



The National Standard for Psychological Health and Safety in the Workplace

[Assembling the Pieces \(Mental Health Commission of Canada\)](#)



## Table of content

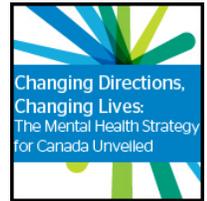
Preamble.....	4
The Mental Health Strategy for Canada .....	4
What is the Standard?.....	4
What is the MHCC Assembling the Pieces?.....	4
Assembling the Pieces for Health Canada and the Public Health Agency of Canada	4
Introduction.....	5
What is a Healthy Workplace? .....	5
Phase 1 .....	9
1. Leadership Commitment.....	10
2. Leadership Engagement.....	11
3. Build the Action Team .....	12
4. Establish Implementation Team.....	13
Phase 2 .....	14
1. Establish your Baseline .....	15
I. Data Collection.....	15
II. Hazard Identification .....	15
III. Data and Trend Analysis.....	16
Phase 3 .....	17
1. Develop Vision.....	18
2. Set Objectives.....	18
3. Develop Your Multi-Year Mental Health Action Plan .....	18
4. Create a Respectful Workplace .....	20
5. Prevention.....	21
I. Primary Prevention.....	21
II. Secondary Prevention.....	21
III. Tertiary Prevention .....	24
Phase 4 .....	26
1. Key Factors for a Successful Implementation.....	27
2. The Implementation of the Plan.....	28

A) Establish a Performance Monitoring Process.....	28
B) Internal Audits .....	28
C) Management Review Process .....	29
D) Plan Your Evaluation.....	29
E) Measure Short- and Longer-Term Outcomes.....	30
F) Continuous Improvement .....	31
Appendix A : Management Charter .....	34
Appendix B : Examples of Engaging Messages to Employees.....	34
Appendix C : The Mental Health and Wellness in the Workplace Working Groups' Terms of Reference .....	44
Appendix D : The SWOT Analysis .....	46
Appendix E : Multi-Year Mental Health Action Plan .....	48
Appendix F : Mental Health First Aid Training.....	52
Appendix G : Four Layers of Diversity.....	54
Appendix H : The Health, Safety, and Wellness Resource Page.....	56
Appendix I : Stress Management Training .....	58
Appendix J : Useful Tools.....	60

# Preamble

## The Mental Health Strategy for Canada

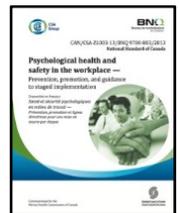
[Changing Directions, Changing Lives](#), released by the Mental Health Commission of Canada (MHCC) in May 2012, is the first Mental Health Strategy for Canada. It aims to help improve the mental health and well-being of all people living in Canada, and to create a mental health system that can truly meet the needs of people living with mental health problems and illnesses and their families. Targeting both the private and the public sectors, the strategy outlines many resources to support its goal, such as the National Standard for Psychological Health and Safety in the Workplace (The Standard).



## What is the [Standard](#)?

Championed by the MHCC, the Standard is a set of guidelines, tools & resources focused on promoting employees' psychological health & preventing psychological harm due to workplace factors. It is:

- o voluntary – set of tools, not rules;
- o aligned on existing standards and tools;
- o applicable to any organization; and
- o intended to enable employers and employees to measure progress.



## Key Success Factors for Implementation:

- o Integrate mental health processes/policies into regular change management practices;
- o Start where you think you can achieve more results;
- o Keep it bite-sized; and
- o Align with organizational strategic priorities.

To help organizations implement the Standard, the MHCC developed an Implementation guide "Assembling the Pieces".



## What is the MHCC [Assembling the Pieces](#)?

This guide outlines the four implementation key steps:



## [Assembling the Pieces for Health Canada and the Public Health Agency of Canada](#)

Developed by the Wellness programs, this guide summarizes and outlines the specific tools, training, resources and services that support the implementation of the standard within Health Canada (HC) and the Public Health Agency of Canada (the Agency). *For guidance, please contact the [Wellness Programs](#).*

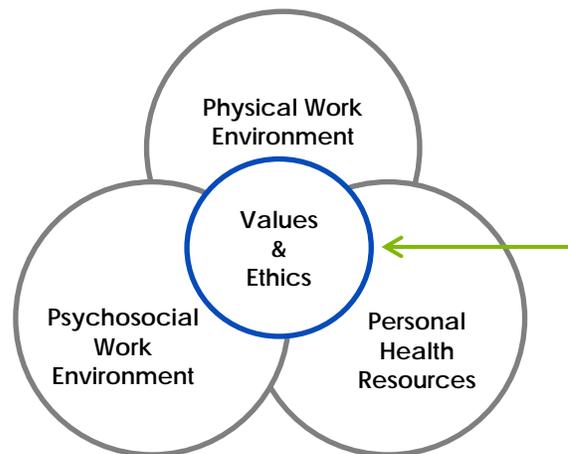


## Introduction

### What is a Healthy Workplace?

The **World Health Organization** defines a **healthy workplace** as one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace by considering:

- Health and safety concerns in the **physical work environment**;
- Health, safety and well-being concerns in **the psychosocial work environment** including organization of work and workplace culture; and
- **Personal health resources** in the workplace (support and encouragement of healthy lifestyles).



One of the most basic of universally accepted ethical principles is to “do no harm” to others and to ensure employees’ health and safety, which are core values in action.

A good psychological health and safety (PH&S) strategy benefits Employers:

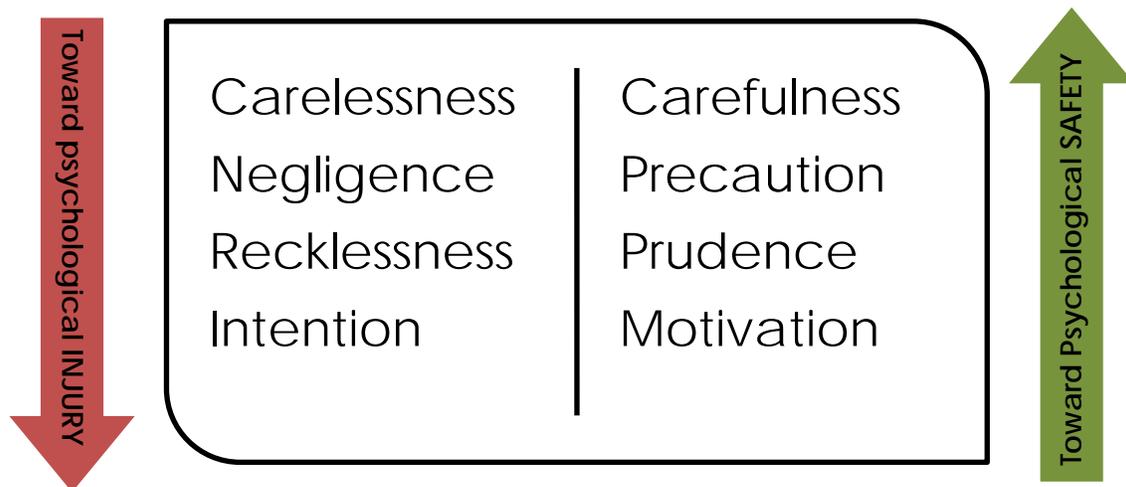
- Affecting workforce stability
- Productivity
- Insurance costs
- Risk of legal or regulatory sanctions
- The financial bottom line

It also benefits employees, with an enormous impact upon their health, morale, work-life quality and ability to perform at their highest capacity. **When PH&S becomes a priority, everyone wins!**

Although the implementation of the Standard will be a multifaceted process, the Wellness Programs, Human Resources Directorate, Corporate Services Branch, conveys its support by providing advice, guidance, tools, and resources to managers and employees that contribute to improving workforce wellness.

Our aim is to create a psychologically healthy workplace; one that supports the psychological health of employees in a manner that also achieves the priority of HC and the Agency, to build healthy, respectful, inclusive, safe and productive workplaces.

### From Harm to care: The Goal of the Standard



#### Our reality:

- One in five people in the workplace are dealing with mental health issues which, in effect, translate into issues, conflicts, and workplace challenges for managers and employees.
- 70% of disability and illness claims deal with mental health.
  - 50% of these 70% disability and illness claims are approved by Sunlife Financial.
- The Employee Assistance Program (EAP) reports that 48% of our cases pertain to psychological health, in 2014-2015.
- In 2013-2014, HC and the Agency's Wellness Indicators and trends conclude that mental health, organization-wide, is an issue.



## Definitions

### Continuous Improvement

- An ongoing, recurring, and continually changing and evolving process.

### Management Review

- A formalized, complete system review at a high, big picture, level. The review is carried out by the Senior Leadership and ensures an ongoing review of relevant policies, procedures, results, and deficiencies.

### Health

- A state of complete physical, social, and mental well-being, and not merely the absence of disease or infirmity.

### Hazard Control Program

- A program that protects workers from exposure to a substance or system, the training and the procedures required to monitor worker exposure and their health to hazards such as chemicals, materials or substance, or other types of hazards such as noise and vibration.

### Psychological Health

- The ability to think, feel and behave in a manner that enables us to perform effectively in our work environments, our personal lives, and in society at large.

### Psychological Health and Safety Management System (PHSMS)

- This is similar to other management systems and should be integrated with, or embedded into, existing policies and processes.

### Psychologically Healthy and Safe Workplace

- 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.

### Psychological / Mental Health

- 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.

### Psychological Safety

- The absence of harm and/or threat of harm to mental well-being that a worker might experience.
  - Note: Improving the psychological safety of a work setting involves taking precautions to avert injury or danger to worker psychological health.

### Psychosocial Risk Factor

- Hazards including elements of the work environment, management practices, and/or organizational dimensions that increase the risk to health.

### **Risk Assessment**

- The process of a risk assessment includes input from workers and worker representatives. Workers, by nature, are closest to the work operation or situation and invariably will be the most familiar with it and be able to provide helpful information and input.

### **Risk Mitigation Process**

- The purpose is to identify the potential workplace hazards and to estimate and assess their risks to the workers.

### **Workplace Health and Wellness**

- A workplace in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace by considering:
  - Health and safety concerns in the physical work environment
  - Health, safety and well-being concerns in the psychosocial work environment including organization of work and workplace culture
  - Personal Health Resources in the workplace (support and encouragement of healthy lifestyles)

# Phase 1

Building Your Foundation



## Phase 1- Building Your Foundation

### 1. Leadership Commitment

Phase One entails the commitment by organizational leadership to improve psychological health and safety (PH&S) through workplace interventions.

Demonstrating your leadership, communicating your commitment, and engaging your employees at all levels.

### Policy Statement

Commitment and leadership are identified as essential factors for organizational success in the Standard. A useful method of demonstrating and gaining commitment on workplace psychological health and safety is through a [Policy Statement](#). This encourages employee, stakeholder, and management commitment to the process, as it informs them and addresses their fears about potential changes. As indicated in the Standard, the [Policy Statement](#) should be among the initial documents prepared and approved by Senior Management.

The Policy Statement should:

- Be approved by Senior Management;
- Be short; (no more than one page) and can be incorporated into other existing documents and policies; and,
- State the commitment to developing a systematic approach for managing health and safety in the workplace.

Once the [Policy Statement](#) is created, it can become an instrumental piece of your commitment communications to stakeholders.

#### o [Management Charter](#)

The Management Charter is an example of the Policy Statement, as it entails management commitment and the principles that the organization will uphold in the process and journey towards creating and fostering a healthy, respectful, inclusive, safe, and productive workplace (see [Appendix A](#) for examples of Management Charters).

## 2. Leadership Engagement

Active endorsement and support from Senior Management reflects the importance of PH&S in the workplace. (See **Appendix B** for examples of engagement letters)

### How it is done

Identify Senior Management champions within your organization to support the project lead.

#### People in leadership roles:

- a) Allow for opportunities to have conversations with colleagues at Executive Committees and during bilats;
- b) reinforce the development and sustainability of a psychologically healthy and safe workplace environment based on a foundation of ethics and stated values;
- c) support and reinforce all line management in the implementation of the Standard;
- d) establish key objectives toward continual improvement of PH&S in the workplace (walk the talk!);
- e) lead and influence organizational culture in a positive way;
- f) ensure that PH&S is part of organizational decision making processes; and
- g) engage employees and, where required, their representatives to be aware of:
  - o The importance of PH&S; and
  - o The implications of tolerating PH&S hazards.

#### The Project Lead will be responsible for:

- o Planning and implementing activities related to the implementation of the Standard.
- o Actively participating in the Mental Health & Workplace Wellness Working Group.

### Why it matters

Organizational leaders who understand the importance of PH&S will send a message to the Mental Health Commission of Canada regarding the urgency of these interventions, allocate sufficient resources for meaningful interventions, demonstrate the organization's commitment to change, and drive change when reluctance or resistance form barriers.

#### Tips:

To create a culture change, a well-planned communication strategy will transmit several critical messages to the workforce, for example:

- o We believe that creating and sustaining a psychologically healthy and safe workplace is essential to the success and sustainability of our organization and consistent with our values, priorities and objectives.
- o This is a commitment to action – we will be working towards creating positive change.

*We will keep you regularly informed of next steps. We welcome your thoughts and input by [email](#) on how to make this initiative work.*

## Employee Engagement and Participation

Objectives and targets need to be documented as part of your plan. They should be measurable, relevant, consistent with your policies and commitments, and developed after consultation with workers.

In the summer of 2014, the Wellness Programs conducted consultations with Employee Networks to address mental health in the workplace. The feedback received enabled the identification of the following five **Areas of Focus**, which align to the National Standard for PH&S (the Standard).

- **Promotion and Awareness:** A workplace that continuously upholds PH&S and makes tools and resources pertaining to mental health more accessible for employees and managers.
- **Encouragement, Engagement, and Support:** A work environment where employees receive encouragement and support when addressing their psychological health concerns.
- **Culture of Respect:** A work environment where employees feel validated through a culture of respect and understanding.
- **Workplace Inclusion:** A work environment where employees feel a sense of inclusion within the team and are not stigmatized.
- **Work-Life Balance:** A workplace that encourages balance between the demands of work, family, and personal life.

## Roles and Responsibilities Defined

### 3. Build the Action Team

This entails an Advisory Committee responsible for planning and implementing PH&S initiatives. They should represent the key groups within your organization.

- Identify the skills and level of training, current and desired, of your workforce. To identify the expectations you have in each area, think of the job roles (not the individuals in the role) rather than the specific job itself.
- Define the job roles or functions specific to your organization and the minimum requirements for each role in the area of PH&S. This shows you who needs what training, as well as timelines. (See **Appendix C** for the *Mental Health and Wellness in the Workplace Working Group's Terms of Reference*)
- Your plan then entails training the employees. You can do this through simple workshops on your own with resource material available or with consultants or workplace experts. ([See Workplace Wellness Intranet Page](#)).

Role	Responsibilities
Branch Heads	<ul style="list-style-type: none"> <li>Support Co-Champions and reinforces the development and sustainability of a psychologically healthy and safe workplace based on a foundation of ethics and stated values</li> </ul>
Champions	<ul style="list-style-type: none"> <li>Leads and influences organizational culture in a positive way</li> <li>Communicates to staff the key objectives toward continual improvement of PH&amp;S in the workplace</li> </ul>
Project Managers	<ul style="list-style-type: none"> <li>Plans and implements activities related to the implementation of the Standard</li> <li>Actively participates in the Mental Health &amp; Workplace Wellness Working Group</li> </ul>
Mental Health Advisory Committee	<ul style="list-style-type: none"> <li>A group of Branch employees that provide advice, guidance and the “pulse” of the organization regarding the implementation of the Standard</li> </ul>
Executives	<ul style="list-style-type: none"> <li>Support the Branch Head in the implementation of the Standard</li> <li>Support and reinforce all line management in the implementation of the Standard</li> <li>Ensure that PH&amp;S is part of organizational decision making processes</li> </ul>
Managers	<ul style="list-style-type: none"> <li>Engage employees to be aware of the importance of PH&amp;S</li> <li>Support and encourage employees in participating in mental health-related activities</li> </ul>
Employees	<ul style="list-style-type: none"> <li>Participate actively in the implementation of the Standard (e.g. training, consultations, active dialogues).</li> </ul>

## Collective Leadership: Roles and Responsibilities

### 4. Establish Implementation Team

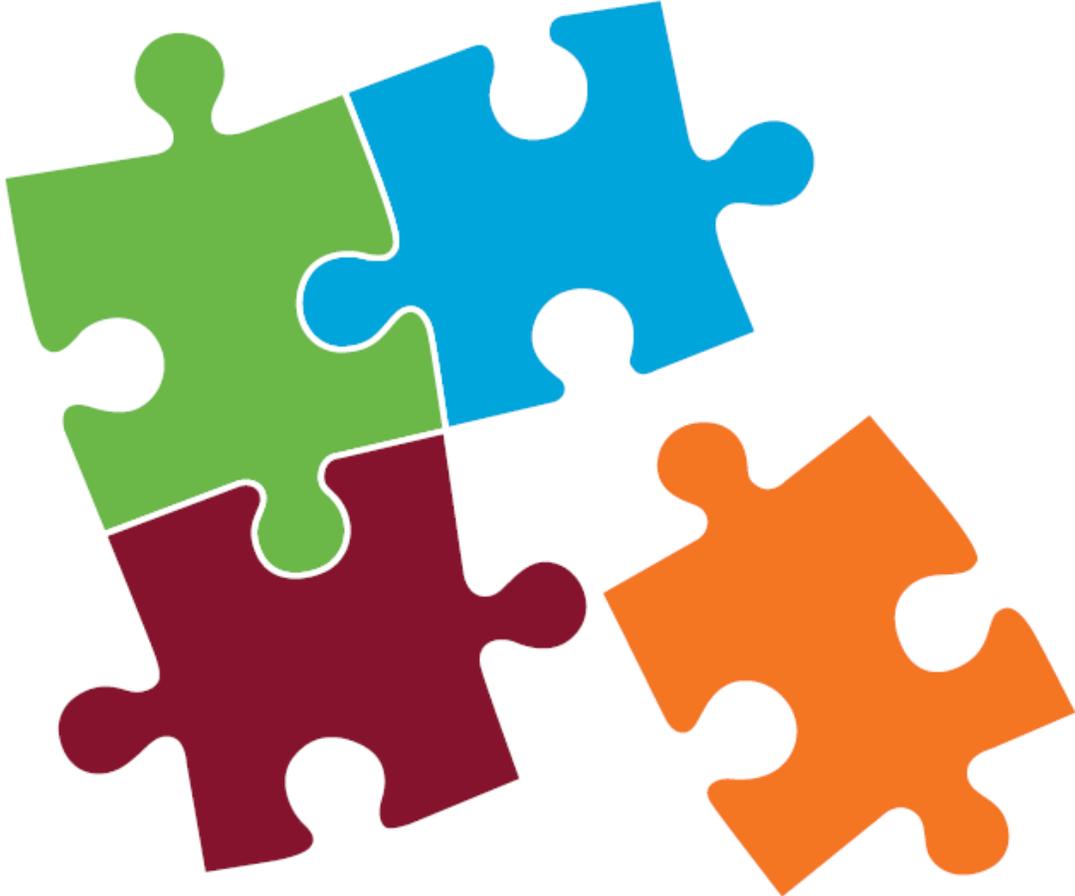
Active, meaningful, and effective participation of stakeholders is a key factor in psychological health. Participation is a requirement for successful policy development, planning, implementation, operation of specific programs, and evaluation of the system and its impacts. To ensure such participation,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

- Engage workers and their representatives in policy development, data gathering, and planning processes to understand their needs.

<p><b>The team should reflect the diversity and uniqueness of your Branch. It could come in the form of a:</b></p> <ul style="list-style-type: none"> <li>Steering Committee</li> <li>Implementation Team</li> <li>Advisory Committee or Council</li> <li>Implementation Planning Task Group</li> <li>PHSMS Review Committee</li> <li>Other</li> </ul>	<p><b>Membership could consist of:</b></p> <ul style="list-style-type: none"> <li>Managers and employees</li> <li>Human Resources</li> <li>Senior Leadership</li> <li>Occupational Health and Safety Managers or Representatives</li> <li>Union/Non Union</li> <li>Communications representative</li> <li>Others with experience implementing</li> <li>Different levels of Management</li> <li>Champion and Sponsor</li> </ul>
--	--

# Phase 2

Identifying your Opportunities to Make a Positive Difference



Analyzing existing data to identify your strengths and areas for improvement.

## Phase 2- Identifying Your Opportunities to Make a Positive Difference

Phase Two entails the determination of wellness indicators across the organization, selection of actions, and specific objectives.

### 1. Establish your Baseline

Evaluate your organization's current state and define its specific workplace needs to prioritize requirements and focus on areas that can most help your employees and your organization. As can be seen on page 45 in [Assembling the Pieces](#), there are three elements to effectively develop your organization's Baseline:

- I. Data Collection
- II. Hazard Identification (i.e. gaps)
- III. Data Analysis

#### How it is done

- o Use existing data. The PSES addresses the 13 psychosocial factors and the Areas of Focus.
- o [Guarding Minds @ Work](#) is a Canadian tool that includes both a six-item employer audit and a comprehensive employee survey that examines thirteen psychosocial risk factors.

*For questions or guidance, please contact the [Wellness Programs](#).*

#### Why it matters

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

### I. Data Collection

As can be examined on pages 47 and 48 of [Assembling the Pieces](#), the Data Collection process must include documenting the data collected and the processes and methods used to collect the data. This process is thoroughly explained and separated into two areas:

- A. Aggregate Organizational Data
- B. Existing Policies, Procedures, and Programs that support PH&S

### II. Hazard Identification

It is important to establish a *Risk Mitigation Process* to identify all the potential workplace hazards and to estimate and assess their risk to the employees. You can then examine preventive and protective measures to either eliminate or effectively mitigate (reduce) the level of risk to the employees. [Please see page 68 of Assembling the Pieces for the practices and steps.](#)

### III. Data and Trend Analysis

HC and the Agency's Wellness Scorecard Report are updated annually to provide a review of the data and trends in the organization. This report can be used as a tool to engage in conversations/discussions with employees at all levels, including Senior Management. Your goal should be to identify tangible and realistic solutions to respond to issues and challenges that arise in your organization, as well as build on best practices.

**TIP: To start the conversation, Senior Managers, Managers and Employees should address the three following questions:**

1. What is the data telling you?
2. What is it that you have been doing well?
3. Are there opportunities for improvement?

### Organizational Risk Assessment

Analysis of the annual report's, such as the Wellness Scorecard provides a risk assessment from a personal impact perspective and provides data related to the financial risk to the organization.

#### The Wellness Scorecard:

- o Assesses the organization's well-being over time;
- o Records and compares core components integral to an organization's focus;
- o Identifies areas of strength and highlights areas requiring departmental attention; and
- o Allows for trend analysis, program development and a review and understanding of the workplace.

Conducting a risk assessment includes input from employees and employee representatives considering employees are most familiar with their work operation and will be able to provide helpful information and input as to what needs to be addressed.



#### How it is done

A helpful strategy is to conduct an initial **SWOT** (please see **Appendix D**) (**Strengths, Weaknesses, Opportunities and Threats**) analysis to identify internal and external factors that may facilitate or impede action on PH&S:

Internal organizational characteristics likely to support change can include employee feedback indicating interest in:

- o psychological health issues;
- o positive outcomes of prior change initiatives; and
- o alignment of PH&S with core strategic objectives, as per your organization's business plan.



#### Useful Tools

- o [Guarding Minds @ Work](#)
- o [Recommended and Promising Practices for Situational Assessment Tools, Health Communication Unit, University of Toronto](#)

# Phase 3

Building your Action Plan



## Phase 3 - Building your Action Plan – Identifying your Objectives

Building your Action Plan which includes your vision, objectives, targets for improvement and training requirements.

In this phase, you will develop your organization’s Multi-Year Mental Health Action Plan, to advance the implementation of the Standard.

### 1. Develop Vision

It is important to develop your overall *Vision*. What is it that you’d like to achieve, what might it look like, and how long might it take you to achieve? Ideally, this *Vision* is something that is created with input and approval from senior leadership and representation from the entire workforce. This vision can be expressed by way of commitment letter from you Champion as an introduction to your Multi-Year Mental Health Action Plan (Please see [Appendix E](#)).

For a more detailed approach for developing your vision, please see page 73 in MHCC’s [Assembling the Pieces](#).

### 2. Set Objectives

When establishing your objectives and targets, think about your available assets (time, money, and people). Provide a realistic representation of your available resources and the degree of effort required. It’s far better to choose a small number of achievable objectives and see some success, than having too many targets for the organization to address effectively. It’s not about the number of objectives – it’s about putting a system in place to address issues over time and see continual improvement in your workforce.

#### How it is done:

A common framework is to consider three to five high-level longer-term objectives and then separate them into shorter-term achievable targets.

Consider the longer-term objective of improving the organization’s response to critical incidents. Having all front-line managers undergo Mental Health First Aid training may be one step of this plan. This could be broken into shorter-term training targets as follow: a six-month target of training all one hundred of the front-line managers located in the Eastern District; and a target for year two training all of the Western-located managers. (See [Appendix F for Mental Health First Aid](#)).

### 3. Develop Your Multi-Year Mental Health Action Plan

An *action plan* can be thought of as a number of smaller plans or components with details, roles, and responsibilities established, resources determined (*financial and human*), and timelines and milestones established. Once all of these components are added together, it becomes a strong and thorough action plan that addresses the Standard, the Five Areas of Focus (page 10), your data collection, and can then become implemented across your organization! This is a Multi-Year Action Plan, as it entails a process of continuous improvement.

## Build Employee Resilience

Resilience is the ability to cope effectively with the stress of difficult life experiences. Resilient people overcome adversity quickly, 'bounce back' from setbacks, and can thrive under ongoing pressure without acting in dysfunctional or harmful ways. Such individuals are not untouched by stressful circumstances, but are quicker to return to equilibrium.

### How it is done

This step is achieved through training.

Contact the [Wellness Programs](#) for schedule or ad hoc sessions.

### Why it matters

Resilience is a critical factor for the organizational bottom line. Staff members with low resilience are more likely to exhibit illness and disability, higher absence and turnover, and reduced engagement and productivity. Highly resilient employees more easily adapt to change, find ways to overcome adversity, and are more engaged and productive.



#### Important outcomes of resiliency training are:

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



#### Useful Tools

- o [The Road to Resilience, American Psychological Association](#)

#### 4. Create a Respectful Workplace

A respectful work environment is one where employees and employers treat one another with respect, consideration, and tolerance. It is based on an organizational culture that recognizes diversity (**Appendix G**), expects courteous communication, and effectively addresses disrespectful behaviour, discrimination, harassment, and bullying.

##### How it is done

- o Your business plan should reflect the Multi-Year Diversity Employment Equity Plan
  - [HC 2014 – 2017 Multi-Year Diversity and Employment Equity Plan](#)
  - [PHAC 2014 – 2017 Multi-Year Diversity and Employment Equity Plan](#)
- o [Values and Ethics Climate Survey and Dialogue](#) is recommended as a team-building exercise for groups who want to take stock of their work, values, customs, and teammate relationships.
- o The [Informal Conflict Management Office](#) strives to provide services to help people resolve conflicts fairly, quickly, simply, cost effectively and at the lowest possible level.
- o Contact the [Labour Relations](#) team for advice and guidance on: performance management, leave issues, discipline, return to work, accommodation, grievance, conflict of interest, harassment, strike management, collective agreements.
- o Looking to contact one of the Wellness programs? Check out the available [resource page](#) (see **Appendix H**).

##### Why it matters

Respectful workplaces enhance employee morale and job satisfaction, teamwork, labour and employee-management relations, absenteeism and turnover.

#### Mental Health First Aid Training

Mental Health First Aid Training is the help provided to a person developing a mental health problem or experiencing a mental health crisis. It does not train people to become counselors or therapists. Similar to physical first aid, we need to ensure that there is someone close-by who can intervene in the event of a crisis or identify an emerging health problem in our communities and in our workplaces.



#### Useful Tools

- o [Anti-Harassment Policies for the Workplace: An Employer's Guide, Canadian Human Rights Commission:](#)
- o [Let's Talk: A Guide to Resolving Workplace Conflicts, Alberta Department of Employment and Immigration](#)
- o [Mental Health First Aid, Mental Health Commission of Canada](#)
- o [Helping Raise Awareness & Reduce Stigma, Great-West Life Centre for Mental Health – Workplace Strategies for Mental Health](#)

## 5. Prevention

Prevention refers to the actions taken to prevent the occurrence of significant psychological problems or mental health illness. These actions are designed to prevent the onset or reduce the severity of psychological health problems in the workplace.

The three kinds of prevention are:

- I. **Primary**
- II. **Secondary**
- III. **Tertiary**

### I. Primary Prevention

Primary prevention changes individual or organizational conditions that may contribute to psychological health problems, thus reducing the likelihood that problems may occur. This involves identifying and reducing the presence of risks followed by enhancing the capacity to manage remaining risks.

#### A. Provide Stress Management Training

##### How it is done

Stress management training is usually provided in a group setting and focuses on: (i) controlling distressing or dysfunctional thoughts and emotions triggered by stressful work or personal factors; and (ii) the use of effective problem-solving strategies to identify and address workplace or personal stressors.

(See **Appendix I** for Stress Management Training).

*For questions, please contact the [Wellness Programs](#).*

##### Why it matters

If we can provide employees with enhanced skills for dealing more effectively with personal and workplace stressors, we may well be able to prevent the onset of significant personal distress and functional difficulties as well as more serious psychological problems and common mental disorders.

#### B. Support Work-Life Balance

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



##### How it is done

There are a number of effective actions that can help maintain work-life balance, such as providing inclusive and flexible work hours with management approval.



##### Useful Tools

- o [Useful information for employers, managers and employees on work-home balance](#)
- o [Work-life Balance in Canada, Health Canada](#)
- o [HC/PHAC teleworking arrangement](#)

### II. Secondary Prevention

Secondary prevention identifies and addresses psychological health problems when they are in a relatively mild state or early stage, so that a fast response will forestall more serious problems.

- A. Provide Self-Care Tools
- B. Provide Manager Training
- C. Provide Early Intervention through EAP

### A. Provide Self-Care Tools

HC and PHAC’s self-care tools, such as the **Mental Health Passport** are designed to teach individuals how to manage their own psychological well-being, such as addressing difficulties with mood or anxiety.

#### How it is done

Tools for psychological self-care are instructional in nature, teaching the depressed or anxious employee skills for managing psychological difficulties, and are based on cognitive behavioural change methods. Skills taught include:

- o behavioural activation (setting goals to increase social or physical activities);
- o problem solving (structured techniques for responding to challenging situations);
- o realistic thinking (overcoming thought patterns that are unfairly self-critical or unrealistically pessimistic); and
- o relaxation (increasing one’s capacity for winding down and self-calming).

#### Why it matters

Research indicates that individuals with psychological distress or mild dysfunction have more ability to cope with their own problems especially if they obtain self-care tools.



#### Useful Tools

- o [Antidepressant Skills at Work](#)
- o [E-Couch, online CBT site, Australian National University](#)

### B. Provide Manager Training

It is critical to give managers the knowledge and skills needed to respond appropriately to employees showing behaviours that may indicate a psychological health or safety issue.

*For helpful resources, please visit the [Mental Health First Aid in the Workplace: Manager's Guide](#).*

#### How it is done

Manager skills should include:

- o recognizing workplace behaviours that may reflect a PH&S issue;
- o engaging in useful conversations with distressed employees ('I noticed...' 'How can I help?' 'Can we follow up?');
- o respecting privacy and human rights;
- o familiarizing with organizational policies and resources pertaining to PH&S; and

#### Why it matters

Employees with patterns of declining or inconsistent job performance, interpersonal difficulties or other uncharacteristic behaviours may have psychological health issues, including the presence of an emerging or underlying mental health issues.

## How it is done (cont'd)

- o assisting workers with psychological disability to return to work in a safe and sustainable fashion.

Contact the [Wellness Programs](#) for more information.

## Why it matters

Manager response, or lack of response, determines whether the situation worsens, perhaps leading to a grievance, accident or extended absence and disability.



### Useful Tools

- o [Managing Mental Health Matters, Great-West Life Centre for Mental Health in the Workplace – Workplace Strategies for Mental Health](#)
- o [What You Need to Know about Mental Health: A Tool for Managers, Conference Board of Canada](#)
- o [ICMS + V & E Conversation Tools](#)

## C. Provide Early Intervention through EAP

Employee Assistance Programs (EAP) is an excellent resource for enhancing early intervention: employees can seek EAP counseling at an initial stage of distress. The Employee Assistance Services (EAS) provides the Employee Assistance Program (EAP) to assist employees with personal and work-related problems that can affect their physical and emotional well-being as well as work performance. The EAP is available to employees, members of their immediate family and to retirees up to three months from the date of retirement. The EAP provides short-term professional counseling service - it is voluntary, free, bilingual and **CONFIDENTIAL**.



### What is EAP?

To reach your EAP, call 1-800-268-7708.

TDD/ATME 1-800-567-5803 for the hearing impaired

EAP is available 24 hours 365 days a year, anywhere in Canada.

EAP provides assistance with situations such as:

- o Marital and family relationships
- o Work life balance
- o Psychological health
- o Work-related

## How it is done

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

- o Create opportunities to have conversations about Stay at work strategies.
- o Provide accommodation.
- o Provide information to support the decision to take health-related leave.
- o Continued support after return to work.

## Why it matters

It is important to address psychological health problems at an initial stage, when the individual may be experiencing emotional distress and some functional difficulty.



### Useful Tools

- o [Brief Intervention for Hazardous and Harmful Drinking, WHO](#)
- o [PHQ-9 Screen for Depression](#)

### III. Tertiary Prevention

Tertiary Prevention reduces the distress and dysfunction associated with an identified mental disorder. An individual who obtains appropriate treatment, effective rehabilitation and supported [return to work](#) is less likely to experience lasting negative impacts.

- A. Support Staying at Work
- B. Provide Coordinated Disability Management

#### A. Support Staying at Work

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

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

How it is done	Why it matters
<p>There are several strategies employers can use to assist employees who are dealing with psychological health issues:</p> <ul style="list-style-type: none"> <li>o Create opportunities to have conversations about Stay at work strategies.</li> <li>o Provide accommodation.</li> <li>o Provide information to support the decision to take health-related leave.</li> </ul>	<p>Work is an important part of our identity. It provides a sense of purpose, structure and opportunities to interact with others. Time off due to illness or disability is disruptive and may undermine our mental health. If an employee is dealing with psychological issues, it is best to support them at work, if possible – and if they need to take time off work, to stay connected with them and support them to return as quickly as is safe and appropriate.</p>

#### B. Provide Coordinated Disability Management

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

## How it is done

One way to enhance coordination is to designate or contract with a Stay at Work/Return to Work (SAW/RTW) Coordinator who leads efforts to allow distressed workers to stay at work while being supported in dealing with psychological health problems or efforts to ensure timely and successful work return for those who do need to be off for longer periods.

*For assistance in managing injury, illness and disability cases, please contact –the [Disability Management Office \(DMO\)](#).*

*For accommodation, please contact the [Duty to Accommodate Coordinator](#).*

## Why it matters

The Disability Management Program focuses on absences from work as a result of illness, injury or disability, and on preventing the risks that cause these absences. The three components of disability management are accommodation, prevention, and support for recovery.



### Useful Tools

- [A Place for All – A Guide to Creating an Inclusive Workplace, Canadian Human Rights Commission](#)
- [Accommodations for People with Mental Health Problems, Mental Health Works](#)
- [DEEP](#)
- [Standard Operating Procedures \(SOPs\)](#)

# Phase 4

Implementing your Action Plan and a Process for Continuous Improvement



## Phase 4- Implementing Your Action Plan and a Process for Continuous Improvement

In phase 4 of the implementation process, some key factors will be presented to manage the ongoing work, guidance and a sustainable PHSMS.

- A. Establish a Performance Monitoring Process
- B. Internal Audits
- C. Management Review process
- D. Plan your Evaluation
- E. Measure Short- and Longer-Term Outcomes
- F. Continuous Improvement

Corrective and preventive action process, performance monitoring process and management review process.

### 1. Key Factors for a Successful Implementation

#### The Action Team

- o You do not need to be an expert in mental health to discuss and develop psychologically healthy and safe workplace solutions.
- o Teams are a very good approach. Bring in others and establish a team with a common goal. Don't try to do everything on your own. Empower the team to make decisions and take action.
- o Have an *all staff* meeting to communicate to employees and ask for input on your objectives, targets, and activities. If you work in a unionized environment, strengthen your commitment message by having a jointly hosted union and non-union kick-off meeting.
- o Have review meetings on a scheduled basis with all the stakeholders and action team (advisory committee, Project Lead, Champions, corporate services and programs that support your initiatives, Leaders, etc. involved in the various activities). At the start of your work, these meetings should occur frequently (weekly or biweekly) to uncover challenges and possible problems as early as possible.
- o Schedule your meetings well in advance and ensure you have clearly communicated your expectations to the action team at the start. Keep your meetings as short as possible, be respectful of your team members' time, and work on having a positive and safe environment for all workers to feel comfortable speaking freely.
- o Ensure confidentiality and privacy of individuals remains a priority in all discussions.
- o Celebrate progress with the group. You may want to create initial goals that show quick successes and then celebrate these successes to help build momentum and engagement.
- o Keep it bite sized. Begin with two or three main priorities. Don't try to do too many things at once. It can be hard to contain the enthusiasm and ideas at the outset, but try to manage this. It is far better to choose a lesser number of priorities and do them well than attempt to tackle too many things and not be able to accomplish your goals. *Remember, this is a journey, not a check list.*

## 2. The Implementation of the Plan

- Don't get lost in the details. Start at the beginning. Develop a three year plan with key milestones and improve and review as you go.
- Don't overlook all of the good things you already have in place within your organization. You may already be much farther along than you think. Don't reinvent the wheel if you don't have to. **Keep the Wellness Programs on your speed dial!**
- Set realistic expectations and be patient. It will take time to foster the culture change you are looking for. Manage the expectations of yourself, your team members, and others.
- Use the Mental Health and Wellness in the Workplace Working Group as a forum for discussions, learning and sharing best practices. Ask questions, exchange ideas!
- Show how each employee can contribute to positive change by talking about PH&S in the workplace.
- Focus discussions on workplace practices and processes that are part of the day-to-day experience in the workplace, not on individual health issues.
- Improve communication and facilitation skills for leading discussions. The [Great-West Life Centre for Mental Health in the Workplace](#) has developed a program called [On the Agenda](#) that can help support competence in these areas.

### A) Establish a Performance Monitoring Process

The purpose of performance monitoring and measurement is to obtain qualitative and quantitative measurements of:

- a) the PH&S of the organization (promotion, prevention and intervention efforts); and
- b) organizational conformance to this Standard including process evaluation.

For additional steps to take in the performance monitoring process, please see page 115 in [Assembling the Pieces](#).

### B) Internal Audits

The Standard describes the need to create an *Internal Audit Process* for your PHSMS to ensure that you comply with the mandatory elements of the Standard. An internal audit of your system is a good way to see the progress of your PHSMS and get ideas for your continual improvement plans. While the Standard doesn't describe the frequency of the internal audits, doing them annually would be a good way to start. An *Audit Tool* is included in Chapter 5 in [Assembling the Pieces](#) with all of the mandatory requirements of the Standard. This can be a framework for your *Internal Audit Process*.

### C) Management Review Process

The third and final review process that needs to be created for your PHSMS is a *Management Review Process*. This is critical to ensure continuing support and direction for your PHSMS.

A *Management Review* is a formalized, complete system review at a high, *big picture*, level. The review is carried out by the *Senior Leadership* and ensures an ongoing review of relevant policies, procedures, results, and deficiencies. Many organizations carry out *Management Review* meetings as part of their scheduled senior staff meetings quarterly or annually.

#### Tip:

##### The key questions a Management Review aims to answer are:

1. Is the system working as currently implemented?
2. Is it suitable and effective given our means and resources?
3. Is it still relevant to our organization or are changes needed?
4. Is it achieving its intended outcomes?

*For assistance in managing injury, illness and disability cases, please contact the [Disability Management Office \(DMO\)](#).*

This component involves **evaluating the impact of actions** with respect to PH&S in the organization. The results of this stage allow for the modifications of actions when they are not meeting objectives. We use the term 'process' because:

- o The evaluation phase of a workplace initiative is the time to process what has occurred and the results obtained to guide further action; and employer-generated initiatives are best suited to process evaluation, which focuses on the **process of change rather than final outcomes**.
- o Ultimately, it is a process of ongoing **innovation, feedback, and refinement**.

*For a more detailed approach on management review, please see page 120 in [Assembling the Pieces](#).*

### D) Plan Your Evaluation

In the Planning stage you will have decided what kind of evaluation makes sense for your organization. The Project Leads should identify the purposes of the evaluation before initiating the action plan. This way, your team will have a clear and useful answer when asked, 'Did it work?'

#### Why it matters

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



#### Useful Tools

- o [Evaluating Comprehensive Health Promotion Efforts, Workplace Mental Health Promotion Guide, Canadian Mental Health Association Ontario](#)
- o [Evaluating Comprehensive Workplace Health Promotion – Info-pack, Health Communication Unit, University of Toronto](#)
- o [Evaluation Worksheet, Guarding Minds @ Work](#)

## E) Measure Short- and Longer-Term Outcomes

There may be an extended delay, months or perhaps even years, before substantive changes in organizational psychological health can be observed. Those kind of changes are longer-term outcomes and may be too delayed to supply information about intervention effectiveness when the information is needed for planning, therefore short-term outcomes might include the number of employees volunteering to participate in a resilience workshop, satisfaction ratings by employees who have participated in a workshop or other intervention, self-rated changes in stress levels by participating employees after a few months, or changes in system-level factors.

### How it is done

- o **Short-term outcomes.** Project Leads will need to decide what represents a meaningful short-term time span. This might involve doing outcome measurement at the three- or six-month mark after carrying out the action(s). This can be carried out, as per your action plan.
- o There are two straightforward ways to measure short-term outcomes:
  - o First, re-do the Guarding Minds @ Work Organizational Audit, or use existing data and determine whether the results now look more positive in light of the interventions you have undertaken. For example; have accommodation guidelines been clarified for individuals returning from absence related to psychological health problems; is there improved access to mental health care; and is there appropriate participation by staff in PH&S training?
  - o Second, gather qualitative data by conducting focus groups with key supervisory or frontline staff. The process of engaging employees in the evaluative process can be a powerful intervention in itself. One way to achieve this is by holding Idea Jam sessions.

**Longer-term outcomes.** After a few cycles of action, measurement and improvement, meet with the project leads and other key stakeholders to reach an overall judgment on how well the intervention process is working. This is a good time to examine some longer-term outcomes (e.g., decreased absenteeism, decreased rate or duration of mental health disability leaves, increased retention, etc.).

### Why it matters

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



### Useful Tools

- o [Select an Evaluation Strategy, Canadian Mental Health Association Ontario](#)
- o [Ten Steps to Evaluating a Health Promotion Program, Health Communication Unit, University of Toronto](#)

## F) Continuous Improvement

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

Outcomes should be well-documented; effectively communicated to key decision-makers and championed by influential players i.e. communications from senior management, managers, and supervisors. \

### Support Champions and Communities of Practice

A champion is someone in your organization who encourages others to adopt new programs or practices, is seen by staff and management as highly credible, and helps to change attitudes and behaviours. A Working Group is a way of drawing people together to solve problems in a specific area. Some members of the Working Group in psychological safety will be experts in OHS or psychological health, but others may have particular expertise in employee rights, human resources policy, EAP, organizational changes affecting employee stress, etc.

In addition to the Advisory Committee, the MHWW Working Group can function as a forum to invite Key Wellness Stakeholders (i.e. subject matter experts).

### How it is done

Champions will be more effective when they are working with a community of individuals within your organization to determine the best approach, communicate it to others, and make sure that it is continued. A Working Group may already be present to support existing health and safety or professional activities and may expand to take on PH&S. It may be created by individuals participating in resiliency training or stress management workshops, or built up by invitations from action group members, and fostered by a page on an organizational intranet website. Key features of Working Groups are their stability and cohesion over time, although individual members may come and go. The group does not only gather for one-time meetings, but maintains stable relationships of knowledge-sharing.

### Why it matters

A MHWW Working Group will have more capacity to sustain change especially when combined with champions who promote PH&S interventions.



### Useful Tools

- [Identify a Champion, A Leadership Project for Advancing Workplace Mental Health, Mental Health Commission of Canada](#)
- [The Roundtable on Workplace Mental Health](#)
- [Prevention & Promotion, Championing a Health Workplace, Great-West Life Centre for Mental Health - Workplace Strategies for Mental Health](#)

## Create a Culture of Psychological Safety

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

### How it is done

### Why it matters

**A psychologically healthy and safe culture may be enhanced in a number of ways:**

- **Ongoing leadership commitment.** Creation of a psychologically safety culture requires that leadership commitment is maintained over the long term (i.e. ongoing communication). **Two-way communication.** Establish an organizational climate in which employees are willing to report concerns, issues and incidents that may compromise the PH&S of employees or clients (i.e. create employee Advisory Committee).
- **Learning approach.** Ongoing efforts to understand the causes and consequences of safety incidents. *Please see [OHS Training](#).*
- **Employee involvement.** Staff members need to have input in and responsibility for PH&S within their workplace.
- **Attitude towards blame.** How an organization deals with policy violations is an indication of its safety culture. *Please see [the Values and Ethics Codes](#).*

The concept of a “**culture of psychological safety**” originated in high-hazard industries, where accidents have severe consequences for employees and the public. It was realized that the sustainability of health and safety activities depended on a set of common [organizational values](#) and practices regarding the importance of health and safety.



### Useful Tools

- [Safety Culture Checklist, Transport Canada](#)
- [Webinar on Shaping a Safety Culture, Dr. Graham Lowe](#)
- [Toolkit for Creating and Measuring a Safety Culture, UK Health and Safety Executive](#)

# Congratulations!

You've just read through a toolkit filled with complex, yet **useful** material. It's okay if you only read a section that seemed especially relevant – that's what toolkits are for!

The [Assembling the Pieces Implementation Toolkit](#) pertains to the protection of employees' psychological health and safety. While significant progress has been made over the last 100 years in decreasing rates of accidents and illness related to risks posed by workplace conditions or worker behaviours, it is our mission to continue to improving and help others along the way!

For any questions, please contact the [Wellness Programs](#)

In fact, if you identified three or four actions worth serious consideration by your organization, that's a great outcome.

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

## *Remember these key messages:*

- HC and the Agency strive to build and sustain healthy, respectful, inclusive, safe and productive workplaces, which are core values in action and a priority for both organizations.
- **Remember; this is a journey, not a checkmark list!**
- **Key success factors from the MHCC:**
  - ✓ Integrate mental health processes/policies into regular change management practices
  - ✓ Start where you think you can achieve most result
  - ✓ Keep it bite sized
  - ✓ Align with organizational strategic priorities

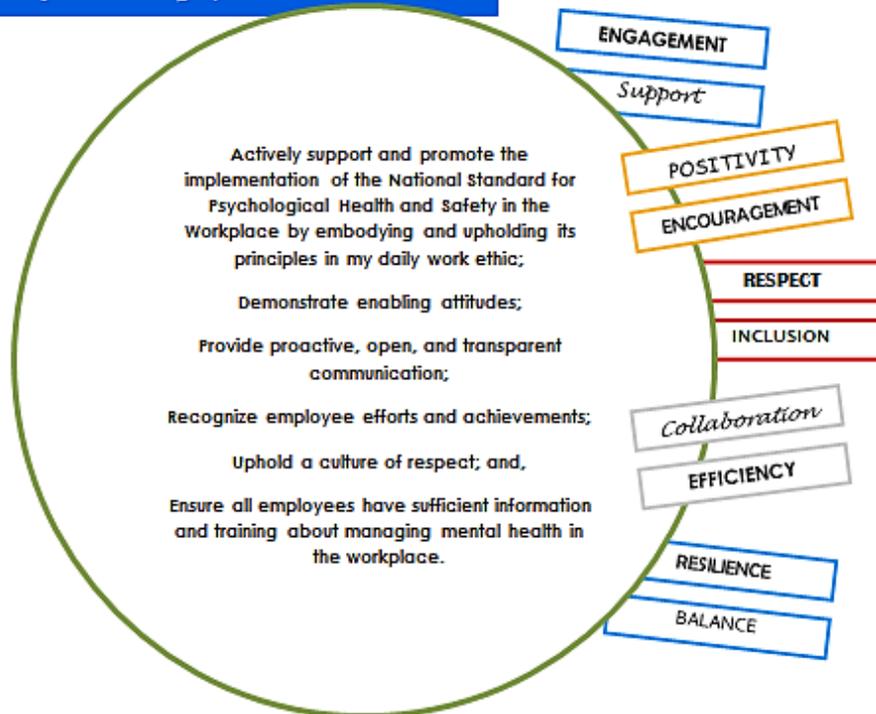
# Appendix A:

Examples of Management Charters

Workplace Wellness. *MY* leadership matters.



As your Manager, I am committed to:



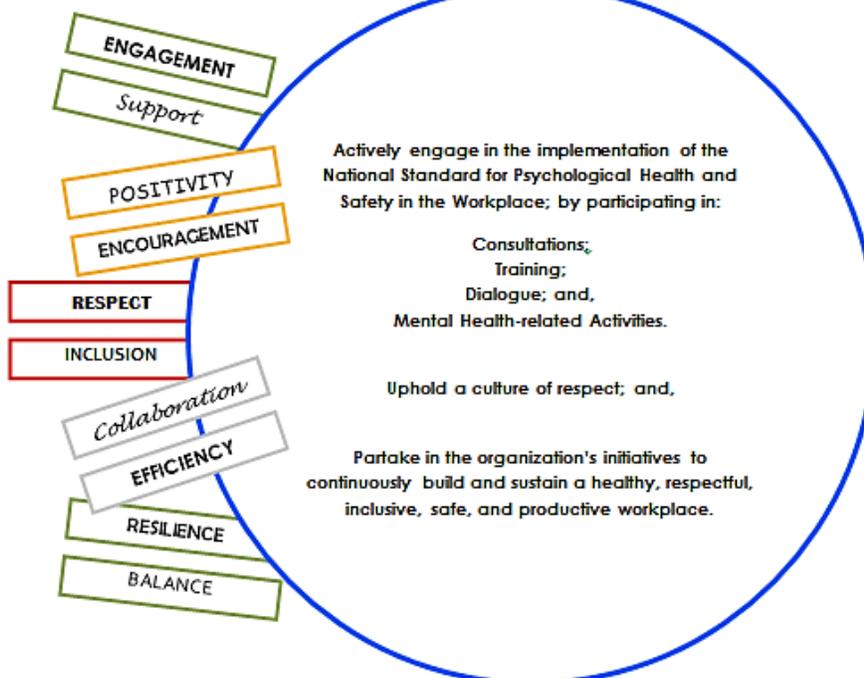
*x*

Through dedication, collaboration, and hard work, we are committed to foster and build a healthy, respectful, inclusive, safe, and productive workplace. By upholding our promise, we will **strengthen and empower** one another to continue to promote a psychologically healthy and safe workplace, support success, and eliminate stigma around mental health.

Workplace Wellness. *MY* leadership matters.



As an Employee, I am committed to:



*x*

Through dedication, collaboration, and hard work, we are committed to foster and build a healthy, respectful, inclusive, safe, and productive workplace. By upholding our promise, we will **strengthen and empower** one another to continue to promote a psychologically healthy and safe workplace, support success, and eliminate stigma around mental health.



# Appendix B:

Examples of Engagement Messages to Employees

## Health Canada

As your deputies, we want you to know that we are committed to promoting and creating a workplace culture where all employees are treated with respect and dignity.

Workplace Wellness is something that affects everyone, managers and employees alike, and the mental well-being and safety of our employees are fundamental to organizational success.

In that regard, in the Clerk of the Privy Council's [Twenty Second Annual Report](#), one of her three priorities for action in the coming year is on improving mental health, with an emphasis on building a healthy, respectful and supportive environment that encourages stigma-free dialogue. Your senior leaders are dedicated to achieving this goal.

In order to attain this goal, there are a number of resources available to Health Canada employees on the [Workplace Wellness site](#), to assist and guide employees in addressing well-being openly, and to shape an environment where everyone feels safe and productive at work.

The launching of the [Workplace Wellness resources](#) is timely as it will address concerns raised throughout many Blueprint 2020 discussions, and will also support the responses to the latest Public Service Employee Survey (PSES) results, recently released. The PSES results indicate that we need to further advance the work being done in specific areas such as: Respectful and Ethical Workplace; Harassment and Discrimination; Duty to Accommodate; Collective Agreements and Labour Relations. For more information on the departmental PSES results, please see the [PSES Section](#) on our intranet.

In our continued efforts to collectively build healthy work teams, branch heads have committed to implement the [National Standard for Psychological Health and Safety in the Workplace](#) (the Standard) Department-wide. The Standard helps employers promote positive mental health and prevent psychological harm to employees in the workplace.

This is our workplace and together we can make a difference in building a healthy, respectful, inclusive, safe and productive workplace. To find out more about the array of services and resources available to all employees, please visit the [Workplace Wellness](#) section of the intranet.

Simon Kennedy  
Deputy Minister

Paul Glover  
Associate Deputy Minister

## Public Health Agency of Canada

Dear Colleagues,

Workplace wellness is something that affects everyone, managers and employees alike.

At the Agency, the senior management team truly believes that the physical and mental well-being and safety of our employees are fundamental to organizational success and sustainability. That is why we are committed to taking a leadership role in promoting and creating a workplace environment where all employees are treated with respect and dignity.

The organization has over time put in place a wide range of services and resources for our employees in order to ensure that they have access to help and assistance when they are needed. Creating these resources has been a crucial first step. We now need to make sure all employees are aware of these services and feel encouraged to use them.

The launching of the Workplace Wellness resources ties in well with the recent release of the latest Public Service Employee Survey (PSES) results. The PSES results indicate that we need to further advance the work being done in specific areas such as: Respectful and Ethical Workplace; Harassment and Discrimination; Duty to Accommodate; Collective Agreements and Labour Relations. For more information on the departmental PSES results, please see the PSES Section on our Intranet.

Regrouped under the umbrella of “Workplace Wellness”, these resources and services are aimed at helping us discuss well-being and shaping an environment in which everyone feels safe and productive at work. For a listing of these services, please refer to the Workplace Wellness Resources page, available on the Agency’s Intranet site.

We all need to learn more about and how we can improve workplace wellness, both personally and professionally. Mental health in the workplace, conflict of interest, informal conflict management, labour relations, disability management, the Office of the Ombudsman, occupational health and safety and the many other components and resources of workplace wellness need to be better addressed.

As a result, the Agency has recently communicated with the Mental Health Commission of Canada about our plans to implement the National Standard for Psychological Health and Safety in the Workplace (the Standard) Agency-wide. The Standard helps employers to promote good mental health and prevent psychological harm for every employee in the workplace.

Together, we are building a healthy, respectful, inclusive, safe and productive workplace. To find out more about the array of services and resources available to all employees, please visit the Workplace Wellness section of the Intranet.

Krista Outhwaite  
President

Dr. Gregory Taylor  
Chief Public Health Officer

Corporate Services Branch  
(Health Canada)

Colleagues,

In my message of Monday regarding Mental Health Week, I shared my resolve for CSB to lead the way in promoting positive mental health and physical safety in the workplace.

I am pleased to announce that CSB will be piloting the **National Standard for Psychological Health and Safety in the Workplace** (the Standard). We are one of 4 branches to do so and this will support our strategic priority "A work environment where employees excel".

**What is the Standard?**

Championed by the Mental Health Commission of Canada, the Standard aims to:

- o prevent psychological harm from conditions in the workplace;
- o promote psychological health in the workplace through support; and
- o provide assessment tools, resources, guides, and specific steps to help organizations create and sustain a psychologically safe and healthy workplace.

**What does this mean for CSB?**

Piloting the standard is about having an action plan to reinforce workplace wellness practices and behaviours in order to ***build and sustain a healthy, respectful, inclusive, safe and productive workplace.***

Specifically we will:

- Demonstrate my and the entire executive team's commitment to this initiative
- Work with you all to explain the standard and how, together, we can make it a reality
- Build on the PSES results to identify key areas of focus
- Raise awareness of tools and services available
- Offer Mental Health First Aid training more broadly
- Create an action plan and report regularly to you all on our progress

To do this, we will need a small team to support the activities and a broader advisory group to help ensure that we engage right across CSB in all regions.

I strongly believe that the physical and mental health, well-being, and safety of our employees are fundamental for our success. I look forward to taking this journey with you.



 @DebbieBGHCSC

## Regions and Programs Bureau (Health Canada)

Message from the A/SDG to: All RAPB Employees

I am thrilled to announce that the Regions and Programs Bureau will be participating in Health Canada's pilot of the [National Standard for Psychological Health and Safety in the Workplace](#).

### Did You Know?

- On any given week, more than 500,000 Canadians will not go to work because of mental illness
- More than 30% of disability claims and 70% of disability costs are attributed to mental illness.
- Approximately \$51 billion each year are lost to the Canadian economy because of mental illness.

Championed by the Mental Health Commission of Canada (MHCC), and developed by the Canadian Standards Association (CSA) and the Bureau normalization du Quebec (BNQ), the Standard is a voluntary set of guidelines, tools and resources focused on promoting employees' psychological health and preventing psychological harm due to workplace factors. Health Canada was a key contributor to the development of the Standard, so it is no surprise that it joins several other federal departments in piloting the standard.

Mental health problems and illnesses are the leading cause of short- and long-term disability in Canada and the toll on Canadian workers and workplaces is substantial. Our workplace plays an essential part in maintaining positive mental health.

Working in concert with practices already in place at Health Canada, this Standard provides a framework to create and continually improve a psychologically healthy and safe workplace. The benefits of a psychologically healthy workplace include not only increased productivity and performance, but also improved employee retention and organizational excellence.

Some actions already underway include:

- The Mental Health First Aid training, first piloted in RAPB, to help us better understand and support colleagues and employees.
- The upcoming 2014 Public Service Employee Survey and other tools that will be instrumental in this identifying those hazards and risk factors in the workplace that impact on our mental health.

RAPB is already seen as leader in psychological health and safety through its Specialized Health Services (EAS, PSOHP, OCISM) and we will rely on this in-house expertise as we implement the Standard.

I encourage you to review [the Standard and its annexes](#) to get a better understanding of this valuable initiative.

As the pilot unfolds, the Executive Team and I will share details on how the Standard will be put into practice in RAPB.

RAPB's greatest strength is its people, so I am excited that RAPB employees will be some of the first to benefit from Health Canada's commitment to promote and protect employees' psychological health and safety.

## Health Promotion and Chronic Disease Prevention Branch

(Public Health Agency of Canada)

Dear Colleagues,

I am writing to invite you to join me in regular discussions of mental health and well-being in our Branch. I have been reflecting on our PSES results and on the pioneering work of the Centre for Health Promotion in implementing the National Psychological Standard on Health and Safety in the Workplace.

I know we all value and need a work environment that is supportive and respectful, and I am committed to working with all of you to build and reinforce this in our Branch. After all, we work every day to support the well-being of Canadians. Why would we not be equally committed to supporting our own well-being?

I believe that a culture that is health promoting requires trust and that trust comes with opening up the dialogue. It comes with self-reflection and understanding how our own behaviours can affect our colleagues. It comes by allowing ourselves the time to address our own challenges as well as share the positive things in our environment.

So today I am inviting you to talk with me about our workplace environment through monthly dialogues.

Let me know by responding to this e-mail if you would like to be involved and I'll start putting this together.

Thanks!

Kimberly Elmslie  
Assistant Deputy Minister  
Health Promotion and Chronic Disease Prevention Branch

# Appendix C:

The Mental Health and Wellness in the Workplace Working Groups' Terms of Reference

Health Canada and the Public Health Agency of Canada  

---

Mental Health and Wellness in the Workplace Working Group

Terms of Reference

*Available soon.*

# Appendix D:

The SWOT Analysis

## The SWOT Analysis

### Definition

The SWOT analysis is a useful tool to understand the organization and the situations that affect it and to address them appropriately. SWOT stands for **S**trengths, **W**eaknesses, **O**pportunities, and **T**hreats. It is used as an analysis to identify internal and external factors that may facilitate or impede action on Psychological Health and Safety.

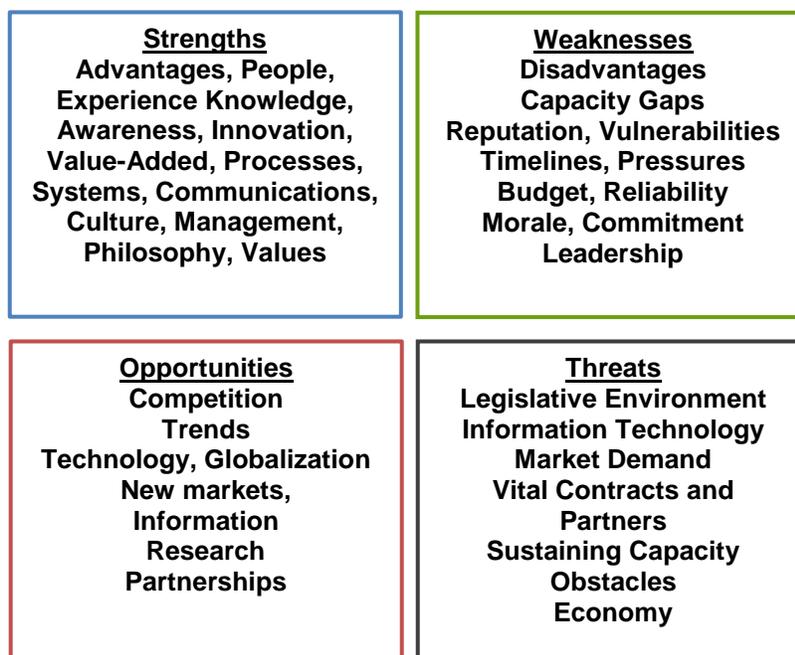
### Process

The SWOT Analysis starts with an inventory of internal strengths and weaknesses. While strengths capture the positive aspects which add value to HC/PHAC, weaknesses describe the negative aspects that detract from the value the organization brings. Then, participants identify the external opportunities and threats that may influence the organization. Threats are challenges created by an unfavorable trend or development that may negatively impact productivity.

### Outcome

Facilitators will engage stakeholders in an environmental scan of internal and external factors that may have an impact on the situation to be addressed: reducing gaps or sustaining inclusion. Participants will view the organization in a new light and identify **three regional or branch-specific priorities** to maximize strengths and opportunities while minimizing the impacts of weaknesses and threats. Here are some tips to help you further:

1. **Be prepared:** Get your facts and figures in place before you do the analysis.
2. **Be comprehensive:** Include all details, from the smallest ones (e.g. for issues at the most micro level like discussions in your team) to large ones (e.g. for new government regulation) that can impact your work.
3. **Be self-critical:** SWOT analysis is there to stimulate critical reflection. Be open and don't get defensive. It is normal to have weaknesses as well as strengths, and to see both threats and opportunities.
4. **Repeat the analysis:** As you go on with your work, new learnings and factors are bound to come up. Re-visit the SWOT Analysis to align your work and its course.



# Appendix E:

Multi-Year Mental Health Action Plan

## Step 1: Building Your Foundation

Strategic Outcome / Behaviour 1: CSB Senior Management Employees at all levels are leaders in their commitment to implementing the Standard within their respective organizations (STEP 1 – Building our Foundation)			
Strategic Objective	Lead	Support	
<p><b>Strategic Objective :</b> To build a foundation for enabling a systematic approach to address and continuously improve psychological health and safety in the workplace by implementing the National Standard for Psychological Health and Safety in the Workplace (the Standard) within the Branch</p>			
<p><b>Actions to Create a Culture of Effective People Management Behaviours and Practices</b></p>			
<p>1. Communicate to staff the commitment to piloting the Standard within the Branch:</p> <ul style="list-style-type: none"> <li>o Communicate what it means to managers and employees to be in a pilot organization;</li> <li>o Share and encourage the use of the available mental health resources (training, tools, programs and services)</li> </ul>	Branch Head	<ul style="list-style-type: none"> <li>• Project Lead(s)</li> <li>• CPAB</li> <li>• Wellness Programs</li> </ul>	
<p>2. Appoint Project Lead(s) and define roles and responsibilities (Appendix A)</p> <ul style="list-style-type: none"> <li>o NCR</li> <li>o Regional</li> </ul>	Branch Head	<ul style="list-style-type: none"> <li>• Staffing</li> <li>• Regional Operations Division</li> </ul>	
<p>3. Organize an Extended BEC Retreat round table to discuss and understand:</p> <ul style="list-style-type: none"> <li>o What it means to implement the Standard</li> <li>o Roles and responsibilities of the key stakeholders (Appendix A)</li> </ul>	Branch Head	<ul style="list-style-type: none"> <li>• Project Lead(s)</li> <li>• Wellness Programs</li> </ul>	
<p>4. Commit to developing a systematic approach for managing and continuously improving psychological health and safety in the workplace:</p> <ul style="list-style-type: none"> <li>o Develop and sign Policy Statement (i.e. vision)</li> <li>o Once signed by the Branch Head, post online and distribute nationally</li> </ul>	Branch Head	<ul style="list-style-type: none"> <li>• Project Lead(s)</li> <li>• CPAB</li> </ul>	
<p>5. Organize employee engagement sessions:</p> <ul style="list-style-type: none"> <li>o Discuss « what it means » for the organization to participate in the implementation of the Standard</li> </ul>	Branch Head DGs	<ul style="list-style-type: none"> <li>• Program Lead(s)</li> </ul>	

## STEP 2: Identifying Opportunities

<p><b>Strategic Objective :</b> <i>To build a foundation for enabling a systematic approach to address and continuously improve psychological health and safety in the workplace by implementing the National Standard for Psychological Health and Safety in the Workplace (the Standard) within the Branch</i></p>		
<p><b>Strategic Outcome / Behaviour 2:</b>  <i>Senior Management systematically integrate psychological health and safety in their daily people management practices. (STEP 2 – Identifying Your Opportunities)</i></p>		
<p><b>Actions to Create a Culture of Effective People Management Behaviours and Practices</b></p>		
<p>6. Conduct gap analysis using the following data sources:</p> <ul style="list-style-type: none"> <li>o 2014 PSES data; and</li> <li>o Wellness Scorecard</li> </ul>	<p><b>Lead</b></p> <p>Project Lead(s)</p>	<p><b>Support</b></p> <ul style="list-style-type: none"> <li>• Strategic HR</li> <li>• Wellness Programs</li> </ul>
<p>7. Establish a Branch Employee Advisory Committee – the « pulse of the organization »</p> <ul style="list-style-type: none"> <li>o Employees to participate, provide advice and guidance in the implementation of the Standard within the Branch</li> </ul>	<p>Branch Head</p>	<ul style="list-style-type: none"> <li>• Project Lead(s)</li> <li>• Wellness Programs</li> <li>• Other Pilot Organizations</li> </ul>
<p>8. Deliver Mental Health-related training – <b>Cascading and Phased:</b></p> <ul style="list-style-type: none"> <li>o Mental Health First Aid training for Executives</li> <li>o Mental Health First Aid Training for Managers and Employee</li> <li>o Work, Stress &amp; My Mental Health – Session for Executives</li> </ul>	<p>Wellness Programs</p>	<ul style="list-style-type: none"> <li>• Project Lead(s)</li> </ul>

**STEP 3: Building Your Action Plan & STEP 4: Implementing Your Action Plan**

<p><b>Strategic Objective :</b> <i>To build a foundation for enabling a systematic approach to address and continuously improve psychological health and safety in the workplace by implementing the National Standard for Psychological Health and Safety in the Workplace (the Standard) within the Branch</i></p>			
<p><b>Strategic Outcome / Behaviour 2: (CONT'D)</b>  <i>Senior Management systematically integrates psychological health and safety in their daily people management practices. (STEP 3 – Building Your Action Plan)</i></p>			
<p><b>Actions to Create a Culture of Effective People Management Behaviours and Practices</b></p>			
<p>9. Develop Multi-Year Branch Implementation Action Plans which include the following:</p> <ul style="list-style-type: none"> <li>o Vision;</li> <li>o Strategic objectives and outcomes;</li> <li>o Deliverables;                             <ul style="list-style-type: none"> <li>o Branches People Management Practices</li> <li>o Workplace Wellness Resources</li> <li>o Relevant mental health training</li> </ul> </li> <li>o Targets for improvement and performance indicators; and</li> <li>o Communications Plan, including ongoing messages from ADM</li> </ul>	<p><b>Lead</b></p> <p>Project Lead(s)</p>	<p><b>Support</b></p> <ul style="list-style-type: none"> <li>• Project Lead(s)</li> <li>• CPAB</li> <li>• Wellness Programs</li> </ul>	
<p><b>Strategic Outcome / Behaviour 2: (CONT'D)</b>  <i>Senior Management systematically integrates psychological health and safety in their daily people management practices. (STEP 4 – Implementing Your Action Plan and a Process for Continuous Improvement)</i></p>			
<p>10. Evaluate short term and long term outcomes of corrective measures/actions implemented</p>	<p><b>Project Lead(s)</b></p>	<ul style="list-style-type: none"> <li>• Wellness Programs</li> </ul>	
<p>11. Implement new corrective measures or adjust existing measures for continuous improvement:</p> <ul style="list-style-type: none"> <li>o Regular communication from the ADM regarding improvement strategies to Branch employees</li> </ul>	<p><b>Branch Head</b></p>	<ul style="list-style-type: none"> <li>• Project Lead(s)</li> <li>• CPAB</li> <li>• Wellness Programs</li> </ul>	

# Appendix F:

Mental Health First Aid Training



## Mental Health First Aid Training

Mental Health First Aid is the help provided to a person developing a mental health problem or experiencing a mental health crisis. Just as physical first aid is administered to an injured person before medical treatment can be obtained, MHFA is provided until appropriate support is found.

Colleagues and managers are best placed to be the first to recognize the signs and symptoms of mental health issues in their co-workers, provided they are properly trained in Mental Health First Aid.

### MHFA trained employees will be able to:

- Recognize and understand the symptoms of mental health problems, including those related to substance use.
- Provide help to prevent the mental health problem from developing into a more serious state.
- Promote the recovery of good mental health by accommodating employees in distress or recovering from a crisis.
- Increase productivity and reduce absenteeism and overall pressure on benefits.

### Topics Covered

- Substance-related disorders
- Mood disorders
- Anxiety disorders
- Psychotic disorders
- Eating disorders (Youth course)
- Deliberate self-injury (Youth course, Northern Peoples course)

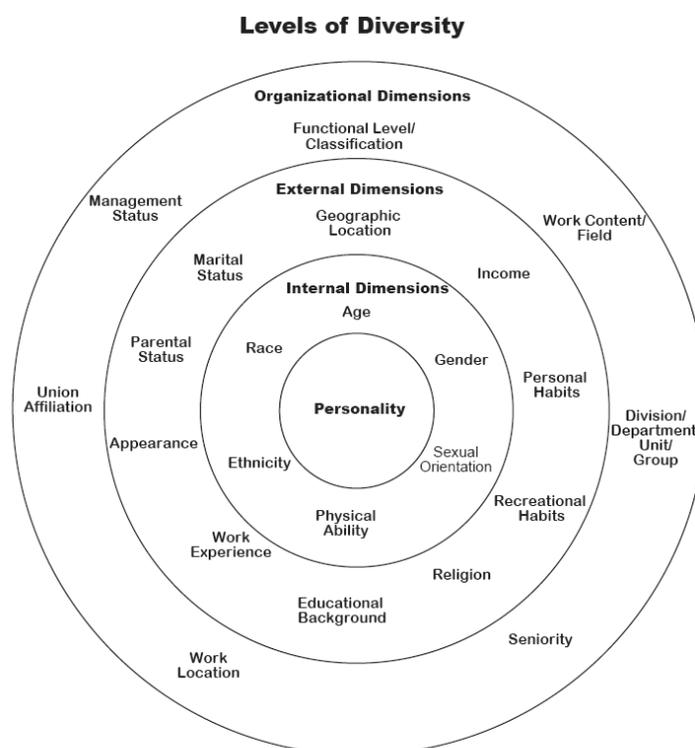
Crisis intervention training provided for:

- Overdose
- Suicidal behaviour
- Panic attack
- Psychotic episode
- Acute stress reaction

# Appendix G:

Four Layers of Diversity

## The Four Layers of Diversity



Adapted from:  
Gardenswartz and Rowe 1994  
Diverse Teams at Work: Capitalizing on the Power of Diversity

### The model describes four levels:

- 1-Personality: Innate characteristics that provide us with inimitable style.
- 2-Internal dimensions: Aspects of our life over which we have little or no influence.
- 3-External dimensions: influences through society and one's own life experiences.
- 4-Organizational dimensions: One's status and experiences within the organization.

Different life experiences and value systems lead to different decisions and behaviors in the workplace. The model is suited to enhance one's own awareness of what characterizes an individual and for self-description.

- The model can also help managers understand that diversity comprises many characteristics of people at work. They will seek to understand these factors and dimensions of diversity to ensure they are bringing out all aspects of an individual's talents and abilities in support of the organization's mission and goals.

# Appendix H:

The Health, Safety, and Wellness Resource Page

## The Health, Safety, and Wellness Resource Page



Health Canada and the Public  
Health Agency of Canada

Santé Canada et l'Agence  
de la santé publique du Canada

## Workplace **Wellness**

### Available Resources

**Centre for Persons with Disabilities:**  
613-952-0816  
Centre.for.PWD –  
Centre.pour.les.PH@hc-sc.gc.ca

**Conflict of Interest:**  
COI Inquiries\_Demandes CI@hc-  
sc.gc.ca  
A resource where employees can get  
answers to questions on real,  
apparent or potential conflict of  
interest situations.

**Corporate Occupational Health and  
Safety:**  
613-960-9710  
Occupational Health and Safety -  
Santé et sécurité au travail@hc-  
sc.gc.ca

**Disability Management Program:**  
613-946-0319  
DMP-PGI@hc-sc.gc.ca  
Prevents and manages absences  
from work due to illness or injury.

**Duty to Accommodate /  
Departmental Accommodation  
Central Fund and Accessibility /  
Accommodations and Adaptive  
Computer Technology:**  
613-954-1379  
Duty to Accommodate - Mesures  
d'adaptation@hc-sc.gc.ca

**Employee Assistance Program:**  
Toll-free: 1-800-268-7708  
Voluntary and confidential services  
to help employees and their families  
with personal concerns that affect  
their wellbeing or work performance.

**Employee Support relating to  
Intellectual Property:**  
HC: 613-960-1787  
ipsupportpi@hc-sc.gc.ca  
PHAC: 204-784-7537  
ip-pi@phac-aspc.gc.ca

**Informal Conflict Management  
Office:**  
Toll-free: 1-855-862-2198  
ICMO-BGIC@hc-sc.gc.ca  
A confidential, neutral and voluntary  
resource that empowers employees,  
managers and teams through  
informal conflict management skills  
transfer and intervention to address  
workplace conflicts quickly and  
constructively.

**Internal Disclosure Office:**  
Toll-free: 1-866-299-9114  
IDO-BDI@hc-sc.gc.ca  
Provides a safe and confidential  
mechanism to disclose alleged  
wrongdoing in the workplace under  
the *Public Servant Disclosure  
Protection Act*.

**Labour Relations:**  
[http://mysource.hc-sc.gc.ca/  
eng/ss/my-workplace/labour-  
relations/contact-us](http://mysource.hc-sc.gc.ca/eng/ss/my-workplace/labour-relations/contact-us)  
Support management by providing  
corporate and operational advice  
related to labour relations and the  
interpretation of collective  
agreements.

**Mental Health in the Workplace:**  
613-697-1849  
Wellness Programs-Mieux-etre  
en milieu de travail@hc-sc.gc.ca

**Office of the Ombudsman:**  
Toll-free: 1-888-490-2753  
Ombudsman@hc-sc.gc.ca  
An off-the-record, neutral,  
independent and informal resource  
for employees and managers who  
have concerns arising from or  
affecting their work.

**Privacy Management Division:**  
Privacy-vie.privee@hc-sc.gc.ca  
Privacy-vie.privee@phac-aspc.gc.ca  
Advises programs on the collection,  
use, disclosure, retention and  
disposal of personal information

under the *Privacy Act* and Treasury  
Board Secretariat policies and  
directives.

**Respect in the Workplace /  
Prevention and Resolution of  
Harassment:**  
613-957-2999  
Respect in the Workplace Office -  
Bureau du respect en milieu de  
travail@hc-sc.gc.ca  
Provide a collective and proactive  
approach to preventing and resolving  
harassment in the workplace.

**Safety, Emergency and Security  
Management:**  
SESMD\_DGSMU@hc-sc.gc.ca  
Security Operations Centre:  
Regions: 1-888-333-6511  
RCN: 613-957-1010

**Senior Scientific Integrity  
Officer at HC:**  
613-941-3003  
Laird.Roe@hc-sc.gc.ca  
Promote the ethical practice of  
scientific research, regulatory  
assessment in the use of scientific  
information.

**Specialised Organizational Services:**  
1-888-366-8213  
Info-sos@hc-sc.gc.ca  
Cost-recovery services that promote  
employee wellness, workplace health  
and team effectiveness. Provide  
workshops, training and one-on-one  
services such as coaching.

**Values and Ethics Services:**  
Toll-free: 1-855-493-4909  
Valuesethics-Valeursethique@hc-  
sc.gc.ca  
Provides coaching and training on all  
aspects related to the *Values and  
Ethics Code for the Public Sector*.  
Supports and facilitates dialogue on  
public sector values related to the  
daily work in our organizations.

# Appendix I:

Stress Management Training

## Stress Management Training

### Why it matters

If we can provide employees with enhanced skills for dealing more effectively with personal and workplace stressors, we may well be able to prevent the onset of significant personal distress and functional difficulties as well as more serious psychological problems and common mental disorders.



### How it is done

Stress management training is usually provided in a group setting and focus on:

- (i) Controlling of distressing or dysfunctional thoughts and emotions triggered by stressful work and personal factors; and
- (ii) Utilizing effective problem-solving strategies to identify and address workplace or personal stressors.

### Common stress management skills include:

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

# Appendix J:

Useful Tools

## List of Useful Tools

### Phase 1

- [Fostering Leadership and Policy in Workplace Mental Health, Mental Health Commission of Canada](#)
- [Making the Business Case, Great-West Life Centre for Mental Health in the Workplace – Workplace Strategies for Mental Health](#)

### Phase 1

- [Guarding Minds @ Work](#)
- [Recommended and Promising Practices for Situational Assessment Tools, Health Communication Unit, University of Toronto:](#)
- [Free Online Tool for SWOT Analysis](#)
- [Harassment and Bullying Prevention:](#)
- [SWOT \(Appendix B\)](#)

### Phase 3

- [The Road to Resilience, American Psychological Association](#)
- [The PAR program is described in Promoting Adult Resilience in the Workplace: Synthesizing Mental Health and Work-life Balance Approaches](#)
- [Anti-Harassment Policies for the Workplace: An Employer's Guide, Canadian Human Rights Commission](#)
- [Let's Talk: A Guide to Resolving Workplace Conflicts, Alberta Department of Employment and Immigration](#)
- [Mental Health First Aid, Mental Health Commission of Canada](#)
- [Helping Raise Awareness & Reduce Stigma, Great-West Life Centre for Mental Health – Workplace Strategies for Mental Health](#)
- [Brief Intervention for Hazardous and Harmful Drinking, WHO](#)
- [PHQ-9 Screen for Depression](#)
- [Managing Mental Health Matters, Great-West Life Centre for Mental Health in the Workplace – Workplace Strategies for Mental Health](#)
- [What You Need to Know about Mental Health: A Tool for Managers, Conference Board of Canada](#)

### Phase 4

- [Randall, R., Nielsen, K., & Tvedt, S. \(2009\). The development of five scales to measure employees' appraisals of organizational-level stress management interventions. \*Work & Stress\*, 23\(1\), 123.](#)
- [Glasgow, R. E., McCaul, K. D., Fisher, K. J. \(1993\). Participation in worksite health promotion. \*Health Education Quarterly\*, 20\(3\), 391-408](#)
- [Randall, R., Nielsen, K., & Tvedt, S. \(2009\). The development of five scales to measure employees' appraisals of organizational-level stress management interventions. \*Work & Stress\*, 23\(1\), 123.](#)
- [Glasgow, R. E., McCaul, K. D., Fisher, K. J. \(1993\). Participation in worksite health promotion. \*Health Education Quarterly\*, 20\(3\), 391-408](#)
- [Identify a Champion, A Leadership Project for Advancing Workplace Mental Health, Mental Health Commission of Canada](#)
- [The Roundtable on Workplace Mental Health](#)
- [Prevention & Promotion, Championing a Health Workplace, Great-West Life Centre for Mental Health - Workplace Strategies for Mental Health](#)
- [Safety Culture Checklist, Transport Canada](#)
- [Webinar on Shaping a Safety Culture, Dr. Graham Lowe](#)
- [Toolkit for Creating and Measuring a Safety Culture, UK Health and Safety Executive](#)