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(reaffirmed 2022)

Psychological health and safety in the workplace —

Prevention, promotion, and guidance to staged implementation



Disponible en français

Santé et sécurité psychologiques en milieu de travail — Prévention, promotion et lignes directrices pour une mise en œuvre par étapes

Commissioned by the
Mental Health Commission of Canada

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Prepared by

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The Technical Committee acknowledges the valuable contribution of Martin Gélinas, Air Canada, a member of the Technical Committee who passed away during the development of this Standard, as well as that of Richard Boughen, Royal Canadian Mounted Police, who took an international assignment.

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Preface

This is the first edition of CSA Z1003/BNQ 9700-803, *Psychological health and safety in the workplace — Prevention, promotion, and guidance to staged implementation.*

This Standard is intended to align with other relevant standards, such as BNQ 9700-800, CAN/CSA-Z1000, and CSA Z1002, and with recognized management system standards that incorporate the following five elements (see also Annex G):

- policy, commitment, and engagement;
- planning;
- implementation;
- evaluation and corrective action; and
- management review and continual improvement.

This Standard specifies requirements for a documented and systematic approach to develop and sustain a psychologically healthy and safe workplace, and provides complementary information in Annexes A to G.

This voluntary Standard can be used for conformity assessment.

Development of this Standard was undertaken collaboratively by the Bureau de normalisation du Québec (BNQ) and CSA Group. The content was prepared by the harmonized BNQ-CSA Group Technical Committee on Psychological Health and Safety in the Workplace, under the authority of BNQ Management and the CSA Group Strategic Steering Committee on Occupational Health and Safety, and has been formally approved by the Technical Committee. Development of this Standard was overseen by the Project Review Committee. This Standard has been approved as a National Standard of Canada by the Standards Council of Canada.

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Notes accompanying clauses do not include requirements or alternative requirements; the purpose of a note accompanying a clause is to separate from the text explanatory or informative material.

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0 Introduction

The vision for a psychologically healthy and safe workplace is one that actively works to prevent harm to worker psychological health, including in negligent, reckless, or intentional ways, and promotes psychological well-being. This voluntary Standard has been developed to help organizations strive towards this vision as part of an ongoing process of continual improvement.

Psychological health and safety is embedded in the way people interact with one another on a daily basis and is part of the way working conditions and management practices are structured and the way decisions are made and communicated. While there are many factors external to the workplace that can impact psychological health and safety, this Standard addresses those psychological health and safety aspects within the control, responsibility, or influence of the workplace that can have an impact within, or on, the workforce.

Four main areas of consideration make up the business case for improving workplace psychological health and safety:

- risk mitigation;
- cost effectiveness;
- recruitment and retention; and
- organizational excellence and sustainability.

Workplaces with a positive approach to psychological health and safety are better able to recruit and retain talent, have improved employee engagement, enhanced productivity, are more creative and innovative, and have higher profit levels. Other positive impacts include a reduction of several key workplace issues including the risk of conflict, grievances, turnover, disability, injury rates, absenteeism and performance, or morale problems.

This voluntary Standard has been developed in the context of a large body of scientific literature from many relevant areas of workplace health and safety, law, and social science, which support the business value of psychological health and safety in the workplace.

Research has shown that those organizations that implement psychologically healthy and safe workplace strategies are, on average, better performers in all key performance categories from health and safety to key human resource measures to shareholder returns.

In the development of this voluntary Standard, the technical committee has recognized that the requirements and complexities of organizations and employees vary considerably. The technical committee also recognizes that implementation of a standard is not a “yes/no” response but a journey of continual improvement. In an effort to address this reality and encourage organizations to start on this journey, a couple of implementation approaches and both large and small enterprises scenarios are included as Annexes C and D.

The strategic pillars of a psychological health and safety system are prevention of harm (the psychological safety of employees), promotion of health (maintaining and promoting psychological health), and resolution of incidents or concerns. It has been well demonstrated that it is important to provide a psychologically safe work environment before health promotion endeavours can have significant success. In implementing this Standard, organizations should assess needs and address gaps in psychological safety prior to embarking on far reaching health promotion activities.

Human needs when unmet or thwarted can become risk factors for psychological distress; when satisfied can lead to psychological and organizational health. These human needs include security and physiological safety, belonging, social justice, self-worth, self-esteem, self-efficacy, accomplishment, or autonomy.

Although numerous factors play a role in an individual's psychological make-up, the workplace plays a large part in daily life and is therefore an important component in maintaining and promoting these human needs. Both the workplace and the individual have a shared responsibility for maintaining and improving that well-being because of the diversity of influences on a person's psychological well-being.

Some of the key drivers for employers to adopt a psychological health and safety system include risk mitigation (including compliance with existing legislation and regulation), cost effectiveness, improved ability for recruitment and retention of workers, and organizational excellence and sustainability. Key drivers are the reasons why organization would adopt this Standard. This Standard will enable an organization to introduce measures that will assist them to meet their objectives with respect to those key drivers.

The key drivers for workers and their organizations include the promotion and protection of workers well-being, job satisfaction, self-esteem, and job fulfilment.

The successful and continual improvement of the workplace's psychological health and safety will, however, depend on the active participation of both the organization and of its employees. Both the employer and the employee have responsibilities to help ensure a successful outcome from the use of this Standard while maintaining the necessary confidentialities.

Evidence-based research from numerous scientific and legal disciplines identifies several workplace factors that alone, but more typically in combination, can contribute to either the promotion or defeat of psychological health and safety (see Clauses A.2 and A.3).

The psychological health and safety system should be consistent with integration into the existing, and future, organizational policies and processes, including occupational health and safety, across the organizational structure. Evaluation of outcomes leads to a drive for continual improvement.

The Model presented in Clause A.3 represents a planned and widely accepted approach to address thirteen identified and measurable workplace factors that are known to impact psychological health and safety. They have had wide acceptance as key factors that, when satisfied, will enhance and promote psychological health and safety in the workplace leading to measurable improvements in employee psychological health, overall workplace psychological safety, and enhanced organizational efficiency and effectiveness. The latter includes better overall productivity, a decrease in costs related to ill health, and an overall enhancement of the organization's bottom line.

1 Scope

1.1 Purpose

This Standard specifies requirements for a documented and systematic approach to develop and sustain a psychologically healthy and safe workplace, and provides complimentary information in Annexes A to G. This Standard provides a framework to create and continually improve a psychologically healthy and safe workplace, including

a) the identification and elimination of hazards in the workplace that pose a risk of psychological harm to a worker;
b) the assessment and control of the risks in the workplace associated with hazards that cannot be eliminated;
   Note: *For example, stressors due to organizational change or reasonable job demands.*
c) implementing structures and practices that support and promote psychological health and safety in the workplace; and
d) fostering a culture that promotes psychological health and safety in the workplace.

1.2 Applicability

This Standard is applicable to any organization.

Note: *The application of psychological health assessment measures of workers or adherence of workers to program activities is voluntary unless it is legally or contractually required.*

1.3 Guiding principles

This Standard is based on the following guiding principles:

a) legal requirements associated with psychologically healthy and safe workplaces applicable to the organization will be identified and complied with as a minimum standard of practice;
b) psychological health and safety is a shared responsibility among all workplace stakeholders and commensurate with the authority of the stakeholder;
c) the workplace is based on mutually respectful relationships among the organization, its management, its workers, and worker representatives, which includes maintaining the confidentiality of sensitive information;
d) individuals have a responsibility towards their own health and behaviour;
e) a demonstrated and visible commitment by senior management for the development and sustainability of a psychologically healthy and safe workplace;
f) active participation with all workplace stakeholders;
g) organizational decision making incorporates psychological health and safety in the processes; and
h) a primary focus on psychological health, safety, awareness, and promotion as well as the development of knowledge and skills for those persons managing work arrangements, organization, processes, and/or people.

Activities associated with this Standard, specifically related to planning, data collection, and evaluation requirements, are to be conducted in a psychologically safe, confidential, and ethical manner.

2 Reference publications

There are no normative reference publications in this Standard. Informative reference publications are found in Annexes B and G.

3 Definitions and abbreviations

3.1 Definitions

The following definitions apply in this Standard:

Critical event (individual) *n* — an event or a series of events that has a stressful impact sufficient enough to overwhelm the usually effective coping skills of either an individual or a group. French: ***évènement critique (personnes)***.

Critical event (organization) *n* — an event or a series of events that interrupts the normal flow of activities of the organization in a way that impacts psychological health and safety. French: ***évènement critique (organisme)***.

Harm *n* — an injury or damage to health. French: ***dommage***.

Hazard *n* — a potential source of psychological harm to a worker. French: ***danger***. [Reference: CAN/CSA-Z1000 (adapted wording) (see Annex G).]

Health *n* — a state of complete physical, social, and mental well-being, and not merely the absence of disease or infirmity. French: ***santé***. [References: World Health Organization Web page http://www.who.int/suggestions/faq/en/ and BNQ 9700-800 (see Annex G).

Health promotion *n* — the process of enabling people to increase control over and to improve their health. French: ***promotion de la santé***. [References: *Health Promotion Glossary* and BNQ 9700-800 (see Annex G).]

Mental health *n* — a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. Synonym: psychological health. French: ***santé mentale***. [Reference: World Health Organization (see Annex G).]
Note: *"[…] In this positive sense, mental health is the foundation of well-being and effective functioning for an individual and for a community." [Reference: World Health Organization (see Annex G).]*

Organization *n* — a company, employer, operation, undertaking, establishment, enterprise, institution, or association, or a part or combination thereof, that has its own management. French: ***organisme***. [Reference: CAN/CSA-Z1000 (adapted wording) (see Annex G).]

Organizational culture *n* — a pattern of basic assumptions invented, discovered, or developed by a given group that are a mix of values, beliefs, meanings, and expectations that group members hold in common and use as behavioural and problem-solving cues. French: ***culture organisationnelle***.

Procedure *n* — a documented method to carry out an activity. French: ***procédure***. [Reference: CAN/CSA-Z1000 (see Annex G).]

Process *n* — a set of interrelated or interacting activities that transforms inputs into outputs. French: ***processus***. [Reference: CAN/CSA-Z1000 (see Annex G).]

Psychological health — see **Mental health**.

Psychological safety *n* — the absence of harm and/or threat of harm to mental well-being that a worker might experience. French: ***sécurité psychologique***. [Reference: Guarding Minds@Work (adapted wording) (see Annex G).]
Note: *Improving the psychological safety of a work setting involves taking precautions to avert injury or danger to worker psychological health.*

Psychologically healthy and safe workplace *n* — a workplace that promotes workers' psychological well-being and actively works to prevent harm to worker psychological health including in negligent, reckless, or intentional ways. French: ***milieu de travail psychologiquement sain et sécuritaire***. [Reference: Guarding Minds@Work (adapted wording) (see Annex G).]

Risk *n* — the combination of the likelihood of the occurrence of harm and the severity of that harm. French: ***Risque***. [Reference: CSA Z1002 (see Annex G).]

Risk analysis *n* — the systematic use of information to identify hazards and to estimate the risk. French: ***analyse du risque***.
Notes:
1) *Risk analysis provides a basis for risk evaluation and risk control.*
2) *Information can include current and historical data, theoretical analysis, informed opinions, and the concerns of stakeholders.*

Risk assessment *n* — the overall process of risk analysis and risk evaluation. French: ***appréciation du risque***.

Risk criteria *n pl* — terms of reference by which the significance of risk is assessed. French: ***critères de risque***.
Note: *Risk criteria can include associated cost and benefits, legal and statutory requirements, socioeconomic and environmental aspects, the concerns of stakeholders, priorities, and other inputs to the assessment.*

Risk evaluation *n* — the process of comparing the estimated risk against given risk criteria to determine the significance of the risk. French: ***évaluation du risque***.

Psychosocial risk factor *n* — hazards including elements of the work environment, management practices, and/or organizational dimensions that increase the risk to health. French: ***facteur de risque psychosocial***.

Senior management *n* — the person(s) at the highest level of an organizational structure responsible for leading, managing, and/or directing an organization. French: ***haute direction***.

Stakeholder *n* — any person or organization within the workplace that can affect or be affected by, or perceive themselves to be affected by, the decisions or activities related to mental health and safety factors within the workplace. French: ***partie prenante***. [Reference: ISO Guide 73, Paragraph 3.2.1.1 (see Annex G).]

Worker *n* — a person employed by an organization or a person under the day-to-day control of the organization, whether paid or unpaid, which includes employees, supervisors, managers, leaders, contractors, service providers, volunteers, students, or other stakeholders actively engaged in undertaking activities for benefit to the organization. French: ***travailleur, travailleuse***. [Reference: CAN/CSA-Z1000 (adapted wording) (see Annex G).]

Worker representative *n* — a non-managerial worker who is
a) a member of the workplace health and safety committee;
b) a representative of other workers in accordance with the requirements of law or collective agreements; or
c) selected by non-managerial workers for other reasons.
French: ***représentant des travailleurs, représentante des travailleurs***.

Workplace *n* — an area or location where a worker works for an organization, or is required or permitted to be present while engaging in service (including social events) on behalf of an organization. French: ***milieu de travail***.

3.2 Abbreviations

The following abbreviations are used in this Standard.

EFAP — employee and family assistance plan
LTD — long term disability
OHS — occupational health and safety
PHSMS — psychological health and safety management system
PPE — personal protective equipment
STD — short term disability

4 Psychological health and safety management system

4.1 General

The organization shall establish, document, implement, and maintain a psychological health and safety management system (PHSMS) in the workplace and continually improve its effectiveness in accordance with the requirements of this Standard.

This PHSMS should be integrated into, or compatible with, governance practices and other systems in the organization.

The PHSMS includes the following elements:
a) commitment, leadership, and participation (see Clause 4.2);
b) planning (see Clause 4.3);
c) implementation (see Clause 4.4);
d) evaluation and corrective action (see Clause 4.5); and
e) management review (see Clause 5).

4.2 Commitment, leadership, and participation

4.2.1 General

Commitment, leadership, and effective participation are crucial to the success of the PHSMS. All stakeholders share an interest and responsibility to ensure psychological health and safety in the workplace.

Management shall ensure that the responsibilities and authorities related to the PHSMS are defined and communicated throughout the organization.

4.2.2 Commitment

The organization shall have or incorporate into existing policies a current policy statement approved by senior management and the Board of Directors (where applicable) that outlines their commitment to the development of a systematic approach for managing psychological health and safety in the workplace. The policy statement shall be based on the organizational commitments to

a) establish, promote, and maintain a PHSMS in accordance with this Standard;
b) align with the ethics and stated values of the organization;
c) establish and implement a process to evaluate the effectiveness of the system and implement changes as necessary;
d) delegate the authority necessary to implement an effective system;
e) ensure that workers and worker representatives, as required, participate in the development and implementation and continual improvement of the system;
f) provide the required resources to develop, implement, and maintain the PHSMS;
g) evaluate and review the system at planned intervals for the purpose of continual improvement; and
h) recognize that it is in everybody's common interest to promote and enhance a working relationship consistent with the principles of mutual respect, confidentiality, and cooperation.

4.2.3 Leadership

This Clause pertains to those who have key responsibility for the organization's performance. People in leadership roles shall

a) reinforce the development and sustainability of a psychologically healthy and safe workplace environment based on a foundation of ethics and stated values;
b) support and reinforce all line management in the implementation of the PHSMS;
c) establish key objectives toward continual improvement of psychological health and safety in the workplace;
d) lead and influence organizational culture in a positive way (see Annex B for resources);
e) ensure that psychological health and safety is part of organizational decision making processes;
f) engage workers and, where required, their representatives to
    i) be aware of the importance of psychological health and safety;
    ii) be aware of the implications of tolerating psychological health and safety hazards;
    iii) provide feedback to help the organization determine the effectiveness of the PHSMS implementation and operation; and
    iv) identify workplace needs regarding psychological health and safety.

4.2.4 Participation

4.2.4.1

Active, meaningful, and effective participation of stakeholders is a key factor in psychological health. Participation is a requirement for successful policy development, planning, implementation, and operation of specific programs, and evaluation of the system and its impacts. To ensure such participation, the organization shall

a) engage stakeholders in active regular dialogue that facilitates understanding of stakeholders' needs and goals;
b) engage workers and, where required, their representatives in policy development, data gathering, and planning process to better understand their needs with respect to psychological health and

safety in the workplace;
c) encourage workers and, where required, their representatives to participate in programs implemented to meet identified needs;
d) actively involve workers and, where required, their representatives in the evaluation process through the use of recognized instruments such as focus groups, surveys, and audits; and
e) ensure that the results generated by the evaluation process and the follow-up plans of action are effectively communicated with all management, workers, and their representatives (where applicable).

The organization shall engage the Occupational Health and Safety (OHS) committee or HS representatives, where required, to define their involvement in the PHSMS. Where discussion of psychological hazards in the workplace takes place at the OHS committee, confidentiality of all persons shall be respected and identifying markers removed from the documents used at the OHS committee in accordance with Clause 4.2.5.

To further encourage participation and engagement, the organization may consider the implementation of a specific committee or sub-committee for psychological health and safety in the workplace.

4.2.4.2

Worker participation is an essential aspect of the PHSMS in the organization. The organization shall
a) provide workers and worker representatives with time and resources to participate effectively in the development of the psychological health and safety policy and in the process of PHSMS planning, implementation, training, evaluation, and corrective action; and
b) encourage worker participation by providing mechanisms that
   i) support worker participation, such as identifying and removing barriers to participation;
   ii) establish workplace health and safety committees or worker representatives where required by OHS legislation and, where applicable, collective agreements or other requirements; and
   iii) ensure that workers and worker representatives are trained in, and consulted on, all aspects of PHSMS associated with their role within this system.

Note: *Consultation with workers and worker representatives does not require the organization to obtain worker approval or permission. Worker and worker representative participation should not interfere with business needs or operations.*

4.2.5 Confidentiality

The organization shall establish and sustain processes that ensure confidentiality and privacy rights are respected and protected.

4.3 Planning

4.3.1 General

Planning enables an organization to identify and prioritize work-related psychological health and safety
a) hazards;
b) risks;
c) legal requirements;
d) management system gaps; and
e) opportunities for improvement.

Note: *See Annex B for resources.*

The planning process is necessary to establish appropriate objectives and targets, and plans to achieve compliance with legal requirements, relevant regulations, organizational requirements, and a commitment to continual improvement.

4.3.2 Planning process

The planning process shall include
a) planning for management of psychological health and safety in the workplace, including the assessment of worker health impact, financial impact, and organizational policy and processes that promote good psychological health;

b) developing a collective vision of a psychologically healthy workplace, specific goals for reaching the vision, and a plan for ongoing process monitoring for continual improvement;
c) assessment of the strengths of the existing psychological health and safety strategy; and
d) recognition and identification of current practices that are already protecting and promoting psychological health and safety.

4.3.3 Review

The organization shall review its approach to managing and promoting psychological health and safety in the workplace, to assess conformance with the requirements and recommendations in this Standard. If no such system exists, the organization shall establish a system in conformance with this Standard.

4.3.4 Identification, assessment, and control

4.3.4.1

The organization shall develop, implement, and maintain a documented risk mitigation process that includes

a) hazard identification;
b) elimination of those hazards that can be eliminated;
c) assessment for level of risk for hazards that cannot be eliminated;
d) preventive and protective measures used to eliminate identified hazards and control risks; and
e) a priority process reflecting the size, nature, and complexity of the hazard and risk, and, where possible, respecting the traditional hierarchy of risk control.

Notes:

1) *The hierarchy of risk control can involve the following:*
   a) elimination of the hazard;
   b) control the risk or control access to the hazards;
   c) substitution of the hazard with something less hazardous;
   d) making changes to how the work is organized and done;
   e) modifying procedures and practices;
   f) administrative/training;
   g) protective equipment; and
   h) emergency response plans.

2) *The documentation can be scaled to the size, nature, and complexity of the organization.*

4.3.4.2

Factors to assess should include, but are not limited to, the following:

a) psychological support;
b) organizational culture;
c) clear leadership and expectations;
d) civility and respect;
e) psychological job demands;
f) growth and development;
g) recognition and reward;
h) involvement and influence;
i) workload management;
j) engagement;
k) work/life balance;
l) psychological protection from violence, bullying, and harassment;
m) protection of physical safety; and
n) other chronic stressors as identified by workers.

Notes:

1) *A description of these factors is included in Clause A.3.*

2) *Resources such as GuardingMinds@Work (GM@W) can provide a first step to assessing these factors.*

In addition to assessing risks, the organization should identify and assess opportunities for promoting psychological health.

4.3.5 Data collection

The organization shall establish a data gathering process using qualitative, quantitative, or mixed methods. The degree of detail required will depend upon the complexity of the workplace, the goals of the PHSMS, the reasonable accessibility of reliable data, and the decision-making needs of the organization. Any collection of data shall comply with all privacy requirements, legislation, collective agreements, and policies.

The organization shall keep a record of the data collected and of the methods used in data collection. Where required by regulation, the organization shall share the data collected and related reports with the OHS committee. Where data is shared, confidentiality of all persons shall be respected and identifying markers removed from the documents in accordance with Clause 4.2.5.

Data sources and reference documents may include

a) existing organizational policies and plans pertinent to psychological health and safety in the workplace;
b) job descriptions/job demands analysis;
c) aggregated administrative data, such as
    i) rates of absenteeism;
    ii) rates of turnover;
    iii) return to work and accommodation data;
    iv) short-term disability (STD) and long-term disability (LTD) costs;
    v) employee and family assistance plan (EFAP);
    vi) principal diagnostic categories (for short term disabilities/long term disabilities);
    vii) claims data such as benefit utilisation rates, disability relapse rates, and workers compensation data;
    viii) review of incident reports/worker complaints/investigations; and
    ix) health risk assessment data;
d) laws and regulations, including
    i) human rights;
    ii) OHS acts;
    iii) violence and abuse prevention in the workplace;
    iv) labour laws; and
    v) workers compensation;
e) standards, codes, and guidelines;
f) worker engagement indicators and worker feedback (e.g., surveys, participation rates);
g) report(s) from unions or worker groups regarding exposure/risk information;
h) diverse perspectives (e.g., mental illness, cultural differences), including those with personal experience of mental health issues, various cultures, etc.;
i) results of organizational audit;
j) industry or association established best practices; and
k) research.

4.3.6 Diversity

Organizations comprise diverse populations and groups.

The organization shall consider the unique needs of these diverse populations and solicit input when these needs are relevant to complying with the requirements of this Standard.

The organization shall consider workplace factors that can impact the ability of these workers to stay at work or return to work.

While psychological health and safety in the workplace is a shared responsibility among stakeholders, the organization should support individual workers to seek assistance internally or externally when needed.

The organization shall take steps to link workers in need to internal resources and should also take steps to link workers to community or other resources.

4.3.7 Objectives and targets

4.3.7.1

The organization shall document the psychological health and safety objectives and targets for relevant functions and levels within the organization. The objectives and targets should be

a) measurable;
b) consistent with the psychological health and safety policy and commitment to the PHSMS, compliance with legal requirements and other requirements, and commitment to continual improvement;
c) based on past reviews, including past performance measures and any psychological health and safety hazards, risks, the results of the data collection (see Clause 4.3.5) and identification and assessment of psychological workplace factors (see Clause 4.3.4), management system deficiencies, and opportunities for improvement that have been identified;
d) determined after consultation with workers and with consideration of technological options and the organization's operational and business requirements; and
e) reviewed and modified according to changing information and conditions, as appropriate.

The organization should consider objectives and targets that reinforce existing strengths and promote new opportunities for improving psychological health and safety.

4.3.7.2

The organization shall establish and maintain a plan for achieving its objectives and targets. The plan shall include

a) the designation of responsibility for achieving objectives and targets; and
b) identification of the means and time frame within which the objectives and targets are to be achieved.

4.3.8 Managing change

4.3.8.1

The organization shall establish, implement, and maintain a system to manage changes that can affect psychological health and safety. The system shall address changes that include

a) new products, processes, or services at the design stage;
b) significant changes to work procedures, equipment, organizational structure, staffing, products, services, or suppliers;
c) changes to psychological health and safety strategies and practices;
d) changes to psychological health and safety legal and other requirements; and
e) changes to work arrangements, including modified work arrangements.

4.3.8.2

Such a system should include

a) communication between stakeholders about the changes;
b) information sessions and training for workers and worker representatives; and
c) support as necessary to assist workers in adapting to changes.

4.4 Implementation

4.4.1 Infrastructure and resources

The organization shall provide and sustain the infrastructure and resources needed to achieve conformity with this Standard.

The following should be taken into consideration:

a) workplace parties should possess sufficient authority and resources to fulfill their duties related to this Standard;

b) workplace parties should possess the knowledge, authority, and abilities to integrate psychological health and safety into management systems, operations, processes, procedures, and practices; and
c) persons with roles as specified in this Standard should possess the knowledge, skills, and abilities to carry out their roles (e.g., auditing, training, assessment, analysis).

Note: *Internal or external resources might be able to provide substantial expertise, proven programs, or assistance in implementing psychological health and safety programs in the workplace.*

4.4.2 Preventive and protective measures

The organization shall establish and sustain processes to implement preventive and protective measures to address the identified work-related hazards and risks.

Preventive and protective measures should be implemented according to the following priority:

a) eliminate the hazard;
b) implement controls to reduce the risks related to hazards that cannot be eliminated;
c) implement use of personal protective equipment (PPE) in applicable circumstances;
   Note: *The key is to recognize and consider PPE requirements in the context of both physical and psychological safety. Some examples of PPE related to psychological safety could include personal alarm devices or privacy barriers.*
d) implement processes to respond to issues that can impact psychological health and safety of workers; and
e) offer resources to workers who are experiencing mental health difficulties, whether these difficulties relate to organizational factors or to other factors, such as personal factors.
   Note: *These resources may be found within the organization, in the public domain, online, or in the community.*

4.4.3 Education, awareness, and communication

The organization shall establish and sustain processes to

a) provide information about factors in the workplace that contribute to psychological health and safety, and specifically how to reduce hazards and risks that potentially cause psychological harm and how to enhance factors that promote psychological health;
b) ensure stakeholder education, awareness, and understanding in regards to the nature and dynamics of stigma, psychological illness, safety, and health;
c) communicate to stakeholders existing policies and available supports;
d) communicate to stakeholders processes available when issues can impact psychological health and safety;
e) communicate to stakeholders information about the psychological health and safety system and related plans and processes;
f) include stakeholder ideas, concerns, and input for consideration; and
g) ensure communication throughout the monitoring and review process (see Clause 4.5) to all workplace parties.

4.4.4 Sponsorship, engagement, and change management

The organization shall establish processes that support effective and sustained implementation, including

a) sponsorship by senior leadership and leadership at all levels of the organization;
b) engagement on the part of stakeholders; and
c) assessment and application of change management principles throughout planning and implementation.

4.4.5 Implementation governance

The organization shall establish

a) clear responsibilities and accountabilities for effective implementation;
b) governance processes that support effective implementation and communication plans; and
c) documentation requirements.

4.4.6 Competence and training

4.4.6.1

The organization shall establish and sustain processes to

a) determine expectations and minimum requirements of workers and, in particular, those in leadership roles (e.g., supervisors, managers, worker representatives, union leadership) to prevent psychological harm, promote psychological health of workers, and address problems related to psychological health and safety; and
b) provide orientation and training to meet Item a).

4.4.6.2

The organization should establish and sustain processes to

a) provide accessible coaching and supports as required, recognizing the potential complexities of psychological health and safety situations, the unique needs of the individuals affected, and the skills needed; and
b) assess and address competence as specified in Clause 4.4.6.1, Item a) of those in leadership roles.

4.4.7 Critical event preparedness — Individual(s)

The organization shall establish and sustain processes to

a) identify potential critical events where psychological suffering, illness, or injury is involved, or likely to occur, while respecting confidentiality and privacy of all parties;
b) provide response and support, including consideration of specialized external supports;
c) provide related training for key personnel involved in critical event response; and
d) ensure there are opportunities for debriefing and for revising guidelines for critical events as applicable.

Note: *The purpose of this Clause is to help workers who might be dealing with incidents within or external to the workplace (e.g., bullying, harassment, death of a family member).*

4.4.8 Critical event preparedness — Organization

Organizations might undertake or experience events that pose particular risks or are likely to have particular impacts on psychological health and safety. The organization shall establish and sustain processes to

a) ensure the psychological health and safety risks and impacts of critical events are assessed;
b) manage critical events in a manner that reduces psychological risks to the extent possible and supports ongoing psychological safety;
c) incorporate learning from critical events into established plans related to the psychological health and safety system; and
d) ensure there are opportunities for reviewing and for revising guidelines for critical events as applicable.

4.4.9 Reporting and investigations

4.4.9.1

The organization shall establish and maintain procedures for reporting and investigating work-related psychological health and safety incidents such as psychological injuries, illnesses, acute traumatic events, fatalities (including suicides), and attempted suicides.

Such investigations should be carried out by persons who are experienced in psychological injury and incident investigation and who are impartial (and are perceived to be impartial by all parties), and should be carried out with the participation of the appropriate workplace parties, respecting the privacy and confidentiality of involved parties and other relevant legislation.

These procedures shall include

a) the establishment of roles and responsibilities of all parties participating in the investigation process;

b) practices that foster a psychologically safe environment that allows workers to report errors, hazards, adverse events, and close calls;
c) a commitment to appropriate accountability, looking first at system factors that contributed to the error or adverse event;
d) actions to mitigate any consequences of work-related psychological injuries, illnesses, acute traumatic events, chronic stressors, fatalities (including suicides), attempted suicides, and psychological health and safety incidents;
e) the identification of the immediate and underlying cause(s) of such incidents and the implementation of recommended corrective and preventive actions; and
f) an assessment of effectiveness of any preventive and corrective actions taken.

4.4.9.2

The investigation of cause(s) of work-related psychological health and safety incidents such as psychological injuries, illnesses, acute traumatic events, psychosocial risk factors, fatalities (including suicides), and attempted suicides, shall include the identification of any failures in the PHSMS and shall be documented.

4.4.9.3

Recommendations shall be developed and, along with the investigation's results, shall be communicated to the workplace parties. These recommendations shall form the basis of corrective action and shall be included in the management review specified in Clause 5. The investigation results and recommendations should be used for continual improvement of the PHSMS.

4.4.10 External parties

Organizations often engage external providers and suppliers whose personnel interact with those of the organization. The organization shall establish and sustain processes to
a) make external parties and their personnel aware of the organization's policies and expectations related to protecting the psychological health and safety of the organization's workers; and
b) address any issues or concerns identified.

4.5 Evaluation and corrective action

4.5.1 Introduction

The organization shall establish and maintain procedures to monitor, measure, and record psychological health and safety system conformance and the effectiveness of the PHSMS, respecting the confidentiality and privacy of all individuals in accordance with Clause 4.2.5.

The purpose of performance monitoring and measurement is to obtain qualitative and quantitative measurements of
a) the psychological health and safety of the organization (including promotion, prevention, and intervention efforts); and
b) organizational conformance to this Standard, including process evaluation.

Note: *Evaluation is best planned in advance of implementation so that appropriate data requirements can be identified and subsequently included in the evaluation results.*

4.5.2 Monitoring and measurement

4.5.2.1

Performance monitoring and measurement shall
a) determine the extent to which the PHSMS policy, objectives, and targets are being met;
b) provide data on PHSMS performance and results;
c) determine whether the day-to-day arrangements for hazard and risk identification, assessment, minimization, and elimination or control are in place and operating effectively; and

d) provide the basis for decisions about improvements to psychological health and safety of the workplace and the PHSMS.

Note: *See Clause 4.3.5 for data sources.*

Both qualitative and quantitative measures appropriate to the needs, size, and nature of the organization shall be developed in consultation with workers and, where applicable, their representatives. Such assessments shall be carried out by competent persons.

4.5.2.2

Monitoring and measurement activities shall be recorded. Monitoring and measurement shall include the requirements of the PHSMS and the results of the following, as applicable:

a) leadership engagement with the PHSMS;
b) baseline assessment of psychosocial risk factors;
c) a baseline assessment of other workplace determinants of psychological health (e.g., environmental, physical, job requirement, staffing levels);
d) psychological injury and illness statistics;
e) return-to-work programs;
f) aggregated data from health risk assessments; and
g) aggregated analysis of the results of investigations or events.

4.5.3 Internal audits

The organization shall establish and maintain an internal audit program to conduct audits at planned intervals to determine whether the PHSMS

a) conforms to the requirements of this Standard and to the psychological health and safety system requirements established by the organization; and
b) is effectively implemented and maintained.

Note: *The audit can be scalable to the size, nature, and complexity of the organization. See Annex E for a sample audit tool and CAN/CSA-ISO 19011 for guidelines for managing systems.*

The internal audit program should include the criteria for auditor competency, the audit scope, the frequency of audits, the audit methodology, and reporting.

The audit results, audit conclusions, and any corrective action plans shall be documented and communicated to affected workplace parties, including workers and worker representatives, and those responsible for corrective action.

The organization shall consult with workers and, where applicable, their representatives on auditor selection, the audit process, and the analysis of results.

The management responsible for the activity being audited shall ensure that corrective actions are taken to address any non-conformance with the organization's PHSMS or this Standard identified during the audit.

4.5.4 Preventive and corrective action

The organization shall establish and maintain preventive and corrective action procedures to

a) address PHSMS non-conformances and inadequately controlled hazards and their related risks;
b) identify any newly created hazards resulting from preventive and corrective actions;
c) expedite action on new or inadequately controlled hazards and risks;
d) track actions taken to ensure their effective implementation; and
e) implement initiatives to prevent recurrence of hazards.

The organization shall take into account input from PHSMS performance monitoring and measurement, recommendations from workers and worker representatives, PHSMS audits, and management reviews when determining preventive and corrective actions.

5 Management review and continual improvement

5.1 Review process

The organization shall establish and maintain a process to conduct scheduled management reviews of the PHSMS. The review process should address the degree to which the goals of a psychologically healthy and safe workplace are being achieved.

The review process shall include

a) a review and analysis of key outcome data (e.g., audit results, evaluation/outcomes data);
b) an assessment of the level of conformance of the PHSMS to this Standard;
c) a detailed review of findings that are considered significant; and
d) organizational and other reporting requirements.

5.2 Outcome of the review process

The outcome of the review process shall include

a) opportunities for improvement and, where deficiencies/variances are identified, corrective actions to be implemented;
b) review and update of the organizational policies and procedures specific to or related to the PHSMS;
c) review and update of objectives, targets, and action plans; and
d) communication opportunities to enhance understanding and application of results.

Annex preamble

All annexes are informative and provide guidance where needed and are in keeping with the voluntary nature of this Standard. Some annexes also provide useful resources and links. The information provided is evidence informed.

Annex A — Background and context
A.1 — General
A.2 — Basic human needs and mental health at work
A.3 — MHCC *The Road to Psychological Safety*
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B.1 — General
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Annex C — Sample implementation models
C.1 — Staged implementation levels
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Annex D — Implementation scenarios for small and large enterprises
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Annex E — Sample audit tool

Annex F — Discussion of relevant legislation or regulation (as of September 2011)
F.1 — Seven major trends in law referring to workplace mental health
F.2 — Articles and reports on legislation and policy frameworks referring to psychological health in the workplace in Canada

Annex G — Related standards and reference documents
G.1 — General
G.2 — Documents from standards development organizations
G.3 — Other documents

Annex A (informative)
Background and context

Note: *This Annex is not a mandatory part of this Standard.*

A.1 General
This Annex provides background information relevant to the development of this Standard.

A.2 Basic human needs and mental health at work
Note: *This information comes from a variety of research studies and has been agreed to through the consensus process of the Technical Committee to assist in the implementation of this Standard.*
Human needs related to basic physiological and security needs must first be identified and controlled in order that factors related to higher level human needs can be satisfied. The framework for establishing and sustaining a psychologically healthy and safe workplace should ensure that these human needs are included in all aspects of the managed approach to meet the intent and requirements of this Standard. The human needs for consideration in this standard framework include, as a minimum, the following:

Human needs	Workplace needs met	Workplace needs unmet
Physical and psychological safety	Workers feel that they are in a working environment that meets their psychological and physical health and safety needs. Managers and co-workers work together proactively to develop and implement measures so that legitimate health and safety needs, rights, and risks are recognized and accommodated to a reasonable degree.	When there are consistent failures to recognize and accommodate the legitimate health and safety needs, and the rights and claims of workers, risks to psychological health can arise. Perceptions of such failure can lead to feelings that the work is inherently unsafe and risks are ignored or inadequately controlled by choice or ignorance by workplace decision makers. Herzberg et al. (2009) (see Annex G) refers to these needs as maintenance factors that need to be in place to allow the individual to strive for higher level human needs. When not present, the need to regain physical safety and security becomes paramount, preventing the individual from satisfying higher level human needs.
Self-worth, esteem, and social justice	Workers' skills are engaged to the point at which they experience challenge. This point of optimal stress or equilibrium has been widely documented and accepted. Also, workers perceive that work is distributed in an equitable manner [see Fairness, Clause A.3.2 d)].	Where job demands consistently and chronically exceed worker skill levels or exploit them beyond what would be considered reasonable for the type of undertaking, or where work is distributed inequitably, risks to psychological health can arise.

(Continued)

Human needs	Workplace needs met	Workplace needs unmet
Self-efficacy, accomplishment, and autonomy	Workers have sufficient discretion over and participation in decisions about the means, manner, and methods of their work consistent with the intrinsic nature of the work sufficient to allow them to feel part of the enterprise and not just cogs in a wheel. Control in this context includes "voice", meaning the perceived freedom to express views or feelings appropriate to the situation or context.	When discretion over the means, manner, and methods of their work (including voice) is withheld from workers for no good business reason, risks to psychological health can arise.
Self-esteem	Workers feel rewarded in terms of praise, recognition, and acknowledgement of and credit for their contributions.	When praise, recognition, and acknowledgement/credit are withheld from workers for no good business reasons, risks to psychological health can arise.
Social justice or self-worth	Workers feel that they are treated with fairness and respect by their managers and co-workers in that their reasonable needs, rights, and claims are recognized and accommodated to a reasonable degree consistent with the expected norms of the business or industry.	When there are consistent failures to recognize and accommodate the legitimate needs, rights, and claims of workers, risks to psychological health can arise. Perceptions of such failure can arise from feelings that the work is inequitably distributed and that decisions leading to this distribution are biased.
Belonging	Workers experience support from supervisors and colleagues with regard to advice, direction, planning, and provision of technical and practical resources and information (to the extent that they are available within the organization) and this is offered as a matter of course without prejudice or favour.	When such support is withheld from workers by choice rather than because of some systematic constraint within the organization, risks to psychological health can arise.

Note: *All of these human needs are addressed in the workplace factors described in Clause 4.3.4.2.*

A.3 MHCC *The Road to Psychological Safety*

A.3.1 General

Legal, scientific, and social foundations for a National Standard should be considered for psychological safety in the workplace.

MHCC *The road to psychological safety* addresses two related topics:

In Part 1, "Convergence of Legal and Scientific Evidence", it is shown that the convergence of evidence from legal and scientific sources creates a powerful case for the development of a National Standard for psychological health and safety built around the five key factors related to the organization of work and to the management of people.

In Part 2, "Fountains of Wellbeing, Cascade of Harm: Workplace Standards and Population Mental Health", it is proposed that the introduction of a National Standard can be expected in the long run to have positive social benefits since the health or harm that is generated in the workplace does not remain there but migrates into families, communities, and society at large in the form of either social capital or social exhaust. The very existence of this migration establishes psychological safety at work as a national health policy issue. Efforts to measure the extent of this migration are reported.

The paper is available at
http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Workforce_2011/The_Road_to_Psychological_Safety.pdf

A.3.2 Overview

Over the last 20 years there have been significant developments in both law and various scientific disciplines with regard to defining the need for, and characteristics of, what has been termed the psychologically safe workplace.

A psychologically safe workplace, for these purposes, is defined as one that is the result of every reasonable effort being made to protect the mental health of employees.

Evidence from several disciplines identifies a key set of workplace factors that alone, but more typically in combination, can contribute to either the promotion or defeat of psychological safety. These factors can be conceptualized as human needs that, when unmet or thwarted, can become risk factors for psychological distress (Vézina 2010)*. *The Road to Psychological Safety* focuses upon the risk factor side of the equation.

From this perspective, law and science agree that risks to mental health are more likely to arise and contribute to a psychologically unsafe workplace in the following situations:

a) **Job demands and requirements of effort:** Job demands consistently and chronically exceed worker skill levels or exploit them beyond what would be considered reasonable for a particular type of undertaking, or where work is distributed inequitably.
b) **Job control or influence:** Discretion over the means, manner, and methods of their work (including "voice" or the perceived freedom to express views or feelings appropriate to the situation or context) is withheld from workers by choice rather than because of the intrinsic nature of the work.
c) **Reward:** Praise, recognition, acknowledgement, and credit are withheld from workers for no good business reasons.
d) **Fairness:** There is consistent failure or refusal to recognize and accommodate the reasonable needs, rights, and claims of workers. Perceptions of such failure can arise from feelings that decisions are made without attention to due process.
e) **Support:** Support with regard to advice, direction, planning, and provision of technical and practical resources and information (to the extent that they are available within the organization) is withheld from workers by choice rather than because of some systematic constraint within the organization.

Psychological safety is in fact a concept that connects the dynamics of the workplace to the health, resilience, and well-being of society at large.

**Vézina, M. "Santé mentale au travail: répondre à des besoins humains fondamentaux", in* Travail et Santé. *Ed. Y. Clot and D. Lhuilier. Éditions Érès 2010, pp. 169–174.*

A.4 Workplace factors affecting psychological health and safety

Note: *The factors discussed in this Clause were adapted from GuardingMinds@Work, with the exception of the thirteenth factor, protection of physical safety, which was added for the purposes of this Standard.*

The thirteen workplace factors listed in Figure A.1 are organizational or systemic in nature and therefore within the influence of the workplace. These factors are described more fully in Items 1) to 13). Addressing them effectively has the potential to positively impact worker mental health, psychological safety, and participation. This in turn can improve productivity and bottom line results.

Note: *While psychological health and psychological safety are deserving of equal protection, it is important to note that, from a strategic perspective, ensuring safety (in the sense of preventing psychological harm) is a pre-requisite to the promotion of health.*

The statements for each factor are provided to help users think about the current state of their own workplace. The more strongly users agree with the statements, the more likely users have a psychologically safe workplace:

1) **Organizational culture** is a mix of norms, values, beliefs, meanings, and expectations that group members hold in common and that they use as behavioural and problem-solving cues. Organizational culture could enhance the psychological safety and health of the workplace and the workforce when it is characterized by trust, honesty, respect, civility, and fairness or when it values, for example, psychological and social support, recognition, and reward.

   An organization with good organizational culture would be able to state that

   a) all people in the workplace are held accountable for their actions;

b) people at work show sincere respect for others' ideas, values, and beliefs;
c) difficult situations at work are addressed effectively;
d) workers feel that they are part of a community at work; and
e) workers and management trust one another.

2) **Psychological and social support** comprises all supportive social interactions available at work, either with co-workers or supervisors. It refers to the degree of social and emotional integration and trust among co-workers and supervisors. It refers also to the level of help and assistance provided by others when one is performing tasks. Equally important are the workers' perceptions and awareness of organizational support. When workers perceive organizational support, it means they believe their organization values their contributions, is committed to ensuring their psychological well-being, and provides meaningful support if this well-being is compromised.

An organization with good psychological and social support would be able to state that

a) the organization offers services or benefits that address worker psychological and mental health;
b) workers feel part of a community and that the people they are working with are helpful in fulfilling the job requirements;
c) the organization has a process in place to intervene if an employee looks distressed while at work;
d) workers feel supported by the organization when they are dealing with personal or family issues;
e) the organization supports workers who are returning to work after time off due to a mental health condition; and
f) people in the organization have a good understanding of the importance of worker mental health.

3) **Clear leadership and expectations** is present in an environment in which leadership is effective and provides sufficient support that helps workers know what they need to do, explains how their work contributes to the organization, and discusses the nature and expected outcomes of impending changes. There are many types of leadership, each of which impacts psychological safety and health in different ways. The most widely accepted categorizations of leadership are instrumental, transactional, and transformational. Of these, transformational leadership is considered the most powerful. Instrumental leadership focuses primarily on producing outcomes, with little attention paid to the "big picture," the psychosocial dynamics within the organization, and unfortunately, the individual workers. Transformational leaders are seen as change agents who motivate their followers to do more than what is expected. They are concerned with long-term objectives and transmit a sense of mission, vision, and purpose. They have charisma, give individual consideration to their workers, stimulate intellectual capabilities in others, and inspire workers.

An organization with clear leadership and explicit expectations would be able to state that

a) in their jobs, workers know what they are expected to do;
b) leadership in the workplace is effective;
c) workers are informed about important changes at work in a timely manner;
d) supervisors provide helpful feedback to workers on their expected and actual performance; and
e) the organization provides clear, effective communication.

4) **Civility and respect** is present in a work environment where workers are respectful and considerate in their interactions with one another, as well as with customers, clients, and the public. Civility and respect are based on showing esteem, care, and consideration for others, and acknowledging their dignity.

An organization with good civility and respect would be able to state that

a) people treat each other with respect and consideration in the workplace;
b) the organization effectively handles conflicts between stakeholders (workers, customers, clients, public, suppliers, etc);
c) workers from all backgrounds are treated fairly in our workplace; and
d) the organization has effective ways of addressing inappropriate behaviour by customers or clients.

5) **Psychological demands** of any given job are documented and assessed in conjunction with the physical demands of the job. Psychological demands of the job will allow organizations to determine whether any given activity of the job might be a hazard to the worker's health and well being. When

hazards are identified, organisations consider ways of minimizing risks associated with identified job hazards through work redesign, analyst of work systems, risk assessment, etc. The assessment of psychological demands should include assessment of time stressors (including time constraints, quotas, deadlines, machine pacing, etc.); breaks and rest periods; incentive systems (production bonuses, piece work, etc.); job monotony and the repetitive nature of some work; and hours of work (overtime requirements, 12 h shifts, shift work, etc.).

An organization with a good psychological demands assessment process for its workers would be able to state that

a) the organization considers existing work systems and allows for work redesign;
b) the organization assesses worker demand and job control issues such as physical and psychological job demands;
c) the organization assesses the level of job control and autonomy afforded to its workers;
d) the organization monitors the management system to address behaviours that impact workers and the workplace;
e) the organization values worker input particularly during periods of change and the execution of work;
f) the organization monitors the level of emphasis on production issues;
g) the organization reviews its management accountability system that deals with performance issues and how workers can report errors; and
h) the organization emphasizes recruitment, training, and promotion practices that aim for the highest level of interpersonal competencies at work.

6) **Growth and development** is present in a work environment where workers receive encouragement and support in the development of their interpersonal, emotional, and job skills. Such workplaces provide a range of internal and external opportunities for workers to build their repertoire of competencies, which will not only help with their current jobs, but will also prepare them for possible future positions.

An organization with good growth and development would be able to state that

a) workers receive feedback at work that helps them grow and develop;
b) supervisors are open to worker ideas for taking on new opportunities and challenges;
c) workers have opportunities to advance within their organization;
d) the organization values workers' ongoing growth and development; and
e) workers have the opportunity to develop their "people skills" at work.

7) **Recognition and reward** is present in a work environment where there is appropriate acknowledgement and appreciation of workers' efforts in a fair and timely manner. This includes appropriate and regular acknowledgements such as worker or team celebrations, recognition of good performance and years served, and/milestones reached.

An organization with a good recognition and reward program would be able to state that

a) immediate supervision demonstrates appreciation of workers' contributions;
b) workers are paid fairly for the work they do;
c) the organization appreciates efforts made by workers;
d) the organization celebrates shared accomplishments; and
e) the organization values workers' commitment and passion for their work.

8) **Involvement and influence** is present in a work environment where workers are included in discussions about how their work is done and how important decisions are made. Opportunities for involvement can relate to a worker's specific job, the activities of a team or department, or issues involving the organization as a whole.

An organization with good involvement and influence would be able to state that

a) workers are able to talk to their immediate supervisors about how their work is done;
b) workers have some control over how they organize their work;
c) worker opinions and suggestions are considered with respect to work;
d) workers are informed of important changes that can impact how their work is done; and
e) the organization encourages input from all workers on important decisions related to their work.

9) **Workload management** is present in a work environment where assigned tasks and responsibilities can be accomplished successfully within the time available. This is the risk factor that many working Canadians describe as being the biggest workplace stressor (i.e., having too much to do and not enough time to do it). It has been demonstrated that it is not just the amount of work that makes a difference but also the extent to which workers have the resources (time, equipment, support) to do the work well.

   An organization with good workload management would be able to state that

   a) the amount of work workers are expected to do is reasonable for their positions;
   b) workers have the equipment and resources needed to do their jobs well;
   c) workers can talk to their supervisors about the amount of work they have to do;
   d) workers' work is free from unnecessary interruptions and disruptions; and
   e) workers have an appropriate level of control over prioritizing tasks and responsibilities when facing multiple demands.

10) **Engagement** is present in a work environment where workers enjoy and feel connected to their work and where they feel motivated to do their job well. Worker engagement can be physical, emotional, and/or cognitive. Physical engagement is based on the amount of exertion a worker puts into his or her job. Physically engaged workers view work as a source of energy. Emotionally engaged workers have a positive job outlook and are passionate about their work. Cognitively engaged workers devote more attention to their work and are absorbed in their job. Whatever the source, engaged workers feel connected to their work because they can relate to, and are committed to, the overall success and mission of their company.

    Engagement should be seen as a result of policies, practices, and procedures for the protection of worker psychological health and safety. Engagement is similar to, but is not to be mistaken for, job satisfaction, job involvement, organizational commitment, psychological empowerment, and intrinsic motivation.

    An organization with good engagement would be able to state that

    a) workers enjoy their work;
    b) workers are willing to give extra effort at work if needed;
    c) workers describe work as an important part of who they are;
    d) workers are committed to the success of the organization; and
    e) workers are proud of the work they do.

11) **Balance** is present in a work environment where there is acceptance of the need for a sense of harmony between the demands of personal life, family, and work. This factor reflects the fact that everyone has multiple roles: as workers, parents, partners, etc. This complexity of roles is enriching and allows fulfillment of individual strengths and responsibilities, but conflicting responsibilities can lead to role conflict or overload.

    An organization with good balance would be able to state that

    a) the organization encourages workers to take their entitled breaks (e.g., lunchtime, sick time, vacation time, earned days off, parental leave);
    b) workers are able to reasonably meet the demands of personal life and work;
    c) the organization promotes life-work harmony;
    d) workers can talk to their supervisors when they are having trouble maintaining harmony between their life and work; and
    e) workers have energy left at the end of most workdays for their personal life.

12) **Psychological protection** is present in a work environment where workers' psychological safety is ensured. Workplace psychological safety is demonstrated when workers feel able to put themselves on the line, ask questions, seek feedback, report mistakes and problems, or propose a new idea without fearing negative consequences to themselves, their job, or their career. A psychologically safe and healthy organization actively promotes emotional well-being among workers while taking all reasonable steps to minimize threats to worker mental health.

    An organization with good psychological protection would be able to state that

    a) the organization is committed to minimizing unnecessary stress at work;
    b) immediate supervisors care about workers' emotional well-being;
    c) the organization makes efforts to prevent harm to workers from harassment, bullying, discrimination, violence, or stigma;

d) workers would describe the workplace as being psychologically healthy; and
e) the organization deals effectively with situations that can threaten or harm workers (e.g., harassment, bullying, discrimination, violence, stigma, etc).

13) **Protection of physical safety** is present when a worker's psychological, as well as physical safety, is protected from hazards and risks related to the worker's physical environment.

An organization that protects physical safety would be able to state that

a) the organization cares about how the physical work environment impacts mental health;
b) workers feel safe (not concerned or anxious) about the physical work environment;
c) the way work is scheduled allows for reasonable rest periods;
d) all health and safety concerns are taken seriously;
e) workers asked to do work that they believe is unsafe, have no hesitation in refusing to do it;
f) workers get sufficient training to perform their work safely; and
g) the organization assesses the psychological demands of the jobs and the job environment to determine if it presents a hazard to workers' health and safety.

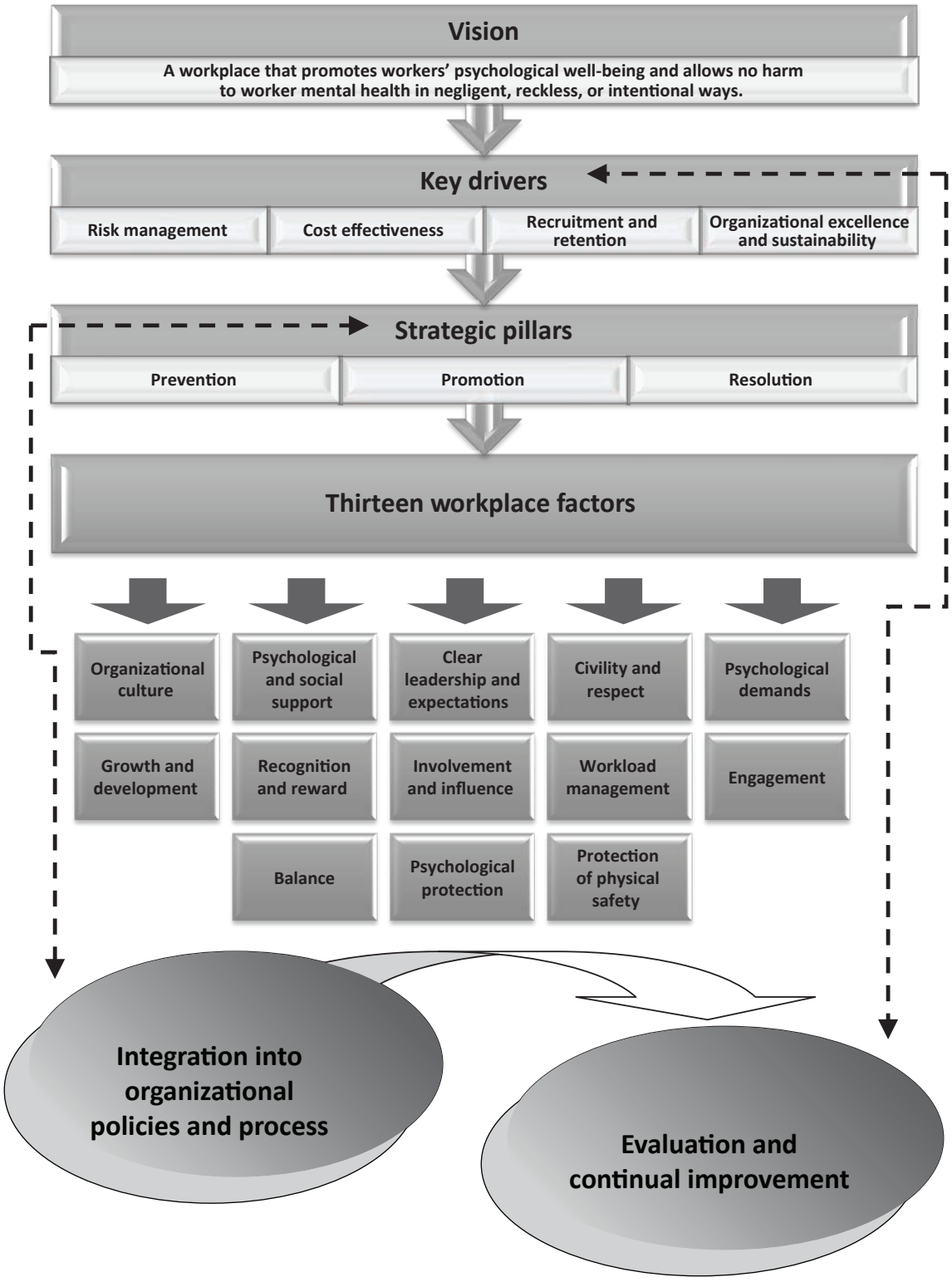


Figure A.1
Model of a planned approach to address thirteen workplace factors known to impact psychological health
(See Clause A.4.)

Annex B (informative)
Resources for building a psychological health and safety framework

Notes:
1) *This Annex is not a mandatory part of this Standard.*
2) *Clauses B.4 and B.5 refer to the corresponding Clauses found in the main body of this Standard.*

B.1 General

Annex B provides the user with additional resources that can assist in the development and implementation of the organization's psychological health and safety management system. The resources found in this Annex are available at no cost, from credible sources, and practical for application in the majority of organizations. These are provided to help begin discussion about how to comply with this Standard and not as a definitive list. Many other resources and tools are available and many more will be developed following publication of this Standard.

Note: *In this Standard, the term "workers" includes employees, supervisors, managers, leaders, contractors, service providers, volunteers, and students (see Clause 3 for a complete definition of the term "worker").*

For any new initiative, some background information can be helpful in explaining why this process can be beneficial for the organization.

B.2 The *Leadership Framework for Advancing Workplace Mental Health*

This Mental Health Commission of Canada (MHCC) website will take the user through the business case for creating a mentally healthy workplace. Included in this website are tools and information that can be used to implement strategies. It provides a business case, strategic direction, and sample policies, as well as functioning as a guide in identifying a champion and in the accountability that each department can assume in the implementation of a workplace mental health program. This website can assist users their own approaches to creating a workplace mental health program:
http://mhccleadership.ca/index.html.

B.3 The Shain Reports on *Psychological Safety in the Workplace — A Summary*

A summary and bibliography of the Shain Reports including "Stress at Work", "Mental Injury and the Law in Canada", and "Tracking the Perfect Legal Storm". These reports were commissioned by the MHCC to understand jurisprudence in Canada related to psychological safety in the workplace:
http://www.mentalhealthcommission.ca/SiteCollectionDocuments/workplace/Shain%20Report%20Summary%20April%2018%20EN.pdf

B.4 Psychological health and safety management system

B.4.1 General

Note: *See Clause 4.1.*

Psychological health and safety should become an integral part of all operations of the organization. This means that all workers, including managers, have a role to play. For example, psychological health and safety is embedded in the way people interact with one another on a daily basis and is part of the way decisions are made and communicated.

A report generated by a group of expert stakeholders who came together to look at the implications of Dr. Martin Shain's paper entitled "Tracking the Perfect Legal Storm: Converging systems create mounting pressure to create the psychologically safe workplace" provides a framework to integrate the approach across the employment lifecycle:
http://workplacestrategiesformentalhealth.com/display.asp?l1=7&l2=187&d=187

B.4.2 Commitment, leadership, and participation

Note: *See Clause 4.2.*

Visible commitment and ongoing support from leadership is a key element of success for any long term initiative. Active participation of workers (including all levels of management) in the process is necessary to develop and sustain success. Refer to the following resources regarding leadership:

- *A Leadership Framework for Advancing Workplace Mental Health*
  A framework to help senior leaders delegate responsibility and accountability for psychological health and safety throughout the organization:
  http://www.mhccleadership.ca/
- *You As A Leader*
  Practical steps for senior leaders to build credibility, respect, fairness, pride, and camaraderie within the workforce:
  http://workplacestrategiesformentalhealth.com/display.asp?l1=7&l2=84&d=84
- *The Union's Role in Workplace Mental Health*
  Action plans that help outline strategies for union representatives and employers in unionized workplaces to help address situations where mental health is a factor in a professional and effective manner:
  http://workplacestrategiesformentalhealth.com/display.asp?l1=7&l2=98&d=98
- Leadership info from *Health and Safety Executive* website
  Roles expectations and tips for all levels of an organization including unions:
  http://www.hse.gov.uk

B.4.3 Planning

Note: *See Clause 4.3.*

While there are many tools, surveys, and approaches that can be used to assess risk, it is important to also provide a safe environment to engage staff in discussions about issues, aspirations, or concerns on an on-going basis. The people whose concerns are being addressed should be the active participants in identifying the issues and workable responses. This increases the chance of long-term commitment to the ultimate solutions as well as contributing to a sense of being valued.

Determining where to begin to address concerns or improve the workplace is the first step and comes from identification of the issues. Once this has been done, the planning stage will move into how those issues will be addressed. Engaging the workforce in both of these stages can also improve both process and outcomes.

The planning process should ideally move beyond hazards and risks towards psychological health promotion. This approach aims to enhance positive mental health among workers and optimize organizational performance.

Refer to the following resources regarding planning:

- *Appreciative Inquiry Commons: Practice & Management*
  This website provides an overview of the appreciative inquiry approach to organizational development and change. This approach focuses on organizational strengths and how to enhance

them, based on a particular set of assumptions. The website provides links to practical tools and methodologies for appreciative inquiry:
http://appreciativeinquiry.case.edu/practice/default.cfm

- *20 Questions for Leaders*
  A list of 20 overarching questions that organizational leaders can ask themselves about psychological safety in their workplaces:
  http://workplacestrategiesformentalhealth.com/display.asp?l1=180&l2=191&d=191
- *Making the Business Case*
  An approach to assessing the risks and returns of addressing workplace mental health issues, which includes suggested measures to assess costs of mental ill health in the workplace:
  http://workplacestrategiesformentalhealth.com/display.asp?l1=3&l2=37&d=37
- *Self-Assessment Tool for Measuring the Costs of Work Stress*
  A highly detailed method for determining the costs of work stress provided by Health Canada:
  http://www.hc-sc.gc.ca/ewh-semt/occup-travail/work-travail/_cost-cout/index-eng.php
- *Healthy Workplace Strategies: Creating Change and Achieving Results*
  Dr. Graham Lowe provides an action plan for transformational change towards a healthier workplace:
  http://www.grahamlowe.ca/documents/93/Hlthy%20wkpl%20strategies%20report.pdf
- *Health and Safety Executive — What are the Management Standards*
  A perspective from the Health and Safety Executive of Great Britain on how to (step-by-step) develop a management plan for managing stress in the workplace. A number of resources are listed here with multiple areas of focus e.g., statistics, research, case studies, publications, videos, and tools:
  http://www.hse.gov.uk/stress/standards/index.htm
- *Health Impact of Psychosocial Hazards at Work: An Overview*
  World Health Organization provides information and resources to help assess and consider psychosocial risks in the workplace:
  http://whqlibdoc.who.int/publications/2010/9789241500272_eng.pdf
- *Stress Management Competence Indicator Tool*
  To help managers and supervisors consider the impact their behaviours have on the stress levels of workers:
  http://www.hse.gov.uk/stress/mcit.pdf
- *Guarding Minds @ Work*
  A set of free tools that will allow identification of psychosocial risks in the organization, a selection of evidence-based interventions, and a way to measure success:
  http://www.guardingmindsatwork.ca/
- *On the Agenda*
  A series of discussion frameworks that include facilitator's guides and PowerPoint presentations that support team engagement in a conversation about solutions to improve workplace mental health:
  http://workplacestrategiesformentalhealth.com/display.asp?l1=186&d=186

B.4.4 Implementation

Note: *See Clause 4.4.*

The key to successful and sustainable implementation of this Standard is the involvement of those affected by the changes. Engagement of workers in the development and planning stages must be carried over into the implementation stage to ensure that the changes are communicated effectively and that the process of implementation does not cause undue stress or harm. If done well, the process of implementation can enhance psychological health and safety by increasing a sense of belonging, building positive relationships, and securing commitment to the system.

Refer to the following resources regarding implementation:

- *Workplace Mental Health Promotion: A How-To Guide*
  Case studies of successful approaches to improving workplace mental health are included on this site along with other resources:
  http://wmhp.cmhaontario.ca/case-studies

- *A Leadership Framework for Advancing Workplace Mental Health*
  To establish actions and accountabilities by roles, go to the Roles by Department section:
  http://www.mhccleadership.ca/identify-a-champion/actions-by-department/
- *Workplace Strategies for Mental Health*
  A website with multiple resources, programs and tools that address awareness, communication, change management, prevention, promotion, crisis response, management training, and employee resources:
  www.workplacestrategiesformentalhealth.com

B.4.5 Evaluation and corrective action

Note: *See Clause 4.5.*

Without monitoring and measuring, there is no way to determine if the interventions or strategies used are successful. This puts the initiatives at risk when another priority comes along. Without evidence of efficacy or plans for improvement, the approaches might be dropped or forgotten.

See Annex E for a sample audit tool.

B.5 Management review and continual improvement

Note: *See Clause 5.*

Frontline staff and middle management can work hard to make improvements to the psychological health and safety in the workplace. If senior management is unaware of these changes, then decisions or strategies can be developed that risk inadvertently decreasing the gains made. Ensuring that the approach to psychological health and safety is operationalized into strategic and operational business plans is also a reason to involve senior management in regular review of the progress. Keeping senior management aware of the initiative can have a positive impact in terms of ongoing sustainability through a continual improvement process.

See Annex E for a sample audit tool.

Annex C (informative)
Sample implementation models

Note: *This Annex is not a mandatory part of this Standard.*

C.1 Staged implementation levels

For some organizations, implementing this Standard in its entirety might be impractical in terms of the size or range of locations, organizational readiness, available resources, or simply a wish to move more incrementally towards the full implementation of this Standard.

The following are two models suggesting staged implementation of this Standard that might better suit an organization's unique needs and circumstances:

a) Commitment and engagement (see Clause C.2) — This model assumes commitment to comply with the entire Standard in four stages that build on the level of engagement of workplace stakeholders.
b) Building leadership commitment (see Clause C.3) — This model assumes that senior leadership has not yet committed to this Standard. It allows those on the front line to implement some programs or initiatives to demonstrate the value to the organization. Once senior leadership is engaged, the model suggests ways to embed the approach across the various organizational departments. The final stage closes the accountability loop through a process of continuous improvement.

C.2 Commitment and engagement

Table C.1 shows four levels of implementation corresponding to four levels of engagement and commitment by the enterprise.

Table C.1
Four levels implementation model
(See Clause C.2.)

	Level 1 Awareness/ readiness/ preparedness (in strategic plan)	Level 2 Needs/ current state assessment	Level 3 Setting goals and objectives Develop the implementation plan	Level 4 Work the plan
4.1 General	X			
4.2 Commitment, leadership, and participation				
4.2.1 General	X			
4.2.2 Commitment	X			
4.2.3 Leadership	X			
4.2.4 Participation		X		
4.2.5 Confidentiality	X			
4.3 Planning				
4.3.1 General				
4.3.2 Planning process			X	
4.3.3 Review		X		
4.3.4 Identification, assessment, and control		X		
4.3.5 Data collection		X		
4.3.6 Diversity	X			
4.3.7 Objectives and targets			X	
4.3.8 Managing change			X	
4.4 Implementation				
4.4.1 Infrastructure and resources			X	
4.4.2 Preventive and protective measures		X		
4.4.3 Education, awareness, and communication	X			
4.4.4 Sponsorship, engagement, and change management	X			
4.4.5 Implementation governance			X	
4.4.6 Competence and training			X	

(Continued)

Table C.1 (Concluded)

	Level 1 Awareness/ readiness/ preparedness (in strategic plan)	Level 2 Needs/ current state assessment	Level 3 Setting goals and objectives Develop the implementation plan	Level 4 Work the plan
4.4.7 Critical event preparedness — Individual(s)			X	
4.4.8 Critical event preparedness — Organization			X	
4.4.9 Reporting and investigations			X	
4.4.10 External parties			X	
4.5 Evaluation and corrective action				
4.5.1 Introduction		X		
4.5.2 Monitoring and measurement				X
4.5.3 Internal audits			X	
4.5.4 Preventive and corrective action				X
5 Management review and continual improvement				
5.1 Review process				X
5.2 Outcome of the review process				X

C.3 Building leadership commitment

C.3.1 Four stages model

While the ideal is to have leadership commitment from both labour and management from the outset, it is not always possible or practical. This model is for those on the frontlines of management, human resources, unions, or health, safety, or wellness who want to begin a process to build leadership commitment. This could range from a small piloting approach for a team or department to a larger initiative that one is able to undertake.

It begins with the development of programs or initiatives that can demonstrate the value of psychological health and safety approaches. It builds to some level of engagement of senior leadership and evolves over time to a more comprehensive approach.

This approach is one where the positive support and effort of both labour and management is required for success.

The stages of this model are as follows:

Stage 1 — Leveraging existing resources:
If the organization has limited time, personnel, or budget to implement this Standard, the process may begin by leveraging resources that are in the public domain. Within the organization, there might be existing knowledge and skills from workers to help start this process.

An example of implementation of Stage 1 and Stage 2 can be found in Clause C.3.2, and includes the resources that may be used. This level of the initiative needs to be documented in order for outcomes to be reported in Stage 2.

Stage 2 — Engaging leadership from labour and management:
By beginning with practical and measurable initiatives like those described in Stage 1, the organization can make a stronger case for implementing a psychologically health and safe system. Assistance in establishing and articulating a logical and compelling business case exists on *The Leadership Framework for Advancing Workplace Mental Health**, which was developed by the Mental Health Commission of Canada.

The goals at this Stage include the following:

- recruiting a champion from senior leadership to sponsor and/or support further development; and
- obtaining commitment from senior leadership in the form of strategic direction and allocation of resources.

This Stage takes the initiative from a localized effort by a few dedicated individuals to a state that has the explicit support of leadership.
*www.mhccleadership.ca

Stage 3 — Embedding across the organization:
Each department, process, or role has the potential to impact psychological health and safety. When this is considered in policy or decision-making processes across the employment lifecycle and across the organizational structure, a more substantial and sustainable success can be achieved. The publication *Elements and Priorities Towards a Psychologically Safer Workplace**, can assist at this Stage. It breaks down action items by stages such as recruiting and hiring, orientation and training, performance management, promotion, and termination.
*http://www.workplacestrategiesfor-mentalhealth.com/mhcc/pdf/WorkingTowardAPsychologicallySafeWorkplace_20101.pdf

Stage 4 — Closing the accountability loop:
Each organization will need to develop their own accountability structure, and at this Stage the following issues should be considered:

- ongoing monitoring and measuring of relevant outcomes;
- continual improvement processes; and
- recognition of psychological health and safety approaches in management performance appraisals.

One way to close this accountability loop may be to engage in one of the award processes for a mentally or psychologically healthy workplace where the process is consistent with the objectives of this Standard. The criteria for most of the awards guides the user towards the development of a sound accountability structure and the end result can be a boost for those who have made the effort to implement this Standard.

C.3.2 Example of implementation of Stage 1 and Stage 2

There are many frameworks and models available to begin an approach towards implementing a PHSMS in the workplace. No one framework or model will be ideal for every application. It is the responsibility of those in the organization to choose or modify the most appropriate and credible resources. What follows is just one example of using existing resources to advance the efforts implementing a PHSMS in the workplace:

Preparation:
Review *The Leadership Framework for Mental Health in the Workplace* at www.mhccleadership.ca for ways that this project can cascade down into different departments and roles and consider issues such as

- making the business case go forward with the strategy;
- identifying a champion (sponsor) from senior management;
- securing senior management support and strategic policy direction;
- embedding the strategy into organizational policy and procedures; and
- developing an accountability strategy to measure effectiveness.

Preparing leaders:
Before engaging in a workplace mental health strategy that involves employees in identifying issues and working towards solutions, it might be advisable to prepare the leaders, including supervisors, managers, and executives, to be part of the process.

The resource *Working Through It** includes a 1.5 hour DVD that may become part of a learning process with minimal effort on the part of the facilitator. This resource should become part of a 3-hour session in the following manner:
*http://www.gwlcentreformentalhealth.com/display.asp?l1=2&l2=17&l3=173&d=173

- Introduction of the topic (10 minutes):
  - Explain why this is an issue — turnover, absenteeism, disability, conflict, performance problems, human rights complaints, duty to accommodate, grievances, etc.
  - Share senior management's support for this strategy.
  - Be explicit that this is part of a wider strategy that includes education, training, changes in processes and procedures, development of resources, and measurement of effectiveness.
  - Discuss how they will be recognized for their efforts in this regard (why this matters to them).
- Identification of issues (10 minutes):
  - Hold a free discussion about what supervisors see (behaviours rather than symptoms) that might indicate an employee's mental health concern.
  - Ask what makes this a challenge for them (record these answers for the next phase of the work using *Managing Mental Health Matters* (MMHM): http://www.gwlcentreformentalhealth.com/display.asp?l1=7&l2=176&d=176&
- Video (60 minutes):
  Note: *Use the DVD version and click on Play All. Pause at the end of Dr. Anthony Levitt talking about Concerns with medication and before Gord Conley talks about My Experience in a Treatment Centre — approximately 60 minutes.*
  Ask participants to write down the following comments to discuss half way through the video:
  - information they learned about mental illness ("aha" moments or "I did not know that");
  - things they question or dispute from the video; and
  - one "test the team" question — they are to ask the question and see if they can stump the others.
- Break (15 minutes)
- Discussion of what they had observed so far (15 minutes)
- Resume video and ask for a continuation of the notes (50 minutes)
- Take up notes from second half and assign first module of MMHM (20 minutes)

Note: *Consider making this session part of new supervisor training.*

Review *Managing Mental Health Matters* (MMHM)*. Assign the first module and give all supervisors and managers at least two weeks to complete it during work time (with the understanding that many will prefer to do it at home or when they are not working). Explain that they will be brought together to discuss and demonstrate their understanding of the module. Arrange 1 hour sessions where as many supervisors or managers as are available can be brought together to engage in one or more of the exercises to discuss the questions and answers and to learn about any procedures that would allow them to integrate their learning into organizational processes.
*http://workplacestrategiesformentalhealth.com/display.asp?l1=7&l2=176&d=176

Repeat for each of the 5 modules and consider repeating every two years and embedding this into new supervisor training.

When the leaders are more familiar with mental health issues and how to handle them, move on to assessing the systemic or organizational factors that might be impacting employee mental health.

Assessment of workplace factors:
Depending on the circumstances of the organization, begin *Guarding Minds @ Work** with any one of the following strategies:

- Review "How to Conduct a GM@W Survey Successfully" and begin this process with the authority to conduct an employee survey.
- Consider adding the questions from the "Initial Scan" to surveys that are needed to conduct among employees if another survey would not be feasible at this time.
- Conduct the "Organizational Audit" if a survey of employees cannot be reasonably performed.

When the results are in from the survey or when the audit has been completed, determine which of the psychosocial risk factors need to be addressed first. The "Selection of Effective Actions Using a Quality Framework" may be used to help decide where to begin.
*http://www.guardingmindsatwork.ca/info/resources

Engaging the team:
To engage the team in developing solutions, approaches, and strategies to address the first issue, use the appropriate *On the Agenda* PowerPoint and Facilitator's Guide*. Review the guide and set up a time to bring the team together to create an action plan. This can be facilitated by a supervisor who feels comfortable doing this or by an HR professional or other if necessary.

This is an ongoing process of identifying issues, engaging the team in developing solutions, and working together to implement.
*http://workplacestrategiesformentalhealth.com/display.asp?l1=186&d=186

Developing solutions:
While an integral part of developing solutions is to engage the team in order to get commitment as well as compliance with the plan, it is also important to know that the strategies are cost effective, practical in the work environment, and evidence-based. Many of these types of strategies and resources can be found at www.workplacestrategiesformentalhealth.com. Whatever is decided to be addressed (such as the following), ideas, tools, and resources can be found that have already been reviewed:

- awareness of mental health issues;
- promotion of good mental health at work;
- improving the return to work strategy;
- considering more effective accommodation strategies for those with mental health issues;
- resolving workplace issues;
- psychological health and safety;
- healthier approaches to performance and change management;
- addiction; and
- suicide, violence, harassment, or other serious issues.

Employee Assistance Program (EAP), benefit providers, or other resources
Employee Assistance Program (EAP) is essentially a confidential and accessible one-on-one short-term counselling and coaching approach to identify and help resolve problems experienced by workers and their family members. Examples of reasons for which individuals access EAPs include psychological, family, financial, work-related, and substance abuse/misuse problems.

If the organization has a benefit or health care plan provider or an EAP, check to see what they offer in terms of training or education around the issues of concern to the workplace. Some might be able to provide useful workplace services. These might be at no extra cost or minimal cost.

These could include reports on usage of the services by category of problem, number of sessions, or duration of assistance. There might be training available, on site or web-based, on particular topics of interest that can help prevent or mitigate emerging psychological injuries or illnesses.

For more information on EAPs, visit www.easna.org .

Accessing resources
Some organizations and government agencies offer resources at low cost or no cost that can help creating a strategy. Consider contacting the resources in the community to see what is offered.

Annex D (informative)
Implementation scenarios for small and large enterprises

Note: *This Annex is not a mandatory part of this Standard.*

D.1 Small enterprise scenario

In the following case study, the enterprise might not comply with this Standard in its entirety but uses this Standard to make workplace improvements and to make it psychologically safer.

Scenario:
Joe owns a small independent mechanical garage. He has 10 employees and his wife contributes to the business administration. Recently, he has noticed that employee morale is low, the working environment negative, and there are high rates of absenteeism among his employees. Joe has decided that he needs to do something to improve the psychological working environment and he hopes to employ this Standard. The following steps might be used:
Note: *These steps are not linear. They may be adjusted or blended to meet the needs of the organization. This process can be quick (i.e., a matter of a few hours) or it might require more time to implement depending on the size and complexity of the organization.*

Step 1: Problem recognition (see Clause 4.2.1):
- Joe has decided that there is room for improvement regarding psychological health and safety in his workplace.
- He now needs to involve his staff and reach an agreement that there is room for improvement within the workplace.
- He could organize a staff meeting over lunch or on a Friday afternoon to discuss problem areas in the work setting.
- If the staff agree that something needs to be done about the workplace problems (i.e., poor morale, high absenteeism, and negative working environment) then Joe must ensure that they agree with his plan to use CAN/CSA-Z1003/BNQ 9700-803 to make these changes.
- If Joe's staff accepts to implement and participate in this process, then they may move on to the next step; if not, Joe must conduct further assessment of the workplace barriers.

Step 2: Policy statement and commitment:
- Joe develops a written policy statement to set the tone for his workplace (see Clause B.2. See also Clause 4.2.2). Sample policy statements:
  - "Joe's Garage considers the mental health and psychological safety of its employees to be as important as other aspects of health and safety. Joe's Garage is committed to supporting a mentally healthy workplace through appropriate policies, programs and services" or
  - "Joe's Garage aspires to become a model organization for optimizing the health of its employees, and believes that the physical and mental health, well-being and safety of employees are key aspects of organizational success and sustainability. To this end, Joe's Garage is committed to working collaboratively with all of its employees to create and sustain a psychologically and physically healthy and safe work environment".
- He communicates this policy with his workers (e.g., by verbally telling them, posting on a bulletin board, email if available, etc.)
- Joe takes a leadership role to address the psychological concerns in his company. [See Annex A *Leadership Framework for Advancing Workplace Mental Health*, *You as a Leader*, and *Leadership info from HSE website* (see Clause B.4.2). See also Clause 4.2.3].

Step 3: Worker participation (see Clause 4.2.4):

- It is important to ensure that Joe's employees are not only open to Joe implementing this Standard, but also that they are willing and interested in actively participating in its implementation. Joe may seek out participation in a variety of ways:
  - requesting that workers volunteer to sit on a psychological health and safety management committee;
  - having workers elect a liaison;
  - if the work force is small enough, engaging all employees in meetings; or
  - selecting a worker to act as a liaison with the staff.

Step 4: Planning and assessing needs (see Clause 4.3):

- The needs assessments may be conducted in a variety of ways (see Clause 4.3.3):
  - If Joe is a verbal person and prefers this type of communication, he may use the *Appreciative Inquiry Commons* (see Clause B.4.3).
  - If Joe prefers to use a tool that will provide immediate feedback, he may use *Guarding Minds at Work* (see Clause B.4.3).
  - Other assessment options are available under *Planning* (see Clause B.4.3).
  - Joe may develop an independent assessment tool or use an alternative resource.
  - If Joe is unable to find the underlying causes of the problem in the workplace using one of the above strategies, he may enlist the help of an external body, such as an independent consultant.
  - Joe may also collect data such as absenteeism, payroll, incidents, stress leaves, employee turnover, etc.
- Once Joe and the employees have identified the barriers in the workplace, they need to set realistic goals for change (see Clause 4.3.4):
  - Example: If Joe finds that working alone is a concern for his employees (i.e., hazard identification), he may set a goal to ensure there are always two staff working together (i.e., elimination of hazard). If extra staffing is not feasible, Joe may set goals using preventative and protective measures to control the hazard associated with working alone (i.e., always keeping the door locked).
  - If Joe finds that there are high levels of mental health concerns in this work place, he may consider establishing an Employee Assistance Program (EAP) or reviewing his current benefit package for coverage related to psychological treatment. Although the cost of an EAP is usually affordable, it can vary greatly for small-sized organizations. Joining other organizations in the community and forming a consortium might make it more affordable. Alternatively, Joe may find resources in his community/online and post these on a staff bulletin board. For example, he may include his local Public Community Mental Health Services, Crisis line, Canadian Mental Health Association, Family Services, Addiction Services, etc.

Step 5: Implementation (see Clause 4.4):

- Joe must communicate his assessment findings to his staff. For example, he might hold a health and safety meeting, staff meeting, or even have a discussion over lunch. Doing this reinforces employee participation and provides staff with an opportunity to become actively involved.
- Once barriers have been identified during the assessment process, Joe and his staff must select a specific goal to address (see Clause 4.3.6). Some examples include employees having concerns regarding working alone, lack of barriers between an irate customer and themselves, poor morale due to frequent customer conflict, etc.
- For the purpose of this example, customer conflict will be explored (see *Workplace Mental Health Promotion: A How to Guide,* Clause B.4.4).
- Joe and his employees might decide that there are always two staff working when clients come to pick up their car (see Clause 4.4.2). They might create a rule that the doors remain locked when only one employee is servicing vehicles. Joe could install a counter to create a barrier between clients and staff (preventative measure).

- Although Joe cannot ensure that his clients will be satisfied, he can create a reporting system to address customer conflict. For example, Joe could have his employees record the date and time of the incident and a brief description of the client's complaint (see Clause 4.4.9). Alternatively, Joe could amend his health and safety incident form to capture these events. This provides staff the ability to actively participate in the program and also allows Joe to examine trends in dissatisfaction so he can better address complaints and reduce further conflict.
- Joe may also discuss the PHSMS with some of his customers to obtain feedback regarding the program and solicit their participation (see Clause 4.4.10).

Step 6: Evaluation and corrective action (see Clause 4.5):
- A review of the program's success may be achieved using any of the following tools or independent resources (see Clause 4.5.2):
  - asking staff their perception of the plan regarding successes and areas needing improvement;
  - tracking incident numbers (might require a new reporting system mentioned above); or
  - using a staff suggestion box to further support employee participation.
- Joe may use the Sample Audit Tool in Annex E (see Clause 4.5.3).

Step 7: Management review (see Clause 5):
- Joe meets with his committee or employee liaison to discuss suggestions, incidents, feedback, etc.
- Joe can also provide positive feedback at this meeting.
- Joe commits to an action plan with annual review based on meeting results.

D.2 Large enterprise scenario

The following is an example of a large enterprise that already has many policies, procedures, and programs in place. It will show how implementation of this Standard can be of benefit to such an organization.

ABC Inc is a large multinational company operating several lines of business within a number of countries. It employs over 10 000 people in Canada, in every province and territory, operating both small and large retail and head office sites, with both unionized and non-unionized workplaces. ABC has a number of workplace policies and programs developed to attract and retain the talent it needs to be competitive, including robust health and safety and respectful workplace policies and associated awareness and training programs, a wellness program, several work/life balance programs, an employee and family assistance program, short- and long-term disability benefit programs, a diversity and employment equity program, an employee Ombudsman, and well-established career development and talent management processes. It offers multiple channels for employees to voice concerns, including an anonymous hot line. ABC's employee opinion surveys indicate that its workforce is highly engaged.

ABC considers that its programs currently do much to foster a psychologically healthy workplace and wants to ensure that it remains competitive in this respect, using this Standard to do so.

Note: *These steps are not linear. They may be adjusted or blended to meet the needs of the organization. Large complex organizations will look to integrate psychological health and safety in existing programs, and leverage existing communication and reporting processes.*

Step 1: Problem recognition (see Clause 4.2.1):
- ABC has decided to review its policies, programs, and processes against this Standard to ensure it is competitive in the labour market.
- The challenge ABC faces is to obtain worker input from its diverse and dispersed workplaces. It could use existing committees, employee representatives, and employee resource groups as sources of input. It could request input through questions on an employee opinion survey. It could review and analyse reported concerns or employee feedback on internal social media sites.
- ABC reviews this input against its existing programs and policies to determine whether there are gaps or issues that implementation of this Standard might resolve.
- ABC could use similar sources to obtain worker agreement on implementation of this Standard.

Step 2: Policy statement and commitment :

- ABC has many internal stakeholders whose input is required for the policy statement, as well as many existing general policy statements that could anchor a policy statement under this Standard. ABC could establish a group of key stakeholders, including Health and Safety Committee members, to review existing policies and programs and develop a statement consistent with this Standard.
- ABC uses its usual communication channels to communicate the policy statement to its workers.

Step 3: Staff participation (see Clause 4.2.4):

- ABC may ensure participation in a variety of ways:
  - using existing employee committees and representatives;
  - using existing or establishing new employee resource groups;
  - requesting volunteers for a new psychological health and safety committee; or
  - using existing internal social media sites.

Step 4: Planning and assessing needs (see Clause 4.3):

- ABC may conduct the needs assessments in a variety of ways (see Clause 4.3.3):
  - using any of the tools suggested by this Standard;
  - consulting with an expert; or
  - reviewing data sources (absenteeism and attrition rates, EAP use, disability claims, opinion survey engagement results, investigation outcomes, employee ombudsman reports, etc.).
- Once ABC has identified gaps or barriers, it determines appropriate and realistic goals for change (see Clause 4.3.4). For example, if ABC finds high levels of mental health concerns in its work place, it could develop and implement training programs, tools, and resources for managing mental health issues in the workplace.

Step 5: Implementation (see Clause 4.4):

- ABC must communicate the assessment findings to its workers. It may use its usual communication channels (for example, the way it communicates employee opinion survey results to its workers) or develop a specific communication resource for this purpose.
- If multiple gaps were identified during the assessment process, ABC and its workers must prioritize specific goal(s) to address (see Clause 4.3.6) and develop an implementation plan.
- For example, if managing mental health issues in the workplace is the goal selected, ABC could develop awareness and training programs, and tools and resources for managers and employees repurposing/refreshing existing resources where appropriate.
- ABC may decide that mandatory, general training is warranted throughout its organization, or target specific areas for mandatory training with supplemental needs based training available as required.
- ABC could highlight its EAP program on mental health, encourage discussion with leadership, and spotlight success stories, providing opportunities for worker feedback.

Step 6: Evaluation and corrective action (see Clause 4.5):

- A review of the program's success may include employee opinion survey results, disability claim statistics, complaint/investigation outcomes, etc.
- ABC's internal audit group could be engaged to develop an audit program consistent with the requirements of this Standard.

Step 7: Management review (see Clause 5):

- ABC could ensure appropriate management review by including a summary of the program and its results in existing workplace reporting.

Annex E (informative)
Sample audit tool

Note: *This Annex is not a mandatory part of this Standard.*

E.1

Table E.1 is a sample audit tool that may be used by organizations to conduct internal audits. This audit tool may be modified to suit the size, nature, and complexity of the organization. The audit tool may also function as a "gap analysis" tool to highlight those areas that require further work to meet the requirements of this Standard.

Most organizations that implement this Standard will do so over a period of time. This Standard addresses different aspects of the subject at three levels of commitment, from more demanding to less demanding, that will ultimately reflect the maturity of an organization with respect to its ability to implement this Standard:

a) requirements (expressed with "shall" throughout the body of this Standard), which are mandatory aspects that are required in order to implement this Standard;
b) recommendations (expressed with "should" throughout the body of this Standard), which suggest aspects that are deemed valuable for full implementation of this Standard but not at the same level as requirements; and
c) options, which reflect best practices and are considered as "nice to have" parts of the PHSMS.

The column labelled "Level" in Table E.1 indicates those audit questions that relate to the Item categories "a", "b", and "c".

Table E.1
Sample audit tool

(See Clause E.1.)

	Level	Yes	No	Findings	Comments
1. Psychological health and safety management system (PHSMS) policy; leadership; participation					
1.1 Responsibilities and authorities related to the PHSMS must be defined and communicated throughout the organization.	a				
1.2 A policy statement (alone or incorporated as part of another relevant policy) endorsed by senior management should refer to psychological health and safety as it applies to the organization.	a				
1.3 The policy statement must reflect the organization commitment to • Establish, promote, and maintain a PHSMS. • Align with stated organizational values and ethics. • Establish and implement a process to evaluate the effectiveness of the system and implement changes. • Delegate the necessary authority to implement the system. • Ensure involvement of workers/worker representatives in the development, implementation, and continual improvement of the system. • Provide ongoing resources. • Ensure regular evaluation and review. • Respect the principles of mutual respect and cooperation.	a				
1.4 Organizational leadership must demonstrate the following qualities: • Reinforce the development and sustainability of a psychologically healthy and safe workplace environment. • Support line management. • Establish key objectives for continual improvement. • "Walk the talk". • Ensure psychological health and safety is part of decision-making processes. • Engage workers/worker representatives.	a				

(Continued)

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Table E.1 (Continued)

	Level	Yes	No	Findings	Comments
1.5 The organization must ensure participation through • engaging stakeholders in regular dialogue; • engaging workers/worker representatives in policy development, data generation, and planning. • encouraging worker/worker representative participation in programs; • encouraging worker/worker representative in the evaluation process; and • ensuring results of the evaluation process are communicated and follow-up action plans are available.	a				
1.6 The organization must engage the OHS committee/worker representatives in defining their involvement in the PHSMS.	a				
1.7 Confidentiality of persons must be respected, including removal of identifying material on relevant documents.	a				
1.8 The organization has considered development of a specific PHSMS Committee.	c				
1.9 The organization must encourage worker/worker representative participation by • providing time and resources to participate in the PHSMS program; • identifying and removing barriers to participation; and • involving and training in relevant aspects of the PHSMS.	a				
2. Planning					
2.1 The organization's planning process must include • plans to manage workplace psychological health and safety, including assessment of worker health impact, financial impact and organizational policy/processes promoting good psychological health; • a collective vision of a psychologically healthy workplace with specific goals for reaching the vision and a plan for ongoing process monitoring for continual improvement; • assessment of the strengths of the existing psychological health and safety strategy; and	a				

(Continued)

Table E.1 (Continued)

	Level	Yes	No	Findings	Comments
• recognition and identification of current practices that are already protecting and promoting psychological health and safety.					
2.2 The organization must review its approach to managing and promoting psychological health and safety in the workplace and to assess conformance with the requirements and recommendations in this Standard.	a				
2.3 The organization must have a defined data collection process that respects privacy requirements.	a				
2.4 The organization must maintain a record of all data collected and information on its sources and share results as required with the OHS committee.	a				
2.5 The organization makes use of multiple sources of data in their planning process.	c				
2.6 The data collection process must ensure that privacy is protected by removal of personal identifiers and aggregation of data.	a				
2.7 The organization must develop, implement, and maintain a risk management process that includes • hazard identification and processes to eliminate hazards where possible; • risk assessment for each identified hazard; • preventive and protective measures to control risks; and • a priority process reflecting the size, nature, and complexity of the hazard and risk and also, where possible, respecting the traditional hierarchy of risk control.	a				
2.8 The organization must assess their occupational health management system for compatibility with the requirements of this Standard.	a				

(Continued)

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Table E.1 (Continued)

	Level	Yes	No	Findings	Comments
2.9 The following factors have been assessed: • psychological support; • organizational culture; • clear leadership and expectations; • civility and respect; • psychological job demands; • growth and development; • recognition and reward; • involvement and influence; • workload management; • engagement; • work/life balance; • psychological protection from violence, bullying and harassment; • protection of physical safety; and • other chronic stressors as identified by workers.	c				
2.10 The organization should identify and assess opportunities for promoting psychological health.	b				
2.11 The organization must consider the unique needs of a diverse population and solicit input when these needs are relevant to achieving the goals of this Standard.	a				
2.12 The organization must consider workplace factors that can impact the ability of diverse populations to stay at work or return to work.	a				
2.13 The organization should encourage individual workers to seek assistance internally or externally when needed.	b				
2.14 The organization must take steps to link workers in need to internal resources and should also take steps to link workers to community or other resources.	a, b				
2.15 The organization must document the PHSMS objectives and targets for relevant functions and levels within the organization.	a				

(Continued)

Table E.1 (Continued)

	Level	Yes	No	Findings	Comments
2.16 Objectives and targets should be • measurable; • consistent with the PHSMS policy and commitment to PHSMS, compliance with legal requirements and other requirements, and commitment to continual improvement; • based on past reviews, including past performance measures and any work-related psychological health and safety hazards, risks, the result of the data collection, and identification and assessment of psychological workplace factors, management system deficiencies, and opportunities for improvement that have been identified; • determined after consultation with workers, consideration of technological options, the organization's operational and business requirements; and • reviewed and modified according to changing information and conditions, as appropriate.	b				
2.17 The organization's objectives and targets should reinforce existing strengths and promote new opportunities for improving psychological health and safety.	b				
2.18 The organization must establish and maintain a plan for achieving its objectives and targets, including • designation of responsibility for achieving objectives and targets; and • identification of the means and time frame within which the objectives and targets are to be achieved.	a				
2.19 The organization must establish, implement, and maintain a system to manage changes that can affect psychological health and safety.	a				
2.20 The system in Item 2.19 should include aspects on • communication between stakeholders about the changes; • information sessions and training for workers and worker representatives; and • support as necessary to assist workers in adapting to changes	b				

(Continued)

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Table E.1 (Continued)

	Level	Yes	No	Findings	Comments
3. Implementation and operation:					
3.1 The organization must provide and sustain the infrastructure and resources needed to achieve conformity with this Standard.	a				
3.2 The organization should recognize that • workplace parties possess sufficient authority and resources to fulfill their duties related to this Standard; • workplace parties possess the knowledge, authority, and abilities to integrate psychological health and safety into management systems, operations, processes, procedures, and practices; and • persons with roles as specified in this Standard possess knowledge, skills, and abilities to carry out their roles (e.g., auditing, training, assessment, analysis, etc.).	b				
3.3 The organization establishes and sustains processes to implement preventive and protective measures to address the identified hazards and risks.	a				
3.4 The organization has implemented preventive and protective measures that reflect the following priorities: • eliminating the hazard; • implementing controls to reduce the risks related to hazards that cannot be eliminated; • implementing use of personal protective equipment in applicable circumstances; and • implementing processes to respond to and provide support for issues that can impact psychological health and safety, whether they relate to organizational factors, or to other factors, such as personal factors.	a				
3.5 The organization must establish and sustain processes to • Provide information about factors in the workplace that contribute to psychological health and safety, and how to reduce hazards and risks that potentially cause psychological harm, and how to enhance factors that promote psychological health.	a				

(Continued)

Table E.1 (Continued)

	Level	Yes	No	Findings	Comments
• Ensure stakeholder education, awareness, and understanding of the nature and dynamics of stigma, psychological illness, safety, and health. • Communicate to stakeholders existing policies and available supports. • Communicate to stakeholders processes available when issues can impact psychological health and safety. • Communicate to stakeholders information about the psychological health and safety system and related plans and processes. • Include stakeholder ideas, concerns, and input for consideration. Ensure communication throughout the monitoring and review process (see Clause 4.5) to all workplace parties.					
3.6 The organization has established processes to support effective and sustained implementation, including • sponsorship by senior leadership and leadership at all levels of the organization; • engagement on the part of stakeholders; and • assessment and application of change management principles throughout planning and implementation.	a				
3.7 The organization must establish • clear responsibilities and accountabilities for effective implementation; • governance processes that support effective implementation and communication plans; and • documentation requirements.	a				
3.8 The organization must establish and sustain processes that ensure confidentiality and privacy rights are respected and protected.	a				

(Continued)

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Table E.1 (Continued)

	Level	Yes	No	Findings	Comments
3.9 The organization must establish and sustain ongoing resources to • Determine expectations and minimum requirements of workers and in particular those in leadership roles (e.g., supervisors, managers, workers representatives, union leadership) to prevent psychological harm, promote psychological health of workers, and address problems related to psychological health and safety. • Provide orientation and training to meet requirements for Clause 4.4.6.	a				
3.10 The organization should establish and sustain processes to • Provide accessible coaching and supports as required, recognizing the potential complexities of psychological health and safety situations, the unique needs of the individuals affected, and the skills needed. • Assess and address competence of those in leadership roles specific to Item 3.9.	b				
3.11 The organization must establish and sustain processes to • identify potential critical events where psychological suffering, illness, or injury is involved, or likely to occur, while respecting confidentiality and privacy of all parties; • provide response and support, including consideration of specialized external supports; • provide related training for key personnel involved in critical event response; and • ensure there are opportunities for debriefing and for revising guidelines for critical events as applicable.	a				
3.12 The organization must establish and sustain processes to • ensure the psychological health and safety risks and impacts of critical events are assessed; • manage critical events in a manner that reduces psychological risks to the extent possible and that supports ongoing psychological safety;	a				

(Continued)

Table E.1 (Continued)

	Level	Yes	No	Findings	Comments
• incorporate learnings from critical events into established plans related to the psychological health and safety system; and • ensure there are opportunities for reviewing and for revising guidelines for critical events as applicable.					
3.13 The organization must establish and maintain procedures for reporting and investigating work-related psychological health and safety incidents. These procedures must include • establishing roles and responsibilities of all parties participating in the investigation process; • practices that foster a psychologically safe environment that allows workers to report errors, hazards, adverse events, and close calls; • a commitment to appropriate accountability, looking first at system factors that contributed to the error or adverse event; • actions to mitigate any consequences of work-related psychological injuries, illnesses, acute traumatic events, chronic stressors, fatalities (including suicides), attempted suicides, and psychological health and safety incidents; • the identification of the immediate and underlying cause(s) of such incidents and the implementation of recommended corrective and preventive actions; and • an assessment of effectiveness of any preventive and corrective actions taken.	a				
3.14 Work-related psychological health and safety incident investigations should • be carried out by persons who are experienced in psychological injury and incident investigation; • be carried out by persons impartial and who are perceived to be impartial by all parties; • be carried out with the participation of the appropriate workplace parties; and • respect the privacy and confidentiality of involved parties, and other relevant legislation.	b				

(Continued)

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Table E.1 (Continued)

	Level	Yes	No	Findings	Comments
3.15 Investigations of cause(s) of work-related psychological health and safety incidents must identify any failures in the PHSMS and must be documented.	a				
3.16 Recommendations must be developed and, along with the investigation's results, must be communicated to the workplace parties.	a				
3.17 Recommendations must form the basis of corrective action and must be included in the management review process and contribute to the continual improvement of the PHSMS.	a				
3.18 The organization must establish and sustain processes to • make external parties and their personnel aware of the organization's policies and expectations related to protecting the psychological health and safety of the organization's workers; and • address any issues or concerns identified.	a				
4. Evaluation and corrective action					
4.1 The organization must establish and maintain procedures to monitor, measure, and record psychological health and safety and the effectiveness of the PHSMS, respecting the confidentiality and privacy of all individuals.	a				
4.2 The organization must assess organizational conformance to this Standard, including an evaluation of the processes associated with the implementation of this Standard.	a				
4.3 The organization's performance monitoring and measurement approach: • determines the extent to which the PHSMS policy, objectives, and targets are being met; • provides data on PHSMS performance and results; • determines whether the day-to-day arrangements for hazard and risk identification, assessment, minimization, and elimination or control are in place and operating effectively; and	a				

(Continued)

Table E.1 (Continued)

	Level	Yes	No	Findings	Comments
• provides the basis for decisions about improvements to psychological health and safety of the workplace and the PHSMS.					
4.4 Qualitative and quantitative measures (appropriate to the needs, size, and nature of the organization) must be developed in consultation with workers (and where applicable, their representatives) and must be carried out by competent persons.	a				
4.5 Monitoring and measuring results must be recorded and include the following, as applicable: • leadership engagement with the PHSMS; • baseline assessment of psychosocial risk factors; • baseline assessment of other workplace determinants of psychological health (e.g., environmental, physical, job requirement, staffing levels); • psychological injury and illness statistics; • return-to-work programs; • aggregated data from health risk assessments; and • aggregated analysis of the results of investigations or events.	a				
4.6 The organization must establish and maintain an internal audit program to conduct audits at planned intervals to determine whether the PHSMS • conforms to the requirements of this Standard and to the psychological health and safety system requirements established by the organization; and • is effectively implemented and maintained.	a				
4.7 The internal audit program must include criteria for • auditor competency; • the audit scope; • the frequency of audits; • the audit methodology; and • reporting requirements.	a				

(Continued)

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Table E.1 (Continued)

	Level	Yes	No	Findings	Comments
4.8 The audit results, audit conclusions, and any corrective action plan must be documented and communicated to affected workplace parties, including workers and worker representatives, and those responsible for corrective action.	a				
4.9 The organization must consult with workers and, where applicable, their representatives on auditor selection, the audit process, and the analysis of results.	a				
4.10 Management responsible for the activity being audited must ensure that corrective actions are taken to address any non-conformance with the organization's PHSMS or this Standard identified during the audit.	a				
4.11 The organization must establish and maintain preventive and corrective action procedures to • address PHSMS non-conformances and inadequately controlled hazards and their related risks; • identify any newly created hazards resulting from preventive and corrective actions; • expedite action on new or inadequately controlled hazards and risks; • track actions taken to ensure their effective implementation; and • implement initiatives to prevent recurrence of hazards.	a				
5. Management review:					
5.1 The organization must establish and maintain a process to conduct scheduled management reviews of the PHSMS, including • review and analysis of key outcome data (e.g., audit results, evaluation/outcomes data); • assessment of the level of conformance of the PHSMS to this Standard; • a detailed review of findings that are considered significant; and • organizational and other reporting requirements.	a				

(Continued)

Table E.1 (Concluded)

	Level	Yes	No	Findings	Comments
5.2 The review process should address the degree to which the goals of a psychologically healthy and safe workplace are being achieved.	b				
5.3 The outcome of the review process must include • opportunities for improvement and, where deficiencies/variances are identified, corrective actions to be implemented; • review and update of the organizational policies and procedures specific to or related to the PHSMS; • review and update of objectives, targets, and action plans; and • communication opportunities to enhance understanding and application of results.	a				

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Annex F (informative)
Discussion of relevant legislation or regulation
(as of September 2011)

Note: *This annex is not a mandatory part of this Standard.*

F.1 Seven major trends in law referring to workplace mental health

Martin Shain, in his report *Tracking the Perfect Legal Storm** suggests that providing a psychologically safe workplace is no longer something that is simply nice to do, it is increasingly becoming a legal imperative. Changes in labour laws, occupational health and safety, employment standards, workers' compensation, the contract of employment, tort law, and human rights decisions are all pointing to the need for employers to provide a psychologically safe workplace:

*http://www.mentalhealthcommission.ca/SiteCollectionDocuments/workplace/Perfect%20Legal%20Storm%20FINAL%20EN%20wc.pdf

a) **Human rights** — Courts and tribunals across the country are increasingly adding scope and definition to an employer's obligation to reasonably accommodate mental illness in the workplace. Human rights agencies in some jurisdictions have gained increased powers to issue public interest remedies that can limit employers' rights. For links to Federal and Provincial Human Rights Agencies, go to the following address and look under Resources:
www.workplacestrategiesformentalhealth.com/display.asp?l1=6&l2=79&l3=83&d=83

b) **Law of torts** — In some provinces and territories, it has been held that reasonably prudent managers should be expected to understand the effect their behaviour has on those who report to them. Failure to do so can attract liability for infliction of mental suffering. Standards vary across the country. Most jurists recognize that reckless and intentional infliction of mental suffering are actionable wrongs but disagree on the extent to which negligence is included in this framework.

c) **Workers' compensation** — In British Columbia, it has been held unconstitutional to administer and adjudicate claims for mental stress differently from those for physical injury. In Ontario, death benefits were awarded to the family of a heart attack victim resulting from mental stress to which managerial negligence contributed.

d) **Occupational health and safety** — There is an increasing recognition in at least Manitoba and Saskatchewan that mental health and psychological safety are part of the responsibility to provide a safe system of work under OHS legislation. Assessing and addressing psychological risk is becoming part of the overall hazard identification and risk management process. Some provinces have added violence and harassment explicitly to their Acts.

e) **The employment contract** — No longer is the employment contract simply an exchange of wages for services. It has now been deemed by some courts to include implied terms for psychological comfort, which go some way toward establishing the duty to provide a psychologically safe workplace within the context of the employment relationship.

f) **Employment standards legislation** — the Employment Standards developed under the *Accessibility for Ontarians with Disabilities Act* (AODA)* and the Quebec standards concerning psychological harassment† are contributing toward making freedom from harassment a normal part of the employment relationship.
*http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_05a11_e.htm
†http://www.cnt.gouv.qc.ca/en/in-case-of/psychological-harassment-at-work/labour-standards/index.html

g) **Labour law** — Even when the wording is not implicitly included, collective bargaining agreements have been deemed in some jurisdictions to contain the terms of relevant occupational health and safety statutes, which in turn have been held to include terms for the protection of mental health.

Notes:

1) *This list is provided for the purpose of general information only and is not a substitute for obtaining legal advice.*

2) *Adapted from www.workplacestrategiesformentalhealth.com*

F.2 Articles and reports on legislation and policy frameworks referring to psychological health in the workplace in Canada

Note: *This is not intended to be an exhaustive list.*

The following is a list of publications on legal issues relevant to occupational health and safety and psychosocial hazards:

Lippel, K. (2010). "Law, Public Policy and Mental Health in the Workplace". *Healthcare Papers*, 11 (Special Issue), 20-37.

> The first part of this article describes regulatory interventions, drawn from different Canadian jurisdictions, designed to reduce worker exposure to psychosocial hazards, including occupational violence, and to protect workers' mental health. It also addresses legislative provisions providing workers' compensation for mental health problems and regulatory provisions supporting the return to work of those who have been absent from work because of work-related mental health problems. The second part of the article, relying on illustrations from case law in workers' compensation claims for mental health problems have been accepted, examines ways in which law and policy can actually contribute directly or indirectly to behaviours that can lead to increasing illness and disability associated with mental health problems.

Lippel, K., and Sikka , A. (2010, March/April). "Access to Workers' Compensation Benefits and Other Legal Protections for Work-related Mental Health Problems: A Canadian Overview". *Canadian Journal of Public Health,* 101, S16-S22.

> This article reports on a study of the legal and policy framework governing access, in Canada, to workers' compensation benefits for workers who are work disabled because of mental health problems attributed to stressful working conditions and events. It also provides a brief description of legislation regulating psychological harassment in Quebec and Saskatchewan.

Lippel, K., Vézina, M., and Cox, R. (2010). "Protection of workers' mental health in Quebec: Do general duty clauses allow labour inspectors to do their job?" *Safety Science*, 1-9.

> Given that no specific provisions of the Occupational Health and Safety (OHS) Act explicitly deal with psychosocial risk factors in Quebec, occupational health and safety inspectors employed by the Commission de la santé et de la sécurité du travail (CSST) address psychosocial hazards under the Act's general duty clause. This general duty clause and related provisions require that all employers eliminate hazards at source and protect the health of workers. More specifically, they are required to ensure that the organisation of work does not adversely affect the safety or health of the worker. Since 2004, Quebec minimum standards legislation has also provided for the right of workers to an environment that is free from psychological harassment.
>
> Written from both a legal and public health perspective, this paper has two primary objectives: first, to better understand the potential and limits of the current legislative framework for the protection of mental health of workers and second, to describe how scientific knowledge related to high risk situations for the mental health of workers might inform interventions by inspectors for the protection of workers' mental health.

Lippel, K., Cox, R., and Aubé, I. (2011 December). "Interdiction du harcèlement et protection de la vie privée et des droits fondamentaux", in *JurisClasseur Québec*, series. *Droit du Travail*, *Rapports individuels et collectifs du travail*, vol. 23, Montréal, LexisNexis Canada, feuilles mobiles 2009, 187 p.

This paper analyzes the law governing the legal provisions on psychological harassment and provides a current picture of the jurisprudence of the Labour Relations Commission and adjudicators in the field of psychological harassment.

Lippel K., and Cox, R. (2011 April). "Droit de la santé au travail régissant les problèmes de santé mentale: prévention, indemnisation et réadaptation", in *JurisClasseur Québec*, series. *Droit du Travail*, Santé et sécurité du travail, vol. 27, Montréal, LexisNexis Canada, feuilles mobiles 2010, 111 p.

This paper analyzes the law governing the legal provisions governing prevention and compensation for mental health problems related to exposure to psychosocial risks at work and provides a current picture of the jurisprudence of the *Commission des lésions professionnelles* (occupational injuries commission) under the Occupational Health and safety Act, LRQ c. S-2.1 and the Industrial Accidents and Occupational Diseases Act, LRQ c. A-3.001.

Annex G (informative)
Related Standards and reference documents

Note: *This Annex is not a mandatory part of this Standard.*

G.1 General

The following is a list of standards and guides in relation to psychological health and safety that can be referred to for more information.

The purpose of this Annex is to provide users of this Standard with information on relevant standards and guidelines. Canadian standards are given priority. There is normally a charge for standards and guidelines and copies can be obtained by contacting the appropriate standards development organization.

G.2 Documents from standards development organizations

BNQ (Bureau de normalisation du Québec) [http://www.bnq.qc.ca]

BNQ 9700-800/2008
Prevention, Promotion and Organizational Practices Contributing to Health in the Workplace (Prévention, promotion et pratiques organisationnelles favorables à la santé en milieu de travail.)

> The purpose of BNQ 9700-800, also known as the "Health Enterprise Standard", is the maintenance and sustainable improvement of employees' health. The Standard calls for integration of the value of individual health into the organization's management processes. It also seeks to create favourable conditions for empowerment of individuals regarding their health and to encourage them to adopt and maintain healthy living habits. The Standard serves as a reference for a certification program administered by the BNQ.

BNQ 9700-820/2010
Work-Family Balance (Conciliation travail-famille)

> BNQ 9700-820 specifies the requirements regarding good work-family balance (WFB) practices tailored to the characteristics and realities of organizations and their employees. The Standard aims to promote WFB as an integral part of an organization's management of human resources. It applies to all types of organizations (private, public, and other) seeking to implement and maintain WFB measures and practices that match the needs expressed by both employees and organizations. The Standard (PDF) is available free of charge and it serves as a reference for a certification program administered by the BNQ.

BSI (British Standards Institution) [http://www.bsigroup.com]

BSI Publicly Available Specification (PAS) 1010: 2011
Guidance on the Management of Psychosocial Risks in the Workplace

> BSI PAS 1010 provides guidance and good practice on assessing and managing psychosocial risks at work. It covers aspects of work organization and management, work-related stress and workplace harassment. There is currently no recognized standard or official benchmark for good practice for psychosocial risk assessment and management, so the BSI standard will help assessors address this area of workplace health.

BSI Standards, the University of Nottingham, and the Institute of Work Health and Organizations were leading the development of the standard. Psychosocial risk management (the management of risks associated with work organization and the social context of work which have the potential for causing psychological or physical ill health) forms part of the European Council Directive 89/391/EEC, which stipulates the assessment and management of all types of risks to workers' health as employers' responsibility. Nottingham University will also be developing supporting training programs to assist HR managers, occupational health and safety managers, therapists, and managers of small and medium sized enterprises in applying the Standard.

BSI Publicly Available Specification (PAS) 1012
Code of Practice for the Resilience, Well-being and Returning to Work (under development)

BSI PAS 1012 is comprised of two parts. The first part provides guidance in relation to prevention or resilience in the workplace by individual employees taking personal responsibility for their own well-being. The second part lays out clear procedures to ensure that employees receive an effective return to work programme. It is anticipated that this PAS will be available sometime in late 2012.

CSA Group [http://www.csagroup.org]

CAN/CSA-Z1000–06 (R2011)
Occupational health and safety management (Gestion de la santé et de la sécurité au travail)

This National Standard of Canada specifies requirements for an occupational health and safety management system. The purpose of the Standard is to enable an organization to improve its occupational health and safety performance, and thus reduce or prevent occupational injuries, illnesses, and fatalities. The Standard is based on principles and model for a management system (Plan, Do, Check, Act).

CSA Z1002-12
Occupational health and safety — Hazard identification and elimination and risk assessment and control

CSA Z1002 provides users with guidance on how to identify hazards, assess risks, and chose appropriate controls for hazards and risks that cannot be eliminated, to ensure that risk is reduced to ensure the health and safety of workers. It augments existing OHS management systems and provide guidance to users to select appropriate assessment methods for the nature of hazards and risks under consideration. High level guidance on psychosocial hazards is included in the Standard.

CSA Z1004-12
General Workplace Ergonomics

CSA Z1004 specifies requirements and provides guidance for the systematic application of ergonomics principles to the development, design, use, management, and improvement of work systems. This is achieved through the implementation of an ergonomics process as outlined in the Standard and is applicable to all types and sizes of organizations. The Standard does not include aspects that could be considered part of a medical management program such as therapeutic or clinical interventions.

CAN/CSA-ISO 31000-10
Risk Management — Principles and Guidelines [Management du risque — Principes et lignes directrices (Adopted ISO 31000: 2009, first edition 2009-11-15)]

This is the Canadian adoption of the ISO Standard. The Standard provides internationally accepted principles for effective risk management. The Standard will help users manage risks so that they can implement and continually improve a risk management framework as an integral component of their organization's governance and management systems. Although this International Standard provides generic guidelines, it is not intended to promote uniformity of risk management across organizations. The design and implementation of risk management plans and frameworks will need to take into account the varying needs of a specific organization, its particular objectives, context, structure,

operations, processes, functions, projects, products, services, or assets and specific practices employed. It is intended that this International Standard be utilized to harmonize risk management processes in existing and future standards. It provides a common approach in support of standards dealing with specific risks and/or sectors, and does not replace those standards.

CSA Q31001-11
Implementation guide to CAN/CSA ISO 31000, Risk Management — Principles and Guidelines

This is the first edition of CSA Q31001 and was developed to supplement, and is intended to be used in conjunction with, CAN/CSA-ISO 31000. It provides further guidance relevant to the needs of Canadian stakeholders.

CAN/CSA-ISO 19011-03 (R2007)
Guidelines for Quality and/or Environmental Management Systems Auditing [Lignes directrices pour l'audit des systèmes de management (Adopted ISO 19011:2002, first edition, 2002-10-01)]

This International Standard provides guidance on the principles of auditing, managing audit programmes, conducting quality management system audits, and environmental management system audits, as well as guidance on the competence of quality and environmental management system auditors. It is applicable to all organizations needing to conduct internal or external audits of quality and/or environmental management systems or to manage an audit programme. The application of this International Standard to other types of audit is possible in principle, provided that special consideration is paid to identifying the competence needed by the audit team members in such cases.

ISO (International Organization for Standardization) [http://www.iso.org]

ISO Guide 73:2009
Risk management — Vocabulary (Management du risqué — Vocabulaire)

This ISO Guide provides the definitions of generic terms related to risk management. It aims to encourage a mutual and consistent understanding of, and a coherent approach to, the description of activities relating to the management of risk, and the use of uniform risk management terminology in processes and frameworks dealing with the management of risk. ISO Guide 73 is intended to be used by those engaged in managing risks and developers of national or sector–specific standards, guides, procedures, and codes of practice relating to the management of risk.

ISO 26000:2010
Guidance on Social Responsibility (Lignes directrices relatives à la responsabilité sociétale)

This ISO standard includes a clause requiring organizations to "strive to eliminate psychosocial hazards in the workplace, which contribute or lead to stress and illness". CSA Group and BNQ are working jointly to adopt this ISO guidance standard as a National Standard of Canada. In March 2010, ILO for the first time listed mental and behavioural disorders, post-traumatic stress disorders, and other mental disorders as a recognized occupational disease, which supports the importance of this requirement in ISO 26000.

G.3 Other documents

Consortium for Organizational Mental Healthcare (COMH). *Guarding Minds @ Work* (Protégeons la santé mentale au travail). Faculty of Health Sciences, Simon Fraser University, 2009.
[http://www.guardingmindsatwork.ca/eng/info/index]

Guarding Minds @ Work (GM@W) is a free, evidence-based strategy that helps employers protect and promote psychological safety and health in their workplace. GM@W provides a comprehensive set of resources that employers can use to easily assess and address 12 psychosocial risk (PSR) factors known to have a powerful impact on organizational health, the health of individual employees, and the

financial bottom line. The 12 PSRs were identified by researchers from the Faculty of Health Sciences at Simon Fraser University on the basis of extensive research and review of empirical data from national and international best practices. In addition, the factors were determined based on existing and emerging Canadian case law and legislation.

GM@W includes an organizational audit, multiple employee surveys, action tools, and evaluation templates. Guarding Minds @ Work is available to all employers — large or small, in the public or private sector — at no cost.

Herzberg, Frederick, Mausner, Bernard, and Bloch-Snyderman, Barbara. *The Motivation to Work*, Transaction Publishers, 2009, 180 p.

Quality work that fosters job satisfaction and health enjoys top priority in industry all over the world. This was not always so. Until recently analysis of job attitudes focused primarily on human relations problems within organizations. In this document, Herzberg examines thirty years of motivational research in job-related areas. Based on workers' accounts of real events that have made them feel good or bad on the job, the findings of Herzberg and his colleagues have stimulated research and controversy that continue to the present day. The authors surprisingly found that while a poor work environment generated discontent, improved conditions seldom brought about improved attitudes. Instead, satisfaction came most often from factors intrinsic to work: achievements, job recognition, and work that was challenging, interesting, and responsible. Frederick Herzberg and his staff based their motivation-hygiene theory on a variety of human needs and applied it to a strategy of job enrichment that has widely influenced motivation and job design strategies.

Mackillop, Malcolm J., Knight, Jamie, and Ferris-Miles, Meighan. *CLV Special Report — Investigating Harassment in the Workplace — 2nd Edition*, n.d.

Conducting an investigation into harassment in the workplace is stressful, time-consuming, and, if improperly managed, can have a serious impact on the workplace. The purpose of this Special Report is to provide the reader with a sound understanding of the legal principles that inherently come into play in every harassment complaint and investigation in the workplace, and to provide a practical and common sense approach to many of the complicated issues that typically arise during an investigation. Since publication of the first edition, *How to Conduct a Workplace Human Rights Investigation*, there have been significant health and safety-based legislative and regulatory changes, which have introduced legal concepts such as psychological harassment, bullying, workplace harassment, and workplace violence. As such, the second edition has been expanded (and the title changed) to include harassment investigations that start from a health and safety standpoint, as well as harassment investigations that are more traditionally based in human rights.

Mental Health Commission of Canada. *Psychological health and safety — An action guide for employers* (Santé et sécurité psychologiques — Guide de l'employeur), 2012.

This action guide provides a logical approach to moving forward with PH&S strategies. It walks one through the steps of planning and implementing workplace interventions to protect psychological health and safety (PH&S). The section of this Guide entitled "The P6 Framework and the ISO Format" explains the close relationship between the ideas discussed in the guidebook and this National Standard of Canada. This Guide is informed by an evolving understanding of psychological health in the workplace and specifically by two sources of knowledge: literature search and stakeholder consultation. The Guide is mainly intended for employers and HR personnel who are considering programs and policies to improve psychological health in their organizations.

World Health Organization (WHO). *Health Promotion Glossary*, 1998. [http://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf].

The first edition of this health promotion glossary of terms was published by WHO in 1986 as a guide to readers of WHO documents and publications. It met a useful purpose in clarifying the meaning and relationship between the many terms that were not in common usage at that time. This first edition of the glossary has been translated into several languages (French, Spanish, Russian, Japanese, Italian, and German), and the terms defined have been widely used both within and outside WHO. Much has happened since the publication of the glossary and a number of terms that are central to health promotion developments have been included in this version of the health promotion glossary.