



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Sustaining Implementation of the WORKPLACE Standard

One-year follow-up study with Case
Study Research Project participants

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Background

The [National Standard of Canada for Psychological Health and Safety in the Workplace](#) (the *Standard*) was launched in 2013 to provide a framework to guide employers in Canada to take effective action to improve the psychological health and safety of their employees. The Mental Health Commission of Canada (MHCC) initiated a three-year Case Study Research Project (CSRP) in 2014 to understand the process of implementing the *Standard*. Forty Canadian organizations, differing in size, sector and location, participated in the project. Results of the CSRP, [released in March 2017](#), indicated that the organizations made substantial implementation progress across all five Elements of the Psychological Health and Safety Management System (PHSMS). Barriers, facilitators and best practices for successful implementation were identified which will benefit other organizations adopting the *Standard*.

While very positive, these findings raised the question of how well participating organizations would sustain their implementation efforts without the supports provided by MHCC and other key experts during the CSRP. The sustainability project was carried over for a one-year period (Spring 2016 – Spring 2017) with twenty-five of the original forty organizations participating. The success of their implementation efforts was assessed against the following three objectives: evaluation of the sustainability of the participating organizations' progress in implementation of the *Standard* over the one-year period after the end of the Case Study Research Project; identification of organizational factors that promote sustainability of implementation progress; and, recommendations for other organizations at large regarding successful and sustainable implementation of the *Standard*.

Key Findings

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

The CSRP research team tracked improvement of each organization across five Elements of the *Standard*:

1. Commitment and Policy
2. Planning
3. Implementation
4. Evaluation and Corrective Action
5. Management Review

Comparison of the organizations' implementation progress in the sustainability study found some variability among the organizations in implementation success, with 21% of the organizations showing further progress, 33% regressing and 46% remaining the same. Analysis also revealed that all the organizations reported a positive psychosocial safety climate. A particular factor of psychosocial safety climate, organizational participation, was predictive of changes in implementation progress. Organizational participation includes inclusion of and consultation with employees, unions, and health and safety representatives in how workplace psychological health and safety is organized with attention paid to prevention and promotion of mental health at all levels of the organization. Organizational participation captures a critical aspect of organizational culture that is important to address psychological health and safety in the workplace. In other words, the greater the degree of employee participation, the greater the likelihood that an organization will sustain or improve its implementation success. This reinforces the importance of ensuring that organizations continue to actively engage employees in the all aspects of the Psychological Health and Safety Management System outlined in the *Standard*.

Participants strongly endorsed the relevance of the promising practices identified in the CSRP's [final report](#), thus supporting their utility. Qualitative analysis of their comments about their implementation journey revealed four main themes:

Theme 1: Psychological health and safety is embedded in the organization.

Participants' existing organizational structures (e.g. policies and processes) are used to support the *Standard* and its implementation. On average, responses suggest that the bulk of psychological health and safety initiatives are achieved through efforts from working groups or existing structures such as committees (e.g. Wellness Committee, Occupational Health and Safety, Organizational Development). In many cases, progress is a collaborative effort that requires continuous communication among committees representing different departments and having different responsibilities.

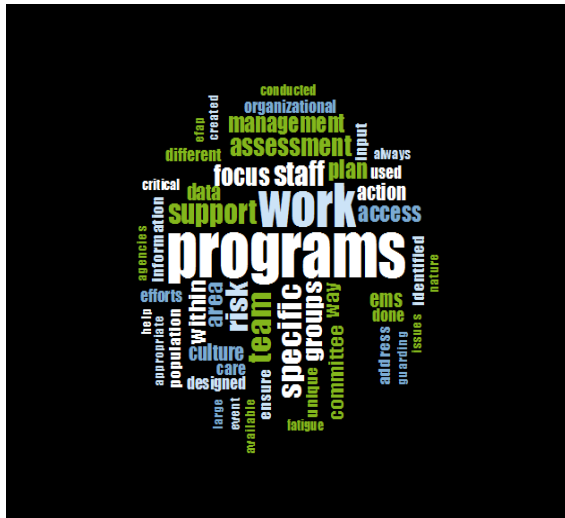
"[We take] a collaborative approach to embedding the Standard into our practice. Some of our working committees involved in the implementation of the Standard include the Employee Emotional Wellbeing Committee, Healthy Workplace Ambassador Committee and Joint Health and Safety Committee. Committees are spearheaded by co-chairs and have representation from all levels of staff and departments...These committees meet regularly and report on metrics from a variety of department." – Organizational Representative



Some responses conveyed that while progress is being achieved, psychological health and safety has yet to be embedded into their organization. This may be due to barriers such as lack of accountability and a need to further develop a psychologically healthy and safe culture.

“We are embedding psychological health and safety within organization structures such as positions, policies, processes, and committees, but are sometimes less clear within accountability frameworks e.g., good intentions of managers but still seems to be lack of clarity about what to do, what action can be taken, etc.” – Organizational Representative

Theme 2: Psychological health and safety programs are based on determination of needs and customized to the unique characteristics of the organization.



“If off-the-shelf solutions work- we don't believe in reinventing the wheel- we always consider customization as is appropriate and practical, especially in consideration of culture alignment. The current area of focus is within our paramedic services” – Organizational Representative

This theme suggests success is more likely to be achieved through the implementation of psychological health and safety initiatives/action plans that are based on the identification of needs and issues from the planning process and selected and customized to fit the distinct characteristics and capacities of the organization. Successful programs are enhanced by feedback from internal organizational representatives (e.g. human resources, unions). Respondents also noted that the focus of program development and customization is often placed on those staff with the greatest need or at particular risk (e.g. Emergency Medical Services personnel).

Theme 3: The organization has a succession plan to ensure ongoing support for psychological health and safety.

Most organizations stated that they have formal succession plans in place to ensure continued sustainment of the *Standard*. Most also indicated that knowledge about psychological health and safety and its value is shared broadly within most organizations. In the event that a key psychological health and safety staff member leaves the organization, succession would be assumed by a similar department and/or position(s) within the organization.



“With our extensive Healthy Workplace Committee and Champions, we have engaged people who could step into this role easily if there was a need to do so.” – Organizational Representative

Theme 4: The organization has formed partnerships among departments or with external organizations.

Participating organizations indicated the importance of creating both internal and external partnerships allowing organizations to form working groups and communities of practice. These working groups help organizations sustain the implementation of the *Standard*.



“We regularly work with other departments and organizations as we work toward implementing the Standard in our organization. We were part of creating the Community of Practice in (our province) and stay in touch with other orgs that were part of the Case Study.” – Organizational Representative

Conclusions

On average, the twenty-five participating organizations sustained their level of implementation of the *Standard* overall, including each of the five Elements over the one-year follow-up, in absence of external supports or resources. This is a very positive and encouraging finding. There was, however, some variability in implementation sustainment – some organizations regressed in their level of implementation of the *Standard* while others improved. This tells us that there is an opportunity to provide additional support for organizations implementing the *Standard*, particularly those experiencing challenges.

Improving psychological health and safety in the Canadian workplace through implementation of the *Standard* involves change in organizational culture. Such change can be difficult, time-consuming and may fail.^{1,2} The current project involved a relatively brief period and it has yet to be determined if the gains made will persevere and become engrained in the organizations. Nevertheless, the current findings are very heartening and do provide encouragement and useful guidance for other organizations as they move to adopt the *Standard*.

The findings of this study reinforce and amplify the conclusions from the CSRP and point to several recommendations to support current and future organizations intent on adopting the *Standard* and sustaining their progress:

- The tools and resources created by the MHCC and key community stakeholders to support implementation of the *Standard* should continue to be available to interested organizations.
- Tools that measure and enhance employee awareness, trust and participation are particularly relevant to sustained implementation success.
- Organizational commitment to implementation of the *Standard* should be regularly reviewed and communicated to staff.
- Organizations should engage in succession planning to ensure that necessary resources, personnel and leadership are in place to sustain progress.
- Routinization of programs, policies and practices identified by the *Standard* will enhance sustainment.
- Careful evaluation of actions intended to address workplace psychological health and safety should be used to determine whether they are continued, modified or dropped.

Successful implementation of the *Standard* calls for organizational change and such change takes time.

¹ Buchanan, D., Fitzgerald, L., Ketley, D., Gollop, R., Jones, J. L., Lamont, S. S., Neath, A. and Whitby, E. (2005), No going back: A review of the literature on sustaining organizational change. *International Journal of Management Reviews*, 7: 189–205. doi:10.1111/j.1468-2370.2005.00111.x

²Linnenluecke, M., Russell, S. and Griffiths, A. (2009). Subcultures and sustainability practices: the impact on understanding corporate sustainability. *Business Strategy and the Environment*, 18, 432–452.

Contributors

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Participating Organizations:

Participating Organizations	Partial or Full Dissemination	Number of employees impacted by implementation of the Standard
1. AGS Rehab Solutions Inc.	Full	49
2. Alberta Health Services	Full	100,000
3. Bernardi Human Resource Law LLP	Full	11
4. Belmont Health & Wealth	Full	30
5. Canadian Centre for Occupational Health and Safety	Full	84
6. Canadian Security Intelligence Service	Full	3,200
7. Carleton University	Full	2,000
8. Enbridge Gas Distribution	Full	2,300
9. Haliburton, Kawartha, Pine Ridge District Health Unit	Full	2,300
10. Health Association of Nova Scotia	Full	100
11. Lakeridge Health	Full	5,288
12. Manulife	Full	11,000
13. Mount Sinai Hospital	Full	4,500
14. Nova Scotia Health Authority - Capital District Health Authority Pilot Site	Full	11,000
15. Nova Scotia Government and General Employees Union	Full	60
16. Ontario Shores Centre for Mental Health Sciences	Full	1,200
17. Pickering Public Library	Partial	64

18. Provincial Health Services Authority	Partial	4,000
19. Province of Nova Scotia	Full	11,000
20. Regional Municipality of York	Full	3,000
21. Region of Peel	Full	5,500
22. The Royal Ottawa HealthCare Group	Full	1,500
23. The Scarborough Hospital	Full	3,100
24. Toronto East General Hospital	Full	2500
25. Via Rail	Partial	400



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