The Evolution of Workplace Mental Health in Canada

Toward a standard for psychological health and safety

BY MARY ANN BAYNTON AND LEANNE FOURNIER

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Printed in Canada.

This book is dedicated to all those who experienced psychological harm in the workplace because we didn't know any better and all those who never will because *now we do.*

ACKNOWLEDGEMENTS

The existence of this book is due in no small part to those who have worked tirelessly and passionately to advance this cause. It is their story, and we have many to acknowledge.

First, we offer a special thanks to our families and friends who still love us even though we may have neglected them while we focused our attention on this project. We thank you first because we need you most.

We can say very sincerely that everyone from the Great-West Life Centre for Mental Health in the Workplace (the Centre), the Workforce Advisory Committee of the Mental Health Commission of Canada, and the Technical Committee for the National Standard of Canada for Psychological Health and Safety in the Workplace have made significant contributions to the story and to our ability to write this book. Seriously. Every single one of you.

Some acted as historians for this book—Ian and Suzanne Arnold, Martin Shain, Bill Wilkerson, Michael Kirby, Michael Wilson, Elizabeth Rankin-Horvath, and Maureen Shaw helped us get the details right. We are especially grateful for the thoughtful advance review of the manuscript by Ian Arnold and Mike Schwartz. Joti Samra, Sapna Mahajan, and Nitika Rewari also generously shared rich information.

From Great-West Life, Dave Johnston, Mike Schwartz, and Jan Belanger made so much of this story possible and we would not be writing this book if it had not been for them. Diane Bezdikian, executive director for the Centre, provided invaluable emotional and professional support throughout this entire project. The Centre's program manager, Joanne Roadley, as always, was left to manage both the project and us. What a job that was! This extraordinary woman always has our backs. Once again, we thank you.

We are very aware that, despite our best efforts, only a fraction of the stories of those who contributed to the evolution of workplace mental health in Canada are included in this book. For those not specifically mentioned, you know who you are and you know what you did. To you, we also express our sincere thanks.

– Mary Ann Baynton and Leanne Fournier

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FOREWORD

The Honourable Michael Kirby

Back in 2005, when I was a senator, I travelled across the country and talked to every provincial minister of health to tell them about the forthcoming Senate report, *Out of the Shadows at Last—Transforming Mental Health, Mental Illness, and Addiction Services in Canada*.

This was to pre-sell the report to the ministers who would be responsible for acting on it. I started each meeting the same way—asking the ministers to tell me their top three priorities in healthcare. In those early days, not a single one said mental health. It wasn't even fourth; actually, it was way down the list.

In 2014, I made that same trip, talking to ministers and deputy ministers throughout Canada. Things had changed. There wasn't a single one who *didn't* put mental health in their *top three* priorities. Somehow, what has followed since *Out of the Shadows* (released in 2006) has triggered a sea change inside government and business in terms of the importance of mental health.

The impetus for *Out of the Shadows* was the enormous economic impact of child and youth mental health and workplace mental health. Three-quarters of adults reported the onset of mental illness as a child. But a lack of treatment as children meant that these individuals were more likely to encounter difficulties as they grew older that could cost the government a lot of money through social assistance and even jail costs. There was also no question that workplace mental health was an issue that needed to be addressed. Aside from the cost to human health and well-being, in 2006, we were seeing a $10–$15 billion a year expense to the Canadian economy in the form of lost productivity and absenteeism. This is why workplace mental health was one of the very first strategic priorities of the Mental Health Commission of Canada.

I'm especially proud of the Commission's Workforce Advisory Committee. Much was accomplished under the leadership of Bill Wilkerson, Dr. Ian Arnold, and Charles Bruce, along with a host of dedicated volunteers who served as advisory committee members.

The launch of the National Standard of Canada for Psychological Health and Safety in the Workplace (*the Standard*) in 2013 is a shining example of what can be accomplished when people come together for a common and important cause. *The Standard* is viewed internationally as being valuable. Based on my personal knowledge

The launch of the National Standard of Canada for Psychological Health and Safety in the Workplace in 2013 is a shining example of what can be accomplished when people come together for a common and important cause.

of how things operate in Canada, I know visionary leaders in business and industry will adopt *the Standard*; others who don't want to be accused of being laggards will then follow. This standard provides an excellent map to help guide them.

Thanks to the efforts of all those who helped to develop *the Standard*, CEOs are now hearing from their chief medical officers, human resources professionals, government leaders and others that this is both a business imperative and a social issue that needs to be addressed.

This important book will help tell more of that story, and I applaud the Great-West Life Centre for Mental Health in the Workplace for helping to put this history to paper.

Workplace mental health really is out of the shadows—and it's never going back.



The Honourable Michael Kirby, O.C., PhD
Founding chair, Partners for Mental Health
Past member, Senate of Canada

FOREWORD

The Honourable Michael Wilson

In 1998, awareness regarding mental health issues in the workplace was surprisingly low. I recall asking a senior executive of a large organization what he was doing to address mental illness and addiction in his company. When he told me his workplace didn't have that problem, I said, "Well, then, you're a statistical aberration, as one in five people suffer from mental illness...when you add in addiction, it's probably one in three."

That same executive called me a few weeks later to apologize, admitting he did, indeed, have *that problem*. He hadn't been aware of what was happening within his own organization until I had pressed him on the issue.

Awareness was central to what we were addressing with the Global Business and Economic Roundtable on Addiction and Mental Health, which Bill Wilkerson had established that same year. It really was about getting senior executives together to talk about mental illness and addiction in general but, most important, to encourage them to learn what was likely going on in their own workplaces. This included helping them see that they had employees and colleagues who might be suffering and need support to remain productive and contributing members of their workforce. Under the charge and leadership of Bill Wilkerson, everything we did was about making the business case for why something needed to be done and in a compassionate way.

In 2002, the business case began to take on real meaning. At an initial "CEO Summit" in the boardroom of the Toronto-Dominion Bank (a venue which demonstrated the interest of big business in these matters), Bill and I released an analysis proposing a series of workplace measures that would help support employees disabled by mental illness. We urged the CEOs present on that occasion to put these "standards" to good use. In fact, we proposed measures that would help standardize practices for mental health and safety in the workplace and drove toward that goal through a series of "business plans for mental health and productivity," which became building blocks to the National Standard of Canada for Psychological Health and Safety in the Workplace (*the Standard*), championed by the Mental Health Commission of Canada and developed by the Canadian Standards Association and Bureau de normalisation du Québec.

Too many people are losing their careers as a result of mental illness, or more accurately, as a result of workplace practices that fail to support them.

In the early days of the Global Roundtable, I told a gathering of CEOs, "We are calling the global knowledge-based economy the *economy of mental health*. Like never before, business today depends upon the consistent, sustainable mental performance of employees, managers, and executives for fundamental competitive reasons."

Bill and I made similar speeches to business leaders throughout Canada during the decade-long run of the Global Roundtable. There, and more broadly during my time in public service, I have been concerned about the level of discrimination and stigma that exists related to mental health issues.

As a father, this touched me personally when my own son wasn't able to find hope beyond the stigma and died by suicide in 1995. It has also been apparent in tragic stories I've heard from constituents, colleagues, students, and employees. I have been profoundly affected by these unnecessary losses.

We have come a long way, but there's still a lot of work to do. Too many people are losing their careers as a result of mental illness, or more accurately, as a result of workplace practices that fail to support them.

Too many are losing their lives. We need to make it safer for people to speak up and get the help they need and deserve.

I applaud those employers that have made a true difference. Bell Canada and The Great-West Life Assurance Company are a couple that stand out by the fact that they have invested considerable resources in addressing this issue. They are making it safer for people to talk about their struggles and to return to, or remain at, work during the course of their recovery.

Establishing the Great-West Life Centre for Mental Health in the Workplace

is a key milestone in the evolution of workplace mental health in Canada. Pulling together the many stories of those who also helped to advance this evolution is another significant accomplishment. This underlines how big an issue this has been for Canada and just how many individuals and organizations have stepped up to become involved in this evolution in some way.

One of those organizations is the Mental Health Commission of Canada, which I have continued to be involved with. The Commission has evoked change through important initiatives such as the Mental Health Strategy for Canada, in addition to the National Standard of Canada for Psychological Health and Safety in the Workplace. This has been a very active organization, and I credit the Government of Canada for creating the Commission and appointing Michael Kirby as its first chair. He was a real champion for the Commission and has continued to lead the cause through other initiatives.

Our future leaders will take workplace mental health further than we had ever envisioned. I'm heartened by what I see and hear from the new generation who are more willing to talk about mental illness. They are raising the bar on how they expect to be treated at work. My wish is that every one of them will read this book so they can understand just how far we've come and the work we need them to continue to do.



The Honourable Michael Wilson, P.C., C.C.
Chair, Mental Health Commission of Canada
Former finance minister, Government of Canada

PREFACE

Mary Ann Baynton

Did you hear the one about the doctor, the lawyer, and the social worker who walked into a bar? They sat down, ordered, and then…a National Standard of Canada for Psychological Health and Safety in the Workplace was born.

Okay, there are likely a few details I may have missed, but this is what really happened.

The doctor was Ian Arnold, an occupational health physician and then chair of the Mental Health Commission of Canada's Workforce Advisory Committee. The lawyer was Martin Shain, an academic lawyer with expertise in the area of workplace law. I was the social worker, with over 15 years' experience in the business world. That not-so-chance meeting brought together the perspectives of health, law, and business that helped influence the development of *the Standard*.

We shared our concerns about the rise in stress-related illnesses, employers' confusion about the legal responsibility of providing a psychologically safe work environment, and the challenges individual managers faced when trying to support employees whose mental health was being compromised by workplace stress.

We hoped to move beyond the idea that mental health was exclusively an individual's responsibility and recognize that the way work environments were managed mattered. We knew that work—just like community and family—had an impact on mental health. How work was organized, how instructions were given, how leaders supported employees, how conflict was resolved, and how people related to each other in work teams all had an impact. We wanted to find a way to make it easier for employers to protect employee well-being while still achieving organizational success. This shifted the focus and language toward psychological health and safety.

We figured that if all workplace stakeholders (employers, unions, and employees) shared the responsibility to *protect* psychological health and safety in the workplace, it could also *prevent* some of the worst impacts on mental health. Although a lot of work had already been done to develop and provide resources for improving workplace mental health, we knew they had not been widely adopted by employers. It seemed that attention was primarily paid only when an employee disclosed a mental illness and often this was after they were negatively impacted by the work environment. We thought that maybe a clear framework or guideline

It has been my good fortune to work with such enthusiastic and committed individuals. Their expertise, energy, and relentless attention to getting this right was an inspiration day after day.

could help employers see that providing a psychologically safe workplace to prevent harm was both achievable and a good business strategy.

Flash forward about four years to 2011, when the three of us sat down with the newly established Technical Committee on Psychological Health and Safety in the Workplace to develop *the Standard*. We all acknowledged that what we were doing was potentially historic. We also knew that what was being proposed was *not* business as usual and, while there were only a few dozen of us around the table, hundreds of people had worked long and hard to make this possible.

It has been my good fortune to work with such enthusiastic and committed individuals. Their expertise, energy, and relentless attention to getting this right was an inspiration day after day.

The Standard was published in January 2013. Since that time, there have been more than 30,000 individual downloads, and hundreds—or, more likely, thousands—of workplaces are in the process of embedding the concept of psychological health and safety into their organizations. Countries around the world are looking to Canada for information to support their own efforts in this area.

My education in workplace mental health began in my late 20s when I was the owner of a small business. Given my inexperience, I figured I needed to hire very talented people to handle customer service. I got lucky. The performance of the employees I recruited exceeded my expectations…and half of them did this while living with mental illnesses. With my complete ignorance about what mental illness was, I simply asked them what they needed to do their jobs well. They told me—and they each had unique

solutions that worked for them. One needed more detail-oriented work as it provided a distraction from anxious thoughts. One asked for more social interaction to counteract a sense of isolation, while another needed less social interaction as it was too draining. One found concentration challenging, so the solution was to reduce interruptions.

None of this cost me more money. No one did less work. No one took time off. They did their jobs, and they did them well. Those individuals taught me more than any textbook could about supporting employees with mental illness to be successful on the job. They were so good at supporting *my* success that I was able to sell that business to a larger organization that provided each of these employees with more opportunities.

I went back to school to pursue my passion of understanding the human mind, and after earning a master's degree in social work in 2003, I took on the role of director of Mental Health Works. This initiative of the Canadian Mental Health Association developed programming and resources to help employers accommodate employees with mental disabilities. My experience in managing employees with mental illness influenced this work far more than my formal education. The work focused on the relationship between a manager and employee. My four years with Mental Health Works were very rewarding. I met and worked with many fabulous people who I continue to collaborate with and value today.

It was around 2004 when I experienced a paradigm shift. A large national union asked me to create a presentation on workplace mental health using the terms *hazards* and *risks*. They felt more union representatives would relate to the issue if it was positioned using the same language as occupational health and safety. This was a new approach for me, and I discussed it with Glenn Thompson, acting CEO for the Canadian Mental Health Association, Ontario. Glenn envisioned that one day, stress at work would be treated like all other hazards, and assessing it would be a mandatory component of workplace health and safety similar to Workplace Hazardous Materials Information System (WHMIS) training. Glenn was clearly ahead of his time, and I would never think of workplace mental health in the same way again. I now recognized that it was best addressed within the broader occupational health and safety framework.

In 2006, I was a member of the Global Business and Economic Roundtable on Addiction and Mental Health. Its founder, Bill Wilkerson, asked

I wondered about an insurance company's motives in terms of workplace mental health. *Was this just a marketing ploy?*

me to meet with someone from Great-West Life about an initiative they wanted to launch called the Great-West Life Centre for Mental Health in the Workplace. It would offer free information and resources to help employers address mental health issues in their workplaces. Bill had been asked to lead it, but he suggested I might be better suited for the job. Even though it sounded intriguing, I was skeptical. I wondered about an insurance company's motives in terms of workplace mental health. *Was this just a marketing ploy*?

Mike Schwartz from Great-West Life laid out the vision, and it actually sounded like Great-West Life wanted to do something purely for the greater good. I agreed to sign on for one year and see how it went. I was pleasantly surprised that the people at Great-West Life (including Mike) changed my doubts into gratitude. They have been unwavering in their integrity and desire to provide free, evidence-based resources for all Canadians—not just for Great-West Life clients—and this has provided me the opportunity to collaborate with organizations, researchers, and individuals to identify gaps and develop some of the most practical and effective tools in our field.

Early on, it was my good fortune to be invited to sit on the Mental Health Commission of Canada's Workforce Advisory Committee. It was there I first met Ian Arnold and Martin Shain, who became trusted mentors and friends. Many of the Workplace Advisory members continue to collaborate today, and I still regularly benefit from their advice and input on projects. This was a small but mighty group of individuals who made things happen.

I look forward to the day when ensuring psychological safety in our workplaces is common practice. When all employees are supported to maximize

their potential for making an important contribution and when that contribution is valued. When leaders in both labour and management are recruited, hired, trained, and promoted because of their ability to support this objective. When exposing employees to workplace stressors is as unusual as exposing employees to any other hazards. And when protecting employee well-being is recognized as also supporting organizational success.

Some of my esteemed colleagues are discouraged that many workplaces have not yet embraced this concept. I understand their desire for more rapid uptake, but I'm also thrilled with those employers that have taken action toward psychologically healthier and safer workplaces. We've come a long way, even if there's still a long way to go.

The stories included in the following chapters are based on dozens of interviews conducted by my co-author Leanne Fournier. Those who were not part of the interviews may not see their names in this book, but should be able to recognize where their efforts made a difference.

My journey will always be one of continual learning. I have been truly blessed by both the people and projects with which I have been involved. Canada has been acknowledged as a world leader in this area, and this is because of the tireless and dedicated people who would not accept the status quo and decided to do something.

This story is in response to so many around the world who asked how we did it. How did Canada evolve to have the first ever standard on psychological health and safety in the workplace?

I have been inspired by many employees with mental illness who taught me how to *support success* rather than *expect disability*—a strategy I have applied to all of the initiatives I have worked on. From them, I learned that when we see something that needs to be challenged or changed, we must find the moral courage to make a positive difference. I hope this story will inspire and inform future generations to do the same.



Mary Ann Baynton, MSW, RSW
Program Director, Great-West Life Centre for Mental Health in the Workplace
Co-Chair, Technical Committee, National Standard of Canada for Psychological Health and Safety in the Workplace

Introduction

Conversations about workplace mental health have been going on for decades. As the examples below illustrate, research has uncovered many commonly held misconceptions.

We don't have mentally ill people in our workplace.

This is statistically unlikely. A 2004 study from one province in Canada estimated that on average each month *about 8 per cent of the working population* is experiencing *a diagnosable mental disorder.*[1]

People with mental illness are institutionalized.

Not the majority. *Having a mental disorder really doesn't mean* someone is *crazy. It just means* they *have a problem, similar to a medical disease, which needs treatment… Most people who have a diagnosable mental disorder do not need hospitalization—also called inpatient treatment. Hospitalization is only in extreme cases.*[2]

People should be able to leave their personal problems at home.

This could be difficult. *Most people in employment spend approximately 60 per cent of their waking hours at work.*[3]

We don't have the budget to support workplace mental health.

Employers already pay. *About one-third of the annual $51-billion cost of mental illnesses is related to productivity losses.*[4]

For many, these conversations have evolved, and awareness of the evidence has improved. The following chapters will trace the journey from the days when the focus was on employees with mental illness, toward the broader view of protecting mental health as a key component of occupational health and safety for everyone. This concept is referred to as *psychological health and safety* and is the foundation for the National Standard of Canada for Psychological Health and Safety in the Workplace (*the Standard*) that was introduced in 2013. Canada's role

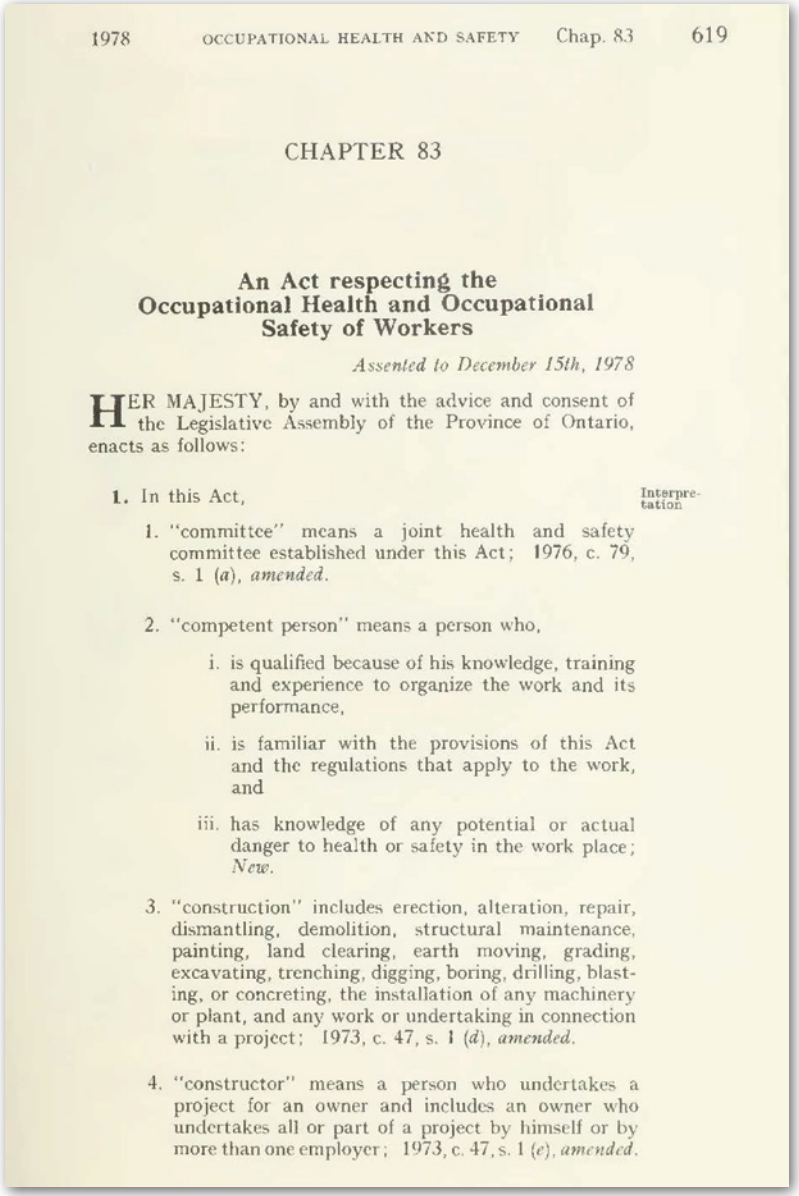
in developing *the Standard* has received international attention and led to global recognition of the country as a leader in this area. The evolution of workplace mental health in Canada toward the development of this standard is central to this story.

The story begins back in the 1800s, when little was done to protect workers from physical injury or illness. The first Workmen's Compensation for Injuries Act was created in 1886, but what we now know as the Occupational Health and Safety Act[5] didn't start until 1978, shortly after human rights legislation was introduced. This is when protecting the *physical safety* of workers became more widely accepted as an organizational responsibility.



Margaret Tebbutt saw that organizations were being held accountable for discrimination on the basis of mental disabilities.

Margaret Tebbutt, formerly of the Canadian Mental Health Association, British Columbia Division, recalled that in 1982, the Canadian Charter of Rights and Freedoms prohibited discrimination on the basis of disability, yet mental disabilities



1978 OCCUPATIONAL HEALTH AND SAFETY Chap. 83 619

CHAPTER 83

An Act respecting the Occupational Health and Occupational Safety of Workers

Assented to December 15th, 1978

HER MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

1. In this Act, Interpretation

1. "committee" means a joint health and safety committee established under this Act; 1976, c. 79, s. 1 (*a*), *amended*.

2. "competent person" means a person who,

i. is qualified because of his knowledge, training and experience to organize the work and its performance,

ii. is familiar with the provisions of this Act and the regulations that apply to the work, and

iii. has knowledge of any potential or actual danger to health or safety in the work place; *New*.

3. "construction" includes erection, alteration, repair, dismantling, demolition, structural maintenance, painting, land clearing, earth moving, grading, excavating, trenching, digging, boring, drilling, blasting, or concreting, the installation of any machinery or plant, and any work or undertaking in connection with a project; 1973, c. 47, s. 1 (*d*), *amended*.

4. "constructor" means a person who undertakes a project for an owner and includes an owner who undertakes all or part of a project by himself or by more than one employer; 1973, c. 47, s. 1 (*e*), *amended*.

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were rarely discussed until the early 2000s. Employees started taking their employers to court on discrimination charges related to mental disabilities, Tebbutt noted, and these organizations were forced to pay substantial amounts in damages and received a lot of bad publicity. Suddenly, workplace mental health was catching the attention of those in both the legal and business worlds.

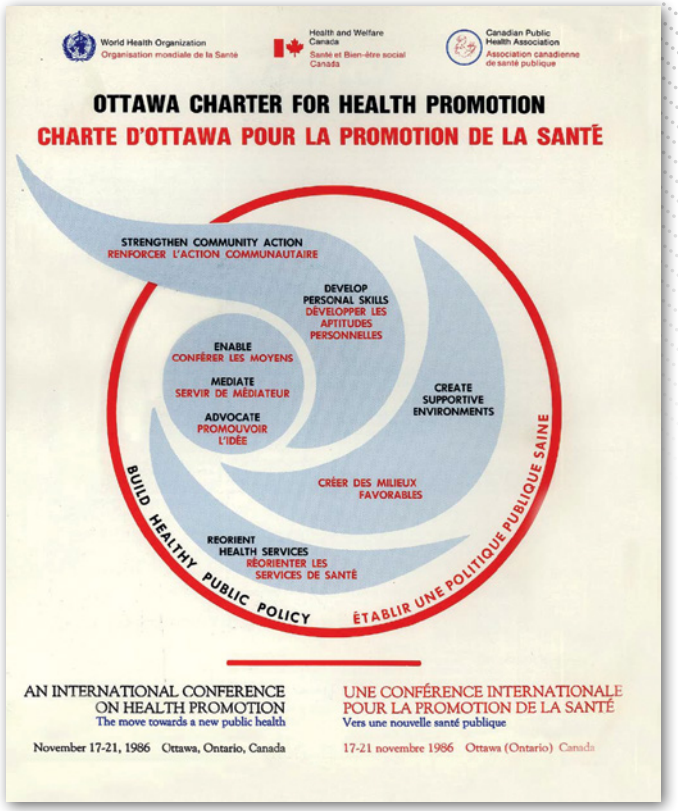
As early as 1948, the World Health Organization described health as more than the absence of illness and explicitly included mental well-being. Unfortunately, this concept was not widely adopted by healthcare or business. In 1984, the World Health Organization updated its definition of health:

A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.[6]

This new definition helped inspire the Ottawa Charter for Health Promotion, an international agreement signed at the First International Conference on Health Promotion held in Ottawa, Canada, in November 1986.[7] The Charter stated:

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental, and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

Although people around the world saw the Ottawa Charter as groundbreaking for workplace health promotion, in the 1990s, many Canadian organizations had more pressing concerns. Workplaces were dealing with the effects of globalization. Mergers and acquisitions often led to constant change and uncertainty. Layoffs due to downsizing or increased use of technology meant fewer workers, and those fortunate enough to still have jobs often experienced increased pressure and demands. The unstable economy that persisted through much of the 90s



Reprinted from the Public Health Agency of Canada.

increased competition for jobs. This meant that some employees ignored their stress and worked harder because they felt they had something to prove.

In this competitive environment, frontline managers rarely risked questioning the demands of senior leadership, even when those demands

might have been unreasonable. This pressure cascaded down onto employees who were also fearful of losing their jobs if they failed to do as asked, creating the perfect conditions for conflict, bullying, and harassment to thrive at all levels. Mental health issues such as stress or anxiety were often the result.

Michael Koscec, a business analyst and former CEO of Entec Corporation, shared that at that time, workplace mental health was peripheral to the heart of organizations, which often focused on production and performance. Koscec saw that the mental health of frontline workers was influenced significantly by the quality of leadership and he witnessed the damage that could be done by those that bullied or intimidated. He knew that change was required.



Michael Koscec saw the impact leadership had on the mental health of employees and knew something had to be done.



Dr. David Posen: Economic crises of the past decades have created prime environments for abuses.

Dr. David Posen, an author and physician specializing in stress counselling, said that while work-life balance started to become an issue in the late 1990s, the economic crisis in 2008 had a more profound impact. This finding was supported by a study conducted in 2016 that examined this period—a time when the health of both workers and the general population declined due to work-related stress resulting from layoffs and budget cuts.[8] Posen noted that *survivors* (those fortunate enough to remain employed) were doing more work (their own, plus that of those who'd lost their jobs) with fewer resources and support: a prime environment for abuses. "There was a lot of job insecurity and so people just did everything they could, sucked up the extra work with fewer resources and tried to work harder and faster," he said.

Workplace mental health concerns were often ignored altogether until a crisis arose involving an employee who became mentally ill or disabled. At that point, human rights legislation would trigger the duty for an employer to accommodate an employee with a disability. This could have included reasonable modifications to allow the employee to do his or her job. Action would rarely be taken unless the employee was able or willing to disclose that they had a diagnosed mental illness. As stories about employees struggling in unsupportive work environments mounted, the need for change became apparent.

Dave Gallson, associate national executive director of the Mood Disorders Society of Canada, believes that over the past decade, there have been important developments in how people regard mental health issues, specifically employers. Gallson stated, "Since mental well-being affects workplace productivity and performance, employers have a significant stake in addressing these issues."



Dave Gallson believes progress is being made.

Overview

The following chapters track the evolution toward psychological health and safety in the workplace.

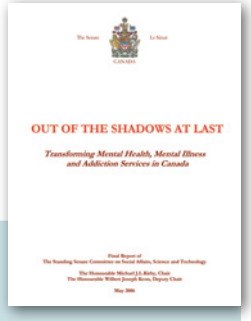
CHAPTER 1 chronicles the early focus on employees with mental illness and the establishment of the Global Business and Economic Roundtable on Addiction and Mental Health.

CHAPTER 2 recognizes government contributions through initiatives such as the Canadian Senate's *Out of the Shadows* report, as well as to a number of key advancements.

CHAPTER 3 covers the establishment of two influential organizations, which have been leaders throughout the evolution: the Mental Health Commission of Canada and the Great-West Life Centre for Mental Health in the Workplace.

1998

Launch of the Global Business and Economic Roundtable on Mental Health and Addiction, drawing business leadership attention to issues relating to mental health



2005

Accessibility for Ontarians with Disabilities Act, 2005 enacted, to proactively remove workplace barriers for people with disabilities including mental disabilities

2006

Release of *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*, the first-ever national study of mental health, mental illness, and addiction

2007

The Mental Health Commission of Canada is established, providing an ongoing national focus for mental health issues

Mental Health Commission of Canada
Commission de la santé mentale du Canada

2007

The Great-West Life Centre for Mental Health in the Workplace is established, providing publicly available workplace mental health resources

Great-West Life
Centre for Mental Health in the Workplace

CHAPTER 4 focuses on the early years of advancing workplace mental health.

2009

Launch of *Guarding Minds @ Work: A Workplace Guide to Psychological Health and Safety*, a free, comprehensive set of tools for assessing and addressing workplace psychological health and safety

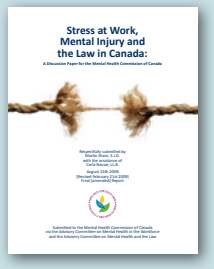
CHAPTERS 5 THROUGH 9 track the journey toward the development of the National Standard of Canada for Psychological Health and Safety in the Workplace.

CHAPTERS 10 AND 11 focus on the impact on strategies and initiatives after the release of *the Standard* in 2013, with Chapter 10 looking at changes in Canadian workplaces since then and Chapter 11 sharing some research findings.

CHAPTER 12 shares the visions from insiders around what they hope is possible going forward.

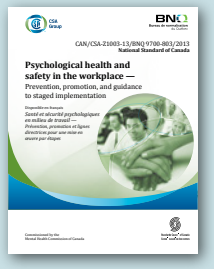
2009

Release of *Stress at Work, Mental Injury and the Law in Canada: A Discussion Paper for the Mental Health Commission of Canada*, the first in a series of reports authored by Dr. Martin Shain



2013

Launch of the *National Standard of Canada for Psychological Health and Safety in the Workplace*, the first standard on psychological health and safety of its kind in the world.



There have been many contributions to the evolution of workplace mental health in Canada. Where possible, committee members are listed alongside the activities to which they contributed their time, energy, commitment, and expertise. Some of these include the participants at the 2009 Consensus Conference, where plans to move forward with a national standard for psychological health and safety were formalized, and the members of the Technical and Project Review Committees that contributed to *the Standard*. Some of the relevant documents and excerpts from reports are also included. Events are generally arranged chronologically.

Between chapters throughout the book, there is a series entitled *A decade of evolving…* that highlights parallel changes that influenced the evolution of workplace mental health in Canada, including disclosure, legislation, treatment, peer support, awareness, health promotion, employment support, education, and research. Another series, *Impact on employees*, features brief accounts of how individuals were affected in the workplace.

Drawing on the evidence

This book is based on analysis of historical documents as well as interviews with dozens of key players whose names appear throughout.

There are many more stories and many unsung heroes who also played a role. It is hoped that they take pride in recognizing where they made a contribution.



Dr. Joti Samra was the lead researcher for the *Evolution Research Report*.

Research also helped inform this book. *The Evolution of Workplace Mental Health in Canada: Research Report (2007–2017)*—hereafter referred to as the *Evolution Research Report*—led by Dr. Joti Samra, provided a foundation.[9] The report helps track some of the trends that fueled the evolution and validates the initiatives and agencies (organizations) that have been identified as key milestones (see Figures 1 and 2).

Stories and insights from some of those who contributed to these specific developments help create an understanding of how this evolution occurred. They help explain to the world how and why Canada emerged as a leader in advancing psychological health and safety in the workplace.

It should also be noted that this evolution benefited from the support of the federal government, provincial and territorial governments, municipal governments, leaders in business and labour, advocates and experts in health, law, and human rights, and, importantly, from those who personally experienced mental health issues in the workplace. It is doubtful we would have come this far if all of these diverse groups were not committed to advancing this issue.

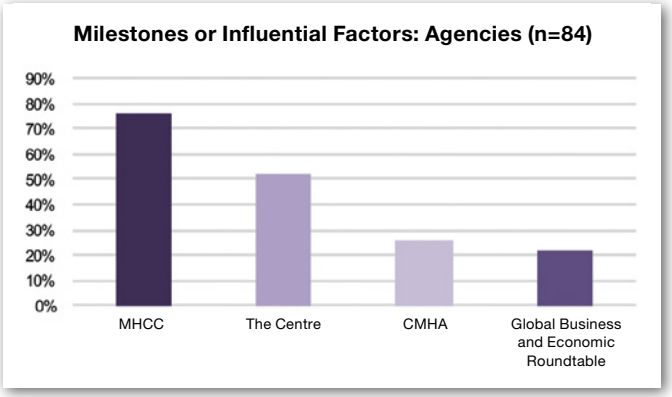


FIGURE 1. Reprinted from *The evolution of workplace mental health in Canada: Research report (2007–2017)* by J. Samra 2017, p. 17.[10]

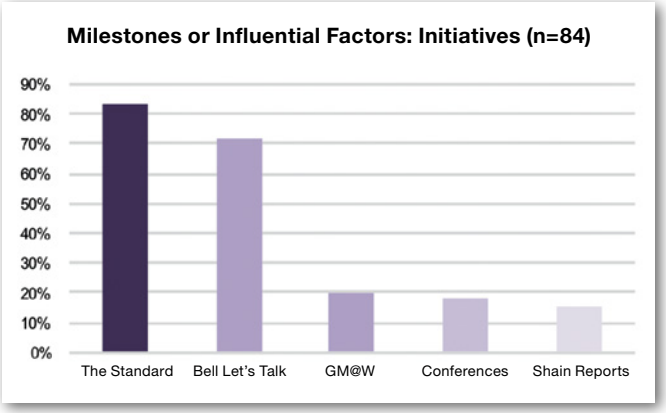


FIGURE 2. Reprinted from *The evolution of workplace mental health in Canada: Research report (2007–2017)* by J. Samra 2017, p. 17.[11]

Connecting the Dots: Mental Illness and Work

1

I've spent my entire working life managing various forms of crisis in different sectors of business. Employees' lives were being turned upside down by the way they were being treated in the workplace.

BILL WILKERSON, FORMER CEO, GLOBAL BUSINESS AND ECONOMIC ROUNDTABLE ON ADDICTION AND MENTAL HEALTH

There was a time when it was believed that people with mental illness could not be in the workplace. They either had to leave because of a *nervous breakdown* or were fired because of a *bad attitude*. In most cases, co-workers didn't talk about it except to poke fun or roll their eyes.

Movies, television, and books often portrayed people with mental health issues as either comical or dangerous. News reports usually only carried stories about mental illness when there was violence or a crisis involving someone with severe, untreated symptoms. The reality was that the majority of people with mental illness were never violent and just suffered in silence.

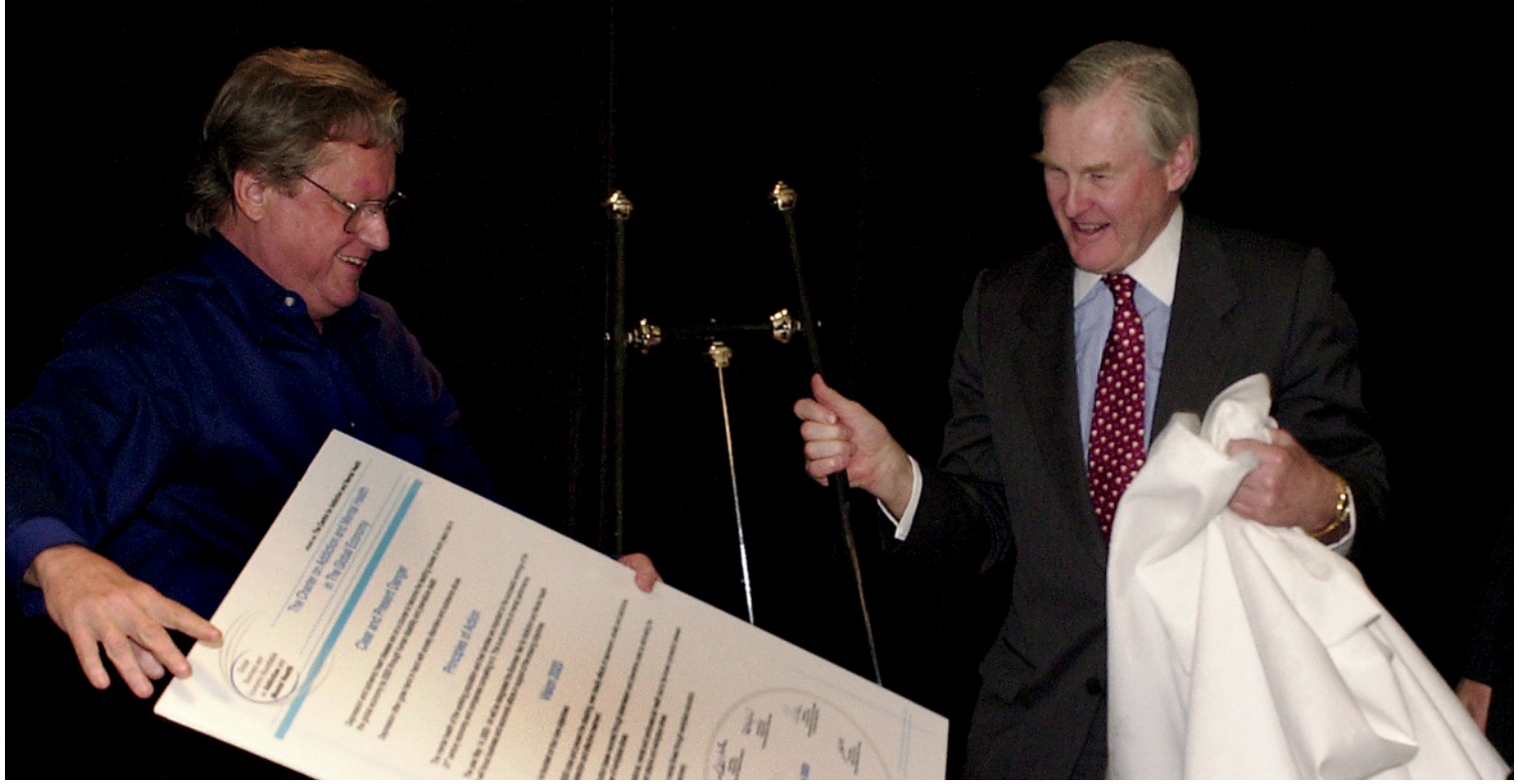
In 1996, the World Health Organization, along with the World Bank, published the *Global Burden of Disease Study*. This iconic report would shine a light on the issue:

The next two decades will see dramatic changes in the health needs of the world's populations. In the developing regions where four-fifths of the planet's people live, non-communicable diseases such as depression and heart disease are fast replacing the traditional enemies, such as infectious diseases and malnutrition, as the leading causes of disability and premature death.[12]



Bill Wilkerson became founder and CEO of the Global Business and Economic Roundtable on Addiction and Mental Health, in 1998.

When Bill Wilkerson read this information sometime in the late 1990s, he had been working in corporate crisis management. He had seen many people who were distressed on the job due to downsizing, mergers, or other changes. He felt that the intimidating management approaches used by some leaders in the workplace added to this distress.



Bill Wilkerson and the Hon. Michael Wilson unveiled a Charter document through the Global Roundtable.

Wilkerson managed to connect the dots. He said:

If this burden of disease was going to hit the working population, and we continued to have a negative effect on the mental health of employees, then it was surely going to have a significant impact on the workplace in terms of productivity and competitiveness.

Much of the damage to the mental health of employees was avoidable, Wilkerson believed. He decided to use his connections with business leaders to address this issue. In 1998, he launched the Global Business and Economic Roundtable on Addiction and Mental Health[13] (the Global Roundtable), with the Honourable Michael Wilson, former minister of finance, and Tim Price, then chair of the board of Trilon Financial Corporation.

Wilson had a deep personal interest in mental health. His son Cameron, a successful businessperson, had struggled with severe depression, lost his job, and was admitted to a psychiatric facility. While receiving treatment, Cameron pleaded with his father not to tell anyone where he was, worried both about losing his friends and his future job prospects. Cameron was painfully aware of the stigma and discrimination that existed. He died by suicide in 1995 at the age of 29.

This tragedy, along with numerous others Wilson witnessed during his years in public office, underlined for him how important it was to get conversations started around mental health, including

in the workplace. Wilson believed that it was time to eliminate the stigma and discrimination that often prevented people from seeking the treatment and supports they needed and deserved.

Tim Price was the first senior business executive recruited by Wilkerson to promote mental health to the wider business community. Wilkerson chose him specifically because of his influence, crediting the attendance of many senior executives at the first meeting to Price's profile and connections.

That first meeting in 1998 ran well over the time allotted. Discussions revolved around the challenges of talking about mental health issues in the workplace. Some around the table realized that, despite donating money to mental health clinics, they didn't actually devote time or resources to supporting their own employees with mental illnesses.

The trio of Wilkerson, Wilson, and Price worked together to build a business case for mental health in the workplace from the ground up, getting it on the to-do list at the executive and board levels of employers.

It is not insignificant that it was three well-established business people, rather than mental health experts, who were able to capture the attention of the corporate world.

Dave Johnston, then executive vice-president, Group Insurance Division, Great-West Life, was an early member of the Global Roundtable, along with other leaders from business, health, and education. Johnston was impressed with Wilkerson's perspective that linked mental health issues to workplace productivity. Rather than seeing it as just a health crisis, Johnston appreciated that Wilkerson framed the issue as *losses to productivity that affected businesses, clients, and the economy.* This was different than previous messages, which spoke primarily about having compassion for those who were sick or vulnerable in the workplace. Now, discussions centred around *mental health as a good business strategy* for employers and employees.



Great-West Life's Dave Johnston saw positive workplace mental health as a good business strategy.



Business leaders gather at a Global Roundtable meeting in the United States.

It is not insignificant that it was three well-established business people, rather than mental health experts, who were able to capture the attention of the corporate world.



Bill Wilkerson, Donna Montgomery who served as chief administrative officer, and Michael Wilson spent a decade supporting the Global Roundtable.



Many seminal documents developed by the Global Roundtable helped inspire and motivate change.

Although the scope of the Ontarians with Disabilities Act was limited, this piece of legislation opened up more discussion around how people with mental disabilities might be better accommodated in the workplace.

While the Global Roundtable was changing the conversation in the business community, attitudes and approaches were changing in other areas as well.

In 2001, the Ontarians with Disabilities Act came into effect. In the Ontario public sector, this Act improved opportunities for employees with disabilities and helped identify, remove, and prevent barriers to full participation in their workplaces. Although the scope of the Ontarians with Disabilities Act was limited, this piece of legislation opened up more discussion around how people with mental disabilities might be better accommodated in the workplace. Bill Wilkerson worked with the Canadian Mental Health Association to address this need. Its response was Mental Health Works, a program created with seed funding from the Ministry of Citizenship, which was also responsible for the Ontarians with Disabilities Act at the time. The significance of this was that the Canadian Mental Health Association began to increase its focus in the area of workplace mental health.

In 2003, Mary Ann Baynton took over as the director of Mental Health Works. Her previous experience as a business owner included developing an approach for managing employees who were living with mental illness. This informed a series of questions she brought with her to Mental Health Works:

What do you need to be successful in your job?

What will you do to support your own well-being at work?

What will we do if things don't work out?

At Mental Health Works, Baynton realized these same questions could work equally well for employees with or without a mental illness. It helped employers to focus on supporting success, rather than expecting disability.

About this time, the Department of National Defence was also recognizing the impact of mental illness on its forces. It had opened military-run mental health clinics, called Operational Trauma and Stress Support Centres, in five cities across Canada. The clinics provided assistance to military families and serving members of the Canadian Forces who were dealing with trauma and stress arising from military operations.[14]



LCol Stéphane Grenier found hope and recovery through social support.

While this was positive, it wasn't enough for some members of the military who still felt too ashamed or feared the repercussions to their careers if they admitted they needed help. This included LCol Stéphane Grenier, who was in denial of his own post-traumatic stress disorder for years following his return from deployment in Rwanda, where he'd served from 1994 to 1995. The care model that was available in the military didn't work for him. It was conversations with those who had similar experiences that gave him hope and a pathway to his own recovery, emphasizing the importance and value of *social support in the workplace.* This would eventually lead Grenier into the area of peer support.

In 2001, Grenier coined the term *Operational Stress Injury*. This contributed to the understanding that work can and does affect the mental health of employees. If a command and control style organization such as the military was discussing mental health issues, both private and public sector organizations could surely do the same.

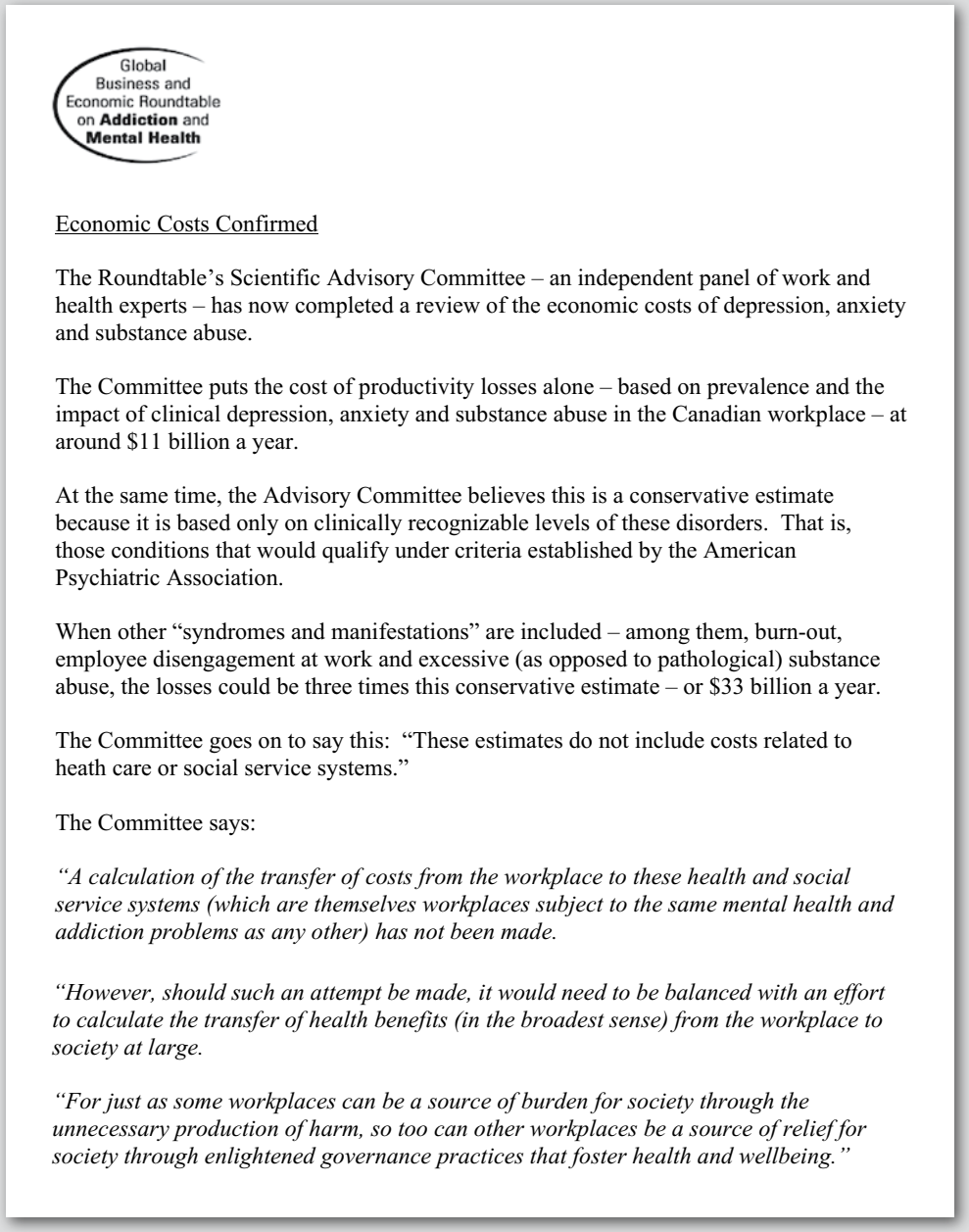
Wilkerson would use the military as an example for other organizations as he continued to advance the issue. He described a CEO Summit that the Global Roundtable held at the TD Bank headquarters in November 2002 as an important meeting that brought together some of the most influential business leaders in Canada. More than four hours after the meeting had started, it was still going strong. This level of passion and engagement would become a common experience for those involved in advancing workplace mental health in Canada.

The agenda at the Summit included an opening address by Nancy Hughes Anthony, then president and chief executive officer of the Canadian Chamber of Commerce. In her remarks, Anthony stated:

Until this morning, how likely would it have been for a group of senior business people—always no time to spare—to gather in the boardroom of one of our major banks prepared to give over a whole morning to talk about mental health? Not very likely. But here we are—bearing witness, I suspect, to an issue whose time has come. After seeing the data, no wonder. The statistical information Bill sent us is quite jarring—and in the face of the story that the numbers tell, it seems obvious that, yes, business should care about this subject. That, yes, we have a stake—a strategic interest—in the mental health of the labour force.[15]



Nancy Hughes Anthony felt that workplace mental health was an issue whose time had come.



Global Business and Economic Roundtable on **Addiction** and **Mental Health**

Economic Costs Confirmed

The Roundtable's Scientific Advisory Committee – an independent panel of work and health experts – has now completed a review of the economic costs of depression, anxiety and substance abuse.

The Committee puts the cost of productivity losses alone – based on prevalence and the impact of clinical depression, anxiety and substance abuse in the Canadian workplace – at around $11 billion a year.

At the same time, the Advisory Committee believes this is a conservative estimate because it is based only on clinically recognizable levels of these disorders. That is, those conditions that would qualify under criteria established by the American Psychiatric Association.

When other "syndromes and manifestations" are included – among them, burn-out, employee disengagement at work and excessive (as opposed to pathological) substance abuse, the losses could be three times this conservative estimate – or $33 billion a year.

The Committee goes on to say this: "These estimates do not include costs related to heath care or social service systems."

The Committee says:

"A calculation of the transfer of costs from the workplace to these health and social service systems (which are themselves workplaces subject to the same mental health and addiction problems as any other) has not been made.

"However, should such an attempt be made, it would need to be balanced with an effort to calculate the transfer of health benefits (in the broadest sense) from the workplace to society at large.

"For just as some workplaces can be a source of burden for society through the unnecessary production of harm, so too can other workplaces be a source of relief for society through enlightened governance practices that foster health and wellbeing."

The "jarring numbers" in this excerpt from the *Charter on Mental Health in the Knowledge Economy*[16] caught the attention of many business leaders in 2002.

"The passion and interest of this group really showed us the way forward," Wilkerson said. Both employees and employers were engaged, and the meeting, which included business leaders, received a lot of media attention which, for Wilkerson, meant that *the issue was starting to come out of the shadows.*

This was a time of enormous change as business and government were moving forward and, in some cases, joining forces to shed light on issues related to workplace mental health.

With all this in motion, it felt like something big had to happen.

While Wilkerson, Wilson, and others had the eyes and ears of some business leaders, who would bring the rest of Canada on board?

Impact on employees

LORNA HOLMES* knew something about mental health in the workplace. She'd been writing about it for almost a decade when she took a position with a large corporation. Her manager was a rising star within the organization and initially Lorna was impressed. That was until the manager turned on her.

Lorna could see that the manager's emotional response was due to pressures from head office, but the bullying was relentless—including questioning Lorna's ability to do her job and berating her in front of her colleagues.

Lorna decided to leave her job. While she knew something should be done, she felt too beaten down to do it herself, particularly since the corporation had a reputation for protecting management while being intolerant of any weakness among staff.

Now fully recovered and a vocal advocate for workplace mental health, Lorna regrets not taking action. After she left, the manager transferred her frustration to other team members—one of whom later apologized to Lorna for not supporting her, saying, "I watched what was happening to you, but was just thankful it wasn't me."

Today, organizations are more aware of the impact of such bullying behaviour on psychological health. Lorna feels she'd be more likely to get the support needed to resolve these issues at work, rather than having to leave.



*Names and some details changed to protect confidentiality (stock photo used).

A decade of evolving…
Disclosure

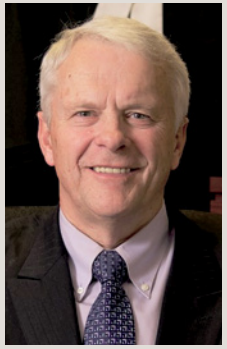


JOHN HARDAKER

Donna Hardaker shares her story of overcoming stigma.

Speaking out about mental illness used to be relatively uncommon.

In the 1990s, well-known Canadians such as Margaret Trudeau, former wife of the 15th prime minister of Canada, and Rona Maynard, then editor of Chatelaine, were among a small number of courageous pioneers who shared at least part of their personal stories. Donna Hardaker, who helped develop Mental Health Works, Tom Regehr, founder of CAST Canada, and respected lawyer Gord Conley were less known (but equally courageous). In 2004, they shared their experiences on video in support of the Canadian Mental Health Association's Mental Health Works program.



Gord Conley assists professionals in recognizing when to ask for help.

Dr. Heather Stuart, a world-renowned expert, found that hearing the personal stories of people successfully living and working with mental illness did more to change perspectives than any other approach to reduce stigma. "The more we hear these stories of people with mental illness, either through video or personal contact, the more we start to see mental illness as part of the human condition," said Stuart.



Dr. Heather Stuart says sharing personal stories helps reduce stigma.

In 2009, collaboration between Mental Health Works, the Mood Disorders Association of Ontario, and the Great-West Life Centre for Mental Health in the Workplace resulted in *Working Through It,* a video series featuring 10 individuals sharing their personal stories.[17]

Before participating in the videos, all were cautioned that once the series was



Working Through It is an example of how Canadian not-for-profits collaborate to provide resources.

completed, they would no longer be able to keep their illness private. The videos would be available worldwide on the Internet to anyone, including potential employers. Some who had considered participating dropped out. However, many of those who continued on and told their stories for the world to see reported that, rather than increasing stigma or discrimination, the videos increased the caring and compassion of co-workers, family members, and friends who viewed them.



Mandi Luis' story inspired the development of *Working Through It.*

The *Working Through It* video series was inspired by Mandi Luis, whose 27-year career collapsed when she became ill and her employer didn't know how to help her. "I felt so alone and without hope," Luis said. "I didn't know that there were supports that my employer could and should have provided." At the time she was going through this, Luis did not recognize she had depression. One of her symptoms was not being able to focus or concentrate. When asked what might have been helpful, Luis suggested a series of short videos of others talking about how they coped while struggling at work.

Shortly after the resource was released, an anonymous viewer credited the series for saving his life: "*Working Through It* gave me concrete information and tools to help me when I could not get in to see the proper specialists when I was in severe crisis. From the bottom of my heart, thank you."

Since then, many more individuals, including celebrities, have spoken out, increasing awareness and helping people relate to those with mental health issues.

In 2011, Bell Canada, a national telecommunications and media organization, began providing a platform for a number of Canadian celebrities to share their experiences about living with mental illness, including Clara Hughes, Michael Landsberg, Mary Walsh, Serena Ryder, Howie Mandel, Michel Mpambara, Stefie Shock, Étienne Boulay, and Marie-Soleil Dion.

As co-anchor of CTV's *Canada AM* morning show for almost a decade, Valerie Pringle was one of the country's most acclaimed and best-known broadcasters. Like many people, mental health became personal for her when a family member—in this case, her daughter Catherine—experienced mental illness, including depression, panic, and anxiety attacks. "We were lucky to get Catherine the help she needed," Pringle said. She and her daughter began speaking out to help others overcome the stigma that silences many.

> "We were lucky to get Catherine the help she needed."
>
> VALERIE PRINGLE



Catherine and Valerie Pringle speak out to help others overcome the stigma that silences many.

In 2012, journalist and author Jan Wong shared her struggle with stigma and mental illness at work in her book, *Out of the Blue: A Memoir of Workplace Depression, Recovery, Redemption, and, Yes, Happiness*. "It was a terrible power struggle," Wong said of her interactions at work following a traumatic incident. "Because of the stigma at the time, everyone seemed to think I would be



GEORGE WHITESIDE

For Jan Wong, being able to share her story is what mattered.

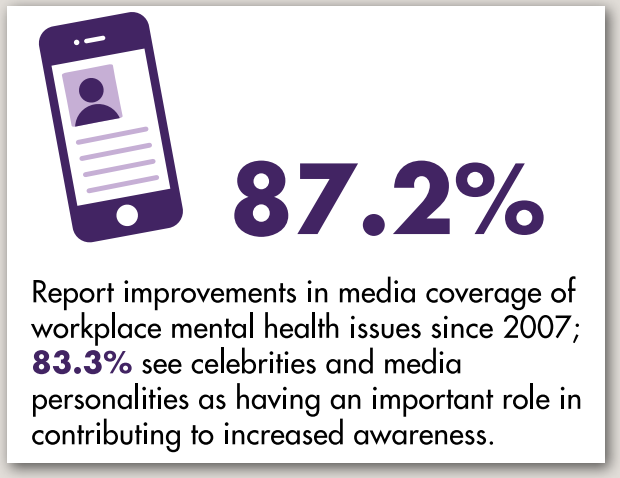


FIGURE 3. Reprinted from *The evolution of workplace mental health in Canada: Research report (2007–2017),* by J. Samra 2017, p. 55.[18]

Many other famous people have shared their stories, some openly and others as a result of tragedy.

too ashamed to speak up." But she did speak up, and, in the end, she said, that's what mattered.

Many other famous people have shared their stories, some openly and others as a result of tragedy. Mega star Robin Williams' death by suicide in 2015 shocked many. The compassionate and more informed public response to Williams' death was dramatically different from earlier reactions to suicide that often included shame and blame. Even the terminology used to refer to suicide is shifting from one that suggested criminal activity (*committed* suicide) to one that recognizes the link to illness (*died by* suicide).



Bill Wilkerson didn't publicly share his story for over 10 years.

Bill Wilkerson is a celebrity of a different kind—in the boardrooms of Canada. It is ironic that Wilkerson himself didn't publicly share his own diagnosis of depression for over 10 years—even when his symptoms made work difficult. Wilkerson hesitated to disclose as he knew he had the attention of corporate leaders primarily because he was seen as one of them. He didn't want his own *bleeding-heart story* to distract from his message that addressing mental health in the workplace was a good business decision. In 2009, when his disclosure was featured in a national Canadian newspaper, *The Globe and Mail*, Wilkerson described the article as further evidence of how far the issue had evolved.[19] This level of media coverage on mental health issues had previously been unheard of.

A critical step in the evolution of workplace mental health in Canada was the dispelling of some of these myths and stereotypes. We began to understand how prevalent mental illness was and that the majority of people were not suffering from severe symptoms. In fact, many were actually living *and working with* conditions like depression and anxiety—even though they may have struggled from time to time.

A critical step in the evolution of workplace mental health in Canada was the dispelling of some of these myths and stereotypes.

In the past decade, we have evolved to the point where it is no longer scandalous or unusual to hear that someone may be living with mental illness. Moreover, disclosing a mental illness doesn't have to be damaging to one's career. So many celebrities and leaders speaking out have made it easier and safer for the average citizen to recognize their own mental health concerns and seek help.

Bringing Mental Illness Out of the Shadows

2

The only way you can take something and make it a big issue publicly is to show the public all kinds of reasons it needs to be done.

THE HONOURABLE MICHAEL KIRBY, O.C.,
PAST MEMBER, SENATE OF CANADA

While many had been working independently on the issue of workplace mental health, the Government of Canada's involvement galvanized stakeholders around a national conversation about healthcare that included mental health.

In late 2002, *The Health of Canadians—The Federal Role, Final Report, Volume Six: Recommendations for Reform* was released.[20] This led to a motion passed by the Senate in 2004 that authorized the Standing Senate Committee on Social Affairs, Science, and Technology to examine *issues concerning mental health and mental illness*.[21] The motion was moved by Senator Michael Kirby and seconded by Senator Rose-Marie Losier-Cool. It went on to read:

The papers and evidence received and taken by the Committee on the study of mental health and mental illness in Canada in the thirty-seventh Parliament be referred to the Committee; and that the Committee submit its final report no later than December 16, 2005, and that the Committee retain all powers necessary to publicize the findings of the Committee until March 31, 2006.



Senator Michael Kirby identifies mental health as an important issue in Canadian healthcare.

Healthy Public Policy:
Health Beyond Health Care
13.1.4 Mental health

The National Population Health Survey of 1994-1995 found that approximately 29% of Canadians experienced a high level of stress; 6% of Canadians felt depressed; 16% of Canadians reported that their lives were adversely affected by stress; and 9% had some cognitive impairment such as difficulties thinking and remembering. Work prepared for the Federal/Provincial/Territorial Advisory Network on Mental Health estimated that about 3% of Canadians suffer from severe and chronic mental disorders that can cause serious functional limitations and social and economic impairment, such as bipolar personality and schizophrenia. This translates into approximately one in every 35 Canadians over 15 years of age.

Mental stress and disorders leading to mental illness can strike at different periods in life. Autism, behavioural problems and attention deficit disorder most commonly affect children. Adolescence is the typical onset of eating disorders and schizophrenia. Adulthood is a time when depression may manifest itself more obviously. Senior years are marred by Alzheimer's and other forms of dementia, although depression is also often identified in the elderly.

Because of the importance of mental health among Canadians, the Committee will hold specific hearings and table a separate report to present its findings and recommendations to the federal government.

The recommendations of the 2002 Senate report touched on a broad array of health reforms and highlighted mental health as an issue requiring further study.[22]

This directive would lead to a two-year consultation, led by Senator Kirby, which involved thousands of interviews with mental health stakeholders from across Canada. These interviews, as well as submissions, elicited what the report would refer to as *heartbreaking stories of the true state of Canada's mental health, mental illness, and addiction system*.

Many who participated on the Senate Committee shared stories of family members who suffered with a mental illness. For Kirby, it was a sister with depression who had attempted suicide. Fortunately, receiving the right treatment gave her a second chance at a good life.

While the public consultations of the Standing Senate Committee on Mental Health, Mental Illness and Addiction weren't specifically focused on workplace mental health, there was great anticipation that the workplace would be a factor within the recommendations that would come out of this process.

As the consultations were underway, so were other important advancements throughout Canada.

In 2003, the Canadian Mental Health Association, British Columbia Division, launched their first workplace Bottom Line Conference. Although there were several conferences about mental health at the time, few were focusing specifically on workplace mental health. Over the coming years, the Bottom Line Conference would continue to bring together people who experienced mental illness in the workplace with other employers, union representatives, policy makers, and researchers to share ideas and discuss ways to improve mental health in Canadian workplaces.



Since its inception in 2003, the Bottom Line Conference has been supported by Great-West Life. Bev Gutray, CMHA, B.C., and Ted Woodrow, Great-West Life, helped to advance workplace mental health through the annual conference.

The Industrial Accident Prevention Association was Canada's largest health and safety organization. Under the leadership of Maureen Shaw, CEO and president, their conferences began to include a focus on mental health. In early 2002, Joan Burton, Manager of Health Initiatives for the organization, wrote an article for *Accident Prevention Magazine* called "The Leadership Factor: Management practices can make employees sick."[23] The article helped shift people from focusing exclusively on mental illness to the impact of organizational and management factors on the mental health of employees.



Joan Burton (seated) and Maureen Shaw of the Industrial Accident Prevention Association were pioneers in workplace mental health.

Burton's article helped inspire Baynton to expand Mental Health Works from just providing training for frontline managers to including training opportunities for union representatives, occupational health professionals, and human resources personnel. They all had a role to play in workplace mental health and benefitted from learning new approaches that made them more effective in their jobs.

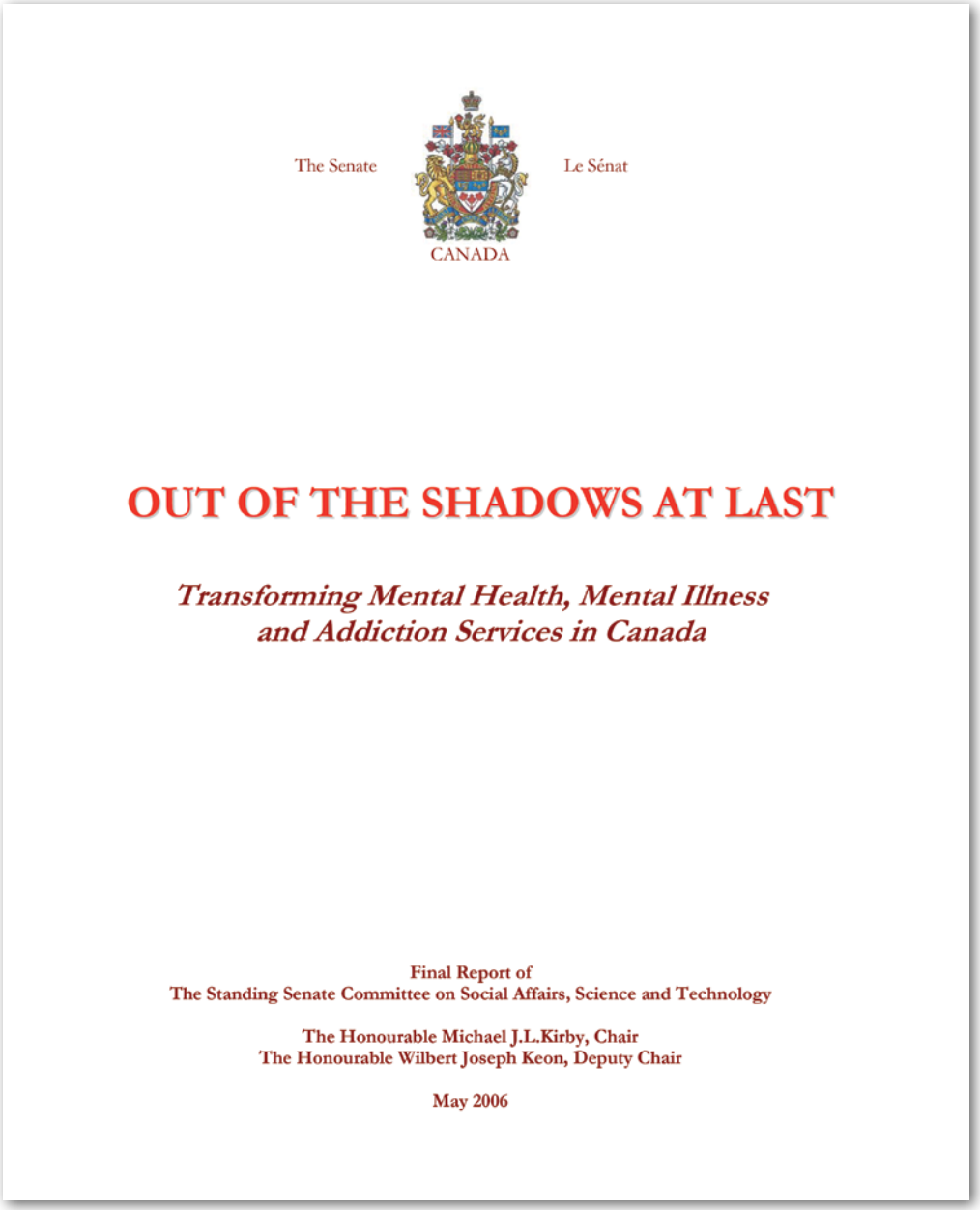
In 2005, Baynton, along with Neil McGregor, then president of the Canadian Mental Health Association, Ontario, spoke at a government hearing for the Accessibility for Ontarians with Disabilities Act. The purpose of their presentation was to draw attention to mental illness as an *invisible disability*. McGregor pointed out the unique challenges in identifying barriers for people with mental illness, including attitude-based and environmental barriers that are not always easy to identify and rectify.

Baynton shared that depression and anxiety could affect the brightest workers and that accommodations for employees with mental illness cost, on average, less than $500 a year. This was a staggeringly low amount in contrast to the cost of not addressing these issues, which could be much higher if absenteeism, grievances, disability, turnover, or human rights violations were involved.

The Global Roundtable reported a number of advancements[24] that had occurred in 2005 and published *The Roadmap to Mental Health and Excellence in Canada*.[25] Drawing on the evidence, the report laid out recommendations for investors, boards of directors, CEOs, managers, disability management, and legal professionals. This was followed by the release of *An Agenda for Progress—2006 Business and Economic Plan for Mental Health and Productivity*.[26] Dr. Edgardo Pérez, then chief of staff of Homewood Health Centre, said this plan was a step closer to *preventing the cost and suffering of mental disabilities among the men and women who produce the goods and services we depend upon for our national prosperity and well-being.*



Dr. Edgardo Pérez worked to prevent the cost of suffering of mental disabilities.



In May 2006, *Out of the Shadows at Last—Transforming Mental Health, Mental Illness, and Addiction Services in Canada* was released.[27] This was the result of the motion passed by the Senate two years earlier to examine these issues. As many had hoped, *Out of the Shadows* also shone a light on workplace mental health:

It is in the workplace that the human and the economic dimensions of mental health and mental illness come together most evidently… the workplace can contribute positively to mental well-being—it is where we derive a good part of our sense of social integration.

The report offered dozens of recommendations, some specifically targeting workplace mental health issues. The Canadian Mental Health Commission, referred to in recommendations 31 and 32, was later renamed the Mental Health Commission of Canada.

Those who had been part of advancing workplace mental health were hopeful *Out of the Shadows at Last* would drive long-awaited and necessary change.

31	That the Canadian Mental Health Commission (see Chapter 16) work with employers to develop and publicize best management practices to encourage mental health in the workplace.

32	That the Knowledge Exchange Centre to be created as part of the Canadian Mental Health Commission (see Chapter 16) assist employers, occupational health professionals and mental health care providers in developing a common language for fostering the management of mental illness in the workplace and in sharing best practices in this area.

33	That employers increase the number of counselling sessions offered through Employee Assistance Programs (EAPs), especially in communities where access to other mental health services is limited.

Out of the Shadows recommendations targeting workplace mental health.

Dr. Ian Arnold, an occupational health and safety consultant, said, "*Out of the Shadows* brought people out of their silos to work together to create awareness. Many in the movement were energized and motivated to move forward on what they already had been working on, but with a renewed sense of credibility and legitimacy that came from this report."

Senator Kirby said:

"We were calling the report Out of the Shadows at Last, *but how were we going to prevent it ever going back* into the shadows?"

Impact on employees

GORD CONLEY suffered in silence for years. As a partner in a busy law firm he just kept pushing ahead when he was dealing with depression. He was not sure others would understand. Eventually Gord became so ill he was unable to function and was off work for an extended period, feeling alone and hopeless.

During his time away, he learned from mental health professionals more about his illness and the steps to take to recover. Gord eventually shared what he'd learned with his colleagues, who were very supportive.

When he had a relapse several years later, things were dramatically different. His team members were aware that Gord was struggling and when he reached out for help, he got it. The result was that he was back at work much faster.

Gord said, "This time really was so different and I am so grateful that awareness and support among my colleagues was there to make it easier for me to ask for help."



Gord Conley: When he reached out for help he got it.

A decade of evolving...
Treatment

Even as workplaces began to increase awareness and support for those experiencing mental illness, access to effective treatment was often a challenge.

The two main concerns were finding and paying for the right treatment. Despite a publicly funded healthcare system in Canada, mental health has been called the *orphan child*[28] of healthcare. This is because relatively few psychological services are actually funded. Even for those with individual or group benefits, the coverage limits provided by their employer may not be adequate for sufficient treatment.



Bev Gutray has been a longtime mental health advocate in British Columbia.

In late 2016, Bev Gutray, CEO of the Canadian Mental Health Association, British Columbia Division, hosted a conference called #b4stage4[29] to draw attention to the fact that if healthcare denied treatment to cancer patients until they had reached stage four of the illness, there would be outrage. Yet those struggling with mental illness or addiction could be told they did not qualify for counselling or in-patient treatment because their situations were not severe enough. One young woman at the conference told of being turned away from an eating disorders clinic because her body mass index was too high. *Wait until it is low enough to cause more severe damage* seemed to be the message. If the young woman had the financial resources, she might have been able to pay for private care, but mental illness and addiction services can cost in the tens of thousands of dollars for effective treatment.

In 2016, the heads of the Mental Health Commission of Canada, the Centre for Addiction and Mental Health, and the Canadian Mental Health Association banded together to send a letter to the federal government noting that billions of dollars are spent on health, but only seven per cent goes to mental health. Commission president and CEO, Louise Bradley, pointed out how Canada is continuing to face a crisis in mental health, which costs the country more than $50 billion a year in lost productivity. It also *costs lives,* she said, citing that over 4,000 people die by suicide every year in Canada.



Louise Bradley said the mental health crisis in Canada is costing lives.

The challenge of affordability continues.

In the early 2000s, one industry representative stated that EAPs (Employee Assistance Programs)* do not diagnose or treat mental illness. She said, "We offer a limited number of counselling sessions aimed at brief, solution-focused

* Sometimes referred to as Employee and Family Assistance Programs (EFAPs) because many have benefits for both employees and their family members.

Most employers lacked awareness about both the complexity of mental health conditions and the need to provide a workplace that did not worsen or cause harm to psychological health.

conversations." This was an important statement at the time because some employers felt that sending an employee who was struggling with a mental health issue to an EAP provider was the extent of their responsibility. But if employees were never diagnosed and simply had conversations about their current stressors, they may have continued to struggle. Most employers lacked awareness about both the complexity of mental health conditions and the need to provide a workplace that did not worsen or cause harm to psychological health. Some EAP providers now offer triage services for an additional fee, where intake is conducted by qualified psychologists or psychiatrists who then recommend appropriate treatment beyond the usual sessions. But organizations that purchase the lowest-priced EAP service aren't likely able to provide access to this.



Dr. Bill Howatt says an EAP can help mitigate risk to mental health across the employment life cycle.

Dr. Bill Howatt, chief of research and development, workforce productivity, at Morneau Shepell, a large EAP provider, stresses an EAP is too often viewed by employers and employees as just a reactive model and not thought of for prevention. "Employers could mitigate risk by focusing more on how to leverage the EAP for prevention across the employment life cycle," he said. Many EAPs now offer training for managers on addressing workplace factors related to psychological health and safety and awareness sessions on mental health for employees, as well as early prevention programs that facilitate coping skills and resiliency.

Some employers also provide benefits that cover psychological services in addition to EAP. In 2007, however, the coverage was often limited to $500 each year, while in some provinces the recommended fee for one hour of psychological services was $160. A limit of $500 would not be adequate for the 8–12 sessions that were considered a minimum for treating clinical depression.[30] This meant that it could be financially and practically challenging for someone to access consistent, adequate treatment. Although higher limits might be covered if the person were off on disability, this limitation prevented most employees from being adequately treated before the illness required them to be off work. In some cases, government funded services could be available, but wait lists might be six months or longer. In 2016, however, one well-known international coffee shop chain announced that it would provide up to

$5,000 per year for psychological services and counselling to employees working 20 or more hours per week.[31] In early 2017, Manulife Financial announced that they would increase the mental health benefits on their employees' benefit plan to $10,000 per year.[32] Although these two examples are far from a trend, they do indicate an advancement in understanding the value of providing psychological services for employees.

In terms of effective treatment, the evolution has been much more promising. Researchers are using DNA samples to improve understanding of which drugs are best metabolized by patients. This can prevent the hopelessness that comes from trying a series of medications that may not help and/or cause side effects that worsen the patient's well-being. There are specific talk therapies shown to be as effective as medication and, in some cases, their benefits can be longer lasting.[33] Approaches to wellness have also been expanded to include complementary therapies such as acupuncture, mindfulness, and lifestyle choices like spending time in nature. Researchers continue to work on technologies such as repetitive transcranial magnetic stimulation and deep brain stimulation, both of which attempt to return the brain to healthy patterns of activity.[34] There are also hundreds of mobile apps that help with monitoring symptoms or brain training exercises aimed at calming the mind.[35]

Canada's Indigenous peoples are also implementing unique approaches to wellness, particularly when it comes to healing from trauma—but such therapies don't necessarily fit within the mainstream healthcare system. Simon Brascoupé, vice-president, education and training, AFOA Canada (formerly Aboriginal Financial Officers Association of Canada) advocates for "a more holistic, trauma-informed approach that deals with the four aspects of well-being: emotional, physical, mental, and spiritual. These approaches can include traditional ceremonies and therapies that provide opportunities for healing. These types of spiritual and social supports have been shown to work in First Nations, Inuit, and Métis communities."



Simon Brascoupé promotes Indigenous peoples' unique approach to well-being.

There is still a lot of work to be done to make appropriate treatment options accessible to all Canadians. When this happens, workplaces will benefit from a healthier workforce.

Emerging Leadership

3

This wasn't simply an exercise in goodwill or great marketing; it was something we needed to invest in with hard dollars, time, and energy to deliver real results.

JAN BELANGER, GREAT-WEST LIFE

The recommendations flowing out of both the Global Business and Economic Roundtable on Addiction and Mental Health and the Senate Committee's *Out of the Shadows* report provided inspiration and credibility for those within the workplace mental health movement.

And what of Senator Michael Kirby's concern about the issue going *back into the shadows*?

In its 2007 budget,[36] Canada's federal government committed $65 million over five years for the establishment of a Canadian Mental Health Commission. The primary mandate of the Commission would be to develop a national strategy to improve mental health and well-being throughout Canada.

There was a lot of celebration among those in the mental health space about this announcement. Many recognized this as historic.

Soon after announcing his retirement from the Senate, Kirby was appointed chair of the new Commission. While many people weren't surprised, Kirby was. The announcement to establish the Commission was actually made in 2005 by the Liberal government but before this could happen, there was an election and the Conservatives came into power. "It now meant that one of the most conservative prime ministers ever [Stephen Harper] was choosing a senator appointed by one of the most liberal prime ministers [Pierre Trudeau] to lead the Commission," Kirby said. For many, this highlighted just how relevant *Out of the Shadows* was, crossing all political lines to advance the cause of better mental health—including workplace mental health—for all Canadians.

With workplace mental health clearly identified as a priority of the new Commission, many saw the opportunity for a more collaborative and meaningful dialogue.

A Better Canada

Highlights

Budget 2007 invests in the things that make Canada great and reflect the values and beliefs that define us as a nation. The Government is taking important steps to clean up our environment, invest in Canadians, improve our health care system and celebrate our culture.

Investing in the Health of Canadians

The Canadian health care system is one of the things that make Canada the modern, compassionate and prosperous country we love. Budget 2007 takes action to help reduce wait times and to modernize Canada's health system through initiatives such as:

- Establishing the Canadian Mental Health Commission, with $10 million over the next two years and $15 million per year starting in 2009–10. This commission will lead the development of a national mental health strategy.

Excerpts from the Canadian Federal Budget 2007: Aspire to a stronger, safer, better Canada.



"This is an idea whose time has come, driven off the efforts of people like former Senator Kirby, the Senate Committee, and other frontrunners."

JAN BELANGER,
Vice-President, Community Relations, Great-West Life



"This will be the first time in Canadian history that there has been a high-level, strongly led national body supported by government, but arm's length from it, to be the catalyst for the advancement of research, improvements in clinical care, prevention of (mental) illness, and, in fact, the prevention of disability."

BILL WILKERSON, CEO, Global Business and Economic Roundtable on Addiction and Mental Health[37]

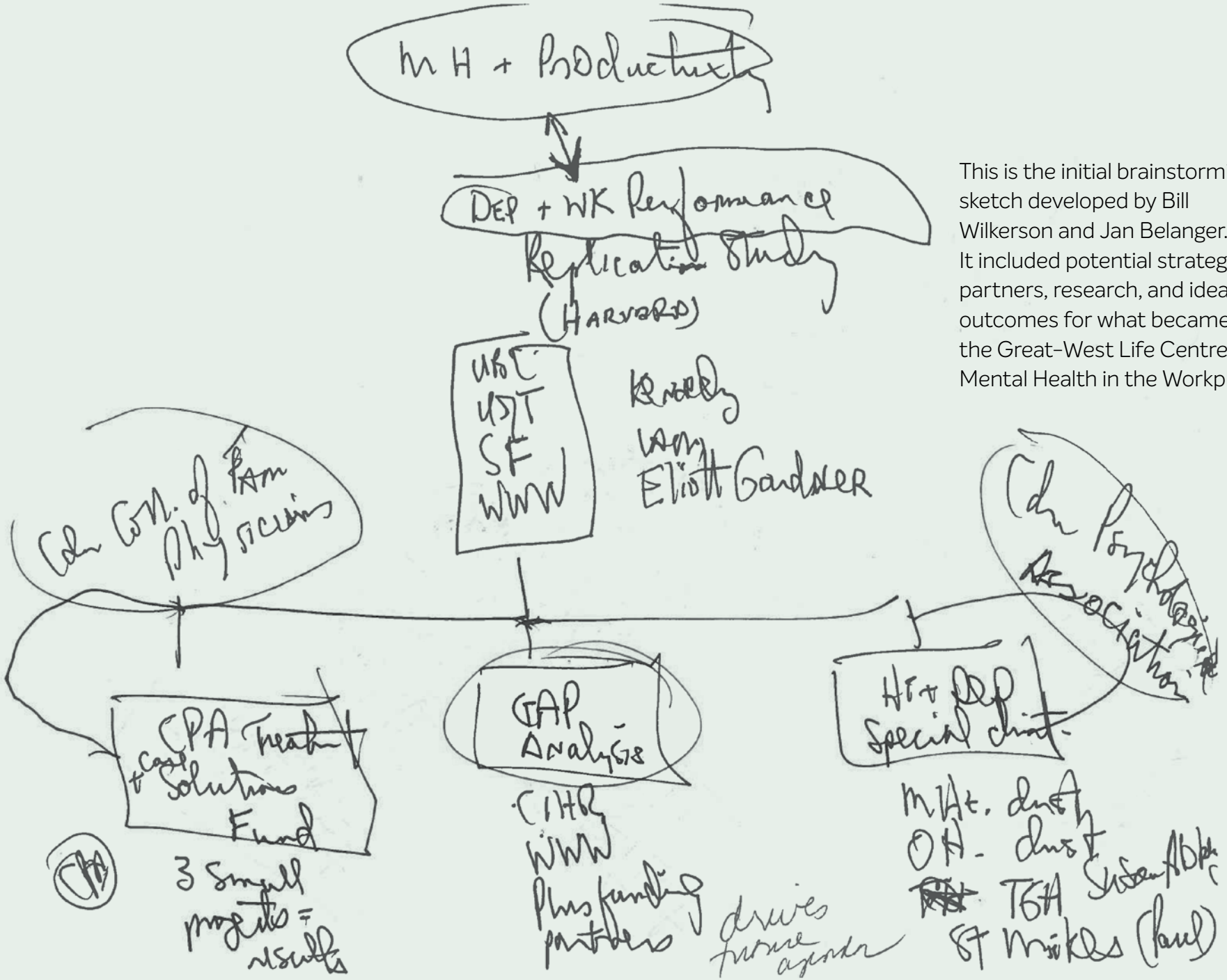
Great-West Life was also watching these developments with considerable interest. Even before the Commission announcement, the company's involvement with the Global Roundtable and its own experience with rising benefit claims related to mental health issues had its attention.

Leaders at Great-West Life were concerned about how these trends might affect employers' future disability costs. They wanted to help employers address the workplace mental health issues that were within their influence and responsibility. Employers had little to no influence on medical or healthcare choices made by their employees, but they could do a better job of supporting employees and preventing workplace issues from adding to or causing mental health concerns.

Dave Johnston, then executive vice-president of Great-West Life's Group Insurance Division, sat at the Global Roundtable along with representatives from other insurance companies and noted most were speaking from a claims standpoint. But Johnston realized their role was much more than just *paying claims* and that they should help employers *prevent disability* where possible.

Johnston, Belanger, Wilkerson, and others began looking for answers, and came up with a unique idea. The new concept was a privately funded public resource—the Great-West Life Centre for Mental Health in the Workplace (the Centre). The Centre would source and develop evidence-based mental health resources and tools for the workplace. Importantly, they would be *freely available* to every Canadian organization.

Belanger called mental health the quiet cancer of the workplace because it wasn't being openly addressed. She said, "The Centre was born out of an imperative that mental health needed to be heightened on the agendas of business and unions, and recognized for its social and economic impact."



This is the initial brainstorming sketch developed by Bill Wilkerson and Jan Belanger. It included potential strategic partners, research, and ideal outcomes for what became the Great-West Life Centre for Mental Health in the Workplace.

RELEASE FROM GREAT-WEST LIFE

Great-West Life's Group Insurance Division announces establishment of Centre for Mental Health in the Workplace

Winnipeg, June 5, 2007…Great-West Life's Group Insurance Division has announced the establishment of the Great-West Life Centre for Mental Health in the Workplace. Through the Centre, Great-West Life's Group Insurance Division will focus on research and projects to create greater employer awareness and understanding of the issue of mental health and productivity in the workplace. As well, the Centre will develop and promote programs that employers can use to better help employees who are experiencing a mental health issue.

"We've known for some time that the impact of mental health on workplace productivity is considerable. Estimates published by the Government of Canada put the cost to the Canadian economy at well above $15 billion annually," said Dave Johnston, Executive Vice-President of Great-West Life's Group Insurance Division.

"Today's announcement acknowledges the seriousness of this issue, and our intention to devote resources and energy toward promoting learning and knowledge, and the development of solutions that help address this issue," added Johnston. "These goals are consistent with the priorities set recently for the Mental Health Commission of Canada. It is appropriate and timely for us to support the efforts of the Commission."

Former Senator Michael Kirby, who is Chairman of the Mental Health Commission of Canada, said "Mental health in the workplace is one of the most important issues that organizations are dealing with today," and applauded Great-West's goal to support research, collaboration, awareness and best practices to advance employee mental health.

Johnston noted that the Centre is unique in that it has been established to focus specifically on the workplace, and to meet two main objectives. The first objective is to increase knowledge and awareness. Through the Centre, Great-West Life will sponsor research, conferences and workshops and will support the dissemination and exchange of information to employers and the public.

The second objective is to turn this knowledge into action: the Centre will be a focal point for the development and promotion of programs which help employers better prevent and reduce employee mental health issues.

The Centre will seek advice and input from an external board comprised of experts in science, medicine and business. Membership of the Advisory Board is still being formulated, but it will be chaired by Bill Wilkerson, CEO of the Global Business and Economic Roundtable on Addiction and Mental Health.

The Centre would have two main objectives: first, to increase employers' knowledge and awareness of issues related to mental health and mental illness, and second, to turn this knowledge into action.

Mike Schwartz, then senior vice-president of Group Operations for Great-West Life, was appointed as the executive director of the Centre. Schwartz brought with him an exceptional strategic mind, extensive experience with operational and government requirements, and a passion for the cause.



As the first executive director for the Centre, Mike Schwartz brought a strong understanding of the challenges facing employers.

Schwartz, who had worked for the company since 1984, said he was honoured to have the opportunity to be part of a movement toward a healthier Canadian workforce. "I'm proud to be working for an organization that would invest meaningful resources, money, time and effort into a public service like the Centre. This will give us the opportunity to engage with leading experts from around the world."

In reviewing disability claims covered by Great-West Life, Schwartz had seen many instances of what he called *the tragic* and *the magic*. An example of *tragic*, he said, could be an employee who struggled with

mental illness at work, didn't get the support he or she needed, and became very ill. This could lead to long-term disability that could extend for years. Schwartz had also seen *magic* situations where people were able to get the right supports and avoid disability or reduce the duration of their work absence, returning to a full, productive life.

"We saw both situations and asked ourselves, how can we have more cases of the magic?" Schwartz wondered. At its core, the Centre would focus on helping employers get the information and tools they needed to support better outcomes and employee success when mental health was an issue.

Both Schwartz and Wilkerson said an early win was bringing on Mary Ann Baynton to act as the Centre's program director. As a result of her experience with the Canadian Mental Health Association's Mental Health Works program, Baynton was intrigued by the idea of providing evidence-based tools and information to the public at no cost. She said it was a privilege to work for an organization that really believed in providing resources for the greater good of all Canadians. She immediately set to work collaborating with experts, researchers and, most important, those with lived experience of mental illness at work.

Wilkerson called the launch of the Great-West Life Centre for Mental Health in the Workplace a natural evolution of the company's support, a remarkable breakthrough for the cause, and something that would help bring mental health out of the shadows forever ... not just for now.



"I can only imagine what we can now accomplish going forward. This has truly put the wind in the sails for this important movement."

FRANÇOIS LEGAULT, Executive Director, Health Canada

The stage had been set for an exciting journey. Through the emerging leadership of the Global Roundtable, the Commission, the Centre, and others, conversations about workplace mental health would expand into more boardrooms and shop floors within Canadian businesses than ever before.

But talk is cheap.

Would employers take real and meaningful action?

The stage had been set for an exciting journey.

Identifying Issues and Developing Solutions

4

Workers enter the workplace and then leave at the end of their shifts either better or worse for their experience at work.[38]

JOAN BURTON, THE BUSINESS CASE FOR A HEALTHY WORKPLACE

Prime Minister Stephen Harper announced the board members for the Mental Health Commission of Canada, along with the chairs of the cross-country network of advisory committees, in August 2007. "The board and advisory committee members represent the best people in the mental health field in Canada today," said the prime minister.[39]

This meant that the Commission was formally set to launch its activities.

The first chair of the Commission's Workforce Advisory Committee in 2007 was, not surprisingly, Bill Wilkerson. He was followed by Dr. Ian Arnold from 2008 until 2012, when Charles Bruce, a longtime mental health advocate, took over. The Committee's focus would be on what could be done to help employers improve the way mental health was addressed in their workplaces.

The Commission's Workforce Advisory Committee would make significant contributions in many areas of workplace mental health, including leadership and policy development, workplace practices, employment support,

WORKFORCE ADVISORY CHAIRS



Bill Wilkerson—2007

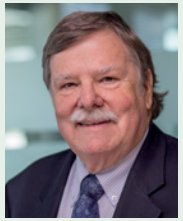


Dr. Ian Arnold—2008 to 2012

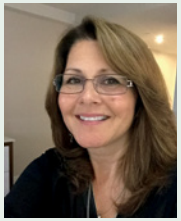


Charles Bruce—2012

MENTAL HEALTH COMMISSION OF CANADA WORKFORCE ADVISORY COMMITTEE (2007–2012)



IAN ARNOLD*
Occupational Health and Safety Consultant



MARY ANN BAYNTON*
Workplace Consultant



SARITA BHATLA
Senior Management, Government of Canada (served November 2008–March 2010)



BEVERLEY BOURGET*
Management Consultant, Bourget Consulting Services Ltd.



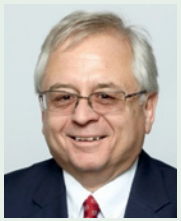
CHARLES BRUCE*
President, Nova Scotia Public Service Long Term Disability Trust



PATRICK BUFFALO
Independent Organizational Consultant (served July 2010–Fall 2012)



MARIE DANCSOK*
Registered Rehabilitation Professional



RICHARD DIXON
Vice-President, Human Resources, NAV CANADA (served November 2007–January 2011)



MIRIAM EDELSON*
Diversity Consultant



STÉPHANE GRENIER*
LCol (Retired)



STEVE JACKSON*
Vice-President, Human Resources, Workplace Safety and Insurance Board



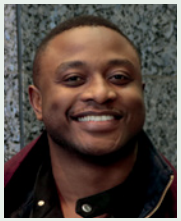
BONNIE KIRSH*
Associate Professor, Dept. of Occupational Science and Occupational Therapy, University of Toronto



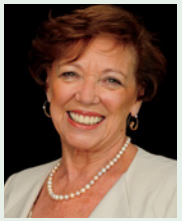
RON LAJEUNESSE
Independent Management Consultant (served November 2007–October 2010)



FRANÇOIS LEGAULT
Director, Employee Assistance Services, Health Canada (served November 2008–Fall 2012)



DON MAHLEKA
Youth Representative (served 2012)



MAUREEN SHAW
President & CEO, Industrial Accident Prevention Association (Retired) (served August 2009–Fall 2012)



BILL WILKERSON
CEO, Global Business and Economic Roundtable on Addiction and Mental Health (served November 2007–May 2008)

* Original members who served the entire five years. Marie Grégoire (photo unavailable) served in December 2007.

peer support and psychological health and safety in the workplace.

Over the years, those who first met on this Committee would continue to support each other in a multitude of endeavours, from writing books to hosting events to developing new resources. Every member of the Workforce Advisory Committee brought their experience and connections to the table. They used their networks to help extend the reach of the Commission and to inform their own work.

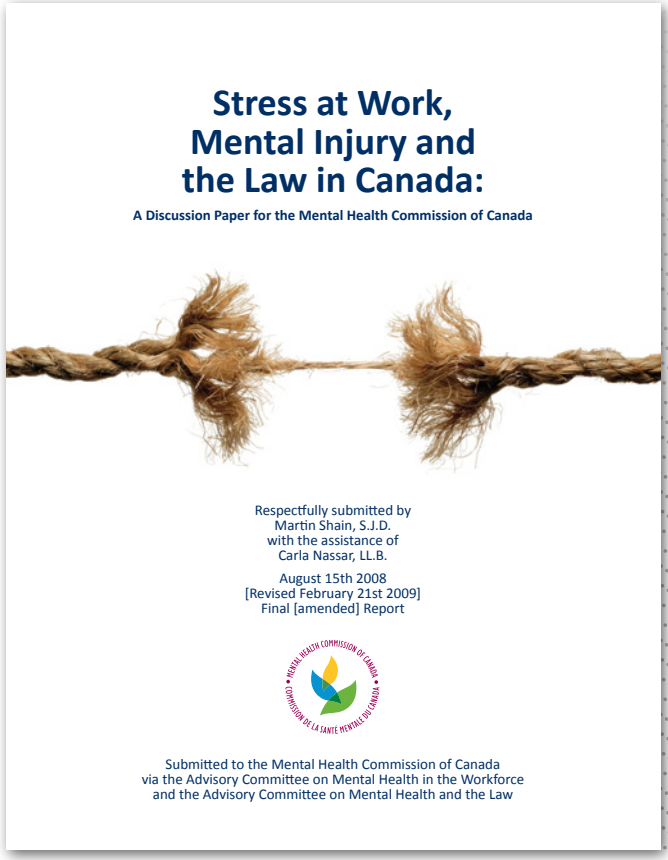
One of the Workforce Advisory Committee's first initiatives was to review Dr. Martin Shain's report *Stress at Work, Mental Injury and the Law in Canada*.[40] In this influential paper, Shain discussed the legal principles governing liability for mental injury at work. "The report helped clarify the legal requirement for employers to provide a safe system of work," Shain said. This requirement had previously been limited to physical safety, but he noted, "Now Canada was at the cusp of saying that meant psychologically safe systems of work as well."



"The temptation is to think about mental injury as something people bring to work with them and that the workplace can make better or worse. The biggest single change over this era has been to look at the workplace not just as a venue to help people with mental health, but as one that influences mental health in its own right by virtue of how work is managed."

DR. MARTIN SHAIN, Neighbour at Work Centre

Shain stressed that there was an increasing legal duty for employers to provide a work environment that *does not permit harm to employee mental health in careless, negligent, reckless or intentional ways*. Ideally, he said, this is a workplace where measures are taken to



avoid reasonably foreseeable injury to its employees' mental health.

The visionary report included a proposed draft outline of a national standard for psychological health and safety. Shain wrote, "The absence of such national standards compounds the uncertainty faced by employers and employees because there are no benchmarks or thresholds for risk to mental health originating in the organization of work, nor any clear guidelines for how such risks can be abated."

An important shift was slowly occurring in the language being used to address the issue—from workplace mental health, which had primarily focused on the needs of individual employees experiencing mental illness, to psychological health and safety, which focuses on protecting the mental health of all employees.



Dr. Merv Gilbert: Psychological health encompasses the broader spectrum of the psychological experience.

Dr. Merv Gilbert, a researcher and psychologist, explained that the term *psychological health* encompasses the entire spectrum of psychological experience, from thriving to distress to psychological disorders. The term *mental health*, on the other hand, is often used interchangeably with *mental illness*. When people focus on mental illnesses such as schizophrenia or depression, it can limit the conversation to individuals with a diagnosis. This may reduce meaningful action in workplaces with stressors such as bullying or unfair assignment of work, which can potentially impact any employee. Furthermore, if meaningful action is only taken when an employee has a diagnosis, it can increase stigma for those with a mental illness.

To help address this gap, one of the Centre's first initiatives was a 2007 Ipsos Reid survey.[41] The survey, which included the perspectives of more than 4,000 working Canadians, shared that while the majority of managers (83 per cent) believed they should intervene when an employee showed symptoms of depression, fewer than one in five had received training on how to do this. The study confirmed that a lack of awareness and tools for responding effectively to mental health issues in the workplace, thereby reducing the risk of psychological harm, were having significant impacts. This was about to change as the Centre plunged deep into the development of effective resources to help. This pattern of supporting research, analyzing results, and developing solutions became the hallmark of Centre activity.

The Centre's inaugural advisory meeting was held in December 2007,

GREAT-WEST LIFE CENTRE FOR MENTAL HEALTH IN THE WORKPLACE ADVISORY COMMITTEE (LAUNCHED DECEMBER 2007)



BILL WILKERSON
Co-founder and CEO, Global Business and Economic Roundtable on Addiction and Mental Health



DR. ROGER BLAND
Professor Emeritus, University of Alberta, Executive Director, Alberta Health Services, Mental Health & Addiction



DR. ALAIN D. LESAGE
Professor, Department of Psychiatry, University of Montreal



DR. ANTHONY PHILLIPS
Co-Director, University of British Columbia Institute of Mental Health



DR. HEATHER STUART
Professor, Department of Public Health Sciences, Queen's University



HONOURARY MEMBER: MICHAEL KIRBY
Chair, Mental Health Commission of Canada

Photos not available: E. Nan Bennett, CEO, Healthcare Benefit Trust and Moya Greene, CEO, Canada Post



Centre contributors Leanne Fournier, Mary Ann Baynton, and Joanne Roadley have worked together since 2007.



The Hon. Michael Wilson presents an award recognizing Dr. Ron Kessler, Harvard Medical School, for his outstanding contributions to public knowledge of depression in the workplace. The award was presented during the second U.S.–Canada Forum on Mental Health and Productivity.

chaired by Bill Wilkerson. It brought together leaders from industry, medicine, science, research, and occupational health and safety.

The committee enthusiastically endorsed the many approaches and initiatives put forward by the Centre. They agreed all information, tools, and resources to be developed would be either evidence- or practice-based so that users would come to rely on the credibility of what the Centre had to offer. Next, it was decided that the resources would be practical and action-oriented. This avoided wasting business people's time on theory or long-winded explanations of why an approach was used.

In late 2007, the Global Business and Economic Roundtable on Addiction and Mental Health hosted the second U.S.–Canada Forum on Mental Health and Productivity. This event helped to establish Canada as what Wilkerson called *a world leader in workplace mental health*. At the forum, the Global Roundtable released its *CFO Framework for Mental Health and Productivity*,[42] which noted that many companies didn't measure the costs of mental illness within their own organizations. Some felt that those who controlled the purse strings in

an organization—such as the Chief Financial Officer (CFO)—also controlled decisions about investment in workplace mental health initiatives. The report helped develop a business case in a language that was familiar to those managing the finances of business. Moreover, the framework articulated how the financial impact on business could be measured to demonstrate both the cost of doing nothing and the return on investment from taking action.



Mike Schwartz, the Hon. Mr. Justice Edward Ormston, Bill Wilkerson, Rob MacLellan and others meet at a session of the Global Roundtable.

Also in 2007, Watson Wyatt Canada ULC, under the direction of Joseph Ricciuti, conducted a study, *Mental Health in the Labour Force: Literature Review and Research Gap Analysis*.[43] The project was advanced by Homewood Health Centre and the Global Roundtable on behalf of the Canadian Institutes of Health Research, specifically the Committee of Partners on Mental Health in the Workplace. It was funded by Watson Wyatt as well as major insurance companies in Canada including Desjardins, Great-West Life, Manulife, Standard Life, and Sun Life. The project's main goal was to pull together a thorough literature review that presented current knowledge and identified gaps within North America. According to Ricciuti, "The significance, magnitude, and the speed of the information being produced about workplace mental health issues required a short time-out to take stock of where initiatives were and where they needed to be."



Joseph Ricciuti said it was time to take stock of what needed to be done.

Dr. Mark Attridge, the lead researcher, wrote the final report, which identified many gaps including *lack of attention to organizational and systems-level approaches*. These approaches included both work and personal factors. While the report focused primarily on supporting employees with mental health and addiction issues, it also recommended championing positive mental health within organizations.

In Canada, a bilingual nation, the English and French populations have often worked in isolation to develop solutions unique to their communities. This would change dramatically around workplace mental health.

Roger Bertrand, a former minister of health with the Québec government, was wrestling with rising healthcare costs in his province. He understood that prevention of illness and promotion of health was one way to manage these costs, but he did not have support to take action through the government. Once he was no longer in public office, he began to consider other ways to address this issue. With support from key leaders in Québec's business sector, Bertrand created a not-for-profit organization, Groupe de promotion pour la prévention en santé (eventually renamed Groupe entreprises en santé), dedicated to health promotion and disease prevention in the workplace. He knew that the majority of people spend at least half of their waking hours in the workplace (actually 60 per cent according to Black, 2008).[44]



DAVID CHANG

Roger Bertrand believes prevention is key to managing health costs.

Bertrand felt that if employers encouraged their staff to adopt healthy habits at work, the benefits would be transferred first to the organization and then to families and communities, thereby reducing pressure on health services. Bertrand believed that a central reference document, which included structured steps based on best practices in the area of workplace health, would provide a common foundation for employers. For this, he turned to the Bureau de normalisation du Québec (BNQ), a standards organization that operates throughout Québec and Canada.

In 2008, BNQ published its first edition of the voluntary Healthy Enterprise Standard (*BNQ 9700-800 Prevention, Promotion and Organizational Practices Contributing to Health in the Workplace*). Standards had traditionally been used for technical or safety issues, and one standard developer assigned to this project was Daniel Langlais, an electrical engineer by training. This is an example of how professionals from many disciplines, including a former politician and an engineer, became champions for the cause. It was truly something that touched every person involved at some level.



Jeane Day of Groupe entreprises en santé, addresses the participants of the Healthy Enterprise Conference. Also shown are Groupe entreprises en santé team members Camille Perrault, Dr. Mario Messier, Marie-Josée Caya, Josianne Lisabel, and Roger Bertrand.

BNQ identified that a *well trained and motivated workforce composed of healthy, productive and innovative employees enables a business to grow and prosper in an increasingly competitive environment… The standard provides guidance and set out requirements regarding good organizational practices that foster healthy lifestyles among employees, a healthy workplace, and sustainable improvements in the health of individuals.*[45]



Joan Burton helped establish the business case.

Joan Burton from the Industrial Accident Prevention Association was also continuing to advance the issue. She understood the need to present to employers through a business focus. She published *The Business Case for a Healthy Workplace*[46] in 2008, which focused on three strategic business drivers: financial costs (including the cost of doing nothing), the organization's reputation, and what she referred to as *social exhaust*, a term credited to Martin Shain. Burton explained it as follows:

If employees leave work angry because of their unfair or abusive work experiences, they may exhibit road rage on the way home or abuse family members or pets at home or increase the costs of law enforcement in their communities. If they leave work demoralized and depressed, they may have heart attacks or develop clinical depression and increase healthcare costs in their communities. All of these factors will encourage a withdrawal from society, a decrease in volunteerism, and a downward spiral for the communities affected.

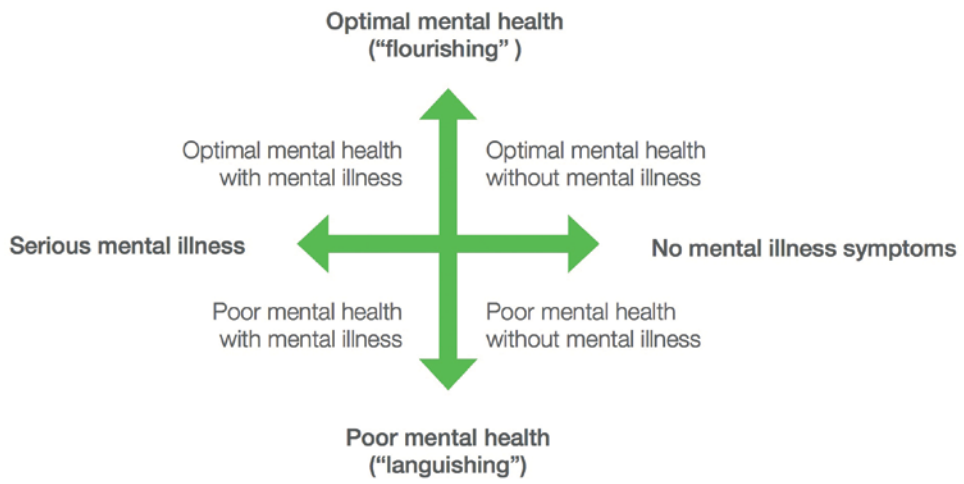
In November 2008, the British Columbia Mental Health and Substance Use Services partnered with other national and provincial organizations to host a National Mental Health Promotion Think Tank. Attendees came together in Calgary, Alberta, to discuss the possibilities for mental health promotion and mental illness prevention, policy development, and policy implementation in Canada. The report that resulted from the breakthrough meeting was entitled *Toward Flourishing for All… Proceedings of the National Mental Health Promotion and Mental Illness Prevention Think Tank*. It would help inform the mental health strategy for the Mental Health Commission of Canada.

Joan Burton from the Industrial Accident Prevention Association was also continuing to advance the issue. She understood the need to present to employers through a business focus.



Dr. Corey Keyes shared the Dual Continuum Model.[47]

Figure 1: Dual Continuum Model of Mental Health and Mental Illness



MacKean, 2011. Adapted from: The Health Communication Unit at the Dalla Lana School of Public Health at the University of Toronto and Canadian Mental Health Association, Ontario; based on the conceptual work of Corey Keyes

Reprinted with permission of Dr. Corey Keyes.

At the meeting, Dr. Corey Keyes' Dual Continuum Model of Mental Health and Mental Illness helped redirect the group from a focus on *managing a mental illness* to one of *improving mental health*, and from discussions around *symptoms* to discussions about helping people *flourish*. There was now an understanding of the range of wellness that could and should include positive approaches to thriving and flourishing, including those who live with mental illness.

Even with this understanding, however, many business leaders still needed concrete strategies for supporting both employee wellness and organizational success.

A CEO of a large national organization won an award for supporting employee well-being. Baynton asked why he chose to invest in the psychological health of employees. He replied that this was not always a priority for him. Early in his career he was promoted to leader of a team that he felt regularly underperformed, and he soon became frustrated by what he felt was an overall lack of motivation. He turned to a respected and accomplished mentor for advice. The mentor told him to focus on the culture of the team because no matter what plans are in place, if your team doesn't feel valued or supported, your goals will remain unattainable. "Culture will always eat strategy for breakfast," the mentor said. Employees do their best work when they feel supported and appreciated. It was only when the CEO heard this from another leader who he admired that he began to focus on employee well-being.

The CEO's story was part of the inspiration behind *A Leadership Framework for Advancing Workplace Mental Health,* developed in 2009 by the Commission's Workforce Advisory Committee with support from the Centre. The video series featured leaders from unions, finance, sales, small business, and the public sector who spoke out on the need for creating mentally healthy workplaces, as well as tools and information to help implement strategies. The intention was that these leaders would inspire others in a similar way.

Not long after, the Centre's executive director, Mike Schwartz, asked a question that would soon take on a life of its own:

With all that we're doing, with all the new research, tools, and resources that are available, how can we help employers who are still unsure of where to invest their sometimes scarce resources? How can we help them decide where to start?

This was a great opportunity to help eliminate excuses. If a tool could be developed that would answer those questions, employers would have an easier path forward. Baynton had met psychologists Dr. Joti Samra and Dr. Merv

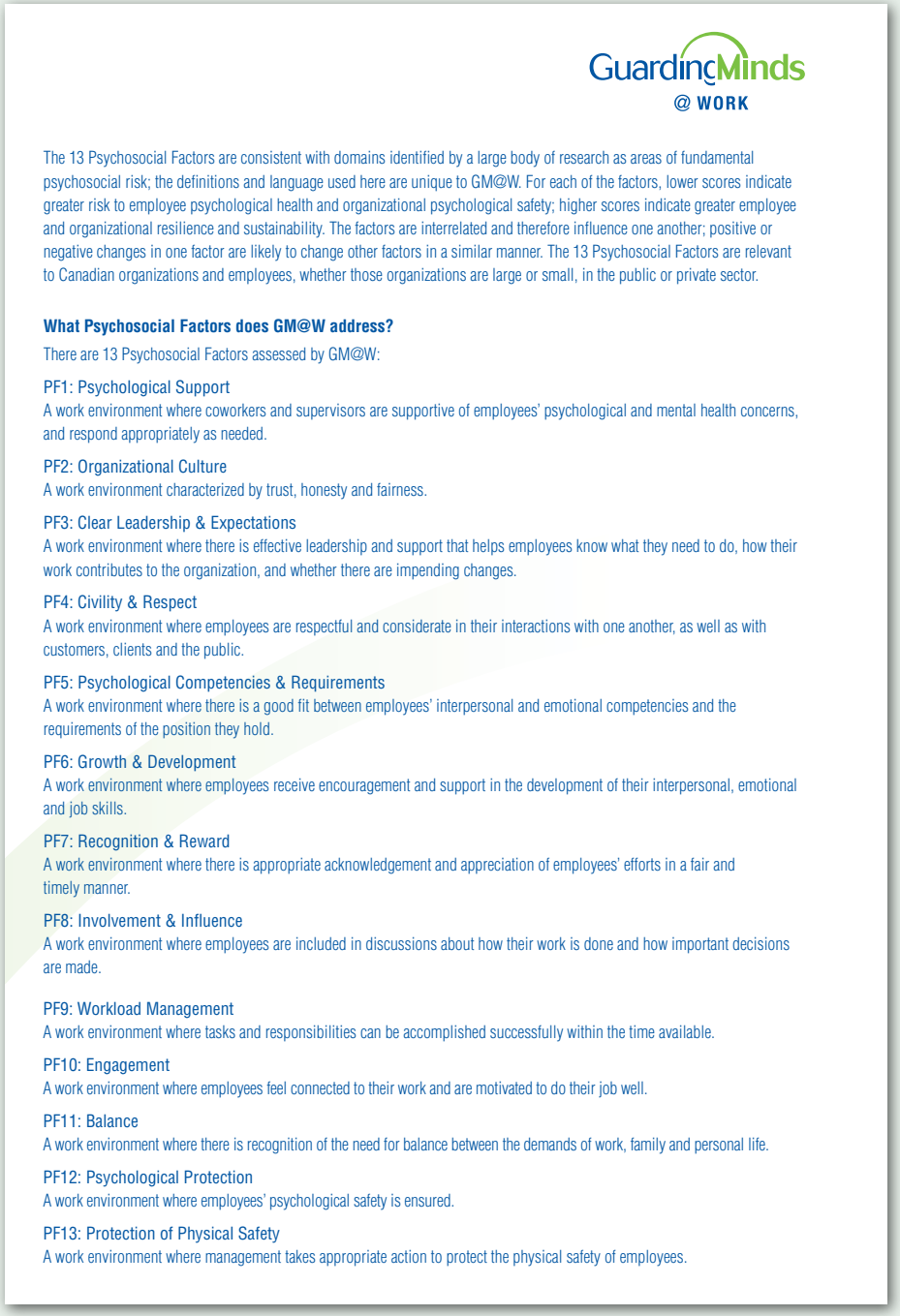


Mary Ann Baynton was inspired by leaders who were already promoting positive workplace mental health.

Gilbert through their involvement with the Canadian Mental Health Association's Bottom Line Conference in Vancouver. She was impressed by their abilities to speak and write in a style accessible to the average business person. She approached them about developing a practical tool to help employers know where to start and where to invest limited resources. Dr. Martin Shain, who had written *Stress at Work, Mental Injury and the Law in Canada*, was also asked to join the team to help ensure the final product aligned with existing legal requirements for employers to provide a psychologically safe workplace. He agreed and even provided a name for the new resource*: Guarding Minds @ Work*. Dr. Dan Bilsker would round out the research team.

What they created was *Guarding Minds @ Work: A Workplace Guide to Psychological Health and Safety*—an innovative online suite of tools for assessing and addressing psychosocial factors in the work environment.[48]

Guarding Minds @ Work states: "Psychosocial factors are elements that impact employees' psychological responses to work and work conditions, potentially



GuardingMinds @ WORK

The 13 Psychosocial Factors are consistent with domains identified by a large body of research as areas of fundamental psychosocial risk; the definitions and language used here are unique to GM@W. For each of the factors, lower scores indicate greater risk to employee psychological health and organizational psychological safety; higher scores indicate greater employee and organizational resilience and sustainability. The factors are interrelated and therefore influence one another; positive or negative changes in one factor are likely to change other factors in a similar manner. The 13 Psychosocial Factors are relevant to Canadian organizations and employees, whether those organizations are large or small, in the public or private sector.

What Psychosocial Factors does GM@W address?

There are 13 Psychosocial Factors assessed by GM@W:

PF1: Psychological Support
A work environment where coworkers and supervisors are supportive of employees' psychological and mental health concerns, and respond appropriately as needed.

PF2: Organizational Culture
A work environment characterized by trust, honesty and fairness.

PF3: Clear Leadership & Expectations
A work environment where there is effective leadership and support that helps employees know what they need to do, how their work contributes to the organization, and whether there are impending changes.

PF4: Civility & Respect
A work environment where employees are respectful and considerate in their interactions with one another, as well as with customers, clients and the public.

PF5: Psychological Competencies & Requirements
A work environment where there is a good fit between employees' interpersonal and emotional competencies and the requirements of the position they hold.

PF6: Growth & Development
A work environment where employees receive encouragement and support in the development of their interpersonal, emotional and job skills.

PF7: Recognition & Reward
A work environment where there is appropriate acknowledgement and appreciation of employees' efforts in a fair and timely manner.

PF8: Involvement & Influence
A work environment where employees are included in discussions about how their work is done and how important decisions are made.

PF9: Workload Management
A work environment where tasks and responsibilities can be accomplished successfully within the time available.

PF10: Engagement
A work environment where employees feel connected to their work and are motivated to do their job well.

PF11: Balance
A work environment where there is recognition of the need for balance between the demands of work, family and personal life.

PF12: Psychological Protection
A work environment where employees' psychological safety is ensured.

PF13: Protection of Physical Safety
A work environment where management takes appropriate action to protect the physical safety of employees.

Great-West Life
Centre for
Mental Health
in the Workplace

Guarding Minds @ Work:
Breakthrough resource gives Canadian employers tools to address mental health issues in the workplace

Three in ten Canadian employees may be experiencing a work environment that is not psychologically safe and healthy*, new research finds

Toronto, April 20, 2009…The Great-West Life Centre for Mental Health in the Workplace (the Centre) today announced the launch of *Guarding Minds @ Work* – a breakthrough evidence-based tool developed by leading Canadian mental health researchers. The new tool provides Canadian employers with proactive, comprehensive ways to assess the psychological safety and health of their specific workplace, combined with information on appropriate solutions and a method of measuring the effectiveness of those solutions.

"Mental health issues pose a direct impact to the bottom line of Canadian businesses," said Mike Schwartz, Executive Director of the Centre and Senior Vice-President, Group Benefits at Great-West Life. "Most employers have access to materials and resources on physical safety and health issues, but there are very few resources for employers to assess the psychological safety and health of their own workplace."

Guarding Minds @ Work provides employers with practical, user-friendly tools to help assess their organization's psychological safety and health, and recommends proactive action steps. It includes:

- An explanation of the concept of psychological safety and health
- The business and some legal and health considerations on why mental health in the workplace is important
- Practical, user-friendly assessment tools, including an organizational audit and an online survey to measure psychological safety and health in the workplace through 12 risk factors such as levels of psychological support and protection, workload management, work/life balance and more
- A risk "Report Card" with actions to help reduce psychological risks in the workplace
- Evaluation tools to measure progress and outcomes

Research undertaken from March 19 to April 7, 2009 for the Consortium for Organizational Mental Healthcare (COMH), and conducted by Ipsos Reid supports the growing need for such tools. The survey of 6,800 employed Canadians is the largest and most significant Canadian study to evaluate risk levels of psychological safety and health in the workplace, by sector.

** A psychologically safe and healthy workplace is one that promotes employees' psychological well-being and does not harm employee mental health in negligent, reckless or intentional ways.*

The research reveals that:

- One in five (19%) Canadian employees feel their work environment is not psychologically safe or mentally healthy.
- While 19% of employees perceive an issue, when research-based criteria are applied, the number climbs to 3 in 10, or 29% of employees may actually be experiencing a work environment with significant or serious psychological risk concerns.
- Employees most at risk are involved in shift work; hold more junior level positions; are more likely to be union members; are male; work more than 50 hours per week; are middle aged; have a high school or less education; and/or work for medium-sized or larger companies.
- Industries with employees most at risk include transportation and warehousing, manufacturing, health care and social services, and public administration.

A summary of the Ipsos Reid survey results is available at www.workplacestrategiesformentalhealth.com/pdf/2009_Factum.pdf

Guarding Minds @ Work – A Workplace Guide to Psychological Safety & Health was developed by the Consortium for Organizational Mental Healthcare, a leading national research centre in the Faculty of Health Sciences at Simon Fraser University, B.C. COMH consulted with researchers and experts in Canada and internationally. Funded by Great-West Life through its corporate citizenship program as a uniquely Canadian endeavour, *Guarding Minds @ Work* is publicly available online to interested parties at no charge at www.guardingmindsatwork.ca and through the Centre's website at www.workplacestrategiesformentalhealth.com

"*Guarding Minds @ Work* has been developed by researchers who understand the realities of Canadian business, and who can turn knowledge gained through research into practical tools for a Canadian business environment," added Dr. Joti Samra, Adjunct Professor and Scientist with COMH.

Empirical research as well as emerging case law and legislation informed the design of *Guarding Minds @ Work*, noted Dr. Martin Shain, Adjunct Professor with COMH. "Mental health is gaining recognition as an integral part of workplace safety and health, partially as a result of the accommodation laws established under human rights legislation and evolving employment standards legislation," Dr. Shain said. "The duty to provide a psychologically safe workplace is emerging as an ethical and legal obligation for Canadian employers."

"As a leading provider of group benefit plans, Great-West Life sees the effects of mental health issues on people and businesses every day," said Schwartz. "Through the Great-West Life Centre for Mental Health in the Workplace, we are committed to increasing knowledge and awareness related to mental health issues and their impacts in the workplace, and to turning this knowledge into action. *Guarding Minds @ Work* is a great example of this at work."



The Hon. Michael Kirby, the Hon. Steven M. Mahoney, PC, and Maureen Shaw at the 2009 Mental Health Forum.

causing psychological health problems. Psychosocial factors include the way work is carried out (deadlines, workload, work methods) and the context in which work occurs (including relationships and interactions with managers and supervisors, colleagues and coworkers, and clients or customers). [49]

Previously, it could be cost prohibitive for employers to conduct a comprehensive assessment such as that offered through the *Guarding Minds @ Work* tool. Now, there was a resource that was free for employers to use.

Guarding Minds @ Work exceeded everyone's expectations. The *Evolution Research Report* identified *Guarding Minds @ Work* as one of the most influential initiatives in bringing about positive changes in workplace mental health.

In April 2009, the Centre commissioned a national survey using the *Guarding Minds @ Work* assessment questions. The groundbreaking Ipsos Reid survey[50] of 6,800 employed Canadians was the largest and most significant study of its kind on psychological health and safety. The survey reported that 20 per cent of respondents felt their work environment was not psychologically safe. That meant that potentially thousands of Canadians were going to work every day at risk of injury to their mental well-being. This startling statistic became a baseline against which future progress in this area would be tracked.

There were now tools and evidence to support a shift in focus from just managing those employees with mental illness to the broader organizational responsibility of providing a psychologically healthy and safe workplace for all employees.

Yet many employers were still reluctant or felt overwhelmed by the time and effort required to take action.

How could agreement be achieved that this was something every workplace must do?

The survey reported that 20 per cent of respondents felt their work environment was not psychologically safe.

Impact on employees

SARAH BRAUN* came to work every day under a cloud of devastating personal and family problems. Her work was suffering, but thanks to a group of close-knit and good-hearted co-workers she was getting through each day.

Her manager recalls how the steps that were taken to support Sarah were fairly informal, and that while Sarah's performance may have slipped somewhat, the focus was on providing a place where she could come to work every day knowing that she was supported.

The manager observed that Sarah could have easily ended up on leave due to the stress she was under.

But the efforts of the group, working together with civility and respect, cost nothing and helped Sarah to survive this difficult time in her life while remaining a productive member of the team.



*Names and some details changed to protect confidentiality (stock photo used).

A decade of evolving...
Peer Support

Peer support began over a century ago with the hiring of recovered psychiatric patients to assist as hospital staff.[51] In the 1960s and 1970s, as de-institutionalization of patients from psychiatric facilities began, some of those who were released sought support within peer groups. In the 1980s, the peer groups expanded independently or within agencies such as the Canadian Mental Health Association and the Mood Disorders Society of Canada.

The Mental Health Commission of Canada describes the role of peer support workers as providing "emotional and social support to others who share a common experience." The Commission released a report called *Making the Case for Peer Support*[52] in 2010, and in 2013 published *The Guidelines for the Practice and Training of Peer Support*.[53] LCol Stéphane Grenier was seconded to the Commission to lead the national initiative that produced these guidelines. He later went on to establish the charitable organization Peer Support Accreditation and Certification Canada, which used the guidelines as the basis for the development of rigorous standards of practice for the field of peer support.[54]

Peers can take on the role of mentor, coach, or trusted advisor to co-workers who may be experiencing mental health concerns.

Peer supporters can also provide input to employers on the best approach for developing and managing peer support programs in the workplace.

Coming to Consensus

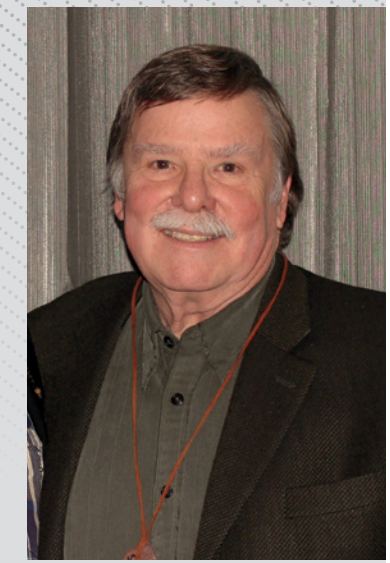
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Coming together to reach consensus to create a nationally recognized set of processes and activities to achieve a psychologically safe and healthy workplace was the perfect opportunity to align with the wishes of organizations looking for a consistent path forward.

JOSEPH RICCIUTI, SEB BENEFITS AND HR CONSULTING INC., MENTAL HEALTH INTERNATIONAL

Coming to consensus is rare, but by early 2009 a growing number of leaders agreed it was reasonable to require psychologically safe workplaces. The time was right. Now that *Guarding Minds @ Work* was available at no cost, any employer could effectively assess and address the psychological health and safety of their workplace.

So what had to happen to get more employers on board? Ian Arnold, Martin Shain, Mary Ann Baynton, and others were talking about the need for a framework that could help guide workplaces to take action. From Arnold's point of view, such a guideline could help employers identify where to focus to continually improve and build on the occupational health and safety approach already used in many workplace standards. Shain wanted to avoid psychological injury to employees and the legal liability to employers that could come from that. Baynton's focus was on practical approaches for supporting employees in a psychologically safe manner.



Dr. Ian Arnold



DAVID CHANG

Dr. Martin Shain



Mary Ann Baynton

They realized that all of these objectives could be met by a standard created through a consensus-based approach, which took into account the perspectives of employers, employees, union representatives, occupational health and safety professionals, policy makers, and others.

Arnold and Baynton decided to begin with the end in mind, and they were thinking big: an international standard that revolutionized the way work impacted the well-being of employees around the world. They began enquiring to see what was necessary to develop such a standard.

Using what they learned, an outline was drafted for discussion with a group of experts at what they called a Consensus Conference to examine all sides of the issue. They were fully prepared to come to consensus either way—to move forward with the development of a standard or to hear the reasons why this was not the best way to support positive action. The purpose of the meeting was to determine the potential benefits and disadvantages to every Canadian employee and employer of developing a national standard for psychological health and safety in the workplace.[55]

The meeting took place in 2009, and participants discussed whether a standard could be sustainable and have a positive effect on employee safety, the general public, and the economy. They also considered whether the existing BNQ Healthy Enterprise Standard in Québec already covered this issue. It was decided that an expanded approach was necessary to provide employers with the guidance they needed around a topic that was not common knowledge.

One of the attendees, Maureen Shaw, principal of Act Three Consulting, explained that the focus of discussions was not just on the *whole person* but on the *whole workplace* and its effects on *employee psychological safety*.

One of the attendees, Maureen Shaw, principal of Act Three Consulting, explained that the focus of discussions was not just on the *whole person* but on the *whole workplace* and its effects on *employee psychological safety*.

Jeanne Bank, a program manager in occupational health and safety for the Canadian Standards Association (CSA), said that they were now looking at a number of existing resources that were available at no cost—like *Guarding Minds @ Work*—that helped organizations



Maureen Shaw and Joseph Ricciuti were both part of the Consensus Conference.

address psychological health and safety. Had this not been so, it is doubtful many would have felt it reasonable for employers to have the burden of expense that otherwise would have been necessary. What was still missing was an overarching framework that laid out the principles for continual improvement of workplace psychological health and safety.

After much debate, the commitment among the group to develop a standard was unanimous. The intention of everyone around the table was that this was to be beneficial for both employers and employees.

All agreed there would be value in having both CSA and BNQ—and their combined areas of expertise—involved in the development of a standard.

After much debate, the commitment among the group to develop a standard was unanimous.

December 2, 2009 Consensus-Based Statement on A National Standard of Canada for Psychological Health and Safety in the Workplace





Preamble

"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." – THE PARTICIPANTS*

Immediately following the Mental Health Commission of Canada's *Into the Light* Conference in December 2009 in Vancouver, British Columbia, a group of leaders and specialists drawn from government, labour, business, research, standards development and occupational health and safety were brought together by the Great-West Life Centre for Mental Health in the Workplace and facilitated by Bill Wilkerson, Founder of the Global Business and Economic Roundtable on Mental Health and Addiction. (See list of participants at the end of the document.) The purpose of the forum was to determine the benefit to the Canadian public in general, and every Canadian employee and employer in particular, of developing a national standard for psychological health and safety in the workplace. What follows is the consensus-based statement developed at this gathering. The Mental Health Commission of Canada is committed to taking this forward:

Consensus-based Statement on a National Standard of Canada for Psychological Health and Safety in the Workplace:

Limitations, flexibility or boundaries

The proposed standard should be constructed in such a way that it integrates with, complements, and is compatible with other existing and emerging standards or guidelines *(e.g. CSA Z1000, OHSAS 18000 Series, Risk Management Standards, BNQ's Healthy Enterprise, NQI Healthy Workplace Criteria, Healthcare Accreditation etc.)* and legislation/regulation *(e.g. Occupational Health & Safety, Labour Relations, Employment Standards, Human Rights, Quebec psychological harassment law)* and provides guidance for employers in the area of human rights and health and safety in the workplace. It should also coordinate with and be informed by international standards and initiatives.

We need to emphasize and highlight organizational psychological health and safety issues to clarify and distinguish what they are before we promote and integrate them into the broader approach to health and safety in the workplace.

We believe a voluntary standard is preferable to a mandatory requirement.

Such standards should become part of the education and ongoing development of future managers and leaders.

There are legal, community and productivity impetuses for establishing a psychological health and safety standard and there are tools and resources in the public domain that would support adherence to this proposed standard.

The emerging workforce will demand protection of psychological health and safety as an expectation of employment. This proposed standard will provide employers with a way to indicate that they are sensitive to and working toward this workplace environment for employees.

The standard should be:

- implementable
- achievable
- accessible and available to all stakeholders
- well communicated, and

- providing a clear path forward that supports employee psychological health and safety as well as organizational success.

1. Advancing the national economy
The availability of this proposed standard will assist employers to engage inclusively with all employees in successfully supporting and improving their work environment over both the short and long term. A national standard that advances the national economy will take into account the diversity of employers including size, function, structure, geography, regulatory requirements, language, culture, resources, and environment.

2. Supporting sustainable development
A national standard that supports sustainable development would provide stewardship for ongoing improvement and support the ability of employers to conform to the standard with a reasonable investment of resources. The fact that made-in-Canada supports and tools already exist in the public domain (i.e. *Guarding Minds @ Work*) will assist with cost containment in complying with this goal. New evidence *(Watson Wyatt Worldwide North American Staying@Work 2009, NQI Hypothetical Mutual Fund of Award Winning Organizations, stakeholder value, turnover rates, engagement rates)* indicates that workplaces with effective health and productivity programs also are often leaders in terms of economic success.

3. Health, safety and welfare of employees
A national standard should identify the duty of care and ethical responsibility of employers to protect and support the psychological health, safety and well-being of employees.

4. Health, safety and welfare of the public
Psychosocial risks not only affect the psychological health of employees, but other physical health factors, such as illnesses, injuries, and incidents, which have an impact on the public health system, families and communities.

5. Assisting and protecting customers
Although a national standard will focus on workplace environment and organizational factors rather than on service provision, it will allow customers a level of assurance that there will be knowledge about psychological risks in a workplace and those risks may be addressed and abated.

6. Facilitating trade
A demonstration that Canadian employers strive towards psychologically as well as physically healthy workplaces is an indication to other trading countries of a total quality approach and ethical practices. As social responsibilities in organizations evolve, they will also be a factor in using this standard to demonstrate progress, productivity, sustainability and value to all stakeholders.

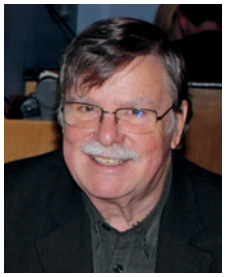
The hope and intent of the following participants in putting forward this document is to inspire the development of a national standard (consensus based with a public consultation process) that will encourage and support employers to create and sustain organizational cultures, structures, and processes that protect and enhance the psychological health and safety of Canadians.

*Consensus Conference Participants



Dr. Taylor Alexander

CEO, Canadian Mental Health Association, National



Dr. Ian Arnold

Chair, Workforce Advisory Committee, MHCC



Jeanne Bank

Program Manager OHS/MIES, Canadian Standards Association



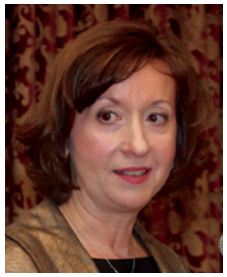
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Director Policy and Research, Mental Health Commission of Canada



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Roger Bertrand

Chair of the Board, GP²S



Dr. Dan Bilsker

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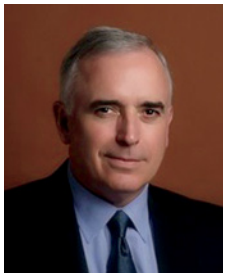
Supt. Richard Boughen

Director General Occupational Health and Safety, RCMP



Lloyd Craig

Chairman, Roundtable for Workplace Mental Health



John Duncan

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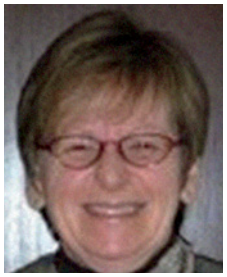
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Workplace/Workforce Policy Analyst, Mental Health Commission of Canada



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Adjunct Professor, COMH, Faculty of Health Sciences, Simon Fraser University



Dr. Susan Hardie

Senior Policy and Research Analyst, Mental Health Strategy, MHCC



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VP Prevention, Ontario Workplace Safety & Insurance Board



The Hon. Michael Kirby

Chair, Mental Health Commission of Canada



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Coordinator Healthy Enterprise Standard, Bureau de normalisation du Québec


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Francois Legault

National Director, Employee Assistance Services, Health Canada



Dr. Alain Lesage

Associate Director, Fernand-Seguin Research Centre



Charlotte Logan

Director of Disability Services, Homewood Employee Health



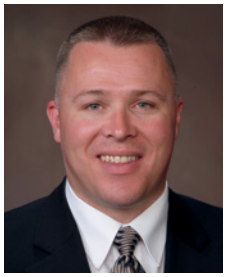
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Ann Morgan

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Dr. Edgardo Pérez

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Dr. Anthony Phillips

Scientific Director, CIHR-IRSC, Institute of Neurosciences, Mental Health & Addiction



Joseph Ricciuti

Director, Client Solutions, Canada Group & Health Care, Watson Wyatt Canada



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DAVID CHANG

Dr. Joti Samra

Adjunct Professor and Scientist, COMH, Faculty of Health Sciences, Simon Fraser University



DAVID CHANG

Mike Schwartz

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



DAVID CHANG

Dr. Martin Shain

Principal, Neighbour at Work Centre



Maureen Shaw

Retired CEO, IAPA and President, Act Three



Stephanie Sofio

Legal Counsel, Commission des normes du travail



Bill Wilkerson

Co-founder and CEO, Global Business and Economic Roundtable

Photos not available:
Len Hong, President & CEO, Canadian Centre for Occupational Health and Safety, and Laura Thanasse, Senior Vice-President, Total Rewards, Scotiabank

Obtaining sufficient funding for CSA and BNQ to collaborate on the process was a task left with Commission chair and former Senator Michael Kirby.



Former Senator the Hon. Michael Kirby had a unique understanding of government process.

Great-West Life offered to fund the entire development of the proposed standard. While this was appreciated by everyone at the Consensus meeting, there was a concern about the optics and credibility of a standard funded by a for-profit company. Not wanting to interfere with the reach of the proposed standard, Great-West Life agreed that seeking support from the government would be the best approach.

Obtaining sufficient funding for CSA and BNQ to collaborate on the process was a task left with Commission chair and former Senator Michael Kirby.

Kirby's work was cut out for him, but he had extensive connections and a keen understanding of government processes. "Deputy Ministers were generally pretty good about wanting to have healthy workplaces," Kirby noted, pointing to the various workplace mental health studies occurring at the time that focused on stress and depression in the workplace. "The hope was that the ministers would come on side to support this as *the right thing to do*."

There was consensus that something should be done. *Would the government provide its support to help make it a reality for all of Canada?*

Impact on employees

TOM REGEHR never really dealt with the multiple losses that resulted from his mother's mental health problems during his youth. The loss of affection, support and nurturing from his mom, was as hard—or harder—than the pain of watching his mother suffer.

Together these factors plunged Tom into addiction. He dropped out of university, lost a promising career, lived on the streets, and became suicidal.

Once he realized that he needed more than drugs and alcohol to heal his pain, his life changed. He became sober, did some very hard work for two years with a therapist, found a home—and got a job.

It was at work that Tom had two very distinct experiences. One was an HR manager who whispered that she *wouldn't tell anyone about his condition* as if it was something shameful—an approach that can cause further stigma. The other was a frontline manager who said he had faith in Tom's *ability to get the job done* and bluntly asked him *what he needed* to do that. Tom has said this manager's approach helped him build his confidence and determination.

Tom is now telling his story to help others learn effective approaches to supporting employees with mental health concerns.



Tom Regehr encountered both support and stigma from well-intentioned people at work.

A decade of evolving...
Legislation

The *Evolution Research Report*[56] and Dr. Martin Shain helped to shed light on the many advancements in the Canadian legal landscape related to workplace mental health over the years. The following content is directly from the *Evolution Research Report* and has been reprinted with permission.

The Evolving Legal & Standards Landscape*

Snapshot* of the 2007 Legal & Standards State of Workplace Mental Health

- Increasing number of Canadian Human Rights Commission and provincial human rights cases related to workplace mental health issues.
- Slowly emerging recognition of mental injury as a compensable harm that can occur not only at the termination of an employment relationship, but also throughout its course.
- Beginning convergence of multiple sources of law toward fuller acknowledgement that the organization of work and the management of people are potent influences on worker mental health, and that employers have a responsibility to prevent reasonably foreseeable mental injuries.

Identified Gaps:* Need for best management practices to encourage mental health in the workplace; need for a knowledge exchange centre to assist in sharing of best practices; need for best practices with respect to compensation for occupational stress-related claims; need for the federal government, as an employer, to form partnerships to promote exchange of workplace well-being best practices.

The legal and standards landscape has faced a number of significant evolutionary changes with respect to the establishment of best practices in the area of workplace mental health, including the development of a National Standard for Psychological Health and Safety and enacting of legislation that expands protection and compensability for work-related mental injuries. This progress in the legal and standards landscape has been recognized internationally, and Canada is now recognized as a leader within the international labour and standards communities with respect to our work with the Standard.

Mental Injury & the Law

In many ways, the law pertaining to mental injury* in the workplace has developed more rapidly over the last 10 years than the 50 preceding years. There have been significant changes in the way the law views violence, harassment, and bullying at work. For example, acts that 10 years ago may have been characterized as gross incivility may now be characterized as harassment or bullying.

FIGURE 4. Reprinted from *The evolution of workplace mental health in Canada: Research report (2007–2017)* by J. Samra 2017, p. 18, 19, 26, 27, 28, 69.
*Please see full report for citations.[57]

Mental Injury: 2007–2017

Harassment / bullying can now be considered a breach of occupational health and safety legislation in certain provinces.*

Recent dispute over the extent to which employers should be held liable for negligence / failure to prevent reasonably foreseeable mental suffering.*

Workers' compensation law has begun to allow increased awards for chronic / cumulative stress, alongside likely permanent legislative changes.*

In cases of harassment and discrimination, human rights law has increasingly generated significantly sizeable awards.*

Active debates in occupational health and safety law regarding whether psychological harm should be covered in statutes that define employers' responsibility for protection of workers' health and safety.*

In select cases, collective agreements are being drafted to include provisions to incorporate the requirements of the Standard.*

There have been increasing courtroom and hearing room situations in which acts and omissions by employers (resulting in foreseeably serious harm to employee mental health) have given rise to substantial compensation for damages; furthermore, adjudicators have begun to order systemic remedies that require employers to report to tribunals on what they are doing to change policies and practices to be in accordance with social and legal expectations of a psychologically safe workplace.*

Evolving Workers' Compensation for Post-traumatic Stress Disorder

Three provinces in Canada currently have legislation that supports and protects individuals who suffer with work-related post-traumatic stress disorder (PTSD). Alberta first amended its *Workers' Compensation Act* in 2012, and the legislation now assumes that a diagnosis of PTSD is work-related for certain first responders—without the burden of providing proof. However, in Alberta, all other occupations that wish to submit a PTSD claim must prove it is work-related. Manitoba was next to adjust legislation. In 2016, Manitoba amended its *Workers' Compensation Act*, now stating that PTSD is considered a presumptive workplace injury for any worker, regardless of occupation, who experiences a PTSD-triggering event while on the job. In 2016, Ontario amended its *Workplace Safety and Insurance Act*, creating the presumption that certain first responders, as well as certain employees in other roles, diagnosed with PTSD are presumed to have work-related injuries. New Brunswick is now working on a similar Bill, with Saskatchewan trailing just behind.

Sources:

The Legislative Assembly of Alberta. (2012, December 10). *Bill 1, Workers' Compensation Amendment Act*, 2012. Retrieved from http://www.assembly.ab.ca/ISYS/LADDAR_files/docs/bills/bill/legislature_28/session_1/20120523_bill-001.pdf

The Legislative Assembly of Manitoba. (2015, June 30). *Bill 35, The Workers Compensation Amendment Act (Presumption Re Post-Traumatic Stress Disorder and Other Amendments)*. Retrieved from https://web2.gov.mb.ca/bills/40-4/b035e.php

Legislative Assembly of Ontario. (2016, April 6). *Bill 163, Supporting Ontario's First Responders Act (Posttraumatic Stress Disorder), 2016*. Retrieved from http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&Intranet=&BillID=3713

The Evolving Legislative Landscape

2005: *Accessibility for Ontarians with Disabilities Act*

The Accessibility for Ontarians with Disabilities Act aims to recognize the history of discrimination against persons with

disabilities in Ontario and work toward a more inclusive, equal future. The purpose of this Act is to benefit all Ontarians by developing, implementing, and enforcing accessibility standards in order to achieve accessibility for all Ontarians with disabilities with respect to goods, services, employment, and buildings, on or before January 1, 2025. In this regard, disability means anything from any degree of physical disability to a condition of mental impairment or a developmental disability. This Act strengthens Ontario as an inclusive community, builds involvement opportunities for persons with disabilities, and helps to eliminate discrimination on the basis of disability.

Source:
Government of Ontario. (2005). *Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11*. Retrieved from https://www.ontario.ca/laws/statute/05a11

2010: *Occupational Health and Safety Amendment Act (Violence and Harassment in the Workplace), 2009 (Ontario)*

The Occupational Health and Safety Amendment Act (Violence and Harassment in the Workplace), 2009, imposed new obligations on employers with respect to workplace violence and harassment. The most significant change made to the original Occupational Health and Safety Act (Ontario) was the redefining of "workplace violence" to include not only actual or attempted physical violence, but also threats of physical violence. Per the amendment, "workplace harassment" means "engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome." This amendment promotes safe workplaces for all Ontario employees.

Sources:
Legislative Assembly of Ontario. (2009). *Bill 168, Occupational Health and Safety Amendment Act (Violence and Harassment in the Workplace)*, 2009. Retrieved from http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=2181

Pugen, D., & Ratelband, B. (2010). *Bill 168: Workplace violence and harassment amendments to OHSA*. Retrieved from https://mccarthy.ca/pubs/Bill_168_PaperSeminar_FEB2010.pdf

2012: *Workers' Compensation Amendment Act, 2011 (British Columbia)*

In 2012, the B.C. Government passed the Workers' Compensation Amendment Act in order to directly address bullying and harassment in the workplace. This change in legislation resulted in workplace violence being defined as "attempted or actual exercise of physical force by a person, other than a worker, so as to cause injury to a worker and includes any threatening statement or behaviour which causes a worker to reasonably believe he or she is at risk of injury." Per the amended legislation, workplaces are required to develop policies and procedures to prevent and respond to bullying and harassment.

Sources:
CSSEA. (2012). *Bill 14 bullying in the workplace – your responsibilities*. Retrieved from https://www.cssea.bc.ca/index.php?option=com_content&view=article&id=357:bill-14-bullying-in-the-workplace-your-responsibilities

Legislative Assembly of British Columbia. (2011). *Bill 14 – 2011: Worker's Compensation Amendment Act*, 2011. Retrieved from https://www.leg.bc.ca/pages/bclass-legacy.aspx#/content/legacy/web/39th4th/3rd_read/gov14-3.htm

2016: *Sexual Violence and Harassment Action Plan Act, 2016 (Ontario)*

In 2016, the Government of Ontario enacted the Sexual Violence and Harassment Action Plan Act to amend various Acts with respect to sexual violence, sexual harassment, and domestic violence as a response to the Government's "It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment" policy statement. In particular, amendments were made to Ontario's Occupational Health and Safety Act to modify the definition of "workplace harassment" to include workplace sexual harassment, and new obligations on employers were introduced with respect to workplace harassment policies, programs, and investigations. This action plan enforces protecting all Ontarians from the devastating impact of sexual assault and enforces that this is a top Government

priority. The Bill is an essential step for the achievement of a fair and equitable society.

Source:
Legislative Assembly of Ontario. (2016). *Bill 132, Sexual Violence and Harassment Action Plan Act (Supporting Survivors and Challenging Sexual Violence and Harassment)*, 2016. Retrieved from http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=3535

2016: *Supporting Ontario's First Responders Act (Post-traumatic Stress Disorder), 2016 (Ontario)*

This act amends the Workplace Safety and Insurance Act (Ontario) and the Ministry of Labour Act (Ontario) with respect to post-traumatic stress disorder (PTSD). The amendment creates the presumption that cases of certain first responders diagnosed with medically confirmed PTSD are a result of the workplace and thus warrant appropriate compensation. The legislative change removes the need for applicable first responders to prove the link between the workplace and their PTSD.

Source:
Legislative Assembly of Ontario. (2016). *Bill 163, Supporting Ontario's First Responders Act (Posttraumatic Stress Disorder)*, 2016. Retrieved from http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=3713

2016: *Bill 39: An Act to amend The Workers' Compensation Act, 2013 (Saskatchewan)*

A bill to amend Saskatchewan's Workers' Compensation Act, 2013 was tabled recently in October 2016. This amendment would create a rebuttable presumption that all forms of psychological injuries (not only PTSD) are work related, making Saskatchewan unique in this regard. The assumption must be supported by psychological or psychiatric evidence that an injury has occurred as in other jurisdictions where this type of amendment has been made.

Source:
Legislative Assembly of Saskatchewan. (2016). *Bill 39, An Act to amend The Workers' Compensation Act, 2013*. Retrieved from https://www.saskatchewan.ca/government/news-and-media/2016/october/25/ptsd-amendments

Legal & Standards State of Workplace Mental Health

2007 SNAPSHOT	2017 SNAPSHOT
The 2007 state was characterized by the following… Increasing number of Canadian Human Rights Commission and provincial human rights cases related to workplace mental health issues. Slowly emerging recognition of mental injury as a compensable harm that can occur not only at the termination of an employment relationship, but also throughout its course. Beginning convergence of multiple sources of law toward fuller acknowledgement that the organization of work and the management of people are potent influences on worker mental health, and that employers have a responsibility to prevent reasonably foreseeable mental injuries. **Identified Gaps:** Need for best management practices to encourage mental health in the workplace; need for a knowledge exchange centre to assist in sharing of best practices; need for best practices with respect to compensation for occupational stress-related claims; need for the federal government, as an employer, to form partnerships to promote exchange of workplace well-being best practices.	**The most significant developments from 2007-2017…** One of the most significant developments over the past decade has been the release of the National Standard of Canada for Psychological Health and Safety in the Workplace (the Standard), which provides a comprehensive framework that employers can utilize to assess, respond to, and evaluate workplace psychological health and safety (PH&S). Legislation has been enacted in several Canadian jurisdictions that provides additional protection for accommodation of mental health issues, as well as expanded compensability for mental health issues under workers' compensation systems, particularly in relation to bullying, harassment, and post-traumatic stress disorder. Canada has been identified as a leader within the international community for the Standard, and to this end, the Canadian Standards Association (CSA) Group has submitted to the International Organization for Standardization (ISO) a proposal for the development of an international ISO standard on PH&S.

Gaining Momentum

6

Employers simply cannot ignore the benefits of having mentally healthy and loyal employees who want to come to work each day, and the satisfaction of being able to play a role in maximizing their potential.[58]

DR. MARTIN SHAIN, NEIGHBOUR AT WORK CENTRE

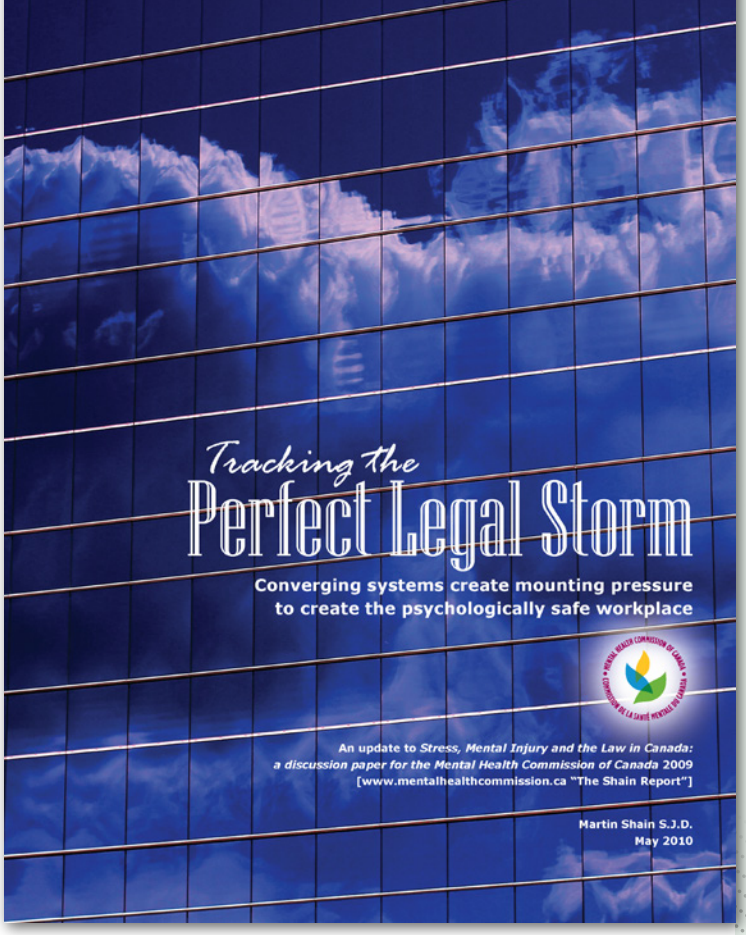
While Michael Kirby continued his campaign to secure funding for the development of a national standard for psychological health and safety in the workplace, numerous organizations and individuals ramped up their work to address stigma, improve workplace mental health, and protect psychological safety.

In May 2010, Dr. Martin Shain released another report, *Tracking the Perfect Legal Storm*,[59] where he suggested that providing psychologically safe workplaces was no longer something that was simply nice to do but was increasingly becoming a legal imperative.



"Trends in decisions and settlements related to labour law, occupational health and safety, employment standards, workers' compensation, the contract of employment, tort law, and human rights were all pointing to the need for employers to provide a psychologically safe workplace."

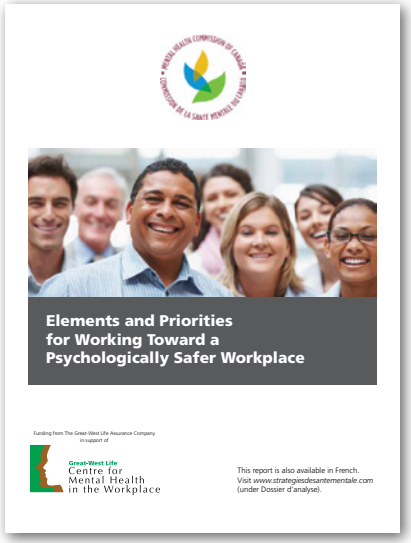
DR. MARTIN SHAIN



Shain and others were concerned about the delay in getting the proposed standard underway, but rather than sitting back and waiting, people continued to take action.

In September 2010, another forum was hosted by the Great-West Life Centre for Mental Health in the Workplace and the Mental Health Commission of Canada. Participants from unions, human resources, occupational health, and health promotion, as well as experts in law and standards organizations, were asked what they felt was critical to providing a psychologically

safe workplace. The goal was to look at the implications of Shain's *Tracking the Perfect Legal Storm* report and consider what employers needed to do at each stage of the employment life cycle. This ranged from recruiting and hiring through to termination and redeployment.



Elements and Priorities resulted from the 2010 forum on psychological safety. It offers ideas to protect psychological safety across the employment life cyle.

After brainstorming ideas and prioritizing what they felt was most important, participants voted on the top three ideas that would require the development of new resources. These were training and support for managers, skill development in the area of emotional intelligence, and an approach to crisis intervention.

These ideas were presented the next day at the 2010 Health Work & Wellness Conference, where approximately 300 corporate health and wellness professionals gathered together. They were told about the three ideas and asked to discuss and vote on the resource they would find most useful. The Centre would then commit to developing it for them and present it at the next conference. The group decided on a tool to improve emotional intelligence as it applied to workplace interactions.

The Centre continued to support and leverage this conference, later rebranded The Better Workplace Conference, to learn from and share with participants as they advanced psychological health and safety in workplaces across Canada. Conference founder Deborah Connors praised the Centre for presenting new ideas and tools every year, which helped keep the momentum going.

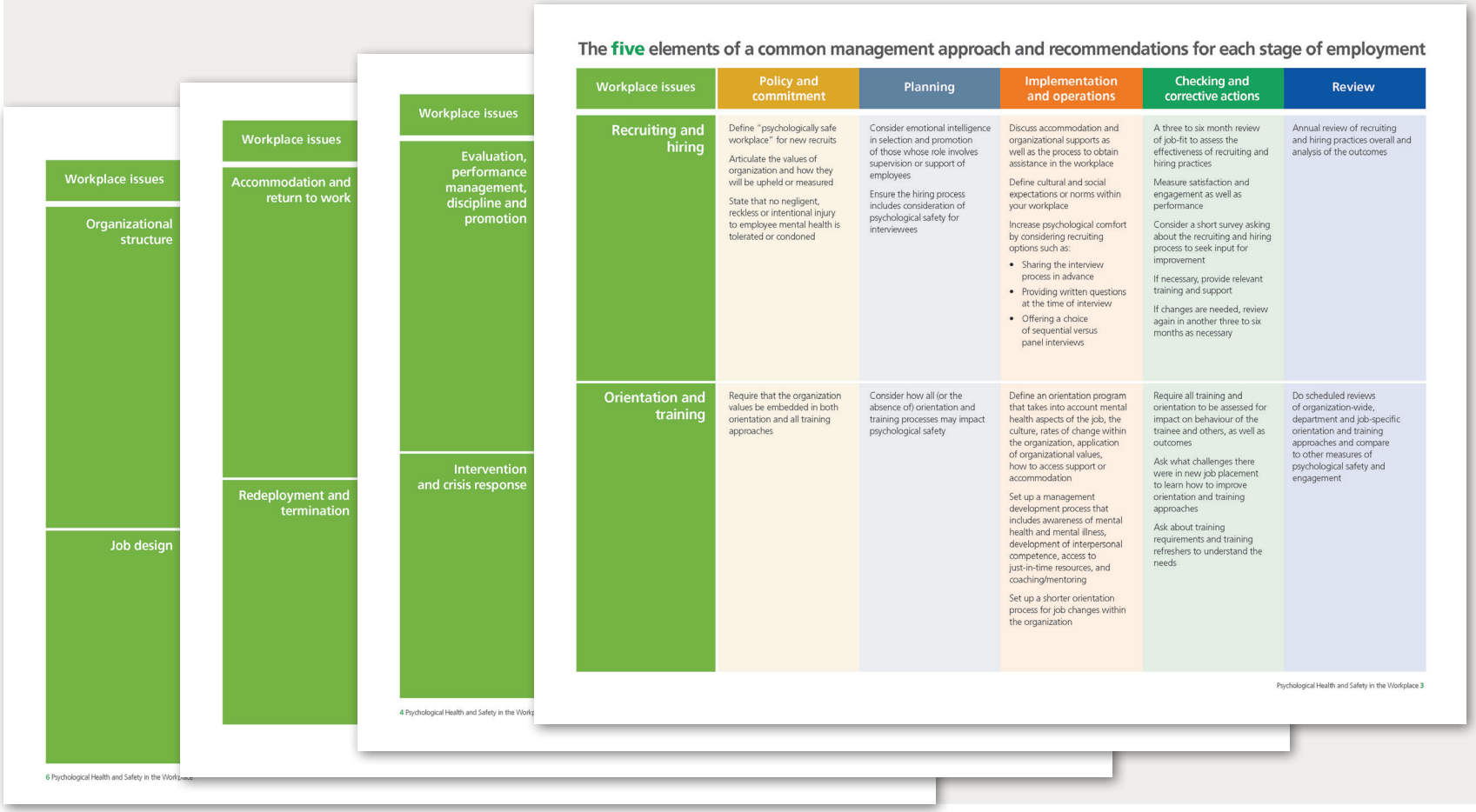
Dr. Ian Arnold had not been able to attend the forum, but Baynton knew he would have something to contribute. Shortly after the forum, the two met in

Background

On September 30, 2010 in Vancouver, British Columbia a group of executives, labour leaders, health and safety professionals, government agency representatives and experts in law and policy came together to look at the implications of Dr. Martin Shain's latest paper entitled "Tracking the Perfect Legal Storm: Converging systems create mounting pressure to create the psychologically safe workplace." The group was tasked with considering what employers need to know and/or access to provide a psychologically safe workplace in today's economic environment. This report is the result of their work.

Participants of the Roundtable

Mary Ann Baynton, Program Director, Great-West Life Centre for Mental Health in the Workplace
Dan Bilsker, Adjunct Professor COMH, Faculty of Health Sciences, Simon Fraser University
Patti Boucher, Vice President, Health and Safety Association for Government Services
Richard Boughen, Director, General Occupational Health and Safety Branch, RCMP
Arnie Cader, President, Delphi Corporation
Romie Christie, Manager, Opening Minds, Mental Health Commission of Canada
Ellen Coe, President, Canadian Occupational Health Nurses Association
Janet Crowe, Director, Wellness and Work Life Solutions, Telus
Richard Dixon, VP and Human Resources Officer, NAV Canada
Winnie Doyle, Vice President, St. Joseph's Health Care
Roberta Ellis, Senior VP of Worker and Employer Services, WorkSafe BC
Peter Farvolden, Clinical Director, CBT Associates
Kathy GermAnn, Workplace/Workforce Policy Analyst, Mental Health Commission of Canada
Merv Gilbert, Principal, Gilbert Acton Consulting
Nina Hansen, Occupational Health & Safety Director, BC Federation of Labour
Michael Howlett, Manager - Governance, Health and Industrial Hygiene, Community, Safety and Environment, TransCanada
Steve Jackson, Vice President, Human Resources, Ontario Workplace Safety & Insurance Board
Susan Jakobson, Volunteer - Workforce Advisory Committee, Mental Health Commission of Canada
Patrica Janzen, Partner, Fasken Martineau DuMoulin LLP
Nancy Johnson, Provincial Specialist for Health and Safety, Ontario Nurse's Association
Michael Koscec, President, Entec Corporation
Jim Laliberte, Public Transportation, CAW-Canada
Francois Legault, Director, Health Canada EAP Services
Estelle Lo, Chief Financial and Administrative Officer, S.U.C.C.E.S.S
Liliana Mastromonaco, HR Advisor, City of Calgary
Edward (Ted) Ormston, Chair, Mental Health and Law Committee, Mental Health Commission of Canada
Mike Pietrus, Director, Opening Minds, Mental Health Commission of Canada



Reprinted from *Not sure where to start? We can help. Psychological health and safety in the workplace*, pages 3 to 6. For more information, visit: https://www.workplacestrategiesformentalhealth.com/resources/psychological-health-and-safety-policy-recommendations

the Calgary airport, where Baynton shared notes from the event. Arnold immediately saw the opportunity to align the ideas from the forum with the five elements of a standard management framework (policy, plan, implement, check, and review). The free resource *Elements and Priorities for Working Toward a Psychologically Safer Workplace*[60] was the ultimate result. It provided a framework to review an organization's policies and procedures for potential impact on psychological health and safety.

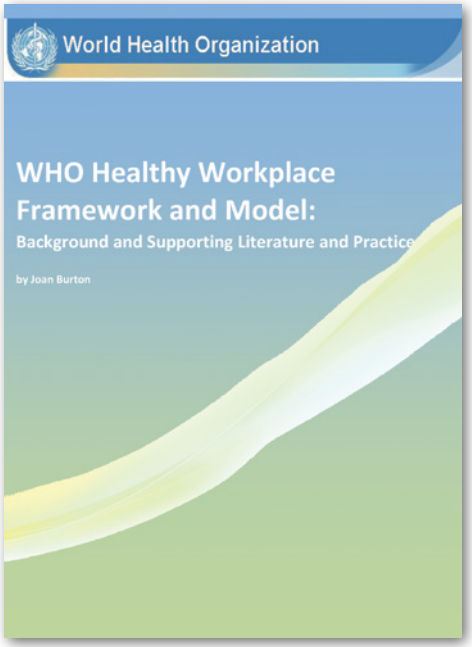
Also in 2010, the Commission became involved with Mental Health First Aid, which was originally

developed in Australia and teaches participants to intervene during a mental health crisis until appropriate professional help is received or the crisis resolves.[61] Over the next several years, approximately 100,000 Canadians were trained in Mental Health First Aid, which was intended to help create environments where people feel safer talking about mental illness. As one participant explained, back when First Aid training was created, people were taught how to apply pressure to a physical wound, thereby saving a life. Mental Health First Aid is similar by assisting people in making the right decisions when it's a mental health crisis.

Making the right decisions when someone is in psychiatric distress can benefit everyone in the workplace. One corporate leader told the story of an ex-employee with a serious mental illness who would return to her former workplace and become upset that her office was occupied. Her illness was responsible for her believing she was still an employee. Security would call the police who would show up to take the disoriented woman away. The woman's obvious distress disturbed many in the workplace, and it happened a few times before they turned to Baynton to help them understand how to intervene in a supportive way. Rather than place an emergency call to the police, the employer was able to calm the woman and contact a mental health crisis team to come and help out. This team not only supported the woman to leave in a dignified manner, but they were also able to obtain community support that meant the woman was not left wandering the streets.

Serious mental illness is actually quite rare in most workplaces. Employers are generally more focused on managing daily workplace stressors.

In 2010, Joan Burton was considering workplace stressors when she was working with the World Health Organization to draft its *Healthy Workplace Framework and Model*.[62] Its purpose was to provide a scientific basis for a healthy workplace framework. The report referenced workplace factors as having a profound effect on the mental health and well-being of employees. It also noted that there were few countries with specific laws and no international standards dealing with psychosocial hazards in the workplace. It went on to say that any legislation was generally limited to harassment or bullying. On this point, the report referenced Martin Shain's 2009 study, *Stress at Work, Mental Injury and the Law in Canada*, where he cited inconsistencies throughout the provinces of Canada on these legal principles. This report would become a common point of reference for those in the workplace mental health field.



Reprinted from *WHO healthy workplace framework and model: Background and supporting literature and practices*. Burton, J. © Copyright 2010 World Health Organization.



The Ontario Workplace Health Coalition[63] sees employee mental, physical, and psychosocial health as fundamental to organizational success. They developed this model based on the WHO Healthy Workplace Framework and Model.

Then, in October 2011, as promised at the 2010 Health Work & Wellness Conference, the Centre launched the new *Managing Emotions*[64] resource. It included a skills assessment and dozens of activities and exercises managers and employers could use to improve their emotional intelligence at work. It was developed by Dr. Joti Samra in collaboration with Dr. Steven Stein, Dr. Cary Cherniss, and Dr. Jeff Morley. Samra noted, "*Managing Emotions* could help leaders at all levels improve their ability to recognize and respond to other people's emotions in the workplace."

Simon Brascoupé, who would later become vice president, education and training, AFOA Canada (formerly Aboriginal Financial Officers Association of Canada), which is a centre for excellence and innovation in Aboriginal finance management and leadership, stressed the need to recognize and advance the role of emotional intelligence as a core competency in workplaces.

While many initiatives were gaining momentum, some people were discouraged that the proposed deadline of December 1, 2011 for the launch of a standard on psychological health and safety would not be met.

Then the call came from Michael Kirby. The Government of Canada's support and funding for the development of a standard had been secured. Three hundred and twenty-five thousand dollars would come from three different areas: Human Resources and Skills Development Canada, Health Canada, and the Public Health Agency of Canada.

With this funding in place, Kirby posed the question:

Could we develop a standard that would fit into the normal framework for addressing workplace health and safety issues?

Impact on employees

After being appointed president of the Ontario Bar Association in 2014, **ORLANDO DA SILVA** decided to share the story of his lifelong battle with depression and anxiety. He chose that high-profile time in his life to disclose because he had an audience he didn't think he "would ever have again": 16,000 association members—including lawyers, law students, and judges.

When asked if he would have disclosed his illness earlier in his career, Orlando said likely not—the risks at that time would have felt too great. "Now I feel safe in my career, which made it easier even though I knew there could still be risks," he said.

His colleagues have been remarkably supportive and in fact he's been surprised by how many lawyers and professionals like him have told their own stories since he told his. "It's like they now have permission to talk about it and I find that especially gratifying," he said.



Orlando Da Silva disclosed his mental illness to 16,000 of his colleagues.

A decade of evolving...
Awareness

The Canadian Mental Health Association states, "Stigma is the negative stereotype, and discrimination is the behaviour that results from this negative stereotype."[65] Stigma about mental illness was one of the barriers to addressing workplace mental health issues. Being afraid or uncomfortable to bring the subject up meant that these concerns were often only addressed as performance or discipline issues. Some feel that this fear has also contributed to discrimination, which the Canadian Human Rights Commission calls "an action or a decision that treats a person or a group negatively for reasons such as their...disability."[66]

In 2008, there was new hope that stigma might be decreasing when *The Globe and Mail* featured a series on mental illness that included stories related to the workplace.[67] Many people, including Rona Maynard, formerly editor of *Chatelaine*, were thrilled to see more informed reporting on mental illness. Maynard said, "Those of us who had struggled with an illness of the mind, in my case depression, had been ashamed to tell the truth about ourselves...Now Canada's national newspaper assigned a team of reporters to shine a spotlight on the truth."



PETER BREGG

Rona Maynard helped improve mental health awareness.

In October 2009, the Mental Health Commission of Canada kicked off Mental Illness Awareness Week by literally shining a light on stigma. A brilliant flame was lit atop the Calgary Tower as "a beacon [of] hope for the millions of Canadians living with mental illness," said the Hon. Michael Kirby, Commission chair. It marked the official launch of *Opening Minds*, the Commission's anti-stigma/anti-discrimination initiative, billed as the largest systematic effort in Canadian history to reduce the stigma of mental illness.

Campaigns such as Bell Canada's *Bell Let's Talk*, Mood Disorders' *Elephant in the Room*, and Partners for Mental Health's *Not Myself Today* also contributed to opening dialogue and challenging stereotypes.

In 2010, Bell announced that it would invest $50 million in a five-year program to help create a stigma-free Canada.

Bell's president and CEO, George Cope, said, "Bell will work to reduce the stigma still associated with mental illness while enabling practical programs supporting new research and improved access to mental health care."[68]

The first *Bell Let's Talk* campaign on February 8, 2011, featured Olympian Clara Hughes urging others to share their stories.[69] That initial campaign raised over $3 million. Importantly, it began to increase the dialogue among all Canadians about this issue. For every text message sent and long distance call made by Bell customers, the company donated 5¢ to programs dedicated to mental health. In subsequent years, the campaign has been promoted via social media with the hashtag #BellLetsTalk.

The Mood Disorders Society of Canada provided the *Elephant in the Room* and *Defeat Depression* campaigns to address the stigma associated with mental illness. *Elephant in the Room* involved displaying blue elephants in workplaces to show that it is safe to talk about mental illness. *Defeat Depression* encourages walks, runs or rides to increase awareness and make the connection between physical activity and good mental health.



Not Myself Today buttons help people describe their mood.

Partners for Mental Health launched its first *Not Myself Today* campaign in 2012. Its goals included reducing stigma and fostering safe and supportive work cultures with easy-to-use tools and resources aimed at engaging the workforce around this critical issue. One of its resources included buttons that people use at work to describe their



Volunteers help out at Mood Disorders Society of Canada.



Michael Kirby and Jeff Moat of Partners for Mental Health launched *Not Myself Today*.

mood. Jeff Moat, president, said, "The mood buttons provide a lighthearted way for people to be able to open up about how they are feeling that day and help to normalize conversations about mental health."

Conversations weren't just happening in the workplace. They were also happening in the media. André Picard, a health reporter and columnist with a national Canadian newspaper, became known for advocating for an accurate portrayal of mental illness. In an interview, Picard acknowledged that the media had been guilty of *perpetuating stereotypes* but said that this wasn't necessarily limited to mental illness. He said, however, that there seemed to be a dramatic shift: "There's been a recognition in recent years that psychiatric illnesses are brain illnesses rather than...you're bad or have been brought up badly and it's something you can control. There's been a change in attitude that it's like any other illness; like heart disease, this is a brain disease. That's really dramatically shifted the way media covers [these issues] at least on the medical side, and I think that's starting to shift now over to the social side."



André Picard advocates for an accurate portrayal of mental illness.

Understanding the influence media has on stigma, in 2014 the Mental Health Commission of Canada supported the independent work of the *Canadian Journalism Forum on Violence and Trauma* to develop *Mindset: Reporting on Mental Health*.[70] A handbook written by journalists for journalists was developed to help support more accurate, responsible, and humane approaches to reporting of news stories involving mental illness.[71] Statistics show a positive change in the use of language and coverage of mental health issues (see figure 5).

The Government of Canada has increasingly taken the stage on the issue as well. In 2016, Prime Minister Justin Trudeau voiced his support of Mental Health Week, which occurs the first week of May. In his official statement (see Addendum A) he emphasized the importance of more candid discussions about mental health and wellness:

We all have a responsibility to raise our awareness about mental health. We must actively encourage honest and open conversations – in our homes, our workplaces, and our communities – about what mental health is and what we can do to increase our collective well-being. We must listen to our loved-ones, our colleagues, our friends, look out for signs and offer them support and advice in times of need. It can be a challenge for all of us to cope with the fast pace of life, daily stresses, and obligations. We all need to stand strong together.

This demonstrates that even at the highest level in Canada, mental health is out of the shadows.

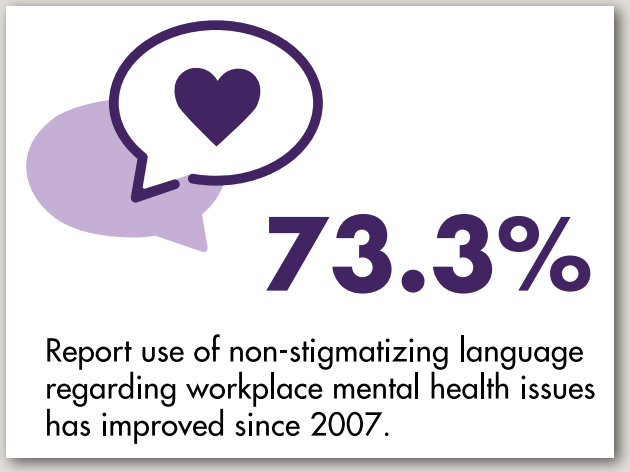


FIGURE 5. Reprinted from *The evolution of workplace mental health in Canada: Research report (2007–2017)* by J. Samra 2017, p. 52[72]

Developing *the Standard*

7

This really was a game changer. We were writing the paper that would help guide employers to take concrete steps to address mental health issues, promote mental wellness, and protect psychological health and safety in their workplaces.

KATHY JURGENS, WORKPLACE MENTAL HEALTH & WELLNESS ADVOCATE

Those who had been anxiously awaiting the news were ecstatic when the announcement came that the much-anticipated funding from the Government of Canada was now in place, and the development of the first ever National Standard for Psychological Health and Safety in the Workplace (*the Standard*) could begin.

At the outset, Michael Kirby, then chair of the Mental Health Commission of Canada, stressed the importance of scrupulously following CSA (Canadian Standards Association) and BNQ (Bureau de normalisation du Québec) processes established for the development of health and safety standards. And while established standard-making processes would be followed, this standard had some unique differences. One significant decision was that both the English and French standards-making organizations—CSA and BNQ—would work together in the development of the new standard. Both organizations' processes would be acknowledged and followed to the highest degree. While both were active in workplace health and safety standards, CSA had a portfolio that included management system and hazard-specific standards. BNQ's portfolio was more focused around employee health and wellness.

Elizabeth Rankin from CSA and Daniel Langlais from BNQ were named co-project managers. Rankin stressed the importance of this aspect of the project since they were cooperating to bring together the different strengths and capabilities of both standards organizations.

Jayne Barker, the lead from the Commission at the time, helped guide the discussions with CSA and BNQ—discussions that included the idea of offering the proposed standard free of charge to the public for the first five years. A free standard was not business as usual for either CSA or BNQ, but Barker thought this would help increase uptake by employers.

A free standard was not business as usual for either CSA or BNQ, but Barker thought this would help increase uptake by employers.

Committee selection

The Commission would also have representation on the Project Review Committee, whose role included proposing Technical Committee members who would draft the standard, and negotiating funding agreements with other organizations to help augment the government contribution. This included the additional costs of having both BNQ and CSA involved. The Great-West Life Centre for Mental Health in the Workplace and Bell Canada provided additional funding.

The Project Review Committee would include representatives from CSA, BNQ, the Government of Canada, representatives from the Commission, and the yet-to-be chosen Technical Committee co-chairs. Jim Ferrero (BNQ) noted the role of the co-chairs could *make or break the consensus process*. The co-chairs need to be able to work together to *bring the entire committee of diverse stakeholder interests to consensus*. CSA's Jeanne Bank, who would help make the final selection, said that while there were many qualified people, two stood out: Mary Ann Baynton and Roger Bertrand.

Baynton was at this point both the program director for the Great-West Life Centre for Mental Health in the Workplace and principal of her own workplace relations consulting firm. Bertrand, an economist and former political figure, had both credibility and influence in Québec. Both had important networks to advance the discussions and experience in the development of standards. Bertrand had participated in the development of Québec's Healthy Enterprise standard. Baynton had been involved with the Accessibility for Ontarians with Disabilities Act Employment Standards Committee in addition to having been at the table for the earliest discussions related to the proposed standard. They each demonstrated leadership, were well connected within the mental health movement, and brought a deep understanding of the needs and concerns of employers from across Canada.

With Baynton and Bertrand in place, the next task for the Project Review Committee was to find suitable candidates for the Technical Committee who would ultimately be responsible for writing a standard. CSA and BNQ used a matrix approach, which meant there was a balance in the number of voting members in each of the following interest categories: mental health service providers, organizations (employers), employee representatives (e.g., unions), regulatory/policy/underwriter (which included benefit providers and government), and those not otherwise classified, who were called general interest. Once the maximum number of members for each category was met, interested parties could still participate, but they would not have voting rights.

Rankin emphasized the important contribution of the non-voting members. "They were also selected according to their expertise, and played a crucial role in the discussions and hard work of developing a standard," Rankin said. "They didn't have voting rights, but their contribution was just as valuable as the voting members'."

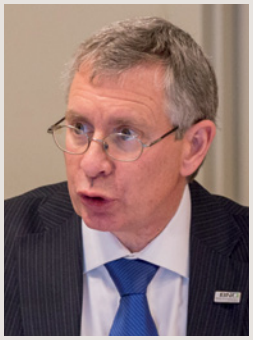
If this standard was to really meet the needs of diverse workplaces, it was important to have diverse views around the table. Choosing the right people was critical. CSA and BNQ sought out leaders and experts who could contribute to a rich, informed, and balanced discussion.



Jeanne Bank



Jim Fererro



Daniel Langlais

DAVID CHANG



Elizabeth Rankin

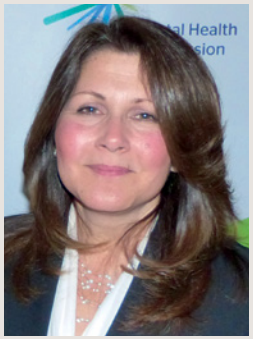
Project Review Committee

Development of this Standard was overseen by the Project Review Committee, which was comprised of members representing BNQ, CSA Group, HRSDC, and MHCC:

Bank, Jeanne	CSA Group
Ferrero, Jim	Bureau de normalisation du Québec (BNQ)
Langlais, Daniel	Bureau de normalisation du Québec (BNQ)
Rankin, Elizabeth	CSA Group
Baynton, Mary Ann (TC *Chair*)	Mary Ann Baynton & Associates Consulting
Bertrand, Roger (TC *Chair*)	Economist
Arnold, Ian	Mental Health Commission of Canada (MHCC)
Bradley, Louise	Mental Health Commission of Canada (MHCC)
Mahajan, Sapna	Mental Health Commission of Canada (MHCC)
Thrasher, Annette	Human Resources and Skills Development Canada (HRSDC)
Nestaiko, Marta (*Alternate*)	Human Resources and Skills Development Canada (HRSDC)

The Project Review Committee acknowledges the valuable contribution of Jayne Barker, formerly of the Mental Health Commission of Canada (MHCC).

(© 2013 CSA Group)[73]



Mary Ann Baynton
TECHNICAL COMMITTEE CHAIR



Roger Bertrand
TECHNICAL COMMITTEE CHAIR

DAVID CHANG



Dr. Ian Arnold



Louise Bradley

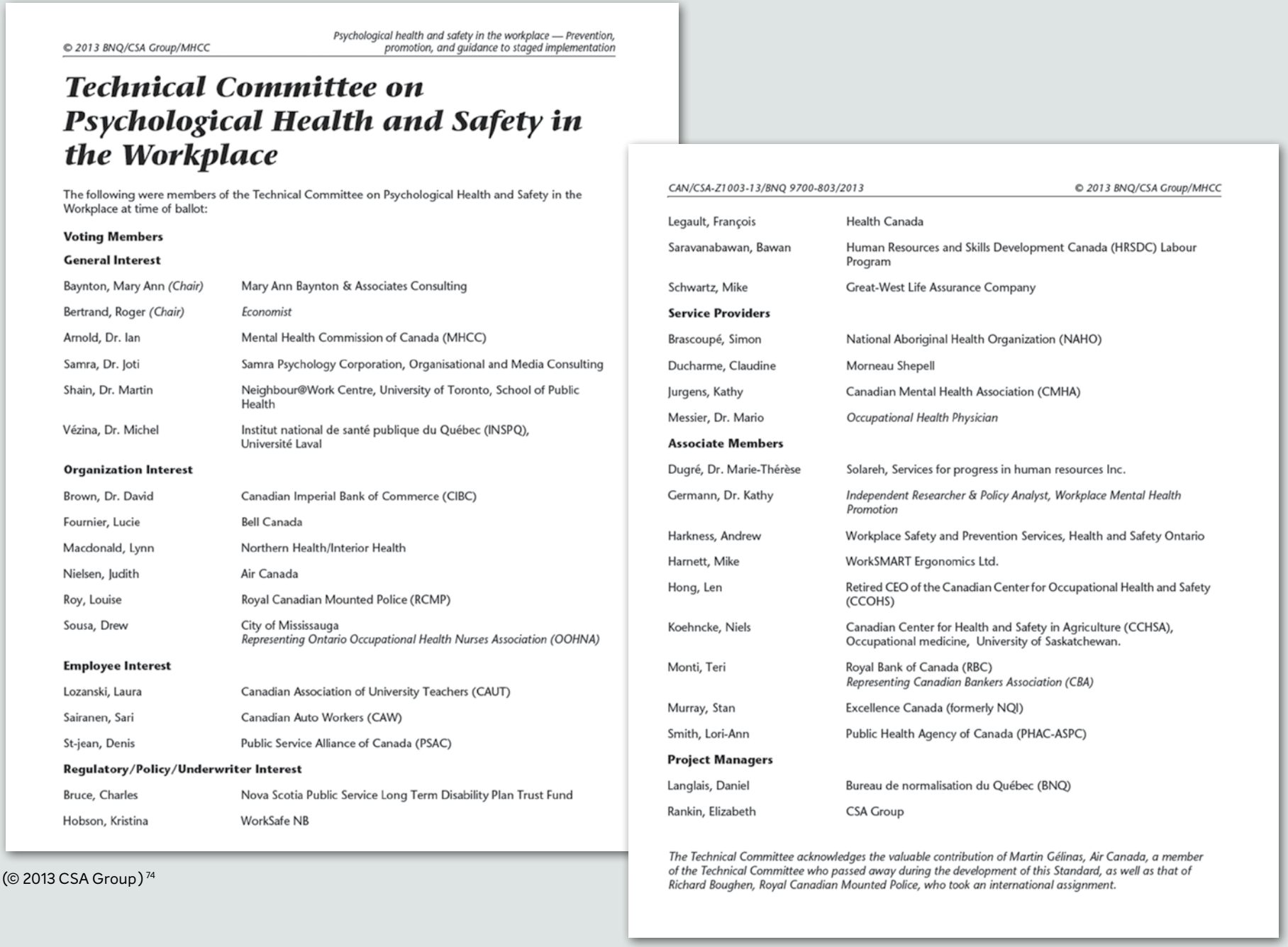


Sapna Mahajan



Jayne Barker

Photos not available: Annette Thrasher, Marta Nestaiko



Technical Committee on Psychological Health and Safety in the Workplace

The following were members of the Technical Committee on Psychological Health and Safety in the Workplace at time of ballot:

Voting Members

General Interest

Baynton, Mary Ann *(Chair)*	Mary Ann Baynton & Associates Consulting
Bertrand, Roger *(Chair)*	*Economist*
Arnold, Dr. Ian	Mental Health Commission of Canada (MHCC)
Samra, Dr. Joti	Samra Psychology Corporation, Organisational and Media Consulting
Shain, Dr. Martin	Neighbour@Work Centre, University of Toronto, School of Public Health
Vézina, Dr. Michel	Institut national de santé publique du Québec (INSPQ), Université Laval

Organization Interest

Brown, Dr. David	Canadian Imperial Bank of Commerce (CIBC)
Fournier, Lucie	Bell Canada
Macdonald, Lynn	Northern Health/Interior Health
Nielsen, Judith	Air Canada
Roy, Louise	Royal Canadian Mounted Police (RCMP)
Sousa, Drew	City of Mississauga *Representing Ontario Occupational Health Nurses Association (OOHNA)*

Employee Interest

Lozanski, Laura	Canadian Association of University Teachers (CAUT)
Sairanen, Sari	Canadian Auto Workers (CAW)
St-jean, Denis	Public Service Alliance of Canada (PSAC)

Regulatory/Policy/Underwriter Interest

Bruce, Charles	Nova Scotia Public Service Long Term Disability Plan Trust Fund
Hobson, Kristina	WorkSafe NB

Legault, François	Health Canada
Saravanabawan, Bawan	Human Resources and Skills Development Canada (HRSDC) Labour Program
Schwartz, Mike	Great-West Life Assurance Company

Service Providers

Brascoupé, Simon	National Aboriginal Health Organization (NAHO)
Ducharme, Claudine	Morneau Shepell
Jurgens, Kathy	Canadian Mental Health Association (CMHA)
Messier, Dr. Mario	*Occupational Health Physician*

Associate Members

Dugré, Dr. Marie-Thérèse	Solareh, Services for progress in human resources Inc.
Germann, Dr. Kathy	*Independent Researcher & Policy Analyst, Workplace Mental Health Promotion*
Harkness, Andrew	Workplace Safety and Prevention Services, Health and Safety Ontario
Harnett, Mike	WorkSMART Ergonomics Ltd.
Hong, Len	Retired CEO of the Canadian Center for Occupational Health and Safety (CCOHS)
Koehncke, Niels	Canadian Center for Health and Safety in Agriculture (CCHSA), Occupational medicine, University of Saskatchewan.
Monti, Teri	Royal Bank of Canada (RBC) *Representing Canadian Bankers Association (CBA)*
Murray, Stan	Excellence Canada (formerly NQI)
Smith, Lori-Ann	Public Health Agency of Canada (PHAC-ASPC)

Project Managers

Langlais, Daniel	Bureau de normalisation du Québec (BNQ)
Rankin, Elizabeth	CSA Group

The Technical Committee acknowledges the valuable contribution of Martin Gélinas, Air Canada, a member of the Technical Committee who passed away during the development of this Standard, as well as that of Richard Boughen, Royal Canadian Mounted Police, who took an international assignment.

(© 2013 CSA Group)[74]



DAVID CHANG

Standard Technical Committee members at a May 2016 meeting (L–R) Front: Sapna Mahajan, Sari Sairanen, Theresa Caruana, Laura Lozanski, Dr. Ian Arnold, Daniel Langlais, Claudine Ducharme, Mike Schwartz, Dr. Joti Samra, Kathy Jurgens, Andrew Harkness. (L–R) Back: Sarika Gundu, Jill Collins, Dr. Martin Shain, François Legault, Denis St-Jean, Judith Nielsen, Dr. Mario Messier, Stan Murray, Monika Mielnik, Roger Bertrand, Niels Koehncke, Drew Sousa.



Mary Ann Baynton



Dr. David Brown



Richard Boughen



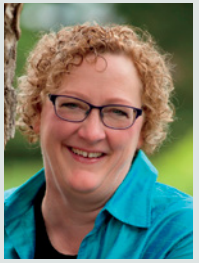
Simon Brascoupé



Charles Bruce



Dr. Marie-Thérèse Dugré



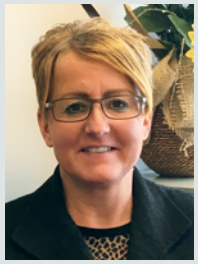
Dr. Kathy GermAnn



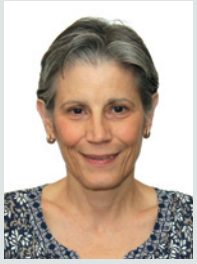
Mike Harnett



Kristina Hobson



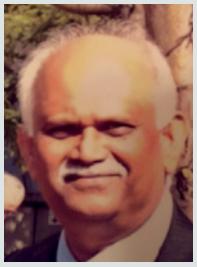
Lynn Macdonald



Teri Monti



Elizabeth Rankin



Bawan Saravanabawan



Lori-Ann Smith



Dr. Michel Vézina

Photos not available:
Lucie Fournier, Martin Gélinas, Len Hong, Louise Roy

The CLC was on board once they were assured that the proposed standard wasn't about mental illnesses of individual employees but, rather, about prevention of psychological harm to all employees.

In the past, CSA had approached the Canadian Labour Congress (CLC), an umbrella organization for many of Canada's unions, to recommend representatives for other standard committees. For this particular standard, the CLC was concerned about the impact on the rights of workers. They wanted to ensure that employers and union representatives would not have inappropriate access to workers' private medical information. The CLC was on board once they were assured that the proposed standard wasn't about mental illnesses of individual employees but, rather, about prevention of psychological harm to all employees. This approach was very much aligned with the stated objectives of unions. The unions' priorities also included the need to ensure the participation of joint health and safety committees and the need to use an equity lens throughout the proposed standard.

Writing *the Standard* – addressing the issues

With all members chosen, the work of writing the first ever standard for psychological health and safety in the workplace could begin. The first meeting took place April 12 and 13, 2011, at CSA headquarters in Mississauga, Ontario. Subsequent meetings would occur every few months over the next year and a half in various cities across the country.

In her opening remarks to the Technical Committee, Baynton acknowledged what most around the table already recognized: they were making history. She said:

We had the somewhat daunting responsibility of making sure we avoided unintended consequences, such as breach of confidentiality, while providing a practical and helpful framework that would be useful for all organizations.

Employers already had a legal duty to accommodate disabilities such as mental illness and addiction. The proposed standard was intended to provide employers with a framework to help reduce their chances of causing psychological harm to any employee. At the end of the day, we wanted to make this something that employers would see as a good business strategy. Not something they had to do, but something they would be compelled to do.

Given the diversity of perspectives and experience of the Technical

Committee members, one might think that there was a lot of room for disagreement that could derail the process. Kirby once said that when large groups of people were debating ideas, sometimes the best you could hope for was *equalized unhappiness*. But this group was not unhappy. Baynton acknowledged this unique dynamic, noting that each member's expertise, energy, and relentless attention to getting this right was an inspiration.



DAVID CHANG

Laura Lozanski said psychosocial factors in organizations impact worker well-being.

There was, however, plenty of spirited debate and many compromises. One of these conversations was around the different terms *psychological* vs. *psychosocial*. As Laura Lozanski, Canadian Association of University Teachers, explained, "Psychological focuses on what is 'between the ears', whereby psychosocial is between the work environment and the individual. Often the environment is a catalyst for what ends up going on between the ears."



DAVID CHANG

Technical Committee members Drew Sousa, Claudine Ducharme, Sapna Mahajan, Judith Nielsen, and Dr. Ian Arnold helped enrich the development of the standard.

In Canadian workplaces, *occupational health and safety* was a well-known term. By including *psychological health and safety* in the title of the proposed standard, the intent was to make the framework familiar to the majority of users. But employers had already expressed fear that the proposed standard would mean they were held responsible for every aspect of an employee's psychological health, even if it was outside of their control. So while the intent was to do no harm to employees' psychological health, psychosocial factors were considered those within the control and influence (and therefore the responsibility) of the employer.

Most people understood the responsibility for an employer to protect physical health. For example, air pollutants present a hazard in the workplace. This is true

Baynton acknowledged this unique dynamic, noting that each member's expertise, energy, and relentless attention to getting this right was an inspiration.



DAVID CHANG

Dr. Joti Samra and Dr. Martin Shain stress that a fair and respectful workplace is vital to psychological health and safety.

for all employees, especially those vulnerable because of conditions like asthma. While asthma itself could be the result of genetics or environmental impacts outside of the workplace, the employer's responsibility to manage the hazard of air pollutants in the workplace is not questioned. In the same way, an employee with a mental illness may be more vulnerable to workplace stressors than employees without a mental illness. Just like other hazards, workplace stressors can be within the influence and control (and therefore the responsibility) of the employer. *Psychological health and safety* was determined to be the broader term and is used to describe what was being protected for employees. The hazards employers should address in the workplace were called *psychosocial factors*, similar to those described by *Guarding Minds @ Work* (see the Addendum for the definition of the factors included in *the Standard*).

Another discussion concerned the addition of *protection of physical safety* as a psychosocial factor that hadn't previously been included in *Guarding Minds @ Work*, from which all of the other factors had been adapted. Protection of physical safety was added in recognition that a fear of injury could negatively affect psychological health. For example, if an employee was required to work in an unsafe tunnel or structure, where the risk of collapse was known, the stress itself could cause psychological injury. The Committee also chose to add other chronic factors (as identified by workers) to acknowledge that the list may not be exhaustive. Engaging workers in identifying concerns was a foundational part of the proposed standard's recommended process.

An additional concern that was debated involved the erosion of the right of management to make decisions such as hiring, firing, work scheduling, performance appraisals, and discipline. The Committee responded to these concerns by adding language in Clause 4.2.4.2 of *the Standard*:

Consultation with workers and worker representatives does not require the organization to obtain worker approval or permission. Worker and worker representative participation should not interfere with business needs or operations.

The extent of the employer's responsibility for protection, prevention, or promotion of psychological health and safety was also a topic of debate. Dr. Michel Vézina, Institut national de santé publique du Québec, Université Laval, stressed that, as would be stated in the proposed standard, *human needs when unmet or thwarted can become risk factors for psychological distress; when satisfied can lead to psychological and organizational health. These human needs include security and physiological safety, belonging, social justice, self-worth, self-esteem, self-efficacy, accomplishment, or autonomy.* Therefore, Vézina argued, preventing as well as addressing risk factors should be part of the employer's responsibility and a fair and respectful workplace is vital to a psychologically healthy and safe workplace.

Prevention was already aligned with existing health and safety approaches. Promotion of positive psychological health, on the other hand, was viewed by most committee members as an ideal to aspire to but one that should not distract from, or take precedence over, protection or prevention.



DAVID CHANG

Mike Schwartz suggested that the proposed standard should be a best practice to aspire to rather than a minimum requirement.



DAVID CHANG

Kathy Jurgens saw the value in mental health promotion in addition to prevention and protection.



DAVID CHANG

Recognizing the unique needs of different organizations was important to the Technical Committee. Shown: Drew Sousa and Claudine Ducharme.

The Standard would state:

It has been well demonstrated that it is important to provide a psychologically safe work environment before health promotion endeavours can have significant success. In implementing this Standard, organizations should assess needs and address gaps in psychological safety prior to embarking on far reaching health promotion activities.[75]

Debate about the proposed standard being voluntary versus mandatory also continued. CSA experts advised that every standard was voluntary and only became mandatory if referred to in legislation. The Technical Committee wanted this standard to be a voluntary best practice to aspire to, rather than a mandatory minimum requirement. To ensure that it was clear this was intended as a voluntary standard going forward, the CSA compromised by including:

This voluntary Standard has been developed to help organizations strive towards this vision as part of an ongoing process of continual improvement.

The Technical Committee knew the value these debates would have on the final standard, but the completion date of April 2012 was approaching. This deadline was only 18 months from the beginning of the process, which CSA said was approximately half the time a standard of this complexity would normally take. Many thought this deadline would not be met. However, none of those doubters were on the Technical Committee.



DAVID CHANG

The Committee carefully considered each of the almost 900 comments that resulted from the public review. Shown: Sari Sairanen and Dr. Mario Messier.

Public review

A critical part of any standard development process is public review, and this began on schedule in November 2011. Committee members reached out to their various networks to encourage feedback and then braced themselves



DAVID CHANG

"Working on *the Standard* was one of the most important and exciting experiences of my career." FRANÇOIS LEGAULT

for the response. Had they adequately anticipated and addressed the issues? Would the proposed standard be embraced or rejected? What if no one responded?

Individuals and organizations *did* respond—866 comments were received within the 60-day review period, which exceeded expectations. Many comments applauded the Committee for the quality of its work. Still, there were concerns, and each one was addressed.

For example, some worried that the proposed standard would be too complex for small-business owners to implement. The final draft provided information about more free tools, including a sample implementation scenario for small businesses (Annex D of *the Standard*).

Another concern was that the language of the proposed standard was too ambiguous. An effort to be more specific and differentiate between requirements for large and small businesses was undertaken. Then there were those who worried that the proposed standard would conflict with existing systems and infrastructures within organizations. Amendments to help organizations consider ways to embed the framework of the proposed standard within existing policies, programs, and processes were included. Some also wondered if implementation would require full adoption. Language was added to explain which requirements were considered mandatory to align with the intent of the proposed standard ("shall") and which



DAVID CHANG

The Canadian Labour Congress appointed Denis St-Jean, Laura Lozanski, and Sari Sairanen (not shown) who demonstrated the value of collaboration with worker representatives.

"As labour representatives, we knew that something had to be done to try and prevent mental injuries in the workplace."

DENIS ST-JEAN

were considered valuable but not as critical ("should"). Annex C was added to show various staged approaches.

Additional improvements included adding a sample audit tool that allowed organizations to conduct a high-level assessment of their current alignment with this standard, and providing additional free tools and resources that could help with implementation.

The public review process was invaluable. The groups and individuals who responded were passionate and articulate. Their rich information helped to ensure that the final standard was much better than the draft, explaining things more clearly and providing improved information and guidance.

A unanimous vote and then... a delay

In April 2012, on schedule as the Technical Committee had predicted, the draft (including updates as a result of the public review feedback) was submitted to the CSA and BNQ. These organizations then took the work of the committee and amended it to conform to editorial and procedural requirements for national standards. This was then sent electronically to all members of the Technical Committee for final vote. It passed unanimously in September, 2012—the culmination of a very exciting 18 months and a great deal of effort by the

CSA, BNQ, the Commission, the Technical Committee, and many other Canadians concerned about the psychological health and safety of their workplaces.



DAVID CHANG

As project managers, Daniel Langlais and Elizabeth Rankin literally worked day and night to ensure the work of the Technical Committee was completed on time.

Rankin (CSA) was not surprised to see a unanimous vote, but she said it was still rare in the world of standard development and called it *truly exceptional* to see such due diligence, commitment, and passion prior to the vote.

Just as *the Standard* was getting ready for launch, CSA and BNQ were approached by some in the legal and business communities who feared that this standard would significantly increase employer legal liability. Neither of the standard-making organizations were comfortable moving forward in the face of this opposition. After months of meetings and discussions, a compromise was reached. *Prevention, promotion, and guidance to staged implementation* was added as a subtitle to clarify that no organization was required to comply fully with every clause in this standard.

Bringing Canadians together

The Standard truly was the product of consultations that brought together Canadians from all sides of the issue. Denis St-Jean, Public Service Alliance of Canada, put it this way: "As labour representatives, we knew that something had to be done to try and prevent mental injuries in the workplace. We could tell early on that our sentiment was shared by all stakeholders at the table. Difficult discussions on key issues were always respectful of our various perspectives. The final product reflects the level of commitment from the members of the Technical Committee. I feel very fortunate to have been part of this process. I left with an even stronger belief that, collectively, we can make our Canadian workplaces safer."

Claudine Ducharme, Partner, National Health Consulting with Morneau Shepell, agreed. She felt the new standard would provide a framework to reduce risk and promote health, helping to improve outcomes for Canadian employers. Ducharme said, "For organizations, the benefits can include a reduction in absence, disability, health costs, productivity loss, and legal liability. Most important, *the Standard* helps promote healthy workplaces and improve organizational retention, recruitment, engagement, and performance." She added, "It was a privilege to be part of the process of developing this standard."

Many of those involved had already been positively changed by the process of developing this standard. The hope was that, once launched, the impact on those who

"For organizations, the benefits can include a reduction in absence, disability, health costs, productivity loss, and legal liability."

CLAUDINE DUCHARME



DAVID CHANG

Claudine Ducharme emphasized that psychological health and safety can improve business outcomes for Canadian employers. (Also shown: Drew Sousa and Sapna Mahajan).

adopted it would also be positive. This was now in the hands of CSA and BNQ, but they would need time to prepare both French and English versions of *the Standard*. These were scheduled to be available for free download on the day it would be launched.

As for the launch, that date was set for January 16, 2013. Everyone involved saw the importance of launching the new standard in a way that would capture the attention of employers and workplace stakeholders across Canada. The Commission had already put a lot of effort into keeping workplace psychological health and safety in the spotlight. They'd managed to get the Government of Canada, as well as many business leaders and other key stakeholders, talking about it. Would they be able to get high-profile leaders on board to help initiate the next steps on the journey?

Would the fact that people knew this standard was coming motivate them to action?

Impact on employees

DAVE HARRISON* was in over his head. There had been so many changes for the team he was managing he simply couldn't keep up. While he'd been struggling for a while, it was nothing compared to the difficulties he was having since the death of his wife Julia. He wasn't coping and was increasingly unable to focus. This left his team feeling anxious and frustrated.

His leader decided to use an approach he'd read about. Rather than just performance managing Dave and ultimately terminating him as might have been done in earlier years, he asked Dave what he needed to be successful through these challenges. Dave didn't feel he could manage people effectively anymore; it was enough for him to just keep up with all the changes in his life and at work. It was agreed that Dave's future career would be better served in a role that drew on his skills and experience but didn't include managing others.

This alleviated the stress for those he had been managing and provided a shift that allowed Dave to remain well and productive through to his retirement. Rather than being terminated for poor performance, he left the company happy, having made a positive contribution to the end of his career. This solution helped the company avoid potential severance, absence, and disability costs.



*Names and some details changed to protect confidentiality (stock photo used).

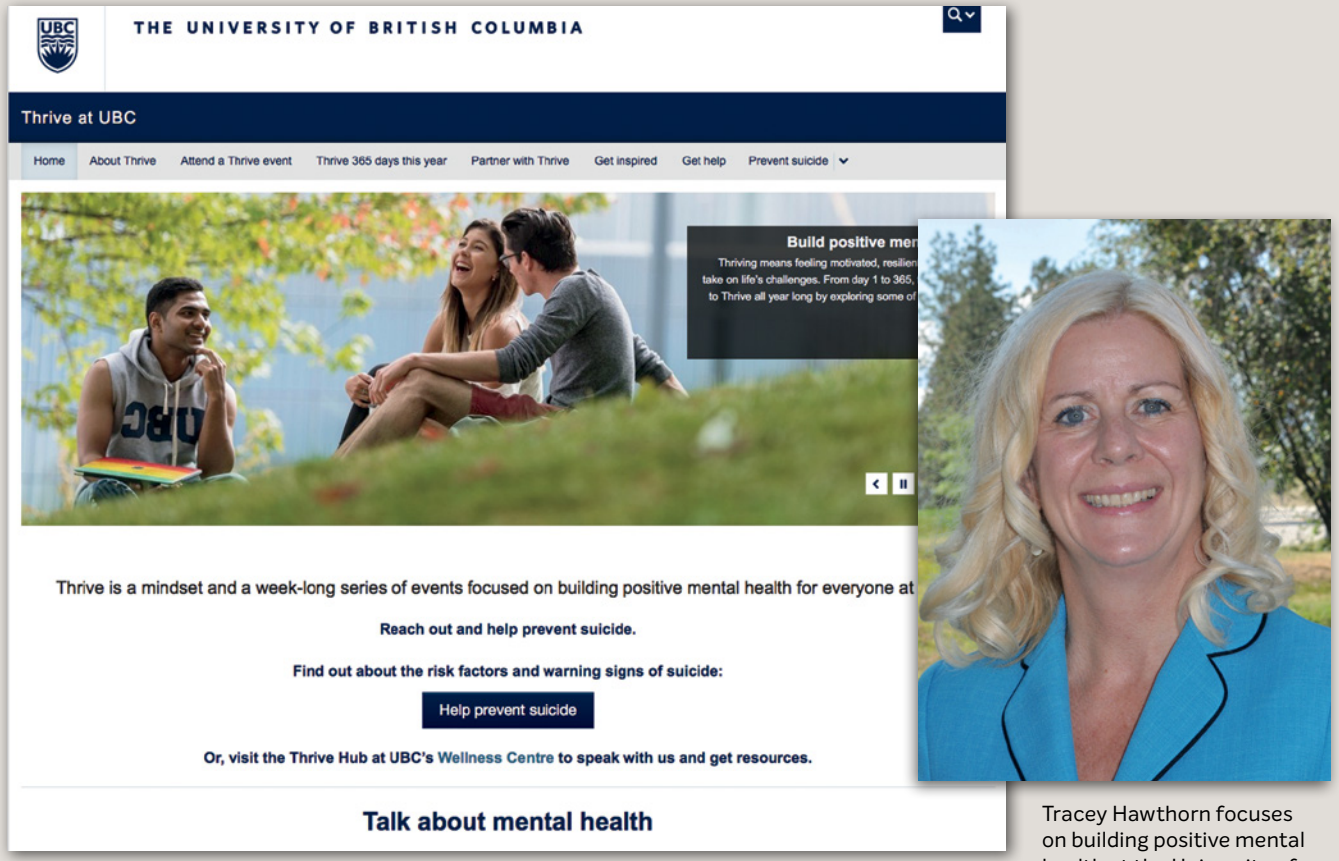
A decade of evolving...
Health Promotion

Although some progressive workplaces always had a focus on health promotion, most of it was aimed at physical wellness, such as a space for yoga, healthy food choices in the cafeteria, or a lunch-hour walking club. Over time, these initiatives started to evolve to include mental health. Today, we see activities such as opportunities for social support, "lunch and learns" about protecting mental health, mind-body awareness, and much more.

Excellence Canada (formerly the National Quality Institute) began Canada's Healthy Workplace Week in 2001, with a primary focus on physical wellness. Over the years, that event has evolved to include approximately 25 per cent content dedicated to mental wellness. In 2008, the week was expanded to become Canada's Healthy Workplace *Month*,[76] designating October as the month to motivate, empower, and celebrate healthy workplaces. Canada's Healthy Workplace Month offers resources year-round to help organizations adopt a strategy that safeguards and improves the physical and psychological health of their employees.



Bill Wilkerson accepts Excellence Canada's Special Recognition of Achievement Award. Also shown are Gary Seveny and Allan Ebedes of Excellence Canada.



Tracey Hawthorn focuses on building positive mental health at the University of British Columbia.

In 2011, Tracey Hawthorn, Work Re-Integration & Accommodation Program Coordinator, launched Thrive Week at the University of British Columbia, Okanagan.[77] Described as a mindset and a weeklong series of events focused on building positive mental health for everyone at UBC, it includes activities that support mental health awareness and inclusion. The Thrive website states that thriving isn't about being perfect every day; rather, it's about taking small steps to protect mental health. Many post-secondary institutions across Canada have now adopted Thrive Week.

These are just two examples of the many ways that health promotion is expanding to recognize both physical and mental health.

The Thrive website states that thriving isn't about being perfect every day; rather, it's about taking small steps to protect mental health.

Advancing the Issue

8

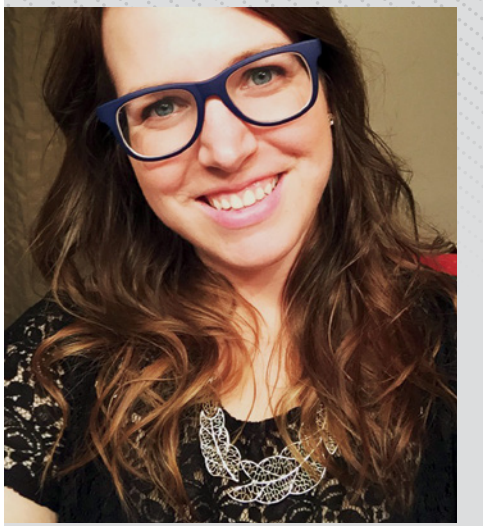
It's easy to stay motivated in this field. Everyone I've had the pleasure of working with has a common goal to make a positive difference. It's not about money that can be made, but improving working lives.

SARAH JENNER, NATIONAL MANAGER, MINDFUL EMPLOYER CANADA

While the proposed standard was being developed throughout 2011 and 2012—and possibly because of it—many other initiatives to advance psychological health and safety in workplaces were also underway throughout Canada.

January 2011 saw the release of *Moods* magazine's first annual special edition on workplace mental health. *Moods* had previously focused on bringing education and understanding about mental illness to the broader community. Editor and founder Rebecca DiFilippo saw a growing demand for the publication from managers and human resources professionals. They were interested in learning more about the experiences of employees with mental illnesses.

The inaugural workplace issue covered a broad range of topics: managing addictions in the workplace, the impact of depression at work, leadership roles, emotional intelligence, and psychological safety. It became the first of many workplace editions that the Great-West Life Centre for Mental Health in the Workplace sponsored. It started



Sarah Jenner runs a community of practice for those who manage, support, or lead employees.



Through *Moods* magazine, publisher Rebecca DiFilippo helps reduce stigma and improve awareness of mental illness.



a welcome trend, and DiFilippo was thrilled that people were now sharing their stories and knowledge more willingly to help further educate Canadians about the importance of workplace mental health.

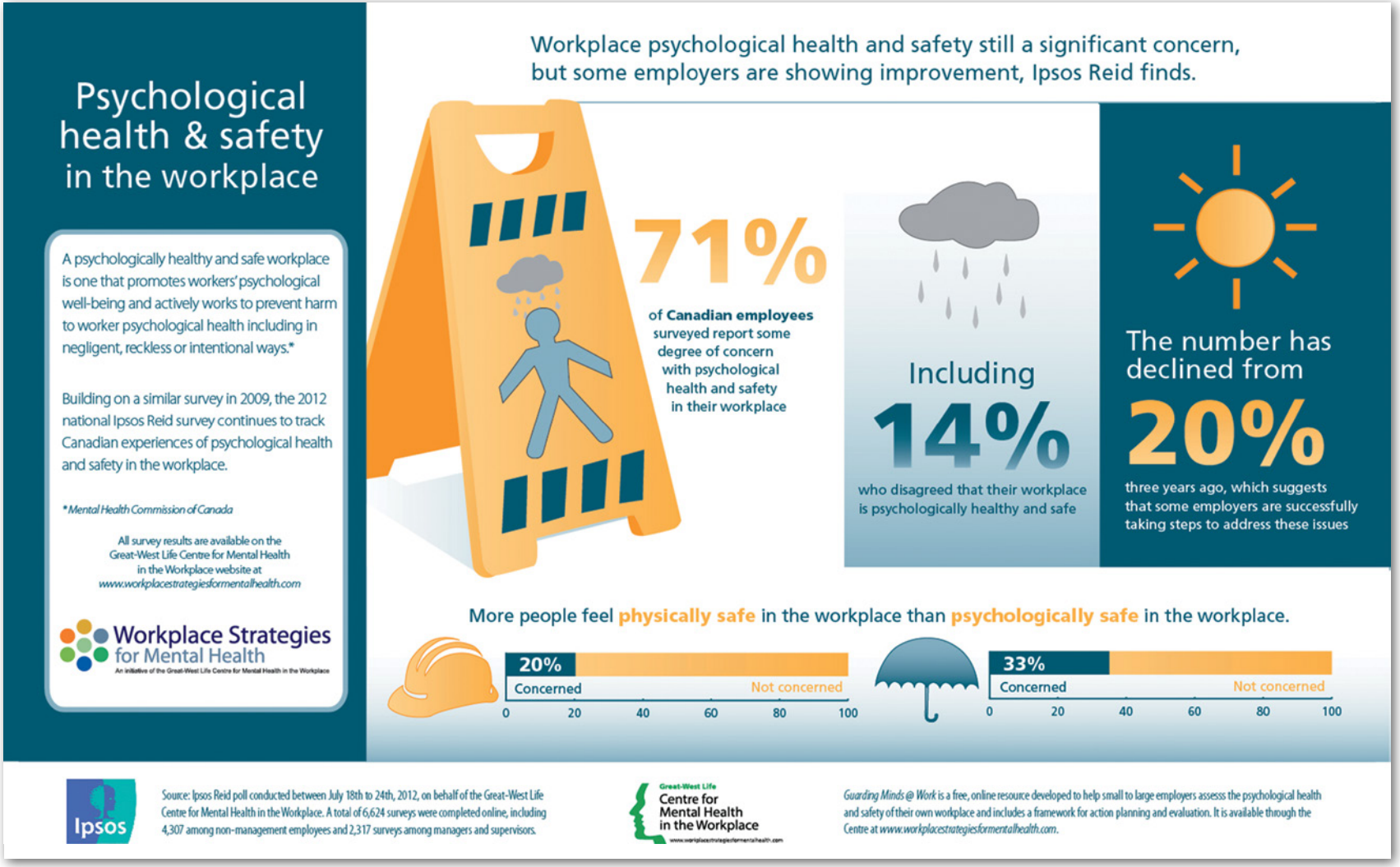
That same year, Bill Wilkerson and Michael Wilson released *Brain Health + Brain Skills = Brain Capital, FINAL REPORT*.[78] The report suggested that there would be a high premium on brain-based skills in the future world economy and for this reason mental health in the workplace needed to be protected:

> *Over the past decade, the Roundtable's efforts have produced encouraging signs that mental health is becoming accepted as a bona fide workplace concern. The wider public is tuning in. Even unconventional workplaces of police, fire, first response and military service were now part of the mix.*

As the Global Roundtable wound down, Wilkerson would go on to co-found, along with Joseph Ricciuti, Mental Health International, an initiative they would lead in Europe targeting depression in the workplace. Michael Wilson would hold numerous roles both nationally and internationally with a continued commitment to mental health.

The Centre, meanwhile, was developing new resources that specifically dealt with psychological health and safety. With the help of Dr. Joti Samra, an entire new section of the Centre's *Workplace Strategies for Mental Health* website was created, in advance of the launch of *the Standard*. Psychological health and safety now had equal billing with workplace mental health on the website, and this would be an ongoing focus.

In October 2012, the Centre also released results of another national Ipsos Reid survey.[79] It was an update on the 2009 survey on psychological health and safety and included new findings on the emotional intelligence of managers. The survey reported that 71 per cent of Canadian employees expressed concern about psychological health and safety in their workplaces, including 14 per cent who did not feel that their workplace was psychologically safe. This was down from 20 per cent three years earlier, suggesting that some employers were successfully taking steps to address these issues.


Psychological health & safety in the workplace
A psychologically healthy and safe workplace is one that promotes workers' psychological well-being and actively works to prevent harm to worker psychological health including in negligent, reckless or intentional ways.*
Building on a similar survey in 2009, the 2012 national Ipsos Reid survey continues to track Canadian experiences of psychological health and safety in the workplace.
*Mental Health Commission of Canada
All survey results are available on the Great-West Life Centre for Mental Health in the Workplace website at www.workplacestrategiesformentalhealth.com
Workplace Strategies for Mental Health
An initiative of the Great-West Life Centre for Mental Health in the Workplace
Workplace psychological health and safety still a significant concern, but some employers are showing improvement, Ipsos Reid finds.
71%
of Canadian employees surveyed report some degree of concern with psychological health and safety in their workplace
Including
14%
who disagreed that their workplace is psychologically healthy and safe
The number has declined from
20%
three years ago, which suggests that some employers are successfully taking steps to address these issues
More people feel physically safe in the workplace than psychologically safe in the workplace.
20%
Concerned
Not concerned
0 20 40 60 80 100
33%
Concerned
Not concerned
0 20 40 60 80 100
Ipsos
Source: Ipsos Reid poll conducted between July 18th to 24th, 2012, on behalf of the Great-West Life Centre for Mental Health in the Workplace. A total of 6,624 surveys were completed online, including 4,307 among non-management employees and 2,317 surveys among managers and supervisors.
Great-West Life
Centre for Mental Health in the Workplace
Guarding Minds @ Work is a free, online resource developed to help small to large employers assesss the psychological health and safety of their own workplace and includes a framework for action planning and evaluation. It is available through the Centre at www.workplacestrategiesformentalhealth.com.



The survey also found that 91 per cent of Canadian managers recognized the importance of improving their emotional intelligence and believed it was possible to do so; yet, across all sectors, managers and supervisors scored as having more challenges than strengths. The skill areas that were measured were based on the Centre's *Managing Emotions* resource and included the understanding of their own reactions, the ability to deal with other people's negative emotions, and communicating effectively.

The results related to emotional intelligence were very low, but at least this was a skill that could be enhanced. There was a growing awareness about the link between emotional intelligence of leaders and psychologically safe work environments.

The Mental Health Commission of Canada also had many initiatives underway during this time. In 2011, *The Road to Psychological Safety* was written by Dr. Martin Shain, Dr. Ian Arnold, and Kathy GermAnn, PhD, a researcher with the Commission and a member of the Technical Committee. The publication looked at the legal, scientific, and social foundations for a national standard for psychological safety in the workplace.

The Commission was only halfway through its 10-year mandate when Michael Kirby resigned as chair. Stating that he was *a builder, not a manager of things*, Kirby felt that, since the goals he'd set out to accomplish at the Commission had largely been achieved—one of which was *the Standard*—it was the right time to pass its leadership to someone else; in this case, Dr. David Goldbloom, senior



In 2007, Dr. David Goldbloom was appointed vice-chair of the board of the Mental Health Commission of Canada and served as chair from 2012 to 2015.

medical advisor to the Centre for Addiction and Mental Health. Goldbloom was a practicing psychiatrist and professor of psychiatry at the University of Toronto, as well as an author and public speaker. Leaving the Commission in good hands, Kirby's next project was to focus his time and considerable energy on Partners for Mental Health, the independent charity he helped establish in 2010.

The much-awaited Mental Health Strategy for Canada was released just weeks after Kirby's resignation. It was the result of years of consultation with Canadians, and, once released in May 2012, would rectify the fact that Canada had been the only G8 country without such a strategy. *Changing Directions, Changing Lives—The Mental Health Strategy for Canada* was the fulfillment of a key element of the mandate the Commission had received from the Government of Canada in April 2007.[80] The strategy included two recommendations specific to Canadian workplaces:

1. Implement the Psychological Health and Safety Standard in the private and public sectors
2. Increase capacity to implement comprehensive approaches to mentally healthy workplaces



Later in 2012, the Commission restructured—wrapping up the individual advisory committees, including the Workforce Advisory Committee, and appointing the committee chairs into one overall advisory council. Members of the Workforce Advisory Committee would be forever changed by the opportunities they had to come together and make a difference in the field of workplace mental health, developing resources, assisting with the development of *the Standard*, and encouraging leadership to take action.[81] The Committee helped bring these issues to the forefront in Canada.

Members of the Workforce Advisory Committee would be forever changed by the opportunities they had to come together and make a difference in the field of workplace mental health.

It had been an outstanding few years, as many organizations were already stepping up to play an integral role in advancing workplace mental health.

But would they step up to the Standard?

Impact on employees

In 2001, **DONNA HARDAKER** was struggling at work while experiencing depression. "All of my relationships at work suffered as a result of my symptoms and changes in behaviour, as well as the lack of understanding by my co-workers and manager of what was happening to me," Donna said. "No one knew what to say or do." Her performance dropped, she sought treatment and tried to work through the social isolation and conflict at work, but she eventually left the job and started a new career at another organization.

There, she had a manager who valued her contribution and worked toward being supportive by asking Donna what she needed to be successful. Together she and the manager developed a plan for supporting her productivity and reducing preventable stressors. This included adjusting lighting in her workspace, and supporting self-care strategies around tasks and time management. They collaborated on how the manager could observe and comment appropriately on any changes in behaviour or performance that might indicate more support was needed.

Both Donna and the manager say that these were all simple, no-cost strategies, but as Donna shared, they had a huge impact on her recovery and allowed her to stay highly productive.



JOHN HARDAKER

Donna Hardaker said no one knew what to say or do.

A decade of evolving...
Employment Support

From the outset of the Mental Health Commission of Canada's Workforce Advisory Committee, Dr. Bonnie Kirsh (University of Toronto) was a vocal advocate for what she called the *aspiring workforce*. She was the lead researcher for the 2013 research report *The Aspiring Workforce: Employment and Income Support for People with Serious Mental Illness*.[82] Kirsh described the aspiring workforce as those who "due to a mental illness, have been unable to enter the workforce, are in and out of the workforce due to episodic illness, or want to return to work after a lengthy period of illness." Marie Dancsok, chair of the project advisory committee for the report, said, "We have identified the need to create accommodating work practices within open, diverse, accepting cultures." Kirsh and Dancsok saw evidence that people who have been marginalized from the workplace because of mental health have the capacity to be productive at work under the right conditions. Mary Ann Baynton noted:

Within the Workforce Advisory Committee, this aspiring workforce team never wavered in their advocacy, and it is in no small part through their dedication that this population has not been forgotten within the evolution of workplace mental health.

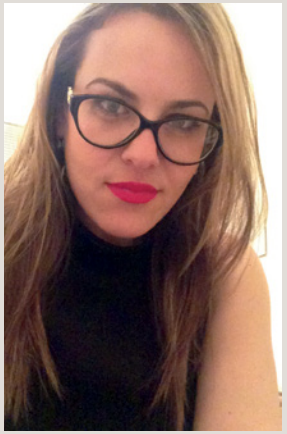
They were joined by others wanting to dispel the pervasive stereotype that people who experience serious mental illness, such as schizophrenia, could never hold down meaningful work. Organizations such as Rainbow's End Community Development Corporation, which provides work opportunities in food services and property maintenance for those recovering from mental illnesses, have proven this to be false.[83] One of Rainbow's End's many successful employees, Angela Jaspan, who lives with schizo-affective disorder, spoke out in a video on the Workplace Strategies for Mental Health website. Jaspan is one example of how innovative practices make it possible for someone who has experienced serious mental illness to contribute and earn a sustainable income.

There continues to be hope. "Governments are now addressing structural barriers by modifying policies that act as disincentives to work," Kirsh shared. "At the same time, greater awareness of the work potential and work needs of people with serious mental illness has led to the implementation of supported employment and other evidence-based practices that improve employment outcomes."





Dr. Bonnie Kirsh and Marie Dancsok have been unwavering advocates for those with serious mental illness.



"To me, the value of work is gigantic because it gives me purpose, it gives me regime, it makes me get up every day, and it swipes the cobwebs out of my mind."

ANGELA JASPAN

A World First: Launching *the Standard*

9

This really is the ultimate evolution of workplace health, going beyond physical safety, which we've been working on for a hundred years, to a more holistic complement, which includes psychological health and safety.

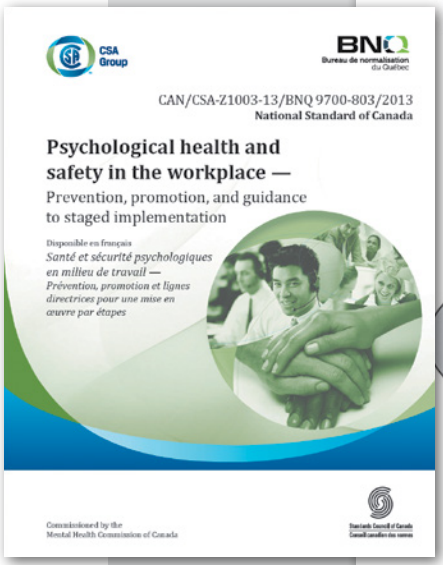
SARI SAIRANEN, NATIONAL HEALTH & SAFETY DIRECTOR, UNIFOR

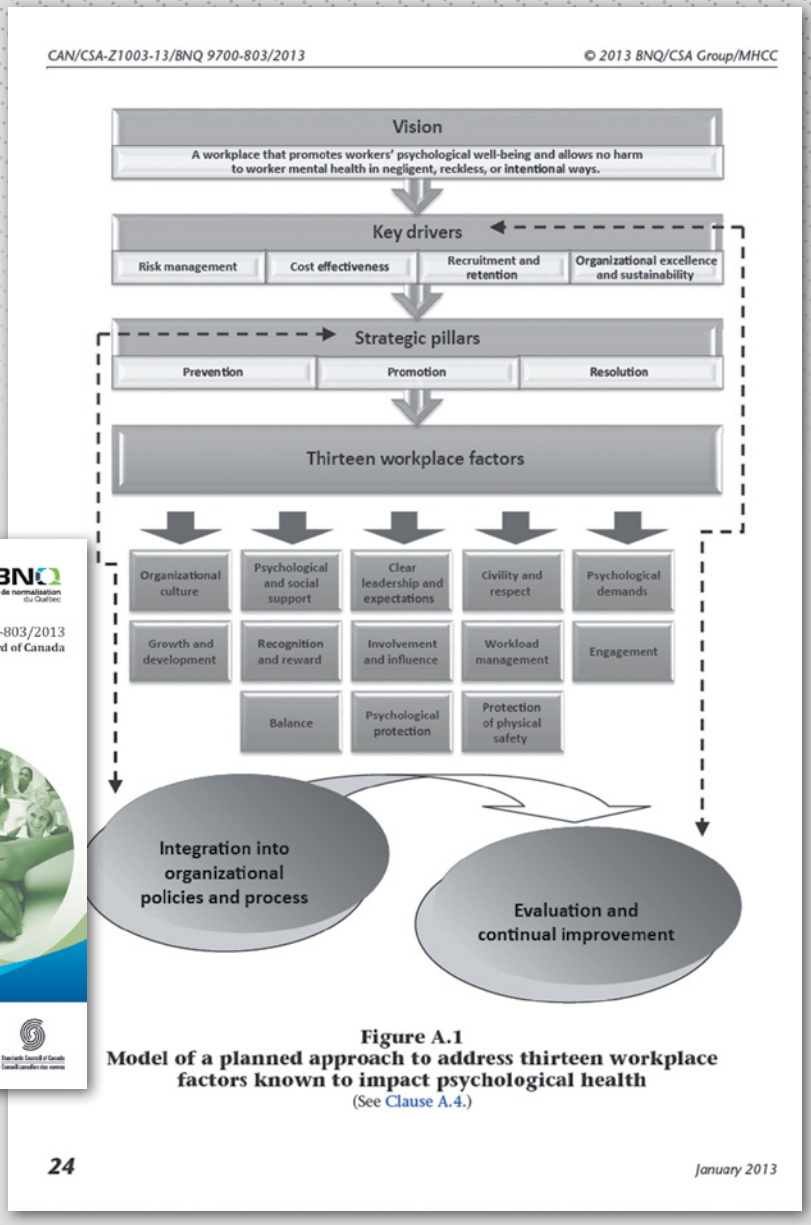
After more than three years of planning, researching, organizing, collaborating, writing, reviewing, and revising, the National Standard of Canada for Psychological Health and Safety in the Workplace[84] (*the Standard*) was launched on January 16, 2013.

The announcement was made to a packed room at Toronto's MaRS Discovery District, an innovation hub. It was a fitting location for what has been called the most significant advancement of the decade in workplace mental health.

Attendees from business, labour, research, health, safety, and media were in the room, along with many who were involved with the development of *the Standard*. This was clearly something that had been anticipated with great excitement and likely a bit of apprehension, too.

No one really knew how the first-ever standard on psychological health and safety in the workplace would be received.





(© 2013 CSA Group)



MHCC

The Hon. Lisa Raitt spoke about Canadian pride in being a world leader for psychological health and safety.



MHCC

Michael Nixon, Ken Georgetti, the Hon. Lisa Raitt, Louise Bradley, Dr. David Goldbloom, and George Cope at launch of *the Standard*.

Representatives from government, business, and labour were together at the podium.

Commission chair Dr. David Goldbloom lauded the work of the stakeholders who had come together to develop *the Standard*. He cited statistics highlighting that psychological health and safety in workplaces was something businesses could no longer ignore.

The Honourable Lisa Raitt, then Minister of Labour, pointed out that while the Canadian Labour Code already addressed bullying and sexual harassment, the new Standard would give more support to employers and employees to make their workplaces better. She said, "I am so very proud that our nation is the first to do it in the world. I think that says an awful lot about us as a society."[85]

During the official ceremony, George Cope, President and CEO of Bell Canada, committed to adopting *the Standard* at Bell and challenged the rest of corporate Canada to also step up. The Centre for Addiction and Mental Health in Toronto and the national consulting firm Morneau Shepell also announced they would be adopting the new standard.

Representatives from labour applauded *the Standard's* release. Ken Georgetti, then president, Canadian Labour Congress, called it a significant step forward for mental health in Canada and a crucial first step toward truly safer workplaces.

John Farrell, then executive director, Federally Regulated Employers—Transportation and Communications, agreed, saying that motivated, safe, and healthy employees tend to improve productivity and reduce absenteeism and turnover. Michael Nixon, then senior vice-president, Canadian Chamber of Commerce, committed to promoting *the Standard* with members across the country to create healthier workplaces for all Canadians.

Many of the Technical Committee members in attendance heaved a collective sigh of relief at the clear display of support in the room. While they felt they had developed a standard that could be adopted by businesses of all sizes throughout Canada, it was great to hear that others thought so too.

MEDIA RELEASE
For immediate distribution

National Standard of Canada for psychological health and safety in the workplace released

Toronto, Ontario, January 16, 2013 – The Mental Health Commission of Canada (MHCC), the Bureau de normalisation du Québec (BNQ), and CSA Group have officially released Canada's first national standard designed to help organizations and their employees improve workplace psychological health and safety.

The National Standard of Canada titled Psychological Health and Safety in the Workplace – Prevention, promotion and guidance to staged implementation is a voluntary standard focused on promoting employees' psychological health and preventing psychological harm due to workplace factors.

"One in five Canadians experience a mental health problem or mental illness in any given year and many of the most at risk individuals are in their early working years. Canadians spend more waking hours at work than anywhere else," says MHCC President and CEO Louise Bradley. "It's time to start thinking about mental well-being in the same way as we consider physical well-being, and the Standard offers the framework needed to help make this happen in the workplace."

The Standard provides a systematic approach to develop and sustain a psychologically healthy and safe workplace, including:

- The identification of psychological hazards in the workplace;
- The assessment and control of the risks in the workplace associated with hazards that cannot be eliminated (e.g. stressors due to organizational change or reasonable job demands);
- The implementation of practices that support and promote psychological health and safety in the workplace;
- The growth of a culture that promotes psychological health and safety in the workplace;
- The implementation of measurement and review systems to ensure sustainability.

"This voluntary national standard is the result of a collaborative effort between MHCC, BNQ and CSA Group, and is supported by scientific literature from many relevant areas of workplace health and safety, social science, and law. There is also a clear business case which supports the need for continual improvement of psychological health and safety in the workplace," says Bonnie Rose, President, Standards, CSA Group. "Workplaces with a positive approach to psychological health and safety have improved employee engagement, enhanced productivity, and a better financial outlook."

The voluntary Standard is not intended to be adopted into federal, provincial, or territorial legislation. It can be used differently by businesses and organizations of all sizes depending upon their needs. Some businesses may use the Standard as a starting point and focus on creating policies and processes to promote mental health, while others may determine that several aspects of the Standard are already in place and use the Standard to build upon their existing efforts.

"This Standard will help enable organizations to introduce measures that will assist them in meeting important internal objectives such as the promotion and protection of workers' well-being, job satisfaction, self-esteem and job fulfillment – objectives which have been clearly shown to also lead to improvement in the 'bottom line'," says Jean Rousseau, Director, Bureau de normalisation du Québec.

The development of this Standard was funded in part by the Government of Canada (through Human Resources and Skills Development Canada, Health Canada, and the Public Health Agency of Canada), and through financial contributions from the Great-West Life Centre for Mental Health in the Workplace and Bell Canada.

The Standard has been approved by the Standards Council of Canada as a National Standard of Canada. It will be available at no cost through CSA Group (www.shop.csa.ca) and BNQ (www.bnq.qc.ca) websites.

Dr. Martin Shain said:

The Standard *itself really is the high water mark for psychological health and safety and puts psychological health on the same footing as physical health. This is a big moment for this era of workplace mental health.*

Bill Wilkerson said of *the Standard*: "It's a step in the right direction, and the next step is how many employers will pick up these guidelines, deploy them, use them, learn from them, test them, and improve on them."



"Enlightened employers understand that like other safety programs, preventative strategies pay the biggest returns."
RICHARD DIXON

The launch of *the Standard* made news in a big way. Media outlets from across Canada carried the story in what some referred to as *an explosion* of media coverage. This was critical to help raise awareness and keep momentum going.

Media stories carried several different perspectives—including a few that misunderstood the intent of this standard.

One news article quoted a physician who felt that this standard lacked strategies for managing people with mental illnesses. However, this wasn't the purpose of *the Standard*. There were already clear legal guidelines on the duty to accommodate employees with mental illnesses. *The Standard* is not about helping only employees who are already unwell; it also protects the psychological health and safety of *all* employees. Although the Technical Committee purposely chose *psychological health and safety* over *workplace mental health* to avoid this confusion, it appeared that assumption was still being made.

Another major newspaper summarized more accurately that the new standard helps organizations to assess their own workplaces to identify and control risks such as those associated with change and job demands, support psychological well-being, and to review the impact to existing policies and approaches.

So now that *the Standard* was released…what next? In September 2013, the Commission approached some familiar faces to form its Psychological Health and Safety Advancement Committee. The inaugural members included Mary Ann Baynton, Ian Arnold, François Legault, Maureen Shaw, Charles Bruce, Marie Dancsok, Sari Sairanen, Richard Dixon, and John Beckett—most were either Technical Committee or former Workforce Advisory Committee members. The aim of this group was to provide advice and guidance, particularly on how best to support employers in adopting *the Standard*. Richard Dixon shared, "Enlightened employers understand that like other safety programs, preventative strategies pay the biggest returns."

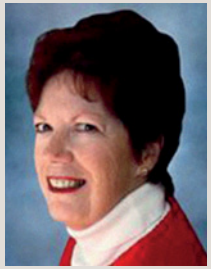
The question was posed to this group: How do we continue to promote the uptake of *the Standard* in Canada and encourage employers to address psychological health and safety? Committee members wondered if more could be done to support organizations ready for implementation. Some employers might need assistance getting started or choosing the best approach. A forum where employers could share ideas and learn from others might be helpful. Many would value information about what worked and what didn't before they began implementation.

This presented yet another interesting opportunity for change.

The world's first standard for psychological health and safety in the workplace was launched. Why stop now?

A decade of evolving...
Education

Very few college or university-level courses discussed psychological health and safety before the late 1990s. A few trailblazers, such as Suzanne Arnold at McGill University and Dianne Dyck at the National Institute of Disability Management and Research, were adding this perspective to existing courses in the fields of occupational health and safety and disability management, respectively. But, overall, psychological health and safety was not a common topic.





Suzanne Arnold and Dianne Dyck were teaching about psychological health and safety as early as the 1990s.

Over the past decade, workplace mental health and psychological health and safety have crept into programs, including business and leadership.

One would assume that this improvement is based on demand, reflecting an increase in the value professionals and academics are placing on knowledge and skills in this area. There are now formal education programs related to psychological health and safety at the post-secondary level.

"I hope to see a day when protection of employee psychological safety is included within the curriculums of all leadership programs and business schools—to help prepare tomorrow's leaders."

MIKE SCHWARTZ, Great-West Life

In 2014, Morneau Shepell announced Canada's first university-certified mental health workplace training program. In collaboration with the Faculty of Health Sciences at Queen's University and Bell Canada, the Workplace Mental Health Leadership Certificate was developed to align with industry best practices, including *the Standard*.[86]



"We need to see a significant change in education for our next generation, with courses added about resiliency, emotional intelligence, and ethics at university and technical levels."

MARIE-JOSÉE MICHAUD, Mental Health Innovations

Also in 2014, the University of Fredericton launched the first fully online certificate program on psychological health and safety in the workplace.[87] The program, developed by Dr. Joti Samra, aligns with the principles of *the Standard* to plan, implement, and evaluate for psychological health and safety.

York University now offers a Psychological Health and Safety Certificate program.[88] The University of New Brunswick's College of Extended Learning offers an eight-module online course on Psychological Health and Safety.[89] The Osgoode Hall Law School in Ontario has added a Certificate in Workplace Mental Health Law, which includes a session on psychological health and safety.[90]

These are just a few of the post-secondary programs that are evolving to include psychological health and safety in their curriculum.

The Changing Landscape

10

Up until 10 years ago, we didn't know a whole lot about psychological health and safety issues. People weren't talking about it. Now people can't stop talking about it. I have never seen an issue change so quickly.

THE HON. KEVIN FLYNN, ONTARIO MINISTER OF LABOUR

Workplaces in Canada were changing. But not all of them, and not all at the same pace. There is evidence, however, that overall attitudes and practices have evolved.



The Hon. Kevin Flynn, Ontario Minister of Labour, supported a strategy to prevent or mitigate the risk of PTSD for first responders.

Back in 2007, a firefighter told Mary Ann Baynton there were no firefighters with mental illness because *they wouldn't be able to do the job*. Confidentiality prevented her from saying she knew this wasn't true even in that firefighter's station. This was an example of stigma and lack of awareness at the time. Several years later, the same firefighter became an advocate for workplace mental health after losing a colleague to suicide.

Ten years ago, most people didn't even know what workplace mental health was, and psychological health and safety was even less understood. A common expectation was that you were hired to do your job; if you were too sick to do so, you went off work on disability or were fired. Some employers only recognized they had a duty to accommodate employees with mental illness when a grievance or human rights complaint was filed. The shift to psychological health and safety was about proactively protecting all employees.



"In order for companies to be successful, employees to be productive and happy, and for employers to retain and attract people, employers need to manage mental health as well as they manage anything in the workplace."

CHRIS LARSEN, Human Resources Professionals Association

What started off as a human rights issue involving a small percentage of the workforce evolved into a good business strategy affecting all employees. Protecting psychological health and safety is increasingly being seen as a pathway to organizational excellence.

Traditional vs. Evolving Employment Relationships*

"Traditional" Employment Relationship	Evolving Employment Relationship
Employment is seen primarily as a commercial contract – an exchange of wages/benefits for labour/services.	Employment is seen primarily as a social contract over a commercial exchange.
Measures to protect employees from reasonably foreseeable mental injuries are regarded as largely discretionary.	Prevention of reasonably foreseeable mental injuries is acknowledged as a legal duty.
Workers' needs for fairness/dignity are recognized within a narrow framework of legally protected human rights.	Workers' needs for fairness and dignity are treated as foundational to the way things are done in the workplace.
Workplace is considered a closed system insulated from society to a large degree.	The workplace is considered an open system – influencing and influenced by society.
Mental health is seen as being influenced primarily by factors outside the workplace.	Mental health is seen as being influenced by factors inside and outside the workplace.
Accommodation is seen as a legally enforceable and conditional right.	Accommodation is seen primarily as a norm of conduct within a culture of accommodation.
Mental injury is barely recognized as an actionable harm outside of egregious acts and omissions.	The workplace is seen as a determinant of mental health per the conduct of superiors and other employees.
The workplace is treated primarily as a venue for delivery of mental health programs and services, rather than a psychosocial environment that has a significant influence on mental health in its own right through the ways in which workers behave toward one another.	Protection of mental health is seen as being driven by a duty to invest in it.
Value of mental health programs and services is weighed according to a return-on-investment (cost/benefit) calculation.	Social costs of conduct in the workplace are acknowledged and efforts are made to optimize social benefits (capital) as a by-product of workplace activities.

*"Now I address mental health issues with the same approach that I would any other health issue, in that it must be prevented and that someone who presents with symptoms in the workplace must be assisted wherever possible, to cope and to become well. Ten years ago, I was not as confident that there is/should be something we can do to help in this regard."**

FIGURE 6. Reprinted from *The evolution of workplace mental health in Canada: Research report (2007–2017)* by J. Samra 2017, p. 21. Non-attributed quote from *Evolution Research Report* key informant interviews or survey. *Please see full report for citations.[91]

What is most valued in leaders is also changing. Visionaries who can motivate and inspire will always be important, but frontline leaders are also now being measured and recognized for their emotional intelligence. The impact leaders have on employee motivation, energy, engagement, and well-being is increasingly being connected to organizational success and sustainability. Recruiting, hiring, training, and promoting leaders who can effectively support employee success in this way is an emerging trend.

In 2014, Mary Ann Baynton recognized that more was expected of those who manage, support or lead employees and she felt that more resources should be available to help them do that. To support those in leadership roles she launched Mindful Employer Canada. In addition to creating a community of practice, the not-for-profit organization helps build capacity and resilience for these leaders.[92]



"We are seeing that people and organizations are ready to work on this. The conversations are happening. This is significant."

TOM REGEHR, CAST Canada (with Rebecca Partington and Clara Hughes)

In 2016, the *Evolution Research Report* found higher levels of awareness of the importance of addressing psychological health and safety issues.

How much of this is because of changing demographics? Generally, younger workers are not as willing to put up with the boss screaming at them, berating them, or otherwise humiliating them. This is the generation looking for wellness programs, fitness centre passes, and health benefits, such as psychotherapy, that can support overall wellness. Jeanne Bank, formerly of CSA Group, said millennials are raising expectations regarding psychological health and safety of their workplaces. But this generation may also arrive at workplaces and find that support isn't available. Bank *cautions that these employers will need to step it up* if they want to attract and retain the best talent.

Convincing employers to take action is another area under development. Linda Brogden, an occupational health nurse at the University of Waterloo, recognized that *the Standard* provided a framework that could be applied to her organization and was eager to share it with senior management. She was deflated when leaders were less than enthusiastic due to competing priorities. She realized she had to show them the strategic business case for addressing psychological health and safety. Brogden brought together a group of champions from various departments, including conflict management, human rights, human resources, and organizational human development. They worked to show the relationship between psychologically healthy and safe

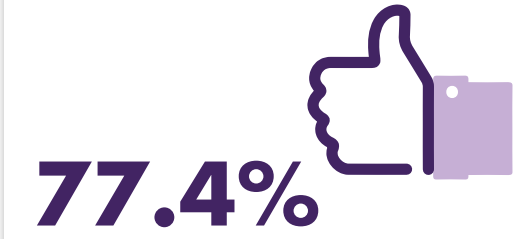


FIGURE 7. Reprinted from *The evolution of workplace mental health in Canada: Research report (2007–2017)* by J. Samra 2017, p. 33.[93]



Linda Brogden made the business case for taking action.

workplaces and productive employees. Armed with this business case, Brogden went back to management. She was able to share that many of the recommendations within this standard were already embedded in the university's policies. By showing how psychological health and safety addressed the relevant interests and needs of senior management, she was able to get the green light to go forward.

Some think the shift in language from mental health to the broader concept of psychological health and safety is helping. Larger organizations can more easily relate this concept to existing health and safety practices. Mary-Lou MacDonald, president, Inside Health and Business Consulting, shared that the industrial sector has become increasingly used to dealing with standards, especially when it comes to safety.



"The conversations around the table were mostly about hard hats and safety boots. It wasn't until *the Standard* came out and the words 'psychological safety' started to be used that it got their attention." MARY-LOU MACDONALD

Since the release of *the Standard*, there has been a proliferation of tools and resources that support psychologically healthy and safe workplaces and provide training opportunities for employers wanting to adopt this standard.

Assembling the Pieces: An Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace,[94] released in 2014, was developed by Jill Collins, a project manager with CSA Group. The free handbook is intended to help organizations of all sizes navigate *the Standard* from the earliest planning stages, through to full implementation. Collins noted that continued uptake of *the Standard* was unique, with over 12,000 downloads in the first year of its release.



Jill Collins, CSA, was the author of *Assembling the Pieces*.



(© 2014 CSA Group)

"*The Standard* marks a true evolution for workplace health and safety." SARI SAIRANEN



DAVID CHANG



DAVID CHANG

Sarika Gundu leads the Canadian Mental Health Association's nationwide workplace mental health program.

In 2015, the Canadian Mental Health Association's Workforce Mental Health Collaborative[95] introduced the CMHA Certified Psychological Health and Safety Advisor program.[96] The program's goal is to help participants convince senior leaders and other key workplace stakeholders of the value and necessity for working toward improved psychological health and safety in their workplaces or implement *the Standard*.

One leader who didn't need to be convinced was Dave Johnston, president and chief operating officer, Great-West Life, at the time of *the Standard*'s release.

Now retired, Johnston doesn't like to talk about what he is *most proud of* after his 38 years with the company for fear he'll miss something or someone important. He will say, however, that the Centre is one of the things he is the *most happy about*. This, he said, is primarily because it has fundamentally helped change the way we look at our workplaces:

Mental health in the workplace is not built on a business case; it's built on a passion for your people. It may be challenging for executives to invest in mental health when they do not see an explicit return. However, if they can see the positive impact a good workplace has not just on productivity, but on the individuals themselves, it becomes much easier, and, in some cases, more compelling, to make that investment.

The *Evolution Research Report* states: "Myriad online workplace mental health resources that are free and evidence-based have been developed over the last decade. This change has resulted in enhanced public awareness and reduction of barriers to information access."[97]

Resources are now available on a variety of topics such as improving emotional intelligence, implementing *the Standard*, addressing bullying, and managing performance, conflict, or change.

Conferences have also evolved from having the odd speaker on the topic of workplace stress to events focused entirely on psychological health and safety.



Paula Allen, Morneau Shepell, announced at CivicAction's press conference what would become MindsMatter, a new workplace mental health initiative.

The Bottom Line and Better Workplace conferences are two that have offered significant content around this topic for several years. Governments and organizations as diverse as the Canadian Society of Safety Engineers, Human Resources Professionals Association, and the International Foundation of Employee Benefits Plans have also added psychological health and safety as a regular feature at their conferences.



"There's often a misconception that caring about workplace mental health means that you don't have a performance culture, and it's really the opposite."

MARY DEACON, Bell Let's Talk, Bell Canada (with Margaret Trudeau on the left)

Workplace training related to psychological health and safety has also increased significantly. In August 2014, the Mental Health Commission of Canada introduced the Road to Mental Readiness (R2MR) to help reduce stigma and increase resiliency for police and paramilitary employees.[98] They also introduced The Working Mind, which is based on the R2MR model and adapted for a broad range of workplaces.[99]

Ten years ago, very few programs such as these existed. Since the release of *the Standard*, hundreds of new programs, workshops, and seminars have been developed as demand has increased.

Unions have evolved in their approach to psychological health and safety as well. Glenn Buchanan, a longtime union representative with the Communications, Energy and Paperworkers Union of Canada, once shared with Baynton that at one time, unpleasant confrontation between unions and management was the norm. Union representatives were burning out from stress. Buchanan saw a shift away from this type of interaction as union representatives began to recognize that they could often achieve more through respectful collaboration and negotiation. This approach also helped protect the psychological well-being of the union rep. Buchanan passed away before *the Standard* was released, but he would have appreciated how it helped bring unions and management together around the shared objective of protecting worker health and safety.

Unions have evolved in their approach to psychological health and safety as well.

Lucette Wesley, a consultant and workplace trainer for the Canadian Mental Health Association, British Columbia Division, has also seen a positive trend in this area, citing the increase of mental health training of union representatives.



"Unions across Canada are starting to include psychological health and safety as part of their collective agreements."

LUCETTE WESLEY

For example, in 2016, the British Columbia Nurses' Union ratified their new collective agreement, and the nurses fought to have the language of *the Standard* incorporated into the contract. The ratification vote drew the largest number of members ever.[100]

On March 27, 2015, the federal government and the Public Service Alliance of Canada (the union for many public servants) issued a memorandum of understanding, stating that they would review *the Standard* and "identify how implementation shall best be achieved within the Public Service; recognizing that not all workplaces are the same."[101] They struck a Joint Task Force that consisted of representatives from both labour and management. Bob Kingston, national president, Agriculture Union, served on the Joint Task Force along with Denis St-Jean who had sat on the Technical Committee for *the Standard*. Kingston was concerned that some processes designed to support employees with psychological injuries could, instead, hurt them. He shared his personal experiences of seeing workers burn out and end up with *worse psychological problems than when they started*. He praised *the Standard* and the Joint Task Force for helping both union and management understand the journey toward psychological health and safety in the workplace.



"It makes sense that unions take a leadership role in psychological health and safety on the job just as they have with physical health and safety."

SUSAN COLDWELL, Nova Scotia Government and General Employees Union



Members of the Joint Task Force: (L–R) Sandra Guttmann, Barbara Carswell, Hilary Flett, Brenda Baxter, Bob Kingston, Caroline Curran, Anne Marie Smart, Ron Cochrane, Robyn Benson, Denis St-Jean, Stephanie Priest, Mariane Small.

From the onset, Canadian Labour Congress union representatives, including those who had been members of the Technical Committee, actively promoted *the Standard* within their organizations as well as tabling references to *the Standard* as a bargaining demand with employers.

For many others, *the Standard* was something they were looking at to support their own initiatives. Individuals and groups in many countries, including Australia, Spain, Ireland, England, Scotland, New Zealand, Sweden, the U.S., China, and Mexico have expressed interest in the development and implementation of *the Standard*.



Canada hosted the first-ever psychological health and safety match for the International Initiative on Mental Health Leadership.



The Canadian perspective was welcomed at a conference held in Tasmania, Australia.

Some planned to use Canada's Standard as a model; others were inspired to develop their own unique solutions.



"This is a universal issue. Even though we come from different environments and backgrounds, we have so much in common in terms of our workplace experiences. It's why we want to champion the issue of psychological health and safety."

JULIA KAISLA, Canadian Mental Health Association, British Columbia Division

Canada's National Standard also scored top marks in an international study on guidelines to protect mental health in the workplace. In a 2017 research study,[102] conducted by Kate Memish, University of Tasmania, Australia, the National Standard of Canada for Psychological Health and Safety in the Workplace (*the Standard*) scored highest for both the quality and comprehensiveness of *guidelines developed for use by employers to detect, prevent, and manage mental health conditions within the workplace.*

The research stated:

We recognise that there are rigorous occupational health and safety laws in both Australia and the United Kingdom, which require that employers minimise workplace psychosocial risk for employees, these are legal frameworks and only reflect one thread of the integrated, best-practice approach (LaMontagne et al., 2014).[1] Conversely, Canada, through a concerted effort to engage a wide range of stakeholders, has developed

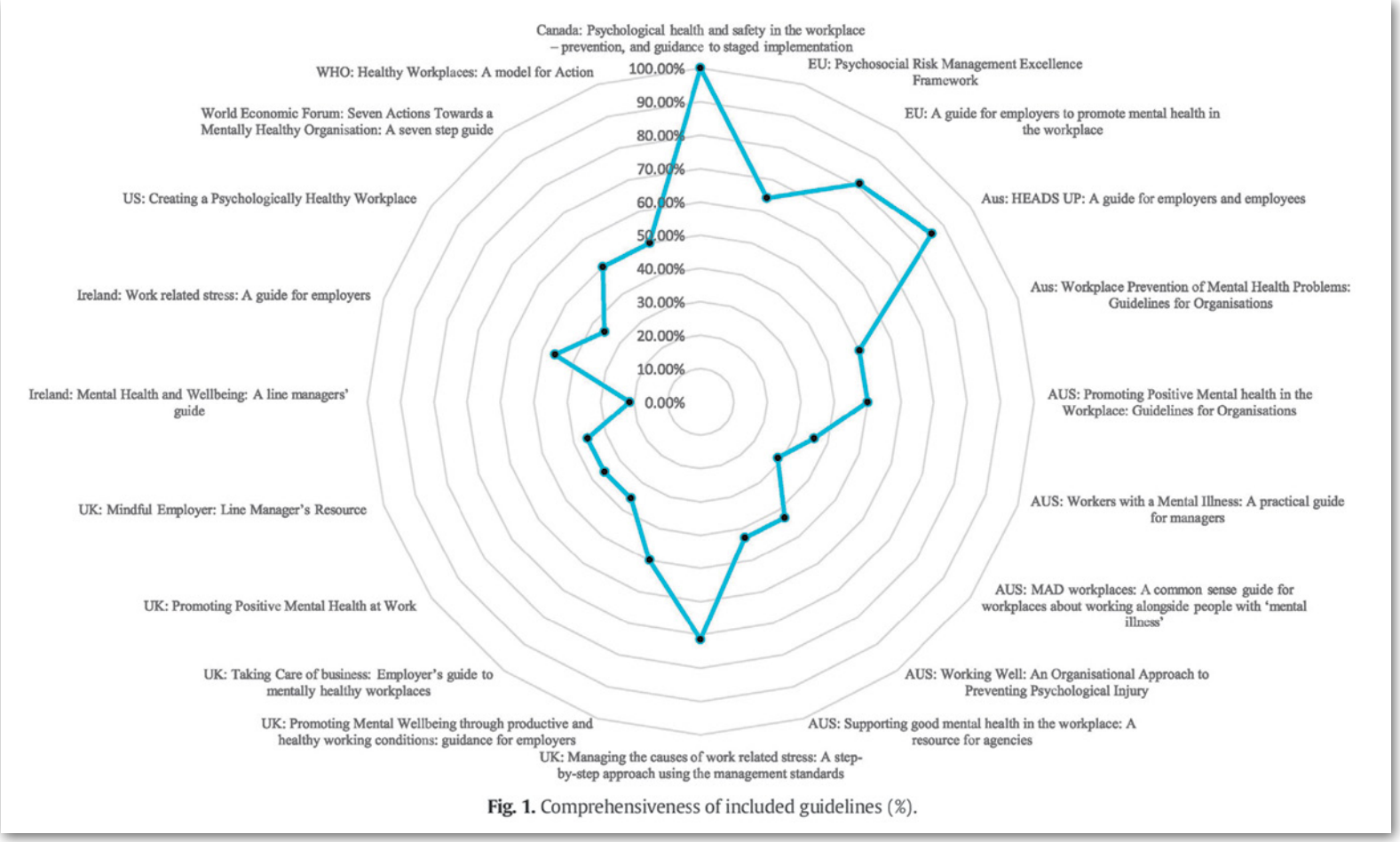
a well-researched 'standard' for workplace mental health that incorporates established procedures, largely accepted by employers (Kalef et al., 2016).[2] *This unified, rigorous development approach likely explains the consistency and high quality of guidance material developed from Canada.*

In the figure below, Memish compares *the Standard* to other international guidelines intended to *detect, prevent, and manage mental health conditions within the workplace.*

The Memish research also noted that *the Standard* used case studies to help meet the needs of businesses of different sizes. The researchers felt that these practical examples might result in increased uptake, if businesses felt more confident to implement the recommendations.

"Memish's research shows that our work was of great scientific quality, and I am very proud of this."

DR. MICHEL VÉZINA, Technical Committee Member, the National Standard of Canada for Psychological Health and Safety in the Workplace



Sources from Memish study:

1 LaMontagne, A.D., Martin, A., Page, K.M., Reavley, N.J., Noblet, A.J., Milner, A.J., ... Smith, P.M., 2014. *Workplace mental health: Developing an integrated intervention approach*. BMC Psychiatry: 14 http://dx.doi.org/10.1186/1471-244X-14-131.

2 Kalef, L., Rubin, C., Malachowski, C., Kirsh, B., 2016. *Employers' perspectives on the Canadian national standard for psychological health and safety in the workplace.* Empl. Responsibilities Rights J. 28:101–112. http://dx.doi.org/10.1007/s10672-015-9270-9.

FIGURE 8. Reprinted from *Workplace mental health: An international review of guidelines*, Prev. Med., Memish, K., et al., 5.2. Variability of quality and comprehensiveness, page 4, (2017), with permission from Elsevier. [103]

Canadians now travel around the world to offer their expertise and assistance. In 2014, for example, Donna Hardaker, who helped develop Mental Health Works, was recruited by Mental Health America of California to lead their Wellness Works program. In talking about how Americans respond to Canadian resources, Donna observed, "Many American employers see Canada as the kinder, gentler nation to the north. They appreciate Canada's leading-edge tools, knowledge, and resources."

Communities of practice are an emerging strategy to support future advancements in psychological health and safety. One of the functions of the Great-West Life Centre for Mental Health in the Workplace has been to bring together professionals within similar disciplines or across disciplines to brainstorm solutions, which the Centre turns into resources for Canadian employers.

One example is the University/College Community of Practice for Workplace Wellness forum, which first met in 2011. It attracted human resources and workplace wellness professionals from universities and colleges across the country. This group regularly shares resources and ideas to improve psychological health and safety for staff, students, and faculty at their institutions. Tracey Hawthorn, one of the leaders of the University/College Community of Practice, said:



Members of the University/College Community of Practice for Workplace Wellness from across the country express their appreciation for the support they received from the Great-West Life Centre for Mental Health in the Workplace.

We need to advance communities of practice, as these are incredible opportunities for those of us who are addressing these issues in our workplaces to get together to share best practice and learn through a network of support.

Some communities of practice are ongoing and some come together for a specific purpose. A gathering of occupational health professionals in 2013 inspired the development of a free resource, *Supporting Employee Success—A Tool to Plan Accommodations*.[104] Supported by the Centre, Dr. Ian Arnold and Suzanne Arnold, PhD—with input from Dr. David Brown and Dr. David Posen—created this practical approach to addressing work issues when an employee requires accommodation. Other communities of practice facilitated by the Centre have resulted in the development of resources that help address bullying, prevent burnout, and build team resilience.

Participants in the Mental Health Commission of Canada's Case Study Research Project, which was initiated in 2014, were also connecting with one



Christine Devine appreciated the community of practice that developed through participation in the Mental Health Commission of Canada's Case Study Research Project.



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Researchers such as Dr. Merv Gilbert and Dr. Dan Bilsker and labour representatives like Sari Sairanen (centre) work to advance *the Standard*.

another via informal communities of practice. These organizations wanted to maintain communication and learn from each other. One participant, Christine Devine of Michael Garron Hospital, noted how conversations with other early adopters constantly revealed the *ingenious ways* others had faced some of the challenges encountered in the early days of implementing *the Standard*.

In reviewing where we've been and where we still need to go, it becomes clear that evolution continues.

But what about those who needed hard evidence to take action?



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Addie Greco-Sanchez of AGS Rehab Solutions Inc., Jill Collins, Sarika Gundu, and Michel Rodrigue discuss the results of the Commission's Case Study Research Project.



Dr. Jeff Morley was a participant at the 2009 Consensus Conference and continues to support advancements in psychological health and safety.



Clockwise from far left: Dr. David Brown, Dr. Ian Arnold, Carl Brouillette, Dr. David Posen, Suzanne Arnold, Sarah Jenner, Leanne Fournier, and Mary Ann Baynton (not shown) meet to discuss the accommodation resource *Supporting Employee Success*.

A decade of evolving...
Research

The research community has evolved. The first-ever Canadian Conference for Research on Mental Health in the Workplace was held in June 2005. Participants looked at how research could be adapted to be useful for workplaces. Jan Belanger, then assistant vice-president, Community Affairs, Great-West Life, urged the audience of scientists, business leaders and policy makers to consider how their plans for mental health research could be aligned to achieve multiple objectives for multiple stakeholders.

Belanger said that, while the interest was there, it might have been a little premature for many in the audience. She continued, "In our experience, we'd seen that researchers, through necessity, gravitated toward more traditional projects and funding mechanisms, rather than proposing new approaches in concert with the non-research community. As well, classic research funding wasn't as available for workplace mental health yet."

Further, research funding had typically focused on pure science studies in controlled settings. In contrast, workplace settings were difficult or impossible to control, and workplaces were reluctant to allow researchers to gather data that could negatively impact productivity or culture, or even reflect poorly on them.

There have been many advancements since then, as will be discussed in Chapter 11, "What the Research Tells Us." Some highlights from one of the featured studies, the *Evolution Research Report*, are included on the following pages.



"Action often follows measurement. Once research helped determine the impact on productivity, change began."

DR. MARK ATTRIDGE, Attridge Consulting

The Evolving Research Landscape

Snapshot of the 2007 Research State of Workplace Mental Health

- Growing body of research on workplace mental health issues that is primarily focused on organizational culture, prevalence data on the types of mental health issues experienced by workers, and the efficacy of mental health intervention plans. Growing focus on the impact of workplace environment factors on individual worker mental health.
- Limited body of research examining issues related to workplace psychological safety. The research that did exist had a stronger focus on workers' responses to stressful and violent/dangerous work environments (e.g., first responders) and ways they can cope with the stress, and a lesser focus on contributing factors in the work environment.
- Limited body of research examining workplace interventions focused on improving the health of the work environment. Research on mental health interventions in the workplace tended to focus on outcomes of mental health treatment plans (e.g., set plans of psychotherapy or drug treatment) or other individual interventions, rather than interventions that addressed workplace factors (e.g., climate, environment, social supports at work, etc.); only a handful of studies were found that had designed or assessed these types of workplace interventions.
- Minimal awareness in the literature of mental health interventions for workers needing to incorporate an understanding of the contribution of work environment factors.
- Focus on direct outcomes of poor mental health (e.g., higher overall medical care treatment costs, increased worker absenteeism), largely ignoring the more costly problem of diminished ongoing worker productivity. Majority of productivity/presenteeism studies focused on physical health issues.
- Small but growing research and applied literature on the general effectiveness of Employee and Family Assistance Program (EFAP) services in the U.S. and Canada, showing positive outcomes for the majority of cases in clinical and work performance areas for employees receiving brief counselling for personal and work-related issues.

A number of trends have emerged in the research literature.* There has been a broadening and shift of focus in the research literature, paralleling other advances made in the workplace mental health landscape, toward examination of the broader organizational and work environment factors that impact individual worker mental health. This broadening of focus has helped to advance our understanding of psychological health and safety – and the impact of organizational (or psychosocial) factors on individual worker health. There has also been increased focus on understanding the bidirectional influence of physical and psychological health issues.

15.2% of key informants identified expanded research on the return-on-investment (ROI) for psychological health and safety strategies as being an important milestone/tipping point in the landscape of workplace mental health from 2007-2017.

Increasing value is being placed by those within the scientific community on research initiatives with strong research and business collaborations, resulting in a deepening of our knowledge in real-world settings. Collaborations between researchers and businesses have expanded, and our understanding of effective implementation of initiatives to build psychologically healthy and safe work environments has been deepening. The trend observed in the literature from 2007-2017 has been that employers are ostensibly more open to implementing workplace mental health strategies and participating in empirical research. Similarly, researchers have demonstrated a trend toward an increased focus on research in 'real-world settings' (e.g., implementing and assessing changes in the workplace, rather than focusing on descriptive self-report data on employee mental health).

FIGURE 9. Reprinted from *The evolution of workplace mental Health in Canada: Research report (2007–2017)* by J. Samra 2017, p. 61–62. *Please see full report for citations.[105]

Increasing Business Value for Psychologically Healthy Work Environments

Increasingly, organizations are realizing the relevance of employee mental health to their interests, both in terms of creating an enjoyable and fulfilling work environment, and in terms of the business case for addressing employee mental health to improve organizational productivity and reputation. Not only is this indexed by changes in attitudes and behavioural shifts where initiatives are being implemented within work environments, but there have also been increasing indices of objective value as demonstrated by the emergence of awards that recognize, value, and reward organizations who are demonstrating psychologically healthy practices. There is recognition in the business community that an organization with a mentally healthy work environment is more likely to recruit competitive talent, retain skilled staff, and be recognized as an employer of choice.

Awards & Recognition for Workplace Mental Health

Greater focus and adherence to the principles of PH&S is illustrated in the appearance and celebration of awards given by credible organizations to workplaces that can demonstrate their ability to protect the mental health of their employees up to a reasonable standard.* Recently, employees themselves have been given the opportunity to recommend their workplaces as environments that help them flourish.* If this trend continues, it is possible that the psychological safety of workplaces could be rated as a criterion for not only employee well-being, but also for sustainable market worth and shareholder value.*

Examples of Employer Awards for PH&S

Psychologically Healthy Workplace Awards Program

The Psychologically Healthy Workplace Awards program was established in 1999, with awards being presented to organizations by state, provincial and territorial psychological associations with support from the American Psychological Association. Applicants are evaluated on their efforts in the following areas: employee involvement; work-life balance; employee growth and development; health and safety; and employee recognition. Currently, 5 provinces (AB, BC, MB, ON, NS) participate in this program.

Excellence Canada's Mental Health @ Work Award

To receive an Excellence Canada Award is to be recognized by your peers for your commitment to organizational excellence. The Mental Health Award is specifically given to organizations that have successfully and effectively implemented the National Standard of Canada for Psychological Health and Safety in the Workplace. This prestigious award is solid evidence of an organization's level of dedication to improving mental health in the workplace.

Canada's Safest Employers Award: Psychological Safety Award launched in 2014

Launched in 2011, Canada's Safest Employers awards recognize companies from all across Canada with outstanding accomplishments in promoting the health and safety of their workers. The awards boast 10 industry-specific categories, ranging from hospitality to mining and natural resources. Companies are judged on a wide range of occupational health and safety elements, including employee training, occupational health and safety management systems, incident investigation, emergency preparedness and innovative health and safety initiatives. In 2014, the Psychological Safety Award was launched.

FIGURE 10. Reprinted from *The evolution of workplace mental health in Canada: Research report (2007–2017)* by J. Samra 2017, p. 41. *Please see full report for citations.[106]

What the Research Tells Us

11

The evidence is well defined. Organizations that neglect the need to respect mental health in the workplace should be compelled to disclose the cost of doing nothing to their stakeholders.

CHARLES BRUCE, CEO, PROVIDENT[10], AND FORMER CHAIR, WORKFORCE ADVISORY COMMITTEE, MENTAL HEALTH COMMISSION OF CANADA

In the introduction to *The Evolution of Workplace Mental Health in Canada: Research Report (2007–2017),* lead researcher Dr. Joti Samra stated, "Not long ago, efforts to promote workplace mental health across Canada were generally unsystematic, fragmented, and in some cases, frivolous—mental health in the workplace was often considered peripheral and certainly secondary to physical health related illnesses and injuries."[107]



Charles Bruce helps Canadian leaders understand the business case.

There are different perspectives about the kind of evidence that motivates employers to provide a psychologically healthy and safe workplace. Some think that only the financial impact matters. For others, a more important incentive is the risk of harm related to doing nothing about chronic work pressures, conflict, harassment, or discrimination. Still others see protecting organizational reputation, including the ability to attract and retain talent, as one of the main reasons to take action.

Many early adopters were motivated to strive toward a psychologically healthy and safe workplace because they saw it as simply the right thing to do.

"Pages and pages will undoubtedly be written about what motivates companies to become increasingly interested in the mental health of their employees," said Karen Liberman, former executive director, Mood Disorders Association of Ontario.

"Is it altruism? *We truly care about all our people.*

Is it self-interest? *Mental health issues cost us millions of dollars each year.*

Is it self-aggrandizement? *We stand at the forefront of this issue.*

Is it pragmatism? *We can't afford to lose any more of the best and the brightest."*

Liberman concludes, "Frankly, I don't care. Does it really matter? As long as employers are willing and able



"The time for considering, thinking, deliberating, researching, planning...is over. It is time to act...with strength, honour, passion, compassion, and commitment. *Do it!"*

KAREN LIBERMAN

to address workplace mental health issues, I say *go for it*! The time for considering, thinking, deliberating, researching, and planning...is over. It is time to act...with strength, honour, passion, compassion, and commitment. *Do it*!"

Case Study Research Project

Almost a year after *the Standard* was published, the Mental Health Commission of Canada announced a $1.4-million three-year Case Study Research Project. This was in response, in part, to the question that had been discussed among the Commission's Psychological Health and Safety Advancement Committee after the launch of *the Standard*: *How do we continue to advance the issues and promote uptake of* the Standard?

Funding was provided by the Commission and the Government of Canada's Social Development Partnership Program—Disability Component. Lundbeck Canada Inc. and the Great-West Life Centre for Mental Health in the Workplace also contributed financial support. Over 40 Canadian organizations participated from a variety of sectors.

The Commission put together a steering committee with representatives from business, health, and government. They also pulled together an expert panel to provide guidance to the case study participants. This decision was made because participants were being asked to do something that had never been done before. It was important that the expert panel not interfere with the implementation process—thereby skewing results—but just be available to address questions that were raised. Throughout the process, answers to questions were shared online to help those who were not part of the Case Study but who were still interested in implementing *the Standard*.

The Case Study itself was designed to provide evidence about what worked well for those organizations taking action toward implementing *the Standard*. It was thought that this information would help support and encourage other employers to do the same. The study did not gather financial data because researchers felt the timeframe and scope of the project was too limited to make definitive links between financial changes and the actions taken. Some also felt that collecting such data could be perceived as too intrusive by employers.



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Mental Health Commission of Canada's Michel Rodrigue and Louise Bradley at the release of the Case Study Research Project Final Report.



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Emma Nicholson and Yvone Defreitas from the Canadian Centre for Occupational Health and Safety were participants in the Case Study Research Project. Dr. Merv Gilbert was a member of the research team.



Lauren Bernardi, Bernardi Human Resource Law LLP, was one of the first small business owners to apply *the Standard*.



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Louise Bradley, the Hon. Michael Wilson, and Dr. David Goldbloom share a laugh at the Toronto event where the Case Study research results were released.

Case Study Research Project Participating Organizations

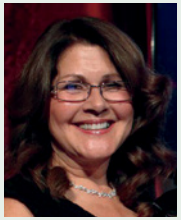


Reprinted from Mental Health Commission of Canada Case Study Research Project.

MENTAL HEALTH COMMISSION OF CANADA CASE STUDY RESEARCH PROJECT EXPERT PANEL


DAVID CHANG

FRANÇOIS LEGAULT
Principal Consultant, Consult-Action Inc., Mindful Employer Canada, Ambassador, Mental Health Commission of Canada, Certified Instructor MHFA



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



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CLAUDINE DUCHARME
Associée, Services-conseils en santé et en assurance collective chez Morneau Shepell


DAVID CHANG

DR. MARTIN SHAIN
Principal, Neighbour at Work Centre

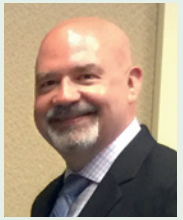
MENTAL HEALTH COMMISSION OF CANADA CASE STUDY RESEARCH PROJECT STEERING COMMITTEE



MIKE SCHWARTZ
Senior Vice-President, Group Benefits, Great-West Life


DAVID CHANG

SARIKA GUNDU
National Director, Workplace Mental Health Program



CHARLES BRUCE
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JILL COLLINS
Project Manager, Canadian Standards Association


DAVID CHANG

DR. MARIO MESSIER
Directeur scientifique, Groupe Entreprises en Santé

Photos not available: Daniel McCarthy, Senior Director, External Relations, Lundbeck Canada Inc., François Campeau, Market Access Manager – QC & Atlantic, Public Affairs and Market Access, Lundbeck Canada Inc. and representatives of Office for Disability Issues, Employment and Social Development Canada

In spite of this, a few organizations did track and share their results. One organization reported a seven per cent decrease in healthcare costs and a reduction in average days absent, from almost 11 days in 2008 to fewer than seven in 2014. Another organization reported a double-digit decrease in short-term disability claims related to mental health, as well as improvement in 90 key performance indicators.[108]

One other finding was that every participating organization already had initiatives in place, which aligned with *the Standard*. They may have called these initiatives *employee engagement*, *organizational development*, *transformational leadership*, *wellness*, or *occupational health and safety*. The language may have been different, but all of these could still contribute to psychological health and safety.

Dr. Martin Shain, a member of the Case Study Expert Panel, observed that despite organizations' initial hesitations to conduct an assessment on psychological health and safety, they often found that *they were already doing many things right*.

The Case Study Research Project final report offered recommendations based on the experiences of the participating organizations. These included: engaging the entire organization; clearly selecting relevant programs and practices best suited to the organization's needs; embedding psychological health and safety into the culture; ensuring adequate resources for initiatives; and integrating evaluation and continual improvement into the overall approach.[109]

Dr. Ian Arnold, another member of the expert panel, praised the Case Study's flexibility, saying it validated *the Standard*'s process and was adaptable to organizations and sectors of varying sizes. Arnold felt the most impressive result was that all 42 participating organizations reported improvement in the psychosocial factors.

While the Case Study data is compelling, employers can also use their own data as evidence of the impact of psychological health and safety in their workplaces. Mario Messier, Directeur scientifique, Groupe entreprises en santé, believes that CEOs are realizing the value of *prevention* over *reaction* when it comes to mental well-being.

Organizations can look at a variety of measures, and they should concentrate on the ones that are most relevant for them. To attract and retain talented people, they can measure the number of applicants to job postings and the rate of turnover. To improve productivity and morale, they can measure leadership effectiveness. To reduce absenteeism, they can measure conflict and psychological support.

It is essential that any strategy be customized to the unique demands, dynamics, and realities of each workplace. Organizational culture, pending changes, the current economy, leadership competencies, and team member interactions all impact the ultimate success. Dr. Graham Lowe, president of the Graham Lowe Group Inc. and professor emeritus, University of Alberta, suggests that organizations examine connections between mental health and workplace costs by mining their human resources data and engagement surveys.

It is essential that any strategy be customized to the unique demands, dynamics, and realities of each workplace.



Dr. Graham Lowe, an advisor on the *Evolution Research Report*, is an expert in workforce and employee research.

What is not as easy to measure is the reduction of potential harm to employees when psychological injury due to conflict, bullying, or discrimination is prevented.

Survey on psychological health and safety

The Centre commissioned Ipsos Public Affairs to conduct a third survey on psychological health and safety in the workplace in late 2016. The survey included responses from more than 5,000 working Canadians. The headline of the survey results announcement, released in early 2017, read:[110]

Workplaces that are Implementing the National Standard of Canada for Psychological Health and Safety in the Workplace Described by Employees as Psychologically-Safer Environments

More Canadian Employees Knowledgeable (+13) about Mental Health, Fewer (-10) Describe their Workplace as Being Psychologically Unsafe

Ipsos

The Centre commissioned Ipsos Public Affairs to conduct a third survey on psychological health and safety in the workplace in late 2016.

Employees who indicated their organizations were implementing *the Standard* were less than half as likely to describe their workplace as psychologically unsafe as those who knew their organization was not implementing *the Standard* (see Figure 11). They scored better on each of the psychosocial factors measured and were more likely to describe a workplace where the psychological environment was a relative strength.



FIGURE 11. Reprinted from *Psychological health and safety in the workplace* February 2017 presentation (Ipsos), slide 6.[111]

Employees across all sectors agreed that psychological safety is important to everyone, a finding that came out in all three research projects: the Case Study Research Project, the *Evolution Research Report*, and the 2016 Psychological Health and Safety Survey. And while mental health issues will always exist, there is some evidence that employees are now reaching out and coping

better, particularly in organizations that are implementing *the Standard*. This translated into fewer days absent because even many of those with depression were able to remain productive in psychologically safe workplaces (see Figure 12).



FIGURE 12. Reprinted from *Psychological health and safety in the workplace* February 2017 presentation (Ipsos), slide 6.[112]



FIGURE 13. Reprinted from *Psychological health and safety in the workplace* February 2017 presentation (Ipsos), slide 6.[114]

These results show this standard is making a difference.

Of note, however, is the fact that employees were more likely than managers to describe their workplace as concerning. Despite the marked progress, the survey results suggest the continuing need for improvement.[113]

Despite the marked progress, the survey results suggest the continuing need for improvement.

The response to compelling evidence of the value of *the Standard* was not lost on those at the Canadian Centre for Occupational Health and Safety. Their commitment began with the participation of CEO Len Hong in the



MHCC

Sapna Mahajan, Charles Bruce, the Hon. Lisa Raitt, Mary Ann Baynton, Steve Horvath and Mike Schwartz saw the potential for transformative change through *the Standard*.

consensus conference and as a member of the technical committee. His successor, Steve Horvath, was also convinced that a collaborative approach among all stakeholder groups was more effective for achieving a cultural shift that addresses the total well-being of Canadians at work. Horvath said, "The achievements of *the Standard* were transformative. Our goal was to inspire all organizations to create a culture in which everyone may thrive."

Speaking to the link between employee engagement and future success, Mike Schwartz from Great-West Life said, "You can't build an engaged workforce or achieve organizational excellence in an unsafe or toxic workplace."

Dave Johnston, also from Great-West Life, added:

Leaders, managers, and supervisors are gaining a better understanding of mental health issues in the workplace and how to respond more effectively. It's a journey, and you need to continue down that journey and not expect radical changes. You're not always going to hit a grand slam, but if you keep knocking out those singles, eventually you're going to win the game.

Evolution of Workplace Mental Health in Canada: Research Report

While we've come a long way, there's still a lot of work to be done. About 25 per cent of the 2,148 respondents in the *Evolution Research Report* indicated they were implementing *the Standard*. Over 96 per cent of this population reported some level of expertise in workplace mental health issues. Yet, only six per cent of the 5,010 respondents for the Ipsos Reid survey, which were drawn from the general population rather than those with expertise, indicated that their organization was implementing *the Standard*.

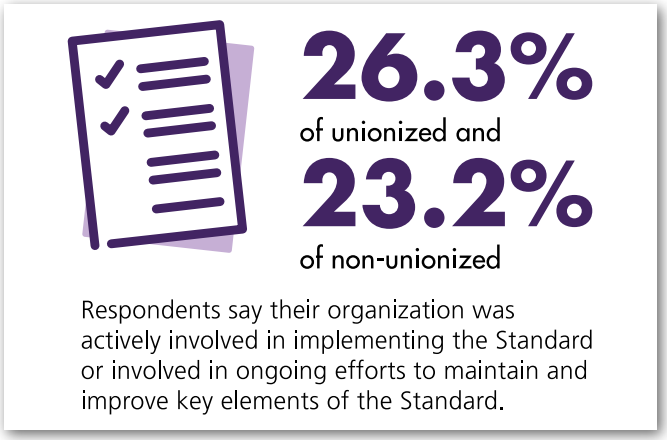


FIGURE 14. Reprinted from *The evolution of workplace mental health in Canada: Research report (2007–2017)* by J. Samra 2017, p. 22.[115]

Attitudes are shifting, although there remains a need to reinforce behaviours that support workplace mental health and to address those that do not.



FIGURE 15. Reprinted from *The evolution of workplace mental health in Canada: Research report (2007–2017)* by J. Samra 2017, p. 35.[116]



Dr. Joti Samra and Joanne Roadley at a video shoot to promote the *Evolution Research Report* findings.

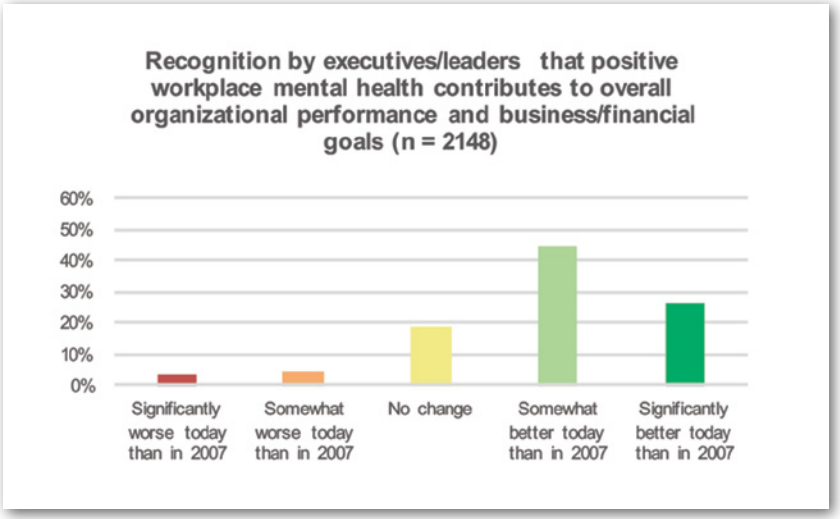


FIGURE 16. Reprinted from *The evolution of workplace mental health in Canada: Research report (2007–2017)* by J. Samra 2017, p. 35.[117]

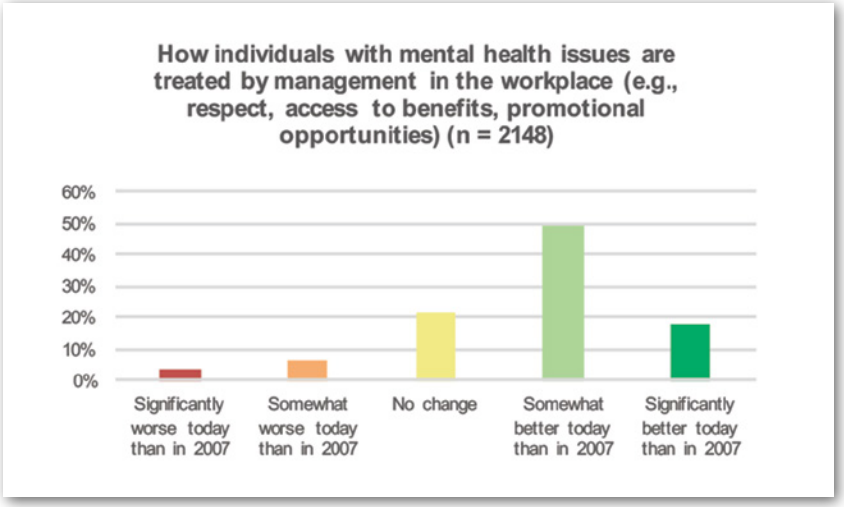


FIGURE 17. Reprinted from *The evolution of workplace mental health in Canada: Research report (2007–2017)* by J. Samra 2017, p. 35.[118]

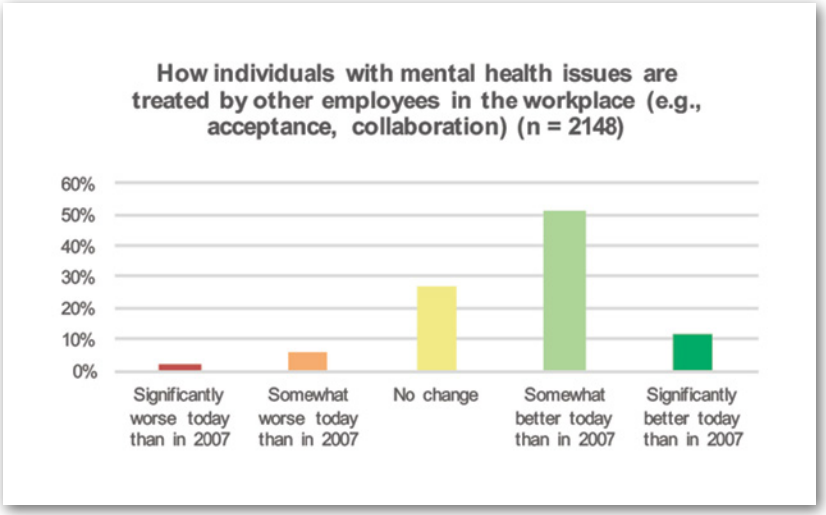


FIGURE 18. Reprinted from *The evolution of workplace mental health in Canada: Research report (2007–2017)* by J. Samra 2017, p. 35.[119]

Managers reported a substantial increase in their understanding of workplace mental health policies (94 per cent in 2016 compared to 47 per cent in 2007), and in feeling prepared to help a fellow employee suffering from depression (87 per cent in 2016 compared to 55 per cent in 2007).

While there are many Canadian employers who have yet to take action, the value of implementing *the Standard* has been established.

What might the future hold?

Gaps to be Addressed in The Next 10 Years

Although many advances have been made, much work remains to be done within the broad landscape of workplace mental health.

Our key informants were asked *"What gap areas do you continue to see in workplace mental health (generally)?"* Cultural gaps were the most commonly reported (36%), followed by leadership gaps (33%), and resource gaps (23%).

The most common **cultural gaps** identified were continual stigma in the workplace (37.4%) and a lack of PH&S culture or exclusive focus on physical safety (22.9%). The most common **leadership gaps** identified among key informants was lack of training and education for leaders (31.3%) followed by lack of awareness of the need to address PH&S in the workplace (30.1%), cherry picking or a flavour-of-the-month approach to workplace PH&S (21.7%), and lack of emotional intelligence (EI) among leaders (15.7%). The most common **resource gaps** identified among key informants were a lack of research/dissemination of research (20.5%) and inadequate accommodation and return-to-work practices (20.5%), followed by ineffective or untailored EFAP (19.3%).

Key informants were also asked *"What would you hope to see in terms of developments/changes over the next 10 years?"* Cultural developments were the most commonly reported (38%) followed by leadership developments (24%), resource developments (22%), legislative developments (9%), and other developments (7%).

The most commonly desired **cultural development** was the merging of physical and psychological health (i.e., placing psychological health on equal footing with physical health; 41.5%), followed by reduced stigma and discrimination (32.9%), and a focus on prevention (24.4%). The most commonly desired **leadership development** was increased training and education for leaders (32.9%). The most commonly desired **resource development** was more evidence based programming (e.g., EFAP; 28.8%) followed by more training and educational programs (19.5%). The most commonly desired **miscellaneous development** was increased collaboration between workplaces and the community to address psychological health (19.5%).

It is our hope for continued progress in these gap areas, as without these improvements, widespread adherence to the principles of psychological health and safety in the workplace cannot be fully realized. In light of the changes we have witnessed over the past decade, we remain wholeheartedly optimistic about what the next decade will look like within the broad landscape of workplace mental health.

FIGURE 19. Reprinted from *The evolution of workplace mental health in Canada: Research report (2007–2017)* by J. Samra 2017, p. 73.[120]

Vision for the Future

12

My future vision is that psychological health has the same status as physical health and that these conversations are just a normal part of how we do business. It needs to become embedded in the culture of organizations across this country.

DEBORAH CONNORS, WELL-ADVISED CONSULTING INC.

Workplace mental health in Canada has evolved toward a standard for psychological health and safety.

Employers now have a framework for protecting the psychological health and safety of all employees. Being proactive rather than only reacting after an employee is assumed to have a mental illness can help promote the well-being of all employees.

The National Standard of Canada for Psychological Health and Safety in the Workplace (*the Standard*) has earned our country a reputation for excellence in this field. Now we need organizational leaders in Canada to make sure we continue to deserve it.



Deborah Connors sees a future of positive changes in organizational culture.

In addition to these developments, encouraging and supporting more employers to strive toward a psychologically healthy and safe workplace will be the work of the future.

Dr. Ian Arnold suggests that widening the use of *the Standard* among industry and labour in all sectors is imperative for true progress.

Now that psychological health and safety in the workplace has established credibility, there is an ongoing need to plan for and fund continuous improvement programs that promote psychological health and safety, notes Charles Bruce.



"My hope is that CEOs and corporations continue to become more cognizant of the need to address the issues and build psychologically healthy workplaces."

LLOYD CRAIG, formerly of Coast Capital Savings and B.C. Business and Economic Roundtable on Mental Health

Many are counting on the next generation of leaders to continue to advance change.

Supporting leaders

Mike Schwartz of Great-West Life has a keen understanding of not just how important psychological health and safety is, but also how challenging it can be for leaders, stressing that they need to believe in this enough to make it a priority among the multitude of other priorities they constantly juggle.

And who is looking after the mental health of leaders? "Managers and supervisors are at greater risk for mental health stressors in the workplace," Dr. Joti Samra observed. "Leaders also need to feel supported in order to bring their best selves to work every day. We have to make it okay for managers to ask for help when they struggle. By placing importance on protecting their own mental health, managers can lead by example."



Dr. Joti Samra has some fun with Bev Gutray, CMHA, B.C., and Marion Cooper CMHA, Manitoba and Winnipeg.

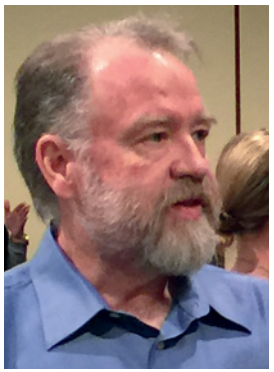
Many are counting on the next generation of leaders to continue to advance change. As Bill Wilkerson ponders the future, he is hopeful. Recognizing that a radical change has taken place over the past decade, he believes that future young executives won't consider psychological health and safety as *big a deal* as his own generation did. Richard Dixon, a retired HR executive and a former Workforce Advisory Committee member, adds that employees of the future will expect to work in psychologically safe workplaces. "They're going to see it as part of the employer's responsibility," he said.

The recruiting, hiring, and promotion of leaders could be tied to, among other relevant criteria, their ability to support psychologically safe environments. Measurement of leader effectiveness could also include the impact the leader has on the psychological safety

of others in the workplace. Embedding the concept of psychological health and safety as part of overall orientation or safety training could be another strategy.

Integrating with health and safety

Combining physical and psychological health and safety into a single organizational approach is another vision for the future that is shared by many, including Andrew Harkness, Strategy Advisor, Organizational Health Initiatives, Workplace Safety & Prevention Services.



"I'd like to see a day where the term mental health disappears; when we talk about health in our workplaces it would implicitly include both physical and mental health."

ANDREW HARKNESS

The role of unions in advancing psychological health and safety is also evolving. Training will need to as well. As Sari Sairanen, national health and safety director for Unifor, suggests, "Providing education about hazards to psychological safety throughout organizations, including the Joint Health and Safety Committees, helps embed this approach in existing



Sarika Gundu and Peter Coleridge (formerly Canadian Mental Health Association) and Megan Brown (CMHA, B.C.) connect at the Bottom Line Conference.



"I hope that the future can bring us more stories of success where those who are struggling ask for help, get it, and are then able to progress through their careers."

LYNE WILSON, NAV CANADA



Mary Ann Baynton supports building resilience to protect mental health at work.

There is little doubt going forward that the approach of working together to improve psychological health and safety will continue.

processes and structures rather than requiring entirely new initiatives."

Systems, standards, and regulations pertaining to psychological health and safety will need to continue to evolve.

Roger Bertrand, who contributed to the development of BNQ's Healthy Enterprise Standard in Québec, hopes to see the alignment of occupational health and safety standards, in particular the Healthy Enterprise Standard and the National Standard for Psychological Health and Safety in the Workplace, for which he served as co-chair. His goal is to provide employers with a single framework that allows them to focus on the particular area of need when appropriate—whether that is physical or psychological safety.

Dr. Marie-Hélène Pelletier, assistant vice president, Workplace Mental Health, Sun Life Financial, praises all those who joined together to evolve workplace mental health in Canada.



"We have done things differently, invented new structures and roles, brought competitors, provinces, and disciplines together."

DR. MARIE-HÉLÈNE PELLETIER

Pelletier said she is excited for what lies ahead in this evolutional discovery, as additional factors such as financial health are included in the broader health equation.

One suggestion, credited to Arnold, is to embed psychological health and safety into the existing Occupational Health and Safety Act. He suggests modifying the definition of hazards to specifically identify those that impact psychological health and safety, and updating the definition of health to include, as the World Health Organization states, *mental and social well-being, and not merely the absence of disease or infirmity.*

The journey continues

It is, indeed, a continual journey. These words from those who have been on the ground throughout these advancements serve to inspire and remind employers and other workplace stakeholders of just how far we've come.

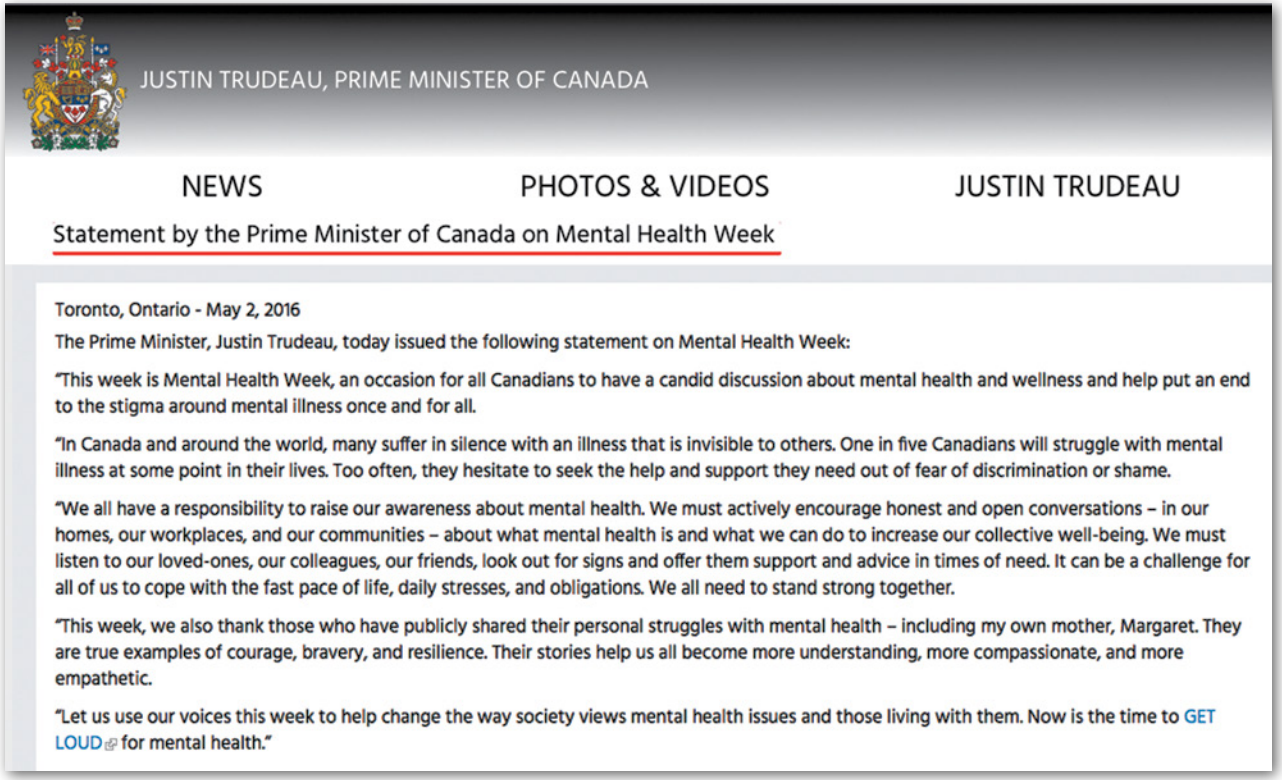
Much has been achieved because a relatively small group of people banded together to make a difference.

Over the past decade, this group has continued to grow. There is little doubt going forward that the approach of working together to improve psychological health and safety will continue. Research and collaboration will also continue. What is learned will be turned into practical workplace strategies. Most of those who have been involved see their participation as a privilege to help all Canadians enjoy optimal mental health and psychologically safe workplaces.

Linda Brogden, University of Waterloo, describes it this way:

"We strive for workplaces where people can come to work, do their job well, go home, and have enough energy left over for whatever is important in their lives."

ADDENDUM A: OFFICIAL STATEMENT FOR MENTAL HEALTH WEEK 2016[121]



JUSTIN TRUDEAU, PRIME MINISTER OF CANADA

NEWS PHOTOS & VIDEOS JUSTIN TRUDEAU

Statement by the Prime Minister of Canada on Mental Health Week

Toronto, Ontario - May 2, 2016

The Prime Minister, Justin Trudeau, today issued the following statement on Mental Health Week:

"This week is Mental Health Week, an occasion for all Canadians to have a candid discussion about mental health and wellness and help put an end to the stigma around mental illness once and for all.

"In Canada and around the world, many suffer in silence with an illness that is invisible to others. One in five Canadians will struggle with mental illness at some point in their lives. Too often, they hesitate to seek the help and support they need out of fear of discrimination or shame.

"We all have a responsibility to raise our awareness about mental health. We must actively encourage honest and open conversations – in our homes, our workplaces, and our communities – about what mental health is and what we can do to increase our collective well-being. We must listen to our loved-ones, our colleagues, our friends, look out for signs and offer them support and advice in times of need. It can be a challenge for all of us to cope with the fast pace of life, daily stresses, and obligations. We all need to stand strong together.

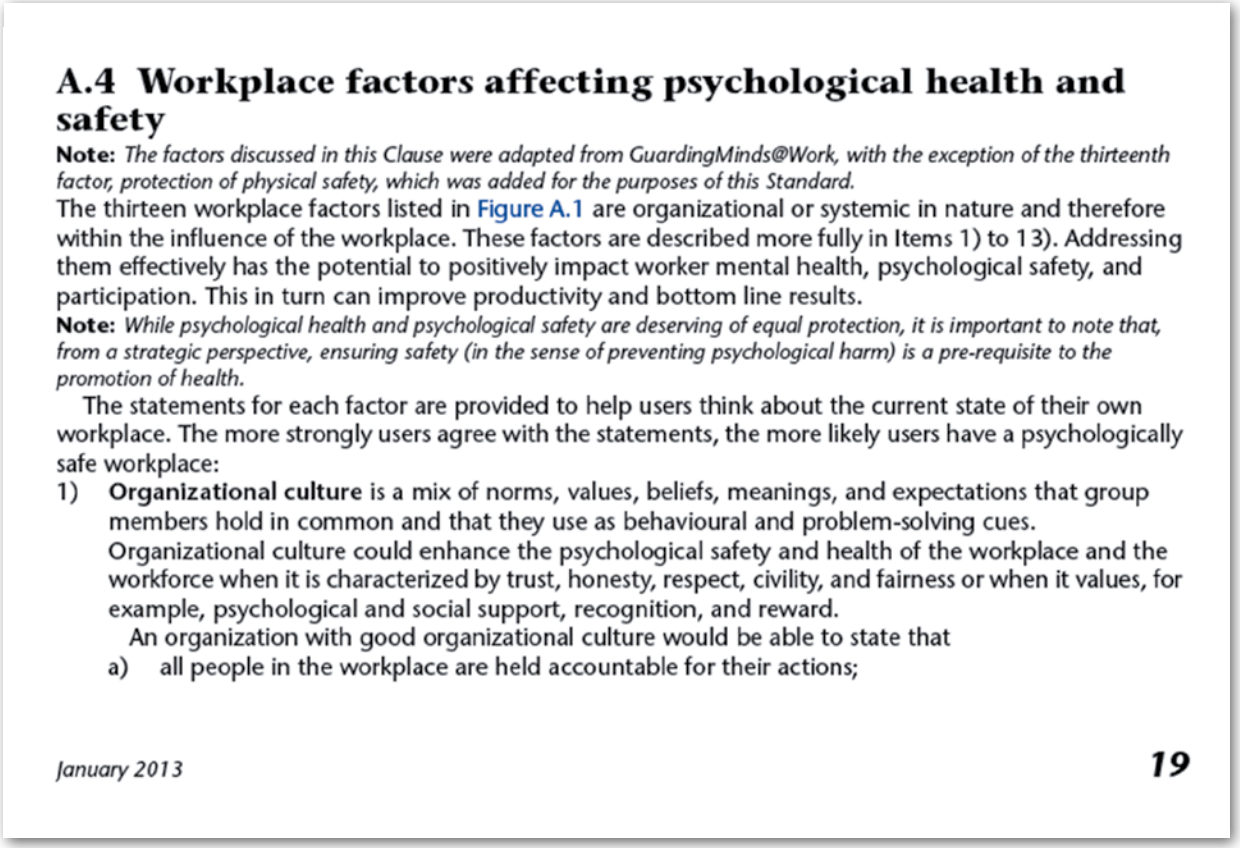
"This week, we also thank those who have publicly shared their personal struggles with mental health – including my own mother, Margaret. They are true examples of courage, bravery, and resilience. Their stories help us all become more understanding, more compassionate, and more empathetic.

"Let us use our voices this week to help change the way society views mental health issues and those living with them. Now is the time to GET LOUD for mental health."

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ADDENDUM B: WORKPLACE FACTORS

The following is a description of the workplace factors as shown in the National Standard of Canada for Psychological Health and Safety in the Workplace.[122]



A.4 Workplace factors affecting psychological health and safety

Note: *The factors discussed in this Clause were adapted from GuardingMinds@Work, with the exception of the thirteenth factor, protection of physical safety, which was added for the purposes of this Standard.*

The thirteen workplace factors listed in Figure A.1 are organizational or systemic in nature and therefore within the influence of the workplace. These factors are described more fully in Items 1) to 13). Addressing them effectively has the potential to positively impact worker mental health, psychological safety, and participation. This in turn can improve productivity and bottom line results.

Note: *While psychological health and psychological safety are deserving of equal protection, it is important to note that, from a strategic perspective, ensuring safety (in the sense of preventing psychological harm) is a pre-requisite to the promotion of health.*

The statements for each factor are provided to help users think about the current state of their own workplace. The more strongly users agree with the statements, the more likely users have a psychologically safe workplace:

1) **Organizational culture** is a mix of norms, values, beliefs, meanings, and expectations that group members hold in common and that they use as behavioural and problem-solving cues.
   Organizational culture could enhance the psychological safety and health of the workplace and the workforce when it is characterized by trust, honesty, respect, civility, and fairness or when it values, for example, psychological and social support, recognition, and reward.
   An organization with good organizational culture would be able to state that
   a) all people in the workplace are held accountable for their actions;

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b) people at work show sincere respect for others' ideas, values, and beliefs;
c) difficult situations at work are addressed effectively;
d) workers feel that they are part of a community at work; and
e) workers and management trust one another.

2) **Psychological and social support** comprises all supportive social interactions available at work, either with co-workers or supervisors. It refers to the degree of social and emotional integration and trust among co-workers and supervisors. It refers also to the level of help and assistance provided by others when one is performing tasks. Equally important are the workers' perceptions and awareness of organizational support. When workers perceive organizational support, it means they believe their organization values their contributions, is committed to ensuring their psychological well-being, and provides meaningful support if this well-being is compromised.

An organization with good psychological and social support would be able to state that

a) the organization offers services or benefits that address worker psychological and mental health;
b) workers feel part of a community and that the people they are working with are helpful in fulfilling the job requirements;
c) the organization has a process in place to intervene if an employee looks distressed while at work;
d) workers feel supported by the organization when they are dealing with personal or family issues;
e) the organization supports workers who are returning to work after time off due to a mental health condition; and
f) people in the organization have a good understanding of the importance of worker mental health.

3) **Clear leadership and expectations** is present in an environment in which leadership is effective and provides sufficient support that helps workers know what they need to do, explains how their work contributes to the organization, and discusses the nature and expected outcomes of impending changes. There are many types of leadership, each of which impacts psychological safety and health in different ways. The most widely accepted categorizations of leadership are instrumental, transactional, and transformational. Of these, transformational leadership is considered the most powerful. Instrumental leadership focuses primarily on producing outcomes, with little attention paid to the "big picture," the psychosocial dynamics within the organization, and unfortunately, the individual workers. Transformational leaders are seen as change agents who motivate their followers to do more than what is expected. They are concerned with long-term objectives and transmit a sense of mission, vision, and purpose. They have charisma, give individual consideration to their workers, stimulate intellectual capabilities in others, and inspire workers.

An organization with clear leadership and explicit expectations would be able to state that

a) in their jobs, workers know what they are expected to do;
b) leadership in the workplace is effective;
c) workers are informed about important changes at work in a timely manner;
d) supervisors provide helpful feedback to workers on their expected and actual performance; and
e) the organization provides clear, effective communication.

4) **Civility and respect** is present in a work environment where workers are respectful and considerate in their interactions with one another, as well as with customers, clients, and the public. Civility and respect are based on showing esteem, care, and consideration for others, and acknowledging their dignity.

An organization with good civility and respect would be able to state that

a) people treat each other with respect and consideration in the workplace;
b) the organization effectively handles conflicts between stakeholders (workers, customers, clients, public, suppliers, etc);
c) workers from all backgrounds are treated fairly in our workplace; and
d) the organization has effective ways of addressing inappropriate behaviour by customers or clients.

5) **Psychological demands** of any given job are documented and assessed in conjunction with the physical demands of the job. Psychological demands of the job will allow organizations to determine whether any given activity of the job might be a hazard to the worker's health and well being. When

hazards are identified, organisations consider ways of minimizing risks associated with identified job hazards through work redesign, analyst of work systems, risk assessment, etc. The assessment of psychological demands should include assessment of time stressors (including time constraints, quotas, deadlines, machine pacing, etc.); breaks and rest periods; incentive systems (production bonuses, piece work, etc.); job monotony and the repetitive nature of some work; and hours of work (overtime requirements, 12 h shifts, shift work, etc.).

An organization with a good psychological demands assessment process for its workers would be able to state that

a) the organization considers existing work systems and allows for work redesign;
b) the organization assesses worker demand and job control issues such as physical and psychological job demands;
c) the organization assesses the level of job control and autonomy afforded to its workers;
d) the organization monitors the management system to address behaviours that impact workers and the workplace;
e) the organization values worker input particularly during periods of change and the execution of work;
f) the organization monitors the level of emphasis on production issues;
g) the organization reviews its management accountability system that deals with performance issues and how workers can report errors; and
h) the organization emphasizes recruitment, training, and promotion practices that aim for the highest level of interpersonal competencies at work.

6) **Growth and development** is present in a work environment where workers receive encouragement and support in the development of their interpersonal, emotional, and job skills. Such workplaces provide a range of internal and external opportunities for workers to build their repertoire of competencies, which will not only help with their current jobs, but will also prepare them for possible future positions.

An organization with good growth and development would be able to state that

a) workers receive feedback at work that helps them grow and develop;
b) supervisors are open to worker ideas for taking on new opportunities and challenges;
c) workers have opportunities to advance within their organization;
d) the organization values workers' ongoing growth and development; and
e) workers have the opportunity to develop their "people skills" at work.

7) **Recognition and reward** is present in a work environment where there is appropriate acknowledgement and appreciation of workers' efforts in a fair and timely manner. This includes appropriate and regular acknowledgements such as worker or team celebrations, recognition of good performance and years served, and/milestones reached.

An organization with a good recognition and reward program would be able to state that

a) immediate supervision demonstrates appreciation of workers' contributions;
b) workers are paid fairly for the work they do;
c) the organization appreciates efforts made by workers;
d) the organization celebrates shared accomplishments; and
e) the organization values workers' commitment and passion for their work.

8) **Involvement and influence** is present in a work environment where workers are included in discussions about how their work is done and how important decisions are made. Opportunities for involvement can relate to a worker's specific job, the activities of a team or department, or issues involving the organization as a whole.

An organization with good involvement and influence would be able to state that

a) workers are able to talk to their immediate supervisors about how their work is done;
b) workers have some control over how they organize their work;
c) worker opinions and suggestions are considered with respect to work;
d) workers are informed of important changes that can impact how their work is done; and
e) the organization encourages input from all workers on important decisions related to their work.

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9) **Workload management** is present in a work environment where assigned tasks and responsibilities can be accomplished successfully within the time available. This is the risk factor that many working Canadians describe as being the biggest workplace stressor (i.e., having too much to do and not enough time to do it). It has been demonstrated that it is not just the amount of work that makes a difference but also the extent to which workers have the resources (time, equipment, support) to do the work well.

An organization with good workload management would be able to state that

a) the amount of work workers are expected to do is reasonable for their positions;
b) workers have the equipment and resources needed to do their jobs well;
c) workers can talk to their supervisors about the amount of work they have to do;
d) workers' work is free from unnecessary interruptions and disruptions; and
e) workers have an appropriate level of control over prioritizing tasks and responsibilities when facing multiple demands.

10) **Engagement** is present in a work environment where workers enjoy and feel connected to their work and where they feel motivated to do their job well. Worker engagement can be physical, emotional, and/or cognitive. Physical engagement is based on the amount of exertion a worker puts into his or her job. Physically engaged workers view work as a source of energy. Emotionally engaged workers have a positive job outlook and are passionate about their work. Cognitively engaged workers devote more attention to their work and are absorbed in their job. Whatever the source, engaged workers feel connected to their work because they can relate to, and are committed to, the overall success and mission of their company.

Engagement should be seen as a result of policies, practices, and procedures for the protection of worker psychological health and safety. Engagement is similar to, but is not to be mistaken for, job satisfaction, job involvement, organizational commitment, psychological empowerment, and intrinsic motivation.

An organization with good engagement would be able to state that

a) workers enjoy their work;
b) workers are willing to give extra effort at work if needed;
c) workers describe work as an important part of who they are;
d) workers are committed to the success of the organization; and
e) workers are proud of the work they do.

11) **Balance** is present in a work environment where there is acceptance of the need for a sense of harmony between the demands of personal life, family, and work. This factor reflects the fact that everyone has multiple roles: as workers, parents, partners, etc. This complexity of roles is enriching and allows fulfillment of individual strengths and responsibilities, but conflicting responsibilities can lead to role conflict or overload.

An organization with good balance would be able to state that

a) the organization encourages workers to take their entitled breaks (e.g., lunchtime, sick time, vacation time, earned days off, parental leave);
b) workers are able to reasonably meet the demands of personal life and work;
c) the organization promotes life-work harmony;
d) workers can talk to their supervisors when they are having trouble maintaining harmony between their life and work; and
e) workers have energy left at the end of most workdays for their personal life.

12) **Psychological protection** is present in a work environment where workers' psychological safety is ensured. Workplace psychological safety is demonstrated when workers feel able to put themselves on the line, ask questions, seek feedback, report mistakes and problems, or propose a new idea without fearing negative consequences to themselves, their job, or their career. A psychologically safe and healthy organization actively promotes emotional well-being among workers while taking all reasonable steps to minimize threats to worker mental health.

An organization with good psychological protection would be able to state that

a) the organization is committed to minimizing unnecessary stress at work;
b) immediate supervisors care about workers' emotional well-being;
c) the organization makes efforts to prevent harm to workers from harassment, bullying, discrimination, violence, or stigma;

d) workers would describe the workplace as being psychologically healthy; and
e) the organization deals effectively with situations that can threaten or harm workers (e.g., harassment, bullying, discrimination, violence, stigma, etc).

13) **Protection of physical safety** is present when a worker's psychological, as well as physical safety, is protected from hazards and risks related to the worker's physical environment.

An organization that protects physical safety would be able to state that

a) the organization cares about how the physical work environment impacts mental health;
b) workers feel safe (not concerned or anxious) about the physical work environment;
c) the way work is scheduled allows for reasonable rest periods;
d) all health and safety concerns are taken seriously;
e) workers asked to do work that they believe is unsafe, have no hesitation in refusing to do it;
f) workers get sufficient training to perform their work safely; and
g) the organization assesses the psychological demands of the jobs and the job environment to determine if it presents a hazard to workers' health and safety.

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She serves as the Program Director for the Great-West Life Centre for Mental Health in the Workplace, which is a leading source of free resources to help all Canadian employers with the management of workplace mental health issues. She is co-chair of the Technical Committee for the National Standard of Canada for Psychological Health and Safety in the Workplace and served on the expert panel for the three-year Case Study Research Project of the Mental Health Commission of Canada.

As the founder and Executive Director of Mindful Employer Canada, Mary Ann operates a not-for-profit that supports positive workplace mental health and a community of practice for those who manage, support, or lead employees. She is also the principal of Mary Ann Baynton & Associates, where she consults with all levels of government and a diverse range of organizations that include unions, associations, and institutions across the country.

Mary Ann is author of many publications and books including *Resolving Workplace Issues*, *Keeping Well at Work,* and *Mindful Manager.* She is also co-author with Dr. Martin Shain of *Preventing Workplace Meltdown: An employer's guide to providing a psychologically safe workplace*.

While passion for her work and the difference it makes is high on the list of what drives her, Mary Ann values family and friends above all else. She knows that her greatest accomplishment is raising two amazing sons, Tyler and Spencer. They continue to teach her how to live, love, learn and laugh better than ever before.

LEANNE FOURNIER has composed many stories over the years. One of the first was as a contributing writer for a book about breast cancer published by the YW-YMCA of Winnipeg. She has worked with Mary Ann Baynton and the Great-West Life Centre for Mental Health in the Workplace since its inception. She chronicled the journey of early adopters of the National Standard of Canada for Psychological Health and Safety in the Workplace through monthly articles that appear on the Centre's website.

Leanne's impressive writing and editing skills have helped clients to the finish line on complex projects. She collaborates closely with others to help develop articles, memoirs, white papers, web content, training guides, and various materials to help achieve writing and communication goals.

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Leanne and her husband Michael combine their talents through their company, MightyWrite. These combined talents also produced two amazing young people, Angela and René, for whom they are both incredibly grateful and proud. They all escape as often as they can to their remote cabin along the shores of a great river where many stories unfold.



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