

Assembling the Pieces

An Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace



Commission de la santé mentale du Canada



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An Implementation Guide to the National Standard for
Psychological Health and Safety in the Workplace

Jill Collins

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Mental Health Commission of Canada



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Dedication

For the friend I wasn't able
to help all those years ago.

Foreword

On behalf of the Mental Health Commission of Canada (MHCC) and our partners, CSA Group (CSA) and Great-West Life, I would like to congratulate you for your interest in workplace mental health.

The average adult spends more waking hours in the workplace than any other. In fact, upwards of 70% of Canadian employees have expressed a degree of concern with psychological health and safety in the workplace.

At the MHCC, we recognized the importance of addressing this issue head-on.

In collaboration with our partners, we supported the development and launch of the National Standard of Canada for Psychological Health and Safety in the Workplace (the Standard), published in January 2013 by CSA and the Bureau de Normalisation du Quebec (BNQ).

The Standard is a voluntary set of guidelines, tools and resources. It is focused on promoting employees' psychological health and preventing psychological harm due to workplace factors. The aim of the Standard is to improve productivity, financial performance, risk management, recruitment and retention. Implementation is not a race. Nor is it a competition. The Standard can be implemented in whole, or in part. And it can be done piece by piece, over time.

Implementing the Standard isn't just good for employees. Quite simply, it makes good business sense.

As a result of the overwhelmingly positive response the Standard has received, the MHCC has once again joined forces with CSA and Great-West Life to create this handbook. Organizations big and small expressed a keen interest in a practical, hands-on guide to help navigate the wealth of information the Standard has to offer. This clear, user-friendly handbook is a direct response to those needs. We are confident it will assist your organization from the earliest planning stages, right through to full implementation.

Once again, I applaud your efforts to promote and protect psychological health and well-being in your workplace. *Assembling the Pieces* is named to reflect the reality that implementation of the Standard is a journey. Let this handbook be your road-map.

Louise Bradley



President & CEO

Mental Health Commission of Canada

Acknowledgment

This project was made possible in part through the support of the Great-West Life Centre for Mental Health in the Workplace.

The Great-West Life Centre for Mental Health in the Workplace (the Centre) plays a leading role in helping employers foster psychological health and safety in Canadian workplaces:

- The Centre has been instrumental in funding and developing resources for employers including Guarding Minds @ Work™, Managing Mental Health Matters, Working Through It™, On the Agenda, and much more.
- Since 2007, they have been conducting national surveys that help inform the development of solutions for employers to foster psychological health and safety in the workplace.
- Survey results reinforced the value of a voluntary standard that would provide a framework and guidance for employers who wish to foster a workplace that is psychologically healthy and safe.
- The Centre played a key role alongside the Mental Health Commission of Canada (MHCC) and others in developing the voluntary National Standard of Canada for Psychological Health and Safety in the Workplace and will continue to work collaboratively with the MHCC and other organizations to promote psychological health and safety.



CSA Group would like to extend their thanks and appreciation for the help and support of Mary Ann Baynton, Program Director for the Great-West Life Centre for Mental Health in the Workplace. In addition, we offer our thanks to the numerous CSA Group Technical Committee Members and MHCC staff and supporters for their input, guidance, patience, and assistance.

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INTRODUCTION

Assembling the Pieces



Generally, an individual is responsible for his or her own health and well-being, whether in or out of the workplace.

Organizations at a minimum should **do no harm** to worker health.

The workplace is not always part of the problem, **but it can choose to be part of the solution!**

Introduction

The figures and statistics are astounding. In any given year, one in five people in Canada experiences a mental health problem or illness¹. Last week, half a million Canadians missed work because of a mental health problem or illness. Consider that two-thirds of Canadians spend 60% or more of their time at work and that no workplace is immune, no matter the size or the sector. The need to encourage, support, and help our Canadian organizations and institutions manage mental health issues within their workplaces is obvious.

While our health is primarily our own responsibility, the workplace can and does play a significant role in our ability to manage both our physical and psychological health. The workplace can play a role in helping or hindering our psychological well-being.

While we try to maintain the delicate day-to-day balance – work, home, family, friends, finances, and life circumstances – the workplace can play a role in making existing issues unrelated to work worse, or it can be a source of issues itself. If organizations are successful in implementing systems and processes to avoid unneeded risk to psychological health and safety, then the workplace can be a place of refuge for workers during difficult times. It can be a place where workers are supported to focus on doing good work, which can serve as a healthy distraction from other life issues.

Not addressing psychological health and safety in the workplace is a significant cost to the Canadian economy. Mental health problems and mental illnesses account for approximately 30% of short- and long-term disability claims. And they are rated one of the top causes of disability claims by over 80% of Canadian employers. Mental health conditions are the leading cause of disability, absence, and presenteeism, with an economic burden estimated at 51 billion dollars per year in Canada, 20 billion of which is from direct workplace losses².

Vision of a Psychologically Healthy and Safe Workplace

Psychological health and safety is an important part of how people interact with one another on a daily basis. It is part of the way working conditions and management practices are structured and the way decisions are made and communicated. While there are many factors external to the workplace that can impact psychological health and safety, the National Standard of Canada focuses on psychological health and safety aspects that are within the control, responsibility, or influence of the workplace that can affect the workforce.

A psychologically healthy and safe workplace is one that actively works to prevent harm to workers' psychological health, including in negligent, reckless, or intentional ways, and that promotes psychological well-being. In spring 2013, a new National Standard of Canada was published by the CSA Group (CSA) and the Bureau de Normalisation du Quebec (BNQ) commissioned by the Mental Health Commission of Canada (MHCC) and supported through funding by the Government of Canada (*Human Resources and Skills Development Canada, Health Canada, Public Health Agency of Canada*), Bell Canada, and the Great-West Life Centre for Mental Health in the Workplace. This voluntary Standard was created to help organizations recognize psychological health as part of an ongoing process of continual improvement.

Workplaces with a positive approach to psychological health and safety on average are better able to recruit and retain talented workers, have improved worker engagement, enhanced productivity, are more creative and innovative, and have higher profit levels. Other positive effects can include a reduction of several key workplace issues including grievances, turnover, disability, injury rates, absenteeism, morale problems, and the potential for the development of workplace conflict.

Research has shown that organizations that implement evidence-based psychological health and safety strategies usually perform better in all key performance categories from health and safety to key human resource indicators to shareholder returns.

Although many factors influence an individual's psychological make-up, the workplace plays a large part in daily life and is therefore important in maintaining and promoting well-being. Both the workplace and the individual have a shared responsibility for maintaining and improving that well-being

Key benefits of a Psychological Health and Safety Management System (PHSMS)

For employers:

- enhanced organizational effectiveness and continual improvement
- improved worker recruitment and retention
- organizational excellence
- sustainability of human capital
- improved worker engagement and morale
- improved creativity and innovation
- reduced workplace conflict and grievances
- reduction in worker turnover and absenteeism
- reduction in disability and injury rates

We can't do it *to* them and we can't do it *for* them.

We need to engage with workers to sustain psychological health and safety in the workplace.

because of the diversity of influences on a person's psychological well-being.

It has been well demonstrated that it is important to provide a psychologically safe work environment before health promotion endeavours can succeed. In implementing this Standard, organizations should assess needs and address gaps in psychological safety before starting far-reaching health promotion activities.

However, the successful and continual improvement of workplace psychological health and safety depends on the active participation of both the organization and its workers. Both the employer and the worker have responsibilities to help ensure a successful outcome from use of this Standard while maintaining confidentiality.

Workplace Factors Affecting Psychological Health and Safety

Think of a typical workplace hazard – perhaps some kind of chemical exposure or maybe an electrical or a machine-based threat. A psychological workplace hazard can also influence the health and safety of your workers every day. These types of hazards can take many forms including trauma, chronic stress, emotional abuse, bullying, or harassment.

We don't always think of these types of hazards as a workplace situation to be assessed, but why not?

These are real worker hazards, and they can be addressed by the use of risk mitigation techniques.

When you think of a more typical strategy to reduce risk in Occupational Health and Safety, you might think of the use of a fume hood to reduce or eliminate worker exposure to chemical vapours and fumes. Similarly, a worker in a hostile environment with bullying or harassment is in a potential risk situation. There are things we can do to mitigate or reduce this risk. Similar to using a fume hood to reduce risk, we can identify the psychological hazard and put in place appropriate controls to reduce it (*specifically, training, incident reporting processes, and policy development and enforcement*).

Evidence-based research from scientific and legal studies identifies workplace factors that alone (but usually in combination) can contribute to either the promotion or detriment of psychological health and safety.

These workplace factors are organizational or systemic and therefore can be influenced by the workplace. Addressing these factors effectively can positively affect worker psychological health, psychological safety, and participation. This can then improve productivity and financial results.

National Standard of Canada Workplace Factors

- psychological support
- organizational culture
- clear leadership and expectations
- civility and respect
- psychological job demands
- growth and development
- recognition and reward
- involvement and influence
- workload management
- engagement
- work/life balance
- psychological protection from violence, bullying, and harassment
- protection of physical safety
- other chronic stressors as identified by workers

Psychological Health and Safety Management System (PHSMS)

A PHSMS is similar to other management systems and should be integrated with existing policies and processes.

A Psychological Health and Safety Management System or PHSMS helps an organization identify hazards that can contribute to psychological harm to the worker. It is a preventive approach that assesses your workplace's practices and identifies those areas of concern. When concerns are noted, the organization must suggest strategies for preventive measures that are anticipated to reduce potential harm or eliminate hazards.

As previously stated, a psychologically healthy and safe workplace has been defined in the National Standard of Canada for Psychological Health and Safety in the Workplace as:

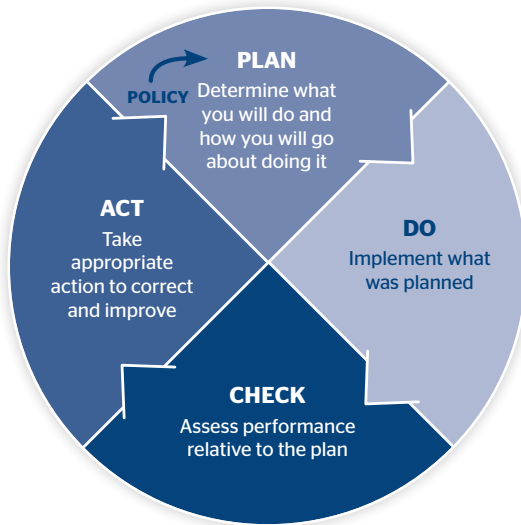
“A workplace that promotes workers’ psychological well-being and actively works to prevent harm to worker psychological health, including in negligent, reckless, or intentional ways”.

A PHSMS does not need to involve a significant investment, or a complete change in processes, policies, or procedures.

If your organization is already operating under a formalized **Business Management System**, the PHSMS type of systematic approach should be familiar to you. These concepts and systems integrate easily into existing and future organizational policies and processes (for example, ISO 9001, ISO 14001, OHSAS 18001, CSA Z1000). The concepts of management review, continuous improvement, and preventive and corrective actions should all be familiar terms. A PHSMS is simply a new or different way of looking at the sustainability of your human capital and finding ways to manage this for the ultimate benefit of both the organization and the workers.

However, if a **Managed Systems** approach is new to your organization, we've put together many easy-to-use and helpful tools and techniques throughout this handbook to help you succeed at implementing a PHSMS. Think of this **Managed Systems** approach with the following concept:





Source: Adapted from CSA Z1000-06³

First, make a plan including how you will measure success (*Plan*). Then, execute the plan (*Do*). Next, confirm that everything is going according to plan (*Check*). And if not, take some action to correct it (*Act*) and be sure to update the plan. It's a simplified way of looking at your organizational systems, but it's worthwhile and ensures you have strong program and organizational principles for implementation.

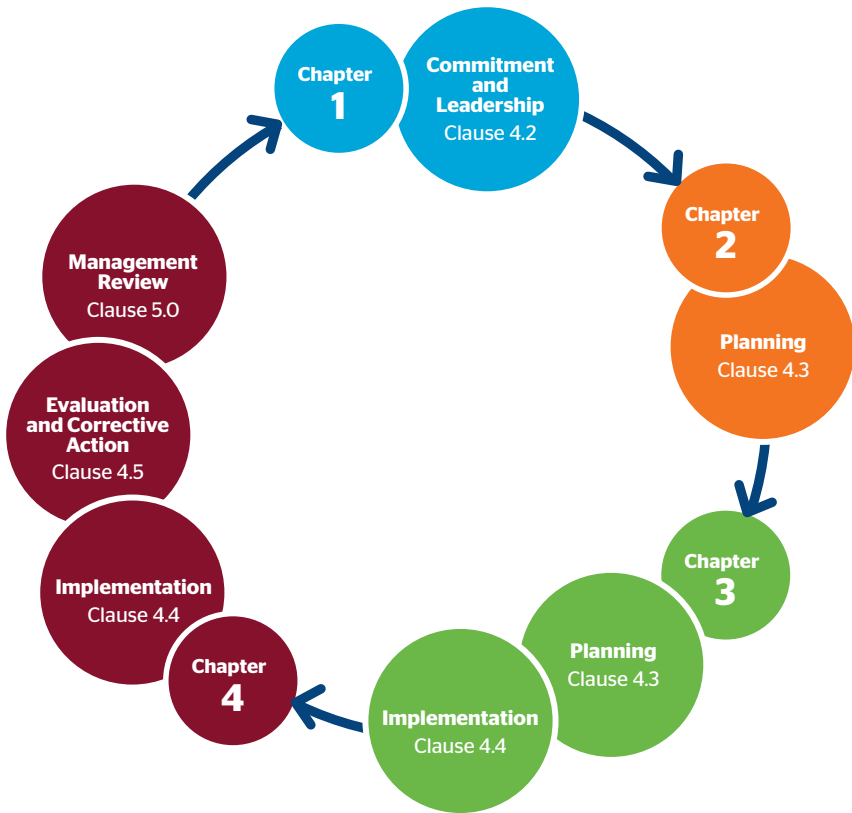
How to Use this Implementation Handbook

This implementation handbook is intended to be used along with the National Standard of Canada for Psychological Health and Safety in the Workplace. These two documents work together to help organizations create psychologically healthy and safe workplace environments. (The National Standard of Canada, *CAN/CSA-Z1003-13/BNQ 9700-803/2013 Psychological health and safety in the workplace - Prevention, promotion, and guidance to staged implementation*⁴, is available in English and French for no charge at shop.csa.ca.)

This handbook was developed to help organizations and individuals understand where to start and how to move their organization through the initial planning stages to full implementation.

The graphic on the next page illustrates the link between the clause structure of the National Standard and the Implementation Guide to assist the user in understanding how the two documents can be used together.

CORRELATION OF THE HANDBOOK TO THE NATIONAL STANDARD OF CANADA



We've put together an easy-to-use **Four Piece Framework**. Each piece, or building block, has its own chapter in the book and includes a practical section at the end with useful **Tools and Techniques** specific to that chapter's portion of the framework. There are helpful definitions, checklists, frequently asked questions, tips, tools and references to assist you along the way. This building block approach, plus the **Tools and Techniques** included at the end of each chapter, gives you all the information you need to work with the Standard towards successful implementation.

If your organization currently works within a *Managed Systems* approach (as represented by the *Plan-Do-Check-Act* model shown on the previous page) and this is something you already quite familiar with, then you'll find all of the elements you are used to seeing within our **Four Piece Model**. The four phases in this handbook help simplify the development and implementation of a successful PHSMS. The concepts of *Plan-Do-Check-Act* are incorporated as needed in each of the chapters.

Assembling the Pieces of your PHSMS

Chapter 1

Building the Foundation

Chapter 2

What Are Your Opportunities?

Chapter 3

What Are Your Objectives?

Chapter 4

Implement the Plan





Definitions

HEALTH

A state of complete physical, social, and mental well-being, and not merely the absence of disease or infirmity⁵.

MENTAL HEALTH (PSYCHOLOGICAL HEALTH)

A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community⁵.

PSYCHOLOGICAL SAFETY

The absence of harm and/or threat of harm to mental well-being that a worker might experience.

Reference: Guarding Minds @ Work⁶
(adapted wording)

Note: Improving the psychological safety of a work setting involves taking precautions to avert injury or danger to worker psychological health.

PSYCHOLOGICALLY HEALTHY AND SAFE WORKPLACE

A workplace that promotes workers' psychological well-being and actively works to prevent harm to worker psychological health including in negligent, reckless, or intentional ways.

Reference: Guarding Minds @ Work⁶
(adapted wording)

PSYCHOSOCIAL RISK FACTOR

Hazards including elements of the work environment, management practices, and/or organizational dimensions that increase the risk to health⁴.

PHSMS

Psychological health and safety management system. An organizational management system consisting of policies, procedures, and practices put in place to assist organizations in creating a psychologically healthy and safe workplace.

Frequently Asked Questions



Why should our organization implement a psychological health and safety management system?

A PHSMS can help your organization successfully manage human resources. A PHSMS can also contribute to the financial success of an organization. Consider psychological health and safety as an integral part of all your operations from hiring to training and from managing performance to managing change.

Is this about worker mental illness?

No. Adopting a PHSMS isn't about assessing a worker's mental health. It is about considering the impact of workplace processes, policies, and interactions on the psychological health and safety of all workers.

For those workers who have a mental illness such as depression or anxiety, there may be other things for an employer to consider, like the duty to accommodate described in human rights legislation. Duty to accommodate means that sometimes it is necessary to treat someone differently in order to be fair.

On average, there is a percentage of the working population diagnosed with a mental illness, such as depression or anxiety. Human rights, labour, and employment laws describe workplace obligations and responsibilities for this group. Although a PHSMS can be helpful for workers with mental illness, a PHSMS is primarily intended to be preventive for the entire workforce in the same way that occupational health and safety systems are preventive for physical injuries and illnesses for the entire workforce.

Are you suggesting that organizations are solely responsible for the psychological health of all workers?

No. Many factors, including those that are outside of an employer's control, can affect psychological health. These include factors that are not related to the workplace such as:

- genetics
- personal issues
- family concerns
- financial challenges

Generally, people are responsible for their own health and well-being, whether in or out of the workplace. However, organizations should do no harm to worker health.

Think of a workplace and a possible hazard such as a chemical a worker may be exposed to. If the chemical hazard cannot be eliminated from the workplace, the hazard needs to be managed so it does not cause harm to the worker. The hazard can be managed by making changes to the workplace or changes to how the work is performed. Training or guidance may be offered to workers whose job requires exposure, or there may be new procedures to help reduce the potential exposure to the material.

Similarly, we need to identify potential hazards to the psychological health and safety of workers and try to eliminate them. If it is not possible to eliminate them we need to reduce the risks for workers. For example a job may require employees to deal with angry customers. In some cases, especially if the employee is harmed or threatened, police may need to be

Frequently Asked Questions

called and/or the customer prohibited from coming back to the workplace. If the customer's actions are not serious enough for the customer to be *eliminated* from the workplace, we need to reduce the risk of harm to the worker. Policies, procedures, and controls can be put in place to help the employee deal with the situation. Training in defusing escalating situations and finding solutions with the customer is another thing that can be beneficial for the worker. A PHSMS helps employers learn to do this more effectively.

Will the process of implementing a PHSMS just cause new problems or make things worse?

This is a very common concern for employers when deciding to implement a PHSMS. But avoiding or denying issues can allow problems to get worse until they hit a crisis point.

By considering psychological health and safety issues now, you can save time and help prevent negative situations in the future. For example, there are several legal cases where organizations had promotion practices that put people into positions of authority, without checking to ensure their competence. If safeguards had been in place, the resulting legal cases would not have taken up the time and resources of the organizations. And their reputations would not have been damaged.

With effective communication to workers about the goals of a PHSMS, and clear guidelines about how the approach works, you can gain as

much value from the process as from the outcome.

Will a PHSMS create extra stress and pressure for managers?

Some managers may worry that a PHSMS is aimed at finding the faults or shortcomings of individual managers. That is not the goal of a PHSMS. Managing workers can be challenging, especially in times of emotional distress or conflict. A PHSMS helps to address these types of challenges.

Management style is only one of several factors that may influence psychological health and safety in the workplace. Anyone who is interested in improving personal and organizational effectiveness can benefit significantly from the implementation of a PHSMS.

Could this approach violate worker confidentiality and privacy?

The PHSMS is not intended to focus on any individual worker. Instead, its goal is to consider organizational approaches, strategies, policies, procedures, and interactions that might affect the psychological health or safety of any worker.

Every organization is unique, and the approach to establishing, documenting, and maintaining a PHSMS should respect the needs and resources of each organization.

CHAPTER 1

Building the Foundation



What do you already have in place?

- Can you articulate what Psychological Health and Safety means to your organization?
- Have you identified Organizational Champions and Sponsors and ensured they have adequate time and resources available?
- Have you looked for other internal resources and expertise (others with experience in managed systems)?
- Have you secured Senior Leadership commitment?
- Have you considered confidentiality, diversity, and stakeholder participation?
- Have you developed and communicated an organizational policy statement on Psychological Health and Safety?

Building the Foundation

Let's get started!

In this chapter, we discuss the first of the *Four Pieces* of our PHSMS implementation and development model. This chapter will help you build a strong foundation that includes getting support and commitment from your workplace stakeholders. This happens through thoughtful consideration and articulation of why and how you will develop a psychological health and safety management system.

In this first piece of our model, we focus our attention on *Building the Foundation*. As with most endeavours, starting with a strong foundation can support ongoing success. This chapter focuses on this fundamental concept and helps you ensure that you're building a strong organizational foundation for your PHSMS.

Note: *Throughout this handbook, you will find text boxes that refer to specific clauses in the National Standard of Canada. These boxes show the requirements that are mandatory to achieve compliance with the Standard. To make it easier, we have added a consolidated checklist of all of these mandatory requirements within the **Tools and Techniques** section of each chapter. We have also included a consolidated list of all of these mandatory requirements in the final chapter of the book.*

What does Psychological Health and Safety in the Workplace Mean?

A first step to securing the commitment of others is describing what Psychological Health and Safety might mean to your organization and a **Vision** of your intended outcomes.

Guarding Minds @ Work™ (guardingmindstwork.ca) was commissioned by the Great-West Life Centre for Mental Health in the Workplace, funded by Great-West Life, and developed by experienced research practitioners from the Centre for Applied Research in Mental Health and Addiction (CARMHA) within the Faculty of Health Sciences at Simon Fraser University in Vancouver, Canada. (carmha.ca)

They provide some useful definitions for you as you start to develop your PHSM system⁶.

Psychological Health

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

Psychological Safety

“The absence of harm and/or threat of harm to mental well-being that a worker might experience. Psychological safety deals with the risk of injury to psychological well-being that an employee might experience. Improving the psychological safety of a work setting involves taking precautions to avert injury or danger to employee psychological health.”

The World Health Organization defines **Mental Health (= Psychological Health)** as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”⁵.

All of these elements combine to create our definition of a **Psychologically Healthy and Safe Workplace**. As discussed in the Introduction, our definition is a workplace “that promotes workers’ psychological well-being and actively works to prevent harm to worker psychological health, including in negligent, reckless, or intentional ways”.

The cornerstones of a Psychological Health and Safety Management System are **Prevention of Harm** (the psychological safety of workers), the **Promotion of Health** (maintaining and promoting psychological health), **Resolution of Incidents** or concerns and **Continuous Improvement**.

A PHSMS gives organizations a customized and sustainable framework for following their strategic objectives of improving worker Psychological Health and Safety in their specific organizations.

The National Standard refers to a list of **Workplace Factors** that were adapted from Guarding Minds @ Work. Research has shown that these workplace factors can affect psychological health and safety in the workplace.

Guarding Minds @ Work explains each of the factors described in the Standard. In Chapter 2, we describe each of these in detail to help you understand them in practical terms and how they can affect psychological health and safety.

Building a System (*not an initiative*)

Creating a PHSMS means developing an ongoing and flexible framework that is built over time and integrated into how business is done and work is carried out. It should not be thought of as simply another organizational program to be offered or a short-term project or initiative.

Making this shift requires careful thought and an effective strategy to help avoid unintended consequences and barriers to sustainability.

Significant and sustainable change doesn't happen quickly – it can be a slow and deliberate process taking leadership, time, commitment and persistence. If your organization understands this concept or, if you're able to describe this to your senior leaders (both management and labour) at the inception, you may find a greater level of understanding and a willingness to dedicate sustainable resources and support.

The following diagram shows a *Continuum* ranging from *Carefulness to Avoid* or prevent mental injury, to *Intention to Inflict* mental injury. At the start of your PHSMS journey, all organizations should be able to recognize themselves as somewhere on the continuum scale. (More detail on organizational culture as one of the workplace factors is covered in Chapter 2.)

From Harm to Care: The Goal of the Standard



Source: Dr Martin Shain, The Neighbour@Work Centre

CAREFULNESS: making every reasonable effort to be aware of how your conduct or behaviour affects others and to understand some basic things about their rights and interests. Carefulness is an attitude of vigilance and awareness of consequences.

CARELESSNESS: not caring whether or how your conduct or that of the people you're responsible for affects others; operating as though relationships at work do not matter. Carelessness is an attitude of indifference to how you affect others.

NEGLIGENCE: failing to consider whether or how your conduct or that of the people you're responsible for creates foreseeable risks to the mental health of others, given what a reasonable person in your position should know about them.

RECKLESSNESS: knowing the risks created by your conduct or that of the people you're responsible for and deliberately ignoring them.

INTENTION: deliberately inflicting mental suffering through your own behaviour or through others.

The overall intent of the National Standard of Canada is to assist organizations in moving towards a higher position of care and ultimately reaching the goal of carefulness and diligence in protecting worker psychological health and safety.

As with any kind of organizational change, successful outcomes can be supported by strong organizational *Champion(s) or Sponsor(s)*.

A *Champion* is defined as someone who is respected by both workers and management, has a passion for the cause, and is willing to be the "face" of the system. This is the person who acts as leader and communicates frequently to all workplace stakeholders. In organizations with organized labour, champions should come from both management and labour.

A *Sponsor* is someone in senior leadership who will continue to advocate for the allocation of resources to support this system. This is someone who has the authority and power to make decisions at the highest level. In some organizations, your champion and sponsor may be the same person. In other organizations, you may have several champions and sponsors.

In addition to a champion and sponsor, you may want to identify people who have experience in implementing change - including those people who have been involved in implementing other standards. They may have tips and guidance for you and provide first-hand experience for things that could work well in your unique organization. Use existing expertise and past organizational learning from others.

It is valuable to include the Health and Safety Committee as they have additional training in and a passion for health and safety. They are usually representative of various parts of the organization and will include both management, workers and if applicable worker representatives.

Perhaps you have individuals who have worked in or created and implemented a quality, an environmental, or a health and safety business management system in the past (specifically, ISO 9001, OHSAS 18001, ISO 14001 or CSA Z1000). There are many common elements in these systems, and individuals with experience in the area of managed systems may be able to offer information to you. Invite them to your meetings or encourage them to become part of your internal teams.

*(For further tips on managing organizational change, see the **Tools and Techniques** information in this chapter.)*



Advantages of promoting psychological health and safety in the workplace:

- Early, regular, and sensitive contact with employees during sickness-related absences can be a key factor in enabling an early return to work⁸.
- Increased job stress, low job control, and lower job satisfaction are associated with higher turnover. Addressing job-related stress can help keep skilled workers⁹.
- Studies of some chronic conditions and health risk factors found that lost productivity from presenteeism was 7.5 times greater than productivity loss from absenteeism¹⁰.

Making the Case for Psychological Health and Safety

Before you start on this journey, you need to be sure others are on the same path as you. Your senior leaders and managers need to commit to developing a systematic approach for managing psychological health and safety in the workplace. This doesn't mean you can't improve your workplace situation without a high level of support, but it will be more difficult. And it may take more time to get results than you had first hoped. (For tips on what to do without management support, see the **Tools and Techniques** information in this chapter).

Any organization needs to clearly understand the benefits, risks, and costs of its operations and initiatives. A PHSMS is no different. Many workplaces will ask their Psychological Health and Safety Champion what the business case is for undertaking such an endeavour.

Having a psychologically healthy and safe workplace makes sound financial and organizational sense. (See the *Introduction* chapter.)

Much of the evidence is presented in the work of the Global Business and Economic Roundtable on Mental Health and Addiction (mentalhealthroundtable.ca) and in reports from the Mental Health Commission of Canada (mentalhealthcommission.ca).

As well as a prudent business practice, it has increasingly become an employer's responsibility to provide a psychologically healthy and safe workplace. The legal trends related to this responsibility are outlined in the work of Dr. Martin Shain in a report commissioned by the Mental Health Commission of Canada, *Tracking the Perfect Legal Storm*¹¹, and in a 2014 update to this report commissioned by the Great-West Life Centre for Mental Health in the Workplace, *Weathering the Perfect Legal Storm*¹² as well as in precedents from human rights agencies across the country. Research shows that management and governance practices can have a significant effect on the psychological health and safety of employees.

(For more tips on building the business case, see the **Tools and Techniques** information in this chapter.)



In today's knowledge-based economy, the business case for psychological health and safety is fundamentally a challenge of managing the sustainability of human capital.

A 2012 survey working individuals was commissioned by the Great-West Life Centre for Mental Health in the Workplace and completed by Ipsos Reid. More than 70% of Canadian employees surveyed indicated some concern with psychological health and safety in their workplace¹³.

- While 14% of employees disagreed that their workplace was psychologically healthy and safe, 30% reported levels of concern that warrant serious attention.
- Over 50% of employees surveyed reported experiencing frustration, exhaustion, or irritation sometimes or often in the previous month. About a quarter reported experiencing anxiety, helplessness, or depression.
- Over 25% reported feelings that, no matter what they did, it would never be enough to please their manager/employer.
- 46% believed that economic uncertainty has had a negative effect on their workplace and 22% worried about losing their job.
- 60% of managers/supervisors said dealing with conflict is one of the most stressful parts of their job.

Creating Effective Organizational Support

An effective organizational support system for a PHSMS has three integral elements: strong organizational *Commitment and Leadership*, active *Employee Engagement and Participation* and supportive and effective *Policies and Procedures*.

To be successful, you need to adopt all of these elements as you work to create a psychologically healthy and safe work environment.

These three elements work together in a supportive way to build a strong and sustainable management system for your organization to work within for years to come. It's important to understand that although it may be possible to design or implement a PHSMS without incorporating all of the elements, it will be a much more effective and useful system if you pay attention to these important aspects from the inception.

The rest of this chapter provides some guidance and insight into creating the *Organizational Support* needed in all three of these areas to help you create and implement your PHSMS.



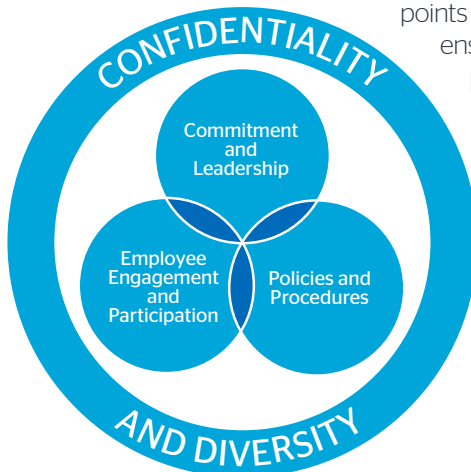
Confidentiality and Diversity

Two important principles which can have a direct effect on organizational support are *Confidentiality and Diversity*.

Work to ensure that confidentiality and diversity are an integral part of your management system. Clear communications on how to protect privacy and confidentiality will also help strengthen employees' willingness to actively engage and participate. This is a crucial element of a well-functioning PHSMS,

and you will find it referred to at various points throughout this handbook. Always ensure you are adhering to all applicable privacy laws and regulations.

(A summary of the Canadian privacy legislation can be found at priv.gc.ca)



The National Standard of Canada has specific mandatory requirements for these elements as follows:

Confidentiality (*Clause 4.2.5*)

The organization **shall** establish and sustain processes that ensure confidentiality and privacy rights are respected and protected.

Diversity (*Clause 4.3.6*)

Organizations comprise diverse populations and groups. The organization **shall** consider the unique needs of these diverse populations and solicit input when these needs are relevant to complying with the requirements of this Standard.

(Note: This is an excerpt of Clause 4.3.6 containing only the information pertaining to this section of the handbook.)

So what do you need to do to ensure that you are on the right path?

- ✓ Identify and engage support and commitment from senior leadership
 - Engage effective organizational Champion(s) and Sponsor(s)
- ✓ Review policies and procedures
 - Integrate psychological health and safety into how business is done
- ✓ Support employee engagement to ensure more effective understanding
- ✓ Reduce fears or concerns through clear and collaborative communication
 - Listen and ensure employees are heard
 - Reinforce key messages
- ✓ Develop effective information feedback loops

Commitment

A publicly stated commitment by senior leadership is an important step towards a Psychological Health and Safety Management System.

The need for commitment and leadership is defined in the National Standard as something that is critical to your success. A signed **Policy Statement** on workplace psychological health and safety (such as those used in many organizations for health, safety, and environment) is a good starting place to demonstrate and gain commitment.

As with any initiative, people are more likely to commit to the process if they understand why it's important for them and if their fears about potential changes or required effort are addressed. This helps get the commitment and participation of all workplace stakeholders, including employees, worker representatives, and all levels of management.



General (Clause 4.2.1)

Commitment, leadership, and effective participation are crucial to the success of the PHSMS. All stakeholders share an interest and responsibility to ensure psychological health and safety in the workplace.

Management **shall** ensure that the responsibilities and authorities related to the PHSMS are defined and communicated throughout the organization.

Leadership

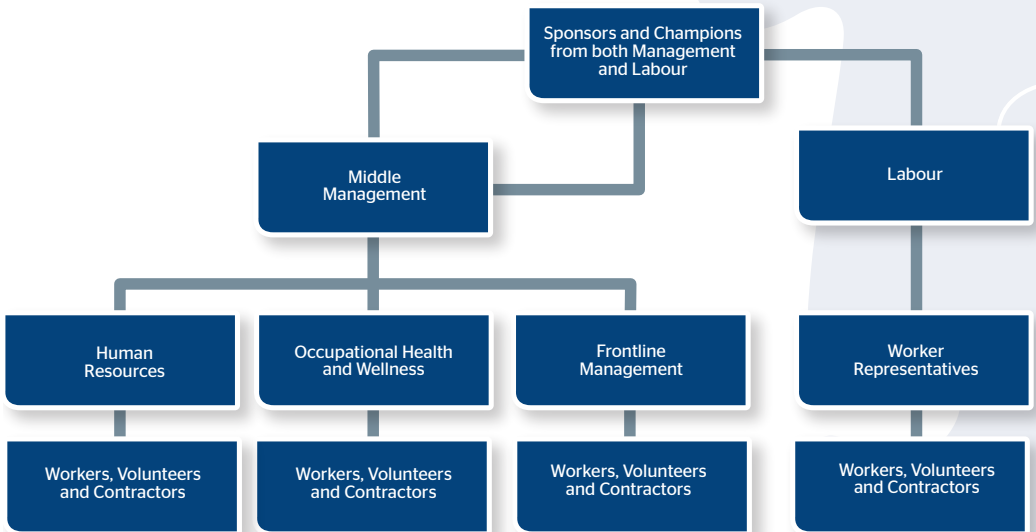
Leadership at all levels in the organization can play a pivotal role. These leaders can be found at the highest level of senior management, human resources, occupational health, front-line management, worker representatives, or union representatives. All leaders should actively work to support, encourage, and engage all stakeholders at all stages and decision points in your progress. Organizational **Champion(s)** and **Sponsor(s)** should be appointed with overall responsibility for and ownership of the PHSMS. The **Champion** needs to be given enough time and resources to support the design, development, and implementation of the PHSMS. And the **Sponsor(s)** should ensure adequate resources are available and barriers removed to assist the appointed **Champion** in meeting objectives.

Sponsorship, engagement and change management *(Clause 4.4.4)*

The organization **shall** establish processes that support effective and sustained implementation, including

- a) Sponsorship by senior leadership and leadership at all levels of the organization;

(Note: This is an excerpt of Clause 4.4.4 containing only the information pertaining to this section of the Implementation Handbook.)



The National Standard describes six key functions that staff in leadership roles must fulfill as follows:



Actively working with and engaging all workers in the organization can be an important part of a Champion's role. Champions should work throughout the process to communicate with all the workers and stakeholders and continue to work to reinforce the PHSMS for years to come to ensure it remains a continually improving and worthwhile system for all.

Building a solid organizational support system includes early identification and engagement of strong, committed Sponsor(s), Champion(s), and leaders who provide the resources needed to achieve the desired result.

Engagement and Participation

In the process of considering approaches to workplace psychological health and safety, it is important to understand the value of engaging employees in discussing and developing those approaches. Involvement in decision-making processes can increase a worker's motivation and commitment to contribute to a psychologically healthy and safe work environment.



Being encouraged and supported to participate rather than feeling forced to take part is much more likely to be effective and sustainable. Some of the concerns about engaging front-line staff include worries about push back, negativity, or apathy. Any of these concerns can come from past initiatives that resulted in negative consequences, misunderstandings, or a lack of action.

For these reasons, care should be taken at the inception of your PHSMS to consider addressing stakeholder concerns and encouraging participation. Also consider how you can support ongoing engagement and get input at all stages of planning and implementation.

Active and meaningful participation of stakeholders is an important factor in psychological health and safety in any organization. Within the National Standard, there is a requirement for participation in all stages of the PHSMS design, development, and implementation. Specifically, participation requirements are mandatory requirements in the policy development, planning, implementation, and operation of specific programs, and evaluation of the system and its impacts.

Although worker participation is an essential aspect of the PHSMS in the organization, consultation with workers and worker representatives does not mean the organization must have worker approval or permission. Worker and worker representative participation should not interfere with business needs or operations. Wherever possible reach consensus with worker representatives to ensure commitment and the ongoing success of the PHSMS.

The organization **shall** (Clause 4.2.4.2)

- a) provide workers and worker representatives with time and resources to participate effectively in the development of the psychological health and safety policy and in the process of PHSMS planning, implementation, training, evaluation, and corrective action;
- b) encourage worker participation by providing mechanisms that
 - i) support worker participation, such as identifying and removing barriers to participation;
 - ii) establish workplace health and safety committees or worker representatives where required by OHS legislation and, where applicable, collective agreements or other requirements; and
 - iii) ensure that workers and worker representatives are trained in, and consulted on, all aspects of PHSMS associated with their role within this system.

Examples:

- a) Be clear and reasonable about what you are asking.
- b) Can be done online, in person, or at regularly scheduled team meetings

To ensure such participation, the organization **shall** (Clause 4.2.4.1)

- a) engage stakeholders in active regular dialogue that facilitates understanding of stakeholders' needs and goals;
- b) engage workers and, where required, their representatives in policy development, data gathering, and planning process to better understand their needs with respect to psychological health and safety in the workplace.

(Note: This is an excerpt of Clause 4.2.4.1 containing only the information pertaining to this section of the Handbook.)

Examples:

- a) The Great-West Life Centre for Mental Health in the Workplace has created a free online resource called "On the Agenda" that could be used to help facilitate these discussions. (*workplacestrategiesformentalhealth.com*)

The National Standard also recommends seeking participation specifically with the Occupational Health and Safety (OHS) committee or Health and Safety Representative(s). It suggests encouraging participation and engagement through the creation of a specific committee or sub-committee for psychological health and safety in the workplace.

Participation (Clause 4.2.4.1)

The organization **shall** engage the Occupational Health and Safety (OHS) committee or HS representatives, where required, to define their involvement in the PHSMS.

(Note: This is an excerpt of Clause 4.2.4.1 containing only the information pertaining to this section of the Handbook.)

It is important to understand as you begin working with the elements of the Standard within your organization that the definition of **Worker** is a broad definition encompassing all stakeholder groups that can potentially fall under the control of the organization.

Worker – a person employed by an organization or a person under the day-to-day control of the organization, whether paid or unpaid, which includes employees, supervisors, managers, leaders, contractors, service providers, volunteers, students, or other stakeholders actively engaged in undertaking activities for benefit to the organization.

Building the Organizational Policies and Procedures

Building an Organizational Policy Statement for your PHSMS

The first document the National Standard of Canada tells us to prepare is a **Policy Statement** that is approved by senior management, and if applicable, the Board of Directors. This policy statement should be short (no more than one page) and can be incorporated into other existing documents and policies. It must state the organization's commitment to developing a systematic approach for managing health and safety in the workplace. Once the **Policy Statement** is created, it can become an instrumental piece of your commitment communications to stakeholders.



Commitment (*Clause 4.2.2*)

The organization **shall** have or incorporate into existing policies a current policy statement approved by senior management and the Board of Directors (where applicable) that outlines their commitment to the development of a systematic approach for managing psychological health and safety in the workplace.

The policy statement **shall** be based on the organizational commitments to

- a) establish, promote, and maintain a PHSMS in accordance with the standard;
- b) align with the ethics and stated values of the organization;
- c) establish and implement a process to evaluate the effectiveness of the system and implement changes as necessary;
- d) delegate the authority necessary to implement an effective system;
- e) ensure that workers and worker representatives, as required, participate in the development and implementation and continual improvement of the system;
- f) provide the required resources to develop, implement, and maintain the PHSMS;
- g) evaluate and review the system at planned intervals for the purpose of continual improvement; and
- h) recognize that it is in everybody's common interest to promote and enhance a working relationship consistent with the principles of mutual respect, confidentiality, and cooperation.

*(Note: You will find a sample Policy Statement in the **Tools and Techniques** section of this chapter to help you get started.)*

Summary

We've already covered some procedures and policies that can help you develop an *Organizational Support System*. You'll find these listed as an easy-to-use checklist in the *Tools and Techniques* section of this chapter. Some important items that need to be developed or incorporated into existing procedures and policies, processes, and systems are as follows:

- **Confidentiality and Privacy**
- **Diversity**
- **Senior Leadership Commitment**
- **Leadership Responsibilities**
- **Worker and Stakeholder Participation and Consultation**

Remember, your goal is to encourage *Carefulness and Diligence* in supporting psychological health and safety. To be successful, your workforce must understand and adopt this concept. Continual reinforcement of the message, policies, procedures, and all levels of leadership attention are your most effective tools.



Building the Foundation Checklist

Complete
Y/N

Responsibilities and authorities related to the PHSMS must be defined and communicated throughout the organization.	
A policy statement (alone or incorporated as part of another relevant policy) endorsed by senior management should refer to psychological health and safety as it applies to the organization.	
The policy statement must reflect the organization commitment to: <ul style="list-style-type: none"> • establish, promote, and maintain a PHSMS • align with stated organizational values and ethics • establish and implement a process to evaluate the effectiveness of the system and implement changes • delegate the necessary authority to implement the system • ensure involvement of workers/worker representatives in the development, implementation, and continual improvement of the system • provide ongoing resources • ensure regular evaluation and review • respect the principles of mutual respect, confidentiality and cooperation 	
Organizational leadership must demonstrate the following qualities: <ul style="list-style-type: none"> • reinforce the development and sustainability of a psychologically healthy and safe workplace environment • support line management • establish key objectives for continual improvement • “walk the talk” • ensure psychological health and safety is part of decision-making processes • engage workers/worker representatives 	
The organization must ensure participation through: <ul style="list-style-type: none"> • engaging stakeholders in regular dialogue • engaging workers/worker representatives in policy development, data generation, and planning 	
The organization must engage the OHS committee/worker representatives in defining their involvement in the PHSMS.	
Confidentiality of persons must be respected, including removal of identifying material on relevant documents.	
The organization has considered development of a specific PHSMS Committee.	
The organization must consider the unique needs of a diverse population and solicit input when these needs are relevant to achieving the goals of this Standard.	

Building the Foundation Checklist



Complete
Y/N

<p>The organization must encourage worker/worker representative participation by:</p> <ul style="list-style-type: none">• providing time and resources to participate in the PHSMS program• identifying and removing barriers to participation• involving and training in relevant aspects of the PHSMS	
<p>The organization has established processes to support effective and sustained implementation, including sponsorship by senior leadership and leadership at all levels of the organization.</p>	

TOOLS & TECHNIQUES

What if employees are skeptical about engaging?

You may want to tell employees that:

- The organization is starting a new management system that considers the psychological health and safety of all employees in every part of its operations. The system is organization-wide, involving everyone, and each person has a role to play.
- This is not about the health of any single person. Instead, a PHSMS focuses on how organizational policies, processes, procedures, and interactions affect all employees' psychological health and safety.
- Senior management and the union (as applicable) are committed to building psychological health and safety into all aspects of the organization's business.
- This system will be a priority, and accountability will be built into it at all levels.
- The approach to PHSMS is similar to approaches to other management systems, such as quality, health and safety, and environment.

What can I do if I can't get Senior Leadership support?

There is a lot that can be done without formal support. It is important that you stay within the rules and generally acceptable practices of your organization. And it's best if your approach fits with existing organizational goals and objectives. The National Standard Annex C.3 "Building Leadership Commitment"

provides a model that assumes a lack of senior leadership support. It includes the following stages:

1. Using existing resources. By using free resources, you can begin the journey towards psychological health and safety in your workplace. These initiatives can then be evaluated and the evidence of success - improving employee engagement, productivity, and performance - can be used for the next stage.
2. Engaging leadership from labour and management. In this stage, you use the evidence of success to recruit champions who have influence on the decision makers. Supporting these champions makes the case for a broader approach and if possible, a strategic direction statement related to this approach.
3. Embedding across the organization. In this stage, you look for ways to integrate psychological health and safety approaches across the organization. For example, you may want to speak to each department head about what they are already doing in this area and how their policies and processes might benefit from considering psychological health and safety.
4. Ensuring accountability. In this stage, you evaluate how each initiative and/or department is doing. These assessments are more evidence of what is effective and can also be used to gain ongoing or expanded senior leadership support.

Communication

Early Key Messages

Consider your audience and their potential concerns or fears about the implementation of a psychological health and safety management system. The following suggestions can help you customize your early key messages to specific stakeholder groups to help address concerns and to secure engagement.

Senior Leaders and Management

For senior leaders and management, this may involve making a business case to gain commitment and strategic policy direction from the most senior members of the organization.

Sample key message to senior leaders and management

According to Dr. Martin Shain, emerging case law increasingly holds employers responsible for providing a psychologically safe workplace. In addition, research shows that a psychologically healthy workplace can be, on average, more profitable.

Labour Organizations or Unions

For labour organizations or unions, it is important to be inclusive in the development and roll-out of a Psychological Health and Safety Management System (PHSMS). Worker well-being is a shared responsibility between unions and management. Union representatives were involved in the development of the National Standard of Canada for Psychological Health and Safety in the Workplace. Taking a positive approach to psychological health and safety can improve worker health and safety and also provides a good opportunity to strengthen union/management relationships. Facilitating union participation through evaluation and corrective action can also support ongoing involvement in establishing a psychologically healthy and safe workplace.

Beginning the implementation of a PHSMS without stakeholder participation and union buy-in is likely to be ineffective and would not comply with the requirements of the Standard.

Sample key messages to the union

The primary goal of implementing a PHSMS is to help protect and promote employee psychological health and safety by addressing organizational psychosocial and work environment factors that affect psychological health and safety in your workplace. Union involvement in a PHSMS is important to its success.



Communication

Early Key Messages

Middle Management

The day-to-day tasks of ensuring an ongoing healthy and safe workplace are often the responsibility of middle management. Whether resolving conflict, managing performance, supporting a return to work or accommodation, managing change, or simply dealing with negative emotions at work, managers need support and resources.

By recognizing and rewarding the efforts of managers to ensure an ongoing healthy and safe workplace, and supporting individual manager skills development, workers in middle management may be more motivated to participate and contribute to the PHSMS.

Sample key messages to middle management

Managing employees can be challenging, especially in times of emotional distress, conflict, or trauma. An effective Psychological Health and Safety Management System (PHSMS) provides support and information to help you address these issues. It has the potential to reduce things that cause stress and pressure in the workplace.

Employees

Employees may be skeptical about an approach to psychological health and safety, so it is important to provide clear communication that the PHSMS is focused on improving the organization for their benefit.

If your workplace has existing or recent challenges, it can be valuable for those in leadership to accept responsibility for the current situation, even if they were not involved in the conflict or the cause of the problem. This can help people to refocus on the solution, rather than focus on who is at fault. It can help everyone to move beyond past problems towards a healthier workplace. Employees should understand that their participation and engagement is essential for an effective PHSMS.

Sample key messages to employees

Our organization is committed to protecting the health and safety of all employees. This includes psychological health and safety. To identify and address factors that might affect psychological health and safety, we are expanding our health and safety management approach and we need your help.

This is not about your personal health status. It is about the organization's impact on the health and well-being of all employees.

Managing Change



Everyone reacts to change differently. A key to managing change initiatives is to be continuously adaptable and flexible. Know that your audience will react differently. Some people are fine with change and willingly work to assist you. Others may be resistant and even work against you. Some may be fearful, others nervous; many may be simply indifferent. A successful change management leader anticipates these reactions and builds responses, deliverable timelines, and messages accordingly.

Recognize that everyone has a unique perspective and that psychological health may be a personal issue for some. You need to anticipate wide-ranging reactions and prepare your Champion(s), Senior Leaders, and Managers for varied emotions and opinions. This is part of your PHSMS experience. Bringing about true sustainable change can be a slow process. It takes effort, ongoing work, and continuous reinforcement to champion the effort.

You may have seen the case where a workplace change initiative is simply emailed out to all employees to follow. Often, when checked months later, it's not uncommon to find people still using the old procedure. We know that simply creating new policies and procedures and circulating them is not usually successful. But this remains a common process in many organizations.

Adding training to this approach improves the success rate, but it still is unlikely to be sufficient even when appropriate learning approaches are employed. The key

for any successful organizational modification is to support the change with strong, ongoing measurement and reinforcement. Front-line managers, middle managers, and senior leaders and directors must manage their employees and ask the questions about the new procedure - is it working, what are the hurdles, how can we improve this, etc. Implementing the changes in procedures and policies and then reinforcing them is what will make your PHSMS begin to take on a successful life of its own. Reinforcement needs to continue every day until the system is integrated into how business is planned and how work is carried out.



Communication

Rule of Three's

Some Communications Managers have a secret known as the *Rule of Three's*. It's a simple concept, but it is an extremely effective one and can be incorporated into email, presentations, conversations, print materials, etc. At its basic level is the concept that people generally need to hear things three times to properly accept or understand a new concept. Teach them, tell them what you taught them, and then tell them again. Follow up and ensure you have time to manage continuous communications. Aim to have your key messages delivered to all your stakeholders through at least three different mechanisms and iterations (for example, email, bulletin board, workshop).

Sample Policy Statement



ABC Inc. is committed to the establishment, promotion, maintenance, and continual improvement of a workplace psychological health and safety management system (PHSMS) that:

- Is aligned with our organizational values and ethics and respects the principles of mutual respect, confidentiality and cooperation
- Has the resources (human and financial) and authority needed to ensure successful establishment, promotion, maintenance, and continual improvement of the PHSMS
- Ensures a cross-section of employees (including workers/worker representatives) are involved in the development, implementation, and continual improvement of the system
- Establishes and implements a process to evaluate the effectiveness of the system and implement changes

Building the Business Case

The business case for providing a psychologically healthy and safe workplace has been established. For resources and statistics to help strengthen your argument, these online references may be helpful.

- Making the Business Case (workplacestrategiesformentalhealth.com)
- Global Business and Economic Roundtable on Addiction and Mental Health – CFO Framework for Mental Health and Productivity (mentalhealthroundtable.ca/dec_07/CFO_Framework_Nov%202007.pdf)
- Dr. Martin Shain, *Weathering the Storm*¹² (workplacestrategiesformentalhealth.com/pdf/wAathering_the_perfect_legal_storm_BEV_E.pdf)

In his report, *Tracking the Perfect Legal Storm*¹¹, Dr. Martin Shain suggests that providing a psychologically safe workplace is no longer something that is simply nice to do. It is increasingly becoming a legal imperative. Changes in labour law, occupational health and safety, employment standards, workers compensation, the contract of employment, tort law, and human rights decisions are all pointing to the need for employers to provide a psychologically safe workplace. In addition, human right requires a duty to accommodate mental disabilities.

- A Leadership Framework for Advancing Workplace Mental Health: (mhccleadership.ca)

Building the Business Case

You could consider building some data based on the experience of your specific organization. A couple of ideas follow:

Cost Effectiveness:

- Gather a few years' worth of absenteeism data or rates related to workplace issues and mental health, or costs of STD/LTD-related cases. Compile the costs associated for just one employee who was off for workplace issues. Include things like time away, lost productivity, strain on co-workers covering for an absent employee, time/cost for all involved when resolving the issues to get the employee back to work including management, human resources, union representatives, etc.

Risk Management:

- All organizations today face the possibility of an increased risk of legal/regulatory sanctions for harassment, discrimination, human rights violations, grievances, and arbitration etc. Look at a few years' of history to see whether your organization has had any of these types of issues and if so, how many. Calculate the cost on average of just one of these cases including the cost of all of the employees who have been involved.
- In his reports *Tracking the Perfect Legal Storm*¹¹ and *Weathering the Storm*¹², Dr. Martin Shain suggests that providing a psychologically safe workplace is no longer something that is simply nice to do. It is increasingly becoming a legal imperative. Changes in labour law, occupational health and safety, employment standards, workers compensation, the contract of employment, tort law, and human rights decisions are all pointing to the need for employers to provide a psychologically safe workplace. In addition, human right requires a duty to accommodate mental disabilities.

To create your own set of facts and statistics, use the following 20 Questions for leaders. These questions help review possible exposures to risk or potential for improvement:

20 Questions for Leaders on Psychological Health and Safety

1. Is employee psychological health and safety a stated priority in our organizational policy statement?
2. Do people in our organization have a common understanding of a psychologically safe workplace?
3. Is our management team familiar with the legal and regulatory requirements and expectations related to workplace mental health and psychological safety?
4. What is the cost of stress-related illnesses – both physical and mental – to our organization?
5. Is there a system in place to measure the rates of both absenteeism and presenteeism (being unproductive while present at work) in our organization and what percentage of these may be related to psychological health and safety issues?

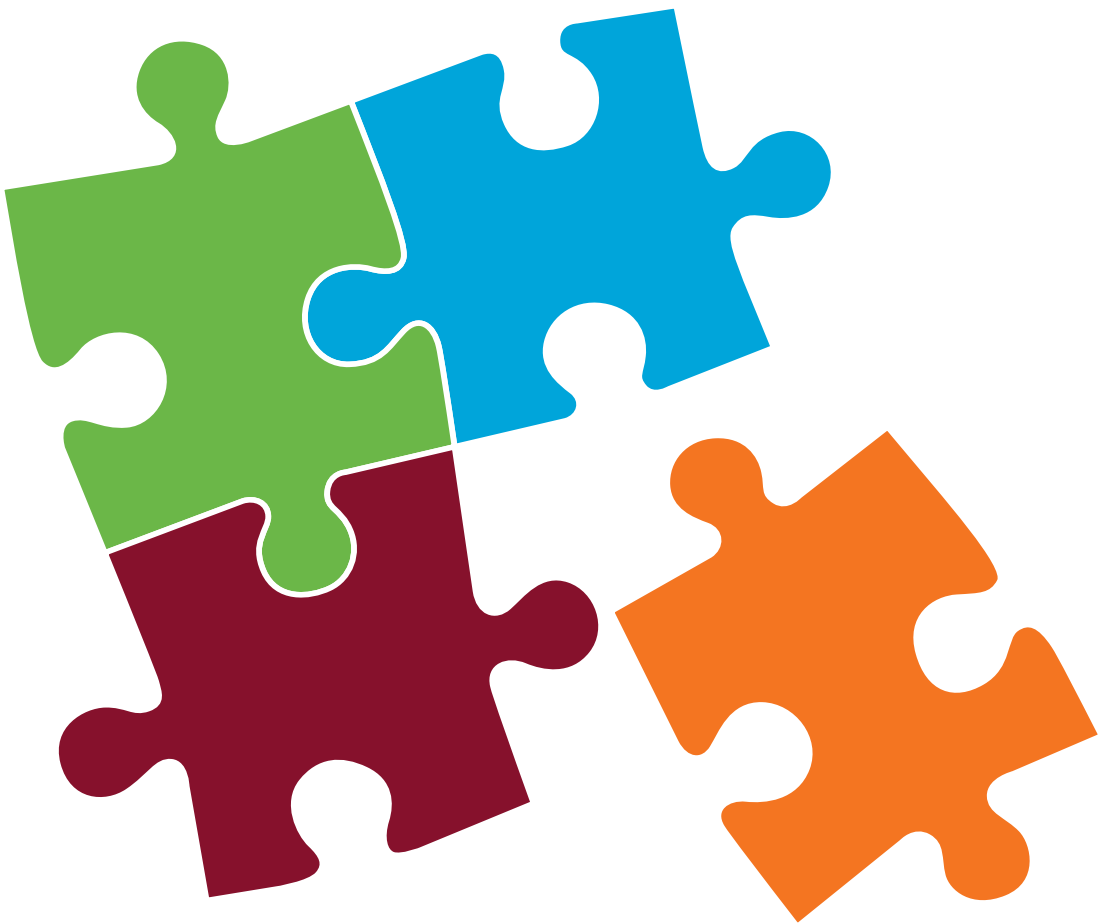
Building the Business Case



6. What percentage of disability claims are related in whole or in part to mental health issues or workplace conflict issues?
7. Do our policies align with occupational health and safety, labour law, tort law, contract law, and employment standards with respect to psychological health and safety?
8. Is there a process in place to encourage front-line managers to provide a psychologically safe workplace through such measures as performance indicators and evaluation methods?
9. Are staff whose position includes managing, supervising, or supporting employees adequately trained, skilled, or competent to make good decisions?
10. Do the leaders and management in our organization recognize and respond to conflict in a timely and effective manner?
11. Are the leaders and management in our organization trained to identify the difference between a mental health problem and a performance issue?
12. Does our organization have a policy on work-life balance?
13. Does our organization work to prevent physical, relational, or emotional harassment, bullying, or aggression?
14. Does our organization help prevent discrimination by providing all employees with a basic level of knowledge about mental health issues?
15. Do we have crisis response policies and processes in place for issues such as suicide, violence, threats of violence, or emotional breakdowns at work?
16. Does our organization have a process allowing for open communications between managers, supervisors, and employees that helps us address the needs of co-workers who are traumatized by personal or workplace issues?
17. Do we have a return-to-work policy that considers the emotional, psychological, and interpersonal challenges and allows union/employee representatives to play a role in the return-to-work process including having the opportunity to provide input on the return-to-work process?
18. Do we know how to reasonably accommodate workers with a mental health disability at work?
19. What resources in our organization or community exist for employees struggling with mental health issues?
20. Is our organization exposed to complaints concerning the duty to reasonably accommodate persons with mental disabilities, which may include depression or anxiety-related disorders?

CHAPTER 2

What Are Your Opportunities?



What do you already have in place?

- Have you established your data collection process?
- Have you assessed the strengths and weaknesses of your existing PHS strategy? Have you assessed the organizational policies, processes, and practices that are already protecting and promoting good psychological health? *(You could use an internal audit for this purpose)*
- Have you implemented a risk mitigation process including hazard identification, risk assessment and preventive and protective measures?
- Have you considered some or all of the workplace factors in your risk mitigation process?
- Have you considered confidentiality, diversity, and stakeholder participation?
- Have you considered establishing a PHS in the Workplace Committee?
- Have you developed procedures and processes for the above items?

What Are Your Opportunities?

Now that you have written your organization's policy statement, received support from your senior leadership, identified sponsors and champions, and ensured those individuals or teams have the necessary time available *you can start looking for opportunities to make a positive difference!*

Are you wondering?

- How to tell if your organization has any real or potential problems or issues?
 - Which Workplace Factors may contribute to or cause problems in your workplace?
 - How you can decide where to focus your efforts?
 - How you measure or know if you achieved positive results?
-

The focus of the remaining chapters is deciding the plan for your unique organization and how to implement, measure, and continually improve it. As with any plan, you should develop a road map for where you are going - how long it might take, the resources you will need along the way, and how to evaluate the effectiveness as you reach your planned destination.

Chapter 2 of our implementation model focuses on establishing how your organization currently deals with psychological health and safety in the workplace and how you will measure and gather data to support the implementation of a PHSMS. Once this is understood, you can identify opportunities in your organization for improvement or challenges that may affect your ability to make positive change. Establishing a PHSMS through an assessment process can help you create a psychologically healthy and safe work environment for your unique workplace.

One commonly understood business principle is that you are more likely to develop an effective strategy or implementation plan if you have a good understanding of where your organization currently stands. It's generally easier to plot an effective course to your destination if you know the location where you are currently situated. *In other words, what is your current situation?*

In this chapter, we offer guidance to help you establish your baseline (your current situation) through the use of **Data Collection**, an **Audit** of your organization's existing processes, programs, and procedures; **Identification of Psychosocial Hazards**; and **Data, Trend, and Risk Analysis and Assessment** to identify your organization's current strengths, weaknesses, immediate issues, and opportunities for improvement for PHS.

In Chapter 3, we will use your analysis for establishing your goals, objectives, and implementation plans for your PHSMS.

Establishing your Baseline

As part of your planning, you need to establish your **Baseline** – in other words, identify your current situation. Establishing your baseline means evaluating your organization's current state and defining its specific workplace needs. This can help you prioritize requirements and focus on areas that can most help your employees and your organization.

Measuring psychological health and safety in your workplace might seem like a daunting task, but with resources and guidance, this can be accomplished, keeping costs and effort within manageable and reasonable limits.

There are three elements to effectively develop your organization's **Baseline**:

- Data Collection
- Hazard Identification
- Data Analysis

Data Collection

The idea of **Data Collection** may seem confusing. Where do we start? How much data is needed to establish a baseline? In our framework, we break down data collection into a couple of key areas. The National Standard does not dictate how much data or what data you must collect. Every situation is unique, and this decision depends on your organization's specific situation.

Data Collection (Clause 4.3.5)

The organization **shall** establish a data gathering process using qualitative, quantitative, or mixed methods. The degree of detail required will depend upon the complexity of the workplace, the goals of the PHSMS, the reasonable accessibility of reliable data, and the decision-making needs of the organization. Any collection of data **shall** comply with all privacy requirements, legislation, collective agreements, and policies.

The organization **shall** keep a record of the data collected and of the methods used in data collection. Where required by regulation, the organization **shall** share the data collected and related reports with the OHS committee. Where data is shared, confidentiality of all persons **shall** be respected and identifying markers removed from the documents.

(Note: This is an excerpt of Clause 4.3.5 containing only the mandatory requirements pertaining to this section of the Handbook)

Your **Data Collection Process** must include documenting the data collected, as well as the processes and methods used to collect the data.

Let's separate this into two areas:

- **Aggregate Organizational Data**
- **Existing Policies, Procedures, and Programs that Support PHS**

Aggregate Organizational Data

Some organizations already have data and reference information available. This can include absenteeism, disability, turnover, grievances, incidents, and other statistics. You may only need to translate or modify the information to use in this context. But remember, protecting the privacy of individuals is mandatory. Using a higher-level summary of the data so that no one can identify any individual characteristics or information is called **Aggregate Data** (for example, using the absenteeism rate as a percentage for the entire organization, rather than the absenteeism rate in days per person). Using this aggregate data, rather than individual statistics for reporting, is one way to help ensure that confidentiality is always protected.

Note: For organizations with fewer than 25 employees, privacy concerns may exist with aggregate data due to the smaller sample size.

Other organizations may have to start by collecting data. You may have to decide what type of data is relevant to your organization and how to collect the data. All organizations will benefit from identifying the initiatives, programs, and policies they currently have that already support psychological health and safety in their workplace environment.

Reviewing and collecting existing data relevant to a PHSMS may include any of the following: *(adapted from Clause 4.3.5)*

- turnover rates
- rates of absenteeism
- numbers of complaints or grievances
- review of accident and incident reports
- morale/productivity/performance data
- ethics violations
- exit interview results
- rate of substance abuse
- return-to-work and accommodation data
- principal diagnostic categories (for all short-term/long-term disabilities)
- claims data such as benefit utilization rates, disability relapse rates, and workers compensation data

- worker engagement indicators and worker feedback (for example, surveys, participation rates)
- report(s) from unions or worker groups regarding exposure/risk information
- disability statistics (short or long term)
- Employee (& Family) Assistance Program (EAP/EFAP) data

For more tips on data collection, see the **Tools and Techniques** information in this chapter.

As you begin to work with different types of data and information, it is important to reflect on future requirements. Consider how you intend to measure and track improvement over time. Ensure you also develop a system that simplifies collecting and reporting relevant data. This will make it easier to compare your baseline in one year, two years, and so on, to track improvement. The easiest data to track and report is quantifiable (for example, number-related data such as days absent, WSIB claim rates, turnover rates).

You will need data for analysis, so look at trends that may help compare worksites or offices, as well as identify problem areas or areas of strength. For example, a one-year, three-year, and five-year summary of WSIB or turnover trends may highlight issues or improvements with time.

Your organization may also have existing qualitative information available, for example, anecdotal or report-related information such as recent employee feedback from interviews or surveys. This type of information can be useful in your baseline data collection. If you have already been carrying out a well-designed survey over time, you may also be able to identify trends from this information.

Existing Policies, Procedures, and Programs that Support PHS

The National Standard tells us that we need an assessment of existing practices that are already protecting workers and promoting psychological health and safety. One way to assess is by doing an organizational audit.

Most organizations find they have a number of elements and programs already in place. Listing all of your existing policies, procedures, and programs that affect PHS will help you understand what you have that is currently working well and will be useful as you develop a list of organizational opportunities for improvement.

Planning Process (Clause 4.3.2)

The planning process **shall** include

- a) planning for management of psychological health and safety in the workplace, including the assessment of worker health impact, financial impact, and organizational policy and processes that promote good psychological health;

- c) assessment of the strengths of the existing psychological health and safety strategy;
- d) recognition and identification of current practices that are already protecting and promoting psychological health and safety.

(Note: This is an excerpt of Clause 4.3.2 containing only the information pertaining to this section of the Handbook)

Organizational Audit

Many organizations find it helpful to do an initial **Organizational Audit** as a part of establishing their baseline and developing their plans and priorities. This doesn't mean you need to run all over the organization with your clipboard in hand checking if procedures are being followed and documentation is in place. Instead, this initial assessment can be a review by your Organizational Champion/Sponsor or PHS Teams. The National Standard includes an **Audit Tool** in Annex E. (For your convenience, we have included this in Chapter 5 of this handbook. This is also available as a no-charge interactive downloadable template at workplacestrategiesformentalhealth.com/pdf/Sample_Audit_Tool_English.pdf.)

This **Audit Tool** is a checklist incorporating each of the mandatory components of the National Standard. You can check off the elements you currently have in place. This situational analysis will highlight each component that is needed to comply with the National Standard and support psychological health and safety. It is a snapshot in time showing where you stand compared to the requirements of the Standard.

Hazard Identification

The second part of your **Organizational Baseline** is the identification of the psychological health and safety hazards in your workplace. Occupational Health and Safety professionals call this review of the sources of potential psychological harm in a workplace **Hazard Identification**.

What are the hazards currently existing in your organization that are sources of potential psychological harm to your workforce?

The National Standard tells us to establish and document a **Risk Mitigation Process** as an integral part of our PHSMS.

The purpose of a **Risk Mitigation Process** is to identify all the potential workplace hazards and to estimate and assess their risk to the workers. You can then look at preventive

What are the hazards currently existing in your organization that are sources of potential psychological harm to your workforce?

and protective measures to either eliminate or effectively mitigate (reduce) the level of risk to the workers. There are many different methods and methodologies possible for this process. The method or tool chosen depends on the industry, company, or personal preference. It is the development and use of the systematic process itself that is the key component of a *Risk Mitigation Process* rather than the choice of the method utilized.

Identification, assessment, and control
(Clause 4.3.4.1)

The organization *shall* develop, implement, and maintain a documented risk mitigation process that includes

- a) hazard identification;
- b) elimination of those hazards that can be eliminated;
- c) assessment for level of risk for hazards that cannot be eliminated;
- d) preventive and protective measures used to eliminate identified hazards and control risks; and
- e) a priority process reflecting the size, nature, and complexity of the hazard and risk, and, where possible, respecting the traditional hierarchy of risk control.

Fortunately, much of the hard work to *Identify* these workplace hazards has already been done for us. Thanks to the leading Canadian research done by CARMHA that was used to create Guarding Minds @ Work (guardingmindsatwork.ca), we know that there are Workplace Factors identified that can positively or negatively impact an employee's psychological responses to work and work conditions.

These *Workplace Factors* are provided for guidance only. The Standard does not dictate or demand that you have assessed all of the workplace factors, but it is recommended. You may also find other potential factors and associated risks in your unique organization that you may want to include in your risk mitigation process. Again, the Standard is not prescriptive in this area, and you need to decide on the elements to include in your specific PHSMS.

Guarding Minds @ Work explains in more detail each of the factors and there is a brief definition for each in one of the Standard's Informative Annexes (Annex A.4). (Note that where there are differences between these two documents, the Standard's definitions will apply.)

The following descriptors can help you understand, in practical terms, what the *Workplace Factors* mean.

Expanded from Clause 4.3.4.2

The factors to assess *should* include, but are not limited to, the following:

- **Psychological Support**
A work environment where co-workers and supervisors are supportive of employees' psychological and mental health concerns, and respond appropriately as needed.
- **Organizational Culture**
A work environment characterized by trust, honesty, and fairness.
- **Clear Leadership and 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 changes coming.
- **Civility and Respect**
A work environment where employees are respectful and considerate in how they interact with one another, as well as with customers, clients, and the public.
- **Psychological Job Demands**
A work environment where employees' interpersonal and emotional competencies fit with the requirements of their position.
- **Growth and Development**
A work environment where employees receive encouragement and support in developing their interpersonal, emotional, and job skills.
- **Recognition and Reward**
A work environment where there is appropriate acknowledgment and appreciation of employees' efforts in a fair and timely manner.
- **Involvement and Influence**
A work environment where employees are included in discussions about how their work is done and how important decisions are made.
- **Workload Management**
A work environment where tasks and responsibilities can be accomplished successfully in the time available.
- **Engagement**
A work environment where employees feel connected to their work and are motivated to do their job well.

- **Work/Life Balance**

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

- **Psychological Protection from Violence, Bullying, and Harassment**

A work environment where employees' psychological safety is ensured.

- **Protection of Physical Safety**

A work environment where employees' physical safety is ensured.

- **Other Chronic Stressors as Identified by Workers**

A work environment where employees feel safe to identify chronic stressors and those stressors are effectively and quickly addressed.

Note: It is not possible to list every possible factor that could affect PHS, and therefore the Standard includes this final factor to encourage discussion and input from workers.

For more information on the *Workplace Factors*, see the **Tools and Techniques** information in this chapter.

Once the **Hazards** are identified, the next step in our **Risk Mitigation Process** is to consider the potential effect of these hazards in your work environment. Can the hazards simply be eliminated? If not, a **Risk Assessment** is needed to better understand the potential risk the hazard may have on worker psychological health and safety.

We first need to develop the inventory of potential hazards (in other words, our workplace factors) and then assess the level of risk the hazards pose for employees.

Remember our earlier laboratory example in the introduction chapter. The identified workplace hazard was the worker's potential exposure to harmful chemicals and vapours. Once we identified this hazard, assessed that it had a high risk of potential harm to the employee and decided that it could not be eliminated, we applied the mitigation measure (a fumehood to adequately control vapour exposure).

Consider the situation where the identified workplace hazard was the worker's potential exposure to bullying and aggressive customer behaviours within a call centre. Once we identify this hazard, assess that it has a high risk of potential harm to the employee, and decide that it cannot be eliminated, the mitigation measure that could be applied is the development of a supportive policy (supports employee action), training in conflict resolution, negotiation skills, and stress management to adequately support the front-line workers in managing these situations.

Assessing the psychological risk factors in a workplace environment isn't something most organizations have done before. We provide some guidance for this assessment in the next section where we cover the **Analysis** of the data collection and understanding current areas of strength and weakness in PHS in your workplace.

Data Analysis

To truly understand your current organizational situation, it's not enough to gather a lot of facts, figures, and information. You must spend some time analyzing and assessing the data in order to complete your snapshot in time and understand what it is telling you. Your data analysis should have the following parts:

- **Data and Trend Analysis and Review**
- **Organizational Risk Assessment**

Data and Trend Analysis and Review

Now that you have looked into all the different types of data your organization has available, it's time to do a review and look at your information more carefully and critically.

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

- Are there data trends that are a concern and might need a closer look? (*for example, turnover trend increasing, absenteeism rate increasing*)
- Are there any particular divisions or departments that seem to have data that is inconsistent with the rest of the organization? (*for example, sales department in one geographic area has a turnover rate that is twice as high as the national average*)
- Are the comparisons consistent? It's quite common to find data and data trends that use different measurement methods or different units. (*for example, absenteeism expressed as an average of days/per employee versus absenteeism expressed as days per 100 employees*)
- Start thinking about the underlying reasons for the trends and the root cause for why this is happening.
- If you have access to benchmark data from industry associations or professional groups, this can be helpful in finding potential issues or concerns. Benchmarking means comparing your organization to another that has created a standard or best practice. If your aggregate data is substantially higher or lower than the industry-accepted benchmarks, you may need to investigate.

What is the data telling you?

What is it that you have been doing well?

Are their opportunities for improvement?

Consider what the data is telling you and start to think about underlying reasons and root causes for these trends. Start to group your information by strengths of your existing system and opportunities where your organization can improve. Watch for any issues that might need to be addressed immediately (for example, physical safety, harassment, bullying). This is the type of information that you will be drawing on to develop your priorities and objectives for your PHSMS in Chapter 3 of this handbook.

For more information on data analysis, see the *Tools and Techniques* information in this chapter.

Organizational Risk Assessment

This section focuses on risk assessment from a *Workplace Factors* point of view. Analysis of the organizational data previously discussed provides a risk assessment from a personal impact perspective as well as data related to the financial risk to the organization. In addition, analysis of data on legal requirements will provide a risk assessment with respect to compliance.

“Psychosocial hazards involve both psychological and social factors in the workplace and include work organizational factors (stressors) that can threaten the mental and physical health of employees. Psychosocial factors can affect a worker’s psychological response to his or her work and conditions within the workplace, including such things as relationships with colleagues and supervisors.

Psychosocial factors are outcomes of the work organization. They are perceived or actual characteristics of the work environment that can influence the behaviour and stress levels of both workers and management. Psychosocial factors can undermine the effort to ensure a safe workplace such that normally low-risk situations can become high risk.”

(Source: CSA Z1002¹⁴)

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

Participation (Clause 4.2.4.1)

Where discussion of psychological hazards in the workplace takes place at the OHS committee, confidentiality of all persons *shall* be respected and identifying markers removed from the documents used at the OHS committee.

To further encourage participation and engagement, the organization may consider the implementation of a specific committee or sub-committee for psychological health and safety in the workplace.

(Note: This is an excerpt of Clause 4.2.4.1 containing only the information pertaining to this section of the Handbook)

There are different ways and means you might choose to do your risk assessment of the identified workplace hazards (also called the workplace factors). Remember that the stronger the level of worker input, the more accurate your initial assessment is likely to be.

Don't forget the importance of the overarching essential elements as you work through your assessment of the psychological hazards. Diversity, leadership involvement, participation, and the need to protect and preserve confidentiality and privacy remain paramount in establishing your PHSMS.

Diversity (Clause 4.3.6)

The organization **shall** consider workplace factors that can impact the ability of these workers to stay at work or return to work.

(Note: This is an excerpt of Clause 4.3.6 containing only the information pertaining to this section of the Handbook)

A risk scoring tool can be useful to help users rank the different psychosocial hazards in accordance with the possibility of injury to employees in order to assess risks, evaluate the results, and prioritize interventions.

Risk Assessment is a process that is most effective when undertaken by a committee made up of individuals representing different areas or departments of the organization. The ultimate purpose of the risk assessment is the selection and implementation of appropriate preventive and protective measures.

The example that follows demonstrates this approach in a simplified format. The **Risk Assessment** leads into the evaluation of the **Risk** as each hazard is assessed on its severity and its likelihood. The combination of the two factors provides a high, medium, or low-risk outcome (red-yellow-green in the diagram that follows on page 56).

This is a common element of Occupational Health and Safety Programs and your OHS Committee, Representative, or Manager may currently have a risk assessment process,

CONSEQUENCES ↑	Fatal					
	Major					
	Serious					
	Moderate					
	Minor					
		Remote	Highly Unlikely	Unlikely	Likely	Inevitable
LIKELIHOOD →						

Source: Adapted from CSA Z1002¹⁴

along with experience using the methodology or matrix. You may find you can add the workplace factors into the existing OHS framework.

Developing a risk assessment methodology for your organization may seem difficult. But there are resources to help you with this process ranging from external consultants to free online tools. There is a free online resource that the National Standard references that could help you manage this step from start to finish.

All of the Guarding Minds @ Work resources are available in English and French on the website as downloadable documents or online tools. These include several methods that organizations can use to confidentially assess the level of psychological risk for each of the workplace factors in their organization.

There are three ways an organization can use this resource for baseline assessment:

1. GM@W Organizational Review Worksheets

A separate worksheet for each of the *Workplace Factors* is available for download and allows an organization to assess each of the factors from the perspective of the organization. Each factor's worksheet includes a description of the factor and why it is important, self-rating questions and suggestions about relevant indicators. These review worksheets are typically completed by the PHSMS Champion, business owners, senior managers, or human resource managers to assess the organization. Many companies use this tool in conjunction with a full employee survey to understand the workforce perceptions as compared to the management perspective.

This tool can also be used as part of small group meetings or focus groups with employees to develop and learn about each factor. The Great-West Life Centre for Mental Health in the Workplace has developed a leader's guide including presentation material and a facilitator's manual called *On the Agenda* to help facilitate discussions and groups in this area. (workplacestrategiesformentalhealth.com)

2. GM@W Initial Scan

This online employee survey consists of six questions that give an initial scan of your workforce for stress/satisfaction and the mental health culture at work.

It is available to any organization by signing in to the Guarding Minds @ Work website. This will provide access to a link to the survey that can then be sent to employees. When the survey is closed, the results are tabulated and a summary report is provided to the survey initiator. Only aggregate information is reported and no information is collected that identifies individual employees. The *Initial Scan* may be preferred if an organization wants a quick snapshot of employee stress/satisfaction and/or has recently conducted an employee survey.

Some organizations that are unable to send out an additional employee survey are finding it useful to look up the questions from the *Initial Scan* and add these to their survey tool. Note that this is not the recommended approach from Guarding Minds @ Work, but may prove helpful if no other option is available to you.

3. GM@W Employee Survey

This online employee survey takes advantage of the full capacity of Guarding Minds @ Work as the sixty-eight questions are specifically linked to the *Workplace Factors*. This ten minute, full employee survey can be delivered confidentially and independently. It is available to any organization by signing in to the Guarding Minds @ Work website. This will provide access to a link to the survey that can then be sent to employees. When the survey is closed, the results are tabulated and a summary report is provided to the survey initiator. In addition to an overall report, users may choose to produce reports for particular areas or regions within their organization. Only aggregate information is reported and no information is collected that identifies individual employees.

In order to assure privacy, if there are fewer than ten respondents, a report is not generated.

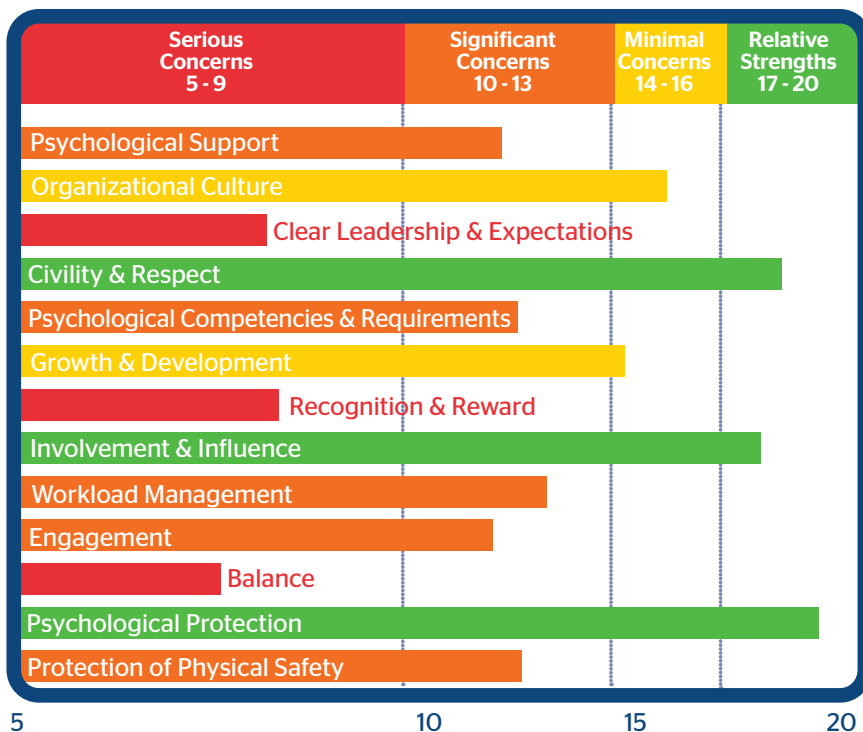


The following is an example of table data in a Guarding Minds @ Work report.

MEAN RESPONSE BY PSYCHOSOCIAL FACTOR

The following graph presents your organization's GM@W Survey Results at a glance. Please note any areas of concern or relative strength within your organization. Psychosocial Factors flagged as Significant Concerns should be your top priority.

(Reproduced with consent from Guarding Minds @ Work)



(Note: If your workplace has 10 employees or less, it will not be possible to use this survey resource while still maintaining confidentiality. It is also important to consider the diversity of your workforce before using this online resource. Consider if all of your workers can use and have access to the internet and computer resources.)

Once you have finished your **Risk Assessment**, look carefully at what the assessment is telling you. Can you identify the root cause(s) for the areas or factors identified with higher concern? Think of your assessment in terms of strengths of your existing system and opportunities for your organization to improve. You will use this assessment to develop your priorities and objectives for your PHSMS in Chapter 3 of this handbook.

For more information on doing a risk assessment, see the **Tools and Techniques** information in this chapter.

Summary

Throughout this section of our implementation framework, we discussed elements that required procedures and/or processes to be established and information to be gathered and documented, all in support of understanding your *Organizational Opportunities*. Without a good understanding of where you are currently situated, it's not always possible to develop a reliable implementation plan.

First, the *Aggregate Data* was collected and an *Organizational Audit* of your existing policies, procedures, and programs supporting PHS was developed. Next, the *Hazards (Workplace Factors)* were identified as part of your *Risk Mitigation Process*. Then, *Data and Trend Analysis* was done along with a *Risk Assessment* leading to the development of your *Organizational Baseline*. You can now demonstrate and describe what your *Organizational Strengths* and *Opportunities for Improvement* are for establishing a PHSMS and begin to develop your plans and take action.

You will find a checklist of all of the mandatory requirements of this chapter in the *Tools and Techniques* section that follows.





What Are Your Opportunities?

Checklist

Complete
Y/N

TOOLS & TECHNIQUES

Organizational leadership must demonstrate the following qualities: <ul style="list-style-type: none"> engage workers/worker representatives 	
The organization's planning process must include: <ul style="list-style-type: none"> plans to manage workplace psychological health and safety, including assessment of worker health impact, financial impact and organizational policy/processes promoting good psychological health assessment of the strengths of the existing psychological health and safety strategy recognition and identification of current practices that are already protecting and promoting psychological health and safety 	
The organization must have a defined data collection process that respects privacy requirements.	
The organization must maintain a record of all data collected and information on its sources and share results as required with the OHS committee.	
The organization must develop, implement, and maintain a risk management process that includes: <ul style="list-style-type: none"> hazard identification and processes to eliminate hazards where possible risk assessment for each identified hazard preventive and protective measures to control risks a priority process reflecting the size, nature, and complexity of the hazard and risk and also, where possible, respecting the traditional hierarchy of risk control 	
Some of the following factors have been assessed: <ul style="list-style-type: none"> psychological support organizational culture clear leadership and expectations civility and respect psychological job demands growth and development recognition and reward involvement and influence workload management engagement work/life balance psychological protection from violence, bullying and harassment protection of physical safety other chronic stressors as identified by workers 	
The organization must consider workplace factors that can impact the ability of diverse populations to stay at work or return to work.	
Confidentiality of persons must be respected, including removal of identifying material on relevant documents.	
The organization has considered development of a specific PHSMS Committee.	

Frequently Asked Questions

FAQ

TOOLS & TECHNIQUES

How do psychosocial factors in the workplace affect employee health?

There is strong evidence that certain features of the workplace can affect employees' mental and physical health. The research conducted by CARMHA tells us that:

- “Workplace risk factors increase the likelihood that an individual will experience increased stress, which in turn increases the likelihood of developing or worsening a mental disorder.
- Workplace factors may increase the likelihood of the occurrence of a mental disorder, make an existing disorder worse, and impede effective treatment and rehabilitation.
- Workplace factors may contribute directly to mental distress (demoralization, depressed mood, anxiety, burnout, etc.).
- Mental distress may not reach the level of a diagnosable mental disorder, and yet be a source of considerable suffering for the employee and productivity loss for the employer.
- A supportive work environment can reduce the onset, severity, impact and duration of a mental health disorder.”

How do I know if I've defined enough factors? Have I done enough for a baseline?

Like other health and safety approaches, it's an ongoing process, but if this is a new approach in your organization, consider the following:

- If you have a workplace that is psychologically poisoned or toxic, it is important to put in place safeguards to help ensure that no further harm is done to psychological health and safety. This could include immediately addressing issues of violence, harassment, bullying, or discrimination.
- It is also important to be transparent about accepting responsibility for the current situation and the need to make changes to reduce the likelihood of this happening again. By accepting responsibility, you can reduce the need for others to justify or defend their current behaviours or positions.
- Employers of choice or those who have already won recognition for their healthy workplaces can use the implementation of a PHSMS to continue to energize and motivate the workforce.
- If there has been a recent traumatic incident in the workplace, being open about the effects of the trauma and providing effective supports could be a first response. This also presents opportunities to engage staff in building protective factors around psychological health and safety in the workplace. You will need to be sensitive to the abilities of the people affected by the trauma to engage in this process, but in many cases, it could be helpful in their recovery process.

Frequently Asked Questions

FAQ

How do we decide what participation we need?

Consider involving representatives from all sectors of your organization. This includes senior management, union representatives, line managers, occupational health and safety representatives, human resource professionals, your employees, and any other individuals who play a role in the workplace. Once you have interest and commitment from your key players, employees may be more likely to trust the process. Ensure that confidentiality is protected throughout the process and that raw data is aggregated before being shared with the working groups.

Our organization has fewer than 10 employees. How do we do a Risk Assessment and still keep confidentiality?

You may want to use the Organizational Review process found in *Guarding Minds @ Work* as a way to consider each of the factors on your own. Once you have determined where you would like to make improvements, you can engage your employees in discussing strategies that would work for your group. You can also use *On The Agenda* found at <http://workplacestrategiesformentalhealth.com/ota> to help you facilitate discussions to improve psychological health and safety in your workplace. This resource provides you with a facilitator's guide and slide presentation to support a productive and constructive approach to making change.

No matter what the size of the organization, usable organizational data can provide an assessment of risk with respect to personal and financial impacts, and an assessment of compliance will reveal potential legal risks.

Workplace Factors



The workplace factors discussed were adapted from Guarding Minds @ Work, with the exception of protection of physical safety and other chronic stressors, which were added for the purposes of the National Standard.

The research indicates that the workplace factors are interrelated. If a change occurs within the organization that either positively or negatively impacts one workplace factor, this is likely to influence one or more of the other workplace factors in a similar manner.

The workplace factors can be measured using different tools or assessment methods. The three main resources currently used in Canada are as follows:

- Guarding Minds @ Work (guardingmindsatwork.ca)
- Occupational Health Clinic for Ontario Workers (OHCAW) Mental Injury Tool Kit (ohcow.on.ca)
- National Research Centre for the Working Environment, Copenhagen Psychosocial Questionnaire - COPSQ II (arbejdsmiljoforskning.dk/en/publikationer/spoergeskemaer)



Data Collection

Some people find the exercise of data collection a bit overwhelming. They may find there is simply not enough data to develop a meaningful baseline, or too much data to adequately go through it all and choose relevant information. It's important to not slow down at this step, trying to perfect the data gathering and analysis before you get started with your implementation plans. Consider making one of your initial objectives or targets the improvement of your data or the collection of new data. Remember that a PHSMS is a continual improvement process, and there will be lots of time to perfect things as the system progresses and time passes.

Data Analysis/ Data Trend Analysis

There are a number of resources available to find average values for Canadian workplaces or industry sector benchmarks opposite some of the more common workplace indices.

Statistics Canada has a number of workforce surveys that compile Canadian workforce data for instance:

- absenteeism rates
- turnover rates

Ask your benefits provider (if applicable) to help you develop information:

- benefit usage rates
- disability statistics (short or long term)
- Employee (& Family) Assistance Program (EAP/EFAP) utilization information

Many organizations make use of aggregated human resources, occupational health and safety or Workers Compensation data which are generally readily available. If your organization is a member of an industry association, check what resources they have available. Many will have aggregate survey data for their industry sector on things such as staffing, overtime, turnover, vacancy, sick leave etc.

Workplace Factors



The Great-West Life Centre for Mental Health in the Workplace has developed short videos about each of the workplace factors. These are available at no cost for viewing or sharing with employees at workplacestrategiesformentalhealth.com/ota as part of the On the Agenda resources.

On the Agenda is a series of presentation slides and supporting materials that assist trainers, leaders, managers, or others to facilitate discussions related to a psychologically healthy and safe workplace. The presentation series is developed around the psychosocial factors.

The statements below for the *Workplace Factors* may assist users in thinking and starting discussions about their own workplaces. The more strongly users agree with the statements, the more likely there exists a more psychologically safe workplace:

A workplace with good Psychological Support would be able to state that:

- Our workplace offers services or benefits that adequately address employee psychological and mental health.
- Our supervisors would say or do something helpful if an employee looked distressed while at work.
- Employees feel supported in our workplace when they are dealing with personal or family issues.
- Our workplace supports employees who are returning to work after time off due to a mental health condition.
- People in our workplace have a good understanding of the importance of employee mental health.

A workplace with good Organizational Culture would be able to state that:

- All people in our workplace are held accountable for their actions.
- People at work show sincere respect for others' ideas, values, and beliefs.

- Difficult situations at work are addressed effectively.
- Employees feel that they are part of a community at work.
- Employees and management trust one another.

A workplace with Clear Leadership and Expectations would be able to state that:

- In their jobs, employees know what they are expected to do.
- Leadership in our workplace is effective.
- Staff is informed about important changes at work in a timely manner.
- Supervisors provide helpful feedback to employees on their performance.
- Our organization provides clear, effective communication.

A workplace with good Civility and Respect would be able to state that:

- People treat each other with respect and consideration in our workplaces.

Workplace Factors

- Our workplace effectively handles *people problems* that exist between staff.
- People from all backgrounds are treated fairly in our workplace.
- Unnecessary conflict is kept to a minimum.
- Our workplace has effective ways of addressing inappropriate behavior by customers or clients.

A workplace with good **Psychological Job Demands** would be able to state:

- Hiring/promotion decisions consider the people skills necessary for specific positions.
- Our company hires people who fit well within the organization.
- Employees have the social and emotional skills needed to do their jobs well.
- Supervisors believe that social skills are as valuable as other skills.
- Positions make good use of employees' personal strengths.

A workplace with good **Growth and Development** would be able to state:

- Employees receive feedback at work that helps them grow and develop.
- Supervisors are open to employee ideas for taking on new opportunities and challenges.
- Our company supports supervisors' ongoing growth and development.
- Our company values employees' ongoing growth and development.
- Employees have the opportunity to develop their people skills at work.

A workplace with good **Recognition and Reward** would be able to state:

- Immediate supervisors demonstrate appreciation of employees' work.
- Employees are appropriately recognized for their commitment to their work.
- Our organization celebrates our shared accomplishments.
- Our workplace recognizes and rewards efforts toward achieving employee wellness and satisfaction.

A workplace with good **Involvement and Influence** would be able to state:

- Employees are able to talk to their immediate supervisors about how they do their work.
- Employees have some control over how they organize their work.
- Employee opinions and suggestions are considered at work.
- Employees are informed of important changes that may impact how their work is done.
- Our workplace encourages input from all staff on important decisions related to their work.

A workplace with good **Workload Management** would be able to state:

- The amount of work employees are expected to do is reasonable for their positions.
- Employees can talk to their supervisors about the amount of work they have to do.
- Employees have the equipment and resources needed to do their jobs well.

Workplace Factors



- Employees' work is free from unnecessary interruptions and disruptions.

A workplace with good Engagement would be able to state:

- Employees enjoy their work.
- Employees are willing to give extra effort at work if needed.
- Employees describe work as an important part of who they are.
- Employees are committed to the success of our organization.
- Employees are proud of the work they do.

A workplace with good Work/Life Balance would be able to state:

- Our workplace promotes work-life balance and encourages employees to take their entitled breaks (for example, lunchtime, sick time, vacation time, earned days off, parental leave).
- Employees are able to reasonably balance the demands of work and personal life.
- Employees can talk to their supervisors when they are having trouble maintaining work-life balance.
- Employees have energy left at the end of most workdays for their personal life.

A workplace with a good Psychological Protection would be able to state:

- Our workplace is committed to minimizing unnecessary stress at work.

- Immediate supervisors care about employees' emotional well-being.
- Our organization makes efforts to prevent harm to employees from harassment, discrimination or violence.
- Employees would describe our workplace as being psychologically healthy.
- Our workplace deals effectively with situations that may threaten or harm employees (for example, harassment, discrimination, violence).

A workplace with good Protection of Physical Safety would be able to state:

- Management takes appropriate action and offers sufficient training to protect my physical safety at work.
- When accidents occur or risks are identified, my employer responds effectively.
- I have the equipment and tools I need to do my job in a physically safe way (for example, protective clothing, adequate lighting, and ergonomic seating).

Within the practice of Occupational Health and Safety, there is a common term referred to as the *hierarchy of risk control*. The generally accepted practices and steps to follow in sequence as part of a **Risk Mitigation Process** are as follows:

a) Elimination of the hazard

Most psychosocial hazards cannot be totally and permanently eliminated, but if policy or processes allow for hazards to exist, they can be rewritten. For example, difficult client interactions will be managed by developing new policies to reduce client dissatisfaction and empower employees to resolve situations, when possible.

b) Control the risk or control access to the hazards

If the hazard is related to a type of work situation, you can control who is exposed to these situations through protocols that restrict access to only those people who are adequately trained. For example, train those who can effectively resolve difficult client situations. You can also examine the client situations for ways to control the level of risk that can arise. For example, brainstorm with those involved in client service, effective ways to resolve issues, and provide ongoing training and discussion about these approaches.

c) Substitution of the hazard with something less hazardous

If the hazard is difficult client situations, you might change the roles so that one person doesn't have more of these situations than other employees.

d) Making changes to how the work is organized and done

All complaints can go to someone with the authority to resolve them, or all employees are given the authority to resolve complaints within stated limitations.

e) Modifying procedures and practices

Examining the points when situations become difficult and making modifications to reduce the risk. This can also include preparing employees for these types of incidents and developing procedures for debriefing and support after a particularly stressful interaction.

f) Administrative/training

Training more employees to effectively resolve client situations.

g) Protective equipment

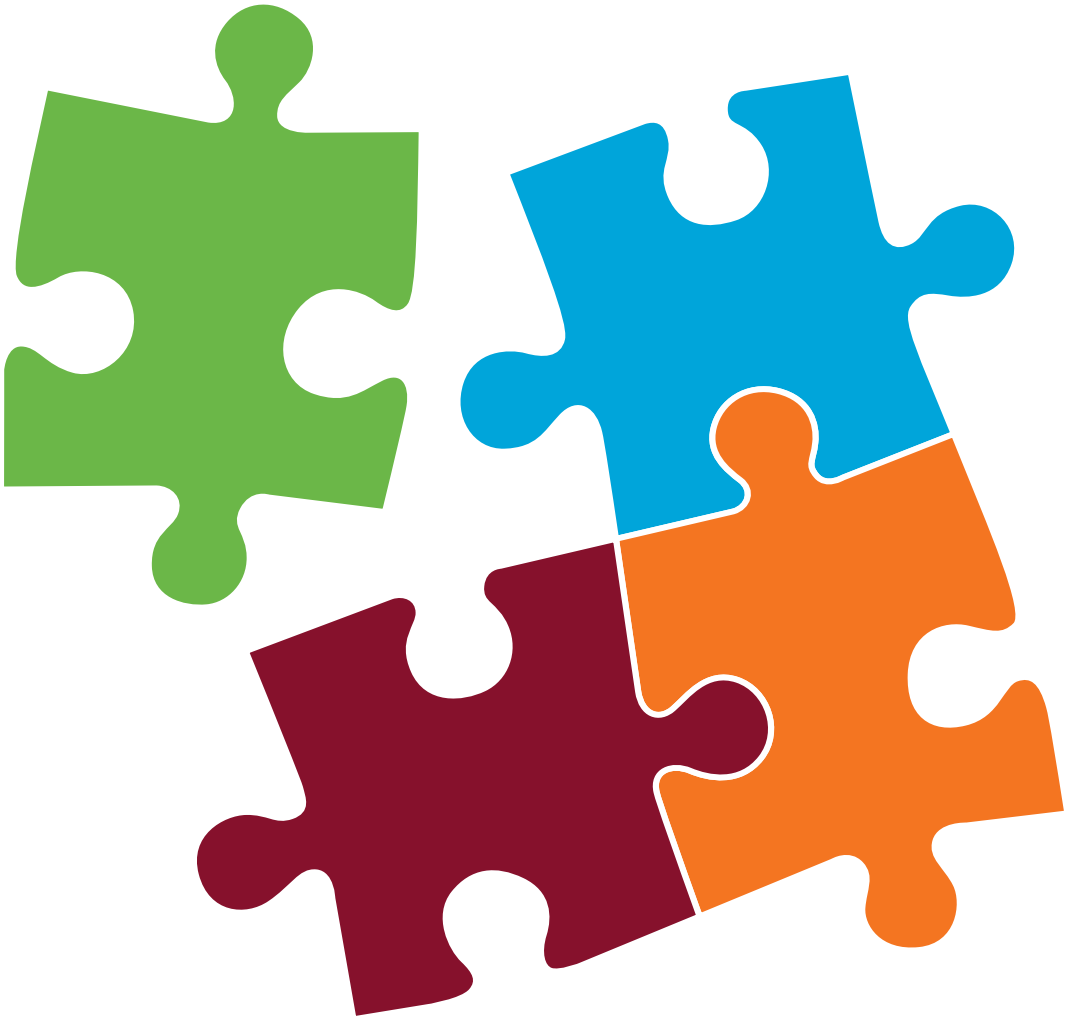
Depending on the severity of risk, this could include a panic button to bring someone to the employee's assistance or a meeting room that is open to others so that someone is always aware of what is happening.

h) Emergency response plans

If all employees are aware of what to do in these situations and aware that they may occur, you are managing both effectiveness and expectations.

CHAPTER 3

What Are Your Objectives?



What do you already have in place?

- Have you established and communicated your *Vision* for your PHSMS?
- Have you established your objectives and targets including, timelines, roles, responsibilities, and resource requirements?
- Have you established a process to implement preventive and protective measures?
- Have you identified your training requirements and established your training plan?
- Have you developed your communications plan?
- Have you considered confidentiality, diversity, stakeholder participation and leadership commitment as part of your PHSM Strategy?
- Have you developed procedures and processes for implementation governance, management of change, critical event preparedness, and external parties?

What Are Your Objectives?

Now that you have successfully:

- gathered all the data and information necessary to understand and develop your organizational *Baseline*
- identified your *Psychological Hazards*
- established your *Risk Mitigation Process* to assess and understand your existing strengths, weaknesses, and opportunities for improvement

It's time to build your PHSMS Implementation Strategy!

In this chapter, we will guide you through the development of an implementation strategy for your organization and provide some tools, techniques, and ideas for you to establish meaningful, realistic, and impactful objectives and plans for your PHSMS both short and long term. You will establish your vision for your PHSMS and develop a sustainable strategy to roll out to your organization, taking into account training, communications, resource requirements, managing change, and crisis management.

It Does Not Have to be Difficult

Your approach does not need to be something intensive or large scale. A Psychological Health and Safety Management System is similar to other management systems and should be integrated with, or embedded into, existing policies and processes. There is no one way to develop and foster a psychologically healthy workplace because every setting is unique. What you develop and implement should fit the needs, influences, and pressures of your particular situation. You may choose an implementation strategy that takes several years and has many different resources. Or you may choose a slower/faster or more/less structured approach. There are many possible approaches available. Encouraging input and participation and creating something that fits your organizational culture, resources, stressors, size, leadership philosophy, and so on, is your challenge.

The Planning Process

Planning enables an organization to identify and prioritize work-related psychological health and safety hazards, risks, legal requirements, management system gaps, and opportunities for improvement. It is necessary to establish appropriate objectives and targets, organizational requirements, governance, and ongoing management.

The National Standard defines the **Planning Process** and required elements in Clause 4.3.2 (see below). *(Note that we have already begun to build some of the requirements of the Planning Process in previous chapters and are well on our way to building our new PHSMS.)*

Planning Process (Clause 4.3.2)

The planning process **shall** include

- a) planning for management of psychological health and safety in the workplace, including the assessment of worker health impact, financial impact, and organizational policy and processes that promote good psychological health; **(Covered in Chapters 1 and 2)**
- b) developing a collective vision of a psychologically healthy workplace, specific goals for reaching the vision, and a plan for ongoing process monitoring for continual improvement; **(Covered in Chapters 3 and 4)**
- c) assessment of the strengths of the existing psychological health and safety strategy; and **(Covered in Chapter 2)**
- d) recognition and identification of current practices that are already protecting and promoting psychological health and safety. **(Covered in Chapter 2)**

Developing Your PHSMS Objectives and Targets

There are two main elements to effectively devising your objectives and targets for your PHSMS. First, you must develop your overall **Vision** for the system. What is (are) the high-level objective(s) you're aiming to reach over time? *(To start, this might simply be the implementation of a PHSMS based on the framework from the National Standard.)* Once you have your high-level vision in place, you can begin to build the more detailed and specific **Objectives and Targets** to achieve success over time.

As before, **Participation** by both management and labour and a commitment from **Senior Leadership** will help you down the right path. Remember the principles of employee **Confidentiality** and **Privacy** throughout your entire planning process and be sure to look into the **Diversity** in your workforce.

Participation (Clause 4.2.4.1)

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

- b) engage workers and, where required, their representatives in policy development, data gathering, and planning process to better understand their needs with respect to psychological health and safety in the workplace;

Sponsorship, engagement, and change management (Clause 4.4.4)

The organization **shall** establish processes that support effective and sustained implementation, including

- b) engagement on the part of stakeholders;

(Note: This is an excerpt of Clause 4.2.4.1 and Clause 4.4.4 containing only the information pertaining to this section of the Implementation Handbook.)

Develop Your Vision

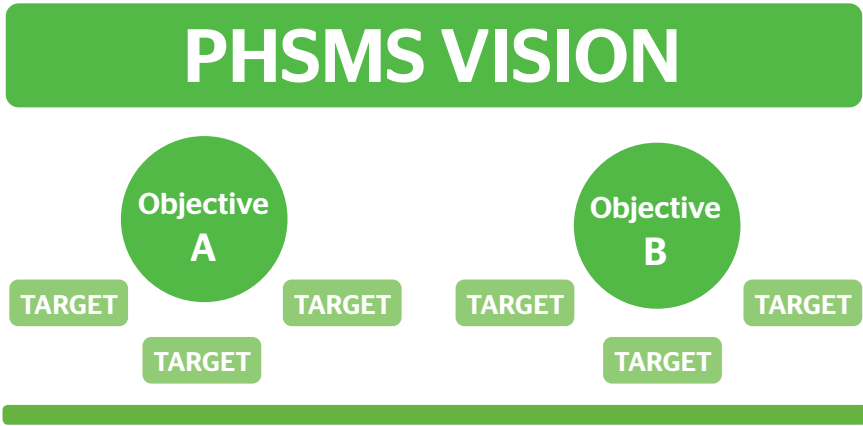
What is it that you'd like to achieve, what might it look like, and how long might it take you to achieve? Ideally, this **Vision** is something that is created with input and agreement from senior leadership and representation from the entire workforce.

A simplified example might be something like:

Over the course of three years with significant employee input from an employee survey, we will develop and implement a PHSMS in line with the National Standard of Canada to promote and foster a psychologically safe and healthy work environment for all of our 10 locations and 500 employees in Canada.

Consider your organization's overall high-level strategy and link your **Vision** to this as a way of incorporating and integrating your PHSMS. For example, do you have an organizational strategy to be a top customer service provider or to be a great place to work? Link the vision for your PHSMS to these ideas to help integrate your system within other vital elements of your organizational strategies including your overall health and safety vision. Once your overall vision is

established, you can look at developing more concrete long-term and short-term objectives and targets as part of your *PHSMS Implementation Strategy* that will ultimately allow you to build a sustainable system that will help you to realize your vision.



Setting Objectives and Targets to Reach Your Vision

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

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

For instance, consider the longer-term objective of improving the organization's response to critical incidents. Having all front-line managers undergo Mental Health First Aid training might be one step of this plan. This could be broken into shorter-term targets as follows: a six-month target of running a pilot training session and subsequent effectiveness evaluation with one of the branch locations; a one-year target of training all one-hundred of the front-line managers located in the Eastern District; and a target for year two of training all of the Western-located managers.

Another common objective-setting technique is to establish an overall organizational objective that can then be incorporated or broken down for targets to be developed by each individual department. This allows each department manager to participate in setting their own targets and affiliated action plans for their groups and will help build commitment throughout the organization.

An example of this type of approach could be the high-level objective of implementing a recognition program for all employees. A corporate program could of course be developed, but consider the strength of a program that starts at the grassroots level where each department is provided with the ability to recognize their staff.

(Note: Be sure not to overlook the ideals of justice and fairness across departments, or you will have defeated the purpose of your program.)

Planning and Implementation Teams

Depending upon the size and complexity of your organization, you may find it helpful to establish a Team Approach to working through the planning and implementation stages with you. This can greatly help in getting input and feedback from different stakeholders as well as building commitment and engagement for the PHSMS. As this is a new system for everyone, a team environment allows you to have different perspectives and expertise that will build a better system for all.

This team should reflect the diversity and uniqueness of your organization.

The team should reflect the diversity and uniqueness of your organization. It could come in the form of a:

- Steering Committee
- Implementation Team
- Advisory Committee or Council
- Implementation Planning Task Group
- PHSMS Review Committee
- Other

Membership could consist of:

- Managers and Workers
- Human Resources
- Senior Leadership
- Occupational Health and Safety Managers or Representatives
- Union/Non Union
- Functional roles
- Communications person
- Others with experience implementing Standards
- Different levels of Management
- Champion and Sponsor

There will be a strong need for clear communications to your team around privacy and confidentiality of information. Strong management of this is critical for the success of your program.

Confidentiality (Clause 4.2.5)

The organization **shall** establish and sustain processes that ensure confidentiality and privacy rights are respected and protected.

The National Standard tells us that objectives and targets need to be documented as part of your PHSMS plan. It also tells us that they should be measurable, relevant, consistent with your policies and commitments, and developed after consultation with workers.

Objectives and targets (Clause 4.3.7.1)

The organization **shall** document the psychological health and safety objectives and targets for relevant functions and levels within the organization. The objectives and targets should be

- a) measurable;
- b) consistent with the psychological health and safety policy and commitment to the PHSMS, compliance with legal requirements and other requirements [...];
- c) based on [...] and any psychological health and safety hazards, risks, the results of the data collection and identification and assessment of psychological workplace factors [...];
- d) determined after consultation with workers and with consideration of technological options and the organization's operational and business requirements;

(Note: This is an excerpt of Clause 4.3.7.1 containing only the information pertaining to this section of the Implementation Handbook.)

The following is a simple example of a meaningful target:

Jane Doe will complete the vendor selection and initial Eastern Pilot delivery and subsequent evaluation of the Mental Health First Aid Training course by December 27, 20XX.

Note that it is a **SMART** Objective: **S**pecific - **M**easurable - **A**ccountable - **R**ealistic - **T**ime bound

There are many considerations that can guide the decision about where to start taking action. A key first step is to review and prioritize the results of your **Baseline Data Analysis** (from Chapter 2), including the **Risk Assessment** to identify any safety or legal concerns, and issues such as bullying, harassment, violence, or discrimination that should be eliminated.

In the *What Are Your Opportunities* chapter of our Handbook, (*Chapter 2*) you started looking at the data trends and thinking about root cause analysis to identify areas of strength, weakness, and opportunities for improvement. Build on your initial analysis and consider elements to prioritize and construct improvement objectives. Break your objectives into shorter-term targets from which specific tactics, actions, and accountabilities can be assigned. Identify preventive and protective measures to control any priority psychological risks identified in Chapter 2.

Preventive and protective measures

(Clause 4.4.2)

The organization **shall** establish and sustain processes to implement preventive and protective measures to address the identified work-related hazards and risks.

Preventive and protective measures should be implemented according to the following priority

- a) eliminate the hazard;
- b) implement controls to reduce the risks related to hazards that cannot be eliminated;
- c) implement use of personal protective equipment (PPE) in applicable circumstances;

Note: The key is to recognize and consider PPE requirements in the context of both physical and psychological safety. Some examples of PPE related to psychological safety could include personal alarm devices or privacy barriers.

- d) implement processes to respond to issues that can impact psychological health and safety of workers; and
- e) offer resources to workers who are experiencing mental health difficulties, whether these difficulties relate to organizational factors or to other factors, such as personal factors.

(Note: These resources may be found within the organization, in the public domain, online, or in the community.)

Here are some further ideas and suggestions for setting initial objectives and targets: (See the *Tools and Techniques* section of this chapter for additional guidance in this area.)

- Starting with areas of serious concern allows you to reduce risks first. For example, a low rating in the area of psychological support could mean reviewing your accommodation and return to work policy, especially where mental health may be a factor.

- > Review your baseline focusing on areas that potentially need some improvement or areas of concern from employees.
- > Consider things that might lead to better morale, reduction in accidents, injuries, or sick days, and improved productivity, innovation, and creativity.
- > You might start your implementation with one of the workplace factors that will affect psychological health and safety and also aligns with your current organizational strategic goals and objectives.
- > Consider starting with an area of known strength and building on it. This allows you to build on good work already done.
- > Starting with areas where perceptions of management and employees differ lets you identify opportunities for improved communication and change. For example, if management felt that psychological support was an area of strength but employees did not, you may want to plan for focus groups that can help you understand the different perspectives.
- > Starting with getting employee input and guidance on the psychosocial factors they think are most important shows a commitment to change. Some examples include the use of focus groups, staff meetings, or other opportunities for feedback.

When determining relevant actions to include in your *Implementation Plan* in order to reach your objectives and targets, its important to consider the following: (Source: adapted from *Guarding Minds @ Work*)

- **Appropriateness:** Is the action or response appropriate given the needs and resources of your particular organization?
- **Acceptability:** Is the action or response acceptable to all relevant workplace stakeholders, including management, employees, union(s), and clients?
- **Accessibility:** Is the action or response available and accessible to all relevant workplace stakeholders (for example, language or geographic location)?
- **Effectiveness:** Is the action or response consistent with evidence that indicates that the intended consequence is what your organization requires?
- **Efficiency:** Can the action or response be implemented in a cost-effective and timely fashion?
- **Safety:** Could the action or response be an unintended health or safety risk?

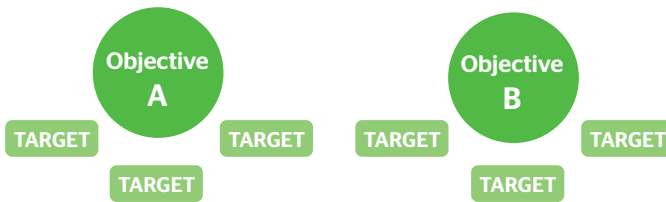
Planning to Meet the Needs of Your Unique Organization

Maintaining a psychologically healthy and safe workplace requires an ongoing commitment that should be embedded throughout the organization's policies and processes. The size and scope of the initial plan development will be relative to the complexity of your organization and the initiatives you choose to implement.

Developing Your PHSMS Implementation Strategy

Once you have completed your assessment and analysis and chosen from possible objectives and targets for your plan, it's time to develop your specific *PHSMS Implementation Strategy*.

PHSMS VISION



Evaluation

COMMUNICATIONS PLAN

RESOURCING PLAN

TRAINING PLAN

An *Implementation Strategy* can be thought of as a number of smaller plans or components with details, roles, and responsibilities established, resources determined (*financial and human*), and timelines and milestones established. Once all of these components are added together, you have a strong and thorough strategy that anyone can take and implement.

Clause 4.3.7.2

The organization **shall** establish and maintain a plan for achieving its objectives and targets. The plan **shall** include

- the designation of responsibility for achieving objectives and targets; and
- identification of the means and time frame within which the objectives and targets are to be achieved.

Consider some of the common components that could make up a strong PHSMS implementation strategy:

- **objectives and targets**
- **governance**
- **training plan**
- **communication plan**
- **resourcing plan (human and financial resources)**
- **evaluation (how do you plan to measure and evaluate success)**

Note: In Chapter 4, we discuss Management Review, Evaluation, Corrective Action, and Internal Audits. All these processes will eventually become inputs to the Target and Objective-setting process when your PHSMS is in place.)

It doesn't need to be complicated. All these elements can easily be in a simple Action Planning Tool. See the **Tools and Techniques** section of this chapter for an example.

Governance

Governance means establishing a clear and systematic methodology for your implementation. It is critical when making change in an organization to clearly define who in your organization will be responsible for the implementation, how you will measure and document its effectiveness, and how you will communicate your progress and success to your workers. These crucial elements must be established, documented, and referred to frequently as your PHMS Implementation progresses.

The National Standard defines this as **Implementation Governance** and tells us the following:

Implementation Governance (Clause 4.4.5)

The organization **shall** establish

- a) clear responsibilities and accountabilities for effective implementation;
- b) governance processes that support effective implementation and communication plans; and
- c) documentation requirements.

Senior Leadership also has a strong role to play in **Implementation Governance** in ensuring resources and infrastructure are adequate and the workforce is involved and engaged as follows:

Leadership (Clause 4.2.3)

People in leadership roles **shall**

- b) support and reinforce all line management in the implementation of the PHSMS;
- e) ensure that psychological health and safety is part of organizational decision making processes;
- f) engage workers and, where required, their representatives to

- i) be aware of the importance of psychological health and safety;
- ii) be aware of the implications of tolerating psychological health and safety hazards;

(Note: This is an excerpt of Clause 4.2.3 containing only the information pertaining to this section of the Implementation Handbook.)

Infrastructure and resources (Clause 4.4.1)

The organization **shall** provide and sustain the infrastructure and resources needed to achieve conformity with this Standard.

The following should be taken into consideration

- a) workplace parties should possess sufficient authority and resources to fulfill their duties related to this Standard;
- b) workplace parties should possess the knowledge, authority, and abilities to integrate psychological health and safety into management systems, operations, processes, procedures, and practices; and
- c) persons with roles as specified in this Standard should possess the knowledge, skills, and abilities to carry out their roles (e.g., auditing, training, assessment, analysis).

(Note: Internal or external resources might be able to provide substantial expertise, proven programs, or assistance in implementing psychological health and safety programs in the workplace.)

Developing Your Training Plan

Proper training to provide a psychologically healthy and safe workplace is a strong prescription for preventive and effective management approaches. This is an area employers may avoid, not knowing how to approach the topic, or being afraid of making things worse.

Managers and others do not need to be experts in psychological health to have a conversation with employees who appear to be in distress. There are many small things that can be done to better recognize the early warning signs and help someone before an issue becomes too large to deal with easily.

A key component of a functioning PHSMS is the establishment and maintenance of a training program.

A **Training Grid** is an excellent way to manage this requirement of the Standard.

First, identify the skills and level of training, current and desired, of your workforce. To identify the expectations you have in each area, think of the job roles (not the individuals in the role) rather than the specific job itself.

Define the job roles or functions specific to your organization and the minimum requirements for each role in the area of PHS. This shows you who needs what training, as well as timelines. New employees can be easily added to the framework to ensure it stays sustainable with time.

(Note: Many organizations have an existing training program for job functions. The PHSMS requirements can simply be built into the existing structure.)

Your training plan then becomes self-evident as you now have identified all the positions and requirements. Your plan is simply to close this gap and begin training the employees. You can do this through simple workshops on your own with resource material available or with consultants or workplace experts.

There are a few training and awareness elements identified in the National Standard that need to be incorporated into your **Training Plan** as follows:

Competence and Training (Clause 4.4.6.1)

The organization **shall** establish and sustain processes to

- a) determine expectations and minimum requirements of workers and, in particular, those in leadership roles (e.g., supervisors, managers, worker representatives, union leadership) to prevent psychological harm, promote psychological health of workers, and address problems related to psychological health and safety; and
- b) provide orientation and training to meet Item a).

In addition to the basic awareness, stigma, workplace factors, hazard reduction, and competence training that the Standard asks for, you may have identified other training requirements as part of your Risk Assessment and Target and Objective setting exercise. These additional elements can be added quickly and readily to the same Training Grid.

*(For an example of a Training Grid, see the **Tools and Techniques** section of this chapter.)*

Education, awareness, and communication (Clause 4.4.3)

The organization **shall** establish and sustain processes to

- a) provide information about factors in the workplace that contribute to psychological health and safety, and specifically how to reduce hazards and risks that potentially cause psychological harm and how to enhance factors that promote psychological health;

- b) ensure stakeholder education, awareness, and understanding in regards to the nature and dynamics of stigma, psychological illness, safety, and health;
- f) include stakeholder ideas, concerns, and input for consideration;

(Note: This is an excerpt of Clause 4.4.3 containing only the information pertaining to Implementation within this section of the Implementation Handbook.)

Developing Your Communications Plan

There are few things that will be more integral to your PHSMS than communications. What you communicate to your workers, how you develop and convey the messages, and how often you communicate needs to be given careful consideration at the planning stage.

Your messaging should be clear that you are working on an Organizational PHSMS and Organizational PHS. The System will focus on those elements within the influence of the workplace. Personal well-being remains the responsibility of the individual. How the workplace impacts them is the responsibility of the organization. Use consistent and respectful language.

Always pay careful attention to the language and details of your communications. How will your audience interpret your message? They will want to understand what's in it for them and how it will affect or help them in their daily work life. Work to manage your stakeholders' expectations from the start, and communicate your actions and plans regularly and frequently.

Education, awareness, and communication (Clause 4.4.3)

The organization **shall** establish and sustain processes to

- c) communicate to stakeholders existing policies and available supports;
- d) communicate to stakeholders processes available when issues can impact psychological health and safety;
- e) communicate to stakeholders information about the psychological health and safety system and related plans and processes;

(Note: This is an excerpt of Clause 4.4.3 containing only the information pertaining to Implementation within this section of the Implementation Handbook.)

Your **Communications Plan** should describe:

- how and when employees will be informed and engaged
- launch activities
- ongoing communication and updates
- major milestones and information on associated plans
- schedule for the measurement of results
- established policies, processes, and support available

Developing Your Resourcing Plan

Think of your resourcing plan as a list of all of the things you need to do to achieve the objectives, targets, and timelines you've set. Perhaps you will need some financial resources to send some of your front-line managers on an awareness training course. Maybe you would like to hire a skilled consultant to carry out some focus groups with your front-line staff. Perhaps you would like to establish an Implementation Task Group that will take four people out of their regular positions for ten hours a week for ten weeks.

What you're building is the financial cost of carrying out all of the actions you have identified and the associated human resource requirements needed to be successful. Your resourcing requirements can readily be expanded into your **Action Planning Tool**. It is important to separate these costs and requirements so that you can evaluate the overall implementation strategy when complete and be sure the total resources don't exceed your budget or workload constraints.

See the **Tools and Techniques** section of this chapter for an example of an Action Planning Tool that can be used to develop your Implementation strategy including the resourcing plan.

Planning for Effective Evaluation

As you prepare to implement your workplace psychological health and safety implementation strategy, it's important to decide how and what you will measure to determine if your actions are making a difference. Remember that change takes time. Many objectives may take two or three years to have measurable results, so ensuring you have short-term targets that can be measured and communicated to your leadership and workforce will help you maintain commitment and participation.

- Decide the purpose of the evaluation: what are the commitments that are being measured? These could be accountability, quality improvement, specific outcomes, cost-effectiveness, update, and sustainability.
- Determine who will provide the input and how often. This should include relevant stakeholders at all levels: corporate decision-makers, supervisors, union representatives, and occupational health and safety employees.
- Establishing and sharing early successes can help improve morale and commitment to the long-term process.

- Use short-term outcome evaluation results to modify the plan. This will tell you what's working well and what needs to be looked at and possibly changed.
- Evaluation of longer-term outcomes should look at the overall objectives and results, such as decreased absenteeism, decreased disability claims related to mental health, and so on.

Policies and Procedures to Develop

In order to ensure you're creating a framework for continual improvement and management of PHS in the workplace, it's important to ensure you have developed processes and procedures that will provide sustainable continuity for you. The National Standard identifies the following as crucial elements that must be addressed and strong procedures and processes to establish:

- **Managing Change**
- **Critical Event Preparedness**
 - > **Organizational**
 - > **Individual**
- **External Parties**

Managing Change in the PHSMS

An organization is always changing and adapting to best suit the external and internal environment. Managing changing circumstances, policies, processes, work procedures, and so on, can be a significant challenge. A critical component of a strong PHSMS is developing a process that allows the system to grow, change, and adapt with time and circumstances. This is called *Managing Change*. The addition and foresight to build flexibility into your PHSMS will ensure you're creating and implementing something that will continue to be current and reflect your direction and influences. This might seem a small thing to spend time on at this stage of your implementation program, but it is critical to your ongoing success.

Change is best managed when the organization anticipates its potential impact and when workers and worker representatives are consulted.

Internal Changes that can create new hazards and risks include significant changes to:

- organizational structure and staffing levels
- facilities, processes, or operations
- work procedures or methods
- machinery, equipment, or tools
- the organization's products
- services, materials, or suppliers

External Changes could include:

- new or amended legal and other requirements
- new occupational health and safety knowledge or technologies

The change management procedure should address the factors noted. This is an integral component of an effective and sustainable PHSMS.

Managing change (Clause 4.3.8.1)

The organization **shall** establish, implement, and maintain a system to manage changes that can affect psychological health and safety. The system **shall** address changes that include

- a) new products, processes, or services at the design stage;
- b) significant changes to work procedures, equipment, organizational structure, staffing, products, services, or suppliers;
- c) changes to psychological health and safety strategies and practices;
- d) changes to psychological health and safety legal and other requirements; and
- e) changes to work arrangements, including modified work arrangements.

Many organizations have existing processes and procedures in place for effectively managing changes. Find those people with experience in this and incorporate the PHSMS requirements in the existing processes.

Sponsorship, engagement, and change management (Clause 4.4.4)

The organization **shall** establish processes that support effective and sustained implementation, including

- c) assessment and application of change management principles throughout planning and implementation.

(Note: This is an excerpt of Clause 4.4.4 containing only the information pertaining to this section of the Implementation Handbook.)

(See the **Tools and Techniques** section of this chapter for some further guidance in this area.)

Critical Event Preparedness

There are many uncontrollable things and events that may happen to us or our organization. Consider floods, fires, earthquakes, or some other potentially catastrophic event. These are the types of scenarios and events that a larger organization may already have plans for to ensure they can continue to operate and service their clients, customers, patients, and so on.

For a PHSMS, *Critical Event Preparedness* refers to two types of scenarios: those that are organizationally based events and those that are individual/personnel events.

Organizational Critical Event Preparedness

The National Standard tells us that there needs to be a process that ensures that, in the planning stage or in the crisis stage, worker psychological health is considered and is as protected as possible. An assessment of the potential psychological effect to the workers must be done and the critical event needs to continue to be managed in such a way that psychological risks to the workers are mitigated or reduced as possible. Building in this general philosophy to your crisis management plans, simulations, processes, and documentation up front, if you have such infrastructure in place, is an efficient way to always ensure you are properly managing the psychological affect of your organizational crises.

Critical event preparedness – Organization (Clause 4.4.8)

Organizations might undertake or experience events that pose particular risks or are likely to have particular impacts on psychological health and safety. The organization **shall** establish and sustain processes to

- a) ensure the psychological health and safety risks and impacts of critical events are assessed;
- b) manage critical events in a manner that reduces psychological risks to the extent possible and supports ongoing psychological safety;

(Note: This is an excerpt of Clause 4.4.8 containing only the information pertaining to this section of the Implementation Handbook.)

If your organization does not currently have these proactive, detailed processes and procedures already in place for critical event management, the National Standard indicates that these elements need to be incorporated into the specific incident management process so that the incident manager is aware of the responsibilities to assess and protect worker psychological safety as the critical event is unfolding.

Individual Critical Event Preparedness

The other area of critical event preparedness involves that of the individual worker. How do we respond, for instance, to a critical psychological incident, suicide, or death in the workplace? These critical events can traumatize workers, but there are things an organization can do to build resilience in the workforce so that individuals can be better prepared for traumatic events. Consider a Manager who has faced an employee in the middle of a critical psychological incident. They need to understand how to best respond and support that employee, as well as how to protect themselves from psychological stress and potential harm if they feel they have managed the situation inappropriately.

The National Standard asks us to establish processes to identify these potential critical events and plan the organization's response and support (organizational or community-based) for the individuals. It further asks that the key responders in your organization for such critical events are trained for this. Never forget the need to maintain the confidentiality and privacy of the individuals.

Critical event preparedness – Individual(s) *(Clause 4.4.7)*

The organization **shall** establish and sustain processes to

- a) identify potential critical events where psychological suffering, illness, or injury is involved, or likely to occur, while respecting confidentiality and privacy of all parties;
- b) provide response and support, including consideration of specialized external supports;
- c) provide related training for key personnel involved in critical event response;

(Note: This is an excerpt of Clause 4.4.7 containing only the information pertaining to this section of the Implementation Handbook.)

Support for individuals experiencing a critical event doesn't have to be resources that you have or can provide internally. Perhaps you already have an employee assistance program in place, or are considering investing in this for your workers. This is a great support tool. If you don't have these resources internally, look at what your local community has available and develop a list of resources that can be given to workers to better support and help them.

Make sure to consider the diversity in your workforce. The internal or external support you're putting in place must reflect the unique needs of your organization – unique religious needs, specific language needs, or other factors.

Diversity *(Clause 4.3.6)*

Organizations comprise diverse populations and groups. The organization **shall** consider the unique needs of these diverse populations and solicit

input when these needs are relevant to complying with the requirements of this Standard. [...]

While psychological health and safety in the workplace is a shared responsibility among stakeholders, the organization should support individual workers to seek assistance internally or externally when needed.

The organization **shall** take steps to link workers in need to internal resources and should also take steps to link workers to community or other resources.

(Note: This is an excerpt of Clause 4.3.6 containing only the information pertaining to this section of the Implementation Handbook.)

For more information on training related to the *Management of Individual Critical Events*, see the *Mental Health First Aid* section in the **Tools and Techniques** section of this chapter.

External Stakeholders

In most workplace environments, there are many externally involved parties such as contractors, consultants, suppliers/vendors, clients, partners, patients, and so on. It's important to ensure your entire working environment is psychologically sound and that steps are taken to protect employees from harm and respond to threats of harm.

The National Standard highlights the need to ensure your PHSMS looks at the psychological safety of your employees in all of their working situations, including external interactions as follows:

External parties (Clause 4.4.10)

Organizations often engage external providers and suppliers whose personnel interact with those of the organization. The organization **shall** establish and sustain processes to

- a) make external parties and their personnel aware of the organization's policies and expectations related to protecting the psychological health and safety of the organization's workers; and
- b) address any issues or concerns identified.

To communicate easily with your stakeholders, include a copy of your PHS Policy or any other relevant policies (for example, violence, harassment/bullying, respectful workplace) with your requests for proposal, contractor terms and conditions,

purchase orders, and so on. Workers who interact with external parties on a regular basis should explain your organizational values and expectations to them upfront. These workers should have a one-page handout they can send or give to their external contacts to ensure consistency in the message and to make this external stakeholder communication as easy as possible for the front-line workers.

Prevention of situations where clients make threats is important through employee training on de-escalating angry clients and conflict management. However, there are situations where these programs are neither sufficient nor appropriate. Supporting employees through a Threats Protocol is essential to psychological health and safety.

A *Threats Protocol* is a document that provides a process to be taken in the event of a threat from a client to an employee. A flash card that employees have by their phone or carry with them can outline immediate steps to take when subject to a threat. Importantly, the protocol ensures employer action, support, and follow-up. The employee needs to know that threats from clients will not be tolerated by the employer and that they have their support.

Summary

Establishing an effective PHSMS implementation strategy for your organization involves spending time and effort up front to ensure all the important elements have been considered and vital workforce participation has been engaged.

Once you have established your overall **Vision** for your PHSMS and determined your long-term and short-term **Objectives and Targets**, you can move forward to layout your more detailed **Implementation Strategy**.

Your **Strategy** should include elements that address:

- Governance
- Communications
- Resources (Human and Financial)
- Training and Evaluation

Processes and Procedures need to be amended or established to include:

- Managing Change
- Critical Event Preparedness (Organizational and Individual)
- External Parties

All of these elements are listed in an easy-to-use checklist in the **Tools and Techniques** section of this chapter.

What Are Your Objectives?

Checklist

Complete
Y/N



<p>Organizational leadership must demonstrate the following qualities:</p> <ul style="list-style-type: none"> • support line management • ensure psychological health and safety is part of decision-making processes • engage workers/worker representatives 	
<p>The organization must ensure participation through:</p> <ul style="list-style-type: none"> • engaging workers/worker representatives in policy development, data generation, and planning 	
<p>The organization's planning process must include:</p> <ul style="list-style-type: none"> • a collective vision of a psychologically healthy workplace with specific goals for reaching the vision and a plan for ongoing process monitoring for continual improvement 	
<p>The organization must document the PHSMS objectives and targets for relevant functions and levels within the organization.</p>	
<p>Objectives and targets should be:</p> <ul style="list-style-type: none"> • measurable • consistent with the PHSMS policy and commitment to PHSMS, compliance with legal requirements and other requirements • based on any work-related psychological health and safety hazards, risks, the result of the data collection, and identification and assessment of psychological workplace factors • determined after consultation with workers, consideration of technological options, the organization's operational and business requirements 	
<p>The organization's objectives and targets should reinforce existing strengths and promote new opportunities for improving psychological health and safety.</p>	
<p>The organization must establish and maintain a plan for achieving its objectives and targets, including:</p> <ul style="list-style-type: none"> • designation of responsibility for achieving objectives and targets • identification of the means and time frame within which the objectives and targets are to be achieved 	
<p>The organization must establish, implement, and maintain a system to manage changes that can affect psychological health and safety.</p> <p>The system should include aspects on:</p> <ul style="list-style-type: none"> • communication between stakeholders about the changes • information sessions and training for workers and worker representatives • support as necessary to assist workers in adapting to changes 	
<p>The organization must provide and sustain the infrastructure and resources needed to achieve conformity with this Standard.</p>	



What Are Your Objectives?

Checklist

Complete
Y/N

<p>The organization should recognize that:</p> <ul style="list-style-type: none"> workplace parties possess sufficient authority and resources to fulfill their duties related to this Standard workplace parties possess the knowledge, authority, and abilities to integrate psychological health and safety into management systems, operations, processes, procedures, and practices persons with roles as specified in this Standard possess knowledge, skills, and abilities to carry out their roles (e.g., auditing, training, assessment, analysis) 	
<p>The organization establishes and sustains processes to implement preventive and protective measures to address the identified hazards and risks.</p>	
<p>The organization has implemented preventive and protective measures that reflect the following priorities:</p> <ul style="list-style-type: none"> eliminating the hazard implementing controls to reduce the risks related to hazards that cannot be eliminated implementing use of personal protective equipment in applicable circumstances implementing processes to respond to and provide support for issues that can impact psychological health and safety, whether they relate to organizational factors, or to other factors, such as personal factors 	
<p>The organization must establish and sustain processes to:</p> <ul style="list-style-type: none"> provide information about factors in the workplace that contribute to psychological health and safety, and how to reduce hazards and risks that potentially cause psychological harm, and how to enhance factors that promote psychological health ensure stakeholder education, awareness, and understanding of the nature and dynamics of stigma, psychological illness, safety, and health communicate to stakeholders existing policies and available supports communicate to stakeholders processes available when issues can impact psychological health and safety communicate to stakeholders information about the psychological health and safety system and related plans and processes include stakeholder ideas, concerns, and input for consideration. Ensure communication throughout the monitoring and review process to all workplace parties 	
<p>The organization must establish and sustain ongoing resources to:</p> <ul style="list-style-type: none"> determine expectations and minimum requirements of workers and in particular those in leadership roles to prevent psychological harm, promote psychological health of workers, and address problems related to psychological health and safety provide orientation and training to meet requirements for Clause 4.4.6 	

What Are Your Objectives?

Checklist



Complete
Y/N

<p>The organization has established processes to support effective and sustained implementation, including:</p> <ul style="list-style-type: none"> • engagement on the part of stakeholders 	
<p>The organization must establish:</p> <ul style="list-style-type: none"> • clear responsibilities and accountabilities for effective implementation • governance processes that support effective implementation and communication plans • documentation requirements 	
<p>The organization must establish and sustain processes that ensure confidentiality and privacy rights are respected and protected.</p>	
<p>The organization must establish and sustain processes to:</p> <ul style="list-style-type: none"> • identify potential critical events where psychological suffering, illness, or injury is involved, or likely to occur, while respecting confidentiality and privacy of all parties • provide response and support, including consideration of specialized external supports • provide related training for key personnel involved in critical event response • ensure there are opportunities for debriefing and for revising guidelines for critical events as applicable 	
<p>The organization must establish and sustain processes to:</p> <ul style="list-style-type: none"> • ensure the psychological health and safety risks and impacts of critical events are assessed • manage critical events in a manner that reduces psychological risks to the extent possible and that supports ongoing psychological safety • incorporate learning from critical events into established plans related to the psychological health and safety system • ensure there are opportunities for reviewing and for revising guidelines for critical events as applicable 	
<p>The organization must establish and sustain processes to:</p> <ul style="list-style-type: none"> • make external parties and their personnel aware of the organization's policies and expectations related to protecting the psychological health and safety of the organization's workers • address any issues or concerns identified 	

What should the working group focus on?

Whether the task is planning, implementation, or evaluation, the focus should be on how the process, policies, or programs may affect psychological health and safety of employees.

How can we engage Union Representatives in setting objectives and targets?

The union representative can play an important and supportive role in helping workers with mental health issues. This can contribute to a more effective return to work or accommodation process.

- Collaborate with unions to find ways to prevent and address workplace mental health issues.
- Have a policy and plan to accommodate workers with mental health issues.
- Have a return-to-work policy and plan for workers who have experienced mental health issues. Some unionized workplaces have created a joint committee with union representatives to focus on creative solutions for accommodation and return-to-work.
- Create an environment that respects and supports any worker who has a mental health issue. Have an alternative dispute resolution process that involves the union and avoids confrontational or adversarial ways to address issues.

- Support the early identification of mental health issues through training and awareness.
- Respect the duties and responsibilities of the union representative and recognize the valuable contribution they can make to helping workers with mental health issues.

Managing Change



- Many well-thought-out plans can be developed by establishing guiding principles that can be applied to all future decisions. For example, consider including in all business discussions about new or revised policies, procedures, programs, and interactions the following question, *“How might this affect psychological health and safety?”* This change may help you to begin to embed this approach without devoting a lot of time or effort.
- Any organizational change may have an unsettling impact on employees with mental health issues, whether it involves them directly or indirectly. It’s important that managers do what they can to help the employee feel more comfortable with his or her place and modified responsibilities in the new workplace situation. It is also important to consider the amount of change being asked of employees, as some research indicates that the continued need for change may contribute to poorer mental health. While this may take some extra time, the investment may pay off in terms of performance, loyalty, and support for the change.
- The tips and strategies that follow are positive approaches for change with any employee, but for those with mental health issues, they may mean the difference between an extremely difficult transition and one that involves a manageable level of adjustment.
 - > Celebrate or recognize the valuable work that has already been done.
 - > Be transparent about the expected length of the change process.
 - > Clarify the specific changes that are going to occur.
 - > Explain the impact of the change on the employee’s current role and what their contribution to the team will be.
 - > Explain how the change is going to contribute to larger organizational objectives.
 - > Share how you are going to manage the pace and amount of change for your employees.

Celebrate/recognize the good work that was done under the old system.

This is an often missed step in change management. In an effort to “sell” the change, employers sometimes dismiss or minimize any successes of the past. This may make long-standing employees feel unappreciated. Recognizing how they were able to accomplish so much under the previous system is more likely to make them open to the change.

Objectives and Targets

Possible action items that could be incorporated into an implementation strategy

Desired Factor or Outcome	Possible Action
Build Employee Resilience	<ul style="list-style-type: none"> • Provide stress management training.
Create a Respectful Workplace	<ul style="list-style-type: none"> • Have each department review the organizational respectful workplace policy and discuss what that would look like within their own department. This could contribute to stronger engagement by department personnel and lead to longer-term change. • Consider the use of posters or other visual workplace cues.
Enhance Mental Health Knowledge	<ul style="list-style-type: none"> • Invite guest speakers to discuss their experience in managing mental health issues. • Use newsletters, safety talks, and other existing communication mechanisms. • Ask mental health agencies for information and support.
Use a PHS Focus for Job Design and Employee Selection	<ul style="list-style-type: none"> • Consider the psychological characteristics of work tasks and the individual worker to ensure good job-person fit and protect psychological health. For job design, adopt a psychological health perspective toward workload, perceived fairness, work scheduling, etc. For employee selection, this means focusing on psychological competencies such as the ability to concentrate and problem solve, to cooperate with others, and to care for one’s own psychological well-being.
Reduce Stigma	<ul style="list-style-type: none"> • Show videos or invite speakers – storytelling is a strong mechanism for helping to reduce stigma. • Reinforce and consistently correct to highlight the importance of acceptable language. • Have leaders model good behaviour.

Objectives and Targets

Possible action items that could be incorporated into an implementation strategy

Desired Factor or Outcome	Possible Action
Support Work-Life Balance	<ul style="list-style-type: none"> • Focus on the quality of work over quantity if applicable. • Provide flexibility in hours or work arrangement (home office). • Host “lunch and learns” on elder care, parenting skills, or other external pressures. • Consider how you treat paid and unpaid leave for personal days, medical appointments, etc. • Develop an Employee Assistance Program (EAP) /Employee and Family Assistance Program (EFAP).
Help Employees Manage Their Own Mental Health	<ul style="list-style-type: none"> • Provide self-care tools. • Provide self-assessment tools. • Develop an EAP/EFAP. • Provide information on available community resources. • Consider how you treat paid and unpaid leave for personal days, medical appointments, etc.
Improve Leadership Effectiveness in Resolving Workplace Issues	<ul style="list-style-type: none"> • Work through root cause analyses as a team. • Provide Manager and Worker Representatives training in emotional intelligence. • Offer leadership training. • Develop a policy or process for reporting, investigating, and resolving issues. • Tie into the existing performance management system.
Support Staying at Work	<ul style="list-style-type: none"> • Use the <i>Supporting Employee Success</i> resource available at workplacestrategiesformentalhealth.com. <p>This is a process that involves the employee, employer, and health care professional. It can be used to find appropriate workplace accommodations that support employee success and well-being while meeting the requirement for a safe and productive workplace.</p>
Ensure Access to Psychological Treatment	<ul style="list-style-type: none"> • Provide early intervention through establishing an EAP/EFAP. • Review and improve benefit plan. • Make it easy for employees to access information. • Communicate frequently and regularly. • Provide information on available community resources.

Leadership Training

The Great-West Life Centre for Mental Health in the Workplace has put together some free resource material that can be used for Manager's training called ***Managing Mental Health Matters***. Managing Mental Health Matters (MMHM) is a "first of its kind" program focused on helping managers, supervisors, and other leaders learn how to effectively recognize and manage mental health-related issues in the workplace. MMHM uses a story-based approach, portraying realistic episodes of workplace "characters" dealing with situations common to everyday work life. The user engages in the process, rather than simply getting the information.

MMHM is available at workplacestrategiesformentalhealth.com as a free resource from the Great-West Life Centre for Mental Health in the Workplace. It looks at critical issues in mental health in the workplace including the need for reasonable accommodation, performance management, solution-focused resolution of worker conflict, successful reintegration of returning workers, and emotional Intelligence. A comprehensive *Leaders Guide* has been developed to help workers implement this training program.

Supporting Employee Success

is a free tool available at workplacestrategiesformentalhealth.com. It is a process that involves the employee, employer and healthcare professional. It helps assess work-related triggers for emotional or cognitive issues. It supports a thoughtful approach to finding accommodations that may best

support success for the employee, and facilitates the employee's well-being while meeting the requirement for a safe and productive workplace.

Mental Health First Aid

The Mental Health Commission of Canada has established a unique new learning program called ***Mental Health First Aid***. This is an excellent vehicle for building resilience in your first responders and Managers. More information is available at mentalhealthfirstaid.ca.

MHFA teaches people how to help someone who is developing a mental health problem or experiencing a mental health crisis. It aims to improve mental health literacy, reduce stigma, and support people with the skills and knowledge to respond confidently and pro-actively when others experience mental health issues. Just as physical first aid is administered to an injured person before medical treatment can be obtained, MHFA is provided until appropriate support is found. Employees certified to provide MHFA can promote good mental health while helping to prevent psychological harm. MHFA-trained employees will help your organization to:

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

Workplace Training

Sample of an Employee Training Grid

Employee Training Matrix		Location(s): January 20XX - December 20XX		
Functional Role	Skill Area	Course/Mode	Timing	Status
All Employees	Awareness PHS	- Facilitated in person workshops - Videos	January - December	Ongoing
Customer Service Representatives	Build Employee Resilience - Stress Management Skills - Conflict Management Skills	Online Training	January	Complete
Managers	PHS basic knowledge and ability to recognize and manage workplace issues.	Online blended learning	August	Overdue
	Leadership Training	2-day in-person course	March	Complete
Senior Managers	Fundamentals of PHSMS	1-day in-person course	September	In Process

Workplace Training

- Follow Brinkerhoff's 40/20/40 rule. 40% of the learning occurs before the actual training. The preparation and planning for the training, the discussion, pre-work, communication, and engagement leading up to the training. 20% of the learning occurs from the training, and 40% from application of the learned principles and reinforcement.
- Don't forget about spending the time to evaluate the effectiveness of your training. Is it really delivering and achieving what you wanted it to?
- Elements of the training grid can be transferred to your organizational performance management system to help ensure there is training and follow-up.

Planning Example of a PHS Action Planning Template

January 20XX - December 20XX		Location(s):			
Completed by: PHS Committee		Date Completed:			
OBJECTIVE	TARGETS/ACTIONS	RESPONSIBILITY	TIMELINE	BUDGET	STATUS
Recognition program for all employees	Corporate recognition program to be developed and rolled out with participation from stakeholders.	Human Resources Manager/Sales Director	Q3 20XX	\$20,000	In Process
	Departmental recognition programs to be developed and rolled out with participation from stakeholders.	All Departmental Managers	Aug. 31, 20XX	\$5,000 per department	In Process
Improve the organization's response to critical incidents	<ul style="list-style-type: none"> Departmental plan to be submitted for approval to human resources by May 31, 20XX. 	All Departmental Managers	Mar. 31, 20XX		
	Critical incident process and procedures to be developed, communicated and implemented with participation from stakeholders.	PHS Committee	July 31, 20XX		In Process
	All front line managers to have taken <i>Mental Health First Aid Training</i> by the end of 20XX.	PHS Champion/ Training Manager	Dec. 31, 20XX	\$11,000	In Process
	<ul style="list-style-type: none"> Vendor selection, initial pilot training session and subsequent effectiveness evaluation to be completed. All Atlantic and Quebec front-line managers to have completed course. 	PHS Champion in collaboration with the Training Manager	Mar. 31, 20XX	\$1,000	Complete
		Training Manager	Jul. 31, 20XX	\$5,000	To be completed

Reduce stigma and create awareness culture of PHS	<ul style="list-style-type: none"> All Western and Ontario front-line managers to have completed course. 	Training Manager	Nov. 30, 20XX	\$5,000	To be completed
	All employees to participate in PHS awareness sessions.				
	<i>Working Through It</i> videos to be shown at monthly staff meetings (<i>workplacestrategiesformentalhealth.com</i>)	All Departmental Managers	20XX		<i>Ongoing</i>
	Posters to be displayed throughout all branches and locations.	PHS Committee	February 20XX	\$2,000	Complete

CHAPTER 4

Implement the Plan



What do you already have in place?

- Have you established a Corrective and Preventive Action process?
- Have you established an Incident Investigation and Reporting process?
- Do you have a mechanism for carrying out routine Performance Monitoring on your PHSMS?
- Do you have a process to assess conformance with the requirements of the National Standard?
- Do you have a Management Review process for your PHSMS?

Implement the Plan

In Chapter 3 of our *Implementation Model*, we developed the implementation strategy and all the related elements, procedures, and processes to ensure worker participation and Senior Leadership support for your system.

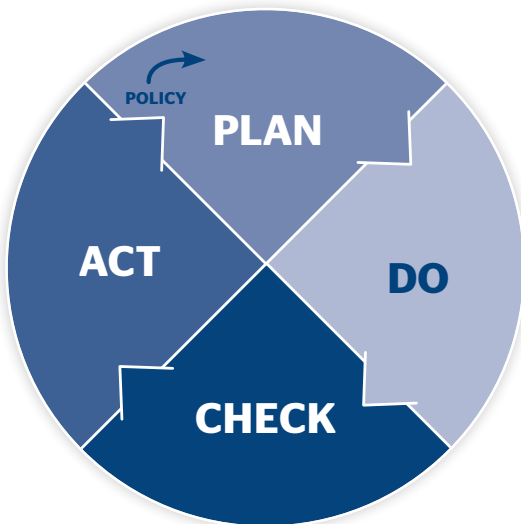
In Chapter 4, our final phase, we pull together all the elements of your planning and design and help you on your way to managing a sustainable PHSMS for your organization.

We offer some implementation tips to help you manage the ongoing work. We also provide guidance to help you to establish:

- A Corrective and Preventive Action Process
- An Incident Investigation and Reporting Process
- A Performance Review Process
- A Management Review Process

All of these elements will ensure you have created a system with continuous feedback, which allows your PHSMS to stay relevant to your stakeholders and organization.

Remember our *Plan-Do-Check-Act* model from the introductory chapter. All of the work so far has been in the areas of *Plan* and *Do*. This chapter focuses on the remaining two areas: *Check* and *Act*.



(Source: Adapted from CSA Z1000-06³)

“An effective PHSMS enables an organization to manage PHS issues as an integrated part of its overall business operations. In an integrated system, the psychological health and safety of workers are key concerns in all aspects of the organization’s operations including production, human resources, administration, finance, maintenance, and purchasing”.

(Source: Adapted from CSA Z1006-06³)

Implementation

Now that you have developed your *Implementation Strategy* and all its associated components, it’s time to *Implement*.

If you’ve successfully worked through the planning process, you now have a well-developed tactical framework that gives you timelines, accountabilities, budgets, and actions that you can use to help your organization implement your newly designed PHSMS.

Implementation Tips

- **You do not need to be an expert** in mental health to discuss and develop psychologically healthy and safe workplace solutions.
- **Have a Kick-off meeting** to communicate to staff and ask for input on your PHSMS objectives, targets, and plans. If you work in a unionized environment, strengthen your commitment message by having a jointly hosted union and non-union kick-off meeting.
- **Have review meetings on a scheduled basis** with all the people or department managers involved in the various assignments. At the start of your work, these meetings should occur frequently (weekly or biweekly) to uncover challenges and possible problems as early as possible.
- **Schedule your meetings well in advance** and ensure you have clearly communicated your expectations to the team at the start. Keep your meetings as short as possible, be respectful of your team members’ time, and work on having a positive and safe environment for all workers to feel comfortable speaking freely.
- **Ensure confidentiality and privacy** of individuals remains a priority in all discussions.
- **Celebrate progress** with the group. You may want to create initial goals that show quick successes and then celebrate these successes to help build momentum and engagement.
- **Begin with two or three main priorities.** Don’t try to do too many things at once. It can be hard to contain the enthusiasm and ideas at the outset, but try to manage this. It is far better to choose a lesser number of priorities and do them well than attempt to tackle too many things and not be able to accomplish your goals.
- **Don’t get lost in the details.** Start at the beginning. Develop a three year plan with key milestones and improve and review as you go.

- **Teams are a very good approach.** Bring in others and establish a team with a common goal. Don't try to do everything on your own. Empower the team to make decisions and take action.
- **Don't overlook all of the good things** you already have in place within your organization. You may already be much farther along than you think.
- **Use things you already have in place** within your organization (currently accepted and utilized). Don't reinvent the wheel if you don't have to. *(For example if there are already monthly safety talks, lunch and learns or other regular meetings, speak to the organizers and get yourself on the agenda. Prepare a slide deck and talking points for others to use.)*
- **Set realistic expectations and be patient.** It will take time to foster the culture change you are looking for. Manage the expectations of yourself, your team members and others and be patient as the journey progresses.
- **Add people** to your team who have implemented other standards or management systems.
- **Show** how each employee can contribute to positive change by talking about psychological health and safety in the workplace.
- **Focus discussions on workplace practices and processes** that are part of the day-to-day experience in the workplace, not on individual health issues. Routinely re-frame conversations that slip into the realm of individual health within meetings, conversations and teams.
- **Improve communication and facilitation skills** for leading discussions. The Great-West Life Centre for Mental Health in the Workplace has developed a program called *On the Agenda* that can help support competence in these areas. (workplacestrategiesformentalhealth.com)

It is important that all workplace stakeholders participate throughout your activities. Communicate to your workers about your progress, targets, challenges, and successes. Ask them to participate when possible in your evaluation processes and continue to encourage active participation.

Participation (Clause 4.2.4.1)

Active, meaningful, and effective participation of stakeholders is a key factor in psychological health. [...] To ensure such participation, the organization **shall**

- d) actively involve workers and, where required, their representatives in the evaluation process through the

use of recognized instruments such as focus groups, surveys, and audits; and

- e) ensure that the results generated by the evaluation process and the follow-up plans of action are effectively communicated with all management, workers, and their representatives (where applicable).

(Note: This is an excerpt of Clause 4.2.4.1 containing only the information pertaining to this section of the Implementation Handbook.)

Before you go too far into your implementation, you have a few more steps to do to ensure you have a sustainable PHSMS that will grow, evolve and react with time and changing circumstances. You will need to establish some fundamental processes and procedures to ensure this can happen easily.

A big question is how to track, measure and monitor your progress – is the plan you first established having the effect you wanted? You will need to incorporate some other elements into your PHSMS to ensure you are developing a strong system with adequate controls. The system must allow for feedback and input on a continual basis to correct and adjust its path forward as needed.

The rest of this chapter provides guidance and help to create those four necessary elements as follows:

- **Corrective and Preventive Action Process**
- **Incident Investigation and Reporting Process**
- **Performance Monitoring Process**
- **Management Review Process**

Establishing a Corrective and Preventive Action Process

In a perfect world, all of the procedures, programs, and elements in your system would function perfectly and nothing would ever change, so things would always stay this way.

We know of course this never happens, so it's important to create a system that lets you catch the organizational challenges, problems, and new opportunities as they arise and helps you manage your responses and actions for these.

This important control and continuous improvement element is called a **Corrective and Preventive Action Process**.

Problems with the system are called **Non-conformances**. Non-conformances can be found in many ways, for example, routine audits, noted performance gaps, or worker input.

A **Management System Non-conformance** can happen when:

- A process or procedure required by the Standard is not in place.

- A process or procedure is inadequate, poorly understood, or improperly communicated.
- There is non-compliance with an existing process or procedure.

Evaluation and corrective action *(Clause 4.5.1)*

Introduction

The organization **shall** establish and maintain procedures to monitor, measure, and record psychological health and safety system conformance and the effectiveness of the PHSMS, respecting the confidentiality and privacy of individuals.

(Note: This is an excerpt of Clause 4.5.1 containing only the information pertaining to this section of the Implementation Handbook)

(Note: If you are currently operating under an existing managed system such as ISO 9001, OHSAS 18001, CSA Z1000, ISO 14001, etc., you will have established processes and procedures already in place for corrective and preventive measures.)

Once a non-conformance has been identified, the organization should ensure that it is addressed and if needed, a **Corrective or Preventive Action** put in place. This is a critical component in improving the effectiveness of your PHSMS. It establishes a “loop” of continuous feedback for addressing things that are identified as problems or opportunities for improvement within your PHSMS.

Corrective Actions are action plans to address and solve the immediate problem or issue identified in the non-conformance. They are generally a more serious non-conformance or a potentially higher risk issue that requires immediate action to solve.

Preventive Actions are actions taken to eliminate the cause of potential PHSMS non-conformances and problems. This is a more proactive way to prevent future issues or problems.

Preventive and corrective action *(Clause 4.5.4)*

The organization **shall** establish and maintain preventive and corrective action procedures to

- a) address PHSMS non-conformances and inadequately controlled hazards and their related risks;
- b) identify any newly created hazards resulting from preventive and corrective actions;

- c) expedite action on new or inadequately controlled hazards and risks;
- d) track actions taken to ensure their effective implementation; and
- e) implement initiatives to prevent recurrence of hazards.

The organization **shall** take into account input from PHSMS performance monitoring and measurement, recommendations from workers and worker representatives, PHSMS audits, and management reviews when determining preventive and corrective actions.

Create your corrective and preventive action plans based on solid information by doing a **Root Cause** analysis to ensure you understand the underlying issue and problems. Evaluate their effectiveness on a scheduled basis to be sure your actions are addressing the identified root cause of the issue or potential issue.

The action plans should specify the person(s) responsible for completion, the time frames, and how to assess the effectiveness of the action. Where the recommended corrective and preventive action takes time to implement, interim actions should be defined and taken.

Ensure the procedures you develop include a system to record the details and track the progress of the corrective and preventive measures you have identified.

Many organizations carry out regular audits of both the PHSMS compliance and of the impact of the PHSMS by measuring against their original baseline. Audit frequency can be a factor of the seriousness of non-conformances, with more frequent audits being carried out if serious issues have been identified.

Common sources for determining corrective and preventive actions can include:

- Incident investigations
- Workplace inspections
- Change management processes
- PHSMS reviews
- Workplace health and safety committee recommendations
- Workers' and worker representatives' suggestions or concerns
- External sources, such as research findings, industry standards, government agencies
- Management reviews
- Performance monitoring

Establishing an Incident Investigation and Reporting Process

Almost all organizations already have some type of incident reporting system. It may be a relatively straightforward vehicle accident reporting system, or a more complex Occupational Health and Safety incident reporting. It might also be a regulatory reporting requirement or perhaps an insurance reporting or Workers Compensation reporting. There are many types of incident and reporting processes in today's organizations. This is good for your PHSMS because the requirement to establish an incident reporting system is much easier if you can add the PHS requirements into a process you already have.

The National Standard tells us that ***Incident Reporting and Investigation Process and Procedures*** must be established.

Reporting and investigations (Clause 4.4.9.1)

The organization ***shall*** establish and maintain procedures for reporting and investigating work-related psychological health and safety incidents such as psychological injuries, illnesses, acute traumatic events, fatalities (including suicides), and attempted suicides.

(Note: This is an excerpt of Clause 4.4.9.1 containing only the information pertaining to this section of the Implementation Handbook.)

This can be a challenge for some organizations to implement while still keeping employee confidentiality and privacy. Using an existing incident reporting system may not ensure such confidentiality, and changes to the entire process may be needed to fix this. You must plan your ***Incident Reporting Process*** carefully to ensure it stays secure, private, and can be accessed only by people who are approved by the organization.

To help with this, consider adding a confidential Human Resources professional to quickly screen all incident reports before they are sent to the appropriate department or personnel for action. In this way, any sensitive information can be maintained and the creation of duplicate incident reporting systems in the organization is not needed.

The procedures for incident reporting and investigation should specify the authority, roles, and responsibilities of the workplace parties. Persons with a role or responsibility should receive appropriate training or instruction on their duties and how they can best carry out this role.

The procedures should identify:

- Specific events to be reported and investigated
- The person(s)/roles of who will be conducting the investigations
- Required documents and records
- Implementation of corrective and preventive actions
- Follow-up on corrective action to ensure completion and determine effectiveness
- Legal and other requirements for investigations and reporting

Reporting and investigations (Clause 4.4.9.1)

These procedures *shall* include

- a) the establishment of roles and responsibilities of all parties participating in the investigation process;
- b) practices that foster a psychologically safe environment that allows workers to report errors, hazards, adverse events, and close calls;
- c) a commitment to appropriate accountability, looking first at system factors that contributed to the error or adverse event;
- d) actions to mitigate any consequences of work-related psychological injuries, illnesses, acute traumatic events, chronic stressors, fatalities (including suicides), attempted suicides, and psychological health and safety incidents;
- e) the identification of the immediate and underlying cause(s) of such incidents and the implementation of recommended corrective and preventive actions; and
- f) an assessment of effectiveness of any preventive and corrective actions taken.

(Note: This is an excerpt of Clause 4.4.9.1 containing only the information pertaining to this section of the Implementation Handbook.)

Such investigations should be carried out by competent individual(s) who have experience in psychological injury and incident investigation. They should be impartial and should be perceived to be impartial by all parties. Investigators should be knowledgeable in incident investigation techniques, including methods of finding critical information, conducting route cause analyses, planning corrective action, writing reports, and following up. The competence of investigators should be regularly reviewed to identify ongoing training needs.

In any workplace incident investigation, it is essential to involve staff who have knowledge of the organization's work processes and equipment, such as supervisors, workers, and worker representatives. This can be difficult because it is crucial to ensure the privacy and confidentiality of the people involved.

Senior management should be involved in all serious incidents because their presence demonstrates the importance of the investigation and helps ensure that strong corrective actions are taken.

Any problems or deficiencies found by the PHSMS during the incident investigation are documented in the **Corrective Action System**, and appropriate plans, accountabilities, timelines, and assessment methods need to be developed.

Reporting and investigations

(Clause 4.4.9.2)

The investigation of cause(s) of work-related psychological health and safety incidents such as psychological injuries, illnesses, acute traumatic events, psychosocial risk factors, fatalities (including suicides), and attempted suicides, **shall** include the identification of any failures in the PHSMS and **shall** be documented.

(Clause 4.4.9.3)

Recommendations **shall** be developed and, along with the investigation's results, **shall** be communicated to the workplace parties.

These recommendations **shall** form the basis of corrective action and shall be included in the management review. The investigation results and recommendations should be used for continual improvement of the PHSMS.

For an example of an incident reporting form, see the **Tools and Techniques** section of this chapter.

Review of your PHSMS

Have you ever heard yourself saying something like this about a new program or initiative your organization implemented?

“We really thought it was a great initiative - but it just didn't seem to stick. Everyone seems to have forgotten about it, and things are back to where they were before”.

Completing your initial **Planning** and starting to **Implement** your PHSMS are major milestones. You and your teams should be congratulated for all the hard work done in support of your workers, but you're not finished yet.

What you really don't want to happen is for things to be rolled out and then slowly forgotten in the busy everyday work environment. It's important for the organization to understand that the work doesn't stop on the day you hold the kick-off meeting for the new system. It needs to continue, to ensure what you have started will survive in future years.

This is a critical aspect of a successful Psychological Health and Safety Management System, and it's an area where many organizations fail.

A **Managed Systems** approach that follows the National Standard addresses this potential difficulty by including **three required types of Continual Review Processes**. These processes are all part of the continuous improvement feedback loop that allows the system to change and evolve with time.

If your organization is currently operating under another type of Managed System (for example, ISO 9001, OHSAS 18001, CSA Z1000, ISO 14001), then your organization already has review elements, processes, and procedures. You should be able to integrate the PHSMS requirements into your existing framework.

If this is a new approach for your organization, then you have some new procedures and processes to build to ensure your new PHSMS stays relevant and evolves with your changing organizational needs and requirements with time.

Review (Clause 4.3.3)

The organization **shall** review its approach to managing and promoting psychological health and safety in the workplace, to assess conformance with the requirements and recommendations in this Standard. If no such system exists, the organization **shall** establish a system in conformance with this Standard.

A PHSMS without an effective review process is like piloting a boat at night. You know you are moving fast, but without lights and a compass or navigation system, how do you know you are heading in the direction you wanted to go? Measuring, monitoring, and formal review systems help you understand the direction you are headed in and what things might look like when you get there. It lets you put in place effective course corrections to change direction and adjust your speed and resources to reach your goals.

Whatever parts you have chosen to start work on, the goal is to provide a continuous improvement loop where the organization assesses, addresses, and then adjusts the Psychological Health and Safety Management System.

Evaluation is needed to assess whether or not you achieved your intended outcomes, as well as the extent of improvement in overall psychological health and safety. Adjusting your plan accordingly and taking corrective action keeps your organization moving in the right direction.

You need to communicate regularly to all of the workers involved about the key parts of your review processes. Communication should be a scheduled item throughout your review plans and processes.

Education, awareness, and communication (Clause 4.4.3)

The organization **shall** establish and sustain processes to

- g) ensure communication throughout the monitoring and review process to all workplace parties.

(Note: This is an excerpt of Clause 4.4.3 containing only the information pertaining to this section of the Implementation Handbook)

Establishing the Performance Monitoring Process

Introduction (Clause 4.5.1)

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

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

Note: Evaluation is best planned in advance of implementation so that appropriate data requirements can be identified and subsequently included in the evaluation results.

(Note: This is an excerpt of Clause 4.5.1 containing only the information pertaining to this section of the Implementation Handbook.)

The first type of review that must be created is called a **Performance Monitoring Process**. This is a systematic way to ensure you are continually monitoring and documenting the progress and effectiveness of your PHSMS.

1. **Are you on plan?**
2. **Are your objectives and targets being met?**
3. **Are the processes and procedures that you have implemented being followed?**
4. **Are you in conformance with the requirements of the National Standard?**
5. **Are there areas for improvement you should look at?**

The results of the performance monitoring process are used to determine whether the system is working as intended and to ensure ongoing conformance to the requirements of the National Standard. The overall purpose of the process is for the ongoing measurement of both qualitative and quantitative elements that evaluate the promotion, prevention, and intervention efforts.

Performance monitoring is carried out on a routine and regular basis. It provides input and data on how things are progressing and shows any early signs of issues or challenges. It allows you to make corrections to the process as needed. Think of it as your course correction system as you are piloting your boat at night. Or perhaps it is your early warning system letting you know that you may be running short on fuel or a storm is approaching and course corrections may be necessary.

Monitoring and measurement

(Clause 4.5.2.1)

Performance monitoring and measurement **shall**

- a) determine the extent to which the PHSMS policy, objectives, and targets are being met;
- b) provide data on PHSMS performance and results;
- c) determine whether the day-to-day arrangements for hazard and risk identification, assessment, minimization, and elimination or control are in place and operating effectively; and
- d) provide the basis for decisions about improvements to psychological health and safety of the workplace and the PHSMS.

Both qualitative and quantitative measures appropriate to the needs, size, and nature of the organization **shall** be developed in consultation with workers and, where applicable, their representatives. Such assessments **shall** be carried out by competent persons.

Effective performance monitoring will also highlight all the successful parts of the process and the improvements you have made along the way. This is essential information that your Senior Leadership and workforce needs to hear about and celebrate.

In Chapter 2 of our implementation model, you developed your *Organizational Baseline*. In Chapter Three, you developed and documented your *Objectives and Targets* for your PHSMS. The creation of the **Performance Monitoring Process** is a documented, systematic **Checkpoint** on the progress you're making on your stated objectives, initial baseline, and policies and procedures.

The required elements you need to include in your performance monitoring process and procedure are described in the National Standard as follows:

(Clause 4.5.2.2)

Monitoring and measurement activities **shall** be recorded. Monitoring and measurement **shall** include the requirements of the PHSMS and the results of the following, as applicable

- a) leadership engagement with the PHSMS;
- b) baseline assessment of psychosocial risk factors;
- c) a baseline assessment of other workplace determinants of psychological health (e.g., environmental, physical, job requirement, staffing levels);
- d) psychological injury and illness statistics;
- e) return-to-work programs;
- f) aggregated data from health risk assessments; and
- g) aggregated analysis of the results of investigations or events.

The frequency of the performance monitoring is not described in the National Standard. Instead, it is the responsibility of the organization to decide what works best for their style of management and for the complexity of the system being implemented. A good place to start would be a monthly review on the progress of the targets, objectives, and processes and policies. Then, a quarterly review could be scheduled as the PHSMS implementation phase is complete, followed by an annual review of the overall progress relative to baseline.

Performance Monitoring will most typically be those things that are built into the system at an operational or supervisory level. These would not typically be the things the PHSMS Champion would routinely do.

Examples might include:

- A call centre supervisor who would routinely check in with employees throughout the day with predetermined hand signals to check on progress, status, and issues.
- Or perhaps a manager of a high stress area holding a debrief at the end of every day with the front-line employees as a protective measure for employees and to help to foster a supportive environment.

Your performance monitoring assessments must involve ongoing participation from the workers and worker representatives and must be done by skilled workers.

Evaluating outcomes of the implementation of a PHSMS does not have to be difficult. Consider the following ideas:

- Re-administer your original assessment of psychological health and safety and compare baseline to current measurements.
- Have monthly (or at planned intervals) review meetings with the key workers responsible for objectives and targets.
- Use existing data that is already routinely collected in your organization.
- Identify a few **Key Performance Indicators**, and track and communicate these to stakeholders on a monthly basis. Many organizations create a **Dashboard** of these key indicators that colourfully and visually shows everyone in a quick glance how you're progressing on your overall annual plan.
- Monitor and measure activities that are both proactive and reactive. This allows you to correct problems and show trends or issues before they become problems.
- Organizations sometimes concentrate on improving injury and illness rates and forget other important goals, such as improving methods of hazard identification, improving risk assessment and control, and correcting other weaknesses in the PHSMS.
- Start with a simplified measurement and monitoring process and increase it as you gain experience with your PHSMS.

Whatever you choose as your mechanism and procedures for your **Performance Monitoring Process**, the outcome or way to suggest ideas for continual improvement or corrective actions should be done through your preventive and corrective action system and adjustment of your objectives and targets.

For more tips on Performance Monitoring, see the **Tools and Techniques** section of this chapter.

Internal Audits

The National Standard describes the need to create an **Internal Audit Process** for your PHSMS to ensure that you comply with the mandatory elements of the Standard. An internal audit of your system is a good way to see the progress of your PHSMS and get ideas for your continual improvement plans.

Many organizations have ongoing auditing programs for many aspects of their business (for example, environmental, quality, risk, energy). This auditing requirement can likely be added to the existing framework as additional requirements. While the Standard doesn't describe the frequency of the internal audits, doing them annually would be a good way to start.

An **Audit Tool (checklist)** is included in Chapter 5 of this Handbook with all of the mandatory requirements of the National Standard. This can be a framework for your **Internal Audit Process**. (Note: *The Audit Tool is Annex E of the National Standard and is available electronically at workplacestrategiesformentalhealth.com.*)

Internal audits (Clause 4.5.3)

The organization **shall** establish and maintain an internal audit program to conduct audits at planned intervals to determine whether the PHSMS

- a) conforms to the requirements of this Standard and to the psychological health and safety system requirements established by the organization; and
- b) is effectively implemented and maintained.

The audit results, audit conclusions, and any corrective action plans **shall** be documented and communicated to affected workplace parties, including workers and worker representatives, and those responsible for corrective action.

The organization **shall** consult with workers and, where applicable, their representatives on auditor selection, the audit process, and the analysis of results. The management responsible for the activity being audited **shall** ensure that corrective actions are taken to address any non-conformance with the organization's PHSMS or this Standard identified during the audit.

(Note: This is an excerpt of Clause 4.5.3 containing only the mandatory elements of the Standard)

The internal audit procedure should include the criteria for auditor competency, the audit scope, the frequency of audits, the audit methodology, and reporting. The deficiencies shown by the internal audit are included as non-conformances for which corrective or preventive actions and subsequent plans must be established. Clear accountability, timelines, and actions must be defined to fix these deficiencies.

Remember that sitting at your desk and checking the appropriate boxes in the audit tool as yes or no won't generally give you all the information that you need. It's more useful to go into the facilities and work sites and speak with staff and employee groups to look at the procedures and non-conformances. The intent of the internal audit is to help you uncover what isn't working for your organization and help you to find the approach to improve the process. The greater the level of participation you can have around this, the stronger your PHSMS will eventually become.

The goal is continual improvement, and a strong and well-received internal auditing process is an important part of the sustainable feedback loop.

For more tips on internal audits, see the **Tools and Techniques** section of this chapter.

Management Review

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

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

The key questions a Management Review aims to answer are:

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

Management Review and Continual Improvement Review Process (Clause 5.1)

The organization **shall** establish and maintain a process to conduct scheduled management reviews of the PHSMS. The review process should address the degree to which the goals of a psychologically healthy and safe workplace are being achieved.

The review process **shall** include

- a) a review and analysis of key outcome data (e.g., audit results, evaluation/outcomes data);
- b) an assessment of the level of conformance of the PHSMS to this Standard;
- c) a detailed review of findings that are considered significant; and
- d) organizational and other reporting requirements. (*Note to reader - this includes incident reports*).

Business decisions made without full awareness of their effect on psychological health and safety could reduce or reverse any progress made in creating a psychologically healthier workplace. Regular review by senior management can help ensure that progress continues by considering psychological health and safety when making strategic and operational business decisions.

Management review of the PHSMS is a cumulative and ongoing process that helps the overall continuous improvement of the system. Management should focus on trends that can show problems with the PHSMS and consider inputs that could be significant enough to show a potential gap in the system.

Outcome of the Review Process (Clause 5.2)

The outcome of the review process *shall* include

- a) opportunities for improvement and, where deficiencies/variances are identified, corrective actions to be implemented;
- b) review and update of the organizational policies and procedures specific to, or related to, the PHSMS;
- c) review and update of objectives, targets, and action plans; and
- d) communication opportunities to enhance understanding and applications of results.

Recommendations for improvement may lead to changes to the PHSMS, including the organization's policies, objectives and targets, procedures, practices, and allocation of human and financial resources. A time-frame should be established for the implementation of action plans arising from management review. The effectiveness of any changes should be evaluated.

Management reviews don't need to be complicated. A checklist with the elements for review, along with an area for comments to record necessary action may be enough.

Whatever frequency and mechanism you choose for your **Management Review Process**, the decisions and actions for continual improvement or corrective measures should be made through your preventive and corrective action system and adjustment of your objectives and targets.

For more tips on Management Review, see the **Tools and Techniques** section of this chapter.

Continuous Improvement

Working within any type of Managed System is an ongoing, recurring, and continually changing and evolving process. A well-designed PHSMS links the planning stage to all of the other system activities.



The original risk assessment and baseline data and trend analysis conducted in the planning process provides the information used to establish the initial measurable PHS objectives and targets for each function or aspect of the organization. During the ongoing review processes, the organization, in consultation with workers, worker representatives, and senior leadership, identifies and prioritizes key areas for improvement in PHS performance. It then sets new, or modifies existing, objectives, targets, priorities, policies and procedures as required.

The **Corrective Actions** to address non-conformances or deficiencies noted in the PHSMS and any **Preventive Actions** give input to the management review process and, in this way, feed back into the planning process.

Policies and Procedures are routinely reviewed and revised through the management review processes, as part of the required elements after critical events have occurred or as part of critical event planning exercises.

Critical event preparedness – Individual(s) (Clause 4.4.7)

The organization **shall** establish and sustain processes to

- d) ensure there are opportunities for debriefing and for revising guidelines for critical events as applicable.

Critical event preparedness – Organization (Clause 4.4.8)

The organization **shall** establish and sustain processes to

- c) incorporate learning from critical events into established plans related to the psychological health and safety system; and
- d) ensure there are opportunities for reviewing and for revising guidelines for critical events as applicable.

Note: The above are excerpts from Clauses 4.4.7 and 4.4.8 containing only the information pertaining to this section of the Implementation Handbook.

Target and Objective Setting becomes a continuous loop ensuring all past performance information, risk assessment findings, data, and review findings are continually being considered as new objectives are being determined.

Objectives and targets (Clause 4.3.7.1)

The objectives and targets should be

- b) [...] and commitment to continual improvement;
- c) based on past reviews, including past performance measures and any psychological health and safety hazards, risks, the results of the data collection and identification and assessment of psychological workplace factors, management system deficiencies, and opportunities for improvement that have been identified;

- e) reviewed and modified according to changing information and conditions, as appropriate.

(Note: This is an excerpt of Clause 4.3.7.1 containing only the information pertaining to this section of the Implementation Handbook.)

In this way, your PHSMS becomes self supporting and will change with your organization and its changing demands and the external and internal environment.

Summary

The critical new elements and processes you need to build and put in place to ensure your ongoing success with your PHSMS in this final phase are as follows:

- **Corrective and Preventive Action Process and Procedures**
- **Incident Investigation and Reporting Process and Procedures**
- **Performance Monitoring Process**
- **Internal Auditing Process and Procedures**
- **Management Review Process**

The development and routine use of these **Review** and **Continuous Improvement Systems**, processes, and procedures will help you to better navigate your way through both stormy and calm seas allowing you to arrive at your destination as planned. You will be continually improving and gaining important experience along the way. With time and effort, you will continue to improve your organization's position on the **Psychological Health and Safety Continuum** and will be on the way to **Diligence and Carefulness**, improving the lives and work environment of your colleagues and workers.

You will find a checklist of all the mandatory requirements of this chapter in the **Tools and Techniques** section that follows.



Implement the Plan

Checklist

Complete
Y/N

TOOLS & TECHNIQUES

<p>The organization must ensure participation through:</p> <ul style="list-style-type: none"> encouraging worker/worker representative in the evaluation process ensuring results of the evaluation process are communicated and follow-up action plans are available 	
<p>Objectives and targets should be:</p> <ul style="list-style-type: none"> consistent with a commitment to continual improvement based on past reviews, including past performance measures and management system deficiencies, and opportunities for improvement that have been identified reviewed and modified according to changing information and conditions, as appropriate 	
<p>The organization must establish and sustain processes to:</p> <ul style="list-style-type: none"> ensure there are opportunities for debriefing and for revising guidelines for critical events as applicable 	
<p>The organization must establish and sustain processes to:</p> <ul style="list-style-type: none"> incorporate learnings from critical events into established plans related to the psychological health and safety system ensure there are opportunities for reviewing and for revising guidelines for critical events as applicable 	
<p>The organization must establish and maintain procedures for reporting and investigating work-related psychological health and safety incidents. These procedures must include:</p> <ul style="list-style-type: none"> establishing roles and responsibilities of all parties participating in the investigation process practices that foster a psychologically safe environment that allows workers to report errors, hazards, adverse events, and close calls a commitment to appropriate accountability, looking first at system factors that contributed to the error or adverse event actions to mitigate any consequences of work-related psychological injuries, illnesses, acute traumatic events, chronic stressors, fatalities (including suicides), attempted suicides, and psychological health and safety incidents the identification of the immediate and underlying cause(s) of such incidents and the implementation of recommended corrective and preventive actions an assessment of effectiveness of any preventive and corrective actions taken 	
<p>Investigations of cause(s) of work-related psychological health and safety incidents must identify any failures in the PHSMS and must be documented.</p>	
<p>Recommendations must be developed and, along with the investigation's results, must be communicated to the workplace parties.</p>	

Implement the Plan

Checklist



Complete
Y/N

TOOLS & TECHNIQUES

<p>Recommendations must form the basis of corrective action and must be included in the management review process and contribute to the continual improvement of the PHSMS.</p>	
<p>The organization must establish and maintain procedures to monitor, measure, and record psychological health and safety and the effectiveness of the PHSMS, respecting the confidentiality and privacy of all individuals.</p>	
<p>The organization must assess organizational conformance to this Standard, including an evaluation of the processes associated with the implementation of this Standard.</p>	
<p>The organization's performance monitoring and measurement approach:</p> <ul style="list-style-type: none"> • determines the extent to which the PHSMS policy, objectives, and targets are being met • provides data on PHSMS performance and results • determines whether the day-to-day arrangements for hazard and risk identification, assessment, minimization, and elimination or control are in place and operating effectively • provides the basis for decisions about improvements to psychological health and safety of the workplace and the PHSMS 	
<p>Qualitative and quantitative measures (appropriate to the needs, size, and nature of the organization) must be developed in consultation with workers (and where applicable, their representatives) and must be carried out by competent persons.</p>	
<p>Monitoring and measuring results must be recorded and include the following, as applicable:</p> <ul style="list-style-type: none"> • leadership engagement with the PHSMS • baseline assessment of psychosocial risk factors • baseline assessment of other workplace determinants of psychological health (e.g., environmental, physical, job requirement, staffing levels) • psychological injury and illness statistics • return-to-work programs • aggregated data from health risk assessments • aggregated analysis of the results of investigations or events 	
<p>The organization must establish and maintain an internal audit program to conduct audits at planned intervals to determine whether the PHSMS:</p> <ul style="list-style-type: none"> • conforms to the requirements of this Standard and to the psychological health and safety system requirements established by the organization • is effectively implemented and maintained 	
<p>The audit results, audit conclusions, and any corrective action plan must be documented and communicated to affected workplace parties, including workers and worker representatives, and those responsible for corrective action.</p>	
<p>The organization must consult with workers and, where applicable, their representatives on auditor selection, the audit process, and the analysis of results.</p>	



Implement the Plan

Checklist

Complete
Y/N

TOOLS & TECHNIQUES

<p>Management responsible for the activity being audited must ensure that corrective actions are taken to address any non-conformance with the organization's PHSMS or this Standard identified during the audit.</p>	
<p>The organization must establish and maintain preventive and corrective action procedures to:</p> <ul style="list-style-type: none"> • address PHSMS non-conformances and inadequately controlled hazards and their related risks • identify any newly created hazards resulting from preventive and corrective actions • expedite action on new or inadequately controlled hazards and risks • track actions taken to ensure their effective implementation • implement initiatives to prevent recurrence of hazards 	
<p>The organization must take into account input from PHSMS performance monitoring and measurement, recommendations from workers and worker representatives, PHSMS audits, and management reviews when determining preventive and corrective actions.</p>	
<p>The organization must establish and maintain a process to conduct scheduled management reviews of the PHSMS, including:</p> <ul style="list-style-type: none"> • review and analysis of key outcome data (e.g., audit results, evaluation/outcomes data) • assessment of the level of conformance of the PHSMS to this Standard • a detailed review of findings that are considered significant • organizational and other reporting requirements 	
<p>The outcome of the review process must include:</p> <ul style="list-style-type: none"> • opportunities for improvement and, where deficiencies/variances are identified, corrective actions to be implemented • review and update of the organizational policies and procedures specific to or related to the PHSMS • review and update of objectives, targets, and action plans • communication opportunities to enhance understanding and application of results 	

Internal Audit

- You may find it beneficial to use different people for your auditing than you did for your planning and implementation. Fresh eyes without any bias can give you new insight and perspective.
- Many organizations audit in teams of two or three with each person taking a specific area or type of information to review. Or perhaps one person speaks with employees, while the other person reviews documentation. Having two people audit allows for team work, and auditors can then bring fresh perspectives to the work.
- Consider carefully your choice of internal auditors. These people need to be respected and considered independent from management to ensure the employees feel confident in speaking and sharing their thoughts.
- The International Standards Organization (ISO) has an excellent reference document, ISO 19011, *Guidelines for auditing management systems* that can provide additional assistance and guidance for internal auditors (*iso.org*).
- Consider making use of trained auditors that have experience auditing other management systems such as those for health and safety, quality or the environment.

Performance Monitoring

Proactive and Reactive

(Source: Adapted from CSA Z1000-06 Annex A³)

Monitoring and measurement activities should be both proactive and reactive.

Proactive monitoring measures the required elements of the PHSMS.

Examples of **Proactive** monitoring include tracking:

- implementation of corrective action plans
- PHSMS objectives and targets
- assessments of training
- inspections of facilities, work processes (such as job hazard analysis), and equipment
- the work environment, including the organization of work and work activities
- worker health

Examples of **Reactive** monitoring include tracking:

- trends in work-related injuries and incidents
- the frequency and severity of illness and incidents
- worker rehabilitation and health restoration programs

- Involve both the people who have the information and knowledge about the PHSMS and the people who can make the decisions about its direction and resources.
- At a minimum, a management review should happen at least once a year. As your system is moving through its implementation stage, you should have management reviews quarterly.
- Document the issues, decisions, and actions. Then use the corrective and preventive action process to manage items as possible.
- Include discussions on external influences to the organization or changing circumstances to ensure PHS is part of key organizational challenges.
- Don't be afraid to eliminate any procedures or policies that seem to be redundant or not working for you. This is to be expected with time as you continually review.

The management review process identifies the need for change to the PHSMS and the actions that are required to make changes, fix deficiencies, and ensure continual improvement.

Management reviews should:

- evaluate the ability of the PHSMS to meet the overall needs of the organization and its stakeholders, including workers
- evaluate the effectiveness of the PHSMS in reducing work-related injuries and illness
- identify what actions are needed to fix any problems quickly
- provide feedback, including identifying PHSMS priorities

- evaluate the effectiveness of follow-up actions from previous management reviews
- happen annually or more frequently, as appropriate

(Source: adapted from CSA Z1000-06 Annex A)

Examples of questions you could use at a management review

- Is our PHS policy still relevant to what we do?
 - Are our other policies still relevant to our PHSMS? (*Hiring, recruiting, performance management, training, accommodation, return to work, etc.*)
- Are the roles and responsibilities assigned clear? Are they working well?
- Are our resources being used adequately?
- Are there areas where procedures are lacking?
- Is there progress on our objectives and targets?
- What else can we do to improve?
- What concerns have been raised since our last management review?
- Are there any anticipated external changing conditions that might affect employee PHS?
- Are our employee communications good enough?
- Do we have effective and representative worker participation and engagement?

Management Review

Preparation and Presentation

- Prepare a short one-page summary of what you will discuss at the upcoming review meeting and send it to the attendees ten days in advance to give them enough time to review the information. Consider your audience and tailor the message to them. Keep it short and decide on the three to five key points you would like them to remember as their takeaway.
- Be aware of how much time you have on the agenda. Check this out in advance and make sure your presentation materials, along with discussion time, will fit in your allowed time.
- There is no need to be fancy - focus on the higher-level view. Be concise and be prepared to give details when asked. Anticipate possible questions or concerns, and be prepared to respond verbally or with back-up presentation slides or handouts.
- Describe how successes link to the overall organizational strategic direction and plan. Tell them about both your successes and challenges. Try not to mention challenges without being prepared for your recommended solution(s). *(It doesn't have to be the correct solution(s), but should be enough to help start a discussion and get help from the group to deal with the challenge.)*
- Make it easy for the group to engage with the plan and understand where you are in the process. Speak with confidence and know your details. Be prepared to support your statements with data or reports when requested or questioned.
- Have copies of reports and data with you, but present the findings to the group in terms of outcome results, overall objectives and targets, and level of conformance to the Standard. Interpret the reports and data for the group as needed. They generally won't have the level of knowledge on the subject that you do and will appreciate your making it easier for them to follow the progress.
- Ensure you know details about the budget and ongoing communications and include this information in your presentation materials.
- Ask the group what types of data and information they would like to see you report on. They may have a standard way of having the meetings already and if you can incorporate your information into their existing frameworks, things may go more smoothly and you may improve the level of support and participation.
- Ask the different stakeholders what is important to them and how much detail they would like to receive. Some may be happy with just one or two key messages, but others may need a great deal of detail on issues, progress and action plans.



Incident Reporting

An Example of an Incident Reporting Form

TOOLS & TECHNIQUES

PART 1 EMPLOYEE SECTION: Contact Information and Description of Event				
COMPANY NAME		DEPARTMENT		
LOCATION OF EVENT		DATE OF EVENT	TIME OF EVENT	REPORT DATE
			AM PM	
IF NOT REPORTED PROMPTLY, STATE REASON:				
INJURED NAME (FIRST, LAST)		TITLE		
INJURED ADDRESS		PHONE NUMBER & E-MAIL		
CHECK OFF ALL STATEMENTS THAT BEST DESCRIBE THE INCIDENT				
<input type="checkbox"/> Critical incident stress <input type="checkbox"/> Discrimination <input type="checkbox"/> Psychological abuse <input type="checkbox"/> Mental health problem/crisis <input type="checkbox"/> Bullying <input type="checkbox"/> Physical attack <input type="checkbox"/> Harassment <input type="checkbox"/> Working alone <input type="checkbox"/> Threat <input type="checkbox"/> Sexual harassment <input type="checkbox"/> Workplace incivility <input type="checkbox"/> Assault <input type="checkbox"/> <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Other, please explain:				
WAS THE INCIDENT <input type="checkbox"/> Sudden event/occurrence <input type="checkbox"/> Gradually occurring over time <input type="checkbox"/> N/A				
DESCRIBE WHAT HAPPENED IN DETAIL Include who was involved and contributing factors.				
<i>Use back of the page for additional space</i>				
WHAT FACTORS CONTRIBUTED TO THE EVENT AND HOW COULD IT HAVE BEEN AVOIDED?				
WAS FIRST AID/MHFA ADMINISTERED? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, by whom?				
WAS MEDICAL TREATMENT ADMINISTERED? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate hospital/doctor:				
WITNESS NAME(S) AND CONTACT INFORMATION, IF ANY				
Signature of injured party/complainant		Date		
IF THIS FORM WAS COMPLETED BY SOMEONE OTHER THAN THE INJURED PARTY, COMPLETE THE FOLLOWING:				
Form Completed By (First, Last Name)		Signature		
Phone Number		Date		

Incident Reporting

An Example of an Incident Reporting Form

PART 2 SUPERVISOR SECTION: General Information and Preventive Measures			
SUPERVISOR NAME (FIRST, LAST)		TITLE	
PHONE NUMBER		REPORT DATE	
IF NOT REPORTED PROMPTLY, STATE REASON:			
BASIC AND IMMEDIATE CAUSES: WHAT ACTIONS, CONDITIONS, PERSONAL OR JOB FACTORS CAUSED OR COULD CAUSE THIS EVENT? See list below			
<p>IMMEDIATE CAUSES (Check all that apply)</p> <p>Substandard Actions:</p> <input type="checkbox"/> Under influence of alcohol or drugs <input type="checkbox"/> Inappropriate workplace behavior <p>Others: _____</p> <p>BASIC CAUSES (Check all that apply)</p> <p>Personal Factors:</p> <input type="checkbox"/> Lack of knowledge <input type="checkbox"/> Lack of skill <input type="checkbox"/> Stress <input type="checkbox"/> Distracted <p>BASIC CAUSES - Continued (Check all that apply)</p> <p>Personal Factors:</p> <input type="checkbox"/> Fatigue <input type="checkbox"/> Improper motivation <input type="checkbox"/> Lack of job satisfaction <input type="checkbox"/> Lack of engagement <input type="checkbox"/> Personal issues <p>Job Factors -Continued:</p> <input type="checkbox"/> Inadequate policies and/or procedures <input type="checkbox"/> Abuse and misuse <input type="checkbox"/> Unclear/inadequate expectations <input type="checkbox"/> Inadequate support <input type="checkbox"/> Little or no accountability <input type="checkbox"/> Lack of responsibility <input type="checkbox"/> Ineffective conflict management <input type="checkbox"/> Lack of control over work <input type="checkbox"/> Unclear/ inadequate priorities and goals <input type="checkbox"/> Lack of resources <input type="checkbox"/> Organizational change <p>Job Factors:</p> <input type="checkbox"/> Inadequate communication <input type="checkbox"/> Work overload <input type="checkbox"/> Insufficient leadership/supervision <input type="checkbox"/> Inadequate work standards			
CHECK IF AN INJURY OCCURRED:			
<input type="checkbox"/> No First-Aid/MHFA administered, returned to work <input type="checkbox"/> First-Aid/MHFA administered, returned to work <input type="checkbox"/> Saw a physician, returned to work		<input type="checkbox"/> Saw a physician, returned to light duty <input type="checkbox"/> Saw a physician, time loss <input type="checkbox"/> Refused medical treatment	
WAS THERE AN ABSENCE FROM WORK FOLLOWING THE EVENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, THE DATE/HOUR LAST WORKED <div style="text-align: right;">AM PM</div>	DATE EMPLOYEE RETURNED TO WORK <div style="text-align: right;">AM PM</div>	
HAVE ANY SHORT-TERM ACCOMMODATIONS AND/OR FLEXIBLE WORKPLACE ARRANGEMENTS BEEN ARRANGED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
DO YOU ANTICIPATE THAT AN ACCOMMODATION AND/OR FLEXIBLE WORKPLACE ARRANGEMENT WILL BE REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe If yes/maybe, a Flexible Workplace Arrangement Request Form must be completed			
REMEDIAL ACTIONS. WHAT HAS OR SHOULD BE DONE TO CONTROL THE CAUSES LISTED? Examples include incident investigation, training/education, communications, change management etc.			
		DEADLINE	BY WHOM
			COMPLETED
Signature of Supervisor		Date	
IF APPLICABLE, REVIEWERS REACTIONS TO THE INVESTIGATOR'S ANALYSIS OF BASIC CAUSES AND REMEDIAL ACTIONS.			
Reviewer's Name (First, Last)		Title	
Reviewer's Signature		Date	

CHAPTER 5

Summary and Resources



Summary

The full implementation of a PHSMS is within the grasp of your organization. If you are able to follow the key building blocks described within our four piece development and implementation framework, you will have successfully developed and implemented all the required elements within the National Standard of Canada.

Remember, it is a journey of continual improvement, and the path taken by your unique organization will most likely differ from that of others. With time, patience and support, you will be improving the lives of your colleagues and friends and improving the workplace culture for all involved.

If you have not already done so:

Start the Workplace Conversation Today!



Additional Resources and References

There is no shortage of available information and resources on the topic of psychological health and safety in the workplace with a great deal of the Information and tools being accessible on the internet at no charge to the users.

In the creation of this Implementation Guide, we have included many tools and resources for you throughout the *Tools and Techniques* sections within each chapter. What follows are some key resources that many have found useful. Included within the Annexes of the National Standard are additional resources and references.

CSA Group

(csagroup.org)

CSA Group is an independent, not-for-profit member-based association dedicated to advancing safety, sustainability, and social good. They are an internationally accredited standards development and testing and certification organization providing consumer product evaluation and education and training services.

National Standard of Canada

CAN/CSA-Z1003-13/BNQ 9700-803/2013 - *Psychological health and safety in the workplace - Prevention, promotion, and guidance to staged implementation* (The National Standard) is available as a no charge download in English and French at csa.ca/z1003.ca.

Great-West Life Centre for Mental Health in the Workplace

(workplacestrategiesformentalhealth.com)

Great-West Life offers a Canadian online resource with multiple programs, tools and aids that address awareness, communication, change management, prevention, promotion, crisis response, management training, and employee resources.

The Great-West Life Centre for Mental Health in the Workplace (the Centre) provides employers with a variety of free public resources including information, strategies, tools, and initiatives as well as support for research aimed at improving workplace mental health. The Centre also reviews current research and innovative programming available in the area of workplace mental health. The website, workplacestrategiesformentalhealth.com, is the primary vehicle through which these resources are available to employers and organizations. All of the Centre's tools and resources are available to anyone at no charge. The Centre is a public resource established by Great-West Life as part of their commitment to enriching the communities where we live and work. The following are some of the Centre's initiatives:

On the Agenda

On the Agenda is a series of presentation slides, videos and supporting materials that assist trainers, leaders, managers or others facilitate

discussions related to a psychologically safe workplace and the workplace factors. This series of slide presentations and facilitator guides allows the group to work with evidence-based recommendations to customize a workplace solution unique to their situation.

Managing Mental Health Matters

Managing Mental Health Matters (MMHM) provides training, resources, and support to help managers develop the competency to have effective conversations with their employees, including learning how to implement a workplace plan. Learning to manage employees with mental health issues can be complex. MMHM is a first-of-its-kind program that engages managers and supervisors in realistic online, video-based learning. It focuses on helping managers, supervisors, and other leaders learn how to effectively recognize and manage mental health related issues in the workplace through a scenario-based training program that uses a series of videos and activities.

Working Through It™

Working Through It™ is a video-based program where individuals share how they reclaimed well-being at work, off work and when returning to work. It includes interviews of people sharing their real-life experiences of working through times of stress and/or mental illness. This resource can increase awareness of mental health in an engaging and honest approach that covers mental health awareness, workplace issues (for employees who may have a mental illness), coping strategies (for mental health problems), and wellness and recovery strategies (for mental health problems). It includes a 90 minute DVD that may become part of a learning process with minimal effort on the part of the facilitator.

Supporting Employee Success - A Tool to Plan Accommodations that Support Success at Work

This is a process that:

- Helps assess work-related triggers for emotional or cognitive issues
- Supports a thoughtful approach to finding accommodations that may best support success for the employee
- Facilitates the employee's well-being while meeting the requirement for a safe and productive workplace
- Can be used on its own, or as part of an existing approach, to support an employee's accommodation needs
- Follows a sequence to gather information, using four parts that are filled in and then passed back and forth from employer to employee and healthcare professional
- Helps to fully explore the job and task expectations of the individual employee and consider them in relation to specific workplace factors that can have an impact on the psychological well-being of the employee

Interactive Audit Tool

This interactive document for working with the National Standard is available as a no charge download.

Guarding Minds at Work™

(guardingmindsatwork.ca)

Guarding Minds @ Work (GM@W) is a free, evidence-based strategy that helps employers protect and promote psychological safety and health in their workplace. GM@W provides a comprehensive set of resources that employers can use to assess psychosocial risk factors known to have a powerful impact on organizational health, the health of individual employees, and the financial bottom line. The risk factors were identified by researchers from the Faculty of Health Sciences at Simon Fraser University on the basis of extensive research and review of empirical data from national and international best practices. In addition, the factors were determined based on existing and emerging Canadian case law and legislation. GM@W includes an organizational audit, multiple employee surveys, action tools, and evaluation templates. Guarding Minds @ Work is available to all employers at no cost.

Mental Health Commission of Canada

(mentalhealthcommission.ca)

The Mental Health Commission of Canada (MHCC) is a catalyst for improving the mental health system and changing the attitudes and behaviours of Canadians around mental health issues. Through its unique mandate from Health Canada, the MHCC brings together leaders and organizations from across the country to accelerate these changes.

A Leadership Framework for Advancing Workplace Mental Health

This is an online resource for business leaders that lays out the business case for sustaining a mentally healthy workplace.

Assisting the Aspiring Workforce

The Aspiring Workforce is a research project at MHCC aimed at identifying existing and innovative practices that will help people living with serious mental illness secure and sustain meaningful employment and/or sustain income.

Implementation Q&A Series

An initiative started with the case study project, the Implementation Q&A series answers questions around implementation of the Standard for employers across Canada. This is an ongoing series that is updated monthly with questions and answers on the implementation steps: Building the Foundation, What Are Your Opportunities?, What Are Your Objectives?, and Implement the Plan.

Mental Health First Aid (MHFA) Canada

MHFA is an evidence-based two-day course that teaches people how to help someone who is developing a mental health problem or experiencing a mental health crisis. It aims to improve mental health literacy, reduce stigma, and support people with the skills and knowledge to respond confidently and proactively when others experience mental health issues.

Monthly Webinars

MHCC offers a series of webinars on workplace wellness highlighting techniques for integrating psychological health and safety at work, with topics ranging from building a business case to evaluating your workplace. Video recordings and presentations are available for all sessions.

The Shain Reports on Mental Health in the Workplace

The MHCC commissioned and disseminated a series of four reports by Martin Shain, S.J.D., that focused on the provision and maintenance of a psychologically safe workplace. This has been recognized as a legal duty, similar to the duty to provide a physically safe workplace. In both realms, the employer must take every reasonable precaution to protect employee safety and show that they have done so.

The Working Mind

Based on a successful program developed by the Department of National Defence, MHCC's The Working Mind (TWM) initiative aims to reduce stigma and promote mental wellness. TWM is designed for employees and managers. Testing involving a number of employers has shown The Working Mind to be highly effective at achieving its key objectives.

Video Testimonials

A series of short online videos that showcase efforts by leading organizations on promoting workplace wellness and improving PH&S in their workplace.

Other Resources

Health Canada

(hc-sc.gc.ca/hl-vs/mental/index-eng.php)

Mental Health Works

(mentalhealthworks.ca)

Canadian Mental Health Association

(cmha.ca)

- Mental Health Awareness week *(mentalhealthweek.cmha.ca)*

Occupational Health Clinics for Ontario Workers (OHCOW)

- Mental Injury Toolkit *(ohcow.on.ca/mit)*

Canada's Healthy Workplace Month

(healthyworkplacemonth.ca)

Excellence Canada

(excellence.ca)

- Mental Health at Work® Certification Program

Bell Canada

- Let's Talk Toolkit *(letstalk.bell.ca)*

Canadian Centre for Occupational Health and Safety

- Healthy Minds at Work *(ccohs.ca/healthyminds)*

National Standard Audit Tool



What follows is a checklist that can be used for your baseline assessment or internal audits. It contains all of the mandatory items within the National Standard.

Mandatory Element of the National Standard	Complete Y/N
Responsibilities and authorities related to the PHSMS must be defined and communicated throughout the organization.	
A policy statement (alone or incorporated as part of another relevant policy) endorsed by senior management should refer to psychological health and safety as it applies to the organization.	
<p>The policy statement must reflect the organization commitment to:</p> <ul style="list-style-type: none"> • establish, promote, and maintain a PHSMS • align with stated organizational values and ethics • establish and implement a process to evaluate the effectiveness of the system and implement changes • delegate the necessary authority to implement the system • ensure involvement of workers/worker representatives in the development, implementation, and continual improvement of the system • provide ongoing resources • ensure regular evaluation and review • respect the principles of mutual respect, confidentiality and cooperation 	
<p>Organizational leadership must demonstrate the following qualities:</p> <ul style="list-style-type: none"> • reinforce the development and sustainability of a psychologically healthy and safe workplace environment • support line management • establish key objectives for continual improvement • <i>walk the talk</i> • ensure psychological health and safety is part of decision-making processes • engage workers/worker representatives 	
<p>The organization must ensure participation through:</p> <ul style="list-style-type: none"> • engaging stakeholders in regular dialogue • engaging workers/worker representatives in policy development, data generation, and planning • encouraging worker/worker representative participation in programs • encouraging worker/worker representative in the evaluation process • ensuring results of the evaluation process are communicated and follow-up action plans are available 	
The organization must engage the OHS committee/worker representatives in defining their involvement in the PHSMS.	
Confidentiality of persons must be respected, including removal of identifying material on relevant documents.	



National Standard Audit Tool

Mandatory Element of the National Standard

Complete
Y/N

<p>The organization must encourage worker/worker representative participation by:</p> <ul style="list-style-type: none"> • providing time and resources to participate in the PHSMS program • identifying and removing barriers to participation • involving and training in relevant aspects of the PHSMS 	
<p>The organization's planning process must include:</p> <ul style="list-style-type: none"> • plans to manage workplace psychological health and safety, including assessment of worker health impact, financial impact, and organizational policy/processes promoting good psychological health • a collective vision of a psychologically healthy workplace with specific goals for reaching the vision and a plan for ongoing process monitoring for continual improvement • assessment of the strengths of the existing psychological health and safety strategy • recognition and identification of current practices that are already protecting and promoting psychological health and safety 	
<p>The organization must review its approach to managing and promoting psychological health and safety in the workplace and to assessing conformance with the requirements and recommendations in this Standard.</p>	
<p>The organization must have a defined data collection process that respects privacy requirements.</p>	
<p>The organization must maintain a record of all data collected and information on its sources and share results as required with the OHS committee.</p>	
<p>The organization makes use of multiple sources of data in their planning process.</p>	
<p>The data collection process must ensure that privacy is protected by removal of personal identifiers and aggregation of data.</p>	
<p>The organization must develop, implement, and maintain a risk management process that includes:</p> <ul style="list-style-type: none"> • hazard identification and processes to eliminate hazards where possible • risk assessment for each identified hazard • preventive and protective measures to control risks • a priority process reflecting the size, nature, and complexity of the hazard and risk and also, where possible, respecting the traditional hierarchy of risk control 	

National Standard Audit Tool



Complete
Y/N

TOOLS & TECHNIQUES

Mandatory Element of the National Standard	Complete Y/N
<p>The organization must illustrate that some of the following factors have been assessed:</p> <ul style="list-style-type: none"> • psychological support • organizational culture • clear leadership and expectations • civility and respect • psychological job demands • growth and development • recognition and reward • involvement and influence • workload management • engagement • work/life balance • psychological protection from violence, bullying and harassment • protection of physical safety • other chronic stressors as identified by workers 	
<p>The organization must consider the unique needs of a diverse population and solicit input when these needs are relevant to achieving the goals of this Standard.</p>	
<p>The organization must consider workplace factors that can impact the ability of diverse populations to stay at work or return to work.</p>	
<p>The organization must take steps to link workers in need to internal resources and should also take steps to link workers to community or other resources.</p>	
<p>The organization must document the PHSMS objectives and targets for relevant functions and levels within the organization.</p>	
<p>Objectives and targets should be:</p> <ul style="list-style-type: none"> • measurable • consistent with the PHSMS policy and commitment to PHSMS, compliance with legal requirements and other requirements, and commitment to continual improvement • based on past reviews, including past performance measures and any work-related psychological health and safety hazards, risks, the result of the data collection, and identification and assessment of psychological workplace factors, management system deficiencies, and opportunities for improvement that have been identified • determined after: 1) consultation with workers, 2) consideration of technological options and 3) the organization's operational and business requirements • reviewed and modified according to changing information and conditions, as appropriate 	



National Standard Audit Tool

Mandatory Element of the National Standard

Complete
Y/N

The organization must establish and maintain a plan for achieving its objectives and targets, including:

- designation of responsibility for achieving objectives and targets
- identification of the means and time frame within which the objectives and targets are to be achieved

The organization must establish, implement, and maintain a system to manage changes that can affect psychological health and safety.

The change management system must include aspects on:

- communication between stakeholders about the changes
- information sessions and training for workers and worker representatives
- support as necessary to assist workers in adapting to changes

The organization must provide and sustain the infrastructure and resources needed to achieve conformity with this Standard.

The organization should ensure that:

- workplace parties possess sufficient authority and resources to fulfill their duties related to this Standard
- workplace parties possess the knowledge, authority, and abilities to integrate psychological health and safety into management systems, operations, processes, procedures, and practices
- persons with roles as specified in this Standard possess knowledge, skills, and abilities to carry out their roles (e.g., auditing, training, assessment, analysis)

The organization establishes and sustains processes to implement preventive and protective measures to address the identified hazards and risks.

The organization has implemented preventive and protective measures that reflect the following priorities:

- eliminating the hazard
- implementing controls to reduce the risks related to hazards that cannot be eliminated
- implementing use of personal protective equipment in applicable circumstances
- implementing processes to respond to and provide support for issues that can impact psychological health and safety, whether they relate to organizational factors, or to other factors, such as personal factors

National Standard Audit Tool



Complete
Y/N

TOOLS & TECHNIQUES

Mandatory Element of the National Standard	Complete Y/N
<p>The organization must establish and sustain processes to:</p> <ul style="list-style-type: none"> • provide information about factors in the workplace that contribute to psychological health and safety, and how to reduce hazards and risks that potentially cause psychological harm, and how to enhance factors that promote psychological health • ensure stakeholder education, awareness, and understanding of the nature and dynamics of stigma, psychological illness, safety, and health • communicate to stakeholders existing policies and available supports • communicate to stakeholders processes available when issues can impact psychological health and safety • communicate to stakeholders information about the psychological health and safety system and related plans and processes • include stakeholder ideas, concerns, and input for consideration • ensure communication throughout the monitoring and review process to all workplace parties 	
<p>The organization has established processes to support effective and sustained implementation, including:</p> <ul style="list-style-type: none"> • sponsorship by senior leadership and leadership at all levels of the organization • engagement on the part of stakeholders • assessment and application of change management principles throughout planning and implementation 	
<p>The organization must establish:</p> <ul style="list-style-type: none"> • clear responsibilities and accountabilities for effective implementation • governance processes that support effective implementation and communication plans • documentation requirements 	
<p>The organization must establish and sustain processes that ensure confidentiality and privacy rights are respected and protected.</p>	
<p>The organization must establish and sustain ongoing resources to:</p> <ul style="list-style-type: none"> • determine expectations and minimum requirements of workers and in particular those in leadership roles (e.g., supervisors, managers, workers representatives, union leadership) to prevent psychological harm, promote psychological health of workers, and address problems related to psychological health and safety • provide orientation and training to meet requirements 	



National Standard Audit Tool

Mandatory Element of the National Standard

Complete
Y/N

The organization must establish and sustain processes to:

- identify potential critical events where psychological suffering, illness, or injury is involved, or likely to occur, while respecting confidentiality and privacy of all parties
- provide response and support, including consideration of specialized external supports
- provide related training for key personnel involved in critical event response;
- ensure there are opportunities for debriefing and for revising guidelines for critical events as applicable

The organization must establish and sustain processes to:

- ensure the psychological health and safety risks and impacts of critical events are assessed
- manage critical events in a manner that reduces psychological risks to the extent possible and that supports ongoing psychological safety
- incorporate learnings from critical events into established plans related to the psychological health and safety system
- ensure there are opportunities for reviewing and for revising guidelines for critical events as applicable

The organization must establish and maintain procedures for reporting and investigating work-related psychological health and safety incidents. These procedures must include:

- establishing roles and responsibilities of all parties participating in the investigation process
- practices that foster a psychologically safe environment that allows workers to report errors, hazards, adverse events, and close calls
- a commitment to appropriate accountability, looking first at system factors that contributed to the error or adverse event
- actions to mitigate any consequences of work-related psychological injuries, illnesses, acute traumatic events, chronic stressors, fatalities (including suicides), attempted suicides, and psychological health and safety incidents
- the identification of the immediate and underlying cause(s) of such incidents and the implementation of recommended corrective and preventive actions
- an assessment of effectiveness of any preventive and corrective actions taken

Investigations of cause(s) of work-related psychological health and safety incidents must identify any failures in the PHSMS and must be documented.

Recommendations must be developed and, along with the investigation's results, must be communicated to the workplace parties.

National Standard Audit Tool



Mandatory Element of the National Standard

Complete
Y/N

<p>Recommendations must form the basis of corrective action and must be included in the management review process and contribute to the continual improvement of the PHSMS.</p>	
<p>The organization must establish and sustain processes to:</p> <ul style="list-style-type: none"> • make external parties and their personnel aware of the organization's policies and expectations related to protecting the psychological health and safety of the organization's workers • address any issues or concerns identified 	
<p>The organization must establish and maintain procedures to monitor, measure, and record psychological health and safety and the effectiveness of the PHSMS, respecting the confidentiality and privacy of all individuals.</p>	
<p>The organization must assess organizational conformance to this Standard, including an evaluation of the processes associated with the implementation of this Standard.</p>	
<p>The organization's performance monitoring and measurement approach:</p> <ul style="list-style-type: none"> • determines the extent to which the PHSMS policy, objectives, and targets are being met • provides data on PHSMS performance and results • determines whether the day-to-day arrangements for hazard and risk identification, assessment, minimization, and elimination or control are in place and operating effectively • provides the basis for decisions about improvements to psychological health and safety of the workplace and the PHSMS 	
<p>Qualitative and quantitative measures (appropriate to the needs, size, and nature of the organization) must be developed in consultation with workers (and where applicable, their representatives) and must be carried out by competent persons.</p>	
<p>Monitoring and measuring results must be recorded and include the following, as applicable:</p> <ul style="list-style-type: none"> • leadership engagement with the PHSMS • baseline assessment of psychosocial risk factors • baseline assessment of other workplace determinants of psychological health (e.g., environmental, physical, job requirement, staffing levels) • psychological injury and illness statistics • return-to-work programs • aggregated data from health risk assessments • aggregated analysis of the results of investigations or events 	



National Standard Audit Tool

Mandatory Element of the National Standard

Complete
Y/N

<p>The organization must establish and maintain an internal audit program to conduct audits at planned intervals to determine whether the PHSMS:</p> <ul style="list-style-type: none"> conforms to the requirements of this Standard and to the psychological health and safety system requirements established by the organization is effectively implemented and maintained 	
<p>The audit results, audit conclusions, and any corrective action plan must be documented and communicated to affected workplace parties, including workers and worker representatives, and those responsible for corrective action.</p>	
<p>The organization must consult with workers and, where applicable, their representatives on auditor selection, the audit process, and the analysis of results.</p>	
<p>Management responsible for the activity being audited must ensure that corrective actions are taken to address any non-conformance with the organization's PHSMS or this Standard identified during the audit.</p>	
<p>The organization must establish and maintain preventive and corrective action procedures to:</p> <ul style="list-style-type: none"> address PHSMS non-conformances and inadequately controlled hazards and their related risks identify any newly created hazards resulting from preventive and corrective actions expedite action on new or inadequately controlled hazards and risks track actions taken to ensure their effective implementation implement initiatives to prevent recurrence of hazards 	
<p>The organization must take into account input from PHSMS performance monitoring and measurement, recommendations from workers and worker representatives, PHSMS audits, and management reviews when determining preventive and corrective actions.</p>	
<p>The organization must establish and maintain a process to conduct scheduled management reviews of the PHSMS, including:</p> <ul style="list-style-type: none"> review and analysis of key outcome data (e.g., audit results, evaluation/outcomes data) assessment of the level of conformance of the PHSMS to this Standard a detailed review of findings that are considered significant organizational and other reporting requirements 	
<p>The outcome of the review process must include:</p> <ul style="list-style-type: none"> opportunities for improvement and, where deficiencies/variances are identified, corrective actions to be implemented review and update of the organizational policies and procedures specific to or related to the PHSMS review and update of objectives, targets, and action plans communication opportunities to enhance understanding and application of results 	

References

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