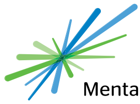


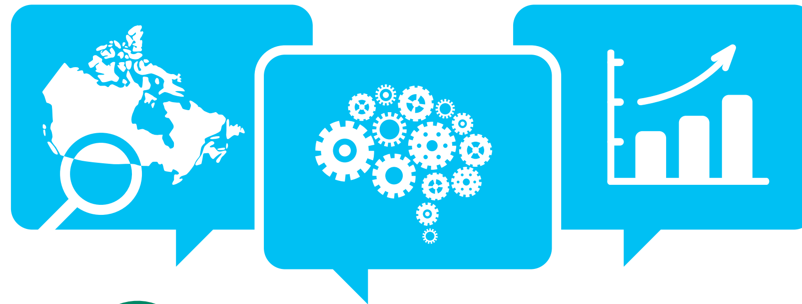
Mental Health Commission of Canada
Commission de la santé mentale du Canada

Case Study Research Project Findings

THE NATIONAL STANDARD OF CANADA FOR PSYCHOLOGICAL HEALTH AND SAFETY IN THE WORKPLACE

2014-2017

An investment that keeps on giving!



Acknowledgments

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Foreword

This year, more than seven and a half million people in Canada will likely face one of the common mental illnesses – that is more than the population of our 13 capital cities combined. The economy pays an associated price tag of more than $50 billion per year. Sadly, mental illness often strikes young adults in their early working years. This is deeply affecting to the individual and their family, and also translates to significant productivity costs for businesses and the economy as a whole.

To ignore this very real societal challenge would be both unconscionable and unprofitable. Enter the *National Standard of Canada for Psychological Health and Safety in the Workplace* (the *Standard*). A global first, this game-changing set of guidelines, tools and resources is redefining what it means to be a responsible employer.

The findings herein represent the unique experiences of more than 40 Canadian organizations willing to share their journey implementing the *Standard*. Three years ago, these diverse trailblazers signed-on to bench-mark a new normal – a decision as compassionate as it was pragmatic.

The conclusion of the Case Study Research Project (CSRP), led by the Mental Health Commission of Canada, and funded by Lundbeck Canada Inc., the Great-West Life Centre for Mental Health in the Workplace and the Government of Canada's Social Development Partnership Program – Disability Component, demonstrates a promising paradigm shift.

For example, 90 per cent of organizations indicated their primary motivator for implementing the *Standard* was to "protect the psychological health of employees".

Moreover, doing the right thing pays dividends, as reported by many of the participating organizations. In three short years, CSRP organizations have successfully implemented 72 per cent of the elements outlined in the *Standard*, up from 55 per cent at the outset. This tells us two important things: firstly, virtually every organization has a foundation on which to build, and, secondly, adoption of the *Standard* could lead to to measureable success.

While success may look different for each organization, there are some common threads. Sixty-six per cent of organizations are carrying out activities to raise awareness of mental health in the workplace, while 70 per cent are providing Employee Assistance Programs tailored to mental health.

In the intervening 36 months since the CSRP began, countless more corporations, non-profits and independent businesses have taken the bold initiative to implement the *Standard*. For example, the federal government, Canada's largest employer, has committed to exploring how the federal public service can best align with the *Standard*. Many federal organizations are already using the *Standard* to develop action plans, conduct gap analyses and determine areas for action.

Even more importantly, these employers are leading a huge attitudinal shift. Two-thirds of adults in Canada are at work 60 per cent of their waking hours. Creating safe workplaces, where people can discuss mental health concerns, puts mental wellness squarely at the heart of our social interactions.

The findings and testimonials shared in this report are a rich depository, both for human resources professionals looking for concrete best-practices and CEOs seeking to strengthen the bottom-line.

Hon. Michael Wilson, P.C., C.C.

Chair of the Board

Mental Health Commission of Canada

Louise Bradley

President and CEO

Mental Health Commission of Canada

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Executive Summary

The Mental Health Commission of Canada (MHCC) initiated the three-year Case Study Research Project (CSRP) in 2014. Its purpose was to investigate the progress of Canadian organizations which were implementing the *National Standard of Canada for Psychological Health and Safety in the Workplace* (the *Standard*). A unique set of assessment measures were created to evaluate the progress and experiences of more than 40 organizations implementing the *Standard*. Data was collected at three stages: baseline, interim and final. This final report summarizes lessons learned from the project and from the journeys of participating organizations. Some examples of case studies (See Appendix B) that synthesize organizational experiences are provided to illustrate CSRP findings and recommendations.

Organizations tend to have initiatives in place that address employee wellness and such initiatives can often be tied to employee mental health, aligning with the principles of the *Standard*. This was certainly the case in the CSRP – all organizations beginning the implementation process quickly realized that they were already meeting some requirements of the *Standard*.

The organizations' motivations for implementing the *Standard* remained fairly stable across the project, with the primary reasons for participation being that taking action was "the right thing to do" (91%). Other reasons included "to protect the psychological health of employees" (84%) and "increase employee engagement" (72%). All participating organizations also showed substantial implementation improvement over the course of the project.

The CSRP tracked the organizations' improvement across five elements of the *Standard*:

- Commitment and Policy
- Planning
- Implementation
- Evaluation and Corrective Action
- Management Review

By the end of the project, organizations on average obtained a score of 72 per cent compliance with the five elements, a remarkable improvement from 55 per cent compliance at the baseline stage. The greatest improvement occurred in the two latter elements.

Participating organizations looked at a wide variety of data sources to assess their work environments and tell a story indicative of their environment's psychological health and safety hazards and risks. The top three data sources were the use of the employee assistance programs and services (73%), return-to-work and accommodation data (68%) and long- and short-term disability rates (66%).

Throughout the course of the project, organizations also took a number of actions to improve employee psychological health and safety. The top three actions were implementing respectful workplace policies and educating employees (78%), providing employee assistance programs and other services addressing mental health (70%), and enhancing mental health knowledge and awareness among employees (66%).

Below are some of the most important findings to emerge from the CSRP.

Promising Practices

1. Define a business case
2. Ensure commitment throughout the organization
3. Communicate widely and effectively
4. Build a psychological health and safety culture
5. Ensure adequate resources for implementation of the *Standard*
6. Select the best actions for the organization based on the outcome of the planning process defined in the *Standard*
7. Consider psychological health and safety in times of change
8. Measure the impact of implementing the *Standard*
9. Sustain implementation efforts

Barriers to Implementation

- Limited access to psychological health data
- Inconsistent leadership support
- Significant organizational change
- Lack of evidence regarding employee knowledge about psychological health and safety
- Inconsistent data collection
- Uncertainty in defining and reporting “excessive stress”
- Uncertainty in defining and reporting “critical events”

Facilitators to Implementation

- Ongoing leadership support and involvement
- Adequate structure and resources
- Size of the organization has its own unique facilitators to success
- Employee awareness of psychological health and safety in the workplace
- Existing processes, policies and programs to support employee psychological health and safety
- Previous experience with the implementation of standards in general
- Connection with other organizations to share and learn from their journey

Background

Today in Canada, one in five people are living with a mental health problem or illness. Mood and anxiety disorders are the most common, affecting nearly 4 million people. By comparison, 2.2 million people in Canada live with Type 2 diabetes and 1.4 million have heart disease.[1]

The mental health problems and illnesses of working adults in Canada cost employers more than **$6 billion** in lost productivity from absenteeism, presenteeism and turnover in 2011. Over the next 30 years, the total cost to the economy will have added up to more than **$2.5 trillion**.[2]

With employed people in Canada spending over 60 per cent of their waking hours on the job,[3] the workplace can play a significant role in either addressing the psychological health and safety challenges or contributing to them. And, with at least seven branches of law now emphasizing an employer's duty to protect, promote and accommodate the physical and psychological health and safety needs of its workers,[4] the onus to take meaningful action is growing.

Changing Directions, Changing Lives: The Mental Health Strategy for Canada,[5] encourages all employers to create and maintain mentally healthy workplaces. The MHCC is committed to helping them do that by providing the tools, information and support needed to ensure that every person in Canada can go to work knowing their organization recognizes the importance of psychological health and safety.

Championed by the MHCC and developed by the Canadian Standards Association and the Bureau de normalisation du Québec, the *National Standard of Canada for Psychological Health and Safety in the Workplace* was released in 2013. This voluntary set of guidelines, tools and resources focuses on promoting employee psychological health and preventing psychological harm.

Adoption of the *Standard* involves the creation and application of a Psychological Health and Safety Management System (PHSMS) incorporating five key integrated elements: Commitment, Leadership and Participation; Planning; Implementation Evaluation and Corrective Action; and Management Review. These elements are also consistent with those in other workplace health, safety and environment standards, such as CSA Z1000, ISO 14000 and OHSAS 18000.

Protecting the psychological health and safety of employees has never been more important – for employees, for employers and for the Canadian economy.

---

1 *Making the Case for Investing in Mental Health in Canada*, Mental Health Commission of Canada.

2 *Making the Case for Investing in Mental Health in Canada*, Mental Health Commission of Canada.

3 Black, C. (2008). Working for a Healthier Tomorrow: Dame Carol Black's Review of the Health of Britain's Working Age Population: Presented to the Secretary of State for Health and the Secretary of State for Work Pensions. London: TSO.

4 *Tracking the Perfect Legal Storm*. Converging systems create mounting pressure to create the psychologically safe workplace. Mental Health Commission of Canada.

5 *Changing Directions, Changing Lives: The Mental Health Strategy of Canada*. Mental Health Commission of Canada.

The Case Study Research Project[6]

In February 2014, the MHCC launched a three-year national Case Study Research Project (CSRP) to better understand how workplaces across Canada are implementing the *Standard*. The goals of this project were to monitor progress, identify promising practices along with challenges and barriers to implementation and develop tools that would enhance adoption of the *Standard* across Canada. A research group, led by the Centre for Applied Research in Mental Health and Addiction, was responsible for designing and conducting the research, as well as analyzing and reporting on the results for the MHCC.

This report is a summary of best practices and lessons learned from 40 participating organizations, representing a variety of industries, sectors and sizes as they advanced workplace mental health and implemented the *Standard* in their environments. It synthesizes the experiences and discoveries of these pioneers to support other Canadian employers embarking on their journey.

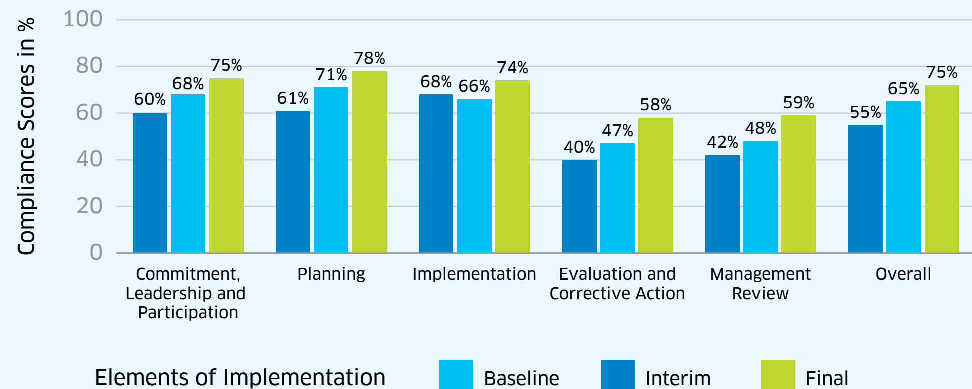
We have highlighted samples of the case study organizations within the report to showcase their experiences and successes to date and provided case studies (synthesizing learnings from Case Study organizations in hypothetical scenarios) to inspire employers to take action and adopt practices that best suit their needs.

6 To protect the confidentiality of the participating organizations and employees in the project, no identifying or personal information was collected, beyond the contact information for the key assigned contacts. All information collected in the course of the project is kept in a secured Canadian server. Only aggregate results are reported, unless explicit consent was provided by a participating organization. All participants had the right to withdraw from the study at any time.

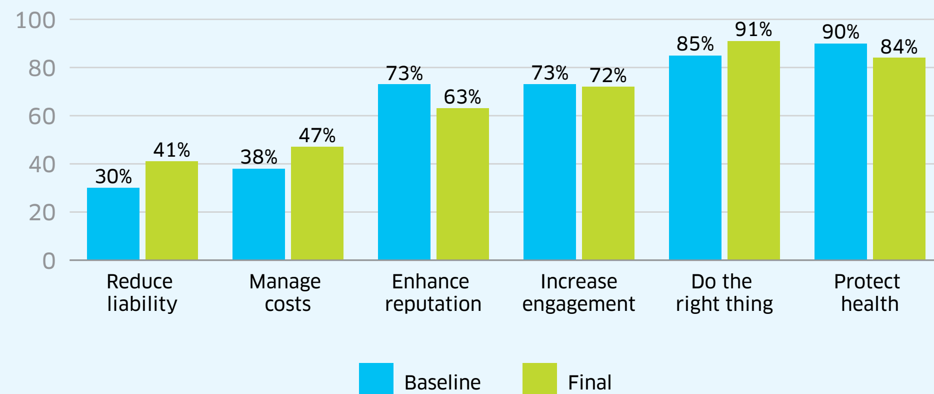
Key Findings

Progress with the *Standard*

On average, participating organizations achieved 72 per cent compliance with the five elements of the *Standard*, namely ***Commitment, Leadership and Participation, Planning, Implementation, Evaluation and Corrective Action, Management Review***. This compares to 55 per cent compliance at the baseline stage.



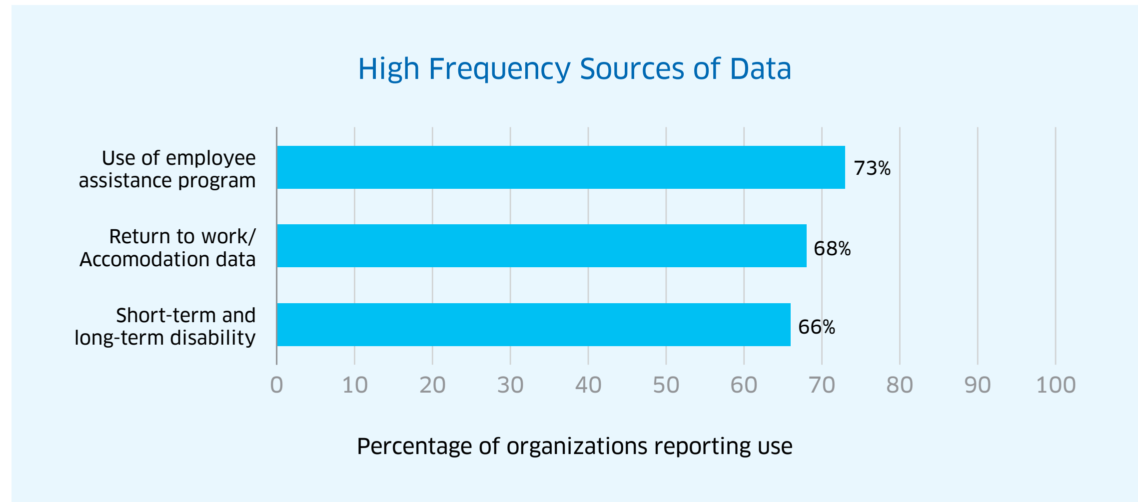
> "It has been an exciting learning opportunity for the organization, not only that there is a *Standard* and what it means, but provision of tools and resources to implement the *Standard*; recognizing it is a continuous process and not an end point."
>
> – Organizational Representative



Why implement the *Standard*?

Ninety one per cent of the participating organizations noted that implementing the *Standard* was the right thing to do, i.e. there was an ethical imperative for the organization to move forward in this way. The next most cited reason for implementation was to protect the psychological health of employees: this reason was endorsed by 84 per cent of the organizations.

It was initially assumed that the primary motivation for organizations to participate in the study would be to attain cost savings, reflecting a robust business case. Since only 47 per cent of organizations cited “managing costs” and 41 per cent “reducing liability” as reasons for implementation, these results continue to challenge a commonly-held perception that organizations are primarily motivated by the opportunity to minimize financial and legal risks.



Data used to tell the story

Organizations increasingly used important sources of data to assess employee psychological health, such as employee assistance program utilization rates (73%), return-to-work and accommodation data (68%) and long- and short-term disability rates (66%).

Employee and Family Assistance Program (EFAP)s:

The rate and nature of employee assistance utilization, when broken down by the type of presenting problem, can serve to inform employer efforts to identify root causes of worker concerns. This data provides information about levels of perceived need by workers regarding psychological health and safety issues and about employees’ willingness to utilize available resources.

Return-to-work and accommodation:

Organizational experience with return-to-work and accommodation of employees dealing with psychological health issues is an important source of data. This includes indices such as frequency of return to work, types of accommodation measures provided, etc. A commitment to psychological health and safety is likely to significantly impact organizational commitment to supporting employees returning to work and accommodating employees' needs for extra support or modified job duties during the process.

Long- and short-term disability rates:

Many of the participating organizations considered long-term disability (LTD) rates and short-term disability (STD) rates. These are rich sources of information, particularly when broken down by psychological versus physical cause (which is far more commonly accessible for LTD data than for STD data). Due to specificity in identifiable causation, LTD data give a clearer picture of the psychological health and safety within organizations.

Other sources of data

Incident reports (54%):

This represents an underused data source, given the role of critical event assessment and response in the *Standard* and the potential value that can be gained from a thorough review of an incident or a "near miss." It is encouraging that there is a significant increase in the examination of incident reports and complaints within participating organizations, possibly reflecting a greater realization of the potential value in tracking such events. This approach goes beyond the reporting of physical accidents, incidents and injuries required by most compensation and regulatory bodies.

Psychological health risk assessment (37%):

Many organizations used the Guarding Minds@Work Employee Survey which has the advantage of being sensitive to specific psychosocial risks. Other organizations added psychosocial risk questions to existing employee surveys. Whichever approach is used, it is important that it adequately covers the psychosocial workplace factors identified in the *Standard* and be scored in relation to appropriate norms.

> "We need to be able to test the general level of awareness and what employees and managers need to know to be able to continue moving forward. It would help with the development of our ongoing training plan."
>
> – Organizational Representative

Disability relapse rates (29%):

This data source has substantial potential for enriching the understanding of organizational response to psychological health and safety and implementation of the *Standard*. Monitoring the rate at which employees who are off work due to mental health reasons are able to achieve a successful and enduring work return is a critical indicator of success in supporting an employee's ability to remain at work. An organization experiencing a relatively high rate of disability relapse will be exposed to considerable financial, reputational and operational risk. Note that psychological conditions have been found to have a relatively high rate of recurrence, so policies and programs that support sustainability of work return will be critical aspects of addressing psychological health and safety.[7]

Top Psychological Health and Safety Actions

Organizations reported taking several actions that best suited their work environments to address psychological health and safety. Seventy eight per cent of the participating organizations reported implementing respectful workplace policy and educational initiatives, 70 per cent provide EFAP services tailored towards mental health promotion and 66 per cent carried out activities to raise awareness of mental health in the workplace.

7 *Health Studies* 17, no. 3 (2001): 1

Key Actions Undertaken

Enact Respectful Workplace Policy and Education:

A respectful work environment is one where employees and employers treat one another with respect, consideration and tolerance. It is based on an organizational culture that recognizes diversity, expects courteous communication and effectively addresses disrespectful behaviour, discrimination, harassment and bullying.

Provide Early Intervention through EFAP:

Employee and Family Assistance Programs (EFAPs) are an excellent resource for enhancing early intervention. Employees can seek EFAP counseling at an initial stage of distress, when psychological problems often fall in the milder range and are appropriate for secondary prevention. Early-stage problems (e.g. excessive worry, low mood, response to family issues, stress reactions and alcohol or substance abuse) are suited to the kinds of interventions that can be delivered within the EFAP, which can also facilitate access to mental health specialists or treatment programs as needed.

Enhance Mental Health Knowledge:

A lack of an accurate, shared understanding of psychological health and mental illnesses is a significant barrier to helping individuals overcome these problems. Tackling the stigma that leads people to being shunned and viewed as inferior or inadequate is critical.

Build Employee Resilience:

Resilience is the ability to cope effectively with the stress of difficult life experiences. Resilient people overcome adversity quickly, "bounce back" from setbacks and can thrive under ongoing pressure.

Support Stay-at-Work:

Stay-at-work programs provide ongoing support for employees with psychological health issues to stay at work and, if they do need to take time off, to return in a timely, safe and sustainable manner.

Train Managers about Mental Health:

It is critical to give managers the knowledge and skills needed to respond appropriately to staff members showing behaviours that may indicate a psychological health or safety issue.

Promising Practices

A number of promising practices have been identified based on the experiences of the organizations that implemented the *Standard* as part of the case study research project. The nine identified practices are described below.

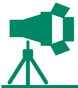
1. Define a business case

The decision to improve psychological health and safety by adopting the *Standard* needs to be based on a solid business case to justify investing the necessary resources. Consideration needs to be given to the opportunity costs (projects or initiatives that won't be undertaken because resources are directed to the implementation of the *Standard*) as senior leadership seeks assurance that such a dedication of resources is justified.

Only a few organizations were able to specifically quantify the costs or savings of implementation over this three-year research project. However, organizations implementing the *Standard* made it clear that their primary motives were practical and ethical (e.g. protecting employees' health). A much lower priority was placed on direct financial outcomes (increased productivity, reduced absenteeism or disability, etc.). Rather, organizations emphasized less quantifiable returns, including increased employee engagement, reputational enhancement, employee health improvement and greater congruence with organizational values.

"Initially, our objective in adopting the *Standard* was that it was the right thing to do. This continues to be a high priority. We also saw this as a way to increase employee engagement and a method to better protect the health and safety of our employees. However, one outcome which we didn't anticipate was how much adoption of the *Standard* has affected our organizational reputation for the better, allowing us to be a leader with respect to best practices."

– Organizational Representative



IN THE SPOTLIGHT

The Nova Scotia Health Authority

The Nova Scotia Health Authority (NSHA) provides health services to people living in Nova Scotia and some specialized services to people living in Atlantic Canada. The organization was formed on April 1, 2015, with the amalgamation of nine former district health authorities. With an operating budget of $1.9 billion, NSHA operates hospitals, health centres and community-based programs across the province. It has a mix of unionized (92.2%) and non-unionized (7.8%) staff members, volunteers, physicians and others – making it the largest employer in the province of Nova Scotia with a workforce of more than 40,000 members.

Psychological health and safety are embedded into NHSA's operations. Continuous operations, critically ill and vulnerable patients and clients, long work hours, physical buildings and infrastructure, patient safety, quality-of-care demands and increasing administrative responsibilities all play a role in the health and safety of the workforce. NSHA is working on improving data collection methods and increasing supportive practices in modified return-to-work and other means of improving psychological health and safety. NSHA continues to reduce stigma toward mental health problems and illnesses via expansion of The Working Mind, an anti-stigma training program developed by the MHCC. NSHA is fortunate to have continued success in working toward implementation of the *Standard*, with strong support from the new and highly engaged CEO.

2. Ensure commitment throughout the organization

The first element in the *Standard* requires organizations to commit to the development of a Psychological Health and Safety Management System (PHSMS), incorporating five key integrated elements: Commitment; Leadership and Participation; Planning; Implementation, Evaluation and Corrective Action; and Management Review. While this requires commitment by senior management, buy-in needs to exist at all levels of the organization. Commitment has been repeatedly demonstrated as a critical factor in determining the success of organizational initiatives.[8]

Across participating organizations, commitment varied at different management levels. Organizations demonstrating the greatest implementation success typically had representatives who were actively and visibly involved throughout the execution process. In unionized workplaces, involvement of informed labour representatives was very important. In other cases, organizational representatives had difficulty ensuring that members of the executive team were on board. In some of the larger organizations, middle managers or supervisors were unaware, or not supportive, of the implementation process. Finally, data showed that some employees did not know, or perhaps trust, that their employer was committed to improving the psychological health and safety of their workplace, possibly impeding the progress of implementation.

During interviews at each stage of the research project, organizational representatives highlighted a variety of behaviours that leaders exhibited which demonstrated ongoing commitment to the implementation of the *Standard*. It is worth noting that leadership came not only from senior management but was often demonstrated by other members of the organization, including middle managers, union officials or respected front line staff. The qualities found to be most powerful in facilitating organizational change are those associated with transformational leadership.[9] Transformational leadership provides followers with a new vision and the transformational leader can have significant impact on the organization in four ways:[10]

"Our leadership team, all the way up to our CEO, is engaged in creating a culture of support for our team members and fighting the stigma associated with mental illness. Our mandate is to not only change our workplace, but also to encourage Corporate Canada to step up to the leadership required to develop healthier workplaces."

– Organizational Representative

8 Klein, Howard J.., Thomas E. Becker, and John P. Meyer, eds. *Commitment in Organizations: Accumulated Wisdom and New Directions*. New York: Routledge, 2009.

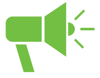
9 Bass, Bernard, and Ronald E. Riggio, eds. *Transformational Leadership* 2nd Ed. London: Lawrence Erlbaum, 2006.

10 Northouse, P.G., "Leadership Theory and Practice, second edition," Thousand Oaks, (CA: Sage Publications, Inc., 2001).

1. The leader is seen as a role model who doesn't just talk the talk but actually lives it.
   ("CEO, in his blog, shared his own mental health issues that are in his family. This had a huge impact on employees in our organization and it created a lot of conversation.")
2. The leader challenges others to generate innovative solutions.
   ("Every member of the organization participates in huddles on a daily or weekly basis. The senior team joins regularly. This visibility allows staff to have one-on-one conversations about the work they do, what resources are needed and what priorities should become the focus.")
3. The leader has the ability to inspire others.
   ("[Our president] seems really engaged which makes my life much easier. With him on my side, it means so much more coming from the president of the company.")
4. The leader demonstrates a genuine concern for the needs of employees.
   ("People are allowed to go to the president and other executives to talk to them and bring up concerns that they may have. For example, a co-worker was concerned about something she saw in the office that we should have had a policy on. Employees feel comfortable approaching him and know that he will act on their concerns if he can.")

"Commitment by management and union leadership to employee health has been clearly articulated and demonstrated through the investment of time and money in training, education, establishment of a "champions" committee to raise awareness of initiatives. These activities have resulted in the building of support and trust among staff. Leadership has been very clear in communicating our objectives with the *Standard* to our constituencies."

– Organizational Representative



3. Communicate widely and effectively

Communication is critical to the success of new organizational initiatives, such as implementation of the *Standard*, in order to maximize awareness and engagement of staff.[11] Communication is bidirectional:

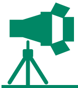
- Top-down communication from management to employees increases knowledge, utilization and demonstration of commitment.
- Bottom-up communication from employees to management serves to provide feedback on particular programs and policies and to facilitate staff involvement.

To maximize the engagement of the workforce in the process of implementing the *Standard*, employees and other stakeholders must understand the organization's motivations and the actions being undertaken. This includes making the rationale explicit (e.g. in a plain-language document) and sharing this with all employees. Furthermore, policies, practices or programs related to psychological health and safety should be clearly explained so that all employees understand the expectations and responsibilities for each member of the organization. When senior management and other leaders in the workplace provide clear and ongoing communication to employees about organizational implementation efforts, it further demonstrates leadership commitment and engagement.

"We have encouraged (middle) management to spend time with employees to better get to know their staff, and vice versa, to help increase communication and respect and also to help management be able to identify when an employee might be struggling and in need of help."

– Organizational Representative

11 American Psychological Association Center for Organizational Excellence. "The Role of Communication," www.apaexcellence.org/resources/creatingahealthyworkplace/theroleofcommunication (accessed July, 2016).



IN THE SPOTLIGHT

CCOHS

The Canadian Centre for Occupational Health and Safety (CCOHS) promotes the total well-being – physical, psychosocial and mental health – of workers and the advancement of workplace health and safety. The CCOHS is a unionized, federal departmental corporation governed by a council representing governments (federal, provincial and territorial), employers and workers. CCOHS has 89 employees and is located in Hamilton, Ontario.

The CCOHS is striving to create a culture of caring and foster a healthy workplace environment to help protect staff against all hazards – psychological and physical – in the workplace. They are reporting an increased awareness of psychological health and safety among their staff and an associated reduction in stigma associated with mental illness. “People know it’s on the agenda and can see the actions we take to address psychological health and safety”, said Gareth Jones, President of the CCOHS. “We have a dedicated area in our office known as ’The Quad’ that contains information from the health and safety committee, personal health resources, information about community involvement and materials relating to mental health and psychological health and safety. We have staff trained in Mental Health First Aid and management has been equipped with training and other resources to help them effectively address the issues. We review projects and work through a psychological health and safety lens. Our hazard assessment team examines both the physical hazards and the psychosocial factors identified in the *Standard*.”

4. Build a psychological health and safety culture

The concept of a safety culture originated in industries where accidents had dire consequences for employees as well as the public. It was determined that the sustainability and effectiveness of health and safety activities were dependent on creating a set of common organizational values regarding the importance of health and safety — a consensus around "how we do things in this company." Safety culture is consistent with, and part of, the larger culture of the organization. Correspondingly, a psychological health and safety culture is one where there is a shared and enduring belief in, and commitment to, the importance of promoting and protecting psychological well-being and safety by acting to identify and address risks.[12]

Psychological health and safety culture is dynamic and aspirational rather than fixed; as one author noted, "Like a state of grace, a safety culture is something that is striven for but rarely attained."[13] Among organizations participating in the project, a number stated that successful implementation depended on a shift in culture that embeds psychological health and safety in the overall organizational culture. Reciprocally, the transition to a psychosocial health and safety culture increases the number, type and breadth of organizational actions to improve workplace psychological health and safety.[14]

> "We are now talking openly about mental illness and mental health. The stigma is disappearing and people seem to be losing their fear of reaching out for help. We are becoming a more tolerant, accepting and understanding organization – and I believe we are taking greater steps to accommodate employees with mental health issues."
>
> – Organizational Representative

12 Dollard, Maureen, and Arnold B. Bakker. "Psychosocial safety climate as a precursor to conducive work environments, psychological health problems, and employee engagement," *Journal of Occupational and Organizational Psychology* 83, 2010: 579–599.

13 Reason, James. "Managing the Risks of Organizational Accidents." 220. Ashgate: London, 1997.

14 Dollard, M. F. Psychosocial safety climate: a lead indicator of workplace psychological health and engagement and a precursor to intervention success. In C. Biron, M. Karanika-Murray & C. L. Cooper (Eds.), Improving organizational interventions for stress and well-being interventions: Addressing process and context London: Routledge. 2012.

5. Ensure adequate resources for implementation

Organizational implementation of the *Standard* cannot be achieved without the dedication of some resources, most important of which are the time and funding to support key personnel responsible for implementation. All the participating organizations indicated at the outset of the project that they had the resources necessary for success. This was speculative as no organization could know definitively what would be required. The amount and type of resources often varied over the course of implementation, with initial investments focusing on preparation and education of key personnel and later investments going toward new programs, communication events or staff training.

Many organizations had the capacity for successful implementation in the form of existing personnel with the requisite knowledge and support and structures. Other organizations dedicated new resources by creating committed positions and budgets for implementation. However, some organizational representatives indicated that overseeing implementation of the *Standard* was difficult given their existing job demands and limited resources. They also reported that their organization had underestimated the nature and amount of resources necessary over time for planning, data collection, meetings and related tasks. A necessity of undertaking implementation "off the side of the desk" without sufficient resources can be a source of considerable workplace stress[15] which is ironic, given the purpose of the *Standard*.

Although the cost of implementing the *Standard* is difficult to determine in advance, organizations are encouraged to recognize that some dedicated resources are necessary and that these will vary over time. These resources may include the creation of a dedicated implementation position, creation of a specific budget, or establishment of a permanent standing committee. At a minimum, it is suggested that organizations identify a particular person within the organization who is responsible for implementation, ensure that they have time set aside for this task and access to information and funds, if needed. Where possible, workplace personnel with experience in implementing similar standards should be part of the process. Senior management should routinely monitor implementation workload, progress and concerns so that resources can be adjusted and issues addressed.

"Based on participation in the Case Study, the results to date and our external partnerships, we have come to the conclusion that additional resources and support are required to make changes that will have an impact on the organization."

– Organizational Representative

15 Bakker, Arnold, and Evangelia, Demerouti, 2007 "The Job Demands-Resources model: state of the art," *Journal of Managerial Psychology* 22, 3. (2007): 309-328.

6. Select the best actions for your organization

Although the *Standard* is focused on creating an appropriate infrastructure for addressing psychological health and safety rather than directing what actions to take, it presumes that organizations will implement an array of relevant programs, practices and policies. These are actions taken by the organization to identify and mitigate risks. Through careful selection, organizations will maximize the quality of their actions and achieve the best outcomes.

Several methods can be identified to select actions suitable for unique work environments:

a. **Establish clear protocols for identifying and managing psychological risks.** It is critical to communicate psychological risk protocols across the workforce.

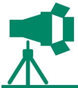
b. **Select actions based on identified risks.** There are many programs, practices and policies, but only some will be relevant to the needs determined by the planning process.

c. **Incorporate evidence.** This research project identified a notable gap in accessing and integrating evidence derived from research and best practice reviews into action planning. Such evidence should inform the selection of effective and feasible initiatives. The MHCC is currently developing an employer toolkit with links to evidence-informed practices to assist employers in implementing the *Standard*.

d. **Customize actions.** Actions tailored to the unique needs and characteristics of each organization will be most effective and likely have the best uptake. This may involve working with internal or external experts to tailor *Standard* interventions.

"We have identified gaps and hazards relating to the psychosocial workplace factors in our employee survey and focus groups. We will be designing an implementation strategy to address these gaps. We have reached out to external agencies and compared best practices and now find ourselves sharing our best practices with others."

– Organizational Representative



IN THE SPOTLIGHT

UNIFOR

Unifor is Canada's largest private sector union, with more than 310,000 members across the country working in every major sector of the Canadian economy. The union itself has 400 employees working at 22 sites throughout Canada. The national office is in Toronto and the Standard was implemented across the entire organization.

Unifor's focus on building employee awareness around psychological health and safety led it to take several actions, such as holding employee workshops, seminars, social activities, etc.

"I think one of the really helpful and supportive actions that have been taking place at Unifor is building awareness, raising awareness of issues at every opportunity. When you have a workforce that is not in one location, as is ours, we find ways to come together as an organization once a year during our staff seminar that is held at our educational facility for five days. We host different workshops, activities and social events to build those communication bridges and our social networks."

– Sari Sairanen, Director Health and Safety

7. Consider psychological health and safety in times of change

Organizational change is a given. Whether it involves modification of specific employee job responsibilities, such as taking on a new project, or organization-wide adjustments, such as incorporating a new IT system, these have a potential impact on the physical and psychological well-being of staff.[16,17] The importance of addressing these impacts is reflected in the *Standard*'s expectation that organizations have a system in place to manage changes that may affect employee psychological health and safety, including clear communication, provision of training and supports for workers to adapt to these changes.[18]

16 Dahl, Michael. "Organizational Change and Employee Stress." *Management Science 57*, 2010: 240-256.

17 Sparks, Kate, Brian Faragher, and Cary Cooper. "Well-being and occupational health in the 21st century workplace," *Journal of Occupational and Organizational Psychology* 74, 2001: 489-509.

18 Jauvin, N., Bourbonnais, R., Vézina, M., Brisson, C., & Hegg-Deloye, S. *Interventions to prevent mental health problems at work: Facilitating and hindering factors*. In C. Biron, R. J. Burke & C. L. Cooper (Eds.), *Creating healthy workplaces: Reducing stress, improving well-being and organizational effectiveness*. Farham, UK: Gower Publishing. 2014.

As expected, most organizations participating in the project underwent a number of changes over the course of the research project, including mergers, job redesign or downsizing. In some cases, these were substantive and a barrier to implementation progress. Results of the assessment completed by the research team indicated that, in many cases, psychological health and safety are not well integrated into organizational change processes.

Before starting the *Standard* implementation journey, it is valuable for an organization to determine readiness for change. Is this the right time to initiate this change? Does the organization have the requisite knowledge and resources? Is this change consistent with the values and priorities of the organization? According to Bryan Weiner[19], these questions can best be answered when an organization is able to specify what is being changed, for what purpose and with what expected outcome. When these answers are articulated, the likely result is an increase in shared resolve to implement change and belief that this will be successful.

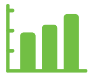
One of the participating organizations developed a set of questions that it answered before any change initiative:

1. Is this decision/direction/initiative in the best interest of our employees' mental health and well-being?
2. If this decision/direction/initiative has a potentially negative impact (perceived or actual), is there a way to remove the risk factor(s)? If not, is there a way to minimize it?
3. If the potential risk factor(s) cannot be removed, have we considered and communicated internal strategies, resources and supports that will assist employees to overcome it successfully?
4. Have we allowed opportunity to review the Organizational Change Model and consider change management strategies that aim to reduce psychological distress?

"During a recent lay off the organization utilized the guiding principles and change management model which allowed us to support staff and mitigate possible negative impacts to the teams and the individuals. Strategies were put into place during the process and the final impact was as positive as possible, with no employees being forced to leave and allowing other employees to be supported with education and resources during their transitions."

– Sari Sairanen,
Director Health and Safety

19 Weiner Bryan J., Megan A. Lewis, Laura A. Linnan, "Using organization theory to understand the determinants of effective implementation of worksite health promotion programs," *Health Education Research* 24, 2009: 292-305.



8. Measure the impact of implementing the *Standard*

Measurement of change is the critical feature of the Evaluation and Corrective Action element of the *Standard*. While the organizations participating in the project clearly understood the importance of evaluating change related to implementing the *Standard*, it remained difficult for many to do so. This is evident by the fact that compliance with respect to Evaluation and Corrective Action scored lowest of all five elements at each stage. Part of this challenge relates to the difficulty in obtaining indicators specific to psychological health and safety. Other organizations were uncertain how to develop a credible evaluation strategy and how to utilize indicator data to monitor progress toward desired objectives. Finally, goals for implementing the *Standard* were poorly defined and therefore lacked the specificity needed to establish measurable targets.

Those organizations able to develop and utilize a targeted evaluation strategy found it very useful in determining the effectiveness of their efforts and making changes as needed. Opportunities to enhance measurement include:

- Determine at the start what is going to be measured and how frequently.[20]
- Identify existing and new indicators that are specific to psychological health and safety.
- Seek innovative ways to segment existing indicators by psychological versus physical health and safety.
- Match upstream and downstream indicators with appropriate interventions. Upstream indicators show a need for psychological health promotion and downstream indicators show a need for programs targeting employees experiencing psychological health challenges. It is important to match upstream interventions with upstream indicators, downstream with downstream. This will often involve assessing short-term goals that reflect successful implementation. For example, for an upstream initiative like resilience training, use an upstream indicator that will be sensitive to change, such as demonstrating the ability to use resilient coping skills in a crisis.[21] In contrast, in order to evaluate the impact of a disability management program, examine a downstream indicator like duration of lost time.

> "We have been able to assess the effectiveness of our actions through process evaluations, surveys, feedback, etc. to ensure requirements of the target audience are being met. As a resource team, we have also been able to track the associated expenses to implementing our program plans using our own spreadsheet."
>
> – Organizational Representative

20 Biron, C., Ivers, H., & Brun, J. P. *Capturing the Active Ingredients of Multicomponent Participatory Organizational Stress Interventions Using an Adapted Study Design*. Stress & Health: 2016, 1532-2998.

21 Mental Health Commission of Canada. "Psychological Health and Safety: An Action Guide for Employers." http://www.mentalhealthcommission.ca/English/node/505.

- Ensure that organizations have dedicated personnel with the authority, capacity and knowledge to analyze indicator data. This means personnel responsible for evaluation must have access to information from across the organization, understand and have confidence in its accuracy and can compare this with data from past years and similar sectors.
- Ensure that the evaluation phase is carried out to assess how the *Standard* is being implemented and to measure change with respect to the programs introduced to address priorities identified in the planning process. This is the essence of the continual improvement process and will drive further planning, implementation and change.

9. Sustain implementation efforts

It is one thing to initiate a major change, such as implementation of the *Standard*, but it is another to ensure that change is maintained over time. A critical question in this project has been whether the participating organizations, all of whom have made significant advancement in implementing the *Standard*, will be able to sustain their achievements without access to formal support from the MHCC. It has become evident at this stage of the project that sustainability is more likely in organizations that have recognized the need to establish a culture in which both management and employees are highly engaged in creating and maintaining a psychologically healthy and safe workplace.

Organizations can take several important steps to help ensure that *Standard* implementation will be sustained over the long term.

- **Embed psychological health and safety.** Utilize existing organizational structures (e.g. dedicated positions, committees and accountability frameworks) to support the *Standard* rather than have it live as an isolated process. The more tightly psychological health and safety is woven into the organizational fabric, the more likely it will continue to shape policy and practice.
- **Ensure succession planning.** Successful implementation of the *Standard* was often a reflection of the dedicated efforts of organizational representatives. These efforts may be for naught if there is no plan in place to pass the responsibility for psychological health and safety on to the appropriate personnel when a champion leaves the organization or takes on a new role.

"Implementing [the *Standard*] has helped us keep mental health top of mind in everything we do. It is no longer an afterthought. It is now woven into all our considerations and decisions. It is now just how we operate."

– Organizational Representative

- **Form partnerships.** Change is more likely to be sustained when partnerships are formed with other groups or departments in the organization to share responsibility for continued attention to workplace psychological health and safety. It is also helpful if the organization as a whole partners with other organizations within its sector or region to share access to the knowledge and experience of others and provide mutual support. Such communities of practice will greatly enhance broad-based adoption of the *Standard* in Canada. A community of practice was initated in June 2016 to help support health sector organizations advocate for psychological health and safety in the workplace.
- **Identify key stakeholders.** Expertise and interest in the psychological health and well-being of employees are also a concern for external bodies with which the organization interacts. These include disability insurers, benefits carriers, workers' compensation boards, labour and professional organizations and community mental health advocacy groups. Collaboration with such agencies on areas of common interest will serve to strengthen the durability of change.

"Our organization has demonstrated a significant commitment to developing and implementing a Psychological Health and Safety Management Program by approving the position of Program Manager, Psychological Health and Safety effective April 2016. Having a dedicated resource in this position will support the advancement of our commitment to implementing the *Standard* and reviewing and improving our efforts on an ongoing basis."

– Organizational Representative

"We have begun to develop a Psychological Safety 'SWAT' team that brings together internal experts that are each working with various teams to improve their working conditions based on a variety of intake reasons. Our goal is to integrate our efforts and develop a co-facilitation model that includes an evidence-based approach to improve psychological safety as well as overall team functioning."

– Organizational Representative

Barriers to Implementation

It is crucial to understand the barriers that may have impeded some participating organizations from moving forward with implementation of the *Standard*. Identifying barriers to change not only helps with understanding the experience of participating organizations, but also gives insight into the challenges facing other organizations wishing to implement the *Standard*. The key barriers to implementation found in this project were:

1. Limited access to psychological health data

This is the most commonly identified barrier to implementation of the *Standard*. Organizations typically had access to a number of health-related indicators (e.g. absenteeism and disability absence rates, employee turnover, etc.) but were often unable to distinguish changes related to psychological issues from other factors, such as a serious flu outbreak. This has several negative consequences. First, one cannot accurately determine where best to intervene in a complex organization to address psychological health and safety. Second, it is difficult to select appropriate interventions. Finally, one cannot accurately determine whether an intervention has had a meaningful impact.

One reason for limited data access is the size of the organization – small organizations may have more difficulty obtaining information on the causes of long- or short-term disability absences than larger organizations, if only because of the smaller number of cases. A second reason relates to concern about confidentiality of psychological health information, which may be seen as more sensitive than data about physical health (reflecting and inadvertently reinforcing stigmatizing attitudes). A third reason is that psychological health information may not have been previously identified as important to obtain prior to involvement in the project. Engagement with the *Standard* has clearly raised awareness of the need for access to specific psychological data.

The most frequent organizational response to this barrier was to implement procedures to specifically measure psychological risks (and strengths) in the organization. This often involved administration of the Guarding Minds @ Work Employee Survey (GM@W),[22] which assesses psychosocial workplace factors identified in the *Standard*. Some organizations incorporated items from GM@W into existing surveys or otherwise attempted to modify surveys to reflect psychosocial workplace factors. This strategy provides specific information to support planning and evaluation of psychological health initiatives.

Another strategy would be to work with insurers to enhance the quality of information related to disability claims. This has the advantage of fostering collaboration with insurers on innovative ways to address psychological health and safety.

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22 "Guarding Minds at Work: A Workplace Guide to Psychological Health and Safety." http://www.guardingmindsatwork.ca/

2. Inconsistent leadership support

When there is ambivalent, absent or distracted leadership support, it is very difficult to secure adequate resources or engage organizational capacity for action. In some cases, the organizational representative was unable to garner traction or support from other members of the senior executive team. In other cases, the organization may have lost an organizational representative or experienced a delay as the new leader got up to speed. The most common response of organizations was to persuade the new leader(s) about the importance of psychological health and safety.

3. Significant organizational change

A merger is an example of the kind of organizational change that can negatively affect implementation of the *Standard*. Such a move can drain resources, redirect leaders to other priorities and introduce cultures where psychological health may not be comparably prioritized. Other examples would be an organizational redesign involving new allocation of resources and revision of job tasks and a change in leadership that may not include psychological health and safety as a key priority.

4. Lack of evidence regarding employee knowledge about psychological health and safety

Given that the *Standard* calls for employees to be made aware of psychological health and safety and the organization's relevant policies and practices, the lack of a mechanism to track employee knowledge is a notable impediment to fulfillment of the *Standard*. A common response to this barrier was to conduct an employee survey which provided detailed feedback about employees' knowledge of psychological health and safety as well as key practices, such as reporting critical incidents or bullying.

5. Inconsistent data collection

It may happen that different parts of an organization gather information in inconsistent ways, making it a challenge to merge or compare data. Several examples of this were seen in large and relatively complex organizations. The process of standardizing data collection across disparate groups takes time, but is a valuable and worthwhile endeavour.

6. Inadequate resources

Not being able to dedicate resources, such as personnel, time, funding and access to information, can be a challenge for some organizations due to insufficient human resources, reassignment of key personnel, lack of specific funding or inability to access relevant information. Applying a new management system, such as the *Standard*, requires variable dedication of resources at different stages of its implementation.

7. Uncertainty in defining and reporting "excessive stress"

Excessive and cumulative stress has been identified as a psychological health and safety concern. If there is no firm consensus about what is and is not considered excessive within an organization, or about the appropriate protocol for preventing and managing excessive stress, it can cause a significant challenge from the start. There must also be recognition that individuals have different levels of resilience or ability to cope with stress. Therefore, what constitutes an excessive stress level may differ greatly from one person to another.

8. Uncertainty in defining and reporting "critical events"

Some organizations do express concern over defining the boundaries of critical incidents (e.g. distinguishing them from stressful situations intrinsic to the job and work setting). However, over the course of the project, there has been considerable progress in establishing protocols for identifying and managing critical incidents with psychological impact among employers.

Facilitators to Implementation

Just as it is critical to recognize the barriers that may have impeded implementation, it is important to identify factors internal and external to the organization that facilitate successful implementation of the *Standard*. These facilitators help us understand what gives organizations a head start or serve as a catalyst to maintain positive change. Identification of these factors will aid in preparing and supporting organizations that decide to implement the *Standard*.

1. Leadership support and involvement

It is clear that change is dependent on leadership. Effective leadership in implementing the *Standard* requires more than incidental endorsement – it requires subsequent engagement, monitoring and accountability. The organizations making the most progress in implementing the *Standard* have a champion actively involved throughout the implementation process who will participate in meetings, events and training programs and can inform and influence members of the senior leadership team. Such transformational leaders exert a positive influence on employee mental health[23] by demonstrating that improving workplace psychological health and safety is consistent with the organization's fundamental purpose, goals, visions and values.

2. Adequate structure and resources

Success is dependent on ensuring adequate support to those responsible for implementing the *Standard*. This includes using existing structures (e.g. occupational health and safety or wellness committees) or creating new and targeted working groups. These groups should be involved with, or connected to, other organizational areas (e.g. benefits) and employee representatives, particularly unions. They should also include participants with the required time, commitment and best access to information. A designated budget is best, with flexibility to allow for periods of more intense activity.

3. Size of organization

Large organizations are more likely to have existing internal resources, infrastructure and key data that will support psychological health and safety initiatives. On the other hand, they are often more conservative and slow to change, requiring navigation of complex internal structures and hierarchies to access information, gain approval and take action. One organizational representative who was having challenges moving forward compared herself to a tugboat moving a large ocean liner into port. Small organizations may lack resources, relevant data and infrastructure; however, they are typically more in touch with their workforce and able to respond quickly and appropriately to address workplace or

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23 Kelloway, E. Kevin, Nick Turner, Julian Barling, and Catherine Loughlin. "Transformational leadership and employee psychological well-being: The mediating role of employee trust in leadership." *Work & Stress* 26, no. 1 (2012): 39-55.

worker issues. Indeed, in some of the smaller participating organizations, the organizational representatives and employees are one and the same, simplifying communication and collaboration.

4. Psychological health awareness

Many of the organizations participating in the project have a relatively strong awareness of the importance of mental health to society and organizational productivity. This may be because their mandate is to provide mental health care or because their organization has made a public commitment to raising awareness and addressing mental health issues. Organizations also recognized that successful implementation is dependent upon employees' higher level of literacy around workplace mental health. Efforts to raise awareness of workplace mental health, led by the organization, should be authentic and recognize the value of addressing psychological health and safety.

5. Existing processes, policies and programs to support employee psychological health and safety

None of the participating organizations started from scratch; however, the organizations may not have realized this until they began the project. All the organizations had some programs in place, such as an EAP, training in stress management, enhanced disability management programs or protocols for dealing with harassment. These programs serve employees and demonstrate that the employer considers addressing workplace psychological health and safety a priority. However, it is important to differentiate between having such programs and demonstrating that they are making a difference.[24,25] An organization may select programs "off the shelf" with little consideration of need or effectiveness, have poor communication and employee engagement and an absence of evaluation. Effective actions should be tailored to the workplace based on the credible evidence of impact and be subject to ongoing review, input and revision. Actions are more likely to be sustained if they are linked to other initiatives, such as occupational health and safety policies and practices.

6. Previous experience with implementation of standards

Participating organizations that had previously and successfully engaged in corporate initiatives similar to the *Standard* were well prepared for implementation. Some of these initiatives, such as the *Healthy Enterprise Standard* in Quebec, the American Psychological Association's Psychologically Healthy Workplace Awards and Canada's Mental Health at Work program, are consistent with the psychological health and safety management system requirements in the *Standard*. Implementation of other voluntary standards such as ISO 14000 and OHSAS 18000 all follow an identical format to

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24 Arthur, Andrew R. "Employee assistance programmes: The emperor's new clothes of stress management?" *British Journal of Guidance & Counselling* 28, no. 4 (2000): 549-559.

25 Watson Wyatt Worldwide. *Staying at work: Effective presence at work. Survey report: Canada* (2007). http://www.easna.org/

the *Standard* (CSA Z1000). Those experiences in other such standards proved to be invaluable to the implementation process. Participation in recognition programs, such as best employer awards, is also valuable since they require an internal or external assessment, establishment of working committees and determination of relevant indicator data. Similar benefits are seen for organizations obliged to meet relevant sectoral or provincial legislation. Prior experience in any of these processes is useful if employees were aware of these efforts and actively involved in implementation. Indeed, failure to inform and include employees increases the likelihood that initiatives may fail.

7. Connection

Another important factor for successful implementation of the *Standard* was the extent to which organizations could connect with other organizations or individuals with a similar interest and set of experiences related to workplace psychological health and safety. Some organizations, primarily in healthcare and education, have established communities of practice to discuss issues of interest to their sector. Others have formed strategic partnerships with external providers or community agencies. These interactions enable the sharing of promising practices and discussion of implementation barriers.

IN THE SPOTLIGHT

AGS Rehab Solutions Inc.

AGS Rehab Solutions Inc. is a privately-owned business with 17 employees and over 70 sub-contractors across Canada. They are currently in their fourth year of implementing the Standard.

“AGS has taken mental health in the workplace to a new level as a result of its involvement in the MHCC case study project. We have enhanced our policies and procedures to ensure they foster and reflect a safe and supportive work culture. Our mental health strategy now includes continuous training, communication and engagement efforts, which include internal and external initiatives. As a result, the protection of the psychological health and wellness of our employees has become second nature to AGS and is embedded in our philosophy and strategic direction. The solid foundation of strong leadership, transparency and mutual trust and respect is evidenced by our substantially increased dialogue on mental health.”

– Addie Greco-Sanchez, President, AGS Rehab Solutions Inc.

Conclusion

Canadian employers have become increasingly interested in safeguarding their employees' mental health in the workplace. Roughly 35 per cent of the overall societal cost of mental illnesses is related to work disruptions.[26] And while some employers are motivated by cost savings or the potential liability of having an unhealthy workplace, for the vast majority it's simply a matter of doing the right thing.

However, doing the right thing means having the right tools and resources. Workplaces of every size, location, structure and demographic are seeking the means to create and maintain mentally healthier workplaces. The Case Study Research Project has shown us that the *Standard* can be the solution for all of them.

The project demonstrated that dozens of early-adopting organizations made substantial progress in implementing the *Standard* through addressing psychological health and safety over a three-year span. The findings show how the *Standard* can help minimize the economic and personal costs of mentally unhealthy workplaces. As such, the organizations of this research project named various and numerous benefits of adopting the *Standard* through their journey. In many cases, the process of implementation had a substantive positive impact on the overall culture and "the way we do things around here."

Employers often have a poor understanding of mental health problems and what they can do to promote good mental health in the workplace, including early intervention and support when mental health problems do arise.[27] These findings provide promising practices to help create a transformative enhancement of workplace psychological health and safety in Canada. Appendix A provides helpful resources for organizations to aid in their journey of adopting the *Standard*. In addition, visit our frequently asked questions page on the MHCC website to get further implementation advice.

26 MHCC, Opening Minds: Interim Report, 26.

27 Trust, S. (2006). Mental Health: The Last Workplace Taboo. London, UK: Shaw Trust.

Contributors

The MHCC would like to thank the following individuals for their time and effort.

Research Team:

Merv Gilbert, PhD, RPsych
Co-Lead of CSRP. Centre for Applied Research in Mental Health & Addiction, Faculty of Health Sciences, Simon Fraser University

Dan Bilsker, PhD, RPsych
Co-Lead of CSRP. Centre for Applied Research in Mental Health & Addiction, Faculty of Health Sciences, Simon Fraser University

Dr. Elliot Goldner, MD, FRCP
Principal Investigator of CSRP.
Centre for Applied Research in Mental Health & Addiction Faculty of Health Sciences, Simon Fraser University

Caroline Biron, M.Ps, Ph.D.
Faculty of Business Administration, Laval University

Kevin Kelloway, PhD
Department of Psychology,
Saint Mary's University; Canada Research Chair in Occupational Health Psychology; Director, CN Centre for Occupational Health & Safety

Mike Teed, PhD
Williams School of Business,
Bishop's University

Lindsay Vine
Centre for Applied Research in Mental Health & Addiction Faculty of Health Sciences, Simon Fraser University

Rebecca Zappelli
Centre for Applied Research in Mental Health & Addiction, Faculty of Health Sciences, Simon Fraser University

Expert Panel:

Dr. Ian Arnold, MD, MSc, FCBOM, FRCPC
Occupational Medicine

Mary Ann Baynton
Program Director,
Great-West Life Centre for Mental Health in the Workplace

Claudine Ducharme
Partner, Health & Benefits Consulting Services, Morneau Shepell

François Legault
Principal Consultant,
Consult-Action Inc.
Mindful Employer Canada,
Ambassador (MHCC),
Certified Instructor MHFA

Dr. Martin Shain
Principal, Neighbour at Work Centre

Steering Committee:

Charles Bruce
CEO, Nova Scotia Public Service Long Term Disability, MHCC Board Member

Jill Collins
Project Manager, Canadian Standards Association

Sarika Gundu
National Director, Workplace Mental Health Program

François Campeau
Market Access Manager, QC& Atlantic, Public Affairs and Market Access, Lundbeck Canada Inc.

Dr. Mario Messier
Scientific Director of The Healthy Enterprises Group

Shane Rhodes
Manager, Office for Disability Issues, Employment and Social Development Canada

Mike Schwartz
SVP, Canada Transformation,
Great-West Life Assurance Company

Appendix A

Implementing the *Standard*: Suggested Resources to Consider

Building the Foundation

Assembling the Pieces: An Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace

This guide is designed to meet the needs of organizations seeking a step-by-step implementation resource for the *Standard*. It is geared toward senior leaders, human resource managers and occupational health and safety professionals. The guide covers four key steps: Building the Foundation, Identifying Opportunities, Setting Objectives and Implementation.

Download the guide here.

20 Questions for Leaders About Workplace Psychological Health and Safety

This is a set of 20 questions to help begin a conversation with leaders, and develop a business case, around psychological health and safety in the workplace.

Access the questions here.

The Shain Reports on Mental Health in the Workplace

The MHCC commissioned and disseminated a series of four reports by Martin Shain, S.J.D. that focused on the provision and maintenance of a psychologically safe workplace. This has been recognized as a legal duty, similar to the duty to provide a physically safe workplace. In both realms, the employer must take every reasonable precaution to protect employee safety and show that they have done so.

Visit MHCC's website to access these reports here.

OHCOW 's Mental Injury Toolkit

The OHCOW produced a guide and resource kit to provide workers with a basic understanding and a place to start to learn about workplace stress and what to do about it. The guide gives definitions, common causes of mental distress, legal frameworks (focusing on Ontario), possible actions to take and resources available. It is an introduction and action guide created by workers for workers.

Read more here. Download the Measure Workplace Stress App to download the smartphone App that takes you through the MIT questionnaire and measures your level of stress.

Mood Disorders Society of Canada's Workplace Mental Health

The Mood Disorders Society of Canada developed a Workplace Mental Health handbook, a resource that aims to provide both employees and employers with the information and guidance they need to promote and support positive mental health in the workplace.

Read more here.

Setting Objectives

Assembling the Pieces: An Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace

This guide is designed to meet the needs of organizations seeking a step-by-step implementation resource for the *Standard*. It is geared toward senior leaders, human resource managers and occupational health and safety professionals. The guide covers four key steps: Building the Foundation, Identifying Opportunities, Setting Objectives and Implementation.

Download the guide here.

Psychological Health and Safety: An Action Guide for Employers

The action guide consists of an overall framework encompassing a set of practical, evidence-informed and scalable actions that employers – small and large, public and private – can undertake in order to improve employees' psychological health and safety.

Download the guide here.

The *Standard* audit tool

An audit tool may be used by organizations to conduct internal audits. This audit tool may be modified to suit the size, nature, and complexity of the organization. It is intended as a gap analysis tool that will provide the organization with a baseline measurement of current status. It is more of a survey or screening instrument to highlight those areas that require further work to meet the requirements of the *Standard*.

Download the audit tool here.

Guarding Minds @ Work

Guarding Minds @ Work (GM@W) is a unique, free and comprehensive set of resources designed to protect and promote psychological health and safety in the workplace. GM@W resources allow employers to effectively assess and address the psychosocial workplace factors of the Standard. GM@W is available to all employers – large or small, in the public or private sector – at no cost.

For more information on Guarding Minds @ Work, click here.

National Research Centre for the Working Environment (NRCWE)'s Copenhagen Psychosocial Questionnaire

The Copenhagen Psychosocial Questionnaire (also called COPSOQ II) was developed to cover as many of the workplace general and psychosocial risk factors as possible. The questionnaire assesses psychosocial factors at work, stress and the well-being of employees and some personality factors. Its purpose is to improve and facilitate research, as well as practical interventions in workplaces. It can be used free of charge and it has three versions depending on the level of use; short as a screening or education tool, medium as a workplace evaluation tool and long as a research tool.

Read more here.

20 Questions for Unions About Workplace Psychological Health and Safety

These questions can help union representatives consider the effectiveness of current approaches for promoting psychological health and safety as well as in supporting workers who may be experiencing mental health issues at work.

Access the questions here.

Implementing the Plan

Case Study Project – Implementation Q&A

Developed by the MHCC, this set of frequently asked questions and answers aims to assist employers *with* their implementation journey.

Access the Implementation Q&A here.

Assembling the Pieces: An Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace

This guide is designed to meet the needs of organizations seeking a step-by-step implementation resource for the Standard. It is geared toward senior leaders, human resource managers and occupational health and safety professionals. The guide covers four key steps: Building the Foundation, Identifying Opportunities, Setting Objectives and Implementation.

Download the guide here.

Great-West Life Centre for Mental Health in the Workplace

Great-West Life offers a wide variety of free online resources to assist employers with addressing various aspects of workplace mental health such as awareness, communication, change management, prevention, promotion, crisis response, management training and employee resources.

Visit them here.

Raising Mental Health Awareness in the Workplace

Not Myself Today Campaign

The Not Myself Today Campaign is offered by Partners for Mental Health. It is an awareness campaign focusing on helping companies and organizations achieve a better understanding of one's own mental health, reducing stigma and fostering a safe, open and supportive work environment. Participating companies invest and receive activities, tools and resources (digital and physical) to engage their workforce around mental health.

To learn more about Not Myself Today, click here.

Elephant in the Room Anti-Stigma Campaign

Offered by the Mood Disorders Society of Canada, this national anti-stigma campaign is designed to eliminate stigma associated with mental illness.

To learn more, click here.

Videos on the Psychosocial Workplace Factors

With the MHCC's support, Ottawa Public Health developed short, animated videos, that focus on the thirteen psychosocial workplace factors of the *Standard*. These factors are known to impact workplace mental health. The videos aim to increase awareness of each of the factors and can help employers develop their own strategies for protecting and promoting workplace mental health.

To view these videos and facilitator guide, click here.

Webinars

The MHCC offers a series of webinars on workplace wellness highlighting techniques for integrating psychological health and safety at work, with topics ranging from building a business case to evaluating your workplace.

Access the webinars here.

Employee Orientation Online Training

This free online training program, approximately 45 minutes in length, provides viewers with information, skills and training around workplace mental health. It helps viewers better understand the thirteen psychosocial workplace factors and what employees can do to help themselves and others in the workplace. Each factor has a separate unit, which includes a description of one psychological factor affecting positive workplace mental health and what it would look like in the workplace, a scenario to help viewers understand the factor, a short quiz and an optional video. There is a quiz at the end of the module and a certificate of completion is provided.

Access the online training here.

The Working Mind

The Working Mind: Workplace Mental Health and Wellness is an education-based program designed to address and promote mental health and reduce the stigma of mental illness in a workplace setting. The Working Mind is based on the Department of National Defence's program called Road to Mental Readiness. There are two versions of The Working Mind: one for managers and supervisors (about six hours) and one for frontline staff (about three hours). The course includes scenario-based practical applications and custom videos of people with lived experience and provides participant manuals and related handouts.

For more information about The Working Mind, click here.

Mental Health First Aid

Mental Health First Aid (MHFA) is the help provided to a person developing a mental health problem or experiencing a mental health crisis. Just as physical first aid is administered to an injured person before medical treatment can be obtained, MHFA is given until appropriate treatment is found or until the crisis is resolved. The MHFA Canada program aims to improve mental health literacy and provide the skills and knowledge to help people better manage potential or developing mental health problems in themselves, a family member, a friend or a colleague.

To find a course, book training or read the evidence reviews, click here.

Canadian Mental Health Association (CMHA) Certified Psychological Health and Safety Advisor (PH&S Advisor)

CMHA's PH&S Advisor certification helps individuals who are working to improve psychological health and safety in the workplace or implement the *Standard*. The training has been developed to provide an experiential learning opportunity with hands-on experience of the key questions, challenges and opportunities organizations face as they strive to implement psychological health and safety within their workplaces.

Visit them here.

Respect in the Workplace Training

Respect in the Workplace, offered through Respect Group, is a training course that focuses on empowering people to recognize and prevent bullying, abuse, harassment and discrimination (BAHD) through an interactive, online certification course. Respect in the workplace was developed to provide organizations of any size and industry with a tool for all employees to combat BAHD directly.

To learn more, click here.

CMHA's Mental Health Works (MHW)

MHW, a national social enterprise of the CMHA, provides capacity-building workshops on workplace mental health to both employers and employees. It offers three different programs: CORE (full day), IN FOCUS (half day) and ESSENTIALS (one hour), focusing on workplace mental health and mental health and safety. The program operates nationally and is available in both official languages.

Learn more about these programs here.

Workplace Mental Health Leadership Certificate

Developed in partnership with the Bell Canada Mental Health and Anti-Stigma Research Chair and the Faculty of Health Sciences at Queen's University, this is a three-module certification program for organizational leaders. Participants of this program improve their understanding of the relevant legal, ethical and business concerns related to workplace mental health and improve their empathetic and solution-focused leadership skills.

Learn more about the program here.

UFred Certificates in Psychological Health and Safety

These online programs, delivered through the University of Fredericton, have been developed to help today's workforce leaders better understand potential negative psychosocial factors in the workplace and support employees experiencing emotional distress or mental health issues.

Learn more about the programs here.

Examples of Employer Awards for Psychological Health and Safety

Excellence Canada's Mental Health at Work® Award

Offered by Excellence Canada, the Mental Health at Work® Award recognizes organizations for outstanding programs dealing with mental health in the workplace. Many of the criteria required for recognition are also met by satisfying the *Standard*.

Click here to learn more about the award.

Canada's Safest Employers Award: Psychological Safety Award

Launched in 2014, Canada's Safest Employers Award for Psychological Safety recognizes Canadian companies that provide a wide range of occupational health and safety safeguards for their employees, such as employee training, Psychological Health and Safety Management Systems, incident investigation, and emergency preparedness.

Click here to learn more about the award.

Psychologically Healthy Workplace Awards Program (PHWA)

Established in 1999 with support from the American Psychological Association, these awards are presented to organizations by state, provincial and territorial psychological associations. Applicants are evaluated on their efforts in the following areas: employee involvement, work-life balance, employee growth and development, health and safety and employee recognition. Currently five provinces (AB, BC, MB, ON, NS) participate in this program.

Click here to learn more about the program.

Appendix B

Cases Studies

Based on project findings, a set of case studies was developed to tell the story of organizations implementing the *Standard*. The use of case studies permits integration of quantitative and qualitative data and provides a rich understanding of the impacts achieved by organizational actions. The following case studies are composites; they blend the experiences of different project organizations, use fictitious names and portray no single organization.

A healthcare organization in flux

Background

Goodhealth is a regional health provider offering a range of services including acute care, outpatient and public health programs. Goodhealth has 2,500 unionized and non-unionized healthcare providers working with hospital and community physicians to serve a diverse and primarily rural population in Atlantic Canada.

As a healthcare organization, Goodhealth recognized that ensuring its workforce was psychologically healthy and safe was critical to ensuring good patient care and fulfilling its obligations to the public. Recruitment and retention of staff was important given the reality of an aging workforce and increasing psychological health-related disability rates. Goodhealth is a relatively new organization, resulting from the amalgamation of three existing healthcare bodies. This was done to better coalesce services across the continuum of patient care and to seek efficiencies in non-patient care areas. This represented significant organizational change as it required the introduction of two new unions, integration of differing patient records and IT systems and a restructuring of the management team. GoodHealth implemented the *Standard* across the organization.

Planning

The leader of the new entity had already begun implementing the *Standard* within her prior organization and brought forward her knowledge, experience and commitment. In addition, the organization had a strong occupational health and safety committee with prior experience implementing a provincial program to meet new provincial regulations with respect to addressing bullying and harassment in the workplace. This committee, with both management and union representation, enthusiastically embraced the challenge of implementing the *Standard* for the new organization by explicitly broadening its mandate to include psychological health and safety. Resources were put aside and a new position, Psychological Health and Safety Leader, was created to oversee this process.

In conjunction with the CEO and union leaders, Goodhealth created a policy expressing organizational commitment to ensuring a psychologically healthy and safe workplace. This was communicated to all employees via intranet and staff meetings. As the physician group was not always aware of organizational initiatives, a targeted communication plan was developed, including forums to inform the group of these activities and its role in their success. A communications strategy was created to ensure

that staff would be kept abreast of the progress and given the opportunity to provide input on specific actions.

The occupational health and safety committee began by conducting an organizational review to identify relevant existing policies, programs and sources of data. It also conducted an organizational self-assessment to identify workplace psychosocial risks and hazards and complemented this by administering the Guarding Minds@Work Employee Survey across the organization. The committee created an evaluation strategy to determine the impact of these initiatives before they were launched. This incorporated information such as participation rates, online feedback forms and the introduction of the Psychological Health Assessment Survey for Employees to determine the extent of employee knowledge and confidence in the organization's efforts to implement the *Standard*. The results of this evaluation were used to revise existing actions and develop new ones.

Actions

Based on its planning process and determination of areas of risk and strength, GoodHealth carried out the following actions:

- Enhanced the GoodHealth intranet to provide information to all staff about workplace health and safety issues, policies and programs.
- Created a "change management" taskforce to support work teams and workers with issues arising from the merger, such as changes in reporting, team mandates and job roles. The taskforce was particularly attentive to possible impacts on employee health.
- Enhanced and harmonized access to psychological supports, as there was considerable variability across staff groups in the nature and amount of support available. Some groups, such as employees of physicians, had no access to EFAP or any mental health services.
- Implemented a Working Alone Policy, which included site-wide emergency call boxes and 24/7 security to enhance employee safety when working alone and during afternoon or night shifts.
- Provided a low-cost onsite daycare for staff to help address the challenges of balancing work and home life.
- Revised the Employee Incident Report to include a three-month follow-up for incidents involving psychological threats. This mandated follow-up helped to enhance the adequacy of response as well as organizational learning from each incident.

Results

GoodHealth made steady progress in all of the *Standard* elements. Ongoing policy and program revision timelines were instituted to ensure sustainability of GoodHealth's changes. The number of incidents related to psychological health and safety, which had been steadily increasing, stabilized and employee feedback revealed that staff were much more aware of how to report a critical event and more confident that the organization would take appropriate action.

GoodHealth identified the greatest impact of implementation as increased staff awareness: "All staff are aware of the *Standard* and where they can go if they need help." When interviewed, the Organization Champion for GoodHealth concluded: "Implementing the *Standard* should be something that every organization should be doing since the psychological well-being of employees directly impacts their productivity level and their contribution to the workplace."

A municipality supports its first responders

Background

The Region of Urbania is a municipal organization that serves 1.4 million residents across a diverse geographic area. The focus is on investment in infrastructure and provision of services to residents, businesses and visitors. The Region employs 6,800 fulltime and 700 part-time employees in multiple locations and departments, including Human Services, Health and Public Works and internal services. Sixty-five per cent of the workforce belongs to one of five unions and the remaining are management, contract workers or support services.

The Region decided to improve the psychological health and safety of its workplace to decrease costs associated with mental health issues; respond to surveys that indicated staff were experiencing considerable stress; and to enhance its reputation as a great place to work. As their organizational representative noted, “Not only does it make business ‘cents’, it’s the right thing to do.”

The Region’s ultimate goal was to implement the *Standard* across the entire organization, but decided to begin this process by focusing on a specific work group. This pilot project would provide valuable lessons that would facilitate overall rollout. A recent incident in the region resulted in the tragic death of a first responder and the subsequent investigation led to several recommendations intended to improve employee psychological safety. The unions also indicated that adoption of the *Standard* would be on the table during upcoming labour negotiations. As a result, the Region decided to focus its pilot efforts on the first responder group.

Planning

The Region incorporated psychological health and safety into decision-making and key organizational policies in many ways. Primary among them was the decision to focus on the continuum of psychological health to incorporate positive functioning as well as mental health difficulties. This was reflected in the drafting or revision of relevant policies, such as the Healthy Workplace Policy, Harassment and Discrimination Policy and new Staff Code of Conduct.

Early in the planning process, a perceived disconnect was identified between senior management of the Region and the members and leaders in the first responder group, primarily because the latter felt there was a lack of appreciation of the unique first responder culture and the demanding nature of their work. After some discussions between members, union representatives and senior leaders, a joint union-management task force was created to develop a psychological health and safety strategy, implement actions and monitor progress.

The Region had previously conducted a psychosocial risk survey across the entire organization. The task force reviewed these results to identify which psychosocial workplace factors were of most relevance to the first responder group. This would serve not only to identify specific issues to focus on, but also to recognize protective factors, both of which informed program development.

Key indicators of relevance to psychological health and safety were identified to help with evaluation, such as

benefits utilization, drug usage, professional services accessed, frequency of critical events and employee assistance program visits. The task force also gathered leading indicator information, including orientation results, training participation rates (e.g. stress management workshops) and utilization of the Region's intranet site.

Actions

On the basis of its analysis, the Region took the following actions with regard to psychological health and safety:

- Created of a dedicated intranet site for first responder personnel with information on relevant psychological health and safety policies, programs and resources. New staff receive an introduction to this during orientation and are expected to complete an online module to enhance knowledge transfer.
- Developed an integrated psychological health promotion program for staff, including training in resiliency, team building and psychological safety skills. This was complemented with access to online self-care modules on topics such as depression, anxiety and substance misuse.
- Prioritized leadership development, as this influences the success of all other actions. To this end, leader competencies were reviewed and training was provided in areas including transformational leadership, effective communications and how to support staff. These skills were incorporated in regular performance reviews for managers.
- Revised the Critical Incident Stress Management program. Whereas the prior focus had solely been on a team debriefing following a serious incident, the program was expanded to improve the incident reporting process and include a range of individual or group options in response to such events. In addition, the program was linked to other services and areas in the Region, such as staff development and disability management.
- Initiated a Peer Support program. This was based on a large American program and adapted to fit the Region. To ensure good fit and effectiveness, the Region collaborated with the developers to conduct a systematic evaluation.

Results

Despite some initial struggles, the Region of Urbania made significant progress implementing the *Standard*. The pilot with the first responder group provided some invaluable insights into the importance of planning and recognition of the subcultures that exist in a large, complex organization. Members of the task force were invited to discuss their implementation process, including challenges and opportunities, at various staff forums, including a presentation to the Regional Council. These lessons will serve to facilitate implementation of the *Standard* across the Region. This has been incorporated into the human resources business plan and the goal is to ensure that psychological health and safety is integrated into the overall health and safety management system.

Another organizational representative observed about the implementation journey, "It has been an exciting learning opportunity for the organization, not only that there is a *Standard* and what it means, but provision of tools and resources to implement the *Standard*; recognizing it is a continuous process and not an end point."

A private organization grows

Background

TRC, a small organization in the construction industry, is a privately-owned, non-unionized business with 12 full-time employees and approximately 40 subcontractors. A specific structural challenge is the fact that many of the subcontractors also work with other employers and thus have competing demands and accountability. TRC has made considerable effort to engage them in surveys and related initiatives: “We want to get feedback from those who work with us, not only those who work for us.” TRC implemented the *Standard* across the organization, including contract staff.

TRC was recently awarded a large government contract to build four new buildings. This has necessitated training of new staff and contracting with additional tradespeople, thus resulting in increased workloads. One of the challenges associated with this growth has been finding time to implement the *Standard* when it is competing with other priorities. TRC recognizes that this organizational change highlights the importance of addressing staff psychological health and safety: “There are lessons from implementing the *Standard* that will help us to move through this change.” As a construction company, TRC is very familiar with the occupational health and safety requirements for their industry, however psychological health and safety is a new concept for them.

Planning

TRC established a planning process to set objectives and targets, achieve compliance and commit to continuous improvement. Multiple feedback loops and metrics were used to help identify high-risk areas and processes to structure action planning.

TRC has based its planning on a range of indicators, including:

- Benefits utilization (and has been working to obtain full and timely access to this data).
- Participation in training sessions related to psychological health and safety.
- Short- and long-term disability rates and data. TRC has no access to disability data broken down by psychological causation. On the other hand, as a small organization, TRC is able to sensitively detect early signs of psychological distress or presenteeism.
- TRC used the Cost Data Collection Sheet, a tool to identify implementation costs and reasons for incurring them to keep track of their resource allocations.

Actions

TRC addressed workload management by maximizing work-life balance; identifying gaps in workflow; identifying tasks each person finds most enjoyable and feels most competent doing; and providing greater access to specific training reflecting these aptitudes. Employees responded positively to this initiative, indicating that they felt “valued.” Also, TRC introduced an enhanced benefits plan “including a range of wellness professionals, especially psychologists – we encourage employees to use these services.”

Results

TRC administered a survey to evaluate employees' knowledge about organization policies in this area. Most respondents perceived TRC as committed to improving psychological health and safety. However, employees lacked confidence that the organization would protect workers' psychological safety during organizational change. TRC reported a high degree of buy-in to this initiative by management: "There is a continued desire to work together, at all levels – the policies we have will set the tone for future growth." Subcontractors with their own benefits plan were encouraged to review their coverage to ensure that similar services were provided.

Based on these findings, opportunities for moving forward were identified:

1. Development of an enhanced communications plan so that employees are more familiar with organizational actions in this domain.
2. Use of focus groups and interview methodology to identify gaps in the knowledge of subcontractors versus direct employees regarding psychological health and safety policies.

TRC made considerable progress in implementing the *Standard*. As one staff member observed, "Employees are much more likely to come to a supervisor or manager and express their thoughts and feelings and know that they will not be judged or stigmatized."

A community college goes virtual

Background

BestEd is a community college providing vocational upgrading and technical training. It has more than 1,100 students and approximately 120 faculty and staff. There are two different bargaining groups representing teaching and support staff at one main campus and two satellite campuses. BestEd's mission stresses the importance of ensuring that students and staff are engaged and productive. It recognizes that this can best be accomplished by the creation of a learning environment that supports students' physical and emotional health. BestEd's president has publicly shared the educational and vocational challenges that his adult son, who has been diagnosed as being on the autism spectrum, has experienced and has made creation of a psychologically healthy and safe workplace one of his personal objectives.

Like many post-secondary institutions, BestEd is having to deal with significant demographic, economic and labour changes in the Canadian landscape. Enrolment patterns are changing with reduced secondary school graduates and increased applications from foreign students and adults seeking vocational upgrading. Students increasingly seek educational opportunities online or in open learning environments. Employment opportunities are shifting with the greatest need for graduates with skills in areas such as healthcare, engineering and information technology. To address these challenges, BestEd is revising and redesigning its entire curriculum to include online components and relevant courses. This will place demands on staff as a result of increased workload and training requirements. BestEd has decided to implement the *Standard* across the organization to support staff through these changes.

Planning

BestEd had previously been recognized by the provincial human resources association as a great place to work. To prepare for its application, the college created a workplace advisory committee with cross-union and campus representation. This committee was charged with implementation of the *Standard* and an external consultant with expertise in workplace mental health was contracted to assist. BestEd launched its implementation by webcasting a staff presentation by the consultant to satellite sites. This was hosted by the president and provided descriptions of a psychologically healthy workplace and the *Standard* to raise awareness, ensure shared understanding of key concepts and increase staff engagement.

The Guarding Minds@Work Employee Survey was conducted with a random sample of faculty and staff. BestEd exceeded the benchmarks in almost every area with noted strengths in: Clear Leadership and Expectations, Engagement and Protection of Physical Safety. The only areas of minimal concern were Manageable Workload and Civility and Respect. These results were shared with staff and the consultant conducted a strategic planning session with the workplace advisory committee to discuss the findings and identify existing and future actions. Emphasis was placed on those actions that had some evidence and were most relevant to identified areas of

concern. An evaluation strategy was developed with a focus on utilization of the EAP, short-term disability rates and frequency of grievances and complaints. Committee members accessed the webinars available from the MHCC to expand their knowledge of mental health issues.

Actions

On the basis of their planning process, BestEd took the following actions:

- Initiated a job demands analysis that considered the psychological and technical skills necessary for each position.
- Created a College Code of Conduct establishing expectations for interpersonal behaviour on campus and describing the process for reporting harassment and bullying.
- Introduced a training program for managers, staff and faculty to facilitate communication and productive conflict resolution. This program had previously been found to increase perceived co-worker civility and trust in managers based on a survey of health workers.
- Introduced The Working Mind program for all staff to promote mental health and reduce the stigma of mental illness.
- Expanded the benefits program to include family members and enhanced coverage for psychological services.

Results

BestEd began implementing the *Standard* with a strong commitment and some pre-existing structures, policies and programs. Evaluation of key indicators revealed a 35 per cent increase in EAP utilization and a 55 per cent reduction in harassment or bullying complaints. Short-term disability rates were unchanged, however this was viewed as a positive outcome in light of the increased demands and stresses placed on staff.

In addition to continuing these actions, BestEd is working with its student mental health team and student associations to participate in Mental Health Awareness Week. As a result of its experience with implementation, BestEd recognized the emerging need for personnel to assist Canadian employers to address workplace psychological health and safety issues and is developing a series of courses and online modules to provide training in this area.

As BestEd's president concluded, "Even though I didn't have the language of the *Standard*, I had the mindset and the philosophy. The *Standard* gave me a systematic way to approach it. Basically, there were things that I didn't have to do through trial and error."

Appendix C

Case Study Research Project Methodology

The Case Study Research Project uses a formative research methodology that focuses on the processes of change rather than on outcomes. It examines short-term results of actions, suggests adjustments and repeats the cycle. A unique set of assessment measures was created for the project to evaluate the progress and experiences of participating organizations in implementing the *Standard*, allowing for ongoing innovation, feedback and refinement.[28]

Measures

The measures used in this study have previously been described in the Baseline and Interim reports and are only briefly described here. The measures included:

Implementation Questionnaire (IQ): The IQ is a quantitative and qualitative assessment of organizational perceptions of *Standard* implementation. The IQ is completed via an online survey by the Key Informant (KI), with input from other organizational personnel as appropriate. This was completed at all three stages of the project.

Organizational Review (OR): The OR is a planning tool used to identify and describe key organizational indicators, risk factors, policies, programs and practices related to employees' psychological health. It was completed by the KI at the baseline stage of the project with input from other organizational personnel as needed.

Psychological Health Awareness Survey for Employees (PHASE): The PHASE is a brief and confidential online employee survey that assesses the knowledge and perceptions of workplace psychological health and safety in organizations implementing the *Standard*. Administration of the PHASE was voluntary, but strongly encouraged at the interim and final stages of the research project.

Implementation Interview (II): The II is a structured telephone interview conducted with the KI. The questions are designed to gain a detailed understanding of the organization's *Standard* implementation progress. The questions were customized for each phase of the project to reflect progress to date. The II took place at the baseline, interim and final stages of the study.

Organizational Champion Questionnaire (OCQ): The OCQ is a confidential questionnaire specifically designed for the Organizational Champion (OC) of each participating organization. It documents their perspective on the progress made in adopting the *Standard* and enhancing the psychological health and safety of their organization. The OCQ was administered at the final stage of the CSRP.

Exit Interview (EI): Some organizations chose to discontinue participation in the CSRP. To understand the reasons for this, a semi-structured phone interview was conducted with the KI or OC from these organizations. The EI was conducted at the interim and final stages of the CSRP.

28 Dehar, Mary-Anne, Sally Casswell, and Paul Duignan. "Formative and process evaluation of health promotion and disease prevention programs." *Evaluation Review* 17, no. 2 (1993): 204-220.

Appendix D

Participating Organizations

Real Estate Board of Greater Vancouver
Provincial Health Services Authority — Province-wide solutions. Better health.

The Alberta New Home Warranty Program
Alberta Health Services

Regina Qu'Appelle Health Region

The Great-West Life Assurance Company
Manitoba

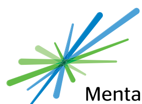
Health Association Nova Scotia — Leadership. Services. Support.
Nova Scotia / Nouvelle-Écosse
Belmont Health & Wealth
nova scotia health authority
isans — Immigrant Services Association of Nova Scotia
NSGEU

Bell
Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île-de-Montréal — Québec
VIA Rail Canada

bernardi Human Resource Law LLP
Pickering Public Library
Michael Garron Hospital — Toronto East Health Network
Manulife
The / Le Royal — Mental Health - Care & Research / Santé mentale - Soins et recherche
AGS — Moving You Forward
Sinai Health System
Region of Peel — Working for you
York Region
Frontenac
CCOHS.ca — Canadian Centre for Occupational Health and Safety
Ontario Shores — Centre for Mental Health Sciences
Haliburton, Kawartha, Pine Ridge District Health Unit
Canadian Security Intelligence Service / Service canadien du renseignement de sécurité
Canadian Mental Health Association Toronto — Mental health for all
Unifor — the Union | le syndicat
Lakeridge Health
The Scarborough Hospital — Local in Spirit. Global in Care.
Rogers
Garden City Family Health Team
Enbridge
Carleton University — Canada's Capital University

	Participating organizations	Partial or full dissemination	# of employees impacted by implementation of the *Standard*
1.	**AGS Rehab Solutions Inc.**	Full	49
2.	**Alberta Health Services**	Full	100,000
3.	**The Alberta New Home Warranty Program**	Full	50
4.	**Bernardi Law**	Full	11
5.	**Bell Canada**	Partial	36,000
6.	**Belmont Health & Wealth**	Full	30
7.	**Canadian Centre for Occupational Health and Safety**	Full	84
8.	**Canadian Mental Health Association Toronto**	Full	300
9.	**Canadian Security Intelligence Service**	Full	3,400
10.	**Carleton University**	Full	2,000
11.	**County of Frontenac**	Full	400
12.	**Douglas Mental Health University Institute**	Full	1,158
13.	**Enbridge Gas Distribution**	Full	2,300
14.	**Garden City Family Health Team**	Full	53
15.	**Great-West Life**	Full	11,000
16.	**Haliburton, Kawartha, Pine Ridge District Health Unit**	Full	2,300
17.	**Health Association of Nova Scotia**	Full	100
18.	**Immigrant Services Association of Nova Scotia**	Full	112
19.	**Lakeridge Health**	Full	5,288
20.	**Manitoba Health, Healthy Living and Seniors**	Full	2,100
21.	**Manulife**	Partial	750

	Participating organizations	Partial or full dissemination	# of employees impacted by implementation of the *Standard*
22.	**Mount Sinai Hospital**	Full	4,500
23.	**Nova Scotia Health Authority – Cape Breton District Health Authority Pilot Site**	Full	60
24.	**Nova Scotia Health Authority – Capital District Health Authority Pilot Site**	Full	11,000
25.	**Nova Scotia Government and General Employees Union**	Full	60
26.	**Ontario Shores Centre for Mental Health Sciences**	Full	1,200
27.	**Pickering Public Library**	Partial	64
28.	**Provincial Health Services Authority**	Partial	4,000
29.	**Province of Nova Scotia**	Full	11,000
30.	**RCMP – Division C**	Partial	1,300
31.	**Real Estate Board of Greater Vancouver**	Full	75
32.	**Regional Municipality of York**	Full	3,000
33.	**Region of Peel**	Full	5,500
34.	**Regina Mental Health Clinic**	Full	60
35.	**Rogers Communication**	Full	29,300
36.	**The Royal Ottawa HealthCare Group**	Full	1,500
37.	**The Scarborough Hospital**	Full	3,100
38.	**Toronto East General Hospital**	Full	2,500
39.	**Unifor**	Full	500
40.	**Via Rail**	Partial	400



Mental Health Commission of Canada

Suite 1210, 350 Albert Street
Ottawa, ON K1R 1A4

Tel: 613.683.3755
Fax: 613.798.2989

info@mentalhealthcommission.ca
www.mentalhealthcommission.ca

@MHCC_ /theMHCC /1MHCC @theMHCC
/Mental Health Commission of Canada