



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Wellness Framework

PHYSICAL AND PSYCHOLOGICAL HEALTH, SAFETY AND WELLNESS FRAMEWORK

2017

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1.0 PURPOSE AND OVERVIEW

Most adults spend more waking hours in the workplace than anywhere else. The workplace is an important contributor to one's overall sense of psychological health and well-being and plays an essential part in helping people to attain their full potential. However, workplaces can also present various stresses and can contribute to the development and/or the exacerbation of psychological health problems and disorders.

One out of five Canadians will experience a mental health problem or illness in any given year, with those in their early working years being most affected. By age 35, about 50 per cent of the population will have or have had a mental illness. The impacts of these numbers are reflected in disability claims. In 2010, mental health conditions were responsible for 47 per cent of all approved disability claims in the federal civil service, almost double the percentage of 20 years earlier.

The Mental Health Strategy for Canada, released in May 2012 by the Mental Health Commission of Canada (MHCC), included three priorities directly related to the importance of workplace wellness and value of a safe and healthy workplace; Priority 1.3 – Create mentally healthy workplaces; Priority 2.2 – Actively involve people living with mental health problems and illnesses and their families in making decisions about service systems; and Priority 2.3 – Uphold the rights of people living with mental health problems and illnesses.

The Commission has undertaken several projects related to workplace mental health and has created groundbreaking reports, tools, and resources. For example, the Commission championed the development of the voluntary *National Standard on Psychological Health and Safety in the Workplace*, that was released in January 2013 and provides systematic guidelines for Canadian employers to enable them to develop and continuously improve psychologically safe and healthy work environments for their employees, with a focus on organizational risk factors (e.g., bullying/harassment, workload issues, psychological job fit) that have the potential to impact the psychological health and safety of all employees. The Mental Health Commission of Canada wants to be a champion of its own work and be a leader in the field.

The following Wellness Framework is a direct outcome of the Executive Leadership Team and Board of Director's dedication to workplace wellness and commitment to becoming an early adopter of the *National Standard of Canada for Psychological Health and Safety in the Workplace*.

2.0 VISION

The Mental Health Commission of Canada aspires to be a model workplace with respect to physical and psychological health, safety, and wellness.

3.0 DEFINING THE “MODEL WORKPLACE”

Workplace psychological and physical health, safety and wellness is not an end but a continuous cycle of engagement, assessment, planning, implementation, evaluation and adjustment. For the purposes of this document, a model workplace with respect to physical and psychological health, safety, and wellness, is one that engages all employees in a continuous process of protecting and promoting the health and safety of everyone in the organization. This includes such elements as work-life balance, open communication, mutual respect and clear expectations. We anticipate that this definition will evolve through employee feedback as the wellness framework continues to be implemented and evaluated.

4.0 LEADERSHIP COMMITMENT

The Mental Health Commission of Canada aspires to become a model organization for optimizing the health of its employees, and believes that the physical and psychological well-being and safety of employees are key aspects leading to organizational success and sustainability. It further recognizes that it is a shared responsibility of employees and the organization as a whole to promote and enhance working relationships consistent with the principles of mutual respect, confidentiality and cooperation.

To this end, the Commission is committed to working collaboratively with its employees to create and sustain a psychologically and physically healthy and safe work environment. The Physical and Psychological Health, Safety and Wellness Committee will be a primary steward for the process. Recognizing that employee participation is an essential component, through this Committee, employees can participate in the development, implementation and continual improvement of a healthy and safe work environment.

The Commission will:

- Foster an organizational culture that promotes physical and psychological health, safety and wellness;
- Ensure compliance with relevant Occupational Health and Safety legislation and pursue the implementation of the National Standard on Psychological Health and Safety including the application of standards, regulations, guidelines and best practices;
- Provide and sustain the infrastructure and resources to maintain a system that promotes a healthy and safe workplace that is both proactive and preventative in nature;
- Evaluate the system’s effectiveness on a regular basis, by undertaking of program audits, in consultation with employees and committee representatives;
- Create and then maintain a culture of continuous performance improvement by establishing targets for improvement, performance indicators, and reports on performance;
- Integrate into existing and future operational policies and processes structures and practices that support and promote psychological and physical health, safety and wellness in the workplace;
- Commit to regularly evaluating and addressing workplace hazards and introduce preventative and protective measures to address hazards and provide associated training, awareness and competency development;
- Encourage staff to set high standards of health and safety by following safe work procedures and practices, ensuring the reporting of all incidents, accidents and near misses in a timely manner, whether physical or psychological in nature;
- Consider and actively seek input of the diverse perspectives and needs of employees with respect to policies, programs and available supports;
- Value contractors and suppliers that demonstrate commitment and leadership in the area of workplace mental health and wellness; and

- Apply and adhere to the principles of confidentiality as per applicable internal policies and legislative requirements in its interactions with employees. This extends but is not necessarily limited, to the reporting of information and data gathered through internal processes (recruitment, employee surveys, payroll and benefits) and procedures (accident/incident investigations, leave reporting)

The Commission will continually strive to achieve health, safety and wellness performance that it can be proud of, to earn the confidence of our employees, board members, partners, funder, other stakeholders, and the public.

5.0 ROLES AND RESPONSIBILITIES

All employees have a role in the development, implementation and evaluation of the Wellness Framework.

A few common responsibilities exist regardless of one's role:

- a) Model the behaviors and actions that are consistent with a model workplace. For example: respect, inclusiveness, open communication, non- judgmental behavior;
- b) Participate in initiatives, activities and events that are designed to promote the overall vision for a model workplace;
- c) Understand and comply with plan elements. For example: policies, programs and processes.

Board of Directors

- Receive Wellness Plan updates via the CEO;
- Endorse initiatives as appropriate.

Executive Leadership Team

- Provide exemplary leadership;
- Review and approve wellness plan and plan elements;
- Provide appropriate resources as necessary;
- Participate and encourage directors, managers and staff to participate in initiatives/activities/events that are designed to promote the overall vision for a model workplace.

Human Resources

- Overall responsibility and governance;
- Ensure wellness plan is designed according to accepted principles of collaboration;
- Present plan and plan elements to ELT for approval/modification;
- Ensure the P&PHS&W committee is clear on their objectives;
- Ensure plan indicators, Psychological Health and Safety Standards and applicable legislation are accounted for in terms of evaluation of plan outcomes;
- Utilize internal/external resources to mobilize plan elements;
- Apply continuous cycle of research, planning, implementation and evaluation.

Directors and Managers

- Apply, comply and work in congruence with applicable standards and internal policies/programs;
- Ensure that hazards/issues that are identified are promptly prioritized for remediation;
- Communicate issues/ideas regarding physical and psychological health and safety to the P&PHS&W Committee;
- Encourage staff participation in initiatives.

Physical and Psychological Health, Safety and Wellness (PPHSW) Committee

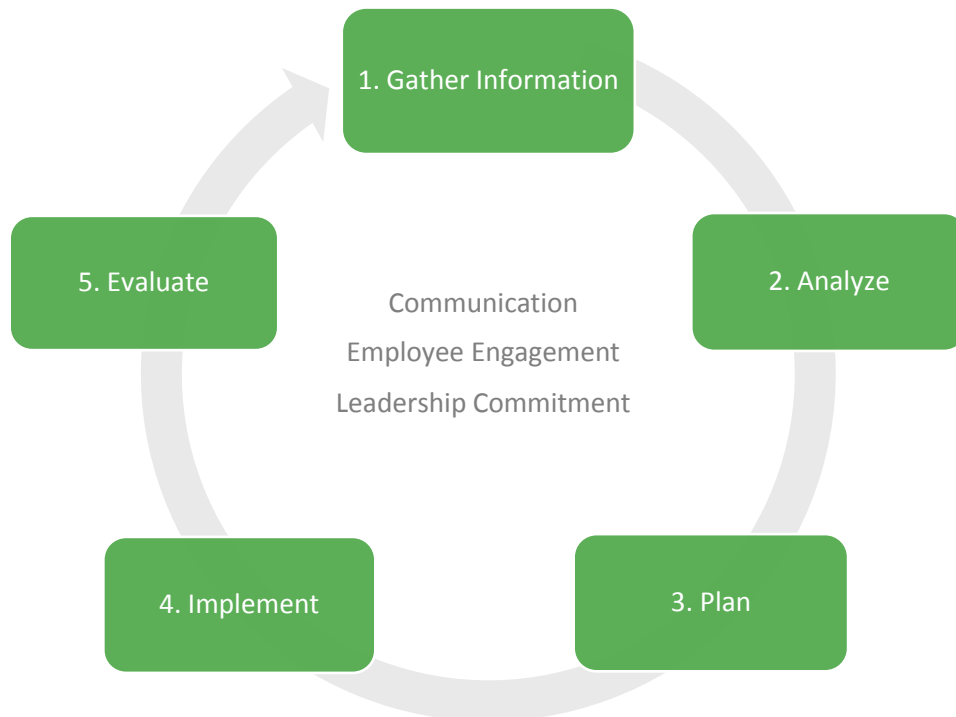
- Provide oversight on Psychological Health and Safety standards and ensure legislative compliance on matters of health and safety;
- Identify physical and psychological health and safety hazards and ensure control measures are put in place;
- Act as ambassadors for physical and psychological health, safety and wellness;
- May lead/assist in developing, implementing and evaluating elements of the Wellness Plan;
- Develop Physical and Psychological Health, Safety and Wellness action plan and continually monitor, evaluate and update as needed.

Employees

- Work in congruence with applicable standards and internal policies (psychological health and safety; physical health, safety and wellness; core policies, etc.);
- Identify hazards/issues and promptly raise them for remediation;
- Communicate issues/ideas regarding physical and psychological health, safety and wellness

6.0 WELLNESS PLAN METHODOLOGY

The wellness plan is developed on a two- year cycle, taking into consideration various operational indicators as outlined in the subsequent sections. The Commission begins a new framework cycle to understand the current state of the organization and to identify key priority areas for action. Leadership commitment, communication and employee engagement serve as foundational components and are therefore embedded throughout each stage. The following graphics outline the stages of the wellness planning cycle, including a list of responsibilities, outputs and actions required. Refer to Appendix A for an example of Wellness Plan.



MHCC Wellness Planning Cycle

Stage 1 Information Gathering	Stage 2 Synthesis	Stage 3 Planning	Stage 4 Implementation	Stage 5 Evaluation
<ul style="list-style-type: none"> Develop and distribute Employee Wellness Survey Conduct focus groups (if step is necessary) Compile metrics: e.g. turnover rates, benefits usage, absenteeism, incidents Review Occupational Health and Safety Legislation for requirements and enhancements Review the National Standard for requirements, enhancements and next steps for implementation Initiate other information-gathering methods as necessary Identify hazards and conduct risk assessment 	<ul style="list-style-type: none"> Analyze Employee Wellness Survey and complete findings report Analyze Focus Group Feedback and complete findings report (if step is necessary) Review metrics and Identify any trends Create P&PHS&W Action Plan Identify themes Determine priority areas Compile recommendations, taking into account the various plan contributors mentioned above. <i>Approval to proceed on Work Plan Development</i> 	<ul style="list-style-type: none"> Work plan aligns with performance year (April – March) Outline priority areas for action, resources, indicators, outcomes and timelines Explore communication and training methods May list areas for further consideration and discussion to be implemented at a later date. <i>Approval to proceed to implementation stage</i> 	<ul style="list-style-type: none"> Requires ongoing planning Determine resource needs and budget requirements Incorporate plan elements into organizational and applicable department objectives Change management Employee feedback and engagement Training Operational excellence Evaluation methods ex. pulse surveys, informal feedback <i>Approval to proceed on each plan element/activity</i> 	<ul style="list-style-type: none"> Analyze evaluation data Assess accomplishments and areas requiring improvement Budget and resource allocation Consider modifications to next wellness planning cycle Overlap may occur between the evaluation and information gathering phases Assess communication and engagement methods Ongoing evaluation to be incorporated into metrics e.g. pulse surveys, office inspections, informal feedback, participation Conduct PH&S Audit and other audits as appropriate

Outputs

Employee Wellness Survey Focus Groups, if necessary Metrics Hazard Identification and Risk Assessment	Trend Data Recommendations Wellness Survey Findings Focus Group Findings P&PHS&W Action Plan Recommendations	Wellness Plans, developed each each fiscal year	Formal Communications Training and Education Proposals for Plan Elements/ Activities	Initiative Scorecard Audit Results
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Accountability: Human Resources

Gather pertinent information, develop and distribute wellness survey, create Focus Group Program, Review P&PHS&W Legislation/Standards to incorporate into the Wellness Plan	Analyze findings and indicators to create recommendations for discussion with ELT	Develop Work Plans	Research Financial and People Resources Construct formal communications to staff and management Create & present proposals for each plan element/activity	Review and analyze evaluation measures Compile initiative scorecard
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Accountability: Executive Leadership

Encourage staff participation in initiatives Provide planning resources	Provide feedback and preferences on recommendations Provide approval to move to stage 3	Provide feedback and recommendations to the Work Plan Approve Work Plans	Endorse Plan priorities and activities Approve and allocate financial /people resources Incorporate plan elements into departmental objectives Employ formal/informal communication methods	Encourage staff participation in evaluation efforts Provide approval to begin new planning cycle.
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Stage 1: Information Gathering

The Wellness Plan relies on qualitative and quantitative indicators though it is important to note that each method has limitations.

Wellness and Operational Indicators measure quantitative data to identify trends, record program satisfaction, document process compliance and track wellness investment. Data will be reviewed on an annual basis with the understanding that it may not be possible to conclusively detect any trends until approximately three years after the wellness plan is implemented.

Data sources include, but is not limited to:

- incident and accidents
- employee survey results
- absenteeism e.g. sick leave, short-term disability, long-term disability
- benefits utilization
- turnover rates
- participation rates

The Wellness Survey and other feedback mechanisms concentrate on the perceptions and feelings of the employee group and should be analyzed by a neutral party to ensure no bias or preconceived notions exist. It is more difficult to draw conclusions or identify trends in these indicators; therefore, the Stress Satisfaction Index Score and participation rate will be used in conjunction with the findings report to determine impact on employee satisfaction and engagement.

Occupational Health and Safety Legislation and the National Standard of Canada for Psychological Health and Safety may be enhanced or revised on an ongoing basis. The Commission is required to comply with legislative requirements which will be explored and subsequently incorporated into plan recommendations. The Psychological Health and Safety Standard assists in the Commission's continuous effort to promote, protect and address psychological health and safety in the workplace.

Stage 2: Synthesis

Outputs from this stage, along with National Standard and Occupational Health and Safety Legislation are used to construct plan priorities and recommendations. Other resources such as Great-West Life, Homewood Human Solutions, guides, research, a literature search of best practices may assist in the development of recommendations.

Stage 3: Planning

The Work Plan is derived from the recommendations outlined in the synthesis stage and based on the assumption of availability of resources. The request is for agreement to the direction of the plan element with the understanding that activities that require financial and employee resources will be investigated and brought to the Executive Leadership Team for approval prior to implementation. The timelines are also subject to the availability of Commission resources and therefore may be altered upon consultation with departments whose support would be required, most notably Communications, Information Technology and Human Resources. The work plan explores the outcomes, resources, indicators and measurement tools of a particular priority area.

Stage 4: Implementation

Planning is continuous throughout the duration of the implementation stage. Each plan element and activity will be accompanied by a proposal for the initiative at various times. Here, concrete resources, timelines, responsibilities and communication/training methods will be identified and presented to the Executive Leadership Team for approval, modification or removal from the work plan.

Risk and enabling features are factors external to the Wellness Plan that should be considered and may impact overall performance. Such features may include; legislation, government funding, leadership support, unanticipated organizational change and geographical separation.

Throughout the implementation phase, timely communication and meaningful engagement with staff are essential components to becoming a model workplace. Program elements and activities may require a formal method of communication, for example: training, invitations to participate, executive communications or all-staff meeting progress updates. Alternatively, informal communications such as department meetings and general information sharing through ADP may be used. Key to the implementation phase and all throughout the Wellness Plan is leadership engagement and clear, timely, and consistent communication across all levels of the organization.

Stage 5: Evaluation

Each mechanism proposed will be evaluated upon its completion or at regular intervals if it is an ongoing process. Pulse surveys, training evaluations, exit interviews and informal feedback measures will be used to determine the impact of each plan element and overall plan and organizational performance. Further evaluation will take place through the Information Gathering stage where the Wellness Survey is created and distributed to staff and organizational data is collected. Worth noting is that overlap exists between the evaluation and information gathering stages.

In some instances, plan elements can be evaluated quantitatively as provided in the Wellness and Operational Indicators. Absences, turnover, participation, survey results are a few indicators that can be measured with the use of internal reporting software. In other cases, program elements that are less quantifiable will require greater emphasis on qualitative analysis; such as surveys and focus groups findings to measure for example, overall employee satisfaction and engagement levels.

References

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