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Psychological Health and Safety in the Workplace

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OHWC Webinar

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Learning Objectives:

- Review the work underway to catalyze change in workplace psychological health and safety;
- Understand the reasons for development of a workplace standard on psychological health and safety;
- Recognize the reasons for the use of a consensus based approach in the development of the standard;
- Learn about the current status of the standard and the needs and timetable for completion of the standard development.



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The Mental Health Commission of Canada

- Background
- Mission
 - To promote mental health in Canada, and work with stakeholders to change the attitudes of Canadians toward mental health problems, and to improve services and support.



The Mental Health Commission of Canada

Strategic Objectives:

- Strategic Objective #1: **To be a catalyst for system and social change** that leads to improved mental health for Canadians;
- Strategic Objective #2: **To create and foster collaboration** that will help to make meaningful change in the mental health of Canadians;
- Strategic Objective #3: **To focus on sustainability and capacity development** so that the work of the Commission will continue, and momentum for positive change will be sustained.



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Workforce Advisory Committee

- Composed of volunteers with a variety of experience and from different backgrounds
- Develop activities/actions to improve the mental health of those working in Canadian workplaces with a focus on prevention – primary, secondary, and tertiary.



1. The “Aspiring* Workforce” Project

- Understanding how to enhance employment opportunities and a sustainable income for the Aspiring Workforce;
- Led by the Centre for Addiction and Mental Health with U of T, CMHA, and Queens University – completion Jan '12;
- Four components:
 - Supported employment;
 - Alternative business models (social enterprises);
 - A new model of disability benefits;
 - Mental health literacy for and about the Aspiring Workforce;
- Impact – improved worker accommodation options, better mechanisms for managing disability, enhanced knowledge on psychological H and S;

* ASPIRING = Trying to get a job or trying to hold a job despite mental health issues



2. Mental Health Leadership Initiative

- The Mental Health Leadership Initiative includes:
 - Key aspects of the Roundtable’s 2007 “CFO Framework for Mental Health and Productivity”;
 - Evolving legal requirements;
 - A comprehensive framework approach to manage Mental Health in the workplace; <http://www.mhccleadership.ca/>
- The Mental Health Leadership Initiative is a key strategic tool to drive acceptance of the next steps in improving workplace mental health and psychological safety;
- The Value: – Provides downloadable videos from senior labour, workplace, and organizational leaders and information on steps to take to move forward. Key point – the organization needs leadership support and a champion.



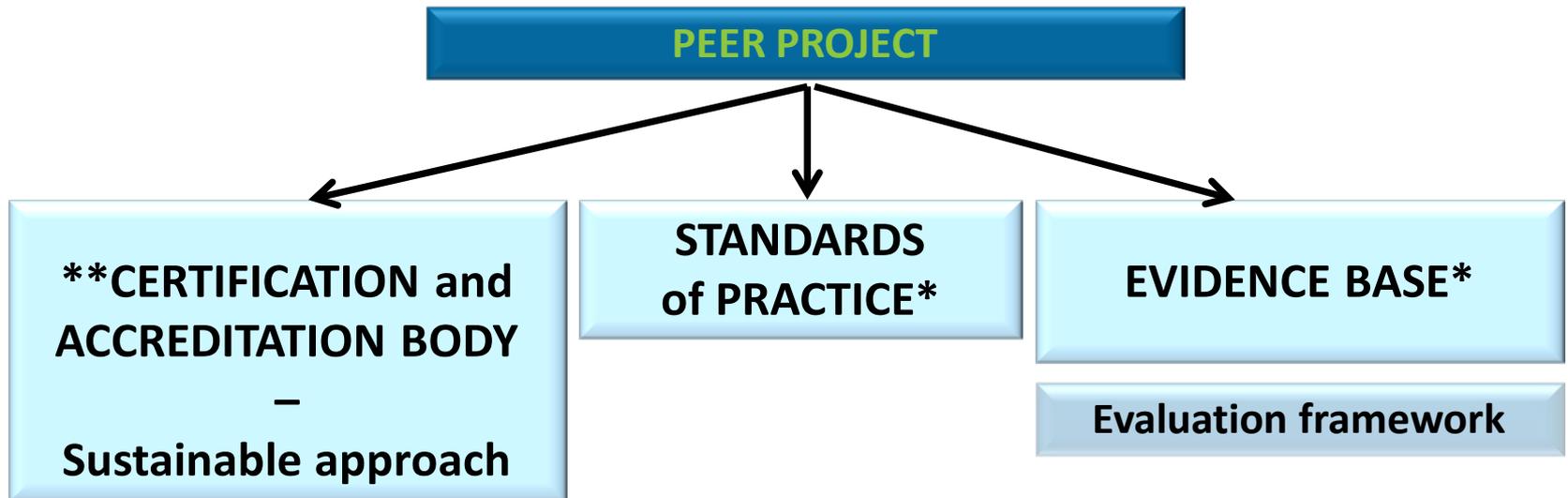
3. The Peer Project

- Enhance the utilization of peer support in Canada through the creation and application of national standards of practice;
- Create the conditions required to leverage, on a wide scale, the acquired skills of people who have lived mental health experience;
- Provide a robust enabling framework for organisations and systems to enhance current peer programs or launch new peer initiatives, build capacity, and help address the growing mental health needs;
- Value in the workplace: employees will be able to access trained peer support when needed helping them to better manage their own personal and workplace psychological health and safety challenges.





Peer Project - Strategic Outcomes



Consumer / Survivor engagement

Note 1: Outreach to 600 peer support workers and agencies across Canada. 281 currently / actively engaged in helping shape the future of peer support through this project;

* Funded and Supported by MHCC

** Support from MHCC but will require external funding in the future.



4. Psychological Health & Safety: An Action Guide for Employers

- Guide identifies 24 employer actions to enhance and protect PH&S
- Based on:
 - Review of research and grey literature
 - Interviews with leaders in Occ MH
- Actions are:
 - Evidence-consistent
 - Practical in most settings
 - Flexible



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The Centre for Applied Research in Mental Health and Addiction (CARMHA)

Mandate is to conduct research that can be applied to enhance the effectiveness, efficiency, and quality of mental health and addiction services in Canada.

Project team

Dr. Dan Bilsker, R Psych | Senior Consultant & Adjunct Professor

Dr. Merv Gilbert, R Psych | Senior Consultant & Adjunct Professor

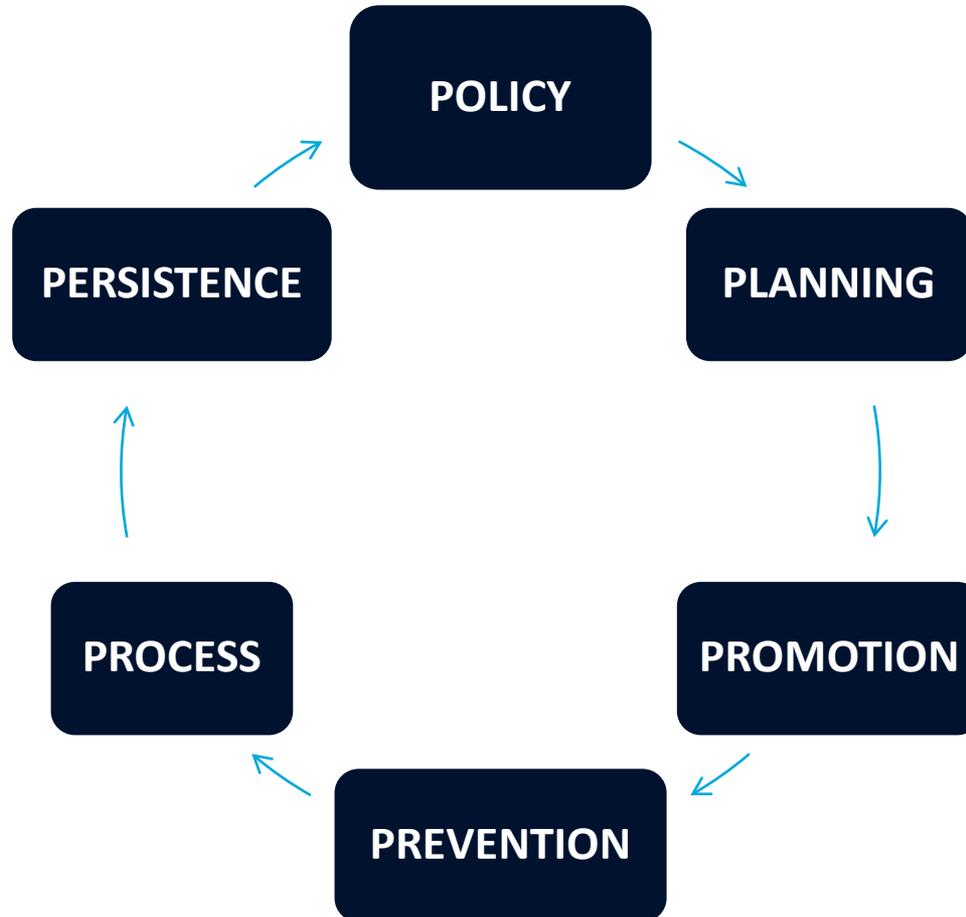
Dr. Elliot Goldner, FRCPC | Professor

Psychological Health & Safety: An Action Guide for Employers

General Chapters:

- PREFACE
- INTRODUCTION
- THE P6 MODEL AND ISO
- PH&S IN SMALL BUSINESS
- PSYCHOLOGICAL HEALTH AND SAFETY OF MANAGERS: A CRITICAL ISSUE
- INTEGRATING MENTAL HEALTH CARE AND THE WORKPLACE CLOSING COMMENTS

The P6 Model





Policy: Commitment by organizational leadership to enhance psychological health

- Obtain endorsement from organizational leaders
- Build the action team
- Communicate the policy

Planning: Determination of key psychological health indicators across the organization, selection of actions, and specification of objectives

- Gather the facts
- Survey your employees
- Measure readiness to change



Promotion: Actions taken to promote the general psychological health of the workforce

- Build employee resilience
- Create a respectful workplace
- Enhance mental health knowledge

Prevention : Actions taken to prevent the occurrence of significant psychological problems or mental disorders

- Use a PH&S lens for job design & selection
- Support work-home balance
- Provide self-care tools
- Provide manager training to identify & respond early



Process: Evaluation of implementation and results of actions taken to enhance psychological health and safety

- Measure the implementation process
- Measure short- and longer-term outcomes

Persistence: Sustainment of effective actions in a process of continuous improvement

- Support champions & communities of practice
- Create a culture of psychological health
- Conduct QI/PDCA cycles



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5. Managing Psychological Health and Safety in the Workplace -The Business Case

1. Corporate Social Responsibility
 - *Includes employees as well as external stakeholders*
2. Cost Effectiveness
 - *In productivity as well as cost trend management*
3. Recruitment and Retention
 - *The competition for talent*
4. Risk Management
 - *OH&S, Human Rights, Disability Legislation*



The Business Case

Watson Wyatt Worldwide 2009/2010 Survey*

- In Canada, mental health is the leading cause of both STD and LTD, in the U. S. it is the 4th greatest cause for STD and the 3rd for LTD
- Companies with the most effective health and productivity programs:
 - 11% > revenue per employee
 - < medical trends by 1.2%
 - 1.8 fewer days absent per employee
 - 28% > shareholder returns

* The study involved 282 U. S. and 70 Canadian organizations representing more than 11 million employees in all major industry sectors

<http://www.towerswatson.com/research/648>



Risk Management - Dr. Martin Shain

- *We observe seven major trends in the law becoming stronger by the year.*
- *We can characterize these trends as pressures building toward a perfect legal storm, where the whole is far greater than the sum of the parts.*
- *A psychologically safe workplace is no longer a “nice to do”. It is (becoming) a “must do”*
- *There is a rising tide of liability for employers who fail to provide a psychologically safe work environment;*
- *Employers lack the tools to assess and address workplace risks to psychological health and safety*

A Standard for Psychological Health and Safety in the Workplace*

Please Note that slides 20 – 32 (marked *) represent a work in progress and are subject to revision until completion of the Standard

- December 2009 - MHCC/WAC, with Great West Life, held a consensus meeting in Vancouver – National Standard supported by all attendees, consensus statement issued:

“It is our vision to see the development of a National Standard of Canada on psychological health and safety in the workplace by December 1, 2011, and uptake by employers resulting in a measureable improvement in psychological health and safety within three years of that date.”

- Early 2010, decision taken by MHCC, the Canadian Standards Association (CSA) and the Bureau de Normalization du Quebec (BNQ) to develop the standard.



A Standard for Psychological Health and Safety in the Workplace*

Objective: to provide a methodology that will lead to measurable and sustainable improvements in psychological health and safety:

- Stand alone, voluntary standard;
- Will align with other international efforts - British Standards Institute Performance Standard (PAS 1010), OHSAS 18000 and CSA Z1000 and Z1002, and the BNQ Healthy Enterprises standard;
- Will follow the ISO framework.

A Standard for Psychological Health and Safety in the Workplace*

- Funding for standard development: HRSDC is the lead, support from Health Canada and the Public Health Agency of Canada (PHAC);
- Support for MHCC for this project also provided by Bell Canada;
- The Standard development process with BNQ/CSA finalized in February 2011;
- Draft for 67 day public comment ended January 6. 2012;
- Final draft – tentative - March 2012;
- Release – tentative - mid-fall of 2012;
- The standard will be made available free of charge for the first five years to help with its implementation.



A Standard for Psychological Health and Safety in the Workplace – Stakeholder interest Groups*

Organizations Implementing the Standard:

Organizations that could potentially implement the standard as part of their business programs and systems - large organizations, small and medium-sized businesses, and public and private business sectors including service and manufacturing.

BROWN, Dr David, CIBC; FOURNIER, Lucie, Bell Canada; NIELSEN, Judith, Air Canada; MACDONALD, Lynn, Northern Health; ROY, Louise, RCMP; SOUSA, Drew, OOHNA

Employee Interests:

Representing interests of employees, including labour organizations or representatives from other worker groups.

LOZANSKI, Laura, Canadian Association of University Teachers (CAUT); SAIRANEN, Sari, Canadian Auto Workers (CAW); ST-JEAN, Denis, Public Service Alliance of Canada (PSAC)



A Standard for Psychological Health and Safety in the Workplace – Stakeholder interest Groups*

Service Providers:

Representing interests of organizations providing supportive services for employees and/or employers.

BRASCOUPÉ, Simon, NAHO; DUCHARME, Claudine, Morneau-Shepell;
JURGENS, Kathy, CMHA; MESSIER, Dr Mario, Occupational Doctor

Government/Regulatory Authorities/Insurance:

Representing regulatory agencies at the federal, provincial, territorial and municipal level, as well as both compensation bodies and private insurance organizations.

BRUCE, Charles NS Public Trust; HOBSON, Kristina, Worksafe New Brunswick;
LEGAULT, François, Health Canada; SARAVANABAWAN, Bawan, HRSDC Labour Program;
SCHWARTZ, Mike, Great West Life



A Standard for Psychological Health and Safety in the Workplace – Stakeholder interest Groups*

General Interest:

Representing health and safety organizations, academia, research organizations, professional associations, and other experts in the area of psychological health and safety in the workplace.

BAYNTON, Mary Ann (co-présidente), Mary Ann Baynton & Associates Consulting;

BERTRAND, Roger (co-président) GP2S; ARNOLD, Ian, MHCC;

SAMRA, Dr Joti, Simon Fraser University; SHAIN, Martin, Neighbour@Work Centre;

VÉZINA, Dr Michel, INSPQ — U. Laval



A Standard for Psychological Health and Safety in the Workplace – Stakeholder interest Groups*

ASSOCIATE (NON-VOTING) MEMBERS:

Subject experts chosen to provide specific expertise to the TC.

GERMANN, Kathy MHCC

DUGRÉ, Marie-Thérèse, Solareh

HARKNESS, Andrew, Workplace Safety and Prevention Services — Health and Safety Ontario

HARNETT, Mike, Work SMART Ergonomics

HONG, Len, Retired President, CCOHS

KOEHNCKE, Neils, CCHSA — U. of Sask.

MONTI, Teri, Canadian Bankers Association (CBA)

MURRAY, Stan, Excellence Canada (formerly NQI)

SMITH, Lori-Ann, PHAC — ASPC



Current Status of Project:*

May 2011:

A preliminary draft of the standard presented to the Technical Committee and was reviewed and revised.

May 2011:

The Technical Committee working groups drafted specific text for the introduction and body of the draft standard.

June 2011:

Working group recommendations were reviewed by the Technical Committee. Further work was done to develop the draft content into a draft standard for Public Consultation in the fall.



Current Status of Project:*

September 2011:

The Technical Committee assessed comments made by a limited group of external reviewers representing the four interest groups. These comments were taken into account in completing the draft standard that was then sent for technical review and editing by the CSA and BNQ prior to its release for public comment.

November 4

Draft document released for public comment – key organizations alerted for distribution to their members.

January 6

Extended public comment period closed.



Current Status of Project:*

January 17 – 19

Technical committee working groups reviewed comments and developed suggestions for changes to the draft document. Changes incorporated in approximately 30% of the document, the remainder to be completed at the next TC meeting.

February 7-8

Technical Committee to meet to complete draft document that will then go to CSA and BNQ for technical review and editing.



A Standard for Psychological Health and Safety in the Workplace*

- The Standard will include a preface, an introduction, scope, normative references and definitions, the standard process, and several annexes to help users;
- The process follows the ISO format;
 - Commitment, Leadership, Participation
 - Planning
 - Implementation
 - Evaluation and Corrective Action
 - Management Review and Continual Improvement;
- The process respects the HIRARC principles – Hazard Identification, Risk Assessment Risk Control.



Psychological Health and Safety in the Workplace

Key areas of interest for the Standard*

- Psychological Support,
- Organizational Culture,
- Clear leadership & expectations,
- Civility and respect,
- Psychological job fit,
- Growth and development,
- Recognition and reward,
- Involvement and influence,
- Workload management,
- Engagement,
- Balance
- Psychological protection
- Positive physical environment

Content of the Standard:*

- The Standard will include a preface, an introduction, scope, normative references and definitions, the standard process, and several annexes;
- The process respects the ISO format and the HIRARC principles – Hazard Identification, Risk Assessment Risk Control;
- Six annexes are also included to help users:
 - Annex A – Supplemental background information
 - Annex B – Resources for Building A Psychological Health and Safety Framework
 - Annex C – Sample implementation Models
 - Annex D - Sample audit tool (draft)
 - Annex E – A discussion of relevant current legislation or regulation
 - Annex F - Related Standards and Guides
 - Annex G – Informative References

Thank You !

Questions ?



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Useful resources...

The MHCC Leadership Initiative: <http://www.mhccleadership.ca/>

The Peer Support Project:

<http://www.mentalhealthcommission.ca/English/Pages/PeerProject.aspx>

The Shain Reports:

http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2009/Str ess%20at%20Work%20MHCC%20V%203%20Feb%202009.pdf

Guarding Minds at Work: <http://www.guardingmindsatwork.ca/>

The Great West Life Centre for Mental Health:

<http://www.gwlcentreformentalhealth.com/english/index.asp>

Working Through It – Stories of People dealing with workplace mental health issues:

<http://www.gwlcentreformentalhealth.com/english/display.asp?l1=2&l2=17&l3=173&d=173>

The Mental Health Commission of Canada (MHCC):

<http://www.mentalhealthcommission.ca/>

Workplace Strategies for Mental Health

<http://workplacestrategiesformentalhealth.com/display.asp?l1=7&l2=187&d=187>