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Psychological Health & Safety in the Workplace Certificate

2020

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If you have any questions, please contact us here in HLLN at 416 736 2100 X22170 or hlln@yorku.ca. Thank you, Tania Xerri



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NANCY DUBOIS

HONS. BA

Nancy Dubois is the Principal Consultant with DU·B·FIT Consulting, a health promotion and planning firm based in southwestern Ontario. The firm focuses on the facilitation of workshops and planning sessions, as well as project management and consultative services on a wide variety of health promotion and public health topics. Nancy has worked on many projects related to workplace health including:

- Lead Consultant for The Psychology Foundation of Canada in developing the online StressStrategies resource for adults to be disseminated largely through workplaces.
- Co-author of “Workplace Mental Health Promotion: A How-to Guide” jointly produced by the Canadian Mental Health Association (Ontario) and The Health Communication Unit, University of Toronto.
- The lead consultant for ten years in a capacity-building project for workplace health professionals through The Health Communication Unit, University of Toronto which included providing consultation, training and resource development to intermediaries across Ontario.
- The designer for a community-based workplace health toolkit used by workplaces in Waterloo and Haldimand-Norfolk regions.
- A presenter at numerous workplace health training events and conferences, most often organized through public health units, as well as with the Manitoba Chronic Disease Prevention Alliance.
- The developmental consultant in workplace health for the Heart and Stroke Foundations in Ontario and Nova Scotia and the British Columbia Active Workplaces initiative.

Nancy is the Chair of the Board of Directors of the Canadian Fitness and Lifestyle Research Institute. She facilitates strategic planning and conducts evaluations for multiple organizations, especially in the social profit and public sectors and taught for many years in the Kinesiology program at York University. Nancy was the proud recipient of the Queen Elizabeth the Second Diamond Jubilee Medal for her leadership in physical activity across Canada and has worked internationally in Chile, Bosnia, Finland, Serbia and Italy.

Nancy was born and raised in London, Ontario and now hails from Scotland ONTARIO (!) where she and her husband of almost 30 years have adjusted quite well to an “empty nest”. Nancy is an avid skier and heads for the water and sunshine at any opportunity.

**Psychological Health & Safety
in the Workplace Certificate Program**

Open Enrolment / Virtual Format

Sept. 9, 10, 16, 17 and Oct. 14, 15, 21, 22

**Student Conduct Policy
(York U & HLLN)**

- See program page



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• *Facilitator*
• *Trainer*

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3

Tech Check

- Re-boot computer before each session
- Video on
- First name on your picture
- Mute on unless comments / discussion
- Course Page
- Group Google Docs
- ZOOM features
 - Chat box – to everyone, privately
 - Breakout Rooms
 - Raise hand
 - Other icons
- Questions?



4

- Purpose – Learning Objectives
- People – group introductions
- Process –
 - Our Course Outline / Course Page
 - commitment to experiential & emergent design
 - Safe space (confidentiality)
 - Bicycle Rack (Group Google Doc)
 - Asynchronous / Self-directed learning aspects
 - Overview of Action Learning Project
- “Paper” – Individual Worksheet
- Place – your ZOOM space; use of breaks



Learning Objectives

By the end of the program, you will be able to:

1. Identify key concepts and principles of the *National Standard on Psychological Health and Safety* and the implications for your organization.
2. Identify factors that promote and detract from psychological safety in the workplace.
3. Understand the current legal, business and social landscapes supporting the push for workplace psychological health & safety.
4. Apply practical tools to help assess and address organizational risk factors
5. Implement approaches to improve workplace relationships, individual and team. performance, employee engagement, absence/disability management.
6. Use benchmark and outcome measures.
7. Understand how to navigate existing resources that support Standard implementation.

INTRODUCTIONS



- Name
- Physical Location
- Workplace & Role (if comfortable to share)
- What have you most appreciated in the last week?

Course Outline

- See Outline on Course Page
- Eight .5-day afternoons (1-4 pm) (24 hours)
- Self-directed learning (8 hours)
- Regular check-in points

Action Learning Project – Overview

- See Course Page
- Submit a brief outline to the instructor by **October 2nd, 2020 at 10:00 am**
- Presentations will be made to the group on days 5 - 8 with the schedule being confirmed on Day 5
 - Volunteer to be the first, ready for Day 5?
 - If not, random choice on Day 4
- Product or process is **USEFUL** to actually address the issue or activity in your setting

Overview of the PHS Standard (LESSON 1)

- Result of Pre-session Quiz
- The Framework / System (Course Page)
- Four basic understandings
- Need for the Standard
 - **Mental INJURY vs. Mental ILLNESS**
- Developmental Process
- Terms used
- Goal = Fairness
- The 13 Psychosocial Factors

Vision

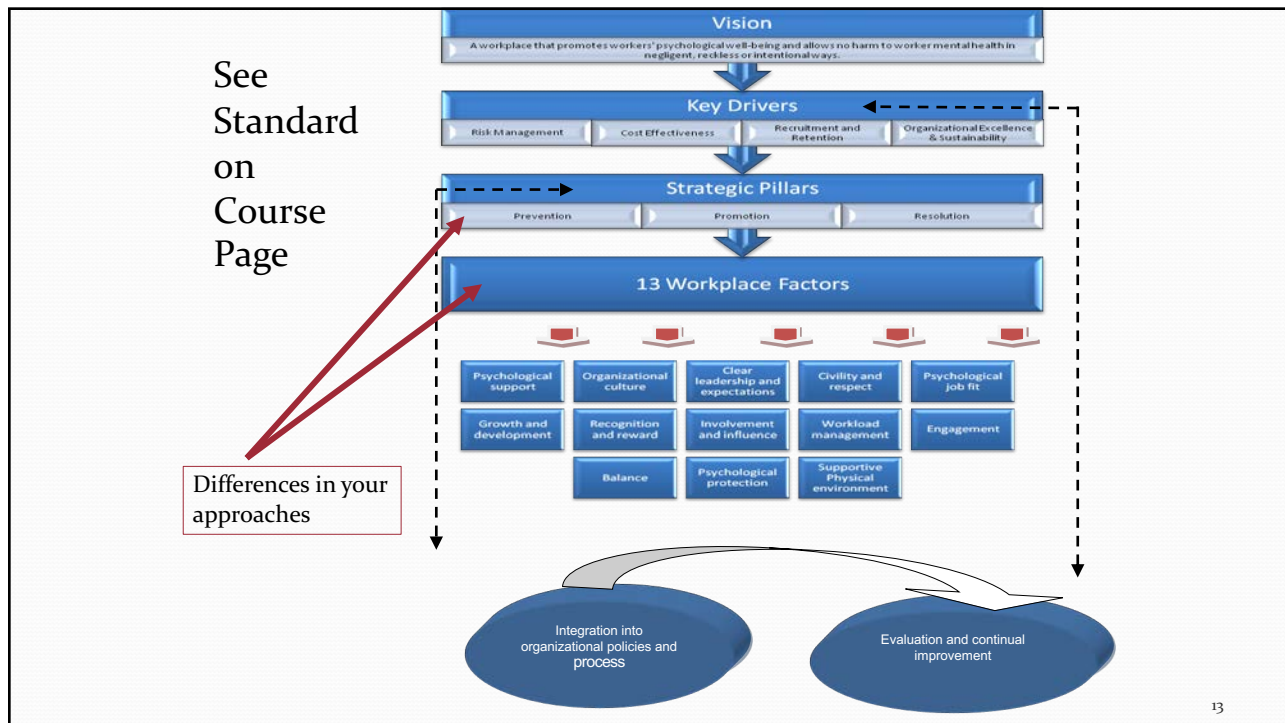
- The vision for a psychologically healthy and safe workplace is one that actively works to **prevent harm** to worker psychological health, including in negligent, reckless, or intentional ways, and promotes psychological well-being.
- Psychological health and safety is embedded in the way people interact with one another on a daily basis and is part of the way working conditions and management practices are structured and the way decisions are made and communicated.

The overall intent of the Standard ...

... 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.

4 Basic understandings/assumptions of the Standard

1. Mental health is strongly influenced by the way we behave toward one another at work. We have a duty to prevent harm to one another's mental health.
2. The Standard identifies certain human needs that can and must be met at work in order to support mental health and to not put it at risk.
3. The most basic of these needs (after physical safety) are for fairness (or justice) and dignity (or self worth). The climate in which these needs are most likely to be met is one of "carefulness".
4. When these very basic needs are *not* met, over time their frustration can turn into risks to health, productivity and corporate liability.



Cornerstones of a PHSMS

- Prevention of harm (psychological safety)
- Promotion of health (maintaining & promoting psychological health)
- Resolution of incidents or concerns
- Continuous improvement

Your PHSMS Implementation Strategy



Planning Process

- Develop a Vision
- Develop Objectives & Targets

Participation

Senior
Leadership

Confidentiality

Diversity

A Managed Systems approach is required ~

- 3 types of Continual Review Processes are required – part of the continuous improvement feedback loop.
- May already be in place through another type of Managed System (e.g., ISO 9001, OHSAS18001, CSA Z1000, ISO 14001)



Mental Illness / Mental Injury

What's the difference?

Mental illness

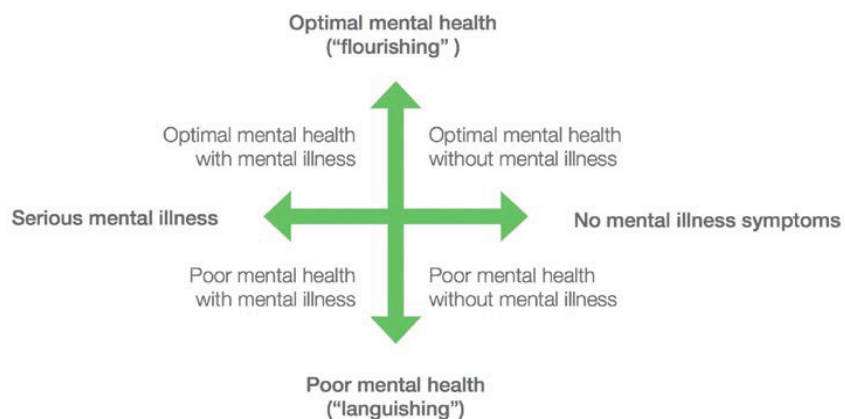
medically diagnosable illness resulting in significant impairment of a person's cognitive, affective, or relational abilities (DSM 5)

Mental injury

harm to mental health that significantly impairs a person's ability to function at work and at home **AND for which some other person at work is responsible in whole or in part**

Martin Shain S.J.D. Neighbour at Work Centre

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



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

Conduct (usually intentional) that predictably leads to mental injury:

1. Harassment
2. Bullying
3. Mobbing
4. Discrimination

Neighbour at Work Centre

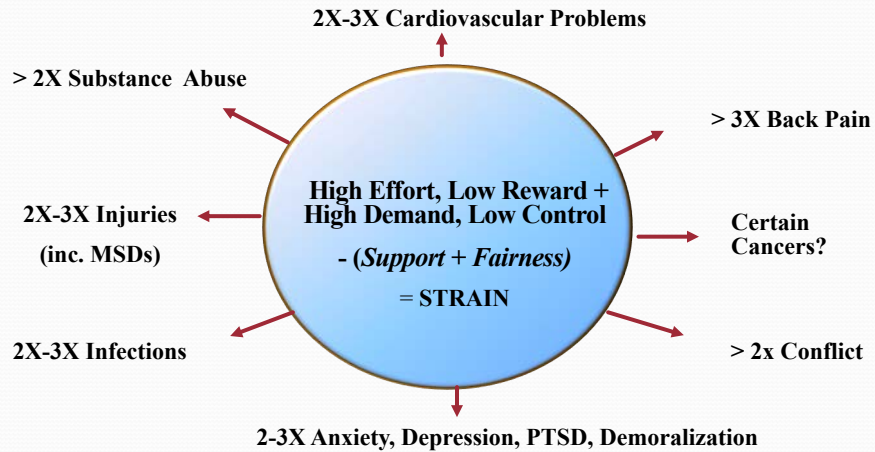
Typical Forms of Mental Injury*

- Depression
- Anxiety
- Burnout
- PTSD

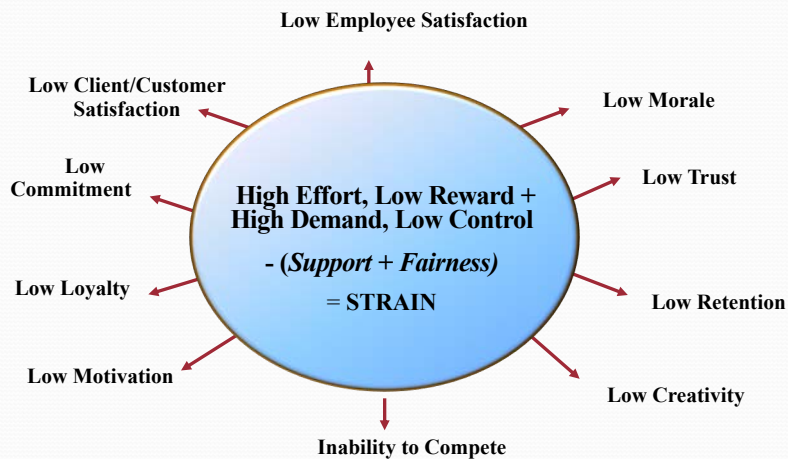
**not always the same as mental illness*

Neighbour at Work Centre

Psychologically unsafe workplaces and health consequences



Psychologically unsafe workplaces – costs to productivity



Source: Dr Martin Shain, The Neighbour@Work Centre



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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.

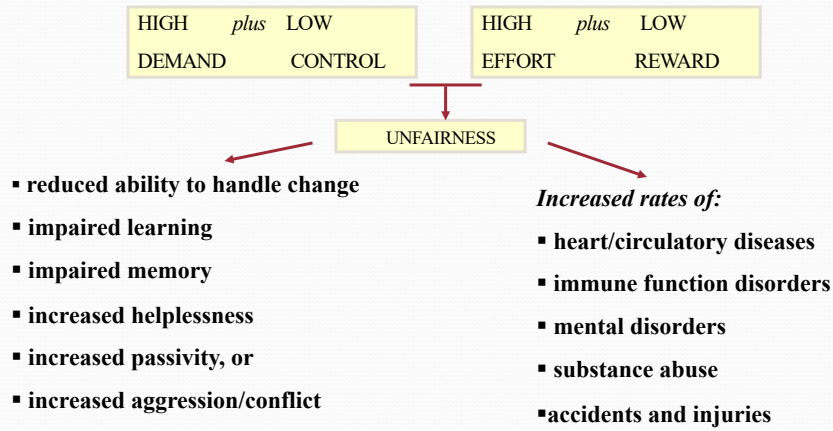
NEGLIGENCE: failing to consider whether or how your conduct or that of the people you're responsible for creates foreseeable risks to the mental health of others, given what a reasonable person in your position should know about them.

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.

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Unfairness and Health



Feelings of Fairness and Unfairness

▪ Fairness

Belonging/Included
 Trusted/Warm
 Accepted
 Liked
 Worthy
 Proud
 Calm/Collected
 Secure
 Happy
 Contented

↓

Sense of Purpose, Meaning, Order, "Rightness"

▪ Unfairness

Excluded
 Tricked/Suspicious
 Rejected
 Disliked
 Unworthy/Diminished
 Shamed
 Anxious/Agitated
 Insecure
 Depressed
 Angry/Enraged

↓

Lack of Sense of Purpose, Meaning, Order, "Rightness"

Mental injury is more likely in the following situations:

- Job demands & requirements of effort
- Job control or influence
- Reward
- Fairness
- Support

Examples of each (positive & problematic)?

Shared Responsibility ~

- 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.
- The workplace can't do it **to** them nor **for** them ... workplaces need to **engage with workers** to sustain psychological health & safety in the workplace.

Developmental Process

- Source: The Evolution of Workplace Mental Health in Canada. Baynton & Fournier. 2019.
- Free download from:
[https://www.workplacestrategiesformentalhealth.com/flowpaper/The Evolution of Workplace EN/](https://www.workplacestrategiesformentalhealth.com/flowpaper/The_Evolution_of_Workplace_EN/)
- Ottawa Charter for Health Promotion 1986 (p. 23)
- 1998, 2005, 2006, 2007 (p. 25)
- 2009, 2013 (p. 26)

Terms (p.15) (1)

- The overall Standard is, at this stage, voluntary.
- Accepted as the “industry standard”
- In this Standard, “**shall**” is used to express a requirement (i.e., a provision that the user is obliged to satisfy in order to comply with this Standard);
- “**should**” is used to express a recommendation or that which is advised but not required; and
- “**may**” is used to express an option or that which is permissible within the limits of this Standard.

Terms (2)

- **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.
- **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 community.
 - 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.

Terms (3)

- **PSYCHOLOGICAL SAFETY**
 - The absence of harm and/or threat of harm to mental well-being that a worker might experience.
- **PSYCHOSOCIAL RISK FACTOR**
 - Hazards including elements of the work environment, management practices, and/or organizational dimensions that increase the risk to health.

Terms (4)

- A **Champion** is defined as someone who is respected by both workers & 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.

Terms (5)

- 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.

The 13 Psychosocial Factors

13 Psychosocial Factors affecting PH&S

1. psychological support
2. organizational culture
3. clear leadership and expectations
4. civility and respect
5. psychological job demands
6. growth and development
7. recognition and reward
8. involvement and influence
9. workload management
10. engagement
11. work/life balance
12. psychological protection from violence, bullying, and harassment
13. protection of physical safety,

**See Annex A.4 – p. 19 in
the Standard**

and other chronic stressors as identified by workers.

What it looks like in practice ...

Video Testimonials

(<http://www.mentalhealthcommission.ca/English/national-standard>)

- University of Waterloo | [watch video](#)
- Toronto Eastern General Hospital | [watch video](#)
- GE Canada | [watch video](#)
- Canadian Centre for Occupational Health and Safety | [watch video](#)
- University of British Columbia's Okanagan Campus | [watch video](#)

Benefits – Making the Case Exercise (LESSON 2)

- Breakout rooms
- Assign participants to a room and a “Business Case” (Course Page)
 - Business
 - Health
 - Legal
- Task: (**timing**)
 1. In your BO room, individually read the assigned Case.
 2. As a group, generate your thoughts on how to make the case in YOUR workplaces – what would work?
 - Consider Key Drivers in Framework
 3. Add your group’s comments to the Google Doc under your Room/Case.
 4. Share with large group. Any individual take-away’s?

When would we consider initiating a PHSMS? (LESSON 3)

- Looking to recruit & retain talented staff
- When undertaking regular CQI initiatives
- Critical incident has occurred, “toxic” culture exists
 - Perhaps start with one psychosocial factor at a time
- Not during a labour dispute or impending difficult business issues such as shutdowns, layoffs or mergers
- COVID considerations?



Developing a Vision

LESSON 4

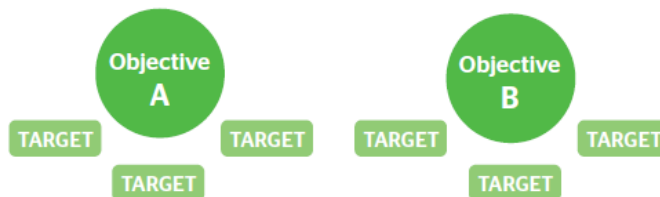
Vision

- Preferred future
- Realistic stretch
- Many have helped shape
- Agreement across all divisions
- Memorable

X will be a psychologically healthy and safe workplace for all, through a PHSMS that is aligned with the National Standard of Canada.

Implementation Strategy

PHSMS VISION



Evaluation

COMMUNICATIONS PLAN

RESOURCING PLAN

TRAINING PLAN

MHCC

A psychologically healthy and safe workplace:

- Promotes positive culture and staff well-being
- Prevents stigma and discrimination
- Contributes to a productive and positive working environment



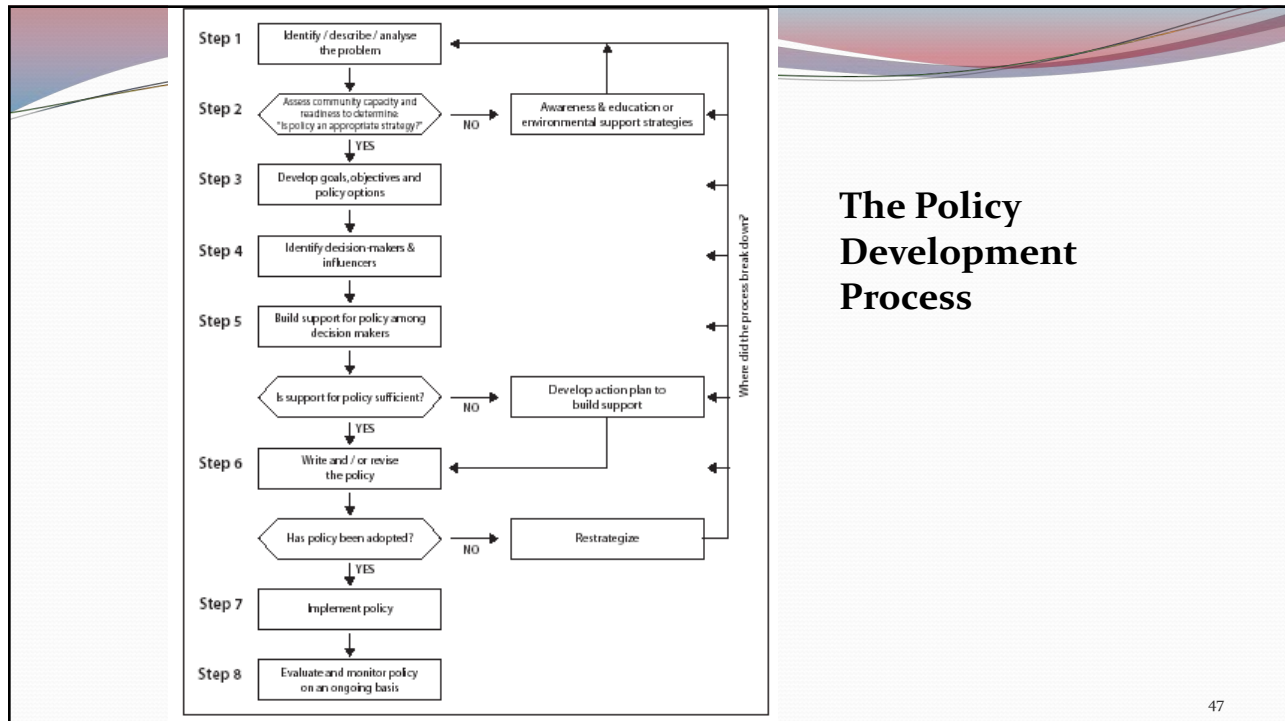
Vision

- For the PHSMS (see Framework) & ideally, a component of your corporate Vision
- HOMEWORK:
 - See Course Page for outline
- Share individual highlights, via Google Doc

Policy Development

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.



Sample PH&S Policy Statements

- See Course Page

LESSON 5: Overview of the Sections to create a System

- See Table of Contents of the Standard

Commitment, Leadership, Participation (Part 1)

Lesson 6

Links to the Standard: Engagement

- Someone need to take initial interest
- Create a small group of people to take the idea forward
- Engage sponsor, champion, leaders to agree to move the concept forward
- Create a planning committee (survey, results, develop a plan)
 - Engage the population in survey
 - Create a Plan based on results
- Engage workers in implementation & evaluation
 - Delivery
 - Participation

Robert Cialdini on Persuasion

1. Influence – The Psychology of Persuasion. 1984.
2. YES! – 50 Scientifically Proven Ways to Be Persuasive (with Noah Goldstein & Steve Martin. 2008
3. Pre-Suasion – A Revolutionary Way to Influence and Persuade. 2016.
4. www.InfluenceatWork.com

Cialdini ~

- <https://www.youtube.com/watch?v=cFdCzN7RYbw>



- As you listen, what opportunities emerge for you to consider in your work?

Persuasion Techniques

- Reciprocation
- Commitment
- Consistency
- Social Proof
- Liking the messenger
- Authority
- Scarcity



From: "Influence: the power of persuasion."
Robert Cialdini

Reciprocity

- “give and take”
- “you scratch my back, I’ll scratch yours”
- When I do something for you, you feel compelled to do something for me. It is part of our evolutionary DNA to help each other out to survive as a species.
- Be on the lookout for opportunities to help others – it builds “credits” for later trade
- Links to Exchange Theory
- Story about “The Harrisons” (p. 173 – Pre-suasion)

Commitment & Consistency

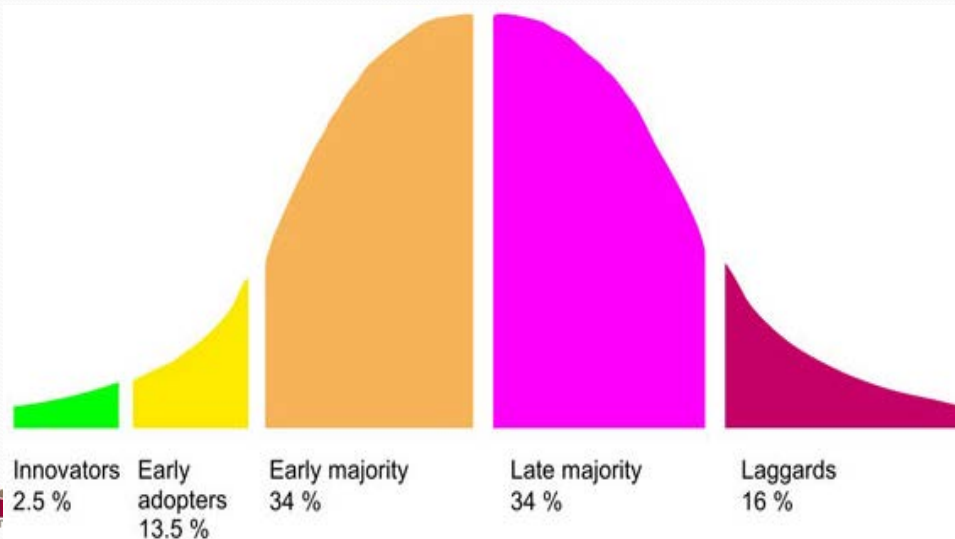
- The person who is willing to keep asking for what they want, and keeps demonstrating value, is ultimately the most persuasive.
- Look for ways your “ask” provides an opportunity for the audience to be consistent (e.g., election platforms)
- “You have shown your commitment to “x” in the past by ...”
- Bring up early in your conversation the examples that illustrate prior commitment – have them acknowledge this voluntarily – “Labelling Technique” – assign a trait, attitude, belief that you can refer back to later
- Example:
 - “Please call if you have to cancel.”
 - “Will you call if you have to cancel?”

Social Proof (1)

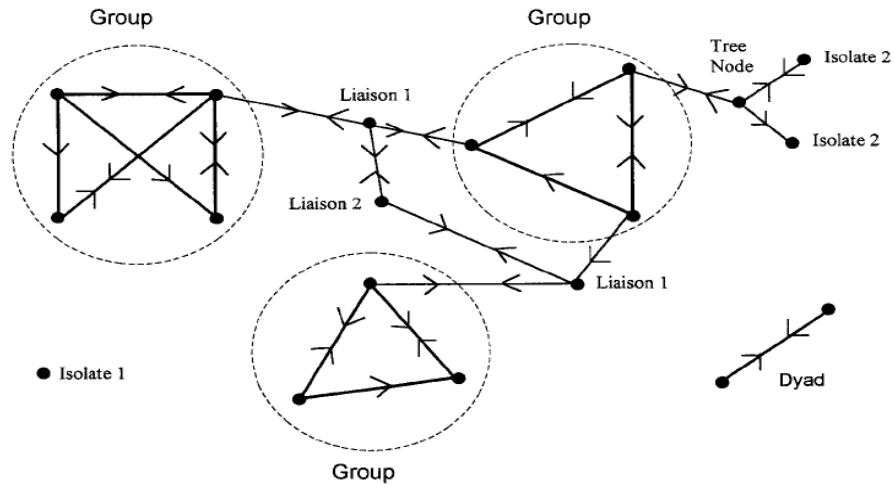
- Diffusion of Innovations Theory

<i>Attribute</i>	<i>Key Question</i>
Relative advantage	Is the innovation better than what it will replace?
Compatibility	Does the innovation fit with the intended audience?
Complexity	Is the innovation easy to use?
Trialability	Can the innovation be tried before making a decision to adopt?
Observability	Are the results of the innovation observable and easily measurable?

The Diffusion of Innovations Theory



- Network Analysis – Identifying who could be influential



People also bought ...

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Ships from and sold by Amazon.com.

Want it TODAY, July 28? Order within 56 mins and choose Same-Day Delivery at checkout. [Details](#)

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Likeability

- What we see is more potent than what we hear.
 - pharma companies are now so forthcoming with the potentially horrible side effects of their drugs, when set to a background of folks enjoying a sunset in Hawaii.
 - Perfect your first impressions.
- We like people who we are like. This extends beyond our conscious decisions to our unconscious behaviors.
 - Build a sense of rapport where people feel more comfortable with you and become more open to your suggestions.
 - Bridge to areas of genuine commonality – name, birthplace, sports teams – “implicit egoism”

Authority

- Evidence-base may be key
- Expert opinion
- Not about someone “*in authority*” (someone with hierarchical status and can thereby command assent by way of recognized power) but someone who is “*an authority*” and can thereby induce assent by way of recognized expertise
- Have someone else introduce your credentials
- Links to the “Power” orientation from the Motivational Analysis



Scarcity

- We want things because other people want these things. If you want somebody to want what you have, you have to make that object scarce, even if that object is yourself.
- **Create Urgency** - instill a sense of urgency in people to want to act right away. If we're not motivated enough to want something right now, it's unlikely we'll find that motivation in the future.
- “Register early ... space is limited”
- Shopping Channel - # left to buy



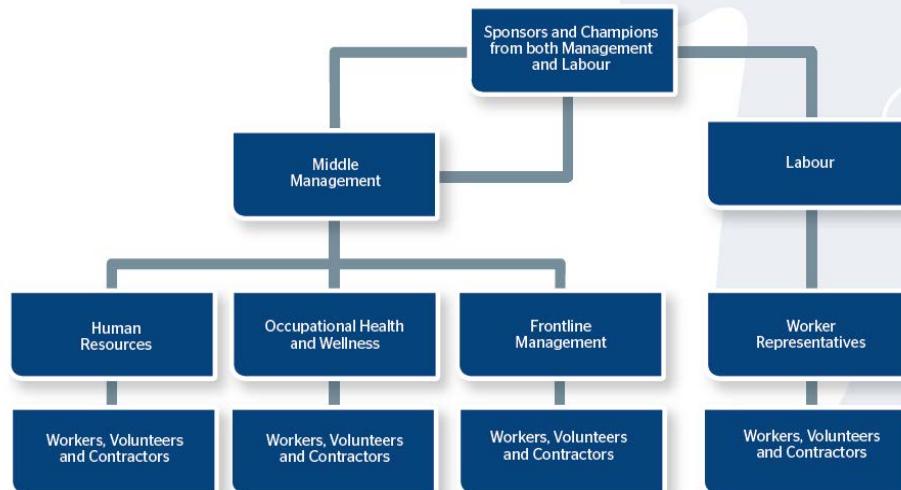
Application of the Cialdini Persuasion Principles

- Breakout rooms to generate ideas on the six principles (two per group)
- Record suggestions on the Group Google Doc re: examples of how you might apply assigned Principles in addressing the PHSMS



Commitment, Leadership, Participation (Part 2) – Employee Engagement

Lesson 6



Employee Engagement

- What are you doing already re: employee engagement?
- Explore opportunities to build on existing practices.
- Guarding Minds @ Work example:
 - Organizational Readiness
 - <https://www.guardingmindsatwork.ca/assets/pdfs/readiness-guarding-minds.pdf>
 - Organizational Review
 - <https://www.guardingmindsatwork.ca/assets/pdfs/survey.pdf>
 - Employee Audit – need to “sign up”

Motivational Analysis

- **McLelland & Atchison**
 - Began in Workplace/Organizational Psychology (staff recruitment & retention) then applied to Volunteer Management
 - Three “orientations” – usually one is dominant

Analysis (Part 1 - You)

- ❑ Complete the short assessment (handout)
- ❑ Score your responses
- ❑ Usually there is a mix of orientations in any group & we are least likely to use motivational strategies different than our own



AFFILIATOR

- Goal is to be with others & enjoy mutual friendships.
- Seeks out relationships
- Likes to work with other people
- Sensitive to feelings, needs of others
- Supports others in achieving goals
- Talks about feelings



ACHIEVER

- Experiences success in a situation which requires excellent or improved performance.
- Concerned with results, personal best
- Sets goals, takes risks to get there
- Innovative, restless
- Likes to be challenged
- Likes to work alone



PRESTIGE / POWER PERSON

- Wants to have an impact or an influence on others.
- Tries to shape opinions
- Wants to change things
- Exercises power to benefit others
- Concern for position, respect, reputation
- May be charismatic
- Can be verbally aggressive, forceful

Types of Participation

T H C U
THE HEALTH COMMUNICATION UNIT
*at the Centre for Health Promotion
University of Toronto*

Informed
Supportive
Involved
Core

Du•B•Fi
CONSULT

Core—part of the ongoing team and very involved in “shepherding” the process • **Involved**—engaged in one or more very specific aspects, not involved on an ongoing basis • **Supportive**—provide support to the concept and perhaps some form of resource as well (e.g., \$, space, data, access to clients) • **Informed**—need to know about the program and be kept up-to-date along the way

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GM@W Resources

- <https://www.guardingmindsatwork.ca/resources>
- Assessment Resources
- Action Resources
- Evaluation Resources

Du•B•Fit
CONSULTING

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13 Psychosocial Factors

LESSON 7



13 Psychosocial Factors - Assignment

- Annex A (p. 19 in the Standard)
- Homework (Asynchronous Learning) Assignment – see Course Page
- Sign up for Factors (Group Google Doc)
 - Choose in order of birthday month starting with January for the first choice; repeat for second choice
- Resource list provided – encourage others
 - Guarding Minds @ Work
 - Workplace Strategies for Mental Health
- Submit by Monday @ 10:00 am to Nancy (dubfit@rogers.com)



13 Psychosocial Factors - Sharing

- Proceed in order of Standard
- Individual presentation of each Factor
- Discussion of each Factor

Planning

LESSON 8

Party Planning Example

See Course Page

- Group Discussion to fill in an example



Planning

- Situational Assessment
- Data Collection
 - Organizational Review (GM@W example)
- Risk Assessment
- Setting Outcome Objectives
- Logic Model format

4.3 PLANNING

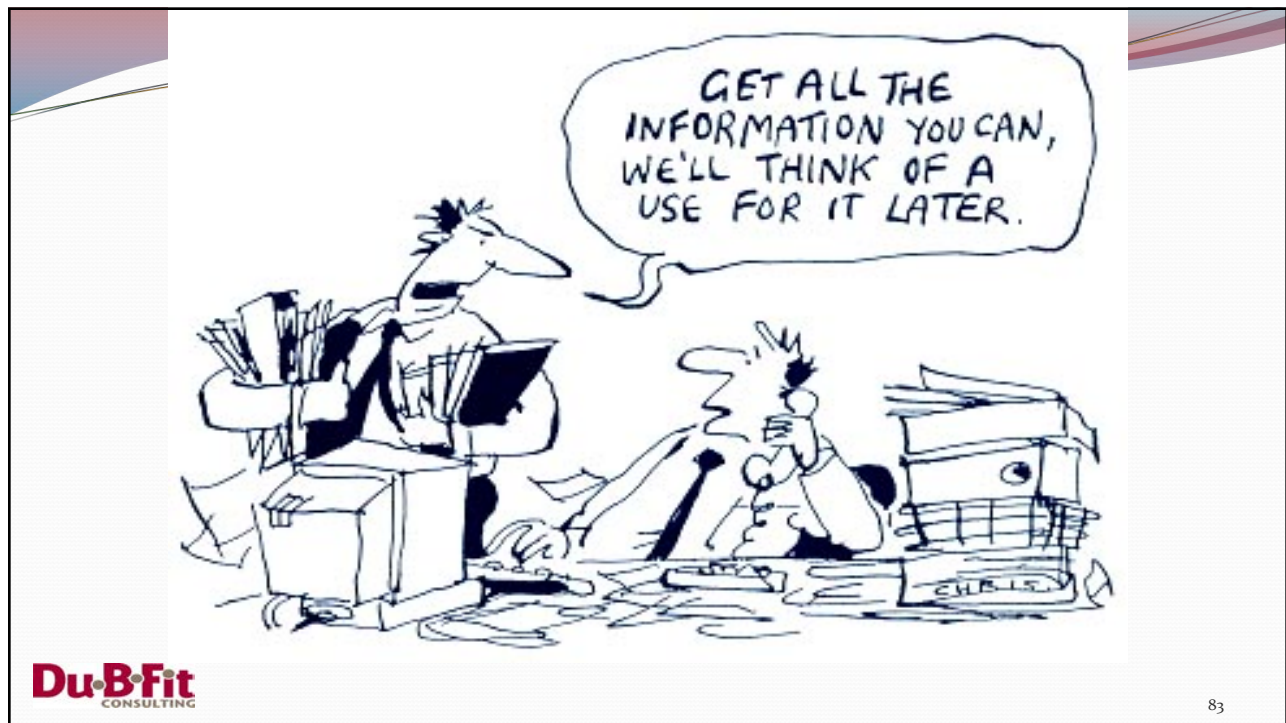
- Focus now is on developing the plan to address PHS followed by implementation, measurement & continual improvement.
- Step 1 – assess where you are at now (Situational Assessment) – Data Collection (if needed)
- Step 2 – identify opportunities for improvement – develop a Plan – Hazard Identification, Data Analysis
- Step 3 – implement the Plan
- Step 4 – how will you monitor the effect of your work
- Step 5 – make changes based on results

Data collection

“Not everything that can be counted counts, and not everything that counts can be counted.”

- Albert Einstein





Situational Assessment

- Organizational Readiness (GM@W)
- Quick and effective way to identify the workplace stressors
- Ability to identify areas within workplaces (teams, units, departments etc.) where risks to mental health may be such that attention needs to be paid.
- Conversely, it identifies areas that may be doing very well from a mental health protection perspective.
- Develop an assessment plan



- ## Gather & Analyze Existing Data
- (p. 9/24)
- absenteeism
 - disability
 - turnover
 - grievances
 - accidents/incidents
 - morale/performance/productivity data
 - ethics violations
 - exit interview results
 - substance abuse rates
 - return-to-work & accommodation data
 - principal diagnostic categories (STD/LTD)
 - claims data (benefit utilization rates, disability relapse rates, worker compensation data)
 - worker engagement indicators & feedback regarding exposure / risk information
 - disability stats
 - EAP/EFAP data
 - reports from unions or worker groups
- 86

Gather & Analyze Existing Data

- Ensure privacy (more difficult with <25 employees)
- Summarize the info at an organizational level (i.e., Aggregate Data)
 - use the absenteeism rate as a percentage for the entire organization, rather than the absenteeism rate in days per person
- Use existing sources
 - Stats Can – survey results for absenteeism & turnover
 - Your benefits provider
 - HR, OHS, WSIB data
 - Industry association – staffing, overtime, turnover etc.

Existing Policies, Procedures & Programs that support PHS

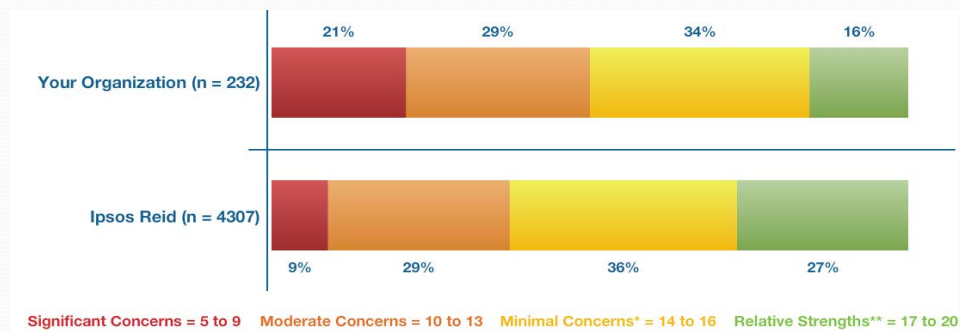
- Organizational Audit – Tool in Annex E & available as a free interactive downloadable template at:
 - www.workplacestrategiesformentalhealth.com/pdf/Sample_Audit_Tool_English.pdf
 - This *Audit Tool* is a checklist incorporating each of the mandatory components of the National Standard. You can check 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.

Stress & Satisfaction Offset Score (SSOS)

- [http://www.workplacementalhealth.org/getattachment/Case-Studies/Pittsburgh-Plate-Glass-Industries-\(PPG\)-II/fd_ssos.pdf?lang=en-US&ext=.pdf](http://www.workplacementalhealth.org/getattachment/Case-Studies/Pittsburgh-Plate-Glass-Industries-(PPG)-II/fd_ssos.pdf?lang=en-US&ext=.pdf)
- Self assessment (IAPA – above link)
- Organizational Score - GM@W – “Understanding the Stress Scan”

Red Zone (-2.5 to -0.5)	Higher chance of psychological injury.
Amber zone (-0.49 to 0.0)	Elevated risk of psychological injury.
Yellow zone (+0.01 to +0.49)	Average risk of psychological injury.
Green zone (+0.50 to +2.5)	Low risk of psychological injury.

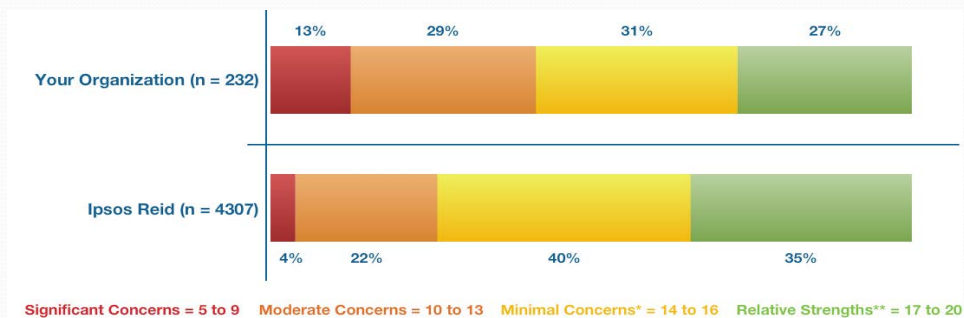
PF 2 Organizational Culture



PF 2 Organizational Culture

- 1. All people in our workplace are held accountable for their actions.*
- 2. People at work show sincere respect for others' ideas, values and beliefs.*
- 3. Difficult situations at work are addressed effectively.*
- 4. I feel that I am part of a community at work.*
- 5. Employees and management trust one another*

PF 9 Workload Management



PF 9 Workload Management

1. *The amount of work I am expected to do is reasonable for my position.*
2. *I can talk to my supervisor about the amount of work I have to do.*
3. *I have the equipment and resources needed to do my job well.*
4. *My work is free from unnecessary interruptions and disruptions.*
5. *I have control over prioritizing tasks and responsibilities when facing multiple demands at work.*

Data & Trend Analysis

1. What is the data telling you?
2. What is it that you have been doing well?
3. Are there opportunities for improvement?
 - Data trends of concern (e.g., turnover increasing)
 - Any particular departments or units of higher concern?
 - Comparison to larger data sets (e.g., by industry associations)?
 - Start thinking about the underlying causes.

Leadership - Assessment

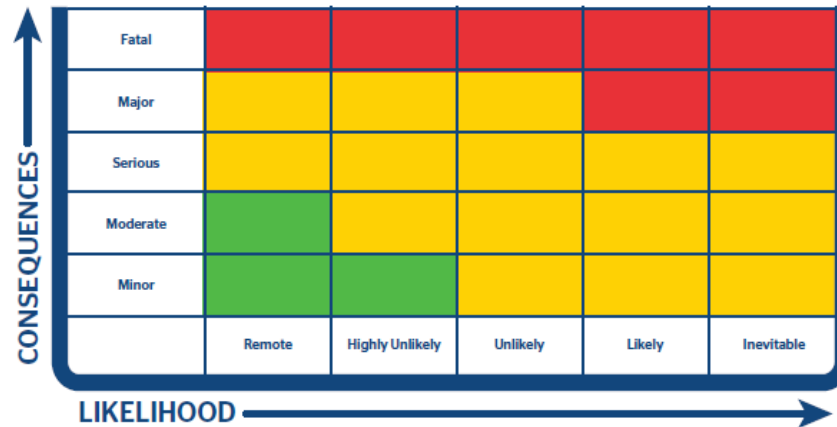
<https://www.psychologicallysafeleader.com/>



Risk Mitigation Process (p. 8/23)

- **Risk Assessment Tool** - Assembling the Pieces: An Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace. Mental Health Commission of Canada. 2014. p. 68.
- Assessing Workplace Factors
 - method not dictated by Standard
 - Guarding Minds @ Work offers options (next slide)
- If a risk cannot be eliminated, a **Risk Assessment** is needed
- **Example**- 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.

Risk Assessment



Source: Adapted from CSA Z1002¹⁴

OHS Bulletin (Alberta)



- **Course Page**
- **What are Psychological Hazards?**
 - Environmental
 - Work Organization
 - Personal Factors

Source:

(file:///E:/ND%20Files%20August%2027/Documents/Current%20DU%20B%20FIT%20Projects/York%20U%20HLLN/York%20U%20CE%20Workplace%20Health/Ottawa%20Fall%202018/Handouts/Alberta%20Assessment%20&%20Control%20of%20Psychological%20Hazards%20in%20the%20Workplace%202017.pdf)

What are Measures of Psychological Hazards?

1. Ratings made through observations
2. Measures of production such as output
3. Interviews
4. Self-report measures (most common)
5. **Others?**



Source: *A critical review of psychosocial hazard measures*. U of Sussex. 2001.
http://www.hse.gov.uk/research/crr_pdf/2001/crr01356.pdf

Logic Models

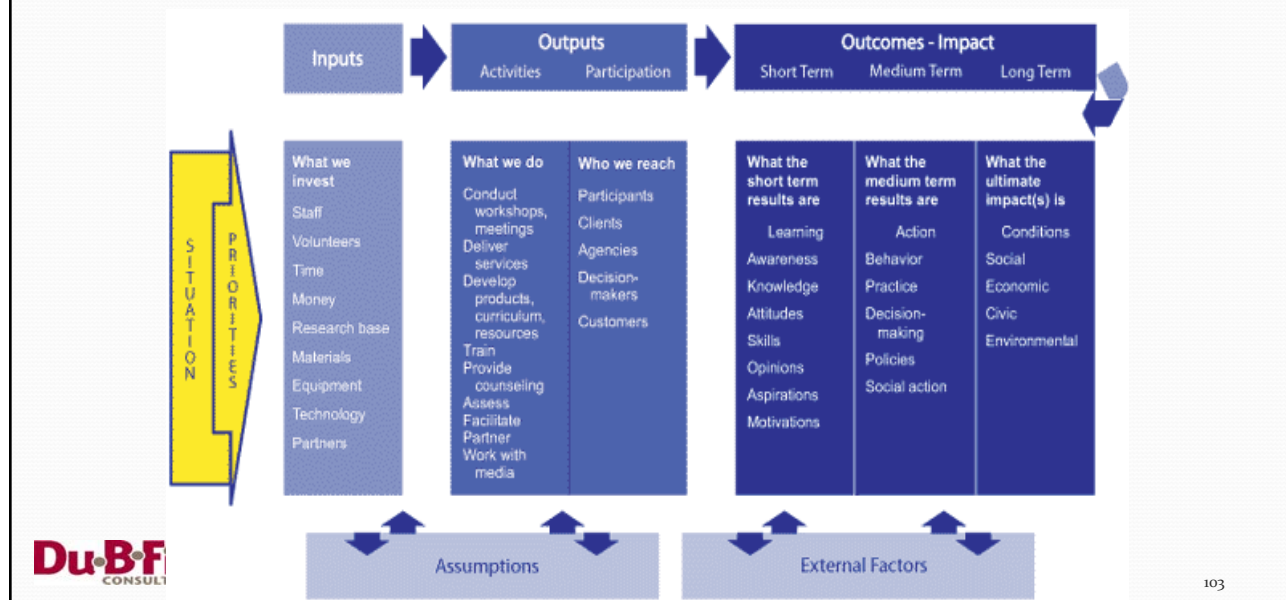
"I think you should be more explicit here in Step Two."

A STORY ...

- If ... then ...
- Tells a story of what you will do, and what will happen as a result of that, in the short and long term.

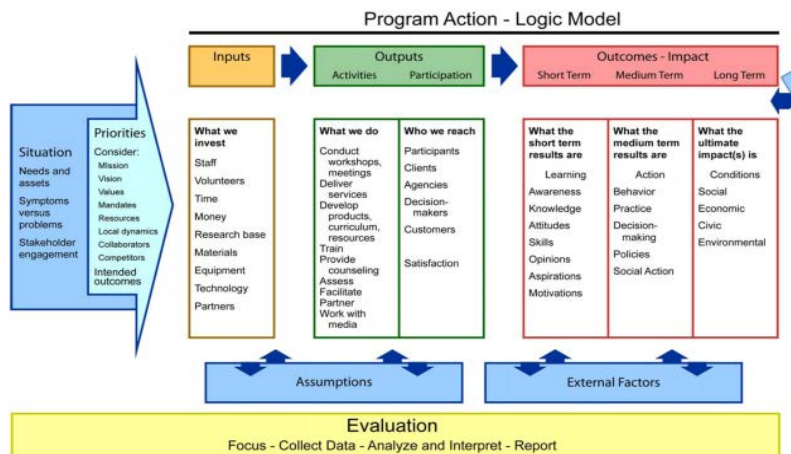


Consider a Logic Model Format (handout)



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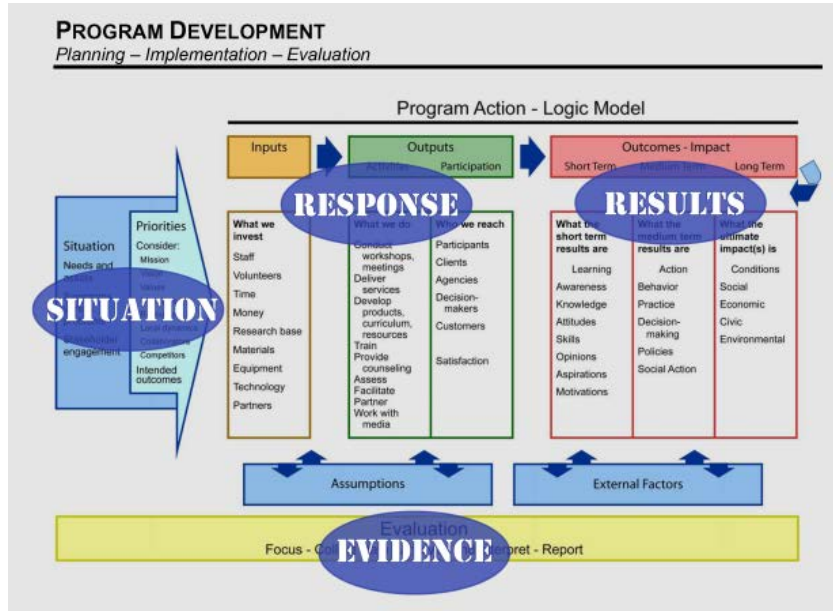
PROGRAM DEVELOPMENT Planning – Implementation – Evaluation



UW Extension Cooperative Extension • Program Development & Evaluation
<http://www.uwex.edu/cepd/index/>

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Logic model and reporting



DuB
CO

Logic model and evaluation



Evaluation

Needs/asset assessment:

What are the characteristics, needs, priorities of target population?
What are potential barriers/facilitators?
What is most appropriate?

Process evaluation:

How is program implemented?
Fidelity of implementation?
Are activities delivered as intended?
Are participants being reached as intended?
What are participant reactions?

Outcome evaluation:

To what extent are desired changes occurring? For whom?
Is the program making a difference?
What seems to work? Not work?
What are unintended outcomes?

Setting Outcome Objectives

- Identify which psychosocial factor(s) you need to address.
Consider:
 - **Areas of strength** – build on good work to date
 - **Areas of concern** – reduce risks sooner than later
 - **Areas where perceptions of management & employees differ** – identify opportunities for improved communication and change
 - **Obtaining employee input** – seek meaningful input to help determine priorities (e.g., focus groups, on-line survey)



Objectives

TIME	UNIT OF FOCUS	TYPE
Short (e.g., < 1 year)	Individual	Process
Medium (e.g., 1-2 years)	Network	Outcome
Long (e.g., 2+ years)	Organizational / Systemic	



Front line managers receive Mental Health First Aid training.
Implement a corporate employee recognition program.
Teams develop a team-specific recognition program.

Improve these by making them SMART and outcome-based.

Exercise: Outcome Objectives

- Breakout Rooms
- Open Group Google Doc
- Part a) – Improve the Objective provided; type into the doc for your assigned group (1, 2 OR 3)
- Part b) – Write an outcome objective “from scratch”
- Timing
- Large group to review

Action Learning Project – Overview

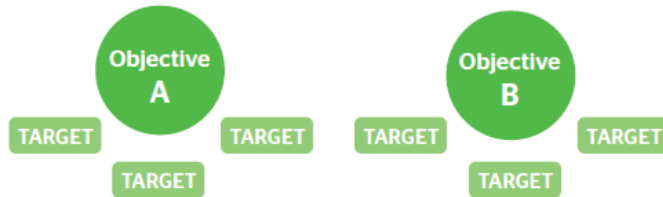
- See Course Page
- Submit a brief outline to the instructor by **October 2nd, 2020 at 10:00 am**
- Presentations will be made to the group on days 5-8 with the schedule being confirmed on Day 5
- Product or process is USEFUL to actually address the issue or activity in your setting
- Discuss potential topics & preference for scheduling

Implementation Strategy

LESSON 10

Implementation Strategy

PHSMS VISION



Evaluation

COMMUNICATIONS PLAN

RESOURCING PLAN

TRAINING PLAN

Implementation Governance & Leadership

- **Relevant sections of the Standard:**
 - Implementation Governance – Clause 4.4.5
 - Leadership – Clause 4.2.3
 - Infrastructure & resources – Clause 4.4.1



Implementation Tips (1)

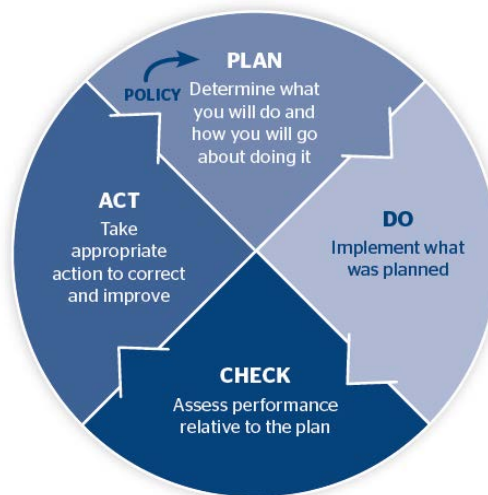
- You don't need to be an expert in mental health.
- Have a “kick-off” meeting to communicate to all staff what is going on & what to expect – opportunity for input at several points. Chance to join a team.
- Have a review meeting on a regular basis.
- Schedule your meetings well in advance & discourage absenteeism.
- Celebrate progress.
- Begin with 2-3 priorities. Set realistic expectations & be patient.

Implementation Tips (2)

- Don't overlook all the good things you are already doing – use things you already have in place.
- Don't get lost in the details. Take the time to develop a good plan for 3 years or so.
- Add people to your PHSMS team with experience in other management systems.
- Develop competencies as needed – for the process (e.g., communication & facilitation skills) and in management and employees to make the changes.

- Action Resources – GM@W
 - <https://www.guardingmindsatwork.ca/resources>
- “Implementing the Standard” Resources - Mental Health Commission of Canada
 - <https://www.mentalhealthcommission.ca/English/implementing-standard>

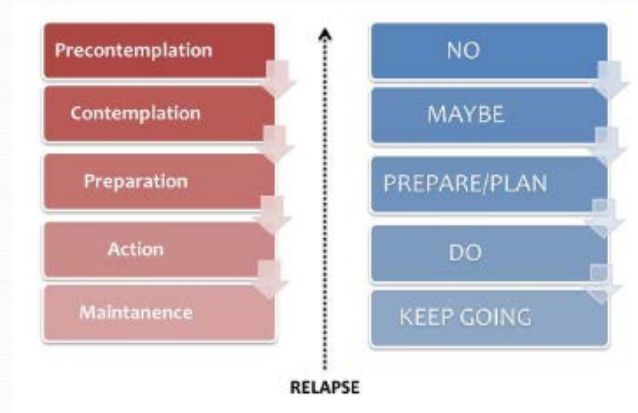
Deming Cycle – managing change



Source: Adapted from CSA Z1000-06³

Stages of Change (Transtheoretical Model)

- Prochaska & DiClemente



- For more information (white board video):
 - <https://www.youtube.com/watch?v=Twlow2pXsvo>

Table 3. Stages of Change Model

<i>Stage</i>	<i>Definition</i>	<i>Potential Change Strategies</i>
Precontemplation	Has no intention of taking action within the next six months	Increase awareness of need for change; personalize information about risks and benefits
Contemplation	Intends to take action in the next six months	Motivate; encourage making specific plans
Preparation	Intends to take action within the next thirty days and has taken some behavioral steps in this direction	Assist with developing and implementing concrete action plans; help set gradual goals
Action	Has changed behavior for less than six months	Assist with feedback, problem solving, social support, and reinforcement
Maintenance	Has changed behavior for more than six months	Assist with coping, reminders, finding alternatives, avoiding slips/relapses (as applicable)

Source: Theory at a Glance. National Cancer Institute. 2005

Change Management

<https://www.workplacestrategiesformentalhealth.com/managing-workplace-issues/helping-employees-manage-change>

The screenshot shows the website for Workplace Strategies for Mental Health. The header includes the logo and navigation links: About, Contact, Media, and Français. Below the header is a dark navigation bar with five categories: Psychological Health and Safety, Managing Workplace Issues (highlighted), Employee Resources, Job-Specific Strategies, and Free Training and Tools. The main content area features a sidebar titled 'ON THIS PAGE' with a list of topics: Consider the impact of change, Strategies to support all employees, Accommodation during times of change, Addressing job insecurity, and Termination. The main article title is 'Helping Employees Manage Change' in red. A summary box below the title states: 'SUMMARY: Any organizational change may have an unsettling impact on employees. For employees that are managing mental health issues, this can make symptoms even worse. You can help through thoughtful planning, effective communication, and engaging employees in exploring how changes can be handled in a psychologically safe way.'

Six keys to a successful workplace change management program (1)

Facilities Management Link - <https://fmlink.com/articles/six-keys-successful-workplace-change-management-program/>

1. Launch early
2. Use data & evidence-based research to back up business decisions, analyze success and make the change stick
3. Get senior level sponsorship that is engaged in the project

Six keys to a successful workplace change management program (2)

4. Use change agents or ambassadors actively representing business units
5. Develop a communication program that is well thought out with participation by employees and change agents
6. Keep the change program in place long after the change takes effect

Change Management Tips (1)

- **Gain team member buy-in** by including broad sections of the employee team throughout the strategy, design, and implementation process.
- **Document the mission** for the workplace transformation. This “Big Idea” is captured in a charter statement that can be shared consistently with the team and will help take uncertainty out of the change.
- **Create a communication plan** and execute it over time. Starting with the project charter statement, the intent and proposed changes and benefits of the change should be communicated to the entire team clearly, openly, and consistently.
- **Build enthusiasm** to make the change. This starts by identifying a project sponsor at the leadership team level.
- **Support the move** through training, preparation, rapid resolution, and demonstrations.
- **Perform a lessons-learned** evaluation of the workplace change 90 days to 6 months after the change.

Other Change Management Tips (2)

1. Plan carefully
2. Be as transparent as possible
3. Tell the truth
4. Communicate
5. Create a roadmap
6. Provide training
7. Invite participation
8. Don't expect to implement change overnight
9. Monitor and measure
10. Demonstrate strong leadership

Source: Champlain College.

Example of Change Communication Plan

Face to Face Communication	General Communication	Events	Digital Communication	Furniture	Employee Amenities
Focus groups	Frequently asked questions	Contests - Move slogan - Room names	Web cams of construction	Mock ups	Coffee/Food service samplings & voting
Round table conversations	Workplace etiquette guidelines	Purge Campaign	Virtual tours	Furniture samples with voting	Surveys
Brown bags	Wecome packet	Hard hat tours	Intranet site newsletter	Furniture how-to use videos	Fitness Center equipment sampling
Town hall meetings	Technology how-to guides	Beam signing	Change rediness Surveys/pulse check	Video of furniture layout or 3D	Local amenity discount coupons
Training sessions	Nearby Amenities/ Transportation/ Child Care	Time Capsule	Videos	Treadmill desk sampling & policy	AV and new equipment testing
Move-in celebration!					

Source:
Workplace Change Management: An Overview. Diane Coles Levine

TASK: Implementation Findings

- Each person select one Case Study from the Table of Contents in the “*Journey to a Psychologically Healthy Workplace*” (Course Page) – no duplicates
- Read your one summary & share insights and implications for yours (and other’s) workplace (10 min)
- Share your insights with large group (up to 5 minutes each)

Story 1: Enhancing psychological safety in a rural clinic
Story 2: A Branch Manager steps forward
Story 3: An organization that bridges cultural differences
Story 4: A Canadian manufacturer takes a stewardship role
Story 5: A program undergoing too much change
Story 6: Policing Psychological Health and Safety
Story 7: An organization not quite ready for change
Story 8: Changing Leadership
Story 9: A facility that is remote – and committed to change
Story 10: An organization with a diverse workforce
Story 11: A morale problem
Story 12: PH&S in a merged organization

Education, Awareness & Communication

LESSON 11

Effective Messaging

- What? So What? Now What?



- Four Most Important Words
 - <https://www.youtube.com/watch?v=KlduzG27hjI>

General Tips

- Provide something (4H model) for the:
 - Heart
 - Head
 - Hand
 - Health
- Base this on your audience analysis for relevance (the SO WHAT)
- Consider Motivational Analysis & Persuasion Principles discussed earlier

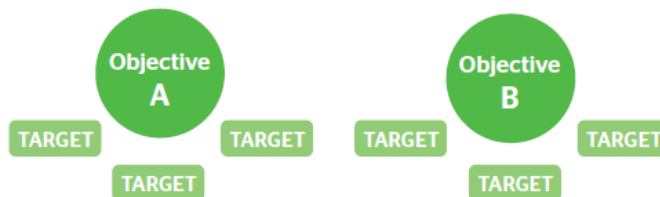




- Who do you need to engage?
- How will you approach them?
 - Who? Key Messages?

Implementation Strategy

PHSMS VISION



Evaluation

COMMUNICATIONS PLAN

RESOURCING PLAN

TRAINING PLAN

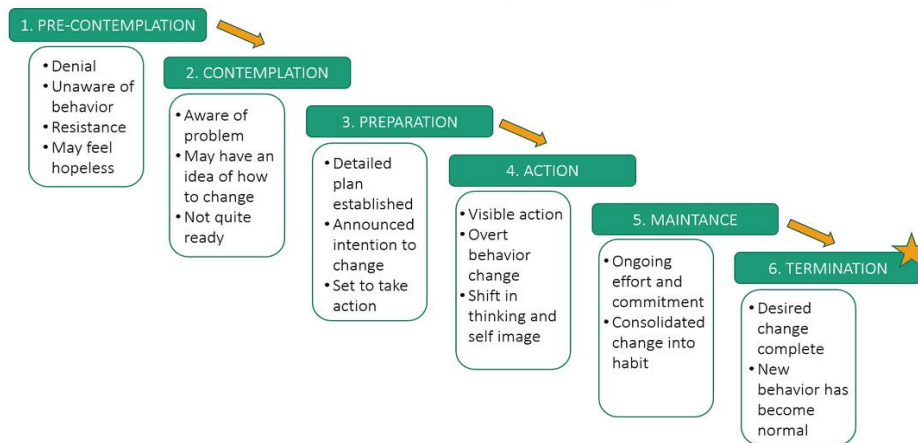
Stakeholder Needs

- With respect to communicating about your PHSMS, who needs to know what?



Behaviour Change: Transtheoretical Model

Prochaska's Six Stages of Change



Awareness / Communication

- Messaging is not enough in and of itself to change behaviour but can be very effective at moving people from one stage to another
- Requires targeted messaging by stage:
 - Precontemplation – Emotional message; high relevancy
 - Action – Rational message; direct information
- Think of memorable messages (radio, TV, internet, interpersonal)
- What made them memorable?

He beat her 150 times.
She only got flowers
once.



Every 15 seconds, a woman is beaten in this country.
For as many as four million women, this battering is so severe, they require medical or police attention.
But for nearly 4,000 women each year, the abuse ends. They die.

- Noted: +15
- Associated: +16
- Read Most: +47
- Picture 'plays off' headline, so headline is positioned at top of ad as initial focal point.
- Colour photo is eye catching and contributes to tragic story.
- Copy is legible and compelling with few words.

A gun in the home triples the risk of a homicide in the home.

CEASE FIRE
Think about your family before you think about getting a handgun.

DuBFit
CONSULT

- Noted: +68
- Associated: +52
- Read Most: +75
- Gun provides a clear focal point.
- Text on tag tells a clear story that helps readers make an emotional connection.
- Simple, clean design enhances overall readability.

12 Steps to Planning a Communication Strategy

- [Course Page](#)

DuBFit
CONSULTING

Project Management	Step 1: Project Management
Pre-Planning	Step 2: Revisit Your Health Promotion Strategy
	Step 3: Analyze and Segment Audiences
	Step 4: Develop Inventory of Communication Resources
Planning	Step 5: Set Communication Objectives
	Step 6: Select Channels and Vehicles
	Step 7: Combine and Sequence Communication Activities
Message Production	Step 8: Develop the Message Strategy
	Step 9: Develop Project Identity
	Step 10: Develop Materials
Implementation	Step 11: Implement Your Campaign
Evaluation	Step 12: Complete the Campaign Evaluation



Evaluation & Corrective Action

LESSON 12
(Clause 4.5)



Types of Evaluation

- Formative
 - Process
 - Outcome
 - Impact
 - Economic
 - Developmental
 - Participatory
- What kinds of evaluation are you doing now with respect to PH&S / The Standard?

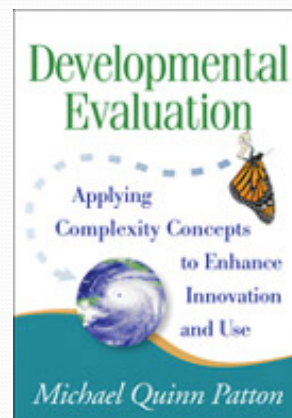


Recommended Resources

DEVELOPMENTAL EVALUATION

An approach to evaluation that is grounded in **systems thinking** and **supports innovation** by collecting and analyzing **real time data** in ways that lead to **informed** and **ongoing decision making** as part of the **design, development, and implementation** process.

--Michael Q. Patton

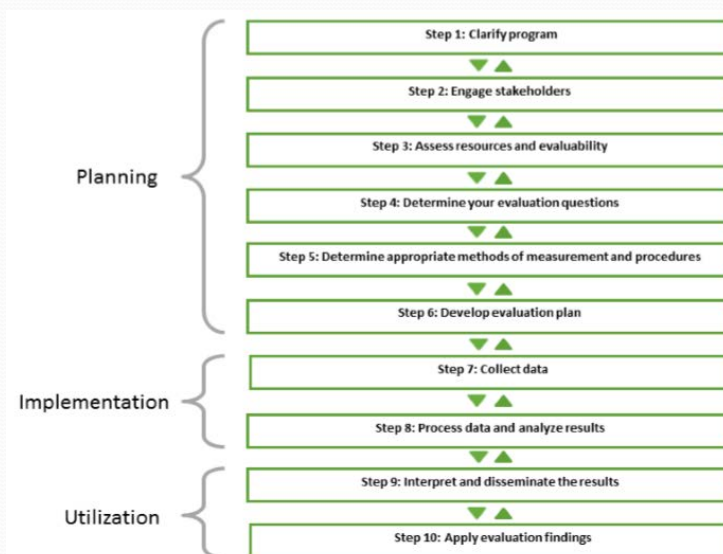


Plan for Effective Evaluation

- Decide the purpose of your evaluation: what are the commitments that are being measured? (e.g., accountability, quality improvement, specific outcomes, cost-effectiveness, sustainability)
- Determine who will provide the input and how often, including relevant stakeholders from all levels
- Establish & share some early successes to improve morale and commitment to the longer term process.
- Monitor progress against objectives regularly – Continuous Quality Improvement & Developmental Evaluation approaches
- Set measures for accountability



10 Steps of Program Evaluation



What have we learned so far?

- **MHCC's Case Study Research Project Findings**
 - Interim Report (next slide)
 - Final Report from 40 organizations across Canada
 - https://www.mentalhealthcommission.ca/sites/default/files/2017-03/case_study_research_project_findings_2017_eng.pdf
- **MHCC's 9 Promising Practices**
 - <https://www.mentalhealthcommission.ca/English/implementing-standard>
- **MHCC's Catalogue of Testimonials in Education, Utilities, Healthcare, Manufacturing, Law/Justice/Policing, Retail/Wholesale, Transportation & Public sectors**
 - https://www.mentalhealthcommission.ca/sites/default/files/2017-08/implementation_of_the_standard_case_study_testimonials_eng.pdf

Improving Mental Health in the MHCC Workplace Our Experience Implementing The Standard



Mental Health Commission of Canada (MHCC) is an independent, not-for-profit organization funded by Health Canada with a 10-year mandate (2007-2017) to act as a catalyst in Canada for improving the mental health system and changing the attitudes and behaviours of Canadians around mental health issues.

ABOUT MHCC

- Approximately 80 employees
- Two offices, with several remote locations
- Three employees in Human Resources

GUIDING PRINCIPLE

Integrating physical and psychological health and safety (PH&S) in a comprehensive wellness plan methodology



PRELIMINARY OUTCOMES

CULTURAL
Increased collaboration, engagement, and shared responsibility for organizational success.

RECOGNITION
Increased awareness of the employer-employee role in maintaining a healthy and safe work environment.

REPORTING
Utilizing established metrics as measures toward continuous improvement and benchmarks against established standards (such as those found in the Standard).

CONTINUOUS IMPROVEMENT
Measuring key indicators that reflect health and safety and business outcomes in the workplace.

OUR CRITICAL TOOL

National Standard of Canada on Psychological Health and Safety in the Workplace (the Standard) was used by MHCC to guide its efforts to address mental health at work and provided us with the framework, tools and resources to design our approach.

Download for free at: www.csa.ca/1003



RESOURCES

- Visit www.mentalhealthcommission.ca to:
- Join our free monthly webinars | Hear from employers and experts about implementing the Standard
 - Share your story | We want to hear from those who are using the Standard
 - Learn about Mental Health First Aid | Train management and employees to recognize signs and provide initial help
 - Learn about the ground-breaking Case Study research project | Follow more than 20 organizations as they adopt the Standard
 - Watch video testimonials | Learn how champion organizations are promoting psychological health & safety in their workplace

For more on Mental Health First Aid visit www.mentalhealthfirstaid.ca



For more information please contact Sapna Mahajan at smahajan@mentalhealthcommission.ca

Nine promising practices have been identified, based on the experiences of the 40 organizations:



1. Define a solid business case to justify the investment of resources.



2. Ensure commitment exists throughout the organization.



3. Communicate widely and effectively to maximize awareness and engagement.



4. Embed psychological health and safety in the overall organizational culture.



5. Dedicate the necessary human and financial resources required for implementation.



6. Select relevant programs, practices and policies best suited to your organization.



7. Consider and mitigate where possible the impact of organizational change on employees' mental health.



8. Regularly measure the impact and results of implementing the Standard.



9. Sustain organizational focus on the Standard beyond its initial implementation.

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Other Examples of Learnings

- American Psychiatric Association Foundation's "Center for Workplace Mental Health" – 60+ case studies (searchable) - <http://workplacementalhealth.org/Case-Studies#list>

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Learning Objectives

By the end of the program, you will be able to:

1. Identify key concepts and principles of the *National Standard on Psychological Health and Safety* and the implications for your organization.
2. Identify factors that promote and detract from psychological safety in the workplace.
3. Understand the current legal, business and social landscapes supporting the push for workplace psychological health & safety.
4. Apply practical tools to help assess and address organizational risk factors
5. Implement approaches to improve workplace relationships, individual and team. performance, employee engagement, absence/disability management.
6. Use benchmark and outcome measures.
7. Understand how to navigate existing resources that support Standard implementation.

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- Individual Next Steps (Worksheet)
- Evaluation Form (link on Course Page)
- Course Certificate

Reflections



Please share your
thoughts on the course~

*Thanks,
Nancy*



Experience. Expertise. Energy.

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