

ABOUT RESEARCH ALERT

Research Alert is a service provided to you by the Institute for Work & Health (IWH) to help you keep abreast of recent literature in the areas of occupational health and safety, epidemiology, public health and others within the IWH mandate. Please note that these articles have not been reviewed by Institute scientists to assess the quality of the studies. Research Alerts should not be considered an endorsement of the findings. Readers are cautioned not to act on the results of single studies, but rather to seek bodies of evidence. It should also be noted that the Institute for Work & Health cannot provide full-text of articles listed in Research Alerts to individuals outside of the organization, as this violates copyright legislation.

Journal articles marked with an asterisk indicate an IWH scientist or adjunct scientist is included in the list of authors.

***Smith PM. Commentary: methodological approaches to understanding mechanisms and 'what if' questions in occupational health research. *Occupational and Environmental Medicine*. 2023; [epub ahead of print].**

<https://doi.org/10.1136/oemed-2023-109085>

Adams A, Joe C, Klinger N, Laforest E, Shankar J, and Chen SP. "It's just a checklist": examining the needs of occupational health and safety training for new immigrant workers in Canada. *Journal of Occupational & Environmental Medicine*. 2023; 65(8):677-684.

<https://doi.org/10.1097/JOM.0000000000002879>

Abstract: OBJECTIVES: New immigrant workers (NIWs) are overrepresented in hazardous workplaces. Sufficient Occupational Health and Safety (OH&S) training could minimize workplace injuries. This study aims to identify the current status of OH&S and training for NIWs in Canada. METHODS: Generic qualitative research was conducted. Seven NIWs and nine service providers were interviewed to understand OH&S issues, perceptions on rules and regulations, and expectations for training. Thematic analysis was used for data analysis. RESULTS: Four themes that affect OH&S for NIWs include attitudes toward safety and training, personal barriers, Canadian workplace culture, and macrolevel interconnected systems. Three needs on OH&S training are increasing accessibility, ensuring full understanding, and building confidence. CONCLUSIONS: Current training does not mitigate safety risks in workplaces, and NIWs do not feel empowered to exercise their rights. New training protocols would be beneficial to equip NIWs to enter the workforce

Babalola A, Manu P, Cheung C, Yunusa-Kaltungo A, and Bartolo P. Applications of immersive technologies for occupational safety and health training and education: a systematic review. *Safety Science*. 2023; 166:106214.

<https://doi.org/10.1016/j.ssci.2023.106214> [open access]

Abstract: Immersive technologies (ImTs) have emerged as a viable pathway to address poor occupational safety and health (OSH) performance through training and education of workers. This study aimed to gain a holistic view of the applications of ImTs for OSH training and education. A review of the application of ImTs for OSH training and education is conducted using the preferred reporting items for systematic reviews and meta-analysis (PRISMA) approach and bibliometric analysis. This resulted in the evaluation of 67 relevant journal articles collected from Scopus, Web of Science, and Engineering Village. The review revealed that ImTs have been applied for OSH training and education in various industries including transportation, construction, mining, and healthcare. It was also revealed that the OSH hazards addressed by ImT-based training and education include but are not limited to fire, fall, electrical and chemical hazards in order to prevent or reduce injuries, illnesses and fatalities. In addition, it was revealed that one of the benefits of ImTs for OSH training and education is better retention of concepts when compared to conventional training and education. Challenges associated with the use of ImTs for OSH training and education include insufficient display brightness for users to effectively see virtual objects in a brightly luminated environment. Among the recommendations for future work is research into how to develop effective communication methods between trainers and trainees immersed in a virtual environment for trainers to fully understand the difficulties trainees experience in operating the developed ImT-based platform and provide solutions to such difficulties.

Byrne JP, Humphries N, McMurray R, and Scotter C. COVID-19 and healthcare worker mental well-being: comparative case studies on interventions in six countries. *Health Policy*. 2023; 135:104863.

<https://doi.org/10.1016/j.healthpol.2023.104863> [open access]

Abstract: Healthcare worker (HCW) mental well-being has become a global public health priority as health systems seek to strengthen their resilience in the face of the COVID-19 pandemic. Analysing data from the Health System Response Monitor, we present six case studies (Denmark, Italy, Kyrgyzstan, Lithuania, Romania, and the United Kingdom) as a comparative review of policy interventions supporting HCW mental health during the pandemic. The results illustrate a wide range of interventions. While Denmark and the United Kingdom built on pre-existing structures to support HCW mental wellbeing during the pandemic, the other countries required new interventions. Across all cases, there was a reliance on self-care resources, online training tools, and remote professional support. Based on our analysis, we develop four policy recommendations for the future of HCW mental health supports. First, HCW mental health should be seen as a core facet of health workforce capacity. Second, effective mental health supports requires an integrated psychosocial approach that acknowledges the importance of harm prevention strategies and

organisational resources (psychological first aid) alongside targeted professional interventions. Third, personal, professional and practical obstacles to take-up of mental health supports should be addressed. Fourth, any specific support or intervention targeting HCW's mental health is connected to, and dependent on, wider structural and employment factors (e.g. system resourcing and organisation) that determine the working conditions of HCWs

Eriksson M, Nilsson EM, and Lundalv J. A scoping review of research exploring working life practices of people with disabilities during the COVID-19 pandemic. *Scandinavian Journal of Disability Research*. 2023; 25(1):241-255.

<https://doi.org/10.16993/sjdr.1012> [open access]

Abstract: There have been numerous research studies stating the fact that the pandemic affected people with disabilities' working lives. Less research has been conducted on how people with disabilities coped with and learned from these challenges. This scoping review maps research conducted in the field of disability research and multidisciplinary research, published from the outbreak of the pandemic until October 31, 2022. The focus is on how people with disabilities adapted their working lives to the conditions caused by the COVID-19 pandemic and what working practices and strategies they applied to manage the situation. From an extensive search in bibliographic databases, eight research articles were identified. The review results reveal both challenges and new openings for the working life of people with disabilities post-pandemic. Implications for future research are identified, addressing intersectionality, hybrid work environments, digital gaps and increased participation of people with disabilities in research.

Fortin G, Saucier A, Munoz-Bertrand M, Yuan M, Ante Z, Narasiah L, et al. Portrait of Montréal healthcare workers infected with SARS-CoV-2 during the first wave of the pandemic: a cross-sectional study. *Canadian Journal of Public Health*. 2023; 114(4):534-546.

<https://doi.org/10.17269/s41997-023-00789-y>

Abstract: Objectives: During the first wave of COVID-19 in Québec, healthcare workers (HCWs) represented 25% of the cases in Montréal. A study was conducted to describe SARS-CoV-2-infected HCWs in Montréal, and certain workplace and household characteristics. Secondary objectives included estimating the associations between having had access to personal protective equipment (PPE) and training, and following self-isolation recommendations, and certain sociodemographic and workplace characteristics. Methods: A cross-sectional study was conducted, based on a stratified random sample, among Montréal HCWs who tested positive for SARS-CoV-2 between March and July 2020. A total of 370 participants answered a telephone-administered questionnaire. Descriptive statistics were conducted, followed by log binomial regressions to estimate the associations. Results: Study participants were mostly female (74%), born outside of Canada (65%), and identified as Black, Indigenous, and People of Colour (BIPOC; 63%). In terms of healthcare positions, most were orderlies (40%) or registered nurses (20%). Half (52%) of the participants reported having had

insufficient access to PPE and 30% reported having received no training related to SARS-CoV-2 infection prevention, with large proportions being BIPOC women. Working evening or night shifts decreased chances of having had sufficient access to PPE (OR 0.50; 0.30-0.83).

Conclusion: This study describes the profile of the HCWs who were infected during the first wave of the pandemic in Montréal. Recommendations include collecting comprehensive sociodemographic data on SARS-CoV-2 infections and ensuring equitable access to infection prevention and control training and PPE during health crises, particularly those at highest risk of exposure.

Hammer L, Ingebrigtsen T, Gulati S, Hara S, Nygaard O, Hara KW, et al. Prospects of returning to work after lumbar spine surgery for patients considering disability pension: a nationwide study based on data from the Norwegian Registry for Spine Surgery.

Occupational and Environmental Medicine. 2023; 80(8):447-454.

<https://doi.org/10.1136/oemed-2023-108864> [open access]

Abstract: Objectives To assess the odds for not returning to work (non-RTW) 1 year after treatment among patients who had applied for or were planning to apply for disability pension (DP-applicant) prior to an operation for degenerative disorders of the lumbar spine. Methods This population-based cohort study from the Norwegian Registry for Spine surgery included 26 688 cases operated for degenerative disorders of the lumbar spine from 2009 to 2020. The primary outcome was RTW (yes/no). Secondary patient-reported outcome measures (PROMs) were the Oswestry Disability Index, Numeric Rating Scales for back and leg pain, EuroQoL five-dimension and the Global Perceived Effect Scale. Logistic regression analysis was used to investigate associations between being a DP-applicant prior to surgery (exposure), possible confounders (modifiers) at baseline and RTW 12 months after surgery (outcome). Results The RTW ratio for DP-applicants was 23.1% (having applied: 26.5%, planning to apply 21.1%), compared with 78.6% among non-applicants. All secondary PROMs were more favourable among non-applicants. After adjusting for all significant confounders (low expectations and pessimism related to working capability, not feeling wanted by the employer and physically demanding work), DP-applicants with under 12 months preoperative sick leave had 3.8 (95% CI 1.8 to 8.0) higher odds than non-applicants for non-RTW 12 months after surgery. The subgroup having applied for disability pension had the strongest impact on this association. Conclusion Less than a quarter of the DP-applicants returned to work 12 months after surgery. This association remained strong, also when adjusted for the confounders as well as other covariates related RTW.

Kearney A, Gargon E, Mitchell JW, Callaghan S, Yameen F, Williamson PR, et al. A systematic review of studies reporting the development of core outcome sets for use in routine care. Journal of Clinical Epidemiology. 2023; 158:34-43.

<https://doi.org/10.1016/j.jclinepi.2023.03.011> [open access]

Abstract: OBJECTIVES: Core outcome sets (COS) represent the minimum health outcomes to be measured for a given health condition. Interest is growing in using COS within routine care

to support delivery of patient-focused care. This review aims to systematically map COS developed for routine care to understand their scope, stakeholder involvement, and development methods. METHODS: Medline (Ovid), Scopus, and Web of Science Core collection were searched for studies reporting development of COS for routine care. Data on scope, methods, and stakeholder groups were analyzed in subgroups defined by setting. RESULTS: Screening 25,301 records identified 262 COS: 164 for routine care only and 98 for routine care and research. Nearly half of the COS (112/254, 44%) were developed with patients, alongside input from experts in registries, insurance, legal, outcomes measurement, and performance management. Research publications were often searched to generate an initial list of outcomes (115/198, 58%) with few searching routine health records (47/198, 24%). CONCLUSION: An increasing number of COS is being developed for routine care. Although involvement of patient stakeholders has increased in recent years, further improvements are needed. Methodology and scope are broadly similar to COS for research but implementation of the final set is a greater consideration during development

Knobel P and Naweed A. How does the regulatory context influence systems thinking in work health and safety (WHS) inspectors? Safety Science. 2023; 166:106237.

<https://doi.org/10.1016/j.ssci.2023.106237> [open access]

Abstract: Work-related incidents can impact gravely on those directly involved with them and their effects can ripple throughout society. Work health and safety (WHS) incident investigations aim to determine causes and implement controls. Systems thinking is a contemporary philosophy for accident causation, but has yet to be widely adopted by regulatory incident investigators. This study examined WHS inspector perceptions and understanding of systems thinking to identify the factors influencing these within the regulatory context. A qualitative orientation including the scenario invention task technique was used to elicit rich insights from regulatory inspectors (N = 22) in one-to-one interviews. Thematic networks analysis revealed three organising themes: (1) Systems thinking = thinking in Safety Management Systems, reflecting a misattribution of systems thinking to procedures, processes and policies; (2) the WHS regulatory inspector role is multifaceted and has an inherent complexity, reflecting the challenges and dualities in the role; and (3) the WHS regulatory context narrows even as it focuses incident investigation, reflecting the process-orientation and congruence of a lower system level focus with legislation. Despite an unfamiliarity with systems thinking, some aspects were represented across scenarios (multiplicity, inter-relationships, changes over time), others were minimal (non-linearity), and some absent (e.g., emergence). The global theme was tunnel vision, conceptualised as an inability, limited capacity, or reluctance to consider alternatives to the preferred line of thought induced by the regulatory context. This narrowed the decision space towards immediate causes of breaches and away from broader systems influences. Implications of the findings and future research directions are given.

Marcus E, Anders A, Per G, and Karin M. Occupational differences in mortality and life expectancy persist after retirement and throughout life. *Scandinavian Journal of Public Health*. 2023; 51(6):894-901.

<https://doi.org/10.1177/14034948221081628> [open access]

Abstract: AIMS: There are substantial differences in remaining life expectancy at higher ages between occupational groups. These differences may be the effect of work-related exposures, lifestyle factors of workers in specific occupations, socioeconomic position or a combination of this. The scope of this paper is the extent to which occupational differences in remaining life expectancy persist after retirement, which would suggest that occupational exposures alone are not likely to explain all the difference. **METHODS:** All individuals born between 1925 and 1939 who reported occupational information in the Census 1985 and were residents in Sweden to the end of 2020 or who died were included and followed for death until 2020. The Nordic Classification of Occupations was used to create nine occupational groups. Partial life expectancy and age-specific death rates were applied to examine mortality differentials. **RESULTS:** This study showed substantial differences in partial life expectancy across the occupational cohorts with the biggest difference being about 2 years. The mortality differences persisted with increasing age, both when measured as absolute numbers as well as relative numbers. **CONCLUSIONS:** The lack of convergence in mortality at high ages suggests that factors associated with lifestyle may play a larger role than occupational factors for the mortality differences between occupational groups at high ages. However, it cannot be ruled out that long-lasting effects of earlier occupational exposures also contribute. Regardless of the exact mechanism, we conclude that there is room for further reduction in mortality at high ages and, thus, for further improvement in life expectancy

Odhiambo LA, Marion AJ, Callihan TR, Harmatz AE, Yala JA, Bundy K, et al. The effectiveness of the DeskCycle in reducing sedentary behavior among female office workers. *Journal of Occupational & Environmental Medicine*. 2023; 65(8):e538-e544.

<https://doi.org/10.1097/JOM.0000000000002882>

Abstract: **Objective:** To evaluate the effectiveness of the DeskCycle in reducing sedentary behavior among female office workers at an educational institution. **Methods:** This was a randomized control trial with a crossover design (N = 80). The intervention was conducted in two 8-week phases and included the DeskCycle and an informational handout with benefits and suggestions about the frequency of use. The primary outcome was weekly average nonsedentary time. Secondary outcomes included weight and mood. **Results:** DeskCycle users reported significantly higher weekly average nonsedentary time compared with nonusers (phase I: 402.3 ± 72.4 vs 169.3 ± 17.5, P < 0.00; phase II: 282 ± 45 vs 216 ± 23, P = 0.00). There were no significant differences in weight or mood. **Conclusions:** The DeskCycle is effective in reducing sedentary behavior, suggesting workers in sedentary office occupations could integrate it into their workday, where possible, to prevent negative health outcomes.

Robinson T, Sussell A, Scott K, and Poplin G. Health conditions among male workers in mining and other industries reliant on manual labor occupations: National Health Interview Survey, 2007-2018. American Journal of Industrial Medicine. 2023; 66(8):692-704.

<https://doi.org/10.1002/ajim.23483>

Abstract: INTRODUCTION: Mining is an industry with diverse, demanding occupational exposures. Understanding the prevalence of chronic health conditions in working miners is an area of active research. Of particular interest is how the health of miners compares to that of workers in other industry sectors with a high proportion of manual labor occupations. By comparing similar industries, we can learn what health conditions may be associated with manual labor and with individual industries. This study analyzes the prevalence of health conditions in miners compared to workers employed in other manual-labor-reliant industries. METHODS: National Health Interview Survey public data were analyzed for the years 2007-2018. Mining and five other industry groups with a high proportion of manual labor occupations were identified. Female workers were excluded because of small sample sizes. The prevalence of chronic health outcomes was calculated for each industry group and compared to that of nonmanual labor industries. RESULTS: Currently-working male miners showed increased prevalence of hypertension (in those age <55 years), hearing loss, lower back pain, leg pain progressing from lower back pain, and joint pain, compared to nonmanual labor industries workers. Construction workers also demonstrated a high prevalence of pain. CONCLUSION: Miners demonstrated increased prevalence of several health conditions, even when compared to other manual labor industries. Given previous research on chronic pain and opioid misuse, the high pain prevalence found among miners suggests mining employers should reduce work factors that cause injury while also providing an environment where workers can address pain management and substance use

Snippen NC, de Vries HJ, Hagedoorn M, and Brouwer S. Training for occupational health physicians to involve significant others in the return-to-work process of workers with chronic diseases: a randomized controlled trial. Disability and Rehabilitation. 2023; 45(17):2861-2871.

<https://doi.org/10.1080/09638288.2022.2107091>

Abstract: Purpose: To determine the efficacy of the "Training for Occupational health physicians To Involve Significant others" (TOTIS) e-learning module for improving occupational health physicians' (OHPs) knowledge, attitudes, and self-efficacy regarding involving significant others in the return-to-work process. Materials and methods: A randomized controlled trial with 87 OHPs, involving an intervention group and a wait-listed control group. Between-group differences in knowledge, attitude, and self-efficacy outcomes, and retention of effects were assessed using ANOVA and paired t-tests. Reactions to the e-learning module were analyzed with descriptive statistics and thematic analysis. Results: We found moderate to large effects on OHPs' knowledge ($p < 0.001$, $\eta^2 = 0.202$), attitudes ($p = 0.003$, $\eta^2 = 0.098$), and self-efficacy ($p < 0.001$, $\eta^2 = 0.237$), with retention of all changes at 10-week follow-up. OHPs graded the e-learning module with a mean score of 7.9 out of 10

(SD = 1.11) and indicated that the module increased their awareness of the role of significant others and encouraged them to address this more often. Conclusions: The TOTIS e-learning module and accompanying materials are valuable resources for OHPs to learn how significant others influence work outcomes of workers with chronic diseases and to manage their involvement in the re-integration process. Trial registration: This study is registered in the Netherlands Trial Register under trial number NL8744;

<https://www.trialregister.nl/trial/8744>. Implications for rehabilitation The TOTIS e-learning module is the first evidence-based training to improve the knowledge, attitudes, and self-efficacy of occupational health physicians with regard to involving significant others in the re-integration process of workers with chronic diseases. The e-learning module and accompanying tools can increase the awareness of occupational health physicians about the role of significant others and encourage them to address the role of significant others in the re-integration process of sick-listed workers. It could be beneficial to expand on the e-learning module with a face-to-face training program involving group interaction, peer discussion, and skills development.

Taylor K, Van Dijk P, Newnam S, and Sheppard D. Physical and psychological hazards in the gig economy system: a systematic review. *Safety Science*. 2023; 166:106234.

<https://doi.org/10.1016/j.ssci.2023.106234> [open access]

Abstract: background & objectives Gig economy platforms expose workers to a raft of safety hazards and research beyond examination of individual contributing factors to incidents is limited. This systematic review addresses this limitation by using a systems thinking framework (Rasmussen's Risk Management Framework, 1997) to map hazards across the gig work system to identify risks to physical and psychological safety outcomes. Methods A systematic search in accordance with PRISMA-P guidelines was conducted using keywords that specified the setting (gig economy work environments), topic (hazards), and study parameters. Data were then extracted from the selected studies and a methodological quality assessment undertaken to evaluate the strength of evidence. The hazards identified were mapped across the gig work system using Rasmussen's (1997) Risk Management Framework. Results The systematic search retrieved 1963 articles. Following the application of the eligibility criteria, a total of 34 articles were included, which featured outcome measures centred around risk, safety, autonomy, flexibility, and identity. When mapped across the gig work system, the most common hazards were at the company level, with the most prevalent hazards being platform control and work insecurity. Conclusion This study is the first to provide a holistic representation of the hazards across the gig economy system, representing a critical step in developing a comprehensive understanding of the systemic nature of the factors contributing to safety outcomes in gig work. The findings showed systemic issues beyond workers' control, necessitating a shift away from traditional research and intervention approaches solely targeting individual incidents at the worker level.

Toren K, Neitzel RL, Eriksson HP, and Andersson E. Occupational exposure to noise and dust in Swedish soft paper mills and mortality from ischemic heart disease and ischemic stroke: a cohort study. *International Archives of Occupational & Environmental Health*. 2023; 96(7):965-972.

<https://doi.org/10.1007/s00420-023-01980-x> [open access]

Abstract: Objective: To elucidate whether occupational noise exposure increases the mortality from ischemic heart disease (IHD) and stroke, and if exposure to paper dust modified the risks. Methods: We studied 6686 workers from soft paper mills, with occupational noise exposure, < 85 dBA, 85-90 dBA and > 90 dBA, and high (> 5 mg/m³) exposure to paper dust. Person-years 1960-2019 were stratified according to gender, age, and calendar-year. Expected numbers of deaths were calculated using the Swedish population as the reference and standardized mortality ratios (SMR) with 95% confidence intervals (95% CI) were assessed. Results: SMR for IHD was 1.12 (95% CI 0.88-1.41) for noise < 85 dBA, 1.18 (95% CI 0.90-1.55) for 85-90 dBA, and 1.27 (95% CI 1.10-1.47) among workers exposed > 90 dBA. Joint exposure to high noise exposure and high exposure to paper dust resulted in slightly higher IHD mortality (SMR 1.39, 95% CI 1.15-1.67). SMR for ischemic stroke was 0.90 (95% CI 0.37-2.15) for noise < 85 dBA, 1.08 (95% CI 0.45-2.59) for 85-90 dBA, and 1.48 (95% CI 0.99-2.00) among workers exposed > 90 dBA. High noise exposure and high exposure to paper dust resulted in higher ischemic stroke mortality (SMR 1.83, 95% CI 1.12-2.98). Conclusion: Noise levels > 90 dBA was associated with increased IHD mortality. Combined exposures of noise and paper dust may further increase the risks. Our results do not provide support for a causal relationship for ischemic stroke. Residual confounding from smoking has to be considered. Workers need to be protected from occupational noise levels exceeding 90 dBA.

Walker M, Carpino M, Lightfoot D, Rossi E, Tang M, Mann R, et al. The effect of recreational cannabis legalization and commercialization on substance use, mental health, and injury: a systematic review. *Public Health*. 2023; 221:87-96.

<https://doi.org/10.1016/j.puhe.2023.06.012> [open access]

Abstract: Objective: To determine the effect of recreational cannabis legalization (RCL) and/or recreational cannabis commercialization (RCC) on emergency department (ED) visits, hospitalizations, and deaths due to substance use, injury, and mental health among those aged 11 years and older. Methods: A systematic review of six electronic databases up to February 1, 2023. Original, peer-reviewed articles with interrupted time series or before and after designs were included. Four independent reviewers screened articles and assessed risk of bias. Outcomes with 'critical' risk of bias were excluded. Protocol registered on PROSPERO (# CRD42021265183). Results: After screening and risk of bias assessment, 29 studies were included which examined ED visits or hospitalizations for cannabis use or alcohol (N = 10), opioid mortality (N = 3), motor vehicle fatalities or injury (N = 11), and intentional injury/mental health (N = 5). Rates or number of cannabis-related hospitalizations increased after RCL in Canada and the USA. Immediate increases in rates of cannabis-related ED visits

were found after both RCL and RCC in Canada. Rates of traffic fatalities increased after RCL and RCC in certain jurisdictions in the USA. Conclusions: RCL was associated with increased rates of cannabis-related hospitalizations. RCL and/or RCC was associated with increased rates of cannabis-related ED visits, consistently shown across sex and age groups. The effect on fatal motor vehicle incidents was mixed, with observed increases found after RCL and/or RCC. The effect of RCL or RCC on opioids, alcohol, intentional injury, and mental health is not clear. These results inform population health initiatives and international jurisdictions considering RCL implementation.

Wright E, Pagliaro C, Page IS, and Diminic S. A review of excluded groups and non-response in population-based mental health surveys from high-income countries. *Social Psychiatry and Psychiatric Epidemiology*. 2023; 58(9):1265-1292.

<https://doi.org/10.1007/s00127-023-02488-y> [open access]

Abstract: National mental health surveys play a critical role in determining the prevalence of mental disorders in a population and informing service planning. However, current surveys have important limitations, including the exclusion of key vulnerable groups and increasing rates of non-response. This review aims to synthesise information on excluded and undersampled groups in national mental health surveys. We conducted a targeted review of nationally representative adult mental health surveys performed between 2005 and 2019 in high-income OECD countries. Sixteen surveys met our inclusion criteria. The response rate for included surveys ranged between 36.3% and 80.0%. The most frequently excluded groups included people who were homeless, people in hospitals or health facilities and people in correctional facilities. Males and young people were the most commonly underrepresented groups among respondents. Attempts to collect data from non-responders and excluded populations were limited, but suggest that mental health status differs among some of these cohorts. The exclusion of key vulnerable groups and high rates of non-response have important implications for interpreting and using the results of national mental health surveys. Targeted supplementary surveys of excluded or hard-to-reach populations, more inclusive sampling methodologies, and strategies aimed at improving response rates should be considered to strengthen the accuracy and usefulness of survey findings

Missed an issue? Catch up on previous Research Alerts available on the IWH website www.iwh.on.ca/journal-articles/research-alerts