



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

# Case Study Research Project

EARLY FINDINGS INTERIM REPORT



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# Foreword



This week, **500,000** Canadians will not make it to work because of a mental health problem or illness. By 2041, the cost of lost productivity due to mental illness is estimated to be \$16 billion every year. By improving the management of mental health in the workplace productivity losses can be decreased by as much as **30%**.

Many workers choose to not seek treatment for their mental health problems or illnesses rather than risking being labeled as “unreliable, unproductive, and untrustworthy.” Protecting the psychological health and safety of employees has never been more important – for Canadians, for employers, and for the Canadian economy. Since launching the world’s first *National Standard for Psychological Health and Safety in the Workplace (Standard)*, the Mental Health Commission of Canada (MHCC) has been helping employers across the country to safeguard the mental health of their employees through the *Standard*. To date, it has been downloaded over 25,000 times.

The *Standard* provides a framework to promote the mental health of, and prevent the psychological harm to, employees, providing guidance on resources to help organizations of all sizes and sectors. This voluntary tool benefits all employees and positively affects organizational health, including the bottom line.

To better understand how workplaces across Canada are implementing the *Standard*, the MHCC, with generous support from Lundbeck, the Great-West Life Centre for Mental Health in the Workplace and the Government of Canada’s Social

Development Partnership Program – Disability Component, initiated a three-year Case Study Research Project in February 2014 to follow over 40 organizations on their implementation journey. We are pleased to share these early findings at the project’s halfway mark. We applaud the efforts of these trailblazers who are committed to, and champions of, workplace mental health and well-being.

The MHCC encourages all organizations in Canada to answer the call and take action to support psychological health and safety in their workplace. These early findings take a first look at promising practices in the implementation of the *Standard* and we look forward to learning and sharing more from the project as it progresses.

**Louise Bradley, MS, RN, CHE**  
President and CEO

THE MENTAL HEALTH COMMISSION OF CANADA

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# Background

## The Issue

**WORKPLACES PLAY AN ESSENTIAL ROLE** in maintaining the positive mental health of employees.

Workplace culture, management practices, and the way decisions are made and communicated can contribute to a psychologically healthy and safe work environment. A psychologically healthy and safe workplace is one that actively works to prevent harm to workers' psychological health, including negligent, reckless, or intentional ways, and that promotes psychological well-being.<sup>1</sup>

Workplaces can also be a stressful environment that contribute to the rise of mental health problems and illnesses, such as depression and anxiety. No workplace is immune from the risk of mental health problems, regardless of size, sector, or specialization. We know that one out of every four or five employees is affected by a mental health problem every year.<sup>2</sup> A 2008 Canadian Medical Association study found that only 23 per cent of Canadians would feel comfortable talking to their employer about a mental illness.<sup>3</sup> This suggests that the number of people affected by mental health issues is likely higher than official tallies due to a significant proportion of individuals suffering in silence.

## Growing Concerns, Rising Costs

A 2012 Ipsos Reid survey found that seven in ten Canadian employees surveyed reported some degree of concern with psychological health and safety in their workplace. Mental health problems and illnesses are the number one cause of disability in Canada, estimated to account for nearly 30 per cent of disability claims and 70 per cent of the total costs.<sup>4</sup> Of the \$51 billion economic cost each year attributed to mental illness in Canada, a staggering \$20 billion stems from workplace losses.<sup>5</sup>

With most adults spending more of their waking hours at work than anywhere else, addressing mental health is vitally important for all Canadians. Mental health is a crucial piece of workplace health and safety and it can no longer be ignored or overlooked.

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<sup>1</sup> The CSA Group, CAN/CSA-Z1003-13/BNQ 9700-803/2013 *Psychological health and safety in the workplace - Prevention, promotion, and guidance to staged implementation* (csa.ca/z1003)

<sup>2</sup> MHCC, *Opening Minds: Interim Report*, p.5. [www.mentalhealthcommission.ca/English/initiatives-and-projects/opening-minds/opening-minds-interim-report](http://www.mentalhealthcommission.ca/English/initiatives-and-projects/opening-minds/opening-minds-interim-report)

<sup>3</sup> Canadian Medical Association. (2008). *8<sup>th</sup> Annual National Report Card on Healthcare*.

<sup>4</sup> Mental Health Commission of Canada. *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*. (2012). [strategy.mentalhealthcommission.ca/pdf/strategy-text-en.pdf](http://strategy.mentalhealthcommission.ca/pdf/strategy-text-en.pdf)

<sup>5</sup> Mental Health Commission of Canada. *Making the Case for Investing in Mental Health in Canada*. (2013). [www.mentalhealthcommission.ca/English/system/files/private/document/Investing\\_in\\_Mental\\_Health\\_FINAL\\_Version\\_ENG.pdf](http://www.mentalhealthcommission.ca/English/system/files/private/document/Investing_in_Mental_Health_FINAL_Version_ENG.pdf)

## The National Standard on Psychological Health and Safety in the Workplace (Standard)

Championed by the MHCC and developed by the Canadian Standards Association and the Bureau de normalisation du Québec, the *Standard* is a voluntary set of guidelines, tools, and resources focused on promoting employee psychological health and preventing psychological harm due to workplace factors. The *Standard* is supplemented by *Assembling the Pieces: An Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace*, a step-by-step guide to help employers navigate through the *Standard* in their workplace. It is geared toward senior leaders, human resource managers, and occupational health and safety professionals. The guide is comprised of four key steps of implementation: building the foundation, identifying opportunities, setting objectives, and implementation.

## The Case Study Research Project<sup>6</sup>

In February 2014, the MHCC launched a three-year, national *Case Study Research Project* to better understand how workplaces across Canada are implementing the *Standard*. The goals of this project are to monitor progress, identify promising practices, as well as challenges and barriers to implementation, and develop tools that will enhance adoption of the *Standard* across Canada.

This report is a summary of early findings at the mid-point of the project. They reflect data collection at two points in time: baseline and interim.

This report outlines progress-to-date of the 41 participating organizations, as well as barriers to implementation, and key promising practices. It synthesizes the experiences and discoveries of these pioneers, to support other Canadian employers to embark on their journey.

Within the report, we have highlighted a sample of the case study organizations to showcase their experiences and successes to date. We hope these spotlights highlight the various ways in which an organization can take action towards implementing the *Standard*.

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<sup>6</sup> To protect the confidentiality of the participating organizations and employees in the project, no identifying or personal information was collected, beyond the contact information for the key assigned contacts. All information collected in the course of

the project is kept at a secured Canadian server. Only aggregate results are reported, unless explicit consent is provided by a participating organization. All participants have the right to withdraw from the study at any time.



# Key Findings

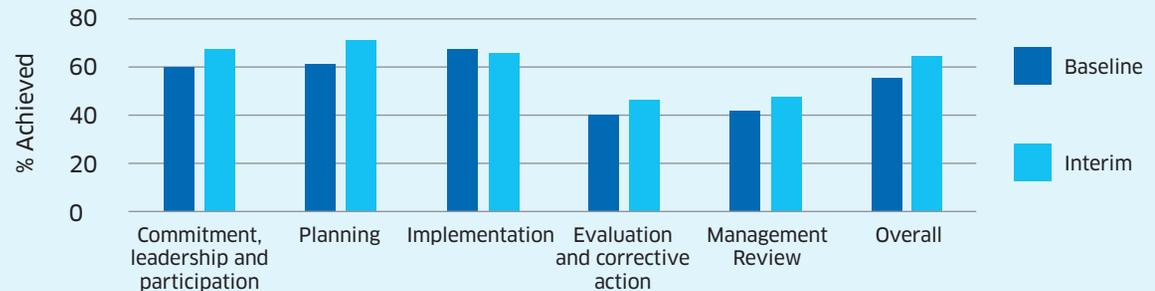
Participating organizations have achieved 65% of the specified elements in the *National Standard on Psychological Health and Safety in the Workplace* at the interim phase in the project.

“If we achieve a real cultural change in the organization, this will become integral to who we are.”

– Key Informant

90% of the participating organizations noted “Protecting the psychological health of employees” as the top reason for implementing the *Standard*, followed by “Right thing to do,” cited by 85% of the organizations. “Managing costs” and “Limiting liability” were low in the list of reasons given by organizations for implementing the *Standard*.

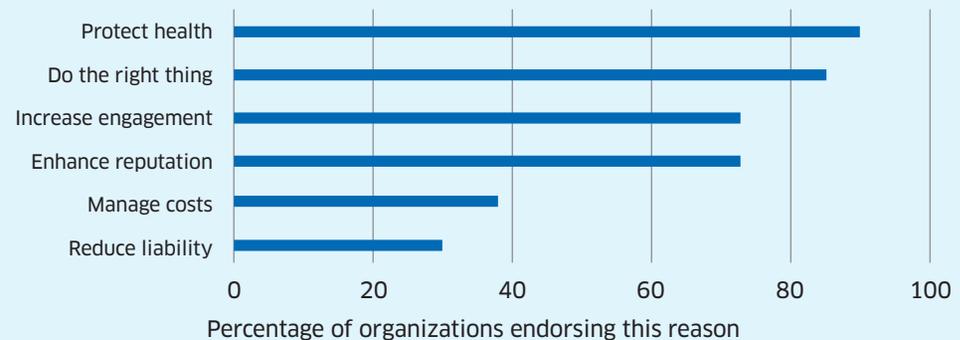
Participating Organizations’ Achievement Scores (aggregate) on the implementation phases of the *Standard*



“The more we have the conversation the more I realize that as much as I thought the key was in the cost of mental health, they’re more interested in doing right by the employees and making sure that they’re offering a supportive environment – that was one of the bigger surprises I had when I followed up with people.”

– Key Informant

Reasons for Implementation

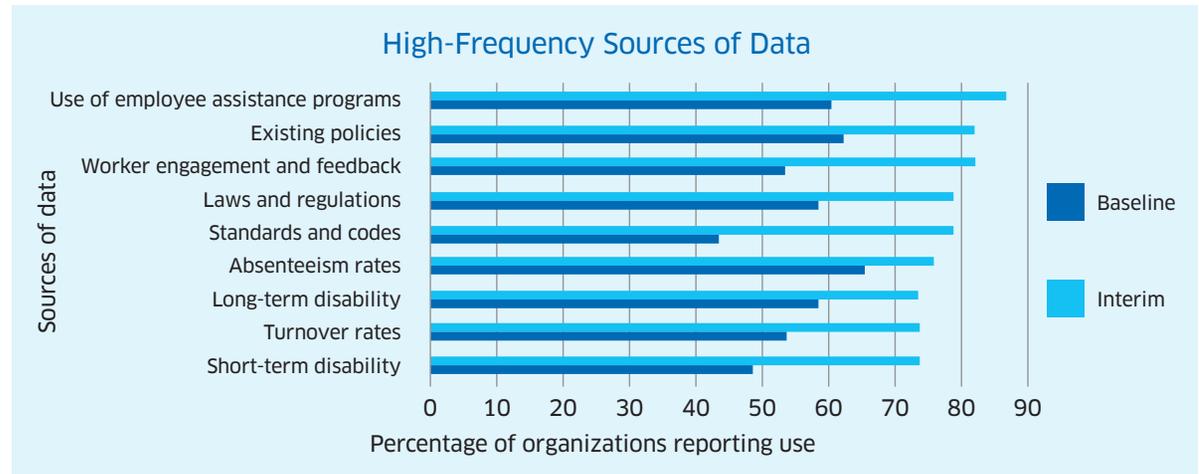


Organizations increasingly use important sources of data such as absenteeism rates (74%), EAP utilization (85%), and short- and long-term disability rates (72%), etc., to assess employee psychological health.

80% of participating organizations have reviewed/ updated their policies to include psychological health and safety in the workplace and 67% report having a policy statement focused on psychological health and safety.

More than 60% of organizations are taking actions to create respectful workplaces, enhance psychological health and safety knowledge among workers, support work-life balance, provide stress management training, and build resilience among workers.

More than 80% of organizations also provide EAP services to their workers and either include or are working to enhance services related to psychological health and safety.



“Policy review and revision is underway for all health policies and will include psychological health and safety policy to be explicitly stated in existing ‘Healthy, Safe and Respectful Workplace’ policy.”

– Key Informant



## Facilitators of Success

Facilitators help understand the circumstances that give organizations a “head start” or serve as a catalyst to maintain positive change. Specification of these factors will aid in preparing and supporting organizations that decide to implement the *Standard*.

### Leadership Support and Involvement

**IT IS CLEAR THAT CHANGE IS DEPENDENT ON LEADERSHIP.** Effective leadership in implementing the *Standard* requires more than incidental endorsement. It requires subsequent engagement, monitoring and accountability. The organizations making the most progress in implementing the *Standard* are those that have a champion actively involved throughout the implementation process, who will participate in meetings, events and training programs, and is able to inform and influence members of the senior leadership team. Such transformational leaders exert a positive influence on employee mental health.<sup>7</sup> These champions are able to demonstrate that improving workplace psychological health and safety is consistent with the organization’s fundamental purpose, goals, vision and values.

<sup>7</sup> Kelloway, E. Kevin, Nick Turner, Julian Barling, and Catherine Loughlin. “Transformational leadership and employee psychological well-being: The mediating role of employee trust in leadership.” *Work & Stress* 26, no. 1 (2012): 39-55.

### In The Spotlight

#### CCOHS

The Canadian Centre for Occupational Health and Safety (CCOHS) is a unionized, not-for-profit, federal departmental corporation that reports to the Parliament of Canada through the Federal Minister of Labour. CCOHS is comprised of 76 employees.

CCOHS decided to implement the *Standard* to understand workplace challenges faced by their employees, enhance productivity and the health and safety of their workers, and be an employer of choice. The support to implement the *Standard* stems from the senior leadership team at CCOHS, including the President and CEO.

CCOHS has incorporated psychological health and safety into decision-making processes and key organizational policies in a number of ways and this work is overseen, and endorsed by, the cross-functional Mental Health Team as well as senior leadership at all levels.

## Adequate Structure and Resources

Success is dependent on ensuring adequate support to those responsible for implementation of the *Standard*. This includes utilization of existing structures (e.g. Occupational Health and Safety or Wellness Committees) or the creation of new and targeted working groups. These groups should be involved with or connected to other organizational areas (e.g. benefits) and employee representatives, particularly unions. They should also include participants with the required time, commitment and responsibility, and best access to information. A designated budget is best, with flexibility to allow for periods of more intense activity.



### In The Spotlight

### Rogers

Rogers is a communications and media company delivering Canadians wireless communications and digital cable, along with iconic print and media brands. They employ over 24,000 full-time employees and approximately 4,000 part-time employees, in unionized and non-unionized environments.

Rogers' psychological health and safety strategy has focused on incorporating aspects of workplace mental health in existing programs and initiatives. Implementing the *Standard* has included establishing partnerships within the organization to embed

communication, training and support into developed programs and new company initiatives.

Collaboration across key departments has enabled Rogers to leverage experts throughout the organization. Together, these groups consider psychological health and safety within their respective domains and with a multi-level approach. Through this teamwork, Rogers works to identify psychological hazards while developing and prioritizing appropriate initiatives in a fast-paced, multi-disciplinary environment.



A cross-functional project team, the Mental Health at Work Group has been created to lead the implementation of the *Standard* with representation from across the organization. All participants were volunteers with an active interest in the area – they want to talk the talk and walk the walk.”

– Key Informant

## Size of Organization

Large organizations are more likely to have existing internal resources, infrastructure, and key data that will support psychological health and safety initiatives. On the other hand, they are often more conservative and slow to change, requiring navigation of complex internal structures and hierarchies to access information, gain approval and take action. One Key Informant who was having challenges moving forward compared herself to a tugboat moving a large ocean liner into port. Small organizations may lack resources, relevant data and infrastructure, however they are typically more in touch with the workforce and able to respond quickly and appropriately to address particular workplace or worker issues. Indeed, in some of the smaller participating organizations, the Key Informant and the Organizational Champion are one and the same, simplifying communication and collaboration.



(As a large employer we are) fortunate to have significant resources that are committed to developing best practices in the workplace that will help shape a healthier corporate Canada and internally improve team members' experiences, especially those who are facing mental health issues.”

- Key Informant from a large organization



### In The Spotlight

### TEGH

Toronto East General Hospital (TEGH) is a community teaching hospital which includes inpatient beds comprised of acute care, rehabilitation, complex continuing care and mental health. The hospital has 2,500 unionized and non-unionized employees and healthcare providers, 413 physicians and midwives, and over 500 adult and student volunteers.

TEGH has designated implementation of the *Standard* as a strategic priority in order to support their staff. Their goal is to increase staff engagement which they believe will lead

to improved patient care. Ultimately, TEGH believes it's the right thing to do.

TEGH's overall staff engagement scores have significantly increased placing them as the leading community hospital in 9 of 11 engagement categories. The organization has experienced a 7 per cent decrease in overall healthcare costs over the last four years and a decrease in days absent (10.66 in 2008 to 6.55 in 2014). They believe their staff engagement score improvements have been a significant driver in improving their patient satisfaction and overall quality metrics.

## Psychological Health Awareness

As noted, many of the organizations participating in the *Case Study Research Project* have a relatively strong awareness of the importance of mental health to society and organizational productivity. This may be because their mandate is to provide mental health care or because their organization has made a public commitment to raising awareness and addressing mental health issues. Most organizations also recognize that this needs to include their own staff. In other words, they have a higher level of organizational mental health literacy. One needs to be cautious, however, in presuming that involvement with employees necessarily leads to positive awareness. Corporate awareness should be authentic and recognize the value of addressing psychological health and safety.



(In our work) we regularly see the issues that arise in workplaces surrounding psychological health and safety in the context of litigation, workplace investigations, and workplace training. It is often evident that a more proactive approach to psychological health and safety would prevent many of the legal issues that ultimately arise. We believe that more in-depth knowledge in this area will help us to assist and advise our clients.”

- Participating organization Statement of Interest



### In The Spotlight

### Bernardi Human Resource Law LLP

Bernardi Human Resource Law LLP is a law firm that practices exclusively in the areas of labour, employment, and human rights law. They employ nine lawyers and seven support staff.

The biggest visible impact at Bernardi is a newfound mental health awareness, identification of mental health factors that may negatively impact one's work life,

and conversations taking place around mental health challenges in the workplace. Bernardi is breaking down the stigma associated with emotional challenges, therefore, making it easier for employees to articulate their thoughts and feelings. This has been achieved through training and daily exchange of ideas in the realm of workplace mental health.

## Existing Processes, Policies and Programs to Support Employee Psychological Health and Safety

None of the participating organizations started from scratch, however the organizations may not have realized this until they started the project. All the organizations had some actions in place, whether supports such as EAP, training in stress management or manager awareness, enhanced disability management programs or protocols for dealing with bullying or harassment. Such actions not only serve employees but demonstrate that the employer has considered addressing workplace psychological health and safety as a priority.

It is important, however, to differentiate between having such actions and demonstrating that they are making a difference.<sup>89</sup> An organization may select programs “off the shelf” with little consideration of need or effectiveness, poor communication and employee engagement and an absence of evaluation. Effective actions should be tailored to the worker and workplace issues, based on credible evidence of impact and subject to ongoing review, input and revision. They are more likely to be sustained if they are linked to other initiatives, e.g. occupational health and safety policies and practices.



(In our organization) management openly engages employees to come forward with suggestions on how to make the workplace better and more psychologically safe.”

- Key Informant



### In The Spotlight

### Carleton University

Carleton University has over 27,000 undergraduate and graduate students and approximately 2,000 faculty and staff. They also have eight different bargaining units.

Carleton University has incorporated psychological health and safety into their decision making and key organizational policies in a number of ways, e.g. Healthy Workplace Policy. They have developed a comprehensive three-year healthy workplace operational plan that details specific objectives, tactics, responsibilities, and timeframes. Their Mental Health

Advisory Committee has broad representation from across campus and continues to provide guidance and leadership for the implementation of the *Standard*.

In order to obtain employee input, Carleton University implemented the Guarding Minds@Work assessment tool. They are also revising their harassment and discrimination program, with considerations to the *Standard*. From the training perspective, they are implementing training programs for both staff and management.

<sup>8</sup> Arthur, Andrew R. "Employee assistance programmes: The emperor's new clothes of stress management?" *British Journal of Guidance & Counselling* 28, no. 4 (2000): 549-559.

<sup>9</sup> Watson Wyatt Worldwide. "Staying at work: Effective presence at work." *Survey Report: Canada* (2007). [www.easna.org](http://www.easna.org)

## Previous Experience with Implementation of the *Standard*

Participating organizations that had previously and successfully engaged in corporate initiatives similar to the *Standard* were particularly well-prepared for implementation. Some of these initiatives, such as the Healthy Enterprise Standard in Quebec, the American Psychological Association's Psychologically Healthy Workplace Awards, and Excellence Canada's Mental Health at Work program, are consistent with the Psychological Health and Safety Management System requirements in the *Standard*. Participation in recognition programs such as "best employer" awards is also of value since they require an internal or external assessment, establishment of working committees and determination of relevant indicator data. Similar benefits are seen for organizations obliged to meet relevant sectorial or provincial legislation, such as Bill 168 in Ontario and Bill 14 in British Columbia. Prior experience in any of these processes is particularly useful if employees were aware of these efforts and actively involved in implementation. Indeed, failure to inform and include employees increases the likelihood that initiatives may fail.

## Connection

An important factor for successful implementation of the *Standard* is the extent to which organizations were able to connect with other organizations or individuals with a similar interest and set of experiences related to workplace psychological health and safety. Some organizations, primarily in healthcare and education, have established informal communities of practice to discuss issues of particular interest to their sector. Others have formed strategic partnerships with external providers or community agencies to advance this common cause (i.e. workplace psychological health and safety). These interactions enable the sharing of promising practices and discussing implementation barriers.

**"Don't hesitate to 'brag' about your efforts and successes. Your experiences will not only be of benefit to other (companies like yours) but will be relevant to other kinds of large, complex organizations who are striving to address workplace psychological health and safety."**

- Interim report to participating organization



**(Our organization) has achieved Excellence Canada's Healthy Workplace Level 1 certification and is applying for Level 2 in February 2014... The results of this review highlighted areas of health-related needs (specifically mental health and heart health), work-life balance, as well as key indicators for workplace satisfaction."**

- Participating organization's  
Expression of Interest statement



# Barriers to Implementing the *Standard*

Barriers found within an organization may hinder its progress of implementing the *Standard*. Organizations participating in the case study project experienced the following barriers.

## Limited Access to Psychological Health Data

**THIS IS THE MOST COMMONLY IDENTIFIED BARRIER** to implementation of the *Standard*. Organizations typically had access to a number of health-related indicators (absenteeism and disability absence rates, employee turnover, etc.) but were not able to distinguish changes related to psychological issues from other factors, such as a serious flu outbreak. This has several negative consequences: first, one cannot accurately determine where best to intervene in a complex organization to address psychological health and safety; second, it is difficult to select appropriate interventions; and third, one cannot accurately determine whether an intervention has resulted in meaningful impact.

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

The most frequent organizational response to this barrier was to implement procedures to specifically measure psychological risks (or strengths) in the organization. This often involved administration of the Guarding Minds @ Work Employee Survey (GM@W),<sup>10</sup> which assesses psychosocial factors, also identified in the *Standard*. Some organizations incorporated items from GM@W into existing surveys or otherwise attempted to modify surveys to reflect psychological factors. This strategy provides specific information to support planning and evaluation of psychological health initiatives.

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

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<sup>10</sup>Guarding Minds at Work: A Workplace Guide to Psychological Health and Safety. [www.guardingmindsatwork.ca](http://www.guardingmindsatwork.ca)

## Significant Organizational Change

Organizational changes that may negatively affect implementation of the *Standard* include:

- Mergers with other organizations, which can drain resources, redirect leaders to other priorities, and join cultures where psychological health may not be comparably prioritized. In a merger, the common organizational response is to shift energy to “selling” participation in the *Case Study Research Project* to the new organization.
- Organizational redesign involving new allocation of resources and revision of job tasks.

## Inconsistent Leadership Support

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



We have lost a director, and as we are a small employer, others have to make do, which affects our ability to move as quickly; he was a key decision maker and supported the project.”

- Key Informant

## Lack of Evidence Regarding Employee Knowledge about Psychological Health and Safety

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

## Inconsistent Data Collection

It may happen that different parts of an organization gather information in inconsistent ways, which makes it very challenging to merge or compare the data. Several examples of this were seen in large and relatively complex organizations. One response to this issue was to implement a standard tool for assessing psychological factors across the organization.

## Inadequate Resources

All the participating organizations began the project with the expectation that they had sufficient dedicated resources to sustain implementation efforts throughout the project. Requisite resources include personnel, time, funding and access to information. This proved to be a challenge for some organizations due to insufficient or reassignment of key personnel, lack of specific funding or inability to access relevant information. Application of a new management system, such as the *Standard*, requires variable dedication of resources at different stages of its implementation.



Employees are unclear that the organization has taken action based on survey data... the fact that it was done a long time ago may be a factor.”

- Key Informant

## Uncertainty in Defining and Reporting “Excessive Stress”

It is a fairly recent development that excessive and cumulative stress has been identified as a psychological safety concern. There is no firm consensus about what is and is not considered as excessive, nor about the appropriate protocol for preventing and managing excessive stress. Although only a small number of organizations specifically identified this as a barrier, it was a confusing concept for a number of organizations.

## Uncertainty in Defining and Reporting “Critical Events”

This was less of a concern, given that there has been considerable progress in establishing protocols for identifying and managing critical incidents with psychological impact; however, some organizations did express concern over defining the boundaries of critical incidents (e.g., distinguishing them from stressful situations intrinsic to the job and work setting).



There are quite a few gaps in managers’ understanding of all available resources and tools to help employees with critical events. Situations are dealt with differently by different areas/departments.”

- Key Informant

## Promising Practices

Practices which have contributed significantly to the efforts of organizations to implement the *Standard* and address psychological health and safety, and which show considerable potential for fostering successful implementation in other Canadian organizations, include:

### **1 Communicate to employees and other stakeholders the organization's motivations for implementing the *Standard* and their commitment to workplace psychological health and safety**

Given that organizations were driven by the motivation to protect employee health and “do the right thing”, rather than to reduce cost or liability, it is recommended that organizations make their rationale and drivers for implementing the *Standard* explicit (e.g. in a plain language document) and share them with all employees. This would clearly communicate the organization's commitment to enhancing psychological health and safety in the workplace.

### **2 Establish sustainable leadership commitment**

It has been abundantly clear that firm and unwavering commitment by leadership is a critical component of effective implementation of the *Standard*. This commitment must be resilient and able to survive organizational change, such as change in leadership or competing priorities. One aspect of sustainable leadership commitment is to ensure that it is broad-based; not tied to one single champion, but shared by multiple leaders.

### **3 Communicate to employees the goals and actions related to the assessment of psychosocial factors**

Many organizations had assessed some or all of the psychosocial factors, but a high degree of uncertainty was seen among employees regarding the process for assessing these factors and the organizational response. It is recommended that a careful communication strategy be implemented to ensure that employees understand why psychosocial factors are being evaluated and which actions have been or will be initiated based on the results.

### **4 Establish clear protocols for identifying and managing psychological hazards**

Many organizations experienced difficulty with defining the nature of psychological hazards (e.g. critical events, excessive cumulative stress) and responding appropriately to these hazards. This is a new area for many organizations, but it would be helpful to build on recently established approaches to bullying and harassment. It is recommended that a resource be developed to guide organizations in identifying and managing the range of psychological hazards and risks. It is also critical to communicate these protocols effectively across the workforce.

## 5 Identify specific and sensitive psychological health and safety indicators

A lack of indicators with specific relevance and adequate sensitivity to psychological health and safety was identified. Without such specific indicators, it will be very difficult for an organization to evaluate and plan a rational response to psychological health and safety issues. It is recommended that a resource be developed to support organizations in identifying specific indicators, including developing measurable definitions for each.

## 6 Partner with relevant stakeholders

Organizations were hampered by working in isolation, without easy access to the knowledge and experience of other stakeholders dealing with psychological health and safety issues. It is recommended that organizations establish collaborative working relationships with stakeholders such as disability insurance providers, employee assistance programs and workers' compensation boards. Sharing knowledge with these stakeholders would support the development of targeted indicators to assess psychological health and safety, as well as strategies for collaboratively addressing psychological safety.

## 7 Incorporate evidence from research and industry best practices into action planning

A gap was identified in accessing and integrating evidence derived from research and best practice reviews into action planning. Such evidence would inform the rational selection of effective and feasible initiatives. Available resources include, but are not limited to: the *Psychological Health & Safety – Employers' Action Guide*,<sup>11</sup> the *Great-West Life Centre for Mental Health in the Workplace*,<sup>12</sup> *Assembling the Pieces – An implementation Guide to the National Standard of Canada on Psychological Health and Safety*,<sup>13</sup> and the MHCC Workplace Mental Health website.<sup>14</sup> It is recommended that a knowledge-translation approach be used to widely disseminate learnings and enhance uptake of these resources. The development of employer-friendly tools and templates would help synthesize promising practices into practical resources to facilitate an organization's implementation journey.

## 8 Evaluate employee knowledge in the psychological health and safety domain

Specific gaps in employee knowledge were indicated, emphasizing the importance of evaluating employee awareness of organizational policies and practices related to psychological health and safety.

<sup>11</sup>Mental Health Commission of Canada. *Psychological Health and Safety: An Action Guide For Employers*. [www.mentalhealthcommission.ca/English/node/505](http://www.mentalhealthcommission.ca/English/node/505)

<sup>12</sup>The Great-West Life Centre for Mental Health in the Workplace. *Workplace Strategies for Mental Health*. [www.workplacestrategiesformentalhealth.com](http://www.workplacestrategiesformentalhealth.com)

<sup>13</sup>CSA Group, Mental Health Commission of Canada. *Assembling the Pieces – An Implementation Guide to the National Standard of Canada on Psychological Health and Safety* (2014). [www.csagroup.org/documents/codes-and-standards/publications/SPE-Z1003-Guidebook.pdf](http://www.csagroup.org/documents/codes-and-standards/publications/SPE-Z1003-Guidebook.pdf)

<sup>14</sup>Mental Health Commission of Canada. *Workplace*. [www.mentalhealthcommission.ca/English/issues/workplace](http://www.mentalhealthcommission.ca/English/issues/workplace)

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### **Adopt a psychological health and safety lens in preparation for organizational change**

Neither organizational informants nor employees indicated that psychological health and safety is typically integrated into organizational change processes; yet changes such as redesign and mergers may impose substantial stress and represent psychological hazards. Minimizing psychological hazards, identifying workers affected and providing timely support are appropriate ways of addressing risk related to organizational change. It is recommended that a resource be developed to assist organizations in applying a psychological safety lens to organizational change.

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### **Build organizational capacity for evaluation of psychological health and safety initiatives**

It is evident that the evaluation of initiatives was quite difficult for participating organizations; defining concrete goals to be evaluated, selecting appropriate indicators and gathering data in a feasible manner were challenges for many. It is recommended that a resource be developed to assist organizations to conduct an evaluation of their psychological health and safety management system. It is also recommended that organizations take full advantage of their existing capacity to assist with the *Standard* implementation process, particularly those organizations whose staff have had prior experience with similar initiatives and are thus invaluable sources of institutional memory and strategies for success.

# Conclusion

The early findings confirm that the *Standard* can be implemented in all types of workplaces in Canada. The 41 trailblazer organizations in this project are already seeing the benefits of championing the *Standard* in their workplace.

**OF THE \$51 BILLION ECONOMIC COST EACH YEAR** attributed to mental illness in Canada, a staggering \$20 billion stems from workplace losses.<sup>15</sup> This project has already demonstrated that the *Standard* can build healthier and more productive workplaces and investing in our workforce's mental health is simply good business. The question now remains, how can employers afford not to address psychological health and safety in their workplace and still be successful?

The MHCC will continue to work with the participating organizations to gather more evidence and release final results in Spring of 2017. Over the coming years, the MHCC will use the learnings from this project and feedback from the participants to develop tools and templates that will help employers to implement the *National Standard of Canada for Psychological Health and Safety in the Workplace* across Canada.



This project has already demonstrated that the *Standard* can build healthier and more productive workplaces and investing in our workforce's mental health is simply good business.”

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<sup>15</sup>Mental Health Commission of Canada. *Making the Case for Investing in Mental Health in Canada*. (2013). [strategy.mentalhealthcommission.ca/wp-content/uploads/2013/03/Case\\_for\\_Investment\\_Mar2013\\_ENG.pdf](http://strategy.mentalhealthcommission.ca/wp-content/uploads/2013/03/Case_for_Investment_Mar2013_ENG.pdf)

# Contributors

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

## Research Team

### **Dan Bilsker, Ph.D, RPsych**

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

### **Caroline Biron, M.Ps, Ph.D.**

Faculty of Business Administration, Laval University

### **Merv Gilbert, Ph.D, RPsych**

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

### **Elliot Goldner, MD, FRCP**

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

### **Kevin Kelloway, Ph.D.**

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

### **Mike Teed, Ph.D.**

Williams School of Business, Bishop's University

### **Lindsay Vine**

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

### **Rebecca Zappelli**

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

## Expert Panel

### **Ian Arnold, MD**

FRCP Occupational Medicine

### **Mary Ann Baynton**

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

### **Claudine Ducharme**

Health and Benefits Consulting partner at Morneau Shepell

### **François Legault**

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

### **Dr. Martin Shain**

Principal, Neighbour at Work Centre

## Steering Committee

### **Charles Bruce**

CEO, Nova Scotia Public Service Long-Term Disability

### **Jill Collins**

Project Manager, Canadian Standards Association

### **Sarika Gundu**

National Director, Workplace Mental Health Program, Canadian Mental Health Association

### **Daniel McCarthy**

Senior Director, External Relations, Lundbeck Canada Inc.

### **Dr. Mario Messier**

Scientific Director, Groupe entreprises en santé

### **Shane Rhodes**

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

### **Mike Schwartz**

SVP, Group Benefits, Great-West Life Assurance Company



# Appendix A

## Case Study Research Project Methodology

**THE CASE STUDY RESEARCH PROJECT** uses a formative research methodology that focuses on the processes of change rather than on outcomes. It examines short-term results of actions, suggests adjustments and repeats the cycle. A unique set of assessment measures was created for the project to evaluate the progress and experiences of participating organizations in implementing the *Standard*, allowing for ongoing innovation, feedback and refinement.<sup>16</sup>

### Methods

Several assessment tools were developed to collect implementation process data from participating organizations. These are briefly described below.

#### Organizational Review (OR)

The OR is an online, organizational self-assessment, completed by representatives with input from other organizational personnel as appropriate. The OR is designed to determine an organization's current status and progress in creating and sustaining a psychologically healthy workplace. The tool is used to provide an overall perspective on workplace characteristics that impact employee psychological health and safety. The OR produces both qualitative and quantitative data.

#### Implementation Questionnaire (IQ)

The IQ is a quantitative and qualitative assessment of organizational perceptions of the *Standard*. It is an online survey completed by representatives with input from other organizational personnel as appropriate. The IQ is derived from the Sample Audit Tool of the *Standard*, which lays out in considerable detail the steps leading to full compliance. The IQ yields quantitative data regarding the degree and pattern of success of each organization in implementing the *Standard*, specifically the five elements of a Psychological Health and Safety Management System: commitment, leadership and participation, planning, implementation, evaluation and corrective action, and management review.

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<sup>16</sup> Dehar, Mary-Anne, Sally Casswell, and Paul Duignan. "Formative and process evaluation of health promotion and disease prevention programs." *Evaluation Review* 17, no. 2 (1993): 204-220.

Furthermore, each element is categorized at one of three levels of importance: required, recommended, or optional, and responses are weighted to reflect their importance. In addition to indicating the degree of compliance, respondents are also asked to rate and comment on their perceptions and experience with the *Standard* and its accompanying resources and supports.

### Implementation Interview (II)

The II is a structured telephone interview conducted with the organizational representatives as well as other members of the implementation team. The interview questions are designed to gain a detailed understanding of the *Standard* implementation process as well as the challenges and successes experienced by the organization.

### Psychological Health Awareness Survey for Employees (PHASE)

PHASE is a brief and confidential online employee survey that assesses the extent to which employees report having requisite knowledge and perceptions of workplace psychological health and safety. It asks whether respondents know about their organization's activities in this area. PHASE was used as an assessment tool by the research team and was not considered the sole source of employee input data. In many instances, participating organizations used their own employee engagement/assessment tools to learn about the status of psychological health and safety among their workers. The latter assessment was discussed during the OR and II for each organization (while maintaining employee confidentiality).

### Exit Interview (EI)

As with any research project there were some subjects, or in this case organizations, who chose not to continue. In order to understand the reasons for discontinuation, a semi-structured phone interview was conducted with two organizations that withdrew from the *Case Study Research Project* (leaving the current sample set at 41 organizations). The qualitative interview included questions about expectations when entering the project, adequacy of support for implementation of the *Standard*, clarity, internal or external impediments and expectations for future efforts to address workplace psychological health and safety.

## Procedures

Participating organizations were assessed at the outset of the *Case Study Research Project* to determine their “starting point”, the baseline stage. It must be emphasized that virtually all organizations that began the project were engaged in some activities consistent with the aims of the project. In effect, organizations were already implementing certain elements of the *Standard*.

At baseline, participating organizations received the Organizational Review, Implementation Questionnaire, and Implementation Interview. This provided a qualitative and quantitative description of each organization’s starting point in the *Case Study Research Project*. Baseline assessment results were synthesized into a confidential feedback report and distributed to each organization.

During the interim assessment the IQ and II were repeated. Organizations were also encouraged to conduct the PHASE. Assessment results were again synthesized into a confidential feedback report.

Throughout the study, the research team maintained an arms-length relationship with the organizations, avoiding direct involvement in implementation of the *Standard* and keeping with the formative approach to the evaluation.



# Appendix B

## Description of the Participating Organizations<sup>17</sup>

### ORGANIZATIONS PARTICIPATING IN THE PROJECT

were selected from applicants to a Call for Interest issued by the MHCC. Interested organizations agreed to implement the *Standard* and participate in the project. Forty-three organizations responded to the Call for Interest and completed an Affiliation Agreement with the MHCC to participate. As can be seen in the map image on this page, participating organizations are based in seven different provinces, with the highest number of participants located in Ontario and Nova Scotia. This distribution is likely reflective of the active participation by stakeholders from these provinces in the development and promotion of the *Standard*. It should be noted that several of the large organizations have multiple locations and are implementing the *Standard* across the various locations. Some organizations are implementing the *Standard* across their entire organization while others have chosen to implement the *Standard* in a particular area or department with the possibility of full roll out at a future date.

For full list of participating organizations at the interim phase of the project see Appendix C: Participating Organizations at Interim.



<sup>17</sup>Two organizations who entered the *Case Study Research Project* decided to withdraw from the project prior to interim data collection. Some attrition was anticipated, particularly given the complexity of implementation of the *Standard* and dynamic internal and external environments in which organizations operate. It is noteworthy that forty-one organizations remain in the project despite having to contend with ongoing demands and challenges.

Both organizations that withdrew were large, regional and part of the public sector with multi-union workforces. Analysis of the interview data revealed that both organizations entered the project with a clear rationale for improving the psychological health and safety of their workplace. They indicated an understanding of the *Standard* and expectations for participation. They were, however, somewhat unprepared for the effort that would be involved. Both organizations acknowledged the value of support and information that was made available to them at the start of the project but simply did not have the resources to continue at this time.

Both organizations also faced internal and external obstacles that impeded implementation of the *Standard*. One organization was faced with a pressing requirement to amend their occupational health and safety practices and training in response to unexpected and imminent changes in provincial legislation. The main issue for the other organization's withdrawal was major labour action that made any communication with or involvement of unionized employees impossible. While both organizations were impeded by these challenges, they maintain their desire and commitment to addressing workplace psychological health and safety.

Participating organizations reflect a diversity of Canadian organizations varying across dimensions such as size, sector, type, location and union presence as illustrated by Table 1 below. The sample of participating organizations differs from the overall Canadian distribution. For example, in 2012 small businesses made up 98.2% of organizations in Canada, with 1.7% medium organizations and 0.1% large organizations.<sup>18</sup> The disproportionately low number of small organizations in the study sample may reflect the challenges small businesses face in addressing workplace health.<sup>19 20</sup>

<b>TABLE 1: ORGANIZATION CHARACTERISTICS AT BASELINE (43 TOTAL)</b>			
<b>Employee Representation</b>	<b>Unionized</b>	<b>Mixed</b>	<b>Non-Unionized</b>
	10	19	14
<b>Type of Organization</b>	<b>Public</b>	<b>For Profit</b>	<b>Not For Profit</b>
	30	8	5
<b>Size of Organization</b>	<b>Small (1-99)</b>	<b>Medium (100-500)</b>	<b>Large (500+)</b>
	12	3	28
<b>Reach of Organization</b>	<b>Local/Regional</b>	<b>Provincial</b>	<b>National</b>
	12	18	13

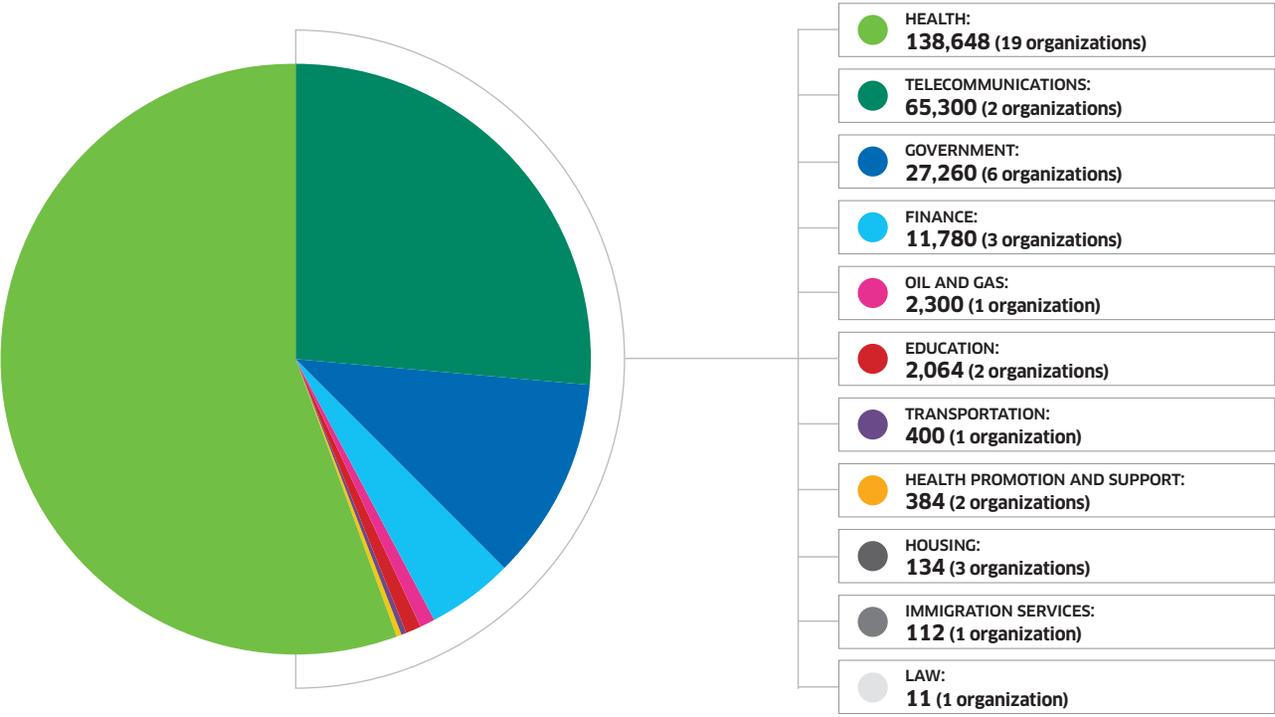
<sup>18</sup> Government of Canada. *SME Research and Statistics*. Industry Canada. (2013). [www.ic.gc.ca/eic/site/061.nsf/eng/02804.html](http://www.ic.gc.ca/eic/site/061.nsf/eng/02804.html)

<sup>19</sup> Eakin, Joan M., Maureen Cava, and Trevor F. Smith. "From theory to practice: a determinants approach to workplace health promotion in small businesses." *Health Promotion Practice* 2, no. 2 (2001): 172-181.

<sup>20</sup> McMahan, Shari, Meredith Wells, Daniel Stokols, Kimari Phillips, and H. C. Clitheroe Jr. "Assessing health promotion programming in small businesses." *American Journal of Health Studies* 17, no. 3 (2001): 120.

Approximately 250,000 employees from the participating organizations may be impacted by implementation of the *Standard*. Participating organizations come from 11 different sectors (figure 2). Almost half of the organizations are from the health sector, followed by the government sector. This was not surprising as these sectors are highly visible in the health domain and are likely to be particularly motivated to ensure employees function in a psychologically healthy workplace. On the other hand, there is a striking lack of participation from sectors such as manufacturing, agriculture, construction, retail and natural resources. This may be reflective of the lack of the *Standard* downloads from these sectors as well.

**Figure 2: Approximate Number of Employees Impacted by Implementation of the *Standard* by Sector/Industry**



# Appendix C

## Participating Organizations at Interim

This project would not be possible without the continued support, commitment, and participation of the 41 organizations that have allowed the MHCC to follow their journey with the *Standard*:

PARTICIPATING ORGANIZATIONS AT INTERIM	PARTIAL OR FULL DISSEMINATION	POTENTIAL NUMBER OF EMPLOYEES IMPACTED BY IMPLEMENTATION
1. AGS Rehab Opportunities	Full	49
2. Alberta Health Services	Full	100,000
3. Alberta New Home Warranty Program	Full	50
4. Bernardi Law	Full	11
5. Bell Canada	Partial	36,000
6. Belmont Health & Wealth	Full	30
7. Canadian Centre for Occupational Health and Safety	Full	84
8. Canadian Mental Health Association - Toronto Branch	Full	300
9. Canadian Security Intelligence Service	Full	3,400
10. Carleton University	Full	2,000
11. County of Frontenac	Full	400
12. Douglas Mental Health University Institute	Full	1,158
13. Enbridge Gas Distribution	Full	2,300
14. Garden City Family Health Team	Full	53
15. Great-West Life	Full	11,000
16. Habitat for Humanity Nova Scotia	Full	9
17. Haliburton, Kawartha, Pine Ridge District Health Unit	Full	2,300
18. Health Association of Nova Scotia	Full	100
19. Immigrant Services Association of Nova Scotia	Full	112
20. Lakeridge Health	Full	5,288
21. Manitoba Health, Healthy Living and Seniors	Full	2,100

PARTICIPATING ORGANIZATIONS AT INTERIM	PARTIAL OR FULL DISSEMINATION	POTENTIAL NUMBER OF EMPLOYEES IMPACTED BY IMPLEMENTATION
22. Manulife	Partial	750
23. Mount Sinai Hospital	Full	4,500
24. Nova Scotia Health Authority - Cape Breton District Health Authority Pilot Site	Full	60
25. Nova Scotia Health Authority - Capital District Health Authority Pilot Site	Full	11,000
26. Nova Scotia Government and General Employees Union	Full	60
27. Ontario Shores Centre for Mental Health Sciences	Full	1,200
28. Pickering Public Library	Partial	64
29. Provincial Health Services Authority	Partial	4,000
30. Province of Nova Scotia	Full	11,000
31. RCMP – Division C	Partial	1,300
32. Real Estate Board of Greater Vancouver	Full	75
33. Regional Municipality of York	Full	3,000
34. Region of Peel	Full	5,500
35. Regina Mental Health Clinic	Full	60
36. Rogers Communication	Full	29,300
37. The Royal Ottawa HealthCare Group	Full	1,500
38. The Scarborough Hospital	Full	3,100
39. Toronto East General Hospital	Full	2,500
40. Unifor	Full	500
41. Via Rail	Partial	400



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada



## Mental Health Commission of Canada

Suite 600, 100 Sparks Street  
Ottawa, ON K1P 5B7

Tel: 613.683.3755

Fax: 613.798.2989

[info@mentalhealthcommission.ca](mailto:info@mentalhealthcommission.ca)  
[www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca)

[@MHCC\\_](https://twitter.com/MHCC_) [f/theMHCC](https://www.facebook.com/theMHCC) [▶/1MHCC](https://www.youtube.com/channel/UC1MHCC) [@theMHCC](https://www.instagram.com/theMHCC)  
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