabulary to find the right words to use without necessarily tipping them on like oh, he has anxiety and panic attacks and things like that. I wish there were more words to say something."**
difficulties when manager is absent - EC	**"What I would like is that he develops the same relationship with others because when I'm not there, he sets the house on fire."**

	"So I find that a little bit challenging when I'm not there because he hasn't developed the same depth of relationship with others. It's me and my director who can deal with him, basically, and the others, he doesn't have the same level of confidence, I would tend to say."
employee setting off peers - EC	**"So he has a lot of difficulties with relationships and communications with others. It's not easy. So sometimes he's very frank, and it might not be well received by others. He's very much by the book, so things that are not as per the procedures will destabilize him and create that anxiety and things like that, but it's setting off other people who don't understand that."** **"However, the other employee who was involved in the situation decided to make others pay for it. So two other staff on my team basically paid for the misbehaviour of the other employee. So I had to go back to the employee who's divorcing right now and I said, okay, do you have an idea of what you created? If you had been nicer, like the others wouldn't have paid for this. And he just exploded and said they had no idea what I'm dealing with and it's not easy, and things like that."**
worried about losing progress with manager job change - EC	**"I intend to change jobs this year. So I think it will destabilize him a lot and might increase the number of panic attacks and occurrences that like he has anxiety crisis or things like that. And that worries me a bit, because I don't want him to be suddenly isolated from the rest of the group because he's not like others or that he doesn't get the proper attention to help him deal with his issues."** **"And he's a good employee. He's doing a good job. So I don't want that everything is destroyed after I leave and that he has no one to turn to."**
lack of diagnosis - EC	**"So I find it a lot easier when they're diagnosed. I know exactly what to do. It's when I'm not sure that it's more challenging…"** **"Not having a diagnosis, sometimes I'm just not sure exactly what's the issue and how to deal with it. That's what I find difficult."**
poor performance - EC	**"Tried to accommodate her work schedule or her tasks. But at some point, she was no longer performing the work. So then we had to have labour relations get involved, and that's where we start disciplinary process and**

	performance management, really because we have to document absolutely everything. And there's a fine line between poor performance, like not doing a good job and it's just your personal issues that are affecting your work. I found that very difficult."
unable to ask - IC	**"And the issue is that we're not allowed to ask our employees. So if they tell us, good, but we can't ask, so that is very difficult."**
unsure if correct approach - IC	**"Mixed feelings. I'm not sure if I should have done things differently. I don't know if exactly I behaved the way that I should have behaved in order to get to a point that was satisfactory."**
situations going too far - EC/IC	**"Well, it took me a while to figure out the tipping point where it was an employee who had issues, who had just personal issues, and we were trying to help her get better to a point where it was too late, and we couldn't help her anymore and we had to let her go and end the employment because it was just going too far."**
unable to learn from past experience - MC	**"Now that I have more experience, I don't know if I have another situation like that, if I'm going to be able to see it coming at the moment where there's nothing else that we can do because people have to take their responsibilities and deal with their issues, too."**
Increases workload - EC	**"I have to work a lot more hours to catch up on the work because I spent so many hours on that employee that day."** **"I had to drop everything. It took me about three hours to manage the whole situation because it was just not just him but also talking to all the witnesses so that I could get all sides of the medal, and talk to my director and others.And I had an urgent tasking that was done at the same time, and it was quite stressful."** **"I always say it's my job as a manager. I'm paid for that. So technically it's to me to handle this, but I find that extremely disruptive because I have to put in so many more hours after that, and I'm also tired at the end."**
Managing stress - MC	**"I had to lock myself in a quiet room to be able to handle all of this at the same time."**
needing to act fast disrupting workflow - EC	**"We have to take care of our employees first. Otherwise, it snowballs and it can go in all kinds of directions. It's very disrupting."**
how to prevent next case - IC	**"Yes. Yeah, it's disrupting and it's also, okay, so the situation arrived, it's over, it's been dealt with. Okay, when's going to be the next one? What do we do? How do we prevent this from happening again? Things like that.**

	So the little hamster is working all night long sometimes to try to find ways so that we can improve the situation or try to avoid the situation from happening again."
not confident in supportive resources - IC	**"But I don't feel like, and I feel labour relations are there if I need some advice on how to handle an employee. I know I can turn to the Office of Conflict Resolution if needed, although I'm not necessarily a big fan of them."** **"They have a mixed record of success, so that's why. Sometimes they don't necessarily improve the situation, so that's why."** **"No. I don't know. It's just that it makes me think twice before consulting them because I don't want them to worsen the situation."** **"Well, we had them involved with [female employee A]. It was cute, but it didn't solve any problems. It didn't help the situation. It was nice. We used the mechanism where we had a full day of discussion between [female employee A], myself, and the conflict resolution officer. But in the end, we didn't get anywhere,"**
do not have the tools to cope - IC	**"But I feel like I don't have a lot of tools to help me cope with those situations or that there is a lot of understanding in senior management that we do have to deal with mental health issues."**
lack of understanding in senior management - IC	**"…or that there is a lot of understanding in senior management that we do have to deal with mental health issues. So they keep sending us emails and messages every week about taking care of ourselves, mental wellness, and all of this. At the same time they press us to get more work out of us and don't give us time to do our work. So yes, I do have support from my director. I don't feel that senior management and my department is serious about dealing with mental health."**
No upper allies - IC	**"Well, I know there's… like on the team we have one of the staff who's a mental wellness ambassador, so she's going to send a lot of links. Okay, there's a training on this or a workshop. Someone's going to speak about mental health. So we have that, but as a manager, I can't turn to her. Who do I turn to for issues that are specific to mental health and how to deal with an employee? Apart from calling the Employee Assistance Program myself, I don't feel like there's one person in the department or one group I could turn to to seek advice."**

self mental health - PC	**"But at some point, I'll have… it makes me think that I'm not necessarily that far myself from having mental health issues also, from being tired of dealing with all those, all the others' issues. So it makes me conscious about that."**
Wanting more specific training - IC	**"I'd like training more on okay, well, what do we do from now on? Okay, what are the next steps? How do we help employees get better? How do we encourage them to go get help? Yeah, more guidance on this."**
How they Overcame Challenges (BLUE)	
Code	**Excerpt Text**
special codes	**"So from the get-go, we established a relationship and special codes in the event that he needs me to be there for him."** **"…so the code was he was supposed to leave a post-it on my computer screen, and I would come between meetings and see it, and I would need to drop everything and focus on him. Or when he comes to see me and says I need to talk to you, I have to drop everything because like he needs to deal with his panic attack right away, so before it goes out of control. Or sometimes he just wants to retrieve himself from the rest of the group and just walk away, he'll send me an email and say, all right, I need to go, or I will be late this morning. I couldn't make it. I had a panic attack. So things like that. So we've established some communication channels."**
drop everything	**"…so the code was he was supposed to leave a post-it on my computer screen, and I would come between meetings and see it, and I would need to drop everything and focus on him. Or when he comes to see me and says I need to talk to you, I have to drop everything because like he needs to deal with his panic attack right away, so before it goes out of control."** **"So I can see my emails right away, so he can flip me a quick email, and I know that okay, I have to leave my meeting and just go and see him."**
open discussions	**"Yeah, and open discussions. So he was open about it and I was receptive, and we agreed on a code together. And we discuss regularly. After he has like panic attacks, we're going to chat and say, okay, were there any stressors that were coming from work? And okay, what can we do next time? Was there anything work related?"**

	"Yeah, it's all about having open discussions. Yeah, open channels, and the employees are going to tell you if they have confidence in you."
prepare peers	**"So I also try to prepare the employees that work directly next to him."**
anticipatory process for manager transition	**"…hopefully, we do an anticipatory process and we are able to get the new manager in early enough so that I can brief that manager and that we start establishing that dialogue, and that I can have time to prepare him, to say, okay, you're going to be dealing with a new manager who will have a new vision. You can still have the same codes with that manager or together try to establish new codes, things like that."**
diagnosis helpful	**"So I find it a lot easier when they're diagnosed. I know exactly what to do."**
work hours flexibility	**"So she'll tell me, I had a really rough night last night. Can I work another day instead of coming to work this morning? I had a panic attack or something like that. And yeah, okay. We work out their hours."**
confident in employees to allow liberty	**"I have great confidence in my two students. They're excellent. I will hire them after. And I know they're doing their hours, so even if like they're supposed to work, I don't know, Monday, Wednesday, and Friday for a couple of hours each day, and they had issues or things like that, they change their schedule. I know that in the end they're going to fill all their hours."** **"Yeah, so I have a lot of confidence in them. So I give them a lot of liberty as well, and I think that makes her comfortable as well."**
using network for advice	**"So a couple of weeks ago I had an issue with a poor performance of one of my staff, and I sought advice from her. So now I know I can turn to another person. So you try to use your network and see if anybody else had issues like this."** **"My [family of participant A] is a director of accountants, a senior director in an accountant firm, so I ask her, okay, do you deal with people that have issues like this? So we try to discuss as much as possible and see how others have dealt with similar situations so that I can learn and try to apply what worked. We try to adapt. You do your best. You do your best."** **"…we have the chance to discuss with other managers. It's really gaining from other people's experience, saying oh,**

	okay, maybe I should deal with the situation this way. If someone else was successful, maybe I can use some of it to help me."
approach using case-by-case	**"Case-by-case basis. Use my experience."**
address it immediately	**"…really is to not wait until the last minute, and that's the good thing that I did with [female employee A] is that I addressed it from the beginning. And that's what I've been doing with pretty much all my employees is I don't let things slip for a while. I address it immediately so that we can take measures right away. So continue to do that."**
prioritizing employee	**"[Male employee A] was okay after we spoke. I reassured him, told him that I was taking care of the situation. Yeah, I went to lock myself in the room, and my director was sending me emails saying: I need this, I need this. And I'm like: Hold on a second. I'm dealing with a crisis, and I need to deal with it. So that's the priority. I don't care very much about taskings."** **"We have to take care of our employees first. Otherwise, it snowballs and it can go in all kinds of directions."**
help manage emotions	**"So yeah, you have to help the employees manage their emotions in the workplace."**
Positive Outcomes (GREEN)	
Code	**Excerpt Text**
everybody is alive	**"Everybody's alive."**
tight bond in team	**"They are, even though they're there part time, they're part of the family. We try to create like a family, pretty much, and we have really tight bond in the team, so that's the positive is that I know that the staff are there for each other. Some even do activities outside of work together, so that's a sign that okay, they can get along well."**
resilient	**"Oh, I'm resilient. I've gone through all those crises one after the other."**
better manager	**"But I think it makes me also a better manager. I think I have a lot of empathy for my staff, a lot of understanding while remaining firm that we have to meet the objectives and I'm not going to let things slip away."** **"Yeah. And I feel more and more comfortable with dealing with other people's issue now. Yeah, when you gain experience, you learn, and yeah, I'm getting more and more comfortable."**
Preliminary Measures (PURPLE)	

open-door policy	**"I always tell them I have an open-door policy."**
training in having difficult conversations	**"We have a course called Having Difficult Conversations. I found that really useful. As a manager, we have a lot of difficult conversations. Sometimes it's just on performance management or we have to let go an employee because there's not enough work, the project was cancelled or things like that. So that's really helpful."**
practice in training	**"There's a lot of practice that we do during those trainings. So that helps a lot…"**

General Thoughts
-confident in approaches but unsure of how to move forward proactively
-gentleman 1 situation w/ special codes – punctuated/concentrated moments of conflict
-student cases – benign cases
-good variety of challenge codes representing employee challenges, manager challenges and interpersonal challenges
-used special codes and agreements with employees to handle each separate situation which was interesting
-states a diagnosis is helpful/more difficult to handle situation when no diagnosis