



EMOTIONS MATTER STUDY

Skill Building, Emotional Resilience and Social Support for Care Workers

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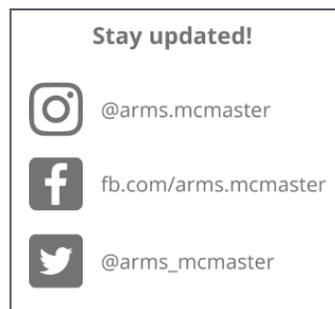
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The Initiative for Advanced Research on Mental Health and Society (ARMS)

ARMS aims to lead the way for mental health research in the social sciences for a safer and healthier tomorrow.

Our goals are to underscore that a social science perspective should be prioritized in an effort to address the burden of mental health problems.



Community Research Platform (CRP)

The CRP is a collaborative initiative between McMaster's Faculty of Social Sciences and Five Greater Hamilton and Toronto Area community organizations. Through the CRP, researchers and organizations work together to advance research that addresses critical societal challenges. The CRP's main objectives are to:

- 1) Increase the research capacity of all stakeholders by developing, sharing, and mobilizing infrastructure, resources, and expertise.
- 2) Build and sustain an interdisciplinary and intersectoral community of practice involving researchers, students and community practitioners committed to research with a social purpose.
- 3) Advance research that responds to needs and aspirations of local communities.
- 4) Provide students with unique opportunities to advance their community-engaged research skills, contribute to social impact research, and expand their professional skills and networks.

5) Increase capacity to secure academic, community, and government grants for collaborative research.

CMHA Hamilton is a key partner of the CRP. Chief Executive Officer, Sue Phipps is a member of the CRP's Steering Committee and co-leads the Mental Health working group. CMHA is currently collaborating with McMaster researchers on four research projects.

<https://socialsciences.mcmaster.ca/crp/about-us>

Canadian Mental Health Association (CMHA)

Each Year CMHA provides direct service to more than 100,000 Canadians through the combined efforts of more than 10,000 volunteers and staff in locally run organizations in all provinces and territories, and branches in more than 135 communities. The CMHA is dedicated to the promotion of the mental health of all people and ensuring the provision of the best possible services for people with mental health problems. Visit www.cmha.ca.

CMHA Hamilton Branch

CMHA Hamilton Branch is a non-profit community mental health agency which provides services to adults with serious mental illness.

Our Mission

Assist and encourage consumers to achieve and maintain their optimum level of functioning in the community within the framework of self-determination.

Our Values

We believe the following values are critical to mental health and a personally satisfying quality of life:

- social justice
- open and honest communication
- enhanced quality of life
- access to appropriate and adequate resources/supports
- self-directed care



- community integration
- diversity and inclusion

Funding Sources

- The Ontario Ministry of Health and Long-Term Care
- The United Way Halton & Hamilton
- The City of Hamilton



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Canadian Mental
Health Association
Hamilton
Mental health for all

Association canadienne
pour la santé mentale
Hamilton
La santé mentale pour tous



Introduction

The management of emotions was once a hidden and unrecognized requirement of human service work. The COVID-19 pandemic has brought the ‘emotion work’ of first responders—like CMHA staff—to the forefront of conversations in the media, amongst executive leaders and the public. There is an ‘emotional balancing act’—between fear for one’s personal safety and maintaining professionalism—that has been a significant stressor for frontline workers during the pandemic. The Sociologist Arlie Hochschild (1983) defined this almost 40 years ago as *emotional labour*—a type of work activity that requires human service workers to effectively display certain emotions, while at the same time internally suppressing other felt emotions. While the concept of emotional labour is not a new one, it can—in part—help us understand elevated levels of burnout, anxiety, and psychological distress among frontline workers during the pandemic.

Based on insights gained from a smaller-scale collaboration on emotional labour, CMHA Hamilton expressed the need to conduct further research on the consequences of emotional labour and strengthen their capacity to be responsive to the emotional well-being of their frontline care staff.

This report draws on data from the CMHA Employee Health and Well-Being Survey, a part of the Emotions Matter Project which focuses on skill building, emotional resilience, and social support for frontline care workers.

The research team has divided the report into four main sections: 1) Data & Methodology, 2) Results, 3) Workplace Peer Support, 4) Suggested emotional resilience Resources.

The results provide a broad overview of each survey section, such as COVID-19 Stressors, Work Context, Emotional Labour and Health Outcomes. The Workplace Peer Support section outlines CMHA staff feedback on the development of peer support program planning.

Data & Methodology

Survey Data Collection & Sample Characteristics

The survey of CMHA staff was administered in late June 2021 with two reminder emails sent out on June 29 and July 8. Staff from 10 Ontario CMHA branches were randomly selected to complete the survey. We received a **response rate of 56% (n=544)**, with **80%** of the sample identifying sex at birth as **female** and 19% of as male. Fifty-nine percent of the sample identified their primary race as white, while 6% identified as black (African, Caribbean, North American) and 13% identified as Asian (East, South & South East). A large percentage of respondents also identified as having a mixed heritage.

The following CMHA Ontario branches participated in the survey: Hamilton, Toronto, Muskoka-Parry Sound, Fort Frances, Niagara, South Simcoe, Brant-Haldimand-

Note: This research was approved by McMaster University’s Research Ethics Board (MREB# 5292).



Norfolk, Champlain East, Sudbury-Manitoulin, Kenora.

are Community and Mental Health Addiction Workers and 18% are Social Workers.

Table 1 provides a breakdown of the sample by occupation. **Nearly 60% of the sample**

Table 1: Overview of Percentage of Respondents by Occupation Type

Community and Mental Health Addiction Worker	40
Social Worker	18
Registered Nurse & Nurse Practitioner	6
Administrative/Clerical	12
Therapist (Psychotherapist, Occupational & Recreation)	5
Other	19

Focal Survey Measures & Descriptive Results

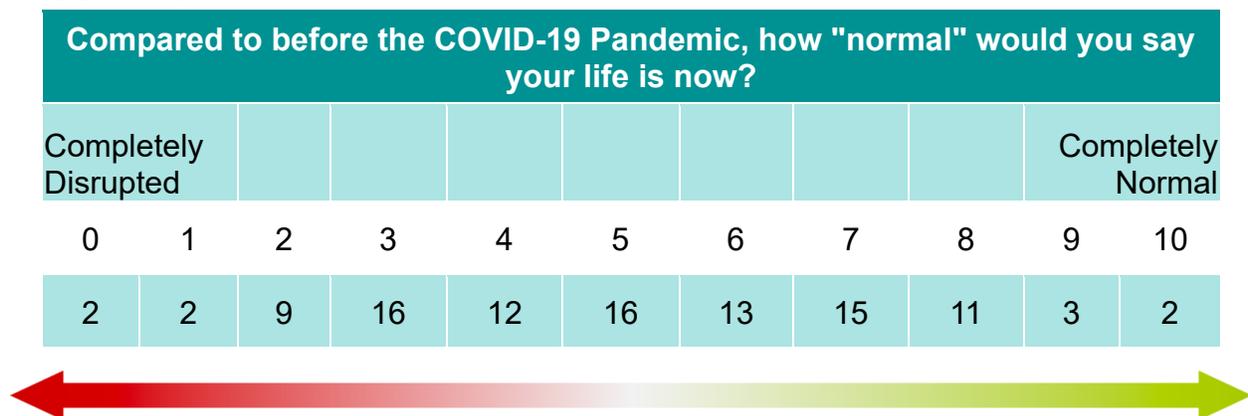
Covid-19 Stressors

We asked respondents several questions about COVID-19 and its impact on staff. The questions address, a) emotional well-being; b) overall disruption to life; c) stress exposure due to the pandemic.

Disruption to “Normal” Life

Figure 1 presents a breakdown of respondents who reported the degree to which the pandemic has disrupted their lives – ranging from 0 “Completely Normal” to 10 “Completely Disrupted.” Results indicate that most responses fall within the middle range of the distribution.

Figure 1. Percent of Respondents who Report Disruption to “Normal” Life Due to COVID-19.





Emotional Well-Being

Table 2 presents the breakdown of respondents who reported that their emotional well-being was impacted by COVID-19. The majority of respondents

(64%) reported that their emotional well-being was impacted but that they were able to manage. We also found that 22% of respondents reported that they were overwhelmed at one point but were able to get the help they needed.

Table 2. *Percent of Respondents who were Emotionally Impacted by COVID-19.*

No	8
Yes, but I was able to manage it	64
Yes, but I was/am overwhelmed and couldn't find help	6
Yes, I was/am overwhelmed but I was /am able to get help	22

Stress Related to the COVID-19 Pandemic

We asked respondents to reflect on the past 8 weeks when their stress related to the pandemic was likely the greatest; we then asked them to report how much of their stress was due to the following problems, a) family finances; b) increased social isolation; c) difficulty getting help for loved ones; d) increased arguments with family members; e) worry about getting infected; f) worry about loved ones getting infected. Forty-eight percent of respondents reported that they experienced no stress related to family financial issues. **Thirty-nine percent of respondents reported moderate stress and 24% of respondents reported severe stress due to social isolation.** Twenty five percent of respondents reported mild stress due to difficulty getting help for loved ones. Thirty-four of respondents reported no stress with regards to increased arguments with family or friends. Sixty percent of

respondents reported moderate and mild stress due to worrying about getting infected with COVID-19, and 31% of respondents reported moderate stress due to due to worrying about loved ones getting infected with COVID-19. See Table 3.

39% of respondents reported moderate stress and 24% of respondents reported severe stress due to social isolation.



Table 3. *Percent of Respondents Reporting Degree of Stress due to Problems Caused by COVID-19.*

	Very Severe Stress	Severe	Moderate	Mild	No Stress
Family Finances	4	6	17	25	48
Increased Social Isolation	8	24	39	23	6
Difficulty getting help for loved ones	5	13	24	25	33
Increased arguments with family or friends	4	11	25	26	34
Worry about getting infected	9	14	30	30	17
Worry about loved ones getting infected	18	20	31	21	9

Emotional Labour

Emotional labour was the focal point of interest for this study. While the health consequences of emotional labour are well known to those who work in healthcare, the working conditions caused by the pandemic elevated many of the mental health consequences of emotion management among frontline workers. There were four measures on the survey that captured different dimensions of the emotional labour process. Two of which are indicators of the intrapsychic aspect of emotion management—deep acting and surface acting. The remaining two measures captured the degree to which staff positions require positive and negative emotional display rules.

Emotion Regulation

Previous research on emotional labour has revealed that deep acting—an emotion regulation strategy—is a healthier internal psychological process than surface acting which is when we fake or suppress our emotions. Deep acting represents a process of empathetic reasoning to help produce a more authentic emotional display when we are interacting with others. Deep acting helps individuals bring into alignment what they are projecting to others and what they are actually feeling, which produces greater authenticity and protects the individual from alienating themselves from their own feelings and emotions.

In the field of psychology, these terms are most akin to the concepts of response-focused strategies and antecedent-focused strategies for emotion regulation—



components of a process model developed by James Gross in his influential work published in 1998, entitled, *The Emerging Field of Emotion Regulation: An Integrative Review*. When applied to emotional labour, experts have identified antecedent-focused emotion regulation as ‘deep acting’ and response-focused emotion regulation as ‘surface acting.’

Deep Acting

We asked respondents to report how frequently they engage in indicators of deep acting on an average day at work. We found that the majority of respondents reported varying degrees of effort to actually feel and experience the emotions required of them most of the time. See Table 4.

Table 4. Percent of Respondents Reporting Frequency of Deep Acting Indicators.

	All or almost all of the time	Most of the time	Some of the time	A little of the time	None of the time
Make an effort to actually feel the emotions that you need to display to others	14	36	29	12	8
Try to actually experience the emotions that you must show	13	34	28	15	10
Really try to feel the emotions that you have to show as part of your job	15	37	26	12	9

Surface Acting

Table 5 presents the percentage of respondents reporting the frequency of engaging in indicators of surface acting on an average day at work. We found that the

majority of respondents report engaging in these indicators some of the time. **The highest percentage of respondents (42%) report resisting to express their true feeling some of the time.**

Table 5. Percent of Respondents Reporting Frequency of Surface Acting Indicators.

	All or Almost all of the time	Most of the time	Some of the time	A little of the time	None of the time
Resist expressing your true feelings	7	23	42	21	6
Pretend to have emotions that you don't really have	4	13	25	26	32
Hide your true feelings about a situation	8	16	38	28	10



Positive Emotional Display Requirements

We also asked a series of questions that capture positive emotional display requirements at work. Respondents reported the frequency of engaging in emotional displays on an average day at work. We found that **the majority of respondents**

reported engaging in positive displays of emotion all or almost all of the time at work including, 1) reassuring people who are distressed and upset; 2) remaining calm when feeling astonished; 3) expressing feelings of sympathy; 4) expressing friendly emotions like smiling and giving compliments. See results in Table 6.

Table 6. Percent of Respondents Reporting the Frequency of Positive Emotional Displays at Work.

	All or Almost All of the time	Most of the time	Some of the time	A little of the time	None of the time
Reassure people who are distressed or upset	42	30	20	7	1
Remain calm even when you are astonished	33	40	20	5	1
Express feelings of sympathy (e.g., saying you “understand,” you are sorry to hear about something)	48	33	13	5	1
Express friendly emotions (e.g. smiling, giving compliments, and making small talk)	56	35	7	1	0.5

Negative Emotional Displays

Table 7 presents the percentage of respondents reporting the frequency of engaging negative emotional displays on an average day at work. We found that **31% and 28% of respondents reported hiding their anger or frustration over something that someone has done some of the time and most of the time respectively.** Similarly,

32% of respondents reported hiding their disapproval over something someone has done some of the time, and 34% of respondents reported hiding their fear of someone who appears threatening none of the time.

Table 7. *Percent of Respondents Reporting Frequency of Negative Emotional Displays.*

	All or almost all of the time	Most of the time	Some of the time	A little of the time	None of the time
Hide your anger or frustration about something someone has done (e.g. an act that is distasteful to you)	19	28	31	16	6
Hide your disapproval over something someone has done	18	27	32	16	8
Hide your fear of someone who appears threatening	13	18	16	17	34

Work Context

We wanted to ensure that we were able to capture workplace contextual factors in our study. We know that in supportive work contexts, the consequences of managing emotions tend to be less severe. We have included some of the more relevant measures of work context here.

Psychological Health and Safety Climate at Work

We asked respondents to rate the psychological health and safety climate at their respective branches. We found that the majority of respondents (**34%**) **rated their workplaces as be healthy and supportive.** These results are presented in Table 8.

Table 8. *Percent of Respondents Rating the Psychological Health and Safety of their Workplace Climate.*

Healthy/Supportive	34
Good	27
Fair	16
Neutral	8
Not so Good	8
Poor	5

Toxic	2
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Workplace Resources

Staff were also asked about the extent to which they agree that their workplace has **enough resources to do the job the way it**

should be done. We found that the majority of respondents (**42%**) **agreed with this statement.** Results are shown in table 9.

Table 9. *Percent of Respondents who Agree or Disagree that their Workplace has Enough Resources to Perform their Job Appropriately.*

Strongly Agree	21
Agree	43
Neutral	15
Disagree	14
Strongly Disagree	7

Employer Support and Accommodation

We asked staff the extent to which they agree that their employer provides adequate accommodation to allow them to deal with

responsibilities outside of the workplace. The majority of respondents (42% and 32%) agreed and strongly agreed with this statement respectively. See table 10.

Table 10. *Percent of Respondents who Agree that their Employer Provides Adequate Support and Accommodation for Responsibilities Outside of Work.*

Strongly Agree	31
Agree	42
Neutral	17
Disagree	6
Strongly Disagree	4

Job Satisfaction, Turnover Intentions and Workplace Support

With regards to work, stress and health, job satisfaction is an important psychosocial outcome. Our team wanted to ensure that it was captured in this study. These results are presented in Table 11.

When asked how satisfied they are with their jobs, **36% of staff reported that they are quite a lot satisfied** and 34% of staff reported that they are somewhat satisfied

with their jobs. With regards to turnover intentions, 50% of respondents reported that it is not at all likely they will try to find a different job with another organization in the next two years. In terms of overall workplace support, **45% of respondents reported that they feel very much supported by their employers, directors and/or colleagues.**

Table 11. *Percent of Respondents Reporting their Current Level of Job Satisfaction, Turnover Intentions and Overall Workplace Support.*

	Very Much	Quite a lot	Somewhat	Not at all	
How satisfied do you feel with your job?	25	36	34	5	
	Very Likely		Somewhat Likely	Not at all Likely	
In the next 2 years, how likely is it that you will try to find a different job with another firm or organization?	20		30	50	
	Very Much supported	Somewhat supported	Neutral	Somewhat unsupported	Not at all supported
How supported do you feel by your employer, director, or colleagues?	45	30	11	10	3



Health Outcomes

We asked a series of questions in the survey about staff’s physical and mental health to get a sense of the health and well-being of staff during the pandemic and across the branches. These questions are based on validated measures of previous mental health research in the social sciences and psychiatry.

Self-Rated Health

We asked respondents to rate the current state of both their physical and mental health with response categories ranging from excellent to poor. We found that 38% of respondents rated their physical health as good while an additional **27% rated their physical health as very good or excellent**. 34% rated their physical health as fair or poor. In contrast, staff rated mental health was poorer; only **20% of respondents rated their mental health as excellent or very good while 47% rated their mental health as fair or poor**. See Table 12.

Table 12. Percent of Respondents Self-Reporting Physical and Mental Health Status

	Excellent	Very Good	Good	Fair	Poor
Physical health	4	23	38	27	7
Mental Health	3	17	33	36	11

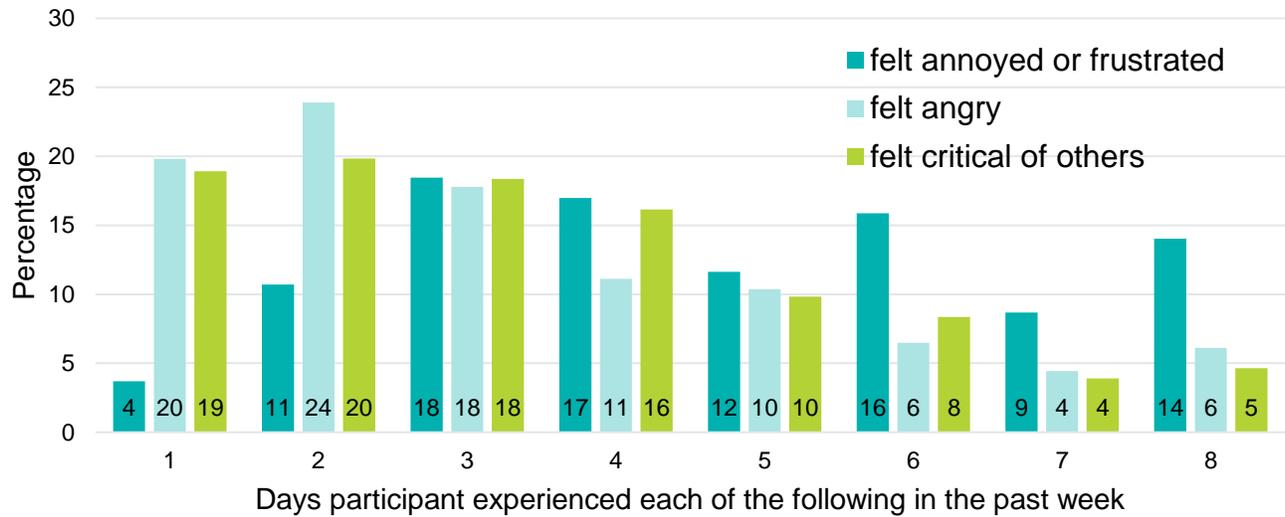
Anger

We asked respondents a series of five questions that tap into feelings of annoyance and frustration—capturing the underlying construct of anger. We adapted this measure from the 2005 Work, Stress and Health Survey (PI: Scott Schieman).

We asked respondents in the past 7 days, on how many days have you felt annoyed or

frustrated, felt angry, felt critical of others, yelled at someone about something, or lost your temper. The majority of respondents **did not** report yelling at someone or losing their temper (63% and 64% respectively) in the past seven days. However, we did see a higher number of respondents report feeling annoyed or frustrated, angry and critical of others on 1 to 3 days. See Figure 2.

Figure 2. Percent of Respondents Reporting Indicators of Anger in the Past 7 Days.



Generalized Anxiety

We included four questions on anxiety symptoms. We highlight the results from these questions below and present the findings in Table 14.

We asked respondents to report how often they experienced a series of indicators of anxiety in the past 30 days. The majority of respondents (**48%**) **also reported worrying about a number of different things in life, such as work, family, health and finances all of the and most of the time.**

We found that 37% of respondents reported feeling worried or anxious all of the time and most of time.

Table 13. *Percent of Respondents Reporting Symptoms of Anxiety in the Past 30 Days.*

	All or almost all of the time	Most of the time	Some of the time	A little of the time	None of the time
Feel worried or anxious?	13	24	33	24	6
Worry about a number of different things in your life, such as your work, family, health, or finances?	20	28	28	18	5
Feel more worried than other people in your same situation?	9	18	24	27	21
Worry excessively or too much?	11	19	24	24	23

Workplace Peer Support Results

One of the main goals of the Emotions Matter Project is to address the need for evidence-based research to help inform the development of supportive workplace resources and strategies to promote emotional resiliency among community care professionals. Respondents were asked one closed and one open ended question regarding their thoughts on a formalized peer support program. Employees believed they

would benefit from such a program and requested that the following qualities be implemented: 1) Confidential and non-judgemental, 2) flexible and accessible, and 3) informal with additional opportunities to support employees.

We asked staff the extent to which they agree that their organization **would benefit from a formalized peer support program** for employees. We found that **60% of staff surveyed reported that they agree with the statement.** See Table 14.

Table 14. *Percent of Respondents Who Agree that their Organization Would Benefit from A Formalized Peer Support Program.*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
27	33	34	4	1

Qualities of a Peer Support Program

In the final section of the survey, we asked staff the following open-ended question: *“If a formal peer support program was implemented at CMHA for employees, what*

Many respondents indicated that they felt a peer support program should provide strong confidentiality protocols so that those seeking peer support are not able to be identified. Not only will this ensure the protection of staff’s

qualities would you like to see in the program?” Based on responses, we identified four main themes. Each are discussed in turn.

Confident & Non-judgemental

privacy, but it will also help mitigate any concerns about judgement. This program quality was captured particularly in one respondent’s answer to the open-ended question.

“I see my individuals not accepting peer support because of fear of judgement. Peer supports will need to be completely confidential, not at the workplace, where others who are not part of the program can see who is entering.”

Additional Qualities in this Theme as Indicated by Respondents

- No Management
- Includes Peer Supporters from Outside of Branch
- Avoid Advice Giving
- Third Party Facilitator
- Focus on Stress Management
- Focus on Self-Care

Flexible & Accessible

Another strong theme that came through in the data was that staff wanted a program that would offer support in a flexible and accessible way to accommodate work

schedules and personal schedules. Flexibility and accessibility were outlined in many ways but most staff wanted to have a variety of options available for meeting with peer supports, as indicated by one respondent in the following quote.

"Scheduled appointments, virtual, phone or in-person; core competency training for anyone acting as a peer supporter; participation in group and one-on-one settings"

Additional Qualities in this Theme as Indicated by Respondents

- Virtual Options
- Group Options
- Evening Support
- 24/7 Support
- 1:1 Options
- Carved Out Time

Accessible to All with Tailored Groups/Pairs

Options for strategic pairing between peer supports and support seekers was another strong theme that came through in the data. Staff would want a peer support program that matches peers with similar roles and lived

experiences. One respondent indicated that peer support should be available across all job role at CMHA—from frontline to administration and management. The following quote best demonstrates this point.

"Peers supporting each other with the same professional background"

"Front line to administration to management - everyone matters"

Additional Qualities in this Theme as Indicated by Respondents

- For All Staff (Not Only Clinical)
- Lived Experience

- Include Admin & Part-Time Staff
- Peers with Similar Roles

Informal/Alternate Opportunities

A final theme that was particularly prominent in staff's responses was having a something similar to a 'stepped care' model in place.

From this perspective, peer support would be an informal starting point—an opportunity to

connect with peers and share self-help approaches to emotional resilience. Information or making connections to more intensive supports should be available if needed. Many respondents indicated that while the peer support program should be informal, peer supports should be equipped with relevant information on where to seek additional intensive support, if needed

"Having access to counselling support, exercise/fun fit program, coffee time/chat"

"Socializing events"

Additional Qualities in this Theme as Indicated by Respondents

- | | |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Informal Program Design • Focus on Connection with Co-Workers | <ul style="list-style-type: none"> • Links to Healthcare • Socializing & Bonding Opportunities |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

Conclusion & Supports

In this section, we will briefly discuss the results from the survey based on the focal

areas of interest for this study, 1) *Convid-19 Stressors*, 2) *Emotional Labour* and 3) *Health Outcomes*. We then provide an overview of how the results from the peer support section of the survey are helping to inform the workplace resources and support programs



that are currently in development at CMHA Hamilton. These resources are being designed to address areas of need among staff at participating CMHA branches.

Covid-19 Stressors

Overall, it was encouraging to see that while staff struggled emotionally due to the pandemic, they were able to manage it for the most part. We also found that respondents did not feel an overwhelming disruption to their lives, compared to before the COVID-19 pandemic. One area of concern is the impact that social isolation may have had on staff's mental health. We found that 60% of respondents reported severe and moderate stress due to increased social isolation caused by COVID-19. Elevated stress was also found among those who reported a greater intensity in worrying about loved ones getting infected by COVID-19. We found that 51% of respondents reported severe and moderate stress over worrying about infections among loved ones.

Emotional Labour

With regards to emotional labour, we found that occupational roles held by staff at CMHA are emotionally laborious. However, it was encouraging to see that the frequency of emotional displays reported by the majority of staff were positive emotional displays—those that are less likely to lead to distress or require faking and suppressing emotions. While negative emotional displays (e.g. hiding anger or frustration) were reported less frequently compared to positive displays, we found that a higher percentage of staff reported hiding anger, frustration and disapproval over something someone has

done most of the time and some of time on an average day at work. It was encouraging to see that the majority of CMHA staff report engaging in indicators of deep acting strategies frequently on an average day at work (most of the time and some of the time). We also found that the majority of staff reported engaging in indicators of surface acting some of the time on an average day at work. While this is not overly concerning, we still recommend the use and implementation of emotional labour skills training for staff who interact with clients frequently. We discuss these supports in more detail in the next section.

Health Outcomes

Overall, we found that while the majority of staff report good physical health, self-reports of mental health revealed that 44% of respondents rated their mental health as fair and poor. Interestingly, in contrast to trends around 'covid-rage' and elevated levels of frustration in the general population, we found that the majority of staff reported minimal indicators of anger in the past 7 days from the day the survey was completed. With regards to generalized anxiety, we found that 48% of respondents reported worrying about a number of different things in life and that the majority of respondents (37%) also reported feeling worried or anxious all or most of the time in the past 30 days. These results support our earlier speculations that there is a current need to focus on staff resiliency and wellness as we enter a potential fifth wave of the pandemic in Ontario.

Workplace Supportive Resources



This project has, in part, been informed by recent events. The global COVID-19 pandemic revealed that the unprecedented rise in traumatic experiences around the world created an “echo pandemic” (CMHA, 2020) among frontline doctors, nurses, and social service workers who were experiencing elevated emotional strain and anxiety from working on the frontlines of the pandemic. In response to this, McMaster University and CMHA Hamilton partnered on a smaller-scale project to implement and assess the effectiveness of a free, short-term COVID-19 intervention program—consisting of four counselling sessions—for frontline care workers in the Greater Hamilton Area. The program was centered out of CMHA’s Hamilton Branch, and Dr. Singh (PI) provided research support to CMHA in order to conduct a survey-based program evaluation of the initiative. The project was funded by the MITACS Accelerate Program.

The objectives of this project are based on the insights we have gained from our team’s initial research collaboration. The findings from our initial study have shown that the experience of emotion regulation among care workers is a pervasive stressor—one that contributed to emotional strain and burnout before the pandemic and extends beyond the unprecedented experiences caused by COVID-19.

These insights along with the results from this report suggest that more sustainable, long term intervention measures are required in order to fully address the needs of frontline care workers.

As part of their own efforts to improve organizational practices and employee

wellness, CMHA Hamilton is leading the development of social support and emotions skills training for CMHA employees

The final stage of the Emotions Matter project is currently underway. The results presented in this report are currently being used to inform the development of a Peer Social Support Program which will be piloted among CMHA staff in 2022.

The pilot project will be led by Drs. Diana Singh and Marisa Young and their research team through ARMS, along with Sue Phipps, Peter Bloemendal and their Clinical team at CMHA Hamilton. This project is supported and facilitated by McMaster University’s Community Research Platform and the Initiative for Advanced Research on Mental Health and Society (ARMS). The Canadian Mental Health Association (CMHA) of Hamilton will lead the rollout of the pilot program.

The program will include multiple components and therapy-informed resources. These will be developed in collaboration with the Hamilton branch’s, Wellness Committee, C.E.O (Sue Phipps) and Clinical Director (Peter Bloemendal), as well as the research team. The program will include Education and training on emotional labour, to be carried out by Dr. Singh as an online course offering. This is a short course designed with modules that will introduce staff to the concept, consequences and social psychological research on emotional labour and emotion management; the modules will also include an emotional resilience skills training and coping strategies component.