



Moving to Action

Implementing Workplace Safety & Prevention Services'
Mental Harm Prevention Roadmap



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Highlights

- Employees who participate in high-impact mental health programs experienced lower presenteeism (coming to work feeling unwell) than employees who participated in low- or moderate-impact programs.
- Organizations experience greater productivity losses and costs when they do not invest in mental health programs.
- Perceived isolation acts as a barrier to accessing meaningful social connections in the workplace. If not managed effectively, social isolation can increase an employee's risk for mental harm.
- Higher mental fitness is associated with stronger psychological health and safety across 13 psychosocial factors.



Building the “Roadmap” to psychological health and safety

Workplace Safety & Prevention Services (WSPS), in partnership with The Conference Board of Canada, developed a Mental Harm Prevention Roadmap (referred to as the “Roadmap”). This Roadmap is aligned to the three tenets of the National Standard of Canada for Psychological Health and Safety in the Workplace.¹ These tenets are to prevent mental harm, promote mental health, and resolve incidents or concerns in the workplace.²

Introduction

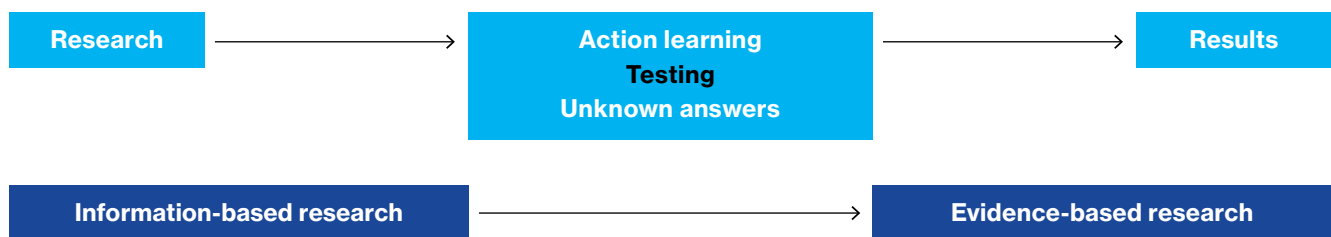
The Roadmap was created using an evidence-based approach to assist employers in supporting employees to achieve their psychological health and safety goals. As organizations begin to implement, the Roadmap is expected to evolve over time. (See Exhibit 1.)

An evidence-based interface

The Roadmap was created as a user-friendly interface based on the National Standard for organizations. The focus is on using building blocks to advance psychological health and safety in the workplace. The Roadmap facilitates the creation of mental health strategies appropriate for the needs of Canadian organizations. As well, it helps guide intentional action by employers to reduce mental harm and promote mental health in alignment with the recommendations of the National Standard.

Exhibit 1

An evidence-based interface



Source: Workplace Safety & Prevention Services.

¹ The National Standard is also referred to as the “CAN/CSA-Z1003-13/BNQ 9700-803/2013.” (See CSA Group, “Psychological Health and Safety in the Workplace.”)

² CSA Group, “Psychological Health and Safety in the Workplace.”

Research inputs

Development of the Roadmap was informed by data captured from multiple lines of evidence. This included a literature review and deployment of the Mental Fitness Index (MFI). Three key elements emerged from the underlying research: program impact, Mental Fitness Index score, and building a business case. (See Appendix A, Methodology.)

Program impact matters

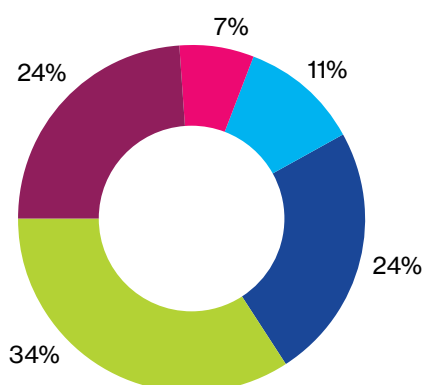
Participating in a mental health program alone is not enough to predict success. Programs must be perceived as having high impact for participants to derive benefit. Employees who reported low to moderate impact from mental health programs did not see the same benefits as those who reported higher impact. Employers should focus on offering programs that have high impact versus focusing on the number of participants who complete a program.

Mental Fitness Index score

The Mental Fitness Index score (MFI) score is a mental assessment score. It evaluates mental fitness from fully charged (100) to completely empty (0). The average (n = 1638) MFI score for employees was 63 out of 100. The higher an employee's MFI score, the lower their concerns across all MFI Factor Five scales (See Exhibit 2.) These scales measure 13 psychological health and safety factors. (Appendix C outlines the MFI Factor Five scales and 13 psychological health and safety factors.) The MFI shows that an employee's psychological health and safety in the workplace is connected to what the employer does and what the employee perceives the employer is doing. This reinforces the importance of two-way accountability between the employer and employee for facilitating a psychologically safe workplace. (Additional information on MFI score, program impact, and key outcomes is presented in Appendix C.)

Exhibit 2

Mental Fitness Index (MFI) score



63%

Average score out of 100, considering all scores from the physical pillar, mental health pillar, work pillar, and life pillar of the Mental Fitness Index.



Empty
0-49%



Draining
50-59%



Half-full
60-69%



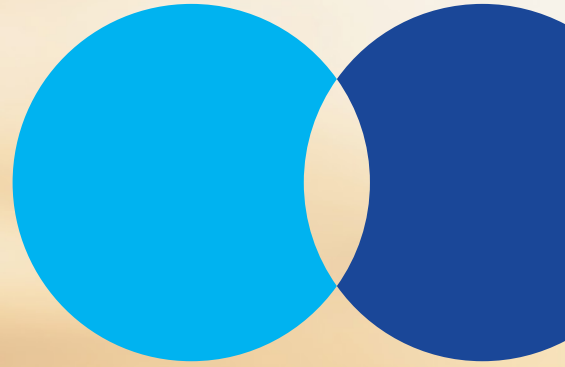
Charging
70-79%



Charged
80-100%

Source: The Conference Board of Canada.

Building mental health



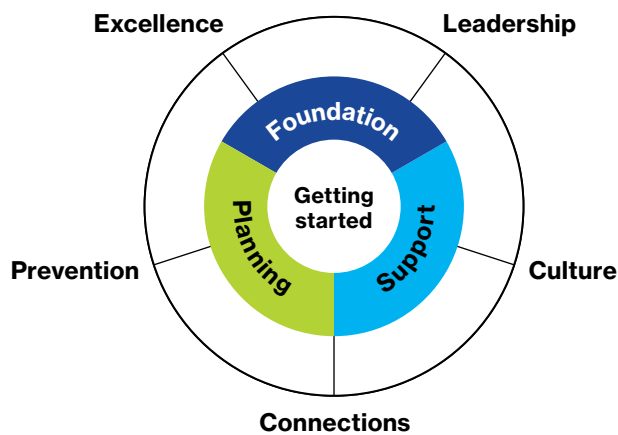
Building blocks for promoting mental health in the workplace

The Roadmap includes **eight building blocks**.

Taken together, the building blocks create a model of excellence for promoting mental health in the workplace. (See Exhibit 3.) The Roadmap is currently version 1.0. It is expected to evolve based on user learnings and feedback.

Exhibit 3

The building blocks of the Roadmap



Sources: Workplace Safety & Prevention Services; The Conference Board of Canada.



Building Block 1: Foundation

Foundation—Establish organizational readiness, budget, resources, and senior leadership buy-in.

Why is this building block important?

Employers must start by articulating their primary objectives. This can include reducing disability costs due to mental health claims, complying with human rights and occupational health and safety legislation, protecting human resources, or maximizing productivity.

The conversation begins with establishing buy-in from senior leaders.³ Providing leaders with data can help make the case for why investing in mental health is productive for business.⁴ Investing in a psychological health and safety strategy can lead to greater employee retention, better workplace performance, stronger leader/employee relationships, and greater resourcefulness of staff.⁵

What is required to obtain buy-in and establish an effective foundation?

It is necessary to:

- define goals and determine how success will be measured (key metrics);
- estimate budget and resources required;
- create an inventory—an outline of what is already in place (i.e., baseline assets) based on review of current mental health initiatives, strategies, policies, and programs;
- decide the extent to which the organization wants to align with the National Standard;
- build the business case for senior leadership buy-in to implement a psychological health and safety strategy.

Building the business case for senior leadership buy-in

A business case for implementing a mental health strategy forms the foundation—it is a critical early step for getting management on board. The Cost of Doing Nothing (CODN) tool factors in metrics that are important to organizations to show real-time savings lost due to poor mental fitness. By outlining the savings that could be lost, an organization can build an evidence-informed business case for psychological health and safety.



³ Canadian Mental Health Association, *Workplace Mental Health in Canada*.

⁴ Chenier, Hoganson, and Thorpe, *Making the Business Case for Investments in Workplace Health*.

⁵ Leka and Jain, *Mental Health in the Workplace in Europe*.

In our research, the MFI tool collected data to obtain a CODN benchmark for the average cost per full-time employee (FTE). The CODN benchmark was calculated using employees' self-reported income, MFI score, attendance, presenteeism, and discretionary effort. (See Table 1.) Using these five variables as a percentage of the employees' average salary, the benchmark was found to be \$11,530 per employee per year.






Examples of tools that can help implement this building block

1. [ThinkMentalHealth.ca](#) Resources
2. [Mental Fitness Index \(MFI\)](#)
3. [Cost of Doing Nothing/Business Case Model](#)
4. [Guarding Minds @ Work \(GM@W\) Resources](#)
5. [HowattHR Consulting Compass](#)
6. [CivicAction's MindsMatter Online Organization Readiness Assessment Tool](#)

Overcoming barriers

- Build the business case for psychological health and safety to overcome resistance to developing a strategy and to increase commitment from the employer to promote mental health.⁶
- Use the Roadmap to overcome resistance due to the comprehensiveness of the National Standard.⁷
- Establish organizational readiness by outlining the time and resources needed to successfully implement a psychological health and safety strategy.⁸
- Increase relevant knowledge on why a psychological health and safety strategy is important. This can reduce unconscious bias, stigma, and inadequate policies for addressing mental health issues on the part of employers.⁹

Table 1
Building the business case for senior leadership buy-in

MFI Profile		MFI score (/100)	Absenteeism (days)	Presenteeism (days)	Discretionary effort (per cent)	CODN* per year (\$)
Charged (n = 108)		83	2.5	11	95	5,555
Charging (n = 394)		74	3.3	20	93	8,229
Half-full (n = 557)		65	3.9	36	91	11,094
Draining (n = 390)		55	4.7	68	89	13,834
Empty (n = 189)		43	5.7	129	87	18,357
Total (n = 1,638)		63	4.1	49	91	11,530**

*cost of doing nothing

**this means that for a 100-life workplace, this number would be \$1,153,000
Source: The Conference Board of Canada.

6 Kynyk and others, "Employers' Perceptions and Attitudes."

7 Ibid.

8 Tamrakar and others, "Profiling and Predicting Help-Seeking Behaviour"; Li, "Potential Barriers and Facilitators to Small Businesses."

9 Knaak, Mantler, and Szeto, "Mental Illness-Related Stigma in Healthcare."

Building Block 2: Support

Support—Define and validate which supports are currently in place for employees and the minimal level of supports recommended. This includes employee and family assistance programs (EFAP), paramedical services, additional psychological services coverage, and critical incident stress debriefing.

Why is this building block important?

Many employers have some core supports in place (e.g., respectful workplace policies, occupational health and safety (OHS) committees, employee and family assistance programs). But not all employers may be aware of the full range of supports they could offer to employees.

What is required for an effective employee support program?

Employees must first know which programs exist and how they can access them. Employees must also realize why these programs are beneficial.¹⁰

For most provinces, legislation mandates the need for workplace harassment and violence policies, adherence to human rights legislation, accommodation for mental health and addiction, and establishment of OHS committees.

Organization size, budget, resources, employee needs, and values all influence core support programs.

Examples of basic core support programs

- Local community resources (e.g., [Canadian Mental Health Association \[CMHA\]](#))
- Helplines (e.g., [Crisis Services Canada](#))
- Return-to-work policy and programs (e.g., [Employer Line](#))
- [Accommodations](#) for disability
- [Human rights](#)
- [Emergency plans](#) and [incident reporting](#) and investigation
- [Resources from public health units](#)

Examples of enhanced support programs

- [Employee and family assistance programs \(EFAP\)](#)
- [Critical incident stress debriefing](#)
- [Internet-Based Cognitive Behavioral Therapy \(iCBT\)](#)
- [Employee benefit options](#) (i.e., paramedical)
- [Psychological safe leader training](#)
- [Training programs](#) (i.e., [Mental Health First Aid Canada](#) and [The Working Mind](#))

¹⁰ Canada Life, "Workplace Strategies for Mental Health"; CSA Group and Mental Health Commission of Canada, *Assembling the Pieces*.

How to effectively support employees

Employees benefit when they come to work feeling psychologically safe. Google's Aristotle project showed that the number-one factor for predicting a high-performing organization is employees' perceived psychological safety.¹¹ Employees must believe their employer cares and wants to create a psychologically safe workplace for all employees.¹²

Overcoming barriers

- Understand the true cost of a program and its potential return on investment (ROI) to maximize support for programs.
- Be clear on how program success will be measured. And have data to demonstrate program value.
- Determine the number of programs that are preventative and their rationale and benefit.
- Define the data required to demonstrate ROI for adding enhanced support programs.

Building Block 3: Planning

Planning— Establish which actions the employer will take with respect to programs and policies to promote mental health and reduce mental harm. This includes identifying which data will be collected and how it will be collected, key performance metrics, and scorecard development.

Why is this building block important?

Successful mental health strategies are dependent on thoughtful plan design with buy-in from all key stakeholders and leadership commitment.¹³

In 2016, 39 per cent of Canadian organizations had a mental health strategy. However, only 56 per cent referenced the National Standard as a guideline.¹⁴ And those who did, gave it an average score of 3.7/5 for effectiveness.¹⁵

For sustainability, it is helpful to have evidence that programs are leading to measurable positive impact. Participation alone is not enough. Plans are of little value if the employees do not have a reference to what the organization is doing.



11 Duhigg, "What Google Learned From Its Quest to Build the Perfect Team"; Google, "Re: Work."

12 Peart, "Making Work Less Stressful and More Engaging for Your Employees."

13 Mental Health Commission of Canada, *Psychological Health and Safety*; Mental Health Commission of Canada, *Case Study Research Project Findings*.

14 Chenier and Boyer, *Healthy Brains at Work*.

15 Mental Health Commission of Canada, *Psychological Health and Safety*; Mental Health Commission of Canada, *Case Study Research Project Findings*.

What is required to design an effective psychological health and safety strategy?

Planning begins with defining actions, roles, costs, people resources, expectations, timelines, and indicators of success.

Establishing a cross-functional working group is critical to planning.¹⁶ There is also a need to determine who will be involved in the design process and how employees will be engaged.

Examples of actions to help planning

- Identifying psychological health and safety champions. This includes roles and responsibilities for all key stakeholders (employees, managers, and leadership).
- Guaranteeing dedicated time for champions.
- Convening committees and developing terms of reference.
- Identifying milestones.
- Selecting performance metrics.
- Creating a project scorecard and aligning it to the corporate scorecard.
- Incorporating the psychological health and safety strategy into the overall Occupational Health and Safety strategy.

To make informed decisions, it is important to determine:

- which data will be collected from a process evaluation perspective (i.e., the program's implementation and operation metrics);
- an outcome evaluation perspective (i.e., the impact on the employee and costs).

Examples of key performance metrics include:

- long-term disability (LTD) and short-term disability (STD) rates, including worker compensation claims and days lost due to disability;
- absenteeism/presenteeism rates;
- the number of harassment complaints, conflict reports, and incident reports;
- employee turnover rates;
- benefit costs and utilization rates;
- training hours per employee.

Employee program needs can be further evaluated through employee surveys, focus groups, interviews, and program reviews.

The main objective of the design phase is to develop the action plan. This includes what will be done by whom, and when, and with clarity on expected outcomes as to what defines success for each milestone. The design phase is also where key performance indicators and scorecards are considered and finalized.

Overcoming barriers

- Ensure employee representation (diversity and skills) to support planning. When possible, recruit individuals from project management, change management, human resources, occupational health and safety, and all relevant departments.
- Measure short- and long-term goals and metrics to evaluate success with upfront planning.

¹⁶ Mental Health Commission of Canada, *Psychological Health and Safety*.

Building Block 4: Leadership

Leadership—Define organizational expectations and behaviours around the manager and employee relationship, as well as the well-being of managers and senior leaders. This can include management training, strategies for career development, and feedback.

Why is this building block important?

This building block refers to anchoring the value for employers to embrace psychologically safe leadership. The more leaders demonstrate psychologically safe and healthy behaviours, the more likely their employees will have positive experiences that promote mental health.¹⁷

Psychological safety is about employees feeling welcomed, included, and free of worrying about being mentally harmed.

The employee–manager relationship is one of the most important relationships. How managers support, recognize, and encourage employees can have a positive or negative impact on an employee’s mental health.¹⁸

Employers who support leaders in developing their knowledge and skills in psychologically safe leadership styles increase opportunities for positive employee–manager relationships.

The employer can do this through training, coaching, resources, accessibility, and role modelling—all designed to assist managers in becoming psychologically safe and healthy leaders. (See Exhibit 4.)

A critical action that employers can take is to train managers on how to support employees at risk for mental health concerns.¹⁹ (See “What is psychologically safe leadership?” on the next page.)

Exhibit 4

Skills that support a leader to be psychologically safe and prepared to support employees



- Coaching
- Communication
- Emotional Intelligence
- Inclusion and Diversity
- Empathy
- Resiliency
- Supportive Performance Management
- Conflict Resolution

Source: The Conference Board of Canada.

¹⁷ Hirak and others, “Linking Leader Inclusiveness to Work Unit Performance.”

¹⁸ Buckingham, “What Great Managers Do.”

¹⁹ Centre for Addiction and Mental Health, “Workplace Mental Health Playbook for Business Leaders.”

What is psychologically safe leadership?

A psychologically safe leader:

- establishes key objectives and identifies needs;
- ensures the sustainability of the strategy and supports implementation;
- ensures that the mental health strategy is part of the organizational decision-making process;
- engages employees to improve the personnel experience.



It is beneficial to ensure that supports are not exclusive to front-line and middle managers. Senior leaders may need additional supports, training, and coaching. This can help them manage their job demands and exemplify psychologically healthy and safe leadership. For leaders to be transformational and truly provide psychologically safe leadership, they must first pay attention to their own self-care and mental fitness.

What is required for leaders to establish effective workplace relationships?

Leaders who support employees with mental health challenges help build trust in workplace relationships. People management skills (e.g., communications, coaching, influencing, and crisis management) are essential pieces. A basic knowledge in legal requirements can also inform leaders. Leaders should be equipped to understand their role in accommodation and return- to- work procedures. An outline and review of organizational rules and discipline procedures can help. And leaders should also be taught the skill of facilitating a respectful workplace.

How can organizations help influence psychologically safe leaders' behaviours?

Organizations can define core competencies for psychological safe leadership. And they can incorporate psychological safe leadership competencies in their selection processes.

It is also important that performance appraisals use this information to decide promotions. Creating a leadership philosophy that defines behavioural expectations for all leaders is an important action. Coaching and mentoring for managers can develop psychologically safe behaviours.

Overcoming barriers

- Promote help-seeking behaviours for leaders who struggle with their own mental health problems that can impact how they interact with their employees.
- Encourage empathy for leaders.



Building Block 5: Culture

Culture—Define specific actions to shape the culture and influence the social norms around respect, civility, teamwork, psychological factors, and basic human values.

Why is this building block important?

Culture is a critically important factor when designing a psychologically healthy and safe workplace.²⁰ The accepted social norms play an important role in the employee experience.

A caring culture helps reduce stigma.²¹ Employee expectation gaps can result in psychological strain and have a negative impact on how employees perceive the culture.²²

What is required to create a psychologically safe culture?

Values are used by organizations and employees as part of their decision-making processes.²³ And when employees buy into values, they can influence behaviours that collectively influence culture.

Workplace policies and procedures should also be in place to reduce the risk of harassment and violence.²⁴ As well, processes for workplace violence and harassment complaints must exist.

20 Howatt, Vanbuskirk, and Adams, *Facilitating a Safe and Respectful Workplace*.

21 Howatt and others, *Understanding Mental Health*.

22 Leahy, *Bridging the Expectation Gap*.

23 Glasser, *Choice Theory*.

24 Beus and others, "Safety Climate and Injuries."

But do not stop with policies. At-risk employees may not self-advocate. It is important to consider how to support these employees to reduce risk of victimization over an extended period.

Employers should identify what creates a psychologically safe culture and what does not. An environment that fosters empowerment can lead to a more caring culture. This includes encouraging employees to self-report when their workload is too much or if an incident occurs.²⁵

By understanding how informal and formal behavioural cues influence workplace culture, an employer can better determine which actions are needed to have a positive impact on employees' psychological health and safety.²⁶

Overcoming barriers

- Be open to different perspectives to foster inclusive culture.
- Don't confuse activity (e.g., delivering a policy or program) as a culture driver on its own. Focus on enabling desired behaviours from all employees and leaders.

Building Block 6: Connections

Connections—Define how to assist employees with connecting to one another. This reduces risks of perceived isolation and loneliness. It also creates peer support systems. The goal is to bring employees together to support building safe communities where all feel included.

Why is this building block important?

Employees spend a significant amount of time at work and the quality of their work relationships can influence their mental health. There is a correlation between employees who perceive social isolation and poorer mental health.²⁷ Every person has basic human needs to be socially accepted and feel they fit in.²⁸

The workplace can provide employees with the opportunity to build healthy relationships and receive peer support in times of need. The workplace can also be a source of harmful relationships and isolation barriers, including discrimination and poor workstation design.²⁹



²⁵ Howatt, Vanbuskirk, and Adams, *Facilitating a Safe and Respectful Workplace*.

²⁶ Duhigg, "What Google Learned From Its Quest to Build the Perfect Team."

²⁷ Wright, "Coping with Loneliness at Work"; Rogers, Polonijo, and Carpiano, "Getting By With a Little Help."

²⁸ Glasser, *Choice Theory*.

²⁹ Clark, "Stage 1: Inclusion Safety."

Employers can mitigate mental distress associated with perceived isolation and exclusion by supporting healthy connections at work.³⁰

What is required for effective social connections?

The first action is for the employer to acknowledge that perceived isolation and loneliness can be a psychosocial risk factor that can contribute to perceived workplace stress.³¹

Employers who act with intention to reduce employee exclusion can have a positive impact on the employee experience.³² Promoting social connections that support inclusion contributes to the growth of a psychologically healthy and safe workplace.³³ (See “How do effective social connections happen?”)

Overcoming barriers

- Promote social connections by supporting leaders in taking action to remove barriers that result in perceived isolation and loneliness.
- Remove barriers that can induce perceived isolation if not managed effectively.
- Facilitate mental health by supporting authentic connections at work and embracing diversity.

30 Edmondson, “Psychological Safety and Learning Behavior.”

31 Santas, Isik, and Demir, “The Effect of Loneliness at Work”; Rogers, Polonijo, and Carpiano, “Getting By With a Little Help.”

32 Moreno-Jiménez and others, “The Moderating Effects of Psychological Detachment.”

33 Clark, “Stage 1: Inclusion Safety.”

How do effective social connections happen?

Senior leaders and managers play an important role in facilitating healthy social connections in the workplace.³⁴ They can influence employees to expand their work networks, get involved in clubs, volunteer, and participate in other activities, such as:

- team building activities
- employee resource groups

Source: Compiled by The Conference Board of Canada.



34 Edmondson, “Psychological Safety and Learning Behavior.”

Building Block 7: Prevention

Prevention—Define how the employer will help employees proactively gain knowledge and skills to reduce mental harm and promote mental health. These initiatives may include stigma reduction campaigns, education about mental health and substance use disorders, communication strategies, and professional development in micro skills that support mental fitness and resiliency.

Why is this building block important?

The World Health Organization defines health as a “state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”³⁵ One needs to be aware of this broad definition of health to be able to promote mental health and prevent mental harm at work. (See “What is required for an effective health promotion program?”)

Prevention of mental harm is a key tenet for building an organization’s psychological health and safety. Preventing mental harm is what employers and employees should be doing by identifying psychological hazards before someone is affected.

What is required for an effective health promotion program?

Employee practices to promote physical health include:

- physical activity
- adequate sleep
- smoking reduction

Employee practices to promote mental health include:

- self-care
- resiliency and coping skills
- a positive sense of emotional and spiritual well-being

Employee practices to promote social well-being include:

- healthy relationships
- positive social connections at work
- social support

Source: Compiled by The Conference Board of Canada.

³⁵ World Health Organization, “WHO Constitution.”

The employer can help to increase employee awareness of lifestyle risk factors, create opportunities to build skills to change and maintain new behaviours, and provide environmental support at work.³⁶

Examples of employer actions that support health promotion and mental harm prevention:

- healthy choices in the cafeteria;
- coverage for psychological services under a benefits plan;
- flexible hours.

Overcoming barriers

- Develop harm prevention and/or health promotion initiatives that are proactive rather than reactive.
- Outline all the financial resources required for a prevention program prior to implementation.
- Consider behavioural readiness for change in prevention program design.

Building Block 8: Excellence

Excellence— Define the components needed to implement, sustain, and continually improve a management system aligned to the National Standard. This also provides organizations with the opportunity to gain/explore different kinds of Psychological Health and Safety Management System (PHSMS) accreditation and recognition or certification.

Why is this building block important?

Not all employers will want to align with the National Standard for Psychological Health and Safety in the Workplace. And some employers may not be eligible for certificate of excellence programs that can have a positive impact on their reputation, and supplier/customer relationships, or entitled to Workplace Safety and Insurance Board (WSIB) premiums.

The purpose of this building block is to support those employers who want to align with the National Standard. Psychological health and safety strategies require continual improvement aligned to clearly defined goals. Celebrating those that are doing well will inspire other organizations to make a greater commitment to be better.



36 Barry and Jenkins, "Chapter 6: Promoting Mental Health in the Workplace."

What is required to achieve excellence with a workplace psychological health and safety strategy?

Completing this building block requires the employer to be clear on what the National Standard recommends with respect to policies, programs, measurement, reporting, investigation, and auditing. A core action for implementing a psychological health and safety strategy is a gap analysis to determine how aligned the organization is to the National Standard. (For two examples of audit or gap analysis tools, see the tools in the National Standard and in the *Assembling the Pieces* implementation guide. The Roadmap Quick Start Guide, soon to be released by WSPS, also includes a gap analysis tool aligned to the National Standard and Roadmap building blocks.)

The results of the gap analysis can help to shape the plan to bring the organization into conformity with the National Standard. Elements to be addressed in this building block include ensuring that:

- policy, commitment, and engagement are in place;
- planning and auditing cycles are defined and in place;
- evaluation and corrective action strategy is in place;
- management review and continual improvement plan is in place.

How is excellence achieved?

For organizations in the province of Ontario, the WSIB Health and Safety Excellence Program is a performance-based incentive program that defines a pathway for how businesses can improve workplace health and safety.

This program defines what is needed for excellence, including a focus on psychological health and safety that is consistent with the National Standard.³⁷

Adopting the National Standard's Plan-Do-Check-Act (PDCA) approach can help an organization mature and evolve their strategy.

Overcoming barriers

- Educate leaders on what the National Standard is and the value for adopting it.
- Increase clarity or understanding of what adopting the National Standard means with respect to resources, effort, and commitment.
- Train those internal resources who can help implement and maintain a psychological health and safety strategy.

Conclusion

The Roadmap is a new tool ready to be tested in the field. Research over the last year was a first step in the journey of developing this Roadmap. Future plans include gathering evidence from Ontario organizations who implement the Roadmap.

37 Workplace Safety and Insurance Board Ontario, "WSIB Health and Safety Excellence program."

Appendix A

Methodology

Literature review. Once the subject matter experts from Workplace Safety & Prevention Services (WSPS) and The Conference Board of Canada framed the building blocks for version 1.0 of the Roadmap, a literature review was conducted. The following research questions were used to guide the review of evidence for each of the eight building blocks:

- What evidence exists on the effectiveness of implementing psychological health and safety programs/strategies in the workplace?
- What are the critical first steps toward implementing psychological health and safety strategies and programs to protect mental health and prevent mental harm?
- What is the anticipated employee experience relative to this building block? Do we have evidence as to the true employee experience?

The purpose of the literature review was to identify evidence to support the benefits for each of the eight Roadmap building blocks and their alignment for supporting the National Standard. The literature review scanned both academic and grey literature back to 2007. An environmental scan of programs and policies that are being used to support the mental health strategy building blocks was also conducted.

Mental Fitness Index (MFI). Five employers were engaged to have their employees complete the MFI. One confidential MFI link was created for any employee who wanted to participate. There were 1,792 responses. The Howatt HR MFI is designed to collect employee's mental fitness, psychosocial health factors, health outcomes, productivity, and employees' perceptions on the value of nine different type of programs (e.g., employee assistance programs, resiliency training) often used by organizations to support Psychological Health and Safety Management System initiatives. This activity studied the link between mental health program participation and employee experience. It established the average employee's MFI score benchmark.

The MFI score is a composite index based on employees' perceptions around physical health, workplace experience, psychological health and safety, respectful workplace experiences, lifestyle choices, and productivity. The MFI also measures employees' program participation and their perceived benefit for engaging in the program. Various multiple linear regression analyses in R statistical software were used to examine employees, who participated in one or more programs. The analyses looked for any evidence proving that programs have a moderating effect (i.e., partially explain why) on predicting employees' productivity (i.e., attendance, discretionary effort and presenteeism). The number of programs and program impact were factors used in the analyses.

The following nine programs were selected by WSPS, based on the most common programs that organizations adopt to support mental health initiatives. Employees did not all have experience with the same vendor or program.

1. Employee family assistance program (EFAP)
2. Mental health training
3. Resiliency training
4. Wellness initiatives
5. Return-to-work policies and procedures
6. Professional development
7. Respectful workplace training*
8. Paramedical services (i.e., drug benefits and psychological support)
9. Disability management policy and programs*

*Not enough data to be included in the program analysis.

Cost of Doing Nothing (CODN) benchmark.

The Cost of Doing Nothing (CODN) Calculator is a tool that factors in metrics important to organizations. The metrics include the MFI, absenteeism, presenteeism, and discretionary effort in order to calculate the savings lost due to reduced mental health. By using the calculator, this activity established a benchmark for the return on investment that employers can use. A CODN calculator will generate an output to help support the business case for implementing a mental health strategy.

External subject matter experts review. Six leading subject matter experts in psychological health and safety, familiar with Psychological Health and Safety Management Systems, participated in a two-hour focus group. (See “Subject matter experts.”) The purpose of the focus group was to inform the development of the Roadmap. The experts were sent one question to consider prior to attending the focus group: “What are the three things you believe an employer can do to impact psychological health and safety in the workplace?” Their responses to the questions were compiled. Four notetakers captured information from the focus group. Key themes for the gap analyses were selected if they were recurring in the notes or questions. This feedback was considered in the development and finalizing this primer.

Subject matter experts

Dr. Martin Shain, Principal and Founder,
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Appendix B

Description of research sample and workplace mental health programs

Mental Fitness Index: This index can gauge mental fitness by different population characteristics. (See Table 1.) It can be applied to any employee. (See Appendix C, MFI score, program impact, and key outcomes for more details.)

Table 1
Mental Fitness Index population characteristics
(MFI score)

Generation	n	MFI score/100
Generation Z (1995–2010; ages 10–24)	58	65
Millennials (1980–94; ages 25–39)	623	63
Generation X (1965–79; ages 40–54)	598	63
Baby boomers (1946–64; ages 55–69)	340	63

	n	MFI score
Female	843	62.7
Male	770	64.1

	n	MFI score
Office	1,136	63
Home	202	62
Flexible	163	66
Fieldwork	137	61

Source: The Conference Board of Canada.

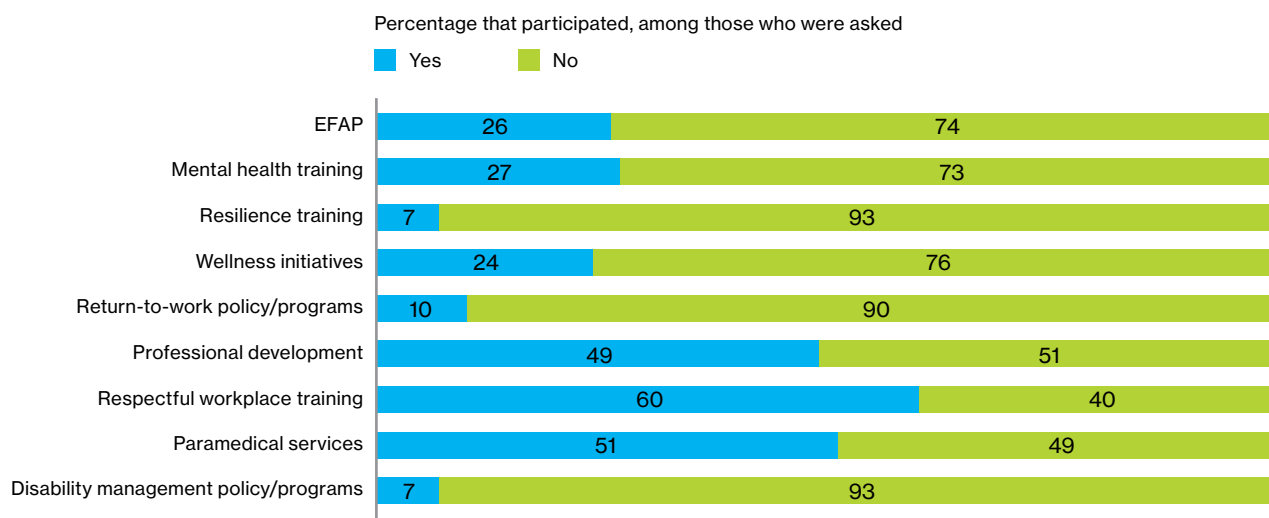


Mental health programs

Chart 1

Mental health program participation

Q: Have you used <program>?
(per cent)

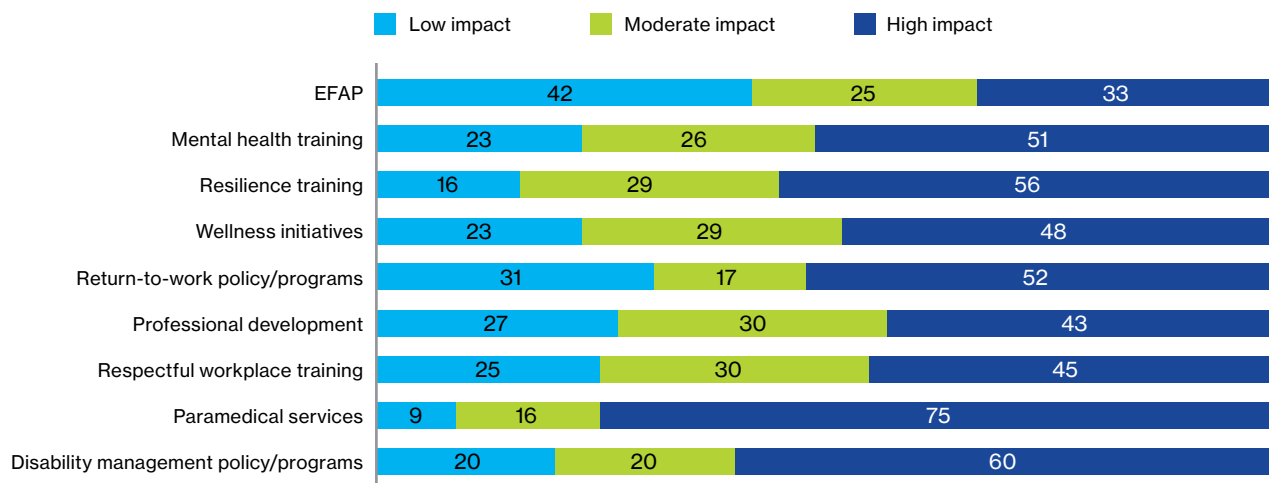


Source: The Conference Board of Canada.

Chart 2

Mental health program impact

Q: What is the level of impact that the <program> had on your health, life or work?
(1= no impact, 10 = high impact)
(per cent)



Source: The Conference Board of Canada.

Appendix C






MFI score, program impact, and key outcomes

- Studies show that higher MFI scores are associated with higher productivity scores.
- The number of days missed by an employee may not always mean a program is not working. Employees who reported a high impact across all seven programs self-reported missing more days compared with those who did not use the program. These employees may have become more self-aware and recognized the need to take time off to get well.
- Days unwell at work (presenteeism) may be the easiest factor to change by program participation. It appears that program participation does have an influence on employees feeling unwell at work. Employees who took mental health training and reported high impact had fewer days feeling unwell than those who reported low to moderate impact. This same finding was found in return-to-work programs and respectful workplace policies.
- The MFI shows that positive mental health is a protective factor that mitigates employees' risk for mental harm. These findings suggest employees with good mental health will be at less risk of psychosocial hazards. This can be seen when comparing the outcomes on the following tables by the corresponding MFI scores (represented from "Charged" to "Drained"). (See tables 1, 2, and 3.)

Table 1

Workplace mental health outcomes by participant MFI score






(MFI score/100; per cent)

		Overall stigma	Overall comfort	Percentage who experienced incivility	Percentage who reported incivility	Percentage who experienced harassment	Percentage who reported harassment	Percentage who experienced accident
Charged		88	71	28	63	4	50	6
Charging		74	59	37	54	7	61	7
Half-full		62	49	50	48	10	55	6
Draining		50	38	61	38	21	50	9
Drained		32	28	74	26	29	31	12
Overall		60	48	51	43	13	48	8

Note: Scores in the table are the weighted average of all questions in each particular scale, weighted out of 100.






Source: The Conference Board of Canada.

Table 2
Loneliness, self-advocacy, and fatigue
outcomes by participant MFI score
(MFI score/100)

		Loneliness	Self-advocacy	Fatigue
Charged		80	87	79
Charging		75	78	65
Half-full		68	71	54
Draining		57	55	42
Drained		43	39	31
Overall		65	66	53

Note: Scores in the table are the weighted average of all questions in each particular scale, weighted out of 100.
Source: The Conference Board of Canada.

Table 3
Outcomes of the MFI factor five scales (that measure 13 psychological health and safety factors)
by participant MFI score
(MFI score/100)

		PHS1: Management and leadership	PHS2: Employee experience	PHS3: Culture	PHS4: Strategic HR	PHS5: Safety
Charged		82	89	86	90	89
Charging		74	77	76	83	82
Half-full		64	68	67	74	74
Draining		53	59	56	64	65
Drained		39	46	44	54	57
Overall		62	67	65	73	73

Note: Scores in the table are the weighted average of all questions in each particular scale, weighted out of 100.
Source: The Conference Board of Canada.

The 13 psychological health and safety factors

PHS1: Management and Leadership Factors

- PF3 – Clear Leadership and Expectations
- PF7 – Recognition and Rewards
- PF11 – Balance of Work and Life

PHS2: Employee Experience

- PF8 – Involvement and Influence
- PF9 – Workload Management
- PF10 – Engagement

PHS3: Culture

- PF2 – Psychological and Social Support
- PF1 – Organizational Culture
- PF4 – Civility and Respect

PHS4: Strategic HR

- PF5 – Psychological Demands
- PF6 – Growth and Development

PHS5: Safety

- PF12 – Psychological Protection
- PF13 – Protection of Physical Safety



Appendix D

Bibliography

Barry, M. M., and R. Jenkins. "Chapter 6: Promoting Mental Health in the Workplace." In *Implementing Mental Health Promotion*, 215–54. New York, NY: Churchill Livingstone, 2007.

Beus, Jeremy M., Stephanie C. Payne, Mindy E. Bergman, and Winfred Arthur. "Safety Climate and Injuries: An Examination of Theoretical and Empirical Relationships." *Journal of Applied Psychology* 95, no. 4 (2010): 713–27. <https://doi.org/10.1037/a0019164>.

Buckingham, Marcus. "What Great Managers Do." *Harvard Business Review*, 2005. <https://hbr.org/2005/03/what-great-managers-do>.

Canada Life. "Workplace Strategies for Mental Health." 2020. <https://www.workplacestrategiesformentalhealth.com/>.

Canadian Mental Health Association. *Workplace Mental Health in Canada: Findings From a Pan-Canadian Survey*. Toronto: CMHA, 2016.

Centre for Addiction and Mental Health, "Workplace Mental Health Playbook for Business Leaders," Accessed July, 20, 2020. <https://www.camh.ca/en/health-info/workplace-mental-health-playbook-for-business-leaders>.

Chenier, Louise, and Charles Boyer. *Healthy Brains at Work. Employer-Sponsored Mental Health Benefits and Programs*. Ottawa: The Conference Board of Canada, 2016.

Chenier, Louise, Crystal Hoganson, and Karla Thorpe. *Making the Business Case for Investments in Workplace Health and Wellness*. Ottawa: The Conference Board of Canada, 2012.

Clark, T.R. "Stage 1: Inclusion Safety." In: *The 4 Stages of Psychological Safety: Defining the Path to Inclusion and Innovation*, 19–40. Oakland, CA: Berrett-Koehler Publishers, Inc., 2020.

Conference Board of Canada, The. *Absence and Disability Management: Trends in Organizational Health Management*. Ottawa: CBoC, 2018.

CSA Group. "CAN/CSA-Z1003-13/BNQ 9700-803/2013 (Reaffirmed 2018). Psychological Health and Safety in the Workplace—Prevention, Promotion, and Guidance to Staged Implementation." Toronto: CSA Group, 2018.

CSA Group, and Mental Health Commission of Canada. *Assembling the Pieces: An Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace*. Toronto: CSA Group and MHCC, 2014.

Duhigg, C. "What Google Learned From Its Quest to Build the Perfect Team." *New York Times*, 2016. <https://www.nytimes.com/2016/02/28/magazine/what-google-learned-from-its-quest-to-build-the-perfect-team.html>.

Edmondson, Amy. "Psychological Safety and Learning Behavior in Work Teams." *Administrative Science Quarterly* 44, no. 2 (June 1999): 350. <https://doi.org/10.2307/2666999>.

Glasser, William. *Choice Theory: A New Psychology of Personal Freedom*. New York, NY: Harper Perennial, 1999.

Google. "Re: Work," Accessed July, 20, 2020. <https://rework.withgoogle.com/print/guides/5721312655835136/>.

Hirak, Reuven, Ann Chunyan Peng, Abraham Carmeli, and John M. Schaubroeck. "Linking Leader Inclusiveness to Work Unit Performance: The Importance of Psychological Safety and Learning From Failures." *The Leadership Quarterly* 23, no. 1 (February 2012): 107–17. <https://doi.org/10.1016/j.leaqua.2011.11.009>.

Howatt, B., L. Bradley, J. Adams, S. Mahajan, and S. Kennedy. *Understanding Mental Health, Mental Illness, and Their Impacts in the Workplace*. Ottawa: Mental Health Commission of Canada, and Morneau Shepell, 2017.

Howatt, B., K. Vanbuskirk, and J. Adams. *Facilitating a Safe and Respectful Workplace*. Canadian HR Reporter, Canadian Occupational Safety, and The Conference Board of Canada, Accessed July, 20, 2020.

Knaak, Stephanie, Ed Mantler, and Andrew Szeto. "Mental Illness-Related Stigma in Healthcare." *Healthcare Management Forum* 30, no. 2 (March 16, 2017): 111–16. <https://doi.org/10.1177/0840470416679413>.

Kunyk, Diane, Morgan Craig-Broadwith, Heather Morris, Ruth Diaz, Emilene Reisdorfer, and JianLi Wang. "Employers' Perceptions and Attitudes Toward the Canadian National Standard on Psychological Health and Safety in the Workplace: A Qualitative Study." *International Journal of Law and Psychiatry* 44 (January 2016): 41–47. <https://doi.org/10.1016/j.ijlp.2015.08.030>.

Leahy, J. P. *Bridging the Expectation Gap: The Key to Happiness*. Bloomington, IN: AuthorHouse, 2006.

Leka, Stavroula, and Aditya Jain. *Mental Health in the Workplace in Europe—Consensus Paper*. Brussels: EU Compass for Action on Mental Health and Well-Being, 2014.

Li, J. "Potential Barriers and Facilitators to Small Businesses Adopting a Psychological Health and Safety Management System." Thesis. Burnaby: Simon Fraser University, 2018.

Mental Health Commission of Canada. *Case Study Research Project Findings: The National Standard of Canada for Psychological Health and Safety in the Workplace*. 2014–2017. Ottawa: MHCC, 2017.

—. *Psychological Health and Safety: An Action Guide for Employers*. Ottawa: MHCC, 2012.

Moreno-Jiménez, Bernardo, Alfredo Rodríguez-Muñoz, Juan Carlos Pastor, Ana Isabel Sanz-Vergel, and Eva Garrosa. "The Moderating Effects of Psychological Detachment and Thoughts of Revenge in Workplace Bullying." *Personality and Individual Differences* 46, no. 3 (February 2009): 359–64. <https://doi.org/10.1016/j.paid.2008.10.031>.

Peart, N. "Making Work Less Stressful and More Engaging for Your Employees." *Harvard Business Review*, 2019. <https://hbr.org/2019/11/making-work-less-stressful-and-more-engaging-for-your-employees>.

Rogers, Eamonn, Andrea N. Polonijo, and Richard M. Carpiano. "Getting By With a Little Help From Friends and Colleagues: Testing How Residents' Social Support Networks Affect Loneliness and Burnout." *Canadian Family Physician/Medecin de Famille Canadien* 62, no. 11 (November 2016): e677–83.

Sanofi Canada. *The Sanofi Canada Healthcare Survey: Closing Knowledge Gaps*. Montréal: Transcontinental Media G.P., 2019.

Santas, Gulcan, Oguz Isik, and Azime Demir. "The Effect of Loneliness at Work; Work Stress on Work Alienation and Work Alienation on Employees' Performance in Turkish Health Care Institution." *South Asian Journal of Management Sciences* 10, no. 2 (2016): 30–38. <https://doi.org/10.21621/sajms.2016102.03>.

Tamrakar, T., J. Langtry, M. Shevlin, T. Reid, and J. Murphy. "Profiling and Predicting Help-Seeking Behaviour Among Trauma-Exposed UK Firefighters." *European Journal of Psychotraumatology* 11, no. 1 (December 31, 2020): 1721144. <https://doi.org/10.1080/20008198.2020.1721144>.

Wernick, Michael. 2016–2019 *Mental Health Progress Report: The Canadian Public Service Experience*. Ottawa: Government of Canada, Privy Council Office, 2019.

World Health Organization. "WHO Constitution." Accessed July, 20, 2020. <https://www.who.int/about/who-we-are/constitution>.

Wright, Sarah. "Coping With Loneliness at Work." 2014. <https://doi.org/10.13140/RG.2.1.2604.0807>.

Workplace Safety and Insurance Board Ontario. "WSIB Health and Safety Excellence Program." Toronto: WSIB, 2019. <https://www.wsib.ca/en/healthandsafety>

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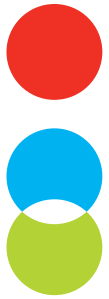


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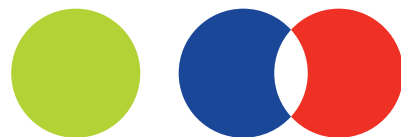
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