Destigmatizing Mental Health and Addiction at Work and What Canadian HR Must Do Beyond Awareness Campaigns



Awareness Is Not the Same as Destigmatization

Many employers now talk openly about mental health. They mark Mental Health Week. They share intranet posts about wellbeing. They promote employee assistance programs. They encourage employees to reach out if they're struggling. Some organizations train managers in mental-health first aid or create peer-support networks.

These efforts can be valuable. They can make mental health more visible and signal that the organization wants to support employees. But awareness alone does not remove stigma.

Employees do not judge a workplace by its posters. They judge it by what happens when someone actually discloses a mental-health condition, asks for accommodation, enters addiction recovery, takes leave, relapses, returns to work, struggles with performance or raises a concern about psychological safety.

That's where stigma either decreases or becomes reinforced.

If a manager responds with judgment, the message is clear. If co-workers gossip, the message is clear. If an employee returns from treatment and is quietly treated as unreliable, the message is clear. If HR says support is available but employees fear disclosure will damage their career, the awareness campaign has not changed the culture.

Destigmatization requires more than encouraging people to talk. It requires changing the systems, language, manager behaviours and workplace assumptions that make people feel unsafe seeking help.

For Canadian HR leaders, this is not only a culture issue. Mental-health conditions and substance use disorders may engage human rights duties, privacy obligations, accommodation requirements, occupational health and safety concerns and workplace investigation processes. The goal is not to make the workplace therapeutic. The goal is to make it safe, respectful and legally sound when human issues affect work.

Why Stigma Keeps Problems Hidden

Stigma is powerful because it teaches employees to hide problems until they become harder to manage.

An employee struggling with depression may delay asking for help because they fear being seen as weak. A worker with anxiety may avoid requesting accommodation because they worry their manager will think they cannot handle the job. Someone in addiction recovery may stay silent because they believe disclosure will end their career. An employee returning from leave may try to appear “fine” because they do not want to be treated differently.

This silence can create serious workplace consequences. Issues that might have been managed early through support, accommodation, leave, modified duties or workload review may instead show up later as absenteeism, performance decline, conflict, safety incidents or resignation.

The stigma around addiction can be especially damaging. Substance use disorder is often misunderstood as a moral failure or lack of discipline, even though it may be treated as a disability under human rights law. Employees who fear judgment may not seek treatment until the workplace has already been affected.

That delayed disclosure puts HR in a difficult position. By the time the issue becomes visible, there may already be safety concerns, policy breaches, damaged relationships or performance issues. The employer must then manage both the underlying health-related issue and the workplace consequences that followed.

Reducing stigma does not eliminate difficult cases, but it can encourage earlier, more honest conversations. That gives HR more options and reduces the likelihood that the first real discussion happens after a crisis.

The Legal Foundation HR Cannot Ignore

Canadian employers must be careful not to treat mental health and addiction as purely personal matters when they affect employment.

The Canadian Human Rights Commission’s workplace accommodation guide explains that federally regulated employers have a duty to accommodate employees’ needs related to protected grounds under the Canadian Human Rights Act. Disability is one of those grounds, and mental-health conditions can fall within that protection. (chrc-ccdp.gc.ca)

CCOHS also explains that human rights legislation requires employers to accommodate disability-related needs and that accommodation must be assessed case by case. (ccohs.ca)

This matters because stigma often appears through everyday decisions. A manager may assume an employee with depression is not leadership material. A supervisor may treat someone returning from addiction treatment as untrustworthy. A team may resent an employee receiving modified duties because they do not understand accommodation. HR may apply attendance management rigidly without asking whether disability is a factor.

These decisions can create discrimination risk.

Destigmatization therefore needs to be tied to compliance. It’s not enough to tell people to be kind. Managers must understand that mental-health and addiction-related

issues may trigger legal duties, and they must know when to involve HR before acting.

Language Can Help or Harm

The language used in policies, meetings and manager conversations can either reduce stigma or reinforce it.

Workplaces often use casual language that seems harmless but sends a damaging message. Words such as “crazy,” “unstable,” “addict,” “junkie,” “drunk,” “attention-seeking,” “fragile” or “not cut out for the job” can make employees less likely to speak up. Even less overt language, such as “they’re too emotional” or “we need people who can handle pressure,” can discourage disclosure.

HR should promote language that is respectful, work-focused and non-diagnostic.

Instead of saying, “He’s an addict,” use “employee in recovery” or “employee with a substance use disorder” where disclosure is appropriate and necessary. Instead of saying, “She’s mentally unstable,” use observable workplace language such as “the employee appeared distressed and asked for support.” Instead of saying, “He can’t handle stress,” say “the employee has provided medical information identifying temporary work restrictions.”

This is not about policing every word to the point that managers are afraid to speak. It’s about teaching people how to discuss sensitive issues without judgment, gossip or amateur diagnosis.

Language also matters in policies. A substance use policy that focuses only on punishment may discourage early disclosure. A mental-health policy that uses warm language but gives no practical path to support may feel hollow. The strongest policies combine dignity, safety, accommodation and accountability.

Manager Reactions Determine Whether Employees Trust the System

Employees often decide whether the workplace is safe based on one conversation with their manager.

If an employee discloses anxiety and the manager says, “Everyone is stressed,” the employee learns that disclosure is not worth it. If an employee says they are in addiction recovery and the manager responds with suspicion or visible discomfort, the employee learns to share less. If an employee asks for accommodation and the manager complains about fairness to the rest of the team, the employee may feel punished for asking.

Managers do not need to be therapists, but they do need to respond in a way that keeps the door open.

A helpful manager response is calm, respectful and practical. It might sound like: “Thank you for telling me. I’m sorry you’re dealing with this. I want to make sure we handle it properly, so I’ll involve HR to discuss what support or accommodation may be needed. We’ll keep your information private and focus on what you need at work.”

That response does several things. It acknowledges the disclosure without prying. It avoids diagnosis. It protects confidentiality. It connects the employee to the proper process. It does not promise outcomes the manager cannot control.

HR should train managers on these moments. Awareness campaigns may invite employees

to speak up, but manager behaviour determines whether employees regret doing so.

Destigmatization Does Not Remove Accountability

A common concern among managers is that mental-health and addiction destigmatization will make it impossible to manage performance, attendance, conduct or safety.

HR needs to address this directly.

Destigmatization does not mean every behaviour is excused. It does not mean employees can ignore reasonable performance expectations. It does not mean safety-sensitive work can continue where there are impairment concerns. It does not mean co-workers must absorb unlimited workload without discussion. It does not mean managers cannot address attendance, missed deadlines or misconduct.

It means the organization must consider whether disability, accommodation, treatment, leave, relapse, workplace stressors or other protected factors may be part of the situation before taking action.

This distinction is critical. Employers can maintain standards while still meeting accommodation duties. An employee with a mental-health disability may still be required to participate in the accommodation process, provide appropriate functional information and meet reasonable expectations with accommodation. An employee in addiction recovery may still be expected to follow safety rules, comply with a return-to-work plan and avoid impairment at work.

The best HR messaging is balanced: “We support employees who seek help, and we also maintain safe, respectful and productive workplaces.”

That balance protects credibility. If the workplace feels supportive but chaotic, trust suffers. If it feels strict but unsupportive, disclosure disappears. HR must build a culture that can hold both support and accountability.

Confidentiality Is Where Trust Is Won or Lost

Employees will not disclose sensitive mental-health or addiction information if they believe it will become workplace gossip.

Confidentiality must be more than a promise. It must be a practice.

HR should ensure that medical and accommodation information is shared only with those who need it. Managers usually need to understand restrictions, adjustments and expectations, not diagnosis or treatment details. Co-workers typically need even less. They may need to know that schedules or duties are changing, but not why.

This can be difficult in smaller workplaces or close teams. If an employee has been away for treatment or mental-health leave, people may speculate. Managers must be trained not to confirm details or fill silence with personal information.

A privacy-protective response might be: “We’re supporting a team member through a private matter and making temporary work adjustments. I can’t discuss personal information, but I’ll keep the team updated on any operational changes.”

That kind of response protects the employee while still managing the team’s practical concerns.

Confidentiality also applies to documentation. HR should store sensitive information

carefully, limit access, and avoid unnecessary details in general personnel records. Notes should be factual, respectful and work-focused.

Return to Work Is a Stigma Test

Return to work after mental-health leave, addiction treatment or a visible workplace crisis is one of the clearest tests of whether destigmatization is real.

The employee may feel vulnerable. They may worry about being judged, watched too closely or treated as fragile. The manager may be unsure how much support to provide. Co-workers may have questions, especially if they carried extra work during the absence.

Without a plan, the return can become awkward, isolating or unsafe.

HR should coordinate return-to-work planning with the employee, manager and appropriate medical or occupational health input. The plan should focus on functional restrictions, schedule, workload, modified duties, check-ins, privacy, safety requirements and review dates.

The manager should be coached on how to welcome the employee back without overexposing them. “We’re glad you’re back. Let’s review your work plan and check-in schedule” is better than a dramatic speech or public announcement.

The team should receive only operational information. If duties are being redistributed or schedules adjusted, explain the work impact without disclosing private health details.

The employee should also know who to contact if the plan is not working. Recovery and mental-health management may require adjustment. HR should build review points into the process rather than waiting for problems to escalate.

Policies Must Match the Culture Message

Employees quickly notice when policy and culture do not match.

An employer may say, “It’s okay to ask for help,” while maintaining an attendance policy that automatically disciplines absences without considering disability. It may promote addiction recovery support while using a substance use policy that focuses only on termination. It may encourage mental-health disclosure while rewarding managers who push employees through unsustainable workloads.

Those contradictions reinforce stigma.

HR should review policies through a destigmatization lens. Attendance management, disability management, accommodation, harassment, violence, substance use, performance management, return-to-work, leave and electronic monitoring policies may all affect whether employees feel safe seeking support.

The question is simple: if an employee struggling with mental health or addiction read this policy, would they believe the organization wants them to seek help early?

If the answer is no, the policy needs work.

This does not mean removing consequences. It means writing policies that clearly explain support pathways, accommodation processes, safety expectations and accountability standards.

Psychological Safety Makes Early Disclosure More Likely

Psychological safety is essential to destigmatization because employees need to believe they can speak up without being punished or humiliated.

The Mental Health Commission of Canada describes the National Standard of Canada for Psychological Health and Safety in the Workplace as a set of voluntary guidelines, tools and resources to help organizations promote mental health and prevent psychological harm at work. (mentalhealthcommission.ca) CCOHS similarly notes that a psychologically healthy and safe workplace promotes workers' mental wellbeing and does not harm employee mental health through negligent, reckless or intentional actions. (ccohs.ca)

Psychological safety does not mean employees can say or do anything without consequences. It means they can raise concerns, ask for help, admit mistakes and disclose needs without fear of inappropriate retaliation or shame.

HR can strengthen psychological safety by ensuring complaint processes are trustworthy, managers are trained to listen, retaliation is addressed, confidentiality is protected and leadership speaks honestly about mental health without turning it into corporate performance.

Employees will believe the culture has changed only when they see these behaviours consistently.

Destigmatization Has to Include Addiction

Many workplaces are more comfortable discussing stress, anxiety and burnout than addiction.

That gap matters.

Addiction still carries heavy stigma. Employees may fear being seen as unsafe, unreliable, dishonest or morally weak. Managers may feel uncomfortable discussing it. Co-workers may react with judgment. Safety-sensitive employers may focus so heavily on risk that support and accommodation become secondary.

HR should include addiction recovery explicitly in mental-health and wellbeing strategies. This does not mean encouraging broad disclosure or forcing employees to share personal stories. It means making clear that substance use disorder and recovery will be handled through respectful, confidential and legally compliant processes.

Employee communications can explain that employees who are struggling are encouraged to seek help early, that accommodation may be available where disability-related needs exist, and that safety expectations still apply.

This balanced message reduces stigma because it treats addiction as a workplace issue that can be managed, not a shameful secret or automatic career-ending event.

What HR Can Do Now

A practical destigmatization strategy should begin with leadership language. Senior leaders should speak about mental health and addiction in a way that's specific, respectful and connected to real support. Generic encouragement is not enough.

HR should then train managers on disclosure conversations, accommodation triggers,

confidentiality, stigma, performance boundaries and escalation. Managers need practical scripts and decision rules, not just awareness.

Policies should be reviewed for consistency. Attendance, accommodation, substance use, performance management and return-to-work policies should support early disclosure while preserving safety and accountability.

HR should also make support pathways visible. Employees should know how to access EAPs, benefits, crisis supports, accommodation processes, leave options and HR contacts before they're in distress.

Finally, HR should measure whether employees trust the system. Engagement surveys, pulse checks, exit interviews and accommodation feedback can reveal whether employees believe it's safe to ask for help. If employees say they do not trust confidentiality or fear career consequences, the organization still has work to do.

The Real Goal

Destigmatizing mental health and addiction at work is not about creating a workplace where everyone talks openly about deeply personal issues. Some employees will always prefer privacy, and that's their right.

The goal is different. Employees should know that if they need help, they can ask without shame. They should know their information will be protected. They should know accommodation will be considered where required. They should know safety and performance expectations will be handled fairly. They should know managers will not gossip, judge or improvise.

That is what destigmatization looks like in practice.

For Canadian HR leaders, the work is not finished when the awareness campaign launches. It begins when an employee decides whether the workplace is safe enough to tell the truth.

If the systems behind the message are strong, HR can support the employee and protect the organization. If the systems are weak, the message will not hold.

Awareness may start the conversation, but trust is built by what happens next.