

Mental Health Commission of Canada

Commission de la santé mentale du Canada

# PSYCHOLOGICAL HEALTH & SAFETY

## AN ACTION GUIDE FOR EMPLOYERS

January 2012

# Acknowledgements

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# Preface

Mental health problems have a powerful and expanding impact in the workplace. As their burden on the public and private sectors in Canada increases, the management of workplace mental health issues will be of increasing importance. Yet, strategies for the assessment, prevention and treatment of mental health problems in the workplace are underdeveloped and underused. The gap between the need for and use of effective models can be partially explained by limited access to relevant knowledge. While there is considerable literature on the prevalence and nature of mental health problems in the workplace, practical **solutions** to these problems are harder to identify.

To foster a pragmatic integrated approach to workplace mental health in Canada, the Workforce Advisory Committee (WAC) of the Mental Health Commission of Canada (MHCC) collaborated with the Centre for Applied Research in Mental Health and Addiction (CARMHA) at Simon Fraser University to examine the relevant scientific and 'grey' literature on approaches to improving the mental health of employees.

On the basis of this review, CARMHA has issued four companion documents:

- A technical report that provides an overview of the search strategies, results and categorization process used in reviewing the existing peer-reviewed and grey literature with respect to workplace mental health
- A report reviewing select models for improving workplace mental health and providing recommendations for an integrated approach
- **An employer's guide to improving mental health care in the workplace**
- A plan for knowledge exchange to maximize dissemination and utilization of the findings and reports

# Introduction

This Action Guide is based on the idea of protecting **employees' psychological health and safety**. We are all familiar with the need to protect physical health and safety in the workplace; it is enshrined in Occupational Health and Safety (OH&S) regulations, legislation and business practice. Enormous progress has been made over the last 100 years in decreasing rates of accidents and illness related to risks posed by workplace conditions or worker behaviours.

But a new realization has dawned: the protection of workers also includes attending to their psychological (mental) health and safety (PH&S) in the workplace. Just as employers have worked with human resources professionals, occupational health experts and organized labour representatives to reduce workplace risks to physical health, many organizations are now similarly committed to identifying and reducing workplace risks of psychological injury or illness, for the same reasons:

- high rates of illness or injury leading to possible loss of skilled employees
- regulatory or legal sanctions for failing to recognize and make reasonable efforts to avert work-related injuries or incidents
- escalating costs related to increased benefits utilization, lost productivity, recruitment and replacement expenses, and insurance premiums
- negative impact on employee morale and engagement, customer and client relations, and organizational reputation

This has created the awareness that PH&S is a critical aspect of occupational health and safety. The aim is to create a psychologically healthy workplace, one that supports the psychological health of employees in a manner that also furthers the goals of the organization. Promoting psychological health for the entire workforce is an excellent strategy for reducing the risk of psychological harm. **A psychologically healthy workplace helps keep workers safe, engaged and productive**. Addressing psychological health and safety is critically important.

A good PH&S strategy benefits employers, affecting workforce stability, productivity, insurance costs, risk of legal or regulatory sanctions, and the financial bottom line. It also benefits employees, with an enormous impact upon their health, morale, worklife quality and ability to perform at their highest capacity. And, it is important to Canada, a country dependent on psychologically healthy workers and workplaces.

By accessing and using this guide, you demonstrate your commitment to protecting PH&S in your workplace. Whether your organization is in the early stages of planning a PH&S initiative or is building on existing programs, yours is amongst the forward-thinking Canadian workplaces that understand the connection between psychological health and productivity, sustainability and profitability. In times of rising workplace pressures (increased competitiveness, a faster pace and tighter economy), creating an environment where workers flourish benefits both the overall organization and the bottom line. Your organization's capacity to respond effectively to changing markets and new ways of doing business will be significantly enhanced if managers and staff are not hampered by poor psychological coping skills or mental health problems.

This action guide provides a logical approach to moving forward with PH&S strategies. We are still in an early stage of understanding this complex area, but we are making progress in identifying effective strategies through research and innovative workplace programs. This guide is based on the best and most comprehensive information currently available.

There will soon be a standard for psychological health and safety in the workplace, the National Standard of Canada for Psychological Health and Safety in the Workplace, scheduled for release in late 2012. This standard is based on the ISO standards format. The reader is advised to read the section of this Guide entitled "The P6 Framework and the ISO Format" to better understand the close relationship between the ideas discussed in the guidebook and the future Standard. The National Standard will establish a benchmark and ensure that this issue reaches the boardroom table. But the greatest progress will stem from workplaces across Canada taking action and using initiative, creativity and common sense to make a difference in PH&S. To be successful, these efforts will require commitment, collaboration and conversations amongst employees, employers, labour organizations and health care providers.

Your organization's efforts to enhance psychological health and safety will be transformative for employers and employees alike. When PH&S becomes a priority, everyone wins!

# About the Guide

This guide is informed by an evolving understanding of psychological health in the workplace and specifically by two sources of knowledge:

- **Literature search**. We sought research on approaches, policies and interventions aimed at improving psychological health and safety in the workplace. The results are summarized in our research report: **A Framework for Psychological Health & Safety.**
- **Stakeholder consultation**. This included participation in a national consensus forum on psychological health and safety in the workplace and a series of focused discussions with informed Canadian business leaders, union representatives, disability managers, and occupational health care providers.

We will walk with you through the steps of planning and implementing workplace interventions to protect psychological health and safety (PH&S). At each step, we will: (i) explain why the change is important; (ii) identify effective actions, and (iii) link you to tools that help you take action.

The guide is mainly intended for employers and HR personnel who are considering programs and policies to improve psychological health in their organizations. In smaller organizations, this role is likely fulfilled by the owner or senior manager rather than dedicated HR practitioners. This material is also relevant to union leaders, occupational health care providers, frontline managers, legal and regulatory professionals, and others with a stake in maintaining the PH&S of workers. Internal or external consultants who are familiar with PH&S and principles for creating workplace change can help organizations navigate the guide and facilitate implementation.

To make it easier for employers to foster an integrated process of change, we created the **P6 Framework**. This framework describes the change process in terms of six successive components: **Policy, Planning, Promotion, Prevention, Process and Persistence**. By a happy coincidence, these components all begin with the letter P.

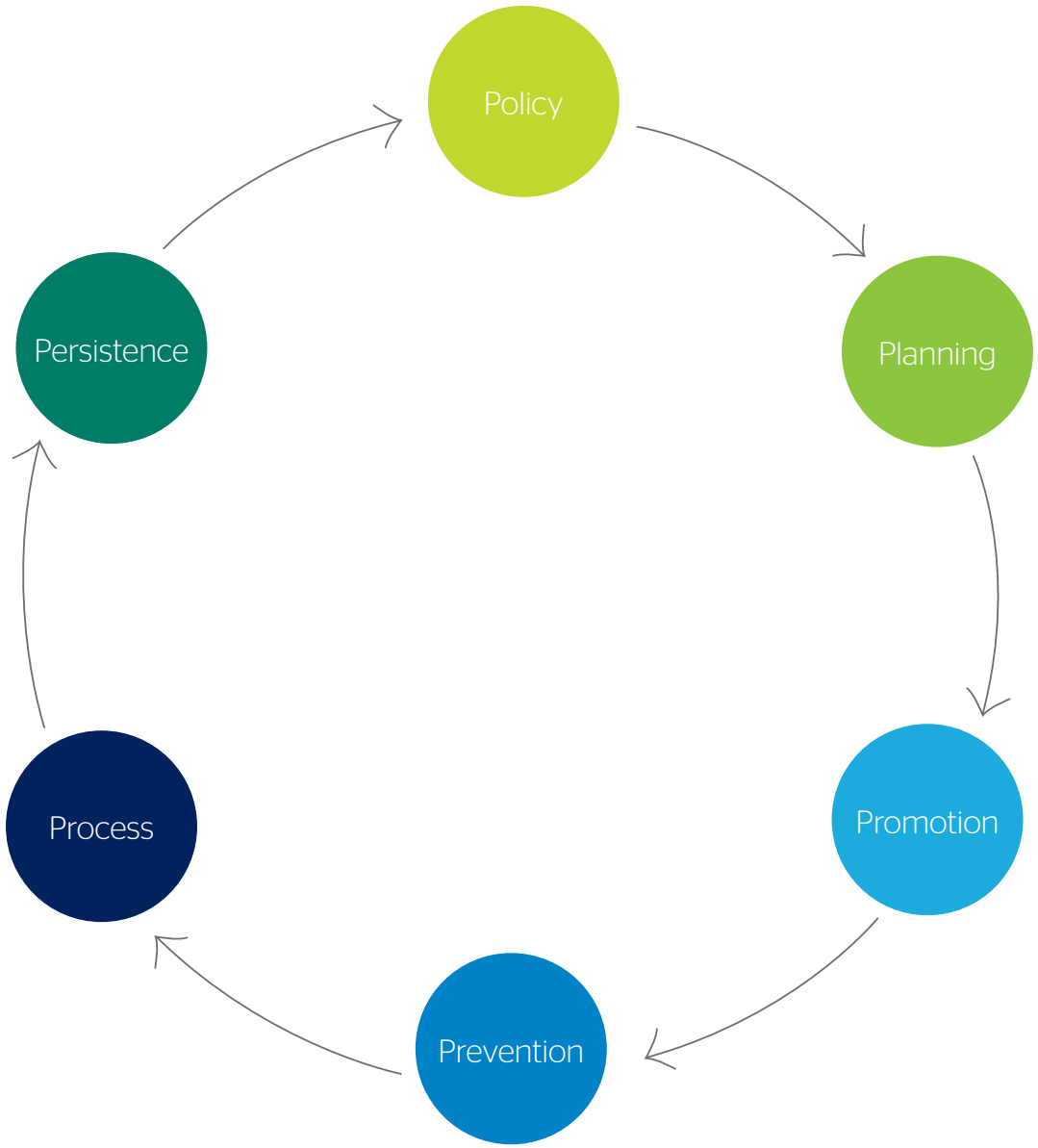
For each component of the P6 Framework, we list three **actions** you might want to consider. Each action is consistent with research evidence and represents a promising practice in the field of PH&S. For each action, we explain why it matters, describe briefly how to implement it, and provide links to **useful tools** (web-based, primarily Canadian and at no or minimal cost) for supporting its implementation. The tools include reports that provide detailed guidance, sites to help build skills, and sources of additional practical knowledge. The guide also includes **stories** that illustrate how workplaces have tackled PH&S. These stories are composites based on issues encountered and actions taken by actual organizations. Finally, the guide includes **quotes** selected from the stakeholder consultation process, pertinent research or policy documents.

To become familiar with the guide, we suggest that you first:

- look over the Table of Contents to gain a sense of the information offered
- if a particular topic is relevant to you, take some time to look at the specific content
- check out the links to useful tools
- keep the web address for this guide in a convenient place or saved as a 'favourite' so it's easy to access when you need it

A diagrammatic overview of the P6 Framework appears on the following page.

# The P6 Framework




## Policy

Commitment by organizational leadership to enhance psychological health and safety through workplace interventions

## Planning

Determination of key psychological health indicators across the organization, selection of actions, and specification of objectives

## Promotion

Actions taken to promote the general psychological health of the workforce

## Prevention

Actions taken to prevent the occurrence of significant psychological problems or mental disorders – may occur at the primary, secondary or tertiary level

## Process

Evaluation of implementation and results of actions taken to enhance psychological health and safety

## Persistence

Sustainment of effective actions in a process of continuous improvement

# The P6 Framework And The ISO Format

The P6 Framework was developed to be consistent with a widely-accepted approach to improvement of organizational quality, that of the International Standards Organization (ISO). Organizational interventions based on the ISO Format have an excellent track record for driving continual improvement while also achieving conformity to legislative and regulatory requirements as well as creating significant economic benefits. The consistency between our framework and the ISO Format becomes clear when we map each of our components onto those of ISO: ISO Policy & Commitment corresponds to our **Policy** component; ISO **Planning** corresponds to our Planning component; ISO Implementation & Operation corresponds to our **Promotion** and **Prevention** components; ISO Checking & Corrective Action corresponds to our **Process** component; and ISO Review & Improvement corresponds to our **Persistence** component.

The Policy component is comparable to ISO Policy & Commitment in that it involves a clear statement of the organization's commitment; in this case, to the protection of psychological health and safety.

The Planning component is directly comparable to ISO Planning, defined as "part of quality management focused on setting objectives and specifying necessary operational processes and related resources to fulfill the quality objectives".[1] There is an emphasis upon a clear connection between policy, objectives and processes implemented to meet these objectives. The ISO Format calls upon those planning quality initiatives to lay out a **logic model** for change: what is the commitment underlying this desired change, what are the exact objectives, by which processes will the change be accomplished, and how will accomplishment of the objectives be measured?

The Prevention component relates to ISO Implementation & Operation. It emphasizes the need to ensure that staff understand the commitment to PH&S and reasons for prevention activities, and that effective interventions are chosen and implemented in a timely manner.

The Process component relates to ISO Checking & Corrective Action, which emphasizes the need to audit the adequacy of newly-developed policies as well as to evaluate the outcomes of actions. Evaluation of initiatives leads to an action plan designed to address unforeseen difficulties or particular deficiencies in the initiatives. The ISO approach to evaluation, **Plan Do Check Act**, is strikingly similar to the process/formative evaluation described in our Process component, with repeated cycles of action and feedback in a process of continual improvement. The **PDCA** cycle has proven to be a successful model for guiding change across a wide range of organizational settings.

Finally, the Persistence component relates to ISO Review, which emphasizes the role of management and organizational leadership in seeking continued improvement, using the results from previous outcomes. It seeks to modify and improve organizational policies and programs. The aim is to incorporate a continual improvement cycle that will keep the mental health improvement initiative sustainable and relevant to changing conditions.

[1]Hoyle, D. (2006). ISO 9000 quality systems handbook (5th ed.). Oxford, UK: Butterworth-Heinemann. P. 267.

# Policy

## Commitment by organizational leadership to enhance psychological health and safety through workplace interventions.

Organizational leaders set policy to establish the organization's commitment to the protection and enhancement of PH&S. Policy sets the stage for action. In a larger company, policy development may be initiated by the HR department, which assumes the task of engaging leadership and other key members of the organization. In some organizations, the senior executive team may take on policy development in collaboration with HR. In a smaller company, policy development will likely be initiated by the managers or owners.

In Quebec, some years ago many employers took action – most commonly putting in EAPs. But for many that was their only action – oh yes, some also had conferences and talked about stress.

- Science Advisor, Health Promotion Group

The lack of understanding of psychological health and safety issues is at the root of the problem. Workplace parties lack the understanding of their roles in addition to the legal implications of raising these issues. Supervisors are concerned that they may be held liable due to privacy issues. Workers are concerned for their safety because they are unaware of how the organization and other workers will react to raising these concerns. Psychological concerns were always kept in the closet.

- Occ. Health & Safety Expert

# Obtain Endorsement from Organizational Leaders

Active endorsement and support from senior organizational leaders underlines the importance of psychological health in the workplace. Where applicable, support from unions or other forms of employee associations involved with the company is also crucial.

**Why it matters**

Unless organizational leaders clearly support efforts to protect and enhance PH&S, there is little chance of making lasting positive change. Organizational leaders who understand the importance of PH&S will send a clear message regarding the urgency of these interventions, allocate sufficient resources for meaningful interventions, demonstrate the organization's commitment to change, and drive change when reluctance or resistance form barriers.

> There is a solid business case for psychologically healthy workplaces. It can't just be about employer risk reduction and improved individual well-being. It also has to incorporate evidence on how individual, team and organizational performance depend on a psychologically healthy work environment.
>
> - Workplace Health Consultant

**How it is done**

Leadership commitment might take the form of a statement expressing the priority of PH&S or a comprehensive strategy for organizational change. Organizational commitment depends upon persuading leaders that: (i) improving PH&S is important in relation to overall organizational priorities – that is, there is a strong business case for taking action; (ii) improving PH&S is feasible given available staff and financial resources. The business case rests on three pillars:

**Financial benefit:** Psychological health problems contribute substantially to organizational costs through reduced productivity resulting from employees being absent due to mental disorders or 'present' but with reduced function due to psychological difficulties. Organizations with high rates of psychological well-being are likely to experience increased productivity and performance due to enhanced engagement, morale and competitiveness. Significant cost savings have been demonstrated through targeted workplace psychological health initiatives, in particular those aimed at preventing the psychological disorders most commonly impacting the workplace, such as depression.

**Legal/regulatory benefit:** Courts and regulatory bodies increasingly recognize organizations as responsible for protecting the PH&S of their employees. Where employers have failed to take reasonable steps to reduce psychological risks, substantial penalties have been imposed. Taking reasonable steps to enhance PH&S helps mitigate this risk. Regulatory requirements specific to your region and business sector are especially important.

**Ethical benefit:** Most organizations affirm the obligation to ensure the health and safety of their employees. Workplace stress factors are associated with increased risk of mental disorders and other psychological problems. Identifying and addressing these risks protects employees' PH&S.

## Useful Tools

Fostering Leadership and Policy in Workplace Mental Health, Mental Health Commission of Canada:
http://www.mhccleadership.ca/

Making the Business Case, Great-West Life Centre for Mental Health in the Workplace – Workplace Strategies for Mental Health: http://www.workplacestrategiesformentalhealth.com/display.asp?l1=3&l2=37&d=37

Understanding the Legal and Regulatory Side of PH&S. Mental Health Commission of Canada:
http://www.mentalhealthcommission.ca/SiteCollectionDocuments/workplace/Perfect%20Legal%20Storm%20FINAL%20EN%20wc.pdf

Guidance on the Management of Psychosocial Risks in the Workplace, BSI (UK):
http://shop.bsigroup.com/en/ProductDetail/?pid=000000000030213276

# Build the Action Team

You'll want a team of individuals responsible for planning and implementing PH&S initiatives. They should represent the key groups within your organization. Depending on the size of the organization, this might include representatives from: management, occupational health and safety, unions, employee and family assistance programs, human resources, professional groups and major divisions, branches or departments. This team needs access to the knowledge, resources and authority to carry forward PH&S initiatives. In smaller organizations the team may consist of just a few people, or change may be initiated and overseen solely by the owner or manager.

**Why it matters**

Members of the action team serve as champions for change and make sure that interventions are customized to the needs and culture of your particular organization. Two critical functions of the action team are maintaining connections with the rest of the organization and ensuring the sustainability of successful initiatives by continuing to advocate the importance of PH&S.

**How it is done**

**Identify champions within the organization**. Some members of your staff will have more knowledge, familiarity and motivation with respect to PH&S. This may be based on personal experience, the experiences of a close friend or loved one, or prior success carrying out organizational change initiatives. Regardless, these individuals can lead and inspire their colleagues and provide practical advice to your team as well as serving as positive role models by demonstrating concern for psychological health.

**Use existing structures**. Many organizations have existing joint committees with representation chosen by management and employees to address occupational health and safety and other related issues. The mandate and representation of such committees can be extended to include PH&S.

**Determine the resources necessary for success**. The action team needs to have the necessary knowledge, tools and authority to carry forward PH&S initiatives. This may require provision of training, further reading or reviews of web content. If team members are volunteering while continuing to serve in their regular positions, they need adequate time and support from management so that they can participate freely. Although many PH&S initiatives can be carried out with few hard costs, requirements for funding, equipment or space should be identified early in the planning process.

**Assign tasks**. Different members of your team will have unique interests, skills and areas of influence. As you develop your PH&S plan, it is important to determine who will do what and when. Common objectives should be established. Determine what actions will be needed to achieve these and how each team member will contribute. Identify who will take on the leadership role for the team.

## Useful Tools

Identify a Champion, A Leadership Project for Advancing Workplace Mental Health, Mental Health Commission of Canada: http://www.mhccleadership.ca/identify-a-champion/

Championing a Healthy Workplace, Workplace Strategies for Mental Health - Great-West Life Centre for Mental Health in the Workplace: http://www.workplacestrategiesformentalhealth.com/display.asp?l1=4&l2=55&l3=58&d=58&

Establishing a Healthy Workplace Committee, Workplace Mental Health Promotion Guide, Canadian Mental Health Association Ontario: http://wmhp.cmhaontario.ca/comprehensive-workplace-health-promotion-affecting-mental-health-in-the-workplace/element-2

# Communicate the Policy

Once the decision has been made to go forward with the enhancement of PH&S, this needs to be communicated to all levels of the organization. A clear and concise statement of policy that has been endorsed by organizational leaders is a powerful way to communicate the organization's commitment to psychological health and safety.

**Why it matters**

Implementation of a PH&S policy can only work if your employees know what is being done and why this matters to them and to the company. It is important to have an effective communication strategy. Failure to do so can undermine trust, interest and participation.

**How it is done**

Communication can occur through a number of channels: staff meetings, newsletter updates, health and safety bulletins, intranet memos, and postings in areas where employees gather. Consider employees' communication preferences; posting notices on bulletin boards is of little value if they are not read or updated. Also, pay attention to employee demographics to ensure information is presented in an appropriate style and language(s). Communication is most effective when it comes from the top and is reinforced throughout the organization. PH&S should not be a one-time message; to create culture change, key messages must be repeated and woven into communications about other organizational issues, as appropriate.

A well-planned communication strategy will transmit several critical messages to the workforce:

- **We believe that creating and sustaining a psychologically healthy and safe workplace is essential to the success and sustainability of our business and consistent with our values, priorities and objectives.** (Summarize the specific business case for your organization.)
- **These are short- and long-term objectives that will benefit you and the company. We will measure how we are doing, let you know the results and change anything that isn't working.**
- **This is a commitment to action – we may not be able to accomplish everything, but we will be investing effort and resources into creating a positive change.**
- **We will keep you regularly informed of next steps. We welcome your thoughts and input on how to make this initiative work.**

It is important to target different communication strategies for boards and executives, middle managers, frontline supervisors, and employees (including unions and professional associations).

- Workplace Health Consultant

There is not one best way to communicate the importance of psychological health... Providing a standard would be effective for those seeking a credible way to address the issues... For others, it will only be at the time of a crisis or need that they will look for information or resources. Our job is to make sure these are easily accessible when the time comes.

- Mental Health Consultant

## Useful Tools

Role for Senior Leaders, A Leadership Framework for Advancing Workplace Mental Health, Mental Health Commission of Canada: http://www.mhccleadership.ca/accountability/implementing-change/role-for-senior-leaders/

Overview of Health Communication Campaigns, Health Communication Unit, University of Toronto: http://www.thcu.ca/infoandresources/publications/OHCMasterWorkbookv3.2.mar26.07.pdf

## A sustainable corporation embraces psychological health and safety

A national crown corporation, focused on environmental health and sustainability, recognized a corresponding need to attend to the psychological health and sustainability of its workforce.

The business case was built upon the number of employees on long-term disability due to mental health diagnoses, which was rapidly approaching the number of employees off as a result of musculoskeletal (MSK) injuries. Furthermore, the organization's occupational health providers explained that when employees had both MSK injuries and a mental illness such as depression, successful work return was much more difficult.

The decision to aim for a psychologically healthier workplace was endorsed by the Executive Board and the heads of all three unions. The participation of union leaders was reinforced when a member of the union executive told his colleagues that his father had struggled with depression and substance abuse. Still, the union leaders were cautious about this new initiative. Union endorsement was particularly important in this organization; previously, an absence management program had been introduced without union endorsement and was viewed suspiciously by employees.

A communiqué was distributed to all employees from a joint union-management committee stating that: (i) creating a psychologically healthy workplace was consistent with the organization's strategic values, and (ii) the organization was committed to building PH&S into the corporate culture. This would be accomplished through input and collaboration from all levels of the organization.

Because of the lingering uncertainty about psychological health programs, a pilot PH&S intervention was conducted, involving only two worksites. This pilot went well: employees at both sites rated the intervention to be acceptable, relevant and helpful. This positive response paved the way for extension of the PH&S intervention to other worksites across the country.

# Planning

## Determination of key psychological health indicators across the organization, selection of actions, and specification of objectives.

Thoughtful preparation is essential if efforts to improve PH&S within an organization are to be successful. Consider the intended goals and objectives: What sorts of inputs (financial resources, time, staffing) are required and what indicators will demonstrate impact? What will be required to sustain these efforts over time?

Planning is based on initial and ongoing assessment to identify the particular issues or risk factors of greatest relevance for your organization. This will identify problems most needing attention, opportunities for change, and organizational strengths to build on. Planning also sets the stage for evaluating the effectiveness of your efforts.

Maximizing the relevance and effectiveness of different interventions requires taking into account employee characteristics like gender, ethnicity and preferred language; and organizational characteristics including small versus large, public versus private sector, urban versus rural, and type of business.

Interventions occur at different stages and have varying primary objectives: **health promotion** to enhance the general psychological health of the workforce; **primary prevention** to reduce the likelihood of psychological injury; **secondary prevention** for early identification of psychological problems; and **tertiary prevention** to ensure optimal treatment of mental health conditions as well as to reduce disability and support work return. We recommend action at more than one stage.

Interventions may be carried out at the **individual** level, e.g., taking action to enhance the psychological health of designated employee groups, or at the **organizational** level, e.g., acting to reduce risk factors associated with the workplace environment. A combination of both approaches is often preferable.

# Gather the Facts

This involves gathering relevant data that provides a meaningful picture of PH&S in your organization.

**Why it matters**

Before launching any initiative it is important to gain an understanding of your starting point by collecting organizational information relevant to PH&S. This will tell you where you need to focus your efforts and will provide a baseline for evaluating your effectiveness.

**How it is done**

Various kinds of information may reflect the PH&S of a workforce:

- **Absenteeism (amount and duration).** It is important to have information on how many employees are away, for how long, and the reasons for absence. In larger organizations, this information will be tracked systematically and can reveal trends of illness or injury. Although psychological health is the focus, it is important to monitor absence related to both physical and mental conditions.
- **Benefits utilization.** Depending on the benefit structure of a particular organization, this may include prescription medication use, visits to mental health care providers, or other services related to psychological concerns. Companies may be able to partner with insurance carriers to obtain information on 'soft numbers' such as secondary diagnoses associated with disability claims.
- **Employee and Family Assistance Program (EFAP) data:** Such programs typically submit reports specifying overall utilization rates, number of sessions and reasons for visits. EFAPs may also provide data concerning on-site consultations and referrals to more intensive treatment. Note changes in patterns and types of use, as well as differences between departments or branches.
- **Disability rates and costs.** This includes rates of short- and long-term disability and workers' compensation claims. It also includes indirect costs: training replacement workers, compensatory overtime by other employees and accommodation in return-to-work programs. You might also examine the frequency of successful and sustained work return for persons with psychological disabilities.
- **Rates of accidents, incidents or injuries**. Individuals experiencing psychological distress or disorder may have reduced concentration or decision-making abilities, increasing the likelihood of risky events, especially in safety-sensitive positions. Relevant information also includes customer or client complaints, grievances and conflicts between employees.
- **Aggregated health risk assessment data.** This would be especially valuable if it includes information about psychological health indicators.

It is helpful to consider this type of information over extended time periods to spot trends. In larger organizations, one might compare worksites, with particular attention to sites that are high-risk, high-cost or high-priority. Small business owners may not be able to track information systematically, but are usually aware of who is struggling and the impact on the workplace.



## Useful Tools

Collecting Information about the Costs of Stress in the Workplace, Health Canada: http://www.hc-sc.gc.ca/ewh-semt/occup-travail/work-travail/_cost-cout/index-eng.php#f2

Assessing Risks and Returns, Great-West Life Centre for Mental Health in the Workplace – Workplace Strategies for Mental Health: http://www.workplacestrategiesformentalhealth.com/display.asp?l1=3&d=3&

# Survey Your Employees

This involves gathering survey or focus group information from employees about psychological health issues.

**Why it matters**

Your employees know a lot about the risks and protective factors related to PH&S in your organization. They may not have explicitly shared this knowledge and probably don't realize how much they know (like a fish knowing about water). But they work and participate in the day-to-day culture of your organization and have direct experience of the reality of the workplace. It is critical to use their knowledge to provide a deeper understanding of the real issues on the 'shop floor'. Soliciting employee input also communicates that employees are active participants in PH&S initiatives and that they share responsibility for their own psychological health.

**How it is done**

- **Review existing records.** A wealth of information related to PH&S is available in documentation from staff meetings, health and safety committees and internal newsletters. In addition, you might find relevant content in employee performance reviews, development plans and exit interviews.
- **Conduct a staff survey.** This may involve adding questions about PH&S to employee surveys you already conduct or using a tool designed specifically for this purpose. **Guarding Minds @ Work** is a Canadian tool that includes both a six-item employer audit and a comprehensive employee survey that examines twelve psychosocial risk factors. This tool is free and easy to use (see below). There may also be valuable information relevant to PH&S in results from prior or current employee surveys.
- **Carry out focused discussions on PH&S with employees, union representatives and managers.** These may be used to gain a deeper understanding of survey findings or other data. Small business owners can make PH&S a topic during regular meetings with staff. Note that care must be taken to protect privacy and ensure that employees will not be penalized for identifying workplace concerns.
- **Gather information regarding the prevalence of mental health problems in your workforce.** This might involve surveying employees regarding whether they have received a mental health diagnosis, experienced common mental health problems or been treated for such problems. But this is a challenging kind of data collection: questions about psychological health or mental disorders are typically perceived as intrusive, whether because such problems are stigmatized or because it is considered private information. Employees must have the right to refuse to answer such questions. Furthermore, there may be an obligation to ensure that employees indicating a mental health problem are able to readily access appropriate treatment resources. It must be emphasized that current practice guidelines do not recommend screening the workforce for psychological problems or mental disorders in the absence of a specific, appropriate and accessible program of clinical response to those conditions.



## Useful Tools

Guarding Minds @ Work: www.guardingmindsatwork.ca

Recommended and Promising Practices for Situational Assessment Tools, Health Communication Unit, University of Toronto: http://www.thcu.ca/Workplace/sat/pubs/sat_v200.pdf

# Measure Readiness to Change

Different individuals are at various points of readiness to change their health behaviours: some are not ready to make change, others are just beginning to explore the options and others are ready to change now. It works the same way for organizations.

**Why it matters**

Despite the importance of PH&S to productivity and sustainability, organizations differ in their readiness to take action. Changing organizational health behaviour is like changing an individual's health behaviour. Organizations vary in their degree of awareness, willingness and capacity to engage in improving their PH&S. Despite the commitment and good intentions of leaders and internal champions, embarking on a change initiative without considering readiness may lead to failure and undermine future efforts when conditions change.

**How it is done**

A helpful strategy is to conduct an initial SWOT (strengths, weaknesses, opportunities and threats) analysis to identify internal and external factors that may facilitate or impede action on PH&S:

- **Internal organizational characteristics likely to support change can include:** employee feedback indicating interest in psychological health issues; positive outcomes of prior change initiatives; union-management accords regarding occupational health and safety; alignment of PH&S with core strategic objectives; etc. Small businesses often have an advantage as it can be easier to ensure participation by all staff.
- **Internal organizational characteristics that may impede change can include:** significant conflict within work groups or between employees and management; major internal change (e.g., introduction of a new IT system); failure of prior efforts to improve health and safety; recent reorganization or shifts in leadership; or labour disputes. Interestingly, high levels of employee stress have been shown to be a barrier to organizational change.
- **External factors that support change can include:** recent changes in regulations relevant to PH&S such as workplace violence or 'anti-bullying' requirements; public events like mental health awareness campaigns; market analysis indicating customer approval of businesses that support their employees.
- **External factors that may impede change can include:** pending organizational mergers or takeovers; introduction of new technologies; threats of exporting work to other countries, etc. High-profile negative media coverage involving individuals described as mentally ill can undermine a psychological health campaign due to increased stigmatization.

If you identify a number of strengths and opportunities during your measurement of readiness to change, you are well-positioned to initiate a more comprehensive plan. But if weaknesses and threats are prominent, determine what it would take to move to the next stage of readiness and build on positive aspects identified.



## Useful Tools

Free Online Tool for SWOT Analysis: http://www.inghenia.com/gadgets/swot/swot_en.php

Measuring Organizational Readiness to Change, TCU Institute of Behavioral Research: http://www.ibr.tcu.edu/evidence/evi-orc.html

# Promotion

## Actions taken to promote the general psychological health of the workforce.

The focus here is upon actions that foster the overall psychological health of the workforce. Psychological/mental health promotion does not target specific disorders, but rather helps the average employee improve his or her psychological well-being. It is likely that improved well-being will create greater resistance to psychological health difficulties. Psychological health promotion is related to the concept of **positive psychological health**. This is the idea that positive qualities like problem solving, self-efficacy, resiliency, creativity and spiritual growth are critical features of good psychological health.

The aim of psychological health promotion is to increase the capacity of employees to manage stress and emotional challenges in a way that reduces the likelihood of onset of mental disorders. Interestingly, it has been found that individuals suffering from psychological health problems are **more** likely than others to adopt positive health behaviours. Furthermore, it has been shown that health promotion interventions in the workplace, even those not specifically focused on psychological health, demonstrate positive effects with regard to reducing depression and anxiety symptoms in employees.

> Wellness programs need to focus on mental health, offering education sessions and resources that include speakers (testimonials), information and resource material on the Wellness intranet, access to self-assessment tools, and preparation of health and safety content for the Joint Health & Safety Committee.
>
> - Director, Corporate Wellness Program

# Build Employee Resilience

The ability to cope effectively with the stress of difficult life experiences has been named **Resilience.** Resilient people overcome adversity quickly, 'bounce back' from setbacks, and can thrive under ongoing pressure without acting in dysfunctional or harmful ways. Such individuals are not untouched by stressful circumstances, but are quicker to return to equilibrium; indeed they may 'bounce forward' after adversity and develop new strengths that contribute to the organization.

**Why it matters**

Resilience is a critical factor for the organizational bottom line. Staff members with low resilience are more likely to exhibit illness and disability, higher absence and turnover, and reduced engagement and productivity. Highly resilient employees more easily adapt to change, find ways to overcome adversity, are more engaged and productive, and are easier to work with. Note that the concept of 'resilience' can also be applied to organizations that are better able to adapt to change and take on challenges. Building a resilient workforce can deliver substantial rewards to both employer and employee.

**How it is done**

Everyone has the potential to become more resilient through accessing information and education. There are numerous resiliency resources and training programs accessible on-site or online. Important components of resiliency-building programs are:

- **Self-regulation:** You manage your emotional responses so they contribute to appropriate action rather than blocking it.
- **Efficient problem solving:** You are able to identify and implement a range of possible solutions and modify as needed.
- **Self-efficacy:** You are confident in your skills and capacity to deal with challenges.
- **Social support:** You are able to accept assistance from others and provide support in turn.

To achieve maximum benefit, it's best to have resilience training delivered by someone with an understanding of PH&S principles and of your particular organization. The bottom line is that resilience training offers the potential for significant enhancement of PH&S, at a moderate cost. Face-to-face training may be preferred, but technology (e.g., webinars, videoconferencing, online discussion groups) can be used for more complex organizations, remote workplaces or to enhance training.

A leading example of a resilience training tool is the Promoting Adult Resilience (PAR) program, which is delivered to groups of 8 to 14 individuals and focuses upon: understanding personal strengths; managing stress; thinking about self and situation realistically; problem solving; and managing interpersonal conflict. It has been applied in small business settings and shown to improve employees' coping confidence, levels of stress or low mood, and sense of work-life balance.



## Useful Tools

**The Road to Resilience, American Psychological Association:** http://www.apa.org/helpcenter/road-resilience.aspx

**The PAR program is described in Promoting Adult Resilience in the Workplace:** Synthesizing Mental Health and Work-life Balance Approaches: http://eprints.qut.edu.au/11076/1/11076.pdf

# Create a Respectful Workplace

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.

**Why it matters**

Respectful workplaces improve employee morale and job satisfaction, teamwork, labour and employee-management relations, absenteeism and turnover. Individuals in respectful environments are better equipped to collaboratively manage conflict and more willing to make the extra effort needed to achieve shared outcomes. In contrast, a disrespectful or uncivil workplace can result in reduced employee productivity, poor engagement, conflict and complaints. This may escalate to violence and can contribute to accidents, incidents and injuries. Harassment and bullying contribute to psychological injuries, including stress disorders, anxiety and depression. If not addressed, disrespectful behaviour can become pervasive, resulting in a 'toxic workplace' that can undermine employee recruitment, labour relations and customer confidence.

**How it is done**

- **Create a policy commitment.** Develop an explicit policy declaring the commitment of the organization to maintaining a workplace that is safe and respectful. The policy should be developed with input from employees and organized labour (where appropriate) and be consistent with relevant legislation, standards, and contracts or collective agreements.
- **Communicate the policy throughout the organization.** Internal web and print communications can be used, as well as displays in areas frequented by employees, visitors and customers.
- **Educate staff at all levels about respectful workplace principles.** This should include an explanation of the policy; concrete examples of what is, and is not, acceptable; and an explanation of the impact of disrespectful behaviour on others. This process should be repeated regularly and included in orientation of new employees. Education can be augmented by training and information sessions for employees regarding strategies for managing conflict as well as opportunities to become more knowledgable and appreciative of diversity.
- **Provide specific training to organizational leaders.** Educate leaders about their roles regarding respectful workplace policy, early identification of violations, how to model respectful behaviour, and how to support staff members involved in an investigation, as well as relevant regulations and legislation, conflict of interest parameters, and mediation or alternative dispute resolution strategies.

## Useful Tools

Anti-Harassment Policies for the Workplace: An Employer's Guide, Canadian Human Rights Commission:
http://www.chrc-ccdp.ca/pdf/ahpoliciesworkplace_en.pdf

Towards a Respectful Workplace, Research Team on Workplace Violence and Abuse, University of New Brunswick:
http://www.unbf.ca/towardarespectfulworkplace/index.html

First Nations Occupational Health and Safety, National Aboriginal Health Organization:
http://www.naho.ca/documents/fnc/english/FNC_OccupationalHealthandSafety.pdf

Let's Talk: A Guide to Resolving Workplace Conflicts, Alberta Department of Employment and Immigration:
http://alis.alberta.ca/pdf/cshop/LetsTalk.pdf

# Enhance Mental Health Knowledge

This involves the enhancement of knowledge about psychological health to facilitate recognition, identification, and management of psychological problems. This knowledge helps to reduce stigma and increase awareness of self-care options and appropriate resources, internal and external to the workplace.

### Why it matters

A lack of an accurate, shared understanding of psychological health and mental disorders is a significant barrier to helping impacted individuals overcome these problems. In particular, **stigma** is a critical issue: viewing individuals with psychological health problems or mental disorders as inferior, inadequate or to be shunned. Stigma makes it more difficult for individuals to acknowledge or seek help for psychological problems; it also reduces the level of support from colleagues or supervisors and impedes return-to-work after an episode of psychological health-related disability. One of the more destructive forms is **self-stigma**, in which individuals with psychological health problems view themselves as damaged and inferior. Mental health literacy programs promote greater acceptance among the workforce, enhance willingness to seek treatment for psychological problems, and increase capacity for work return of those challenged by mental disorders.

### How it is done

One promising intervention uses 'contact-based education', in which individuals with experiences of mental illness are invited into the workplace to share their stories and staff are given the opportunity to ask questions and engage in discussion.
Several aspects of stigma can be addressed by mental health literacy programs, for example:

**(a)** the misperception that individuals with common psychological problems such as depression or anxiety are fundamentally different and unfixable versus the correct understanding that almost any of us could develop a psychological problem and that most get better with time or else respond to appropriate support and treatment;

**(b)** the misperception that individuals with common psychological problems are to blame for their difficulties versus the correct understanding that such problems are caused by a mix of situational, behavioural and biological factors.

> Specific approaches to reduce stigma include protest (instructing people not to act in a socially inappropriate way), education (challenging inaccurate stereotypes with facts), and contact (face-to-face interactions with persons with depression).... If stigma continues to be a problem despite all efforts to reduce it, it may be necessary to circumvent stigma by finding alternative ways to reach populations. The internet may be a valuable health communication and education tool for populations who are affected by stigmatized illnesses such as depression. Those with stigmatized illnesses have been significantly more likely to have used the internet for health information than those with nonstigmatized conditions.
>
> - Couser, G.P. (2008). Challenges and opportunities for preventing depression in the workplace. **Journal of Occupational and Environmental Medicine**, 50(4), p. 418.



## Useful Tools

**Mental Health First Aid, Mental Health Commission of Canada:** www.mentalhealthfirstaid.ca/EN/Pages/default.aspx

**The Copernicus Project, Canadian Mental Health Association Calgary:**
http://www.cmha.calgary.ab.ca/programs/workplace_mental_health_education.aspx

**Helping Raise Awareness & Reduce Stigma, Great-West Life Centre for Mental Health – Workplace Strategies for Mental Health**: http://www.workplacestrategiesformentalhealth.com/display.asp?l1=4&l2=64&d=64

**Making the case for peer support, Mental Health Commission of Canada:**
http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Peer%20Support/Service%20Systems%20AC%20-%20Peer%20support%20report%20EN.pdf

## An agency that promoted psychological health

A small not-for-profit agency cared for individuals with chronic, disabling health conditions. Staff included unionized, contract and volunteer workers. This agency took pride in a philosophy of care that emphasized respecting the dignity of every resident and ensuring that they had an active voice in their care and regarding their living environment. Beyond this, the Executive Director determined that this philosophy should apply to staff as well as residents.

She created multiple opportunities for staff to learn about and be involved in job-related decisions. Information about the agency, both good and bad, was shared in regular meetings and newsletters. Staff were organized into self-directed teams where they had considerable autonomy in how they carried out their work. Disagreements or conflicts were dealt with openly and quickly. The organization partnered with a local gym to provide a setting where residents could receive physiotherapy and staff could maintain their own fitness. 'Respectful workplace' seminars were offered to all staff and about half of the workforce attended these events.

This investment in leadership, planning and collaboration paid for itself many times over. Morale remained high, staff identified more efficient ways to carry out work processes, and turnover was greatly reduced. Only a few staff departed in the five years over which this approach was implemented: these were retirements, and two came back as volunteers!

# Prevention

## Actions taken to prevent the occurrence of significant psychological problems or mental disorders – may occur at the primary, secondary or tertiary level.

This set of actions is designed to prevent the onset or reduce the severity and impact of psychological health problems in the workplace. A considerable amount of research demonstrates the effectiveness of workplace programs to prevent psychological distress and dysfunction.

There are three kinds of prevention: primary, secondary and tertiary. We will examine each of these prevention levels to illustrate how they can help your organization.

# Primary Prevention

There are three kinds of prevention: Primary, Secondary and Tertiary. **Primary prevention** changes individual or organizational conditions that may contribute to psychological health problems, thus reducing the likelihood that problems may occur. This typically involves identifying and reducing the presence of risks, where possible, followed by enhancing the capacity to manage remaining risks. At the **individual level**, one might provide employees with particular forms of support or skill that reduce the risk. An example would be provision to the workforce of a stress management course. At the **organizational level**, one might seek to change workplace risk factors associated with increased likelihood of psychological health problems. An example would be to increase the level of control a worker has over particular tasks as a means to reduce job stress and thus the risk of psychological health problems.

I think it starts with raising awareness among employers that poor management practices (work overload/treadmill syndrome, lack of direction, lack of recognition/rewards, etc.) can cause or exacerbate a mental health condition. I think many employers see it as strictly a medical event and don't recognize the connection between how people are managed and the prevalence of mental health events.

- Executive, Disability Insurance Carrier

The focus tends to be on stress management and personal care strategies rather than looking to root causes [in the organization]

- Occupational Health Specialist

# Use a PH&S Lens for Job Design and Employee Selection

Consider the psychological characteristics of work tasks and the individual worker to ensure good job-person 'fit' and protect psychological health. For job design, this means adopting a psychological health perspective with regard to issues such as workload, perceived fairness, work scheduling, etc. For employee selection, this means focusing on psychological competencies such as the ability to concentrate and problem-solve, to cooperate with others, and to care for one's own psychological well-being.

**Why it matters**

Job design that uses the PH&S lens has immense potential to reduce the risk of psychological injury. Psychologically-informed recruitment and selection recognizes that most employees nowadays spend their time dealing with others and attending to computer screens; they are using their minds more than their muscles. It is not surprising that psychological injuries are overtaking physical injuries in many sectors. But the processes used to design jobs or select the right people for the right job haven't always kept up. Updating this process can increase employee fit, satisfaction and productivity and facilitate successful advancement.

**How it is done**

Using the PH&S lens for job design means considering the psychological impact of factors such as **workload** (pacing the flow of work) **work scheduling** (providing flexibility to support work-life balance), and **perceived fairness** (soliciting input from staff regarding fairness of reward allocation or work assignment). Using the PH&S lens for selection means matching an employee's psychological competencies to job demands: **concentration** (sustained attention, multi-tasking); **emotional intelligence** (awareness of own and others' feelings); **self-management** (handling stress, balancing work and life); **problem solving**; etc. It may be helpful to review existing positions with a focus on psychological requirements, using input from employees who are successfully performing the jobs. Identifying psychological risk related to specific job tasks is important so that we do not place workers with identified psychological concerns in a job that may injure them or in which they may not be successful.

It is important to distinguish between individual and organizational interventions. There is a tendency to individualize mental/ psychological health, which is consistent with the lifestyle focus of wellness programs. As a result, organizational interventions (e.g., redesigning jobs to build in more worker autonomy, building supportive cultures) are less common.

- Workplace Health Consultant

Reward, recognition and promotion need to be tied to processes for supporting employee psychological safety. Hiring practices need to be designed to recruit for emotional intelligence at all levels but are crucial for those who will manage people.

- Mental Health Consultant

## Useful Tools

10 Factors in Building a Psychologically Healthy Workplace, Great-West Life Centre for Mental Health – Workplace Strategies for Mental Health:
http://www.workplacestrategiesformentalhealth.com/display.asp?l1=4&l2=43&d=43

Mental Health at Work, Chair in Occupational Health and Safety Management, Université Laval:
http://www.cgsst.com/eng/prevention/primary-prevention.asp

The Job Contents Questionnaire assesses the relative risks of individuals' exposures to different work settings:
http://www.jcqcenter.org/

Best Advice on Stress Risk Management in the Workplace, Health Canada:
http://www.mtpinnacle.com/pdfs/Best-Advise-on-Stress-Management.pdf

Enough Workplace Stress: Organizing for Change, Canadian Union of Public Employees, Health and Safety Branch:
http://cupe.ca/updir/stress_guideline.pdf

# Provide Stress Management Training

Workplace stress management training is focused on situations where individuals are experiencing difficulty managing personal or workplace pressures, and are perhaps experiencing difficulties in coping. Stress management is all about dealing with difficult situations more effectively.

**Why it matters**

If we can provide workers with enhanced skills for dealing more effectively with personal and workplace stressors, we may well be able to prevent the onset of significant personal distress and functional difficulties as well as more serious psychological problems and common mental disorders. An employee who has learned to cope successfully with the stressful impact of a new software system, for example, is less likely to develop psychological problems and reduced work function, which might be manifest in presenteeism (present at work but with reduced function), increased absence from work, or even medical disability leave. Stress management training delivers skills to cope better with stress before the individual has been psychologically harmed.

**How it is done**

Although stress management skills can be developed individually in person or online, stress management training is usually provided in a group setting. Stress management interventions generally focus on: (i) the control of distressing or dysfunctional thoughts and emotions triggered by stressful work and personal factors; and (ii) the utilization of effective problem-solving strategies to identify and address workplace or personal stressors. Within each of these two areas, a number of specific skills are taught.

Here are some common stress management skills.

- Time management: efficient use of limited time through prioritizing tasks, protecting time for uninterrupted focus on complex tasks, and managing e-mail floods.
- Conflict resolution: effective negotiation methods and appropriate assertiveness.
- Relaxation: enhanced ability to remain physically relaxed and mentally calm despite ongoing stresses, whether through specific relaxation techniques or exercise.
- Structured problem solving: addressing particular situational problems in a rational and systematic way leading to responses that are more likely to be effective.
- Realistic thinking: identifying irrational or maladaptive thinking patterns that may be increasing distress, and replacing these with more fair and realistic thoughts conducive to reduced distress and more useful action.

## Useful Tools

Preventing Stress in the Workplace, Chair in Occupational Health and Safety Management, Université Laval: http://www.mtpinnacle.com/pdfs/Mental-Health3.pdf

Work Organization and Stress, World Health Organization: http://www.who.int/occupational_health/publications/en/oehstress.pdf

Steps to Deal with Stress, Healthier Scotland: www.stepsforstress.org

Relaxation Training Audio File, Centre for Applied Research in Mental Health & Addiction: http://comh.ca/pchc/resources/audio/

# Support Work-Home Balance

Work-home balance refers to people having a sense of control over how they manage their work and personal lives. It exists when the value of a fulfilled life both inside and outside work is respected and understood to be beneficial for the individual, the employer, and society as a whole.

**Why it matters**

Each of us plays multiple roles: parent, partner, employee, friend or caregiver. But when the demands of any of these roles become excessive, there can be a negative effect on one's ability to meet other obligations. Duxbury and Higgins, leading Canadian researchers in this area, refer to this as **role overload** and note that it can go in either direction; work demands can interfere with home life and home demands with work life. Role overload increases employee stress, diminishes quality of life and increases the risk of health problems. Furthermore, it increases absenteeism, turnover, conflict and accidents or injuries. Helping employees maintain balance enhances engagement, stability and safety.

**How it is done**

There are a number of effective actions that can help maintain work-home balance:

- **Providing inclusive and flexible employee supports.** This might involve providing extended benefits to employees' partners and family members and/or allowing employees to choose benefits that fit their needs (e.g., support for eldercare versus childcare). It could also include flexible work schedules, work from home on certain days, or replacement of 'sick days' with flexible 'personal days'.
- **Building employee skills for managing work-home conflict.** This can be accomplished by using staff meetings, company newsletters and/or 'lunch and learns' to provide information and training. Specific skills may focus on the job (e.g., time management, organizational skills, coping with stress) or upon personal life (e.g., financial planning, child or eldercare issues).

## Useful Tools

Useful information for employers, managers and employees on work-home balance is available at:
http://www.ccohs.ca/oshanswers/psychosocial/worklife_balance.html

Prevention & Promotion Work Schedule, Great-West Life Centre for Mental Health's website – Workplace Strategies for Mental Health: http://www.workplacestrategiesformentalhealth.com/display.asp?l1=4&l2=43&l3=46&d=46

Work-life Balance in Canada, Health Canada:
http://www.hc-sc.gc.ca/ewh-semt/pubs/occup-travail/balancing-equilibre/index-eng.php

## A residential care center that balanced work and home

A small health care facility was contracted by a regional health authority to provide extended care for seniors. The seventy-seven staff members (mainly female) included unionized and contract workers. Ensuring adequate staffing was an ongoing challenge and the absence of even a few workers could trigger a staffing crisis. But many employees experienced intense conflict between workplace attendance and the needs of their children (for example, if a childcare arrangement fell through on a given day). Management of this facility conducted a careful review of staffing issues, using available data and staff interviews. In collaboration with union and other employee representatives, they came up with a plan to address the problem. This involved several initiatives to help employees, especially new or single parents, handle the conflict between work and home obligations: (i) providing new parents with prepared dinners for six months following their return to work; (ii) negotiation of a reduced group rate at a local daycare; (iii) introduction of an innovative program where staff could bring their children to work, and each child would be paired with a resident senior in the facility. This latter program created an extraordinary opportunity for the children to see what their parents did for a living and connect with elders in their community (who responded well to this new type of contact), and it allowed the parents to stay involved with them throughout the day. These minimal-cost initiatives were very successful, eliciting a high level of participation from eligible staff. This was most evident on school holidays, when staffing was especially difficult. Based on these efforts, the facility received an award as an employer of choice. More importantly, staffing crises and overtime costs were greatly reduced. Similar programs have since been introduced to other facilities in the region.

# Secondary Prevention

There are three kinds of prevention: Primary, Secondary and Tertiary. **Secondary prevention** identifies and addresses psychological health problems when they are in a relatively mild state and early stage, so that fast response will forestall more serious problems.

> What would help? Training of supervisors to recognize employees in distress and help them to seek appropriate treatment. Training of supervisors in basic people management skills and in areas like work flow management and delegation skills.
>
> - Executive, Disability Insurance Carrier

# Provide Self-Care Tools

Self-care tools are designed to teach individuals how to manage their own psychological well-being, such as addressing difficulties with mood or anxiety. A number of high-quality self-care tools have been developed in recent years, many of which are available at little or no cost.

### Why it matters

Research has shown that individuals with psychological distress or mild dysfunction have more ability to cope with their own problems than we ever realized—especially if they obtain self-care tools. By providing workers with high-quality self-care tools, we increase their capacity to manage psychological problems, reduce emotional suffering, and limit the onset of more serious mental health problems. Although not all distressed employees will use self-care tools, many will embrace them and gain skills to cope more effectively. The impact of self-care methods is even greater when it is accompanied by limited coaching and support from health care providers, family or peers.

> Self-management materials allow the employee to view information on his or her own terms. In particular, bibliotherapy has been found to be helpful in treating symptoms of minor depression. In this case, the internet may again serve as a good resource. For example, an on-line course "Antidepressant Skills at Work" can be found on-line.
>
> - Couser, G.P. (2008). Challenges and opportunities for preventing depression in the workplace. **Journal of Occupational and Environmental Medicine, 50**(4): p. 417.

### How it is done

Tools for psychological self-care include **workbooks** and **websites**. These are instructional in nature, teaching the depressed or anxious employee skills for managing psychological difficulties, and are generally based on cognitive behavioural change methods. Skills taught in these workbooks and websites include: behavioural activation (setting goals to increase social or physical activities); problem solving (structured techniques for responding to challenging situations); realistic thinking (overcoming thought patterns that are unfairly self-critical or unrealistically pessimistic); and relaxation (increasing one's capacity for winding down and self-calming). Note the similarity to the skills taught in stress management workshops: the differences arise in the emphasis on learning from self-care material rather than an instructor and on reaching those who have already begun to experience significant distress or mild psychological disorder.

Provision of self-care tools could involve free access to workbooks on request, mailing workbooks to all employees or providing access to free self-care websites. Adding support for employee self-care will further augment the tools' effects. This could take the form of training EFAP counselors to support mood self-care (supported self-management), or peer support in which individuals who have experienced episodes of psychological distress are trained to support currently-distressed employees.

## Useful Tools

**Antidepressant Skills at Work:** www.carmha.ca/selfcare/

**E-Couch, online CBT site, Australian National University:** http://ecouch.anu.edu.au/welcome

# Provide Manager Training

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.

**Why it matters**

Employees with patterns of declining or inconsistent job performance, interpersonal difficulties or other uncharacteristic behaviours may have psychological health issues, including the presence of an emerging or underlying mental disorder, that may be related to workplace or home factors. Regardless of the source, these behaviours require attention. Managers and supervisors are well-positioned to recognize problematic behaviours and take action. Manager response, or lack of response, often determines whether the situation worsens, perhaps leading to a grievance, accident or extended absence and disability. These can be difficult conversations for managers; many aren't sure what to do or say and lack knowledge of relevant rights, responsibilities and available resources. Furthermore, managers may be experiencing their own psychological problems and may transmit their distress to employees: this has been called emotional contagion. It is critical to train and support managers to care for their own psychological health as well as supporting their staff.

> There is a spectrum in management styles – not everyone has to like everyone – a manager can be tough without being disrespectful.
>
> - Labour Lawyer

**How it is done**

Some larger organizations have developed manager PH&S training programs specific to their business or sector – this may be useful if there are particular aspects of the organization presenting unique challenges (e.g., remote workplaces or safety-sensitive positions). But excellent resources are also available at reasonable cost that provide manager training of varying degrees of intensity (in-person, online, written materials). Some important manager skills include:

- recognizing workplace behaviours that may reflect a PH&S issue
- engaging in useful conversations with distressed employees ('I noticed…' 'How can I help?' 'Can we follow up?')
- respecting privacy and human rights
- being familiar with organizational policies and resources pertaining to PH&S
- supporting workers with psychological issues while at work
- assisting workers with psychological disability to return to work in a safe and sustainable fashion

Managers should have some access to psychological health experts (external or internal), who can support and coach them in difficult situations. Communicate the intent of the training and support to the workforce so that employees will expect their managers to respond appropriately.

## Useful Tools

**Managing Mental Health Matters, Great-West Life Centre for Mental Health in the Workplace – Workplace Strategies for Mental Health:** http://www.workplacestrategiesformentalhealth.com/display.asp?l1=7&l2=176&d=176

**What You Need to Know about Mental Health: A Tool for Managers, Conference Board of Canada:**
http://www.conferenceboard.ca/documents.aspx?did=1433

**A Practical Guide to Managing and Supporting People with Mental Health Problems in the Workplace:**
http://shift.org.uk/files/employers/lmr2009_web.pdf

# Provide Early Intervention Through EFAP

Employee and Family Assistance Programs (EFAP) are an excellent resource for enhancing early intervention: employees can seek EFAP counseling at an initial stage of distress – their psychological problems will often fall in the milder range and be appropriate for secondary prevention. Early-stage problems (e.g., excessive worry, low mood, response to family issues, stress reactions and problematic 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.

**Why it matters**

It is important to address psychological health problems at an initial stage, when the individual may be experiencing emotional distress and some functional difficulty, but may not have reached the point of a psychological disorder, impairment or occupational disability. As with any health issue, it is easier to change behavioural or cognitive patterns that may be contributing to suffering when the problem is early in its manifestation. If psychological distress and difficulty are not identified or addressed in a timely manner, they may well develop into more serious problems, functional impairment, and/or secondary psychological or physical health issues, which will be much harder to resolve.

**How it is done**

Organizations that provide EFAP services might want to ensure that: (i) processes are in place to detect early indications of psychological problems (for example, screening for alcohol use based on bona fide job requirements or collective agreements); (ii) counselors have appropriate training in delivery of interventions for common psychological problems in the mild to moderate severity range; and (iii) quality assurance procedures are in place to show that individuals are receiving appropriate intervention for psychological problems. Organizations without EFAPs should consider offering such services.

## Useful Tools

**Alcohol Use Identification Test (AUDIT):** http://www.gpscbc.ca/system/files/MH_AUDIT.pdf

**Brief Intervention for Hazardous and Harmful Drinking, World Health Organization:** http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6b.pdf

**PHQ-9 Screen for Depression:** http://depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/

**Antidepressant Skills at Work, Centre for Applied Research in Mental Health & Addiction:** http://www.comh.ca/antidepressant-skills/work/resources/selfmanagement/

**Selecting and Strengthening Employee Assistance Programs – A Purchaser's Guide:** http://www.easna.org/publications-research-notes/purchasers-guide/

## Caring for a caring professional

Donna was a 45-year-old nurse, divorced and raising two children, who disclosed to her family doctor that she was feeling overwhelmed. She said it was very hard to deal with work demands plus caring for two children as well as her mother with Alzheimer's disease. She had problems with insomnia, constant tiredness, irritability, moodiness and poor concentration. Her doctor decided that she was suffering anxiety symptoms and prescribed anxiety medication.

She began to experience headaches and missed several days of work. One day she made a serious medication error. A co-worker caught the mistake in time, but Donna was guilty and ashamed. Her manager noticed that she seemed preoccupied and took the time for a private conversation. The manager complimented Donna on many years of excellent service, observed that she seemed to be struggling, and suggested helpful organizational resources.

Donna met with an EFAP counselor who used the allotted six sessions to problem-solve current stressors while supporting her in staying at work. Some of the actions they identified were:

- Obtain information about eldercare services and support groups for persons caring for parents with Alzheimer's.
- Ask her ex-husband to look after their children one night a week so she could attend a fitness program offered at her hospital.
- Get a referral to a registered psychologist for cognitive behavioural therapy to improve her coping skills, mood management and self-care. A particular focus was placed on gradual activation, including social involvement, and on planning for issues that could arise while at work.
- Keep her family doctor informed about these actions and any changes in her health situation.

After a few months Donna felt much better. Her mood, concentration and stamina had improved and she felt more able to support her mother. In collaboration with her psychologist and physician, she developed strategies to deal with future stressors or a return of symptoms.

# Tertiary Prevention

There are three kinds of prevention: Primary, Secondary and Tertiary. **Tertiary Prevention** reduces the distress and dysfunction associated with an identified mental disorder. This might involve ensuring prompt access to appropriate treatment, delivering rehabilitation to limit functional deficits, or instituting sophisticated return-to-work programs so that mental health problems do not cause sustained work disability. An individual who obtains appropriate treatment, effective rehabilitation and supported work return is less likely to experience lasting negative impacts, and more likely to achieve sustained work success and a reduced chance of recurrence of mental disorders.

> Insurance often yanks supports when the person returns to work; perhaps these should be ongoing.
> - Labour Lawyer

> Barriers are: reluctance of employers to take people back on a part-time basis or modified duties basis; lack of training of supervisors in best practices with respect to supporting an employee returning to work following a mental health event; and a shortage of work hardening programs for employees.
> - Executive, Disability Insurance Carrier

# Support Staying at Work

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

**Why it matters**

Work is an important part of our identity. It provides a sense of purpose, structure and opportunities to interact with others (as well as income), all of which are important for mental health. As a result, time off due to illness or disability is disruptive and may undermine our mental health, particularly if there is a loss of connection with work and co-workers. If an employee is dealing with psychological issues, it is best to support them at work, if possible – and if they need to take time off work, to stay connected with them and support them to return as quickly as is safe and appropriate. Research and practice has consistently shown that the longer someone is off, the more difficult and costly it is to return them to work.

**How it is done**

There are several strategies employers can use to assist employees who are dealing with psychological health issues:

- **Provide accommodation.** Employees dealing with psychological problems are most likely to recover and maintain productivity through minor and temporary adjustments to their work that allow them to remain productive while they engage in self-care and treatment. This may include allowing time for staff to attend appointments with mental health professionals, avoiding unnecessary shift changes or postponing assignment of a new project or task. It may also be important to engage co-workers in supporting their distressed peer, while respecting employee privacy.

- **Provide information to support the decision to take health-related leave.** This may take the form of a **decision aid**, a handout that spells out the benefits and costs of being off work due to a psychological problem (bearing in mind that it is not your responsibility to advise an employee whether to take time off because of a health issue).

| Benefits | Costs |
|---|---|
| Removed from occupational stresses/conflicts | Promotes inactivity and loss of confidence/competence |
| Allows time to focus on activities conducive to recovery | Isolates from co-workers and role |
| Reduces risk of accident/injury/incident | Skills may decline or new skills may not be learned |

- **Continue support after work return.** It is important to provide ongoing support to employees who have returned to work, while respecting privacy issues, as appropriate. This may include regular problem-solving meetings between employee and supervisor, continued access to health care or EFAP providers, and a mutually-agreed monitoring process for signs of relapse.

## Useful Tools

Accommodations for Persons with Mental Health Disorders, Mental Health Works:
http://www.mentalhealthworks.ca/employers/accommodations.asp

Canadian Human Rights Commission Guidance on Policies and Procedures for Persons with Mental Health Problems:
www.chrc-ccdp.ca/pdf/policy_mental_illness_en.pdf , www.chrc-ccdp.ca/pdf/policy_mental_illness_fr.pdf

Intervention & Accommodation, Accommodations that Work, Great-West Life Centre for Mental Health – Workplace Strategies for Mental Health http://www.workplacestrategiesformentalhealth.com/display.asp?l1=175&l2=6&d=6

# Ensure Access to Psychological Treatment

The Canadian public health system provides appropriate access to pharmacological treatments for mental disorders: psychiatric medications are readily available through family physicians and are provided to a high proportion of those with mental disorders. But there is very limited access to non medicinal treatments for depression or anxiety, even where research has clearly shown that behavioural treatment (in particular, Cognitive Behavioural Therapy – CBT) is equivalent to or better than medications.

**Why it matters**

CBT treatment not only targets clinical symptoms, but also promotes recovery of occupational function, reduces days of work loss and is cost-effective for employers. A study of disability absence related to depression concluded that: "[CBT] psychotherapy has a direct effect on psychosocial functioning through therapeutic work on issues that have relevance to psychosocial functioning, such as the building of social skills."[2] Access to this kind of treatment would be particularly important where the aim is to keep employees at work despite the presence of psychological health problems.

**How it is done**

This could feasibly be implemented by adding behavioural treatment to the roster of services covered by extended health plans (a modest cost when distributed across the entire workforce). This allows access to a wide range of highly-skilled professionals in a confidential manner. Alternatively, it may be possible to provide high-quality intervention through an EFAP. In either case, a process for ensuring that care providers have adequate training in CBT will be needed. Employers should make the effort to ensure that mental health care providers have appropriate credentials, regulatory accountability and awareness of workplace issues.

## Useful Tools

Systematic Review of Workplace Interventions for People with Common Mental Health Problems – A Summary for Employers and Employees, British Occupational Health Foundation: http://www.bohrf.org.uk/downloads/cmh_emp.pdf

An Employer's Guide to Behavioral Health Services, Center for Prevention and Health Services: http://www.businessgrouphealth.org/pdfs/fullreport_behavioralhealthservices.pdf

The Cost-effectiveness of Psychological Interventions, Canadian Psychological Association: http://www.cpa.ca/cpasite/userfiles/Documents/advocacy/Cost-Effectiveness.pdf

[2]Hirschfeld, R.M., Dunner, D.L., and Keitner, G. (2002). Does psychosocial functioning improve independent of depressive symptoms? A comparison of nefazodone, psychotherapy, and their combination. **Biological Psychiatry**, 51(2): 123-133.

# Provide Coordinated Disability Management

An important goal of tertiary prevention is to address the disabling effect of common mental disorders upon employees who may need to go off work. Managing the disabling impact of these disorders will be more effective if there is a well-coordinated process in place, with ongoing communication and smooth integration among health care providers, managers, human resources personnel, union representatives, employees and other key participants.

**Why it matters**

At one time, the main task of disability management was to obtain an accurate medical diagnosis and then facilitate access to medical treatment. However, partially due to shortcomings of the medical model, employers have developed a more coordinated approach: issues that are creating or sustaining disability are identified as they arise and solutions are developed. Medical intervention is one component, but so are interventions to address workplace conflicts, poor work-life balance, workload stress, deficits in coping skills, personal problems such as relationship loss, psychological 'deconditioning' due to lengthy work absence, and other challenging issues. This coordinated approach is more likely to respond effectively to the key problems feeding into psychological disability and allow a faster, more sustainable, return to work. A small business might find it difficult to prioritize this issue, yet the loss of a few key employees to extended disability absence may impact a small employer more than a larger organization.

**How it is done**

One way to enhance coordination is to designate or contract with a **Stay at Work/Return to Work (SAW/RTW) Coordinator** who leads efforts to allow distressed workers to stay at work while being supported in dealing with psychological health problems or efforts to ensure timely and successful work return for those who do need to be off for longer periods. This is a powerful intervention with the potential to transform the management of disability caused by psychological health problems. A key role for the RTW Coordinator is to facilitate communication between managers, health care providers and employees, coaching each of these key players and ensuring they are having the critical conversations needed to identify and resolve problems preventing work return.

Another strategy is to work with the insurance carrier's disability management service, when available, to collaboratively enhance the response to psychological disability. This would occur at the system level, since there is an 'arm's length' relationship between employer and insurer for individual cases. It might include:

- improving communication between the key players (manager, employee, union, HR, care providers)
- increasing access to psychological treatment through benefit redesign and trained providers
- improving the quality of disability assessments to cover a wider range of problems and solutions



## Useful Tools

A Place for All – A Guide to Creating an Inclusive Workplace, Canadian Human Rights Commission:
http://www.chrc-ccdp.ca/pdf/publications/aplaceforall.pdf

Accommodations for People with Mental Health Problems, Mental Health Works:
http://www.mentalhealthworks.ca/employers/faq/question17.asp

Reasonable Accommodations for People with Psychiatric Disabilities, Center for Psychiatric Rehabilitation, Boston University:
http://www.bu.edu/cpr/reasaccom/

## A large organization succeeds at tertiary prevention

A large organization, with multiple worksites and multiple unions, learned that disability absences related to psychological health problems were increasing at a concerning rate, both in number and duration. Organizational leaders committed to an initiative to reduce rates of disability related to psychological health. The human resources department created a planning group including representation from the senior executive team, occupational health and all unions. Experts in psychological health and safety were consulted to discover innovative practices likely to reduce onset and duration of disability absences. Through this process of collaborative planning, the organization committed to a program of secondary and tertiary prevention involving a number of key strategies:

**1.** At an early stage of work absence, providing employees with a self-management workbook based on cognitive behavioural therapy as well as information about other easily-accessed CBT resources in the community.

**2.** Fostering ongoing contact with employees on disability absences via a Return to Work Coordinator, a nurse skilled in supporting recovery activities. This coordination function included the development of action plans, coaching employee self-management and encouraging adherence to treatment. Perhaps most importantly, the coordinator helped to maintain communication between the employee and his/her manager, linking the manager, employee and family physician to work together towards recovery.

**3.** Providing financial support for up to ten sessions of individual cognitive behavioural therapy for employees who had reached the stage of readiness for this kind of intervention.

**4.** Screening for comorbid substance use issues in order to intervene at an early stage. This included a limited amount of financial assistance with alcohol and drug treatment programs, as well as coverage of medical monitoring plans for those in safety-sensitive positions (substance use testing as well as face-to-face sessions).

As a result of this multifaceted program of recovery management, the organization achieved several critical outcomes over a three-year period:

- significant reduction in short-term disability rates related to primary or comorbid mental health difficulties
- consequent reduction in disability insurance premiums
- awards and recognition within its business sector for achievement in disability management.

# Process

## Evaluation of implementation and results of actions taken to enhance psychological health and safety.

This component involves evaluating the impact of actions with respect to psychological health and safety in the organization. The results of this stage allow for the modifications of actions when they are not meeting objectives. We use the term 'process' because: the evaluation phase of a workplace initiative is the time to process what has occurred and the results obtained to guide further action; and employer-generated initiatives are best suited to **process evaluation**, which focuses on the process of change rather than final outcomes. Process evaluation (and the closely related **formative evaluation**) examines the implementation and short-term results of interventions, then adjusts the intervention and repeats the cycle. It is a process of ongoing innovation, feedback and refinement, rather than a final 'report card' to say whether you have ultimately failed or succeeded.

If organizational mental health factors were identified and measured during the Planning component, these would be natural targets for repeat measurement at this stage to discover whether there has been change. If a survey was carried out, for example, as part of Planning that showed low employee engagement, and an intervention was subsequently carried out to better engage the workforce, then it would be valuable to repeat the survey and determine whether employee engagement has changed. Similarly, if individual mental health factors such as level of self-reported depression were measured in a survey – and an intervention was carried out to enhance psychological resilience – then it would make sense to repeat the survey and look for changes in self-reported depression.

# Plan Your Evaluation

Before starting a program to improve PH&S, back in the Planning stage you will have decided what kind of evaluation makes sense for your organization. The action team should identify the purposes of the evaluation before initiating the action plan. This way, your team will have a clear and useful answer when asked, **'Did it work?'**

**Why it matters**

Evaluating your intervention will enable you to demonstrate that it made an important difference. The basic question is: **'How will we know whether these actions have made a difference?' Or, put another way, 'How will we know whether our investment (in time, effort and money) paid off?'** Answering questions like this provides a basis for continued investment of time and energy in PH&S programs.

**How it is done**

1. **Identify key people who should provide input into the evaluation.** Ensuring a high level of involvement by important stakeholders creates a sense of **ownership** of the project. Relevant stakeholders might include: corporate decision-makers, supervisory staff with responsibility for carrying out the interventions, union representatives, occupational health staff and frontline employees who may be the target of the intervention.
2. **Make a list of short-term and long-term outcomes to measure.** Changes take time. If you focus only on long-term outcomes, you may become discouraged. In addition to setting your long-term goals, identify desired short-term outcomes. Short-term outcomes provide rapid feedback on the impact of the action plan, and are typically easier to measure. If the short-term outcomes look positive, communicating this throughout the organization or team will improve overall morale and commitment to the process of improving psychological health and safety.
3. **Identify evaluation methods that will help you answer your questions and demonstrate change.** Evaluation methods should be **practical** (relevant to your goals, simple to carry out, cost-effective) and **flexible** (adaptable to your workplace and resources). Evaluation should be able to demonstrate the kinds of impacts that are most important to your employer or action team. These impacts might include Accountability (showing that promised results were obtained within budget); Quality Improvement (showing that an ongoing process of quality enhancement is underway); High Priority Outcomes (particular changes identified as priorities by the employer or action team); or Uptake (whether managers or employees learned about and put into practice new behaviours related to PH&S).

## Useful Tools

**Evaluating Comprehensive Health Promotion Efforts, Workplace Mental Health Promotion Guide, Canadian Mental Health Association Ontario:**
http://wmhp.cmhaontario.ca/comprehensive-workplace-health-promotion-affecting-mental-health-in-the-workplace/element-8

**Evaluating Comprehensive Workplace Health Promotion – Info-pack, Health Communication Unit, University of Toronto:**
http://www.thcu.ca/workplace/documents/EvaluationInfoPackFinalWeb.pdf

**Evaluation Worksheet, Guarding Minds @ Work:** http://www.guardingmindsatwork.ca/info/resources

# Measure the Implementation Process

Sometimes health and safety programs are carried out with good intentions and planning, but the employees who receive the program perceive it negatively and are dissatisfied with how it was actually rolled out. Implementation evaluation looks at how well the program was actually implemented, as reflected in employee perceptions.

**Why it matters**

It is important to identify which aspects of an intervention elicit particularly negative or positive employee responses. Where employees have a negative perception of a program, this should be identified quickly or the program might have the opposite effect to what was intended. For example, one program intended to identify psychological health problems in early stages by quickly contacting employees on sickness absence – but it was seen by employees as an attempt to expose them as liars and fakers! How employees perceive a PH&S intervention, whether they are dissatisfied or quite pleased, is critical information.

**How it is done**

Employee experiences of health and safety programs can be discovered through employee focus groups or satisfaction surveys that ask specific questions about components of the program. By conducting focus groups or satisfaction surveys at an early stage of the program, it will be possible to identify misunderstandings, resentments or resistance that represent barriers to successful intervention. Note that focus groups or surveys will only generate useful information if employees feel protected in giving negative feedback or identifying problems. If this is likely to be a substantial concern, an anonymous survey may be the best strategy.

Implementation evaluation looks at how well the program has been implemented as reflected in employees' perceptions of its acceptability and relevance. For example, the Intervention Process Measure examines key aspects of implementation, including:

- **Attitudes and actions of managers:** e.g., My manager shared whatever he/she knew about this project; My manager was positive about the implementation of this project;
- **Uptake of the intended intervention:** e.g., I have changed routines and procedures after implementation of this project; New procedures have been introduced after the implementation of this project;
- **Employee involvement:** e.g., I was involved in the design of the project; I had the opportunity to give my views about the project before it was implemented;
- **Employee readiness for change:** e.g., I had high expectations that this project would improve my working conditions; I look forward to the changes brought about by this project.

## Useful Tools

Randall, R., Nielsen, K., & Tvedt, S. (2009). The development of five scales to measure employees' appraisals of organizational-level stress management interventions. **Work & Stress**, 23(1), 123.

Glasgow, R. E., McCaul, K. D., Fisher, K. J. (1993). Participation in worksite health promotion. **Health Education Quarterly,** 20(3), 391-408: http://www.ncbi.nlm.nih.gov/pubmed/8307762

# Measure Short- and Longer-Term Outcomes

There may be an extended delay, months or perhaps even years, before substantive changes in organizational psychological health can be observed. Those kind of ultimate changes are longer-term outcomes and may be too delayed to supply information about intervention effectiveness when the information is needed for planning. It is helpful, therefore, to note short-term outcomes, things that are likely to change if your intervention is beginning to have an impact. Short-term outcomes might include the number of employees volunteering to participate in a resilience workshop (showing that the intervention is perceived as relevant and valuable), satisfaction ratings by employees who have participated in a workshop or other intervention, self-rated changes in stress levels by participating employees after a few months, or changes in system-level factors.

**Why it matters**

It takes a while to observe changes in trailing indicators like absenteeism or disability rates. By also focusing on short-term outcomes, valuable feedback is provided that can be useful for improving interventions on an ongoing basis and providing evidence to leaders that it's worth sustaining PH&S programs and policies.

**How it is done**

Short-term outcomes. Your action team will need to decide what represents a meaningful short-term time span. This might involve doing outcome measurement at the three- or six-month mark after carrying out the action(s). There are two straightforward ways to measure short-term outcomes. First, re-do the **Guarding Minds @ Work Organizational Audit (p.37)** asking yourself whether the results now look more positive in light of the interventions you have undertaken. For example, are there changes in PH&S policies; are staff aware of policy changes; have accommodation guidelines been clarified for individuals returning from absence related to psychological health problems; is there improved access to mental health care; and is there appropriate participation by staff in PH&S training? Second, gather **qualitative data** by conducting focus groups with key supervisory or frontline staff. This can be a powerful way to assess changes in psychosocial risk factors, providing a safe forum for employees to discuss changes they've observed in crucial areas. Pay attention to indicators of positive change in PH&S (e.g., improved understanding of mental health issues, improved team collaboration, positive feedback from clients/customers). Research shows that the process of engaging employees in the evaluative process can be a powerful intervention in itself.

Longer-term outcomes. After a few cycles of action, measurement and improvement, it's a good idea to assemble your action team and other key stakeholders to reach an overall judgment on how well the intervention process is working. This is a good time to examine some longer-term outcomes (e.g., decreased absenteeism, decreased rate or duration of mental health disability leaves, increased retention, etc.). Occupational health and safety regulations typically require tracking and documenting relevant accidents and incidents. A similar methodology for monitoring PH&S data, including successes, will be helpful. Remember that changes take time. Also, remember to celebrate successes along the way!

## Useful Tools

Select an Evaluation Strategy, Canadian Mental Health Association Ontario:
http://wmhp.cmhaontario.ca/wordpress/wp-content/uploads/2010/03/WMHP-Guide-Final1.pdf

Ten Steps to Evaluating a Health Promotion Program, Health Communication Unit, University of Toronto:
http://www.thcu.ca/infoandresources/publications/evalaagtablev0.4.pdf

## A bank measures change

A commercial bank with a number of branches in high-crime areas faced a problem with robberies, at a rate above the industry norm. As a result, many bank employees had undergone the extreme stress of involvement in robberies, whether directly threatened or witnessing threats against others. Robberies are very upsetting for customers, but also cause significant distress and disruption for the staff, which can result in an increase in absenteeism, psychological disorders and disability, as well as decreased morale.

The bank decided to address this problem by enhancing its post-incident response. A joint planning team consisting of representatives from the human resources department, union and EFAP developed an innovative program to support staff following an incident. Immediately after a robbery, employees were contacted by senior management to ensure they were okay and to offer support. In addition to the availability of individual assistance from the institution's EFAP, activities to help the group as a whole to reconnect and recover were encouraged and funded. This varied from branch to branch but might have included a pizza party, free massages or a block of tickets to a local sporting event.

This intervention was evaluated using data provided by the Workers' Compensation agency regarding lost work days following the incident. Fortunately, the Workers' Compensation agency collected this kind of information on a routine basis. Not all branches implemented the program, so it was possible to compare participating with non-participating branches. After a few years of providing this new approach, there was a significant difference between the groups, with reduced work-loss for participating branches. These findings not only held over time, but continued to improve, and the institution's rate of lost time remained well below the industry average.

# Persistence

## Sustainment of effective actions in a process of continuous improvement.

Even where workplace interventions have been successful, it is challenging to ensure that they are sustained. Lasting change requires communicating and sustaining actions shown to protect PH&S. Successful actions should be celebrated and incorporated into ongoing practice. The aim is to incorporate a continuous improvement cycle that will keep the psychological health initiative alive and relevant to changing conditions.

Outcomes should be well-documented, effectively communicated to key decision-makers and championed by influential players. Change is more likely to 'stick' if it becomes part of the organizational culture and has wide support across levels. It is valuable to create a **sustainability plan.**

> What would help? Best-in-class programs to educate supervisors on their role in supporting their people in recognition of those at risk and in returning to work; "train the trainer" approach to ensure best practices are taught to all HR professionals; continued exposure to the issues (stigma, nature of illness, etc.) in the popular press to educate all workers on the issues and what needs to change.
>
> - Executive, Disability Insurance Carrier

# Support Champions and Communities of Practice

A **champion** is someone in your organization who encourages others to adopt new programs or practices, is seen by staff and management as highly credible, and helps to change attitudes and behaviours. Sometimes the champion is a high-ranking member of the organization, a formal leader, and sometimes the champion is an informal opinion leader who is seen as knowledgeable about the area and an effective problem-solver. A **community of practice** (COP) is a way of drawing people together to solve problems in a specific area: "groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis."[3] Some members of COP in psychological safety will be experts in occupational safety or psychological health, but others may have particular expertise in employee rights, human resources policy, employee assistance services, organizational changes affecting employee stress, etc. They will have in common a strong interest in this area, a determination to create positive change and an understanding of how the organization works. COPs can occur in person or online.

**Why it matters**

A community of practice will have more capacity to sustain change than will a small action team on its own, especially when combined with champions who promote PH&S interventions.

**How it is done**

PH&S champions will be more effective when they are working with a community of individuals within your organization to determine the best approach, communicate it to others, and make sure that it is continued. A COP may already be present to support existing health and safety or professional activities and may expand to take on PH&S, or it may need to be created by individuals participating in resiliency training or stress management workshops, or built up by invitations from action group members, and fostered by a page on an organizational intranet website (with appropriate caution regarding lack of privacy for e-mails or discussion group postings). Key features of COPs are their stability and cohesion over time, although individual members may come and go. The group does not only gather for one-time meetings (conferences, workshops, etc.), but instead maintains stable relationships of knowledge-sharing. This allows participants to learn from each other, provide feedback to those acquiring new practices, and refine knowledge and practices. Smaller organizations can create, or participate in, an external COP in collaboration with others in their particular business or geographical sector. This can be facilitated by relevant regulatory, professional or business groups such as health and safety associations, HR organizations or chambers of commerce.

> There's a fear of going it alone and spending extra time and effort at one organization when others in the same industry or locale wait.... so we need collectives of similar organizations to go about this together to learn from each other – create or leverage local business alliances or collectives of employers and organizations – like the BC Business Roundtable.
>
> - U.S. Corporate Health Consultant

## Useful Tools

**Identify a Champion, A Leadership Project for Advancing Workplace Mental Health, Mental Health Commission of Canada:** www.mhccleadership.ca/identify-a-champion/

**The Roundtable on Workplace Mental Health:** www.workplacementalhealthroundtable.com/

**Prevention & Promotion, Championing a Health Workplace, Great-West Life Centre for Mental Health - Workplace Strategies for Mental Health,** http://www.workplacestrategiesformentalhealth.com/display.asp?l1=4&l2=55&l3=58&d=58

[3] Wenger, E., McDermott, R., & Snyder, W. M. (2002). **Cultivating communities of practice: A guide to managing knowledge**. Boston: Harvard Business School Press. P. 4.

# Create a Culture of Psychological Safety

A culture of psychological safety is one in which there is a shared commitment to the importance of promoting and protecting the psychological well-being and safety of employees by taking actions to identify and address risks.

### Why it matters

The concept of a **culture of psychological safety** originated in high-hazard industries where accidents have severe consequences for employees and the public. It was realized that the sustainability of health and safety activities depended on a set of common organizational values and practices regarding the importance of health and safety, a **consensus**: 'that's how we do things in this company'.

### How it is done

Safety culture may be enhanced in a number of ways:

- **Ongoing leadership commitment.** Creation of a psychological safety culture requires that leadership commitment is maintained over the long term. A PH&S initiative introduced as a 'one-off' is unlikely to be sustained, no matter how well intended and planned.
- **Two-way communication.** Establish an organizational climate in which employees are willing to report concerns, issues and incidents that may compromise the PH&S of employees or clients.
- **Learning approach.** There should be ongoing efforts to understand the causes and consequences of safety incidents. This also requires an active education and training program for all staff with respect to company PH&S programs, policies and practices.
- **Employee involvement.** Staff members need to have input into, and responsibility for, PH&S within their worksite and organization. If employees feel a sense of ownership, they are much more likely to make PH&S part of their behaviour, and to expect this from colleagues and clients.
- **Attitude towards blame.** How an organization deals with policy violations is an indication of its safety culture. If individuals are typically blamed and penalized, then reports may not be forthcoming and the opportunities for change and development may be thwarted. The response to risky events needs to be flexible, depending on their urgency and impact.

## Useful Tools

Safety Culture Checklist, Transport Canada: http://www.tc.gc.ca/eng/railsafety/publications-716.htm

Webinar on Shaping a Safety Culture, Dr. Graham Lowe:
www.grahamlowe.ca/documents/227/Lowe%20safety%20culture%20webinar%2015%20Jan%2009-%20final.pdf

Toolkit for Creating and Measuring a Safety Culture, UK Health and Safety Executive:
www.hse.gov.uk/research/rrpdf/rr367.pdf

# Conduct PDCA Cycles

A PDCA **(Plan Do Check Act)** cycle is a way of sustaining the impact of a program through a process of continual quality improvement. Let us say that your PH&S program has been planned, implemented and evaluated in terms of employee satisfaction and short-term outcomes. Based on this preliminary evaluation, the program is modified and the cycle begins again. (Note that this is also sometimes called the **Plan Do Study Act cycle**, just to confuse you).

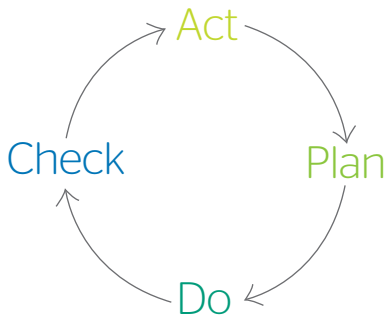
**Why it matters**

In this way, your program is being continually evaluated and improved – keeping it relevant, engaging and effective. Over time, the PDCA cycle will result in the program becoming progressively better and extending to new areas of your organization. The PDCA cycle has proven so useful as a means to sustain organizational change that most national standards incorporate it.

**How it is done**

The PDCA cycle involves four steps:

**Plan:** Develop a plan to test a change (an intervention to enhance PH&S)
**Do:** Carry out the test (implementing this intervention)
**Check:** Observe the results of the intervention and learn from what happened
**Act:** Decide what improvements should be made to your intervention




An important aspect of the PDCA cycle is to make sure that knowledge and skills gained through PH&S programs (such as resilience or manager training) are sustained and continually applied to the workplace situation. This may involve: provision of refresher sessions; incorporating PH&S competencies into staff performance and development reviews; and/or ensuring that staff have access to psychological health experts who can advise and coach them. Successful changes should be embedded in policies and procedures.

## Useful Tools

Understand the Basics, International Standards Organization:
http://www.iso.org/iso/iso_catalogue/ement_standards/management_system_basics

Testing Changes, A guide to implementing PDSA/PDCA cycles, based on the experience of large health care organizations, Institute for Healthcare Improvement:
http://www.ihi.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/testingchanges.htm

## A national organization sustains PH&S

A Canadian financial services company decided to focus on PH&S as a priority for organizational improvement in their fiscal year 2009-2010. In addition to their basic data on absenteeism and EFAP usage, they administered the Guarding Minds@Work survey to their workforce and learned that the psychosocial risk area of Psychological Support was identified by employees as a significant concern: employees did not generally see coworkers or supervisors as supportive of their psychological health difficulties.

A response to this problem was planned involving distribution of mood self-management workbooks through the organization's employee health and employee assistance program, along with resilience training workshops made available to the entire workforce. This psychological support program was evaluated through satisfaction surveys to check employee awareness and acceptance of the intervention, as well as the extent to which employees found the tools and training to be helpful.

The company learned that many employees were not aware of the new psychological support program, and others were embarrassed to pick up the workbook or attend training. Based on this, the program was restructured to include more awareness-building activities, the resilience training was explained more fully as intended for employees whether or not they were experiencing psychological problems, and the workbook was mailed to all employees so none would feel singled out.

A further round of satisfaction surveys six months later found a much higher level of awareness, acceptance and use of the psychological support program. Results of the survey were corroborated by increasing numbers attending the resilience training workshops.

# PH&S in Small Business

**Is PH&S important for small businesses?**

Not surprisingly, we're going to say yes (definitely, absolutely). We recognize that implementation of the strategies we've described will be challenging in a small business context. Unlike larger organizations, small businesses often lack the resources, supports or infrastructure to offer benefits, create policies or provide programs that would enhance employee psychological health and mitigate risk. References to the role of human resources departments in implementing initiatives will elicit only a wry chuckle from small business owners who **are** the human resources department, occupational health office and RTW coordinator, all rolled into one.

But small organizations are not exempt from the human and financial costs of a psychologically unhealthy work environment. In fact, smaller organizations have been found to have higher rates of health-related problems amongst employees.[4] And the impact of losing even one worker through absence or reduced productivity can be substantial – especially if it's the owner!

**How can small businesses realistically address PH&S?**

Small organizations have some characteristics that actually make it easier to improve PH&S. First and foremost, people working within a small business usually know one another. There aren't the administrative or physical barriers characteristic of larger organizations to impede communication and cover up issues. Second, small businesses are more nimble. They are not bound by hierarchies, structures or labour agreements that can impede change. An owner/manager of a small organization wanting to make change is in a good position to make it happen. Third, small businesses are typically more integrated into their immediate community, fostering awareness and utilization of local resources.

Here are specific strategies likely to be helpful in a small business context:

- **Look to your immediate community for resources.** For example, community colleges, mental health associations, recreation centres or service organizations often provide information, services and education on topics such as stress, lifestyle change and eldercare or childcare.
- **Engage in discussions about psychologically healthy workplaces with other business owners.** This can take place through your local chamber of commerce or professional/trade association. Many businesses have developed innovative practices that can be applied across settings. It may also be possible to join with other small businesses to provide training or services to employees.
- **Incorporate your efforts to enhance PH&S into marketing and customer relations.** Consumers understandably prefer to patronize businesses that clearly demonstrate their commitment to their employees. And employees who feel supported at work demonstrate this in positive relationships with colleagues and customers as well as a greater willingness to make that extra effort.

[4] Eakin, J., Cava, M., & Smith, T. (2001). From theory to practice: A determinants approach to workplace health promotion in small businesses. Health Promotion Practice, 2, 172-181.

# Psychological Health and Safety of Managers: A Critical Issue

A recent Health Canada study found that individuals in managerial positions are the ones having the most difficulty with work-home balance. They are at higher risk for psychological health problems than other employees, and work-home imbalance is one of the major causes. Managers have been recognized for their loyalty and willingness to contribute time and effort – but this recognition may come at a steep cost, if they lose sight of their own PH&S.

It has been found that the psychological health of managers affects the psychological health of those who report to them: if a manager is overly worried, significantly depressed, tense and angry or suffering the effects of excessive alcohol use, everyone on the work team will be affected. This has been called "emotional contagion" and it's easy to see how it might happen. For example, the manager who feels overwhelmingly stressed by work pressures may become excessively critical or adopt a bullying approach, and this management style raises the risk for anxiety, depression or disruptive anger in his or her work group. If the manager's own psychological difficulties are not addressed, there may be a mini-epidemic of psychological difficulties and absence in this group.

What is noticed is what we do. The manager who shows poor psychological self-management; who maintains a poor balance between work and home; or whose performance is obviously affected by depression, anxiety or anger; will be a poor model for directly-reporting employees. There may also be a risk of emotional contagion to peers and senior management, communicating an organizational culture of poor psychological self-management. This will have a greater impact on employees than policy statements about PH&S. In the words of one corporate health consultant, "organizational culture beats policy, every time".

Psychologically healthy managers are better managers. Such managers are invaluable within an organization, inspiring engagement, productivity and commitment in others. And if emotional contagion can spread negative psychological states or poor coping, it can also spread positive psychological health and better coping! The manager can serve as a positive role model for handling PH&S, demonstrating effective work-life balance, workload management, resilience, conflict resolution and goal setting. It may be that focusing PH&S efforts on managers will create positive changes throughout the entire workforce.

# Integrating Mental Health Care and the Workplace

Only in the last two decades has the importance of common psychological health problems for the workplace been fully recognized. There was previously little acknowledgment that the patients being treated for depression or anxiety disorders by the public health care system were the same people suffering the effects of psychological ill health in the workplace: "The worlds of mental health and work have elaborated two cultural traditions, speak different languages, are philosophically distinct."[5] The time has come to enhance the degree of **integration** of the workplace and the mental health care system.

Employers can assist this integration by:

- Training managers to respond effectively to possible psychological health problems amongst employees and help ensure access to appropriate services, if needed. Early intervention enhances the effectiveness of treatment efforts and stay-at-work support.
- Providing family physicians with timely and detailed information about job duties and responsibilities. Employers can also help physicians determine useful, specific and realistic recommendations by providing suggestions and details about possible work modifications and accommodations.
- Supporting employees requiring treatment for mental disorders — providing time to attend appointments, modifications in task responsibilities or expectations, and extended health coverage for both pharmacological and psychological treatments.
- Maintaining dialogue between the physician, employer and employee after work return to adjust accommodations that are not working.

Health care providers can assist with this integration by:

- Collaborating with employees to make the best decisions on whether and for how long to be absent from work.
- Gathering current and objective information about the skills and demands required for their patients to successfully do their jobs.
- Using treatment approaches that take into account effects on occupational function (for example, using extra caution in prescribing medications likely to impede job performance).[6]

> Having a physician consultant would be important – hired by the company not to treat people but for physician-to-physician consultation, with authorization from the employee so that the physician can also speak to the company.
>
> - Labour Lawyer

Poor integration of workplace and health care leads to prolongation of suffering, exacerbation of inactivity and functional degradation, and increased costs to the employer. Enhancing communication and collaboration between the workplace and the health care system will lead to better outcomes for employees and employer alike.

[5]Kahn, J. P., and Langlieb, A. M. (Eds.). (2003). Mental Health and Productivity in the Workplace. San Francisco: John Wiley & Sons.
[6]Bilsker, D., Wiseman, S., & Gilbert, M. (2006). Managing depression-related occupational disability: a pragmatic approach. Canadian Journal of Psychiatry, 51:76-83.

## A workplace that integrated with its community

The senior management of a lumber mill in a small Northern community became concerned about psychological safety following a workplace death. An employee, who had returned to work shortly after his young son died accidentally, was himself involved in a fatal accident while operating a large piece of machinery. One of the employees who had worked with him had noticed that he was having difficulties, and stated that around the time of his accident "he was there, but nobody was home".

Following his tragic loss, management recognized the need to ensure that staff had internal supports within the company as well as better access to psychological health care in the community. In order to accomplish this, they arranged for their EFAP counselors to have regular meetings with the local health team to enhance communication and coordination. This included: improved employee access to psychological health care or hospitalization, and provision of EFAP support or follow-up to employees receiving care from the health team.

In addition, HR staff noted that many health care providers in the community had an outdated understanding of the array of jobs at the lumber mill. Health care providers assumed that employees were engaged in manual labour, when most were actually working with complex equipment or computer systems. This misunderstanding was hampering return-to-work planning and recommendations for accommodation. In order to remedy this, the mill hosted annual 'community appreciation days' where health providers were invited for a picnic and tour of the facility, and were also given an overview of the range of duties in the mill workforce.

As a result of this focus on enhanced integration, the community health system and mill workplace developed a more sophisticated level of coordination in protecting the psychological safety of employees. No one could guarantee that tragic incidents like the one that triggered this change would be completely prevented in the future – but those involved in the process agreed that such an event had become considerably less likely.

# Closing Comments

Congratulations! You've just read through a guidebook filled with complex but useful material. It's okay if you only read sections that seemed especially relevant -- that's what guidebooks are for. In fact, if you identified three or four actions worth serious consideration by your organization, that's a good outcome.

The Action Guide has aimed to:

- show that psychological health and safety is a critical concern for all Canadian employers
- identify some effective and feasible actions
- provide a tool to support you in addressing psychological health and safety.

Without tools like the Action Guide, employers may feel perplexed and frustrated by increasing pressure to enhance protection of psychological health and safety. By giving employers detailed explanations accompanied by specific actions, it has been our hope to clear up this perplexity and replace frustration with problem-solving.

Just as a travel guide orients a traveler to a new region and suggests rewarding itineraries, the Action Guide orients employers to psychological health and safety and suggests some rewarding approaches. And just as a traveler might have only enough time to visit a few spots **(if you only have one day, here's what to see in Rome)**, an employer might have only enough time or resources to implement a few of the actions from this guide. Not to worry, you can always come back to the guide (although you may never get back to Rome).

We hope this Action Guide will prove helpful in your efforts to enhance psychological health and safety. If so, it will benefit both the psychological health of your employees and the financial health of your organization.




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