The Evolution of Workplace Mental Health in Canada:

Research Report
(2007-2017)

Dr. Joti Samra

R.Psych.

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While every effort has been made to ensure the accuracy of this report, responsibility for any errors resides with the lead author.

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Research Team

Dr. Joti Samra, R.Psych. (Lead Researcher) pursues a full spectrum of research, consulting, and educational activities in the field of workplace health. She is the Lead Developer of *Guarding Minds @ Work: A Workplace Guide to Psychological Health and Safety*, an innovative online resource for addressing psychosocial threats in the work environment, and is a member of the Technical Committee that developed the *National Standard of Canada for Psychological Health and Safety in the Workplace* (CSA Z1003/BNQ9700). She is also the principal developer of *Managing Emotions*, a set of online, interactive assessment and training resources that strengthen the emotional intelligence skills of managers.

Dr. Samra is the Program Lead for the Centre for Psychological Health Sciences at the University of Fredericton (getstarted.ufred.ca/PHS), where she has led the development of a suite of online courses and certificates in Psychological Health and Safety in the Workplace, Managing Psychological Health Issues at Work, and Resiliency Skills for Workers.

Dr. Samra is a frequent media commentator and presents her work extensively at the invitation of a wide range of public and private sector organizations. She is the Director of an organizational, research and media consulting practice, and maintains an active clinical practice in Vancouver, British Columbia. In 2011, Dr. Samra received the BC Psychological Association's Advancement of the Profession award.

Dylan Davidson, B.A.A. (Hons.) **(Lead Research Associate)** is a recent graduate of Kwantlen Polytechnic University's Bachelor of Applied Arts in Psychology program, based in British Columbia. He is involved with Dr. Samra in several current and upcoming projects in the area of workplace mental health. A prospective clinical psychology graduate student, Dylan is broadly interested in conducting research aimed at improving quality-of-life outcomes for individuals with mental illness, including evaluating/innovating on clinical interventions and furthering understanding of cognitive processes in mental health conditions.

Marissa Bowsfield, B.A. (Hons.) (Research Associate) is a graduate student in clinical psychology at Simon Fraser University in British Columbia. She worked closely with Dr. Samra on the development of the University of Fredericton's Psychological Health and Safety Certificates. Marissa is interested in the socio-cultural factors that impact mental wellness, and she conducts research on interpersonal relationships. In her own life, Marissa strives to achieve work-life balance and mental wellness by reserving time to exercise and get outside to engage with the natural environment.

Dr. Mark Attridge (Advisory Committee Member/Consultant) is a research scholar, speaker, and writer, and runs an independent practice called Attridge Consulting, based in Minneapolis. Since 2007, he has consulted with over 40 corporate and non-profit clients in Canada and the United States. Over his career, he has written more than 30 peer-reviewed journal articles and book chapters and another 200+ written works, conference presentations, professional workshops and corporate training guides on topics in health care, psychology, and communication. Dr. Attridge's expertise is in the area of workplace mental health and measuring related outcomes and return on investment (ROI). In 2007, he was the lead researcher and writer of the Watson Wyatt Canada white paper, *Mental Health in the Labour Force: A Literature Review and Research Gap Analysis*. The Employee Assistance Society of North America honoured him in 2009 as a co-recipient of a special award for contributions to his field. Prior to starting his own consulting firm, he led the National Data Cooperative in the health and benefits consulting practice at Watson Wyatt (now Willis Towers Watson) and founded and managed the applied research department for 10 years at Optum. Dr. Attridge holds a Ph.D. in social psychology from the University of Minnesota and an M.A. in communication from the University of Wisconsin-Milwaukee.

Dr. Graham Lowe (Advisory Committee Member/Consultant) is president of The Graham Lowe Group Inc., a workplace consulting and research firm. He is also a professor emeritus at the University of Alberta, where he had a distinguished academic career. Dr. Lowe has three decades of organizational, labour market, and employment policy consulting experience. He has advised numerous employers in a wide range of industries on how to create healthier and more productive workplaces.

His books include, *The Quality of Work: A People-Centered Agenda and Creating Healthy Organizations: How Vibrant Workplaces Inspire Employees to Achieve Sustainable Success* (www.creatinghealthyorganizations.ca). His new book (with Frank Graves), *Redesigning Work: A Blueprint for Canada's Future Well-Being and Prosperity*, was published in fall 2016 by Rotman-UTP Publishing (www.redesigningwork.ca). Dr. Lowe has contributed articles to practitioner publications such as *Canadian HR Reporter, Canadian Business, Health & Productivity Management, HR Professional*, and *Healthcare Quarterly*.

As a thought leader on work issues, Dr. Lowe has given hundreds of conference talks and workshops across Canada and internationally. He is a recipient of the Canadian Workplace Wellness Pioneer Award and holds a Ph.D. in sociology from the University of Toronto.

Dr. Martin Shain (Advisory Committee Member/Consultant) is a workplace mental health consultant, an academic lawyer, and a social scientist. He is principal of the Neighbour at Work Centre, which he founded in 2004 and is cross-appointed with the Occupational and Environmental Health Department in the School of Public Health at the University of Toronto.

Dr. Shain is an ongoing core member of the Technical Committee for the *National Standard of Canada for Psychological Health and Safety in the Workplace* (CSA Z1003/BNQ9700). He now consults with workplace parties on how to implement or adapt the National Standard.

Dr Shain's fifth book, *The Careful Workplace: Seeking Psychological Safety at Work in the Era of Canada's National Standard*, was published by Thomson Reuters in June of 2016.

Project Funding

Great-West Life Centre for Mental Health in the Workplace

The Centre was established in 2007 and has three main objectives: 1) Increase knowledge and awareness of workplace psychological health and safety; 2) Improve the ability of employers to respond to mental health issues at work; and 3) Turn knowledge into action through practical strategies and tools for employers.

The Centre played a key role in developing the *National Standard of Canada for Psychological Health and Safety in the Workplace* (the Standard), championed by the MHCC. The Centre works to help promote psychological health and prevent psychological harm, through implementation of the Standard in workplaces of all sizes across Canada. The Centre is also a leading source of free, practical tools and resources designed to help Canadian employers with the prevention, intervention, and management of workplace mental health issues.

University of Fredericton

The University of Fredericton (UFred) is a fully online, accredited degree-granting institution offering certificate, diploma, and degree programs. Founded in 2005 and based out of Fredericton, New Brunswick, UFred takes exceptional pride in its offering of innovative, relevant online education that emphasizes leadership development and lifelong learning.

Psychological health and safety in the workplace has become a critical issue in organizations across Canada and around the world. As leaders in the advancement of online occupational health and safety education, it is UFred's belief that providing a psychologically safe and healthy work environment is a crucial aspect of responsible and effective corporate leadership. The goal of the UFred Centre for Psychological Health Sciences is to provide employees, managers, and senior leaders with the necessary skills to build, support, and sustain psychologically healthy and safe work environments. To this end, UFred offers three certificate streams in psychological health and safety that have been developed by Dr. Joti Samra, R.Psych. to help today's workforce leaders better address potential negative psychosocial factors in the workplace and support employees experiencing emotional distress or mental health issues or disorders.

Acknowledgements

Introduction

Workplace mental health is a broad construct that refers to policies, procedures, processes, systems, and initiatives that serve to enhance and protect the overall psychological health of individuals within the work environment. This includes both a focus on individual workers' psychological health, as well as a focus on broader workplace factors that have the potential to impact the psychological health of employees.

With support from the Great-West Life Centre for Mental Health in the Workplace, our team was commissioned to lead a national research project through the University of Fredericton. The focus of the project was to examine the evolution of Canadian workplace mental health policies and strategies over the past ten years (2007-2017[1]), with some focus on the evolution of general mental health awareness as it relates to the workplace.

There were several major streams of activities for our project, including reviews of the empirical and gray literature; semi-structured interviews with key informants from across Canada, and a national survey assessing workplace mental health-related attitudes, opinions, and current practices. We examined evolution across several key domains, including the legal and standards domain, shifts in business priorities, trends in the media, changes in the education and training landscape, and shifting research priorities.[2] Within each of these areas, we provide a snapshot of the 2007 state, and describe the key aspects of evolution that we have observed over the past decade. We were interested in milestones and tipping points over the last ten years, gaps that continue to exist, and sector-specific advances.

To best understand developments over the past decade, it is wise to first consider the 2007 state of workplace mental health. Not long ago, efforts to promote workplace mental health across Canada were generally unsystematic, fragmented, and in some cases, frivolous – mental health in the workplace was often considered peripheral, and certainly secondary to physical health-related illnesses and injuries. Our respondents characterized the 2007 state of workplace mental health as being a generally stigma-laden area, where the health and safety focus was predominantly or exclusively on physical issues. The business case for addressing workplace mental health issues was in early stages of establishment, and not yet fully realized. Work environments were characterized as being less stressful then versus now, however, with fewer time demands and more resources than what is offered by the present-day work environment.

Today, workers face increased pressure to meet the demands of modern working life. Psychosocial hazards such as increased competition, higher expectations, and longer working hours are all contributing to an ever more stressful working environment. In Canada, we hold a universal belief that people have the right to the highest attainable standards of health, and without a healthy work environment, a person cannot contribute to society and achieve well-being. If health at work is threatened, there is no basis for productive employment and socio-economic development. Work-related stress is increasingly being acknowledged as a global issue affecting a wide range of professions and workers. The workplace is an important source of psychosocial risks – and, the ideal venue for addressing them with the goal of protecting the health and well-being of workers through collective measures.

Indeed, the last decade has witnessed a tremendous burgeoning of policies, initiatives, approaches, and strategies targeted at the improvement of mental health within the work environment. Our respondents described the most meaningful changes as relating to increased awareness, understanding, and compassion for workplace mental health issues. Reduction in stigma toward mental health issues, as well as widespread conversations about the impact of work environment factors on individual workers' mental health, were seen as significant contributors to the improved workplace practices we have observed.

Personally, it has been so very fulfilling for me to witness the tremendous shifts that have occurred in the broad landscape of workplace mental health over the past decade. We still have a great distance to cover, and much more work remains to be done, but we should all feel proud of the advances we have collectively made as a nation within this field.

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1 Canadian workplace mental health policies and strategies were examined from January 1, 2007 through to December 31, 2016.

2 We did not focus on all aspects of workplace mental health (e.g., severe mental illness, supported employment models),

Actively promoting and adopting initiatives related to enhancing workplace mental health provides immense benefits for all organizations and their employees alike, including enhanced worker satisfaction and sustainability, economic benefits related to an attentive and healthy workforce, and general improved quality of life outcomes. An increasing number of organizations are supporting initiatives for the betterment of workplace mental health, thereby shaping an encouraging outlook on the future landscape of psychological health and safety in the workplace, and – most importantly – the psychological well-being of workers across Canada.

Dr. Joti Samra, R. Psych.

Program Lead, Centre for Psychological Health Sciences, University of Fredericton

Organizational, Research & Media Consultant, Samra Psychology Corporation (Vancouver, BC)

Project Supporters

Over the past decade, the Great-West Life Centre for Mental Health in the Workplace (the Centre) has been fortunate to collaborate with the University of Fredericton and others to benefit psychological health and safety in the workplace for all Canadians. As we celebrate our 10th anniversary, Dr. Joti Samra's research project is yet another example of collaborating with these experts to look back at what has transpired in workplaces across Canada.

The Centre's objectives are to increase knowledge and awareness around workplace mental health and turn that knowledge into action through practical strategies and resources for employers. This valuable work will pave the way for us to increase our knowledge in the areas of organizational policy, awareness of workplace mental health issues, and supportive management approaches, and turn this knowledge into action for the future.

Diane Bezdikian

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

At the University of Fredericton, we have had a long-standing dedication to, and passion for, developing innovative health and safety education that provides students with the practical, applied skills needed to create and maintain healthy workplaces. We believe that in order to create a truly safe and healthy workplace, ensuring the protection of psychological health and safety of workers is critical.

Creating the first online Certificate in Psychological Health and Safety in the Workplace in Canada was an important element of providing a holistic approach to workplace safety and wellness. We have been extremely pleased with how well the programs have been received, but also recognize that there is still a great deal of work to be done to further psychological health and safety education, access, and acceptance.

We believe that it is important that research in this area continues so that educational institutions and organizations alike can better support employees and change the stigma that surrounds mental health in the workplace. We have been proud to support Dr. Joti Samra in her work to further Psychological Health and Safety in the Workplace, and proud to partner with organizations such as the Great-West Life Centre for Mental Health in the Workplace, who have all shown such dedication to furthering research, awareness, and support for individuals and organizations alike.

Don Roy

President
University of Fredericton

Executive Summary

The focus of the project was to examine the evolution of Canadian workplace mental health policies and strategies over the past ten years (2007-2017). There were several major streams of activities for our project, including conducting reviews of the empirical and gray literature; key informant interviews, and a national survey. Evolution was examined across several key thematic domains: Legal and Standards; Business; Education and Training; Media; Research; and, Sector-Specific Evolution. Significant developments were observed across each thematic area.

The Evolving Legal & Standards Landscape

- One of the most significant developments over the past decade has been the release of the National Standard of Canada for Psychological Health and Safety in the Workplace (the Standard), which provides a comprehensive framework that employers can utilize to assess, respond to, and evaluate workplace psychological health and safety.

- Legislation has been enacted in several Canadian jurisdictions that provides additional protection for accommodation of mental health issues, as well as expanded compensability for mental health issues under workers' compensation systems, particularly in relation to bullying, harassment, and post-traumatic stress disorder.

- Canada has been identified as a leader within the international community for the Standard, and to this end, the Canadian Standards Association (CSA) Group has submitted to the International Organization for Standardization (ISO) a proposal for the development of an international ISO standard on psychological health and safety.

The Evolving Business Landscape

- There have been significant attitudinal shifts in the business community – particularly among leaders – with respect to workplace mental health, including increased awareness, understanding, value, and prioritization of the importance of addressing psychological health and safety issues.

- Significant behavioural shifts have occurred for organizations, and individuals within those organizations, particularly with respect to the development and utilization of resources and supports for leaders, managers, and supervisors within organizations.

- Objective value – as demonstrated through emerging awards that recognize employers with good practices – is now placed on the importance of considering the psychological health and safety of the work environment as being a core business consideration, which is essential to employee recruitment, engagement, and retention.

The Evolving Education & Training Landscape

- Myriad online workplace mental health resources that are free and evidence-based have been developed over the last decade. This change has resulted in enhanced public awareness and reduction of barriers to information access.

- A range of educational opportunities for workplace psychological health and safety issues are now available, offering breadth and depth of content. These are available through various delivery formats (e.g., webinars, workshops, online university certificates), enhancing the likelihood of appropriate implementation of workplace mental health initiatives for all employers irrespective of their geographical location or financial considerations.

- Education in psychological health and safety is now being incorporated into professional trade shows and conferences across a range of industries and sectors, reflecting the broadening value that professions are now placing on psychological health and safety as a foundational piece of training for all work environments.

The Evolving Media Landscape

- Societal shifts in the general public's attitudes toward mental health issues have resulted in overall stigma being reduced. Mental health is increasingly being viewed as an important component of overall health, awareness has increased, and overall understanding of mental health issues has become less judgmental and more compassionate. These changes have been reflected in shifting stories, language, and focus in the media.

- Celebrities and influential individuals have increasingly spoken publicly about their personal struggles, resulting in increased awareness, accessibility, and relatability of mental health challenges for the average person.

- Increased information about mental health disorders and illnesses is now accessible through a wide range of mediums, and opportunities to obtain mental health education have increased for the average person – particularly through the expansion of venues such as social media sites and blogs that can provide personal and intimate real-world stories.

The Evolving Research Landscape

- Paralleling other advances made in the workplace mental health landscape, there has been increased focus in the research literature on examination of broader organizational and work environment factors that impact individual worker mental health.

- Increased value within the scientific community is being placed on research initiatives with strong research and business collaboration, resulting in a deepening knowledge about workplace mental health issues and the impact on work absence and productivity, including presenteeism,[3] in real-world settings.

- There has been emerging research focused on evaluating the effectiveness of mental health interventions that are provided in technologically diverse ways (e.g., efficacy of mobile or remotely-delivered mental health services, self-management approaches, peer support models), reflecting a broadening understanding that mental health interventions may be uniquely delivered in work versus other settings.

Evolution by Sector

- The framework for psychological health and safety issues in the workplace has been recognized to be universal, impacting all sectors and industries.

- There has been increased awareness that worker mental health is influenced by specific job factor conditions, resulting in select work sectors where psychological safety issues are significant having emerged as leaders.

- There is recognition that a one-size-fits-all approach to workplace mental health is ineffective, and that tailored approaches may be required for different settings. This is reflected by the establishment of the first CSA Group Technical Committee to create a tailored standard for psychological health and safety in the workplace for paramedics. Once completed, this will be the first standard to provide sector-specific guidance with respect to workplace mental health issues.

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[3] Presenteeism refers to the impacts on productivity and health related to, or as a result of, working while in ill physical or psychological health.

Milestones in Canadian Workplace Mental Health[4]

- 1998: Launch of the Global Business and Economic Roundtable on Mental Health and Addiction, drawing business leadership attention to issues relating to mental health

- 2001: Canadian Mental Health Association (CMHA) establishes Mental Health Works, representing a shift in broad focus on mental illness, to that of worker mental health and the role of the workplace

- 2004: Quebec amends its *Act Respecting Labour Standards* to include a workplace bullying deterrent - the first of its kind in North America - stating that every employee has the right to a work environment free from psychological harassment and that employers must take reasonable action to prevent and stop psychological harassment

- 2005: *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) enacted, removing discriminatory workplace barriers for people with disabilities, including disabilities related to mental health

- 2006: Release of *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada* by The Standing Senate Committee on Social Affairs, Science, and Technology; Hon. Michael J.L. Kirby, Chair; Hon. Wilbert Joseph Keon, Deputy Chair – the first-ever national study of mental health, mental illness, and addiction, which identified an alarming number of challenges facing Canadians with mental health issues

- 2007: Mental Health Commission of Canada (MHCC) is established, providing an ongoing national focus for mental health issues and creating Canada's first mental health strategy

- 2007: The Great-West Life Centre for Mental Health in the Workplace (the Centre) is established, providing a breadth of publicly available, evidence-informed employer and employee mental health resources

- 2007: Release of the white paper, *Mental Health in the Labour Force: A Literature Review and Research GAP* Analysis by Watson Wyatt Canada ULC, the first paper to comprehensively summarize the literature from both scholarly and applied research domains that specifically addressed workplace mental health in Canada and to identify gaps in knowledge where further attention was needed

- 2008: Launch in Quebec of the Standard *Prevention, Promotion and Organizational Practices Contributing to Health in the Workplace* (La norme Entreprise en santé), by Healthy Enterprises Group (HEG; Groupe entreprises en santé) and Bureau de normalisation du Québec (BNQ), the first workplace health standard in Canada

- 2009: Launch of *Guarding Minds @ Work: A Workplace Guide to Psychological Health and Safety*, which coined the use of the term 'psychological health and safety', and offered the first comprehensive Canadian framework for assessing and addressing workplace psychological health and safety

- 2009: Release of *Stress at Work, Mental Injury and the Law in Canada: A Discussion Paper for the Mental Health Commission of Canada*, the first in a series of reports to be authored by Dr. Martin Shain, underscoring the legal imperative for employers to create a psychologically safe system of work

- 2009: Consensus Conference on a National Standard for Psychological Health and Safety in the Workplace, which served as a catalyst for the creation of the Standard

- 2010: The *Occupational Health and Safety Amendment Act (Violence and Harassment in the Workplace), 2009* enacted in Ontario, requiring that, among other matters, employers develop certain policies and practices to prevent and respond to workplace violence

- 2011: Bell's *Let's Talk* annual event starts, drawing widespread national attention to the issue of mental health

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[4] Pre-2007 initiatives/events are listed in cases where they were identified as being pivotal to the evolution that occurred in 2007-2017.

- 2012: Amendment to the *Alberta Workers' Compensation Act* provides that if a first responder is diagnosed with post-traumatic stress disorder (PTSD) by a physician or psychologist, the Workers' Compensation Board will presume the PTSD arose out of, and occurred in the course of employment, unless the contrary is proven

- 2013: Launch of the *National Standard of Canada for Psychological Health and Safety in the Workplace* (CAN/CSA-Z1003-13/BNQ 9700-803/2013), the first standard on psychological health and safety of its kind in the world

- 2014: University-level training opportunities in psychological health and safety emerge, providing the first formal and accredited educational opportunities in psychological health and safety

- 2014: *Workers Compensation Amendment Act*, *2011* enacted in BC, establishing a duty by employers to prevent harassment

- 2016: *The Workers Compensation Amendment Act (Presumption Re Post-Traumatic Stress Disorder and Other Amendments)* enacted in Manitoba, enabling the Workers Compensation Board to presume that if any worker is exposed to certain types of traumatic events and is diagnosed with PTSD, that the PTSD is caused by the worker's employment, unless the contrary is proven

- 2016: *Sexual Violence and Harassment Action Plan Act* (Supporting Survivors and Challenging Sexual Violence and Harassment), *2016* enacted in Ontario to enforce 2015 amendments to occupational health and safety legislation that require employers to respond more actively to claims of harassment – including sexual harassment – and institute fair policies for investigation

- 2016: *Supporting Ontario's First Responders Act (Posttraumatic Stress Disorder)*, *2016* enacted in Ontario, amending certain legislation to establish a rebuttable presumption that PTSD among members of certain occupations (emergency medical attendants, firefighters, correctional services officers, etc.) is work-related, subject to medical confirmation of the condition itself (not its work-relatedness)

Project Methodology: Overview

National Survey: Our team distributed a survey assessing attitudes, opinions, and current practices regarding workplace mental health to institutions, associations, and individuals across Canada in order to gather responses from workers in various fields and at different levels of seniority. The survey included questions in the following areas: *A Decade Retrospective on Workplace Mental Health in Canada; The Status of Mental Health at Your Current Workplace; Your Role in Workplace Mental Health; Manager Experiences with Workplace Mental Health* (for managers/supervisors only); *The National Standard of Canada for Psychological Health and Safety in the Workplace; The Future of Workplace Mental Health*; and, *About You and Your Job* (demographics). The primary channels through which the survey was disseminated were the email lists of the following agencies[5] : Human Resources Professionals Association (HRPA) (N = 23,973); provincial human resources associations (N = 23,700); the Great-West Life Centre for Mental Health in the Workplace (N = 6,436); the Mental Health Commission of Canada (N = 5,333); and, the University of Fredericton (N = 2,216). The survey was also disseminated through the lead researcher and advisory committee members' respective professional network contact lists and social media sites. The survey was completed on the online survey platform, Qualtrics.

We collected data from a total of 2,148 respondents. The average age of respondents was approximately 47 years, and the sample was predominantly female (79%). Most (85.6%) respondents completed the English version of the survey, while the remaining 14.4% participated in the French version.[6] Responses were received from each Canadian province, but the majority of participants resided in Ontario (54.2%), followed by Quebec (15.2%). 90.2% of respondents were employed full-time, while 4.8% were employed part-time, 2.6% were self-employed, and 2.4% were not presently working. Notably, 43% of participants indicated their work position involved managing or supervising others, and 51.6% indicated they had at least some responsibility for human resources. Our respondent group, by virtue of our recruitment strategy, is a group that has a higher level of familiarity with workplace issues than a general population sample. Specifically, 40.9% of our respondents indicated having a high or very high level of expertise in workplace mental health issues; 45.2% rated themselves as having a moderate level of expertise; and, 13.9% rated having a low or very low level of expertise. Respondents were employed in a variety of sectors, with the most commonly reported sectors being Health Care/Social Assistance (22.6%) and Public Administration (19%).

Key Informant Interviews: Key informants (KIs) were individuals who were each identified – because of their education, professional experience, and/or personal experience – to be in a position to comment on the actions and events that have contributed to advancing workplace mental health in Canada over the last decade. All identified KIs were contacted via email, provided information about the project, and asked to respond to research questions by either participating in a semi-structured phone interview or providing written responses to interview questions. We targeted individuals who were representative of the following categories: researchers, business experts, and industry/agency experts. KIs within these categories were primarily identified by their prominent role with a Canadian mental health agency or committee, participation in past focus groups on psychological health and safety in the workplace, as well as through recommendation by existing KIs, the lead researcher, and advisory committee members.

KIs (N = 87) answered five questions that assessed the following themes with respect to workplace mental health in Canada: milestones and tipping points that have contributed to the current state; events, initiatives, agencies, or individuals who have had the most influence; gaps that continue to exist; sector-specific evolution and gaps; and goals for the next ten years. Responses were received by phone interview (N = 50) or in writing (N = 34), while 3 KIs provided feedback in both formats. With respect to targeted

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[5] Approximate number of individuals on each organization's respective email distribution lists is provided in brackets.

[6] 96.1% of respondents who completed the French version of the survey resided in Quebec.

background categories, 46% were agency experts, 25.3% industry experts, 16.1% researchers, 13.8% business experts, 9.2% had lived experience with mental health illness, 8% healthcare providers, 3.4% legal professionals, 3.4% politicians, and the remaining 8% fell into "other" categories (e.g., authors). Some KIs were classified into multiple categories (e.g., agency experts with lived experience). With their permission, the names, positions, and primary affiliations of KIs are listed in Appendix A. Responses from KIs were qualitatively coded to capture (1) broad themes identified by each research question (e.g., initiatives) and (2) specific details within each broad theme (e.g., initiatives—development of the National Standard). Once coded, the data were analyzed and descriptive statistics compiled.

Gap Analysis: In the early 2000s, several influential reports identified myriad gaps that exist within the area of workplace mental health. We extracted a number of relevant gaps that had been identified across a range of domains in workplace mental health, and sought to identify studies and initiatives that have addressed—and in some cases filled—these gaps via a scan of the existing empirical and grey literature. Gaps were extracted from the following reports: *Mental Health in the Labour Force: A Literature Review and Research GAP Analysis;*[7] *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada;*[8] *Revisiting Work-life Issues in Canada: The 2012 National Study on Balancing Work and Caregiving in Canada* (Duxbury & Higgins, 2012);[9] and, *2006 Business and Economic Plan for Mental Health and Productivity.*[10] A comprehensive gap analysis was out of scope for the present project; as such, for identified gaps, we sought to provide an overall rating of progress (Significant; Moderate; Minimal) based upon multiple information sources, as described below.

Present Study - Approach to Analysis: The opinions offered in this paper reflect a synthesis of multiple sources of information, including: formal documentation (e.g., legislation); scans of the empirical and grey literature; key informant opinions; survey respondent data; and, the opinions of the lead researcher and advisory committee members. As the present research comprises an exploratory examination of a newly emerging area of study, emphasis was not placed on statistical differences between groups (which could result as an artifact of the large sample size), but rather on group differences that clearly represented meaningful real-world differences.

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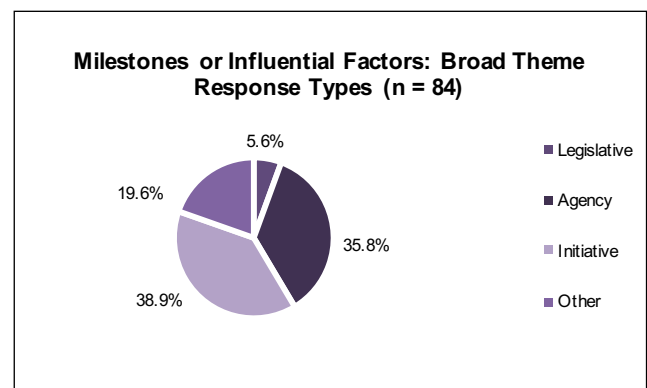
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Influential Agencies & Initiatives:
Key Informant Perspectives

Our key informant (KI) respondents comprised a highly informed and knowledgeable group of individuals who collectively represent a wide breadth and depth of knowledge and expertise across various aspects of workplace mental health.

KIs were asked the following open-ended questions: *"From your perspective, what have been the most significant developments/milestones/tipping points in workplace mental health over the past decade?"* and *"What factors/events/initiatives/agencies/people have been most influential, in your opinion, in leading to these changes?*[11]*"* Initiatives (38.9%) and agencies (35.8%) were the most commonly reported type of milestone or influential factor.[12]

Milestones or Influential Factors: Broad Theme Response Types (n = 84)

- Legislative
- Agency
- Initiative
- Other

5.6%
19.6%
38.9%
35.8%

The Mental Health Commission of Canada (MHCC) was identified by 76.2% of KIs as either a milestone or influential agency in bringing about positive changes in workplace mental health over the past 10 years. The Great-West Life Centre for Mental Health in the Workplace (Centre) was the next most commonly identified milestone or influential agency (52.4%) followed by the Canadian Mental Health Association (CMHA; 26.2%), and the Global Business and Economic Roundtable on Addiction and Mental Health (Roundtable; 21.4%).
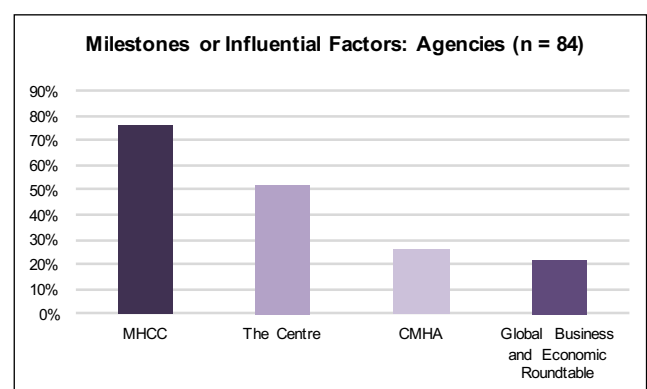
Milestones or Influential Factors: Agencies (n = 84)

The National Standard of Canada for Psychological Health and Safety in the Workplace (the Standard) was identified by 83.3% of KIs as either a milestone or influential initiative in bringing about positive changes in workplace mental health over the past 10 years. Bell Let's Talk was the next most commonly identified milestone or influential initiative (71.4%) followed by Guarding Minds @ Work (GM@W; 20.2%), conferences on workplace mental health topics (e.g., the Bottom Line Conference; 17.9%), and Dr. Martin Shain's reports (e.g., The Perfect Legal Storm; 15.5%).

Milestones or Influential Factors: Initiatives (n = 84)

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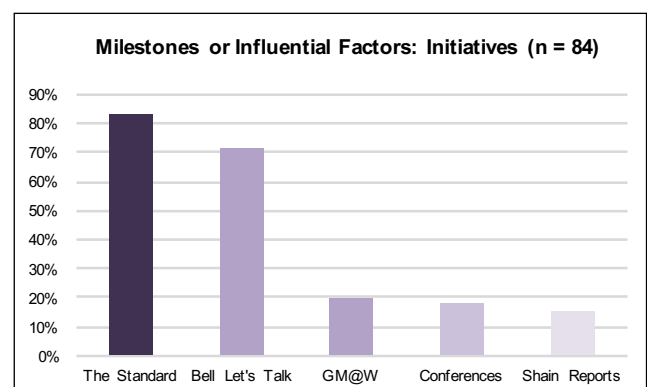
[11] Responses across these two questions were amalgamated given high overlap in responses.

[12] The "other" category included a range of factors, such as awareness/social push; sharing of stories by celebrities/in the media; increased evidence on the business case, including return-on-investment for workplace mental health; and, improved research/measurement.

The Evolving Legal & Standards Landscape[13]

Snapshot[14] of the 2007
Legal & Standards State of Workplace Mental Health

- Increasing number of Canadian Human Rights Commission and provincial human rights cases related to workplace mental health issues.

- Slowly emerging recognition of mental injury as a compensable harm that can occur not only at the termination of an employment relationship, but also throughout its course.

- Beginning convergence of multiple sources of law toward fuller acknowledgement that the organization of work and the management of people are potent influences on worker mental health, and that employers have a responsibility to prevent reasonably foreseeable mental injuries.

Identified Gaps[15] **:** Need for best management practices to encourage mental health in the workplace; need for a knowledge exchange centre to assist in sharing of best practices; need for best practices with respect to compensation for occupational stress-related claims; need for the federal government, as an employer, to former partnerships to promote exchange of workplace well-being best practices.

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

Mental Injury & the Law

In many ways, the law pertaining to mental injury[16] in the workplace has developed more rapidly over the last 10 years than the 50 preceding years. There have been significant changes in the way the law views violence, harassment, and bullying at work. For example, acts that 10 years ago may have been characterized as gross incivility may now be characterized as harassment or bullying.

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[13] For further reading on the legal and standards landscape of workplace mental health, see Appendix B for a companion paper: *The Law, the Standard, and Evolution of the Employment Relationship*, that is written by and reflects the opinions of Dr. Martin Shain, S. J. D. The paper provides an overview of the implications of the National Standard of Canada for Psychological Health and Safety in the Workplace, as well as a more detailed summary of employers' evolving duties to accommodate employees with mental health issues and prevent psychological (mental) injuries in the workplace.

[14] Throughout this report, the snapshots of the 2007 state (across various key thematic domains) were identified via reviews of the literature and past key reports, as well as the opinions of the report authors, consultants, and key informants.

[15] Identified gaps represent a summary of gaps that had been identified in previous influential reports addressing workplace mental health issues, as described in the Methodology section, and which pertained to the thematic areas of evolution we addressed in this report. Excluded gaps were generally those related to specific institutions/initiatives (e.g., governmental directions/resource allocations, Canada Pension Plan) as our focus was on the broader workplace mental health landscape.

[16] Mental injury is defined as harm to mental health that results from acts or omissions of fellow employees, supervisors and managers. Mental injuries typically take the form of mood disorders such as depression or anxiety, or other syndromes such as burnout.

Mental Injury: 2007 - 2017

Harassment / bullying can now be considered a breach of occupational health and safety legislation in certain provinces.[17]

Recent dispute over the extent to which employers should be held liable for negligence / failure to prevent reasonably foreseeable mental suffering.[18]

Workers' compensation law has begun to allow increased awards for chronic / cumulative stress, alongside likely permanent legislative changes.[19][20]

In cases of harassment and discrimination, human rights law has increasingly generated significantly sizeable awards.[21]

Active debates in occupational health and safety law regarding whether psychological harm should be covered in statutes that define employers' responsibility for protection of workers' health and safety.[22]

In select cases, collective agreements are being drafted to include provisions to incorporate the requirements of the Standard.[23]

There have been increasing courtroom and hearing room situations in which acts and omissions by employers (resulting in foreseeably serious harm to employee mental health) has given rise to substantial compensation for damages; furthermore, adjudicators have begun to order systemic remedies that require employers to report to tribunals on what they are doing to change policies and practices to be in accordance with social and legal expectations of a psychologically safe workplace.[24]

The Healthy Enterprise Standard (Standard BNQ 9700-800):

Prevention, Promotion and Organizational Practices Contributing to Health in the Workplace

In response to the awareness that employee health is important to business – via the potential for greater loyalty, increased productivity, and significant savings (especially in terms of disability costs) – the Bureau de normalisation du Québec (BNQ) developed the Healthy Enterprise Standard (BNQ 9700-800), released in 2008. The Healthy Enterprise Standard – the first workplace health standard in Canada – is intended for any business or organization, regardless of its type or size, or the product or service it provides. This standard provides guidance and sets out requirements regarding good organizational practices that foster healthy lifestyles among employees, a healthy workplace, and sustainable improvements in the health of individuals. The Healthy Enterprise Standard is an initiative of Groupe entreprises en santé (formerly GPS²).

Source:
Bureau de normalisation du Québec. (2008). Prevention, Promotion and
Organizational Practices Contributing to Health in the Workplace (BNQ 9700-800/2008).
Retrieved from https://www.bnq.qc.ca/en/standardization/health-and-work/healthy-enterprise.html

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[17] A number of provinces (AB, BC, ON, QC, and SK) now have provincial legislation to this effect.

[18] Shain, M. (2016). *The careful workplace: Seeking psychological safety at work in the era of Canada's national standard.* Canada: Thomson Reuters.

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

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

[21] e.g., In Fair v. Hamilton-Wentworth District School Board, 2013 HRTO 440 the Ontario Court of Appeal upheld a human right tribunal's decision to award $30,000 for injury to dignity, feelings and self-respect, but also 15 years of back pay in the amount of $420,000. This was a result of the school board's failure to accommodate the complainant's anxiety levels over certain work responsibilities.

[22] BC is the only province in which protection of mental health is explicitly allied to the general duty clause in the governing legislation.

[23] The Public Service Alliance of Canada (PSAC) has a Memorandum of Understanding with the Treasury Board, which is considered part of the collective agreement, pending its incorporation into a new contract the next time it is negotiated; Shain, M. (2016). *The careful workplace: Seeking psychological safety at work in the era of Canada's national standard.* Toronto, ON: Carswell.

[24] See Dr. Shain's 2016 companion paper (Appendix B).

National Standard of Canada for Psychological Health and Safety

One of the largest evolutionary shifts that occurred in the landscape of workplace mental health over the last decade has been the 2013 release of the National Standard of Canada for Psychological Health and Safety in the Workplace (the Standard). The Standard has provided a definition of what constitutes a psychologically safe system of work – a definition currently lacking in the law.

The significance of the stated vision of the Standard lies in its call for the avoidance of reasonably foreseeable harm – through the establishment of a psychologically safe system of work – as the base level of care to which employers should aspire. The Standard advises that mental injury is a type of harm that can and should be prevented by making every reasonable effort to ensure fairness, respectfulness, and consideration as cardinal values driving everyday interactions and practices in the workplace.

The Stated Vision of the Standard: A workplace in which the prevention of negligent, reckless and intentional harm to mental health by all reasonably practical means is the norm.

The National Standard of Canada for Psychological Health and Safety in the Workplace (CAN/CSA-Z1003-13/BNQ 9700-803/2013) www.csagroup.org/z1003

The Standard is championed by the Mental Health Commission of Canada (MHCC), and developed by the Bureau de normalisation du Québec (BNQ) and the CSA Group. The Standard is designed to help organizations and their employees improve workplace psychological health and safety (PH&S). The Standard comprises a voluntary set of guidelines, tools, and resources aimed at promoting employees' psychological health and preventing psychological harm due to workplace factors. It also provides a systematic approach to develop and sustain a psychologically healthy and safe workplace by (a) identifying possible psychological hazards in the workplace, (b) assessing and controlling the risks from unpredictable hazards, (c) implementing practices that support and promote PH&S throughout the workplace, and (d) nurturing a culture that promotes psychological well-being. The development of the Standard was funded in part by the Government of Canada (through Human Resources and Skills Development Canada, Health Canada, and the Public Health Agency of Canada), and through financial contributions from the Great-West Life Centre for Mental Health in the Workplace and Bell Canada. Mental health in the workplace is an ongoing issue, and adoption of the Standard is beneficial to both employers and employees alike.

Sources:
CSA Group. (2013, Jan. 15). *National Standard of Canada for Psychological Health and Safety in the Workplace released.* Retrieved from http://www.csagroup.org/csa-grou-news/news-releases/item/?n=national-standard-of-canada-for-psychological-health-and-safety-

Mental Health Commission of Canada (2016). National Standard. Retrieved from http://www.mentalhealthcommission.ca/English/national-standard

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Provincial and territorial legislatures hold the authority to create employment laws governing health and safety, whereas the Parliament of Canada has authority over employment matters that fall within the federal public service. As a result, Canada has 14 sets of occupational health and safety laws. At present, no provincial, territorial or federal Canadian law explicitly requires employers to provide a psychologically healthy and safe workplace or to protect employees from psychosocial risk factors in the workplace. However, some jurisdictions have begun to address PH&S by adding the concepts of workplace violence or psychological harassment (including bullying) to their existing occupational health and safety laws.[25] Furthermore, the application of the seven branches of law which influenced the development of the Standard (labour law; employment contract law; workers' compensation statutes; human rights law; employment standards legislation; occupational health and safety statutes; and, tort law) may themselves be influenced by the Standard in the future.[26]

[25] Library of Parliament. (2013). *Current issues in mental health in Canada: Psychological health and safety in the workplace* (Publication No. 2013-78-E). Retrieved on November 17, 2016 from http://www.lop.parl.gc.ca/Content/LOP/ResearchPublications/2013-78-e.pdf

[26] Shain, M. (2013, Aug. 7). *Weathering the perfect legal storm: Analysis and commentary.* Retrieved on October 23, 2016 from https://www.workplacestrategiesformentalhealth.com/pdf/weathering_the_perfect_legal_storm_AAC_E.PDF

Traditional vs. Evolving Employment Relationships[27]

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

"Now I address mental health issues with the same approach that I would any other health issue, in that it must be prevented and that someone who presents with symptoms in the workplace must be assisted wherever possible, to cope and to become well. Ten years ago, I was not as confident that there is/should be something we can do to help in this regard.[28]"

[27] The way in which an employment relationship has been seen has evolved considerably in the law over the past decade. This visual, developed from Dr. Martin Shain's 2016 companion paper (Appendix B), reflects general trends that have been occurring, but should not be taken to imply that these changes have been manifested in all workplaces or all jurisdictions.

[28] Non-identified quotes in this document originate primarily from key informant interviews, and to a lesser degree from survey respondents.
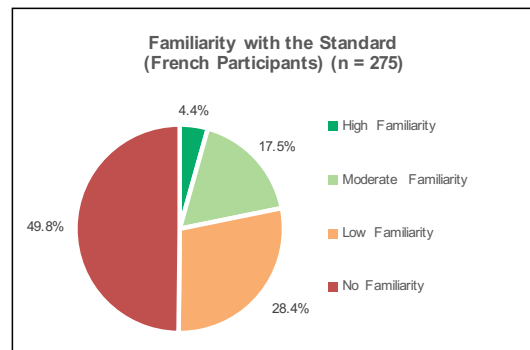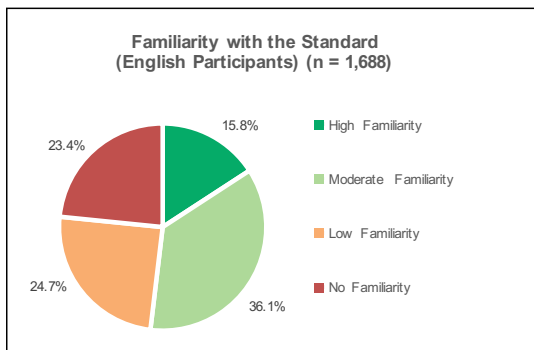
26.3%
of unionized and
23.2%
of non-unionized

Respondents say their organization was actively involved in implementing the Standard or involved in ongoing efforts to maintain and improve key elements of the Standard.

Familiarity with the Standard

We sought to examine the level of awareness and knowledge that exists across the country with respect to the Standard, organizational responses to the Standard (the stages that organizations are at with respect to implementing the Standard), and barriers and challenges that have arisen throughout the process.

Survey respondents were asked to rate their familiarity with the Standard. Nearly half of French respondents (49.8%) indicated having *no familiarity*, whereas 23.4% of English respondents indicated *no familiarity*. Similarly, 21.9% of French respondents indicated having *moderate or high familiarity*, whereas 51.9% of English respondents indicated *moderate or high familiarity*. We did not delve into a specific examination of factors contributing to English versus French differences; they are significant, however, and worthy of further examination. One possible explanation is that respondents from Quebec have familiarity with and use BNQ's Healthy Enterprise Standard (which includes mention of workplace mental health), rather than the Standard (which is specifically focused on PH&S).

Familiarity with the Standard (English Participants) (n = 1,688)

- High Familiarity: 15.8%
- Moderate Familiarity: 36.1%
- Low Familiarity: 24.7%
- No Familiarity: 23.4%

Familiarity with the Standard (French Participants) (n = 275)

- High Familiarity: 4.4%
- Moderate Familiarity: 17.5%
- Low Familiarity: 28.4%
- No Familiarity: 49.8%

The majority of downloads of the Standard are from the Canadian Standards Association (CSA) website (87%). Nearly half of Canadian downloads (48.5%) were from individuals located in Ontario.

Total Downloads of the Standard by Language/Year (CSA Downloads)						
Language		2013	2014	2015	2016	Total
English		11,803	6302	5491	5832	29,428
French		610	506	502	416	2034
Total		12,413	6808	5993	6248	231,462

Total Downloads of the Standard by Province (CSA Downloads)														
	AB	BC	MB	NB	NL	NT	NS	NU	ON	PE	QC	SK	YT	Total
Downloads	2665	2575	946	492	397	97	1030	28	12,350	123	1966	715	88	23,472

Note: These data exclusively represent downloads from the CSA. The Standard is also downloadable from the Bureau de normalisation du Québec (BNQ), but data were unavailable by year/location. As of Oct. 31, 2016, there have been 4559 (2137 English; 2422 French) downloads of the Standard from the BNQ. Data presented by province exclude downloads that were unable to be identified by province, as well as downloads that were made outside of Canada.

The National Standard of Canada for Psychological Health & Safety in the Workplace: Trends Relative to Other Standards

"The number of downloads of the Psychological Health and Safety Standard continues to impress us. Month after month for the past 3.5 years we have seen continued and steady downloads of the Standard. Standards more typically see a large uptake upon the launch of a new document or edition and then a slowdown as time progresses. The continued steady uptake of this document is quite unique and speaks volumes to the continued workplace interest in this area of work and the ongoing support, interest, and acceptance the Standard is receiving from our stakeholders in the industry."

- Jill Collins, Project Manager
Occupational Health & Safety, CSA Group

Organizational Responses to the Standard

Respondents were asked to describe the response their organization/employer has had to the Standard. There were no significant differences between unionized and non-unionized workplace responses to the Standard. It is promising that respondents from 26.3% of unionized workplaces and 23.2% of non-unionized workplaces indicated that their organization was actively involved in implementing the Standard, or involved in ongoing efforts to maintain and improve key elements of the Standard.
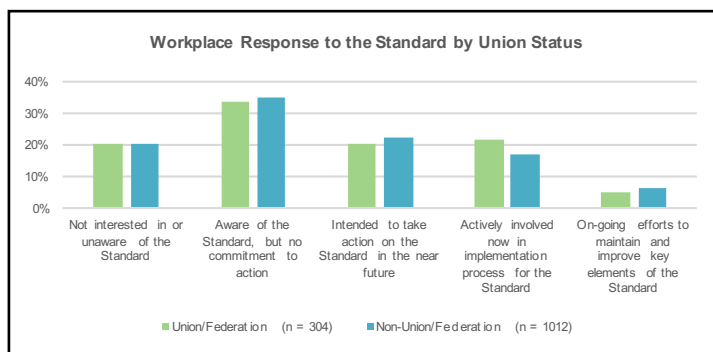
Differences in organizational responses were also examined by the type of work environment (blue, white, or pink collar). Respondents from white collar work environments were more likely (28.3%) to indicate that their organization was actively involved in the implementation process for the Standard, or involved in ongoing efforts to maintain/improve its key elements than those from blue collar (12.3%) or pink collar (11.1%) work environments.

Workplace Response to the Standard by Industry Type

Blue Collar (n = 203) | White Collar (n = 913) | Pink Collar (n = 27)
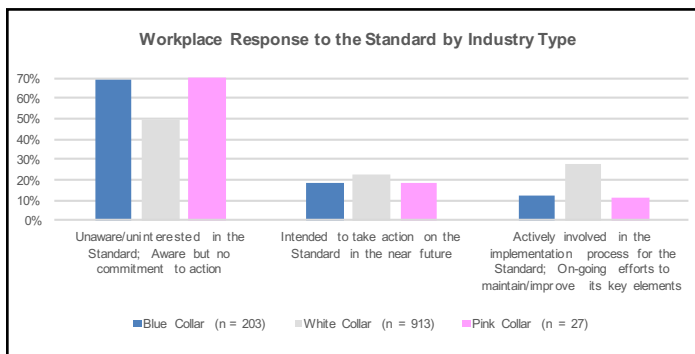
Note: Several analyses in this document have been split by the broad type of industry/sector in which respondents work (i.e., blue collar, white collar, or pink collar work environments). Coding of industry status was done by respondents' identified work environment/sector, and not by their specific role (e.g., an administrative assistant working in a manufacturing company would be categorized as being in a blue collar work environment).
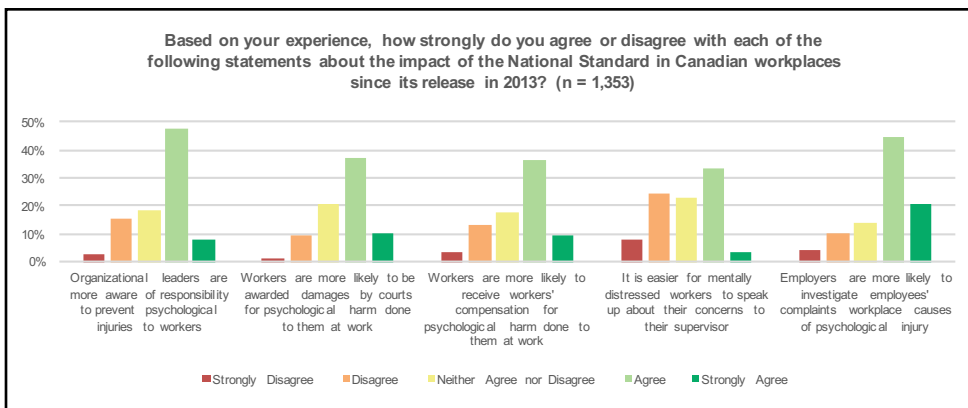
Blue Collar: Work involving manual labour and general physical work. Examples: Manufacturing, construction, agriculture, etc.

White Collar: Professional, administrative, managerial, or general office/computer work. Examples: Marketing, research, finance, information technology, etc.

Pink Collar: Work in a service/accommodation setting. Examples: Food, accommodations (e.g., hotels), travel/tourism, etc.

Impact of the Standard

Survey respondents were asked to provide their perceptions of the Standard's impact across five important attitudinal and behavioural indices since its release in 2013. As our respondent group is an informed group regarding workplace mental health (51.6% described some responsibility for human resources, and 40.9% rated themselves as having a high or very high level of expertise in workplace mental health), it is encouraging to see perceptions of the positive impacts and behavioural shifts within this area.

Based on your experience, how strongly do you agree or disagree with each of the following statements about the impact of the National Standard in Canadian workplaces since its release in 2013? (n = 1,353)

Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree

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The International Reach of Canada's National Standard

Consideration for a New Work Item Proposal related to Canada's National Standard

Canada has been identified as a leader within the international community for our National Standard of Canada for Psychological Health and Safety in the Workplace. To this end, CSA Group has submitted, via Standards Council of Canada, a New Work Item Proposal (NWIP) to the International Organization for Standardization (ISO[29]), an international standard-setting body which promotes worldwide proprietary, industrial, and commercial standards. The proposal is for the development of an international ISO Psychological Health and Safety in the Workplace Standard using Canada's current Standard as a seed document.

Recognition of the Standard by the International Labour Organization

The 2016 *Workplace Stress* report, released by the International Labour Organization (ILO), focuses on presenting trends on work-related stress in both developed and developing countries with the goal to raise awareness of the magnitude of the problem within the work world. It provides a comprehensive overview of the prevalence and impact of work-related stress, and examines legislation, policies, and interventions for its management at international, regional, national, and workplace levels. The ILO recognizes that non-binding technical standards, codes of conduct, and protocols recognized by governments play an important role in promoting harmonized action in workplace mental health.

(continued)

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[29] CSA Group's NWIP proposal has been submitted to ISO Project Committee (PC) ISO/PC 283, Occupational health and safety management systems responsible for the development of the new ISO 45001, Occupational health and safety management standard.

(continued from previous page)

They then go on to highlight the work being done in Canada:

The Canadian National Standard on Psychological Health & Safety in the Workplace Prevention, Promotion, and Guidance to Staged Implementation (CAN/CSA-Z1003-13/BNQ 9700-803/2013) was published in 2013 by the CSA Group and the Bureau de Normalisation du Quebec in collaboration with the Mental Health Commission of Canada. This is the first national standard that targets psychological health and safety in the workplace and is auditable, as compared to the PAS1010 which is only a guidance standard. The Canadian Standard aligns with other existing standards. A unique aspect of this Standard is the inclusion of several annexes designed to assist with developing and implementing its key components. Implementation models, scenarios for small and large enterprises, an audit tool, and several other resources and references are provided. (p.15)

Source:
International Labour Organization. (2016). *Workplace stress.* Retrieved from http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_466547.pdf

The International Work of the Mental Health Commission of Canada

The Mental Health Commission of Canada (MHCC) has been working, through the International Initiative for Mental Health Leadership (IIMHL), with a number of countries (Australia, Great Britain, Ireland, New Zealand, United States) on workplace wellness, including how to use parts of the Standard in their own jurisdictions. In fact, the Tristan Jepson Memorial Foundation has adapted the Standard for members of the legal profession in Australia, out of recognition that all legal workplaces are stressful, and that legal professionals are at a disproportionate risk of suffering from psychological illnesses. The MHCC has also presented on the Standard at numerous international forums, including the Employee Assistance European Forum in Spain, the WorkSafe Health and Safety Week in Victoria, Australia, and the Safety Week Conference in Melbourne, Australia.

Source:
Tristan Jepson Memorial Foundation. (2014). *TJMF psychological well-being: Best practice guidelines for the legal profession.* Retrieved from http://tjmf.client.fatbeehive.com.au/wp/wp-content/uploads/TJMFMentalHealthGuidelines_A4_140427.pdf

Regulation of the Standard

The Standard has yet to be used proactively as either part of an employer's defence to an employee's claim of mental injury, or as an allegedly injured employee's basis for such a claim. The use of the Standard in these ways would be indicative of how well it can serve as an authority for providing a psychologically safe system of work. One method of progressing in this area is to consider the benefits of regulating certain parts of the Standard.[30]

Survey respondents were asked to provide their opinions about regulating the Standard as mandatory for all Canadian workplaces, only for workplaces with greater than 100 employees, or only for select sectors/industries.

…for all workplaces in Canada

69.7% of national survey respondents indicated supporting mandatory regulation of the Standard for all workplaces.

Union workers (80.6%; N = 304) were more likely than non-union workers (66.5%; N = 1,012) to support mandatory regulation of the Standard. This is consistent with the labour movement's history of creating a collective to stand up for fair wages, safe work environments, and decent working hours – elements that, at their root, are core elements of psychologically healthy and safe work environments.

On average, approximately two-thirds of respondents employed in blue collar (65%; N = 203) and white collar (71.3% N = 913) work environments supported mandatory regulation of the Standard for all work environments.

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[30] For a more detailed discussion of the issues involved in regulation, see Appendix B.

…for workplaces with more than 100 employees only

One of the arguments against mandatory regulation of the Standard relates to the onerous responsibility that would be placed on workplaces – particularly small businesses, which form the large majority of Canadian employers – who may have limited resources and supports for implementation. In fact, a significant percentage of our respondents identified limited resources/supports as being among the most frequently identified barriers to implementation of the Standard (lack of time was identified by 43.7% of respondents; lack of people support/resources was identified by 40.7% of respondents; and, lack of financial resources was identified by 26.4% of respondents).

As such, respondents were asked whether the Standard should be legislated as mandatory for workplaces with greater than 100 employees only. Regardless of union status or collar categorization of work environment, respondents (N = 1,338) on average had lower rates of agreement (41.2%) on mandatory regulation being restricted to only workplaces with more than 100 employees.

…for workplaces within select industries/sectors only

Respondents also indicated whether they felt the Standard should be legislated as mandatory for workplaces within select industries or sectors only. Only 19.1% of respondents felt that mandatory regulation of the Standard should be restricted to specific industries or sectors. Among respondents who specified which sectors should be regulated under the Standard (N = 264), the top three sectors identified were: Healthcare: 19.3% (N = 51); First Responders: 15.9% (N = 42); and, High Risk Jobs (e.g., corrections, security, etc.): 11.7% (N = 31).

The priority and importance placed on ensuring safe work environments for those working in particularly high-risk work environments has been reflected in legislative changes occurring across the country with respect to workers' compensation for occupational-related post-traumatic stress disorder (PTSD).

Evolving Workers' Compensation for Post-traumatic Stress Disorder

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

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

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

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

When asked how much **change** respondents believed there had been since 2007 with respect to **legislation that protects employees with mental health issues in the workplace**, the vast majority indicated that the present state was significantly (30.4%) or somewhat (41.5%) better since 2007. Approximately 1/5th of respondents (17.1%) indicated feeling there was no change.

2005: Accessibility for Ontarians with Disabilities Act

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Important Role of Politicians

"It's absolutely necessary to have people with a political background know how to pitch the issue [of workplace mental health]."

Over the last decade, increased political attention has been paid toward workplace mental health, both at the federal and provincial levels. Politicians – especially Hon. Michael Wilson and Hon. Michael Kirby - have been key in moving forward the agenda regarding workplace mental health, particularly in collaboration with individuals and groups such as the Global Business and Economic Roundtable on Addiction and Mental Health. Under the stewardship of Bill Wilkerson and other early pioneers, the Roundtable was formed in 1998, and was an instrument of information analysis and ideas concerning the linkages between business, the economy, and mental health and work. More recently, politicians such as Hon. Kevin Flynn have played a pivotal role in moving forward legislation that expands coverage offered to select individuals who are exposed to a high level of psychological risk in their work environment (i.e., first responders).

"Shifts in political focus on mental health have been the result of a number of factors – people of influence and business leaders who had personal experiences with mental health issues speaking openly, combined with community-driven needs…mental health issues have been increasing, and are being talked about publically, which drives politicians to also take up these issues and talk about them."

- Politician

What our respondents had to say…

"[We had] very concentrated but highly effective leadership in Canada… [The Global] Roundtable needs to be recognized for its economic and social impact; it was a courageous group."

"The Global Roundtable generated conversations with corporations around mental health."

"Bill Wilkerson and the Global Roundtable played a big role in getting workplace mental health on the radar. Great-West Life was a strong supporter of the Roundtable and it was as a result of this involvement that the [Great-West Life Centre for Mental Health in the Workplace] was formed."

"The increased media coverage that resulted from the voices of people like Bill Wilkerson, Mike Kirby, and Michael Wilson has been a milestone/tipping point."

"[The Kirby Report], Out of the Shadows At Last, stands out as a tipping point because it was the development of a consensus statement, an impetus for the development of the MHCC, and was the initiation for the development of the mental health initiative."

"The Kirby Report demonstrated the disparity between the treatment of physical versus mental health."

"Michael Wilson generated conversation with corporations around mental health."

Previously Identified Gaps[31] :
Legal, & Standards State of Workplace Mental Health

- The MHCC should work with employers to develop and publicize best management practices to encourage mental health in the workplace.

  Progress: *Significant* (This has been, and is continuing to be done by MHCC through the Case Study Research Project;[32] focused efforts on specific industries/sectors; and outreach around promising practices among Canadian employers.

- MHCC is also advancing this goal by partnering with organizations that influence Canadian employers, such as health and safety associations and HR associations.)

- The Knowledge Exchange Centre to be created as part of MHCC should assist employers, occupational health professionals, and mental health care providers in developing a common language for fostering the management of mental illness in the workplace and in sharing best practices in this area.

  Progress: S*ignificant* (MHCC has developed a Knowledge Exchange Centre that continues to exist today and assist with the advancement of workplace mental health practices in Canada.)

- MHCC should work closely with provincial and territorial governments as well as with Workers' Compensation Boards, employers, and trade unions across the country to develop best practices with respect to compensation for occupational stress-related claims.

  Progress: *Moderate* (Although the MHCC has not investigated this directly, research on improving the quality and reducing costs of compensation for occupational stress-related claims has been increasing since 2007.[33])

- The federal government, as an employer, should form a partnership with other sectors and jurisdictions to stimulate and facilitate the exchange of best practices in the support of workplace well-being and better employee mental health.

  Progress: *Significant* (In March 2015, the Government of Canada and Public Service Alliance of Canada established a Joint Task Force to address mental health in the workplace. The Joint Task Force's second report, released in 2016,[34] provides specific direction to federal public service organizations in key areas of workplace mental health, such as guidance on the selection of a mental health champion and the development of organizational engagement.)

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[31] Gaps throughout this document were extracted from the following reports: Riccuiti, J., Attridge, M., Steacy, R., Durant, G., Ausqui, J., DeBortolli, K., & Clarkson, A. (2007). Mental health in the labour force: Literature review and research gap analysis. Retrieved from http://www.mentalhealthroundtable. ca/jul_07/WW%20GAP%20Report%20-May30_2007.pdf. Canada. Parliament. Senate. The Standing Senate Committee on Social Affairs, Science and Technology. (2006). Out of the shadows at last: Transforming mental health, mental illness and addiction services in Canada. 38th Parl., 1st sess. Retrieved from http://publications.gc.ca/collections/collection_2011/sen/yc17-0/YC17-0-391-2-1-eng.pdf; http://publications.gc.ca/collections/collection_2011/ sen/yc17-0/YC17-0-391-2-2-eng.pdf. Duxbury, L., & Higgins, C. (2012). Revisiting work-life issues in Canada: The 2012 national study on balancing work and caregiving in Canada. Ottawa, Canada: Carleton University. Global Business and Economic Roundtable on Addiction and Mental Health (2006). 2006 business and economic plan for mental health and productivity. Retrieved from http://www.mentalhealthroundtable.ca/20060328/2006BusinessPlan.pdf.

[32] See page 65 of this report for a discussion of the Case Study Research Project.

[33] Literature searches specific to identified gaps in workplace mental health were not restricted by country.

[34] Technical Committee, Joint Task Force on Mental Health. (2015). *The road to psychological health and safety: Getting started. Implementing the 2015 memorandum of understanding between the Treasury Board of Canada and the Public Service Alliance of Canada with respect to mental health in the workplace.* Retrieved from http://www.tbs-sct.gc.ca/psm-fpfm/healthy-sain/wwb-memt/mhw-mmt/04-2016-eng.asp?utm_source=referral&utm_ medium=button&utm_term=gcintranet&utm_content=report&utm_campaign=mentalhealth

The Evolving Business Landscape

Snapshot of the 2007 Business State of Workplace Mental Health

- Primary focus in work environments on the mental health of individual employees; lesser focus on psychosocial work environment factors.

- Awareness of increasing prevalence and impacts of work-related stress; associated growth of Employee and Family Assistance Program (EFAP) industry to serve needs of employers for workplace mental health prevention and counselling services.

- Emerging awareness of the business case for psychologically healthy work environments.

- Emerging awareness of the role of 'soft skills' such as emotional intelligence in creating a healthy workforce and work environment.

- Dearth of publicly-available evidence-based resources that organizations could utilize at no cost to comprehensively address workplace mental health issues.

Identified Gaps : Need for collaborations between large insurers to study claims data and better document the financial impact of mental health issues in disability claims; need for standardized measures and large datasets to study impact of mental health issues on work capacity; need for collaborations/standardized approaches to assess the business case for workplace mental health; need for enhanced counselling/EFAP service accessibility for workers; need for additional research on work-life balance, flexible work arrangements and organizational culture interventions; need for enhanced leadership support for workplace mental health; and need for reduction in stigma/discrimination and improved accommodations for workers entering or re-entering the workplace after a mental illness-related absence.

"Rapid change in the mid 1990s was a big problem, particularly related to technology and downsizing (economic turmoil). Work-life balance started to become an issue in the late 1990s/early 2000s and things have gotten worse in this respect. A big tipping point was the 2008 economic meltdown; job recovery following this was slow and affected workplace stress; people were asked to do more with less and "survivors" were expected to pick up the work of those let go, so the volume of work increased. At the same time, the pace of work sped up because of technology. As overworked people got more stressed, abusive behaviour became a bigger problem. Because of job insecurity, employees were afraid to complain, so they just sucked up the extra work, time pressures, and longer hours - all of which raised stress levels even higher."

- Dr. David Posen, Author of *"Is Work Killing You?"*

The business landscape has had a number of evolutionary changes with respect to attitudinal shifts toward workplace mental health, particularly among leaders; an explosion in the development and utilization of resources and evidence-based approaches to better equip managers/supervisors within the work environment, out of recognition of their critical role in psychological health and safety (PH&S); and, increasing objective indices of value are now placed on healthy work environments, as evidenced through the emergence of awards and recognition for employers engaging in psychologically healthy and safe workplace practices.

What our respondents had to say…

"If you don't have a mentally healthy organization, you don't have a healthy organization."

"There's been increased appreciation in the workplace on the impact of mental health on workplace productivity – now not just a moral imperative but also a bottom line issue."

"Generally speaking? We're miles ahead of where we used to be."

"Canadian companies have switched to wanting to be employers of choice rather than just cost cutting companies."

"In the past, there was more focus on physical/biological problems and workplaces are becoming more aware of mental health/addictions."

"Awareness is gradually getting there but what we need to keep in step is that our medical, psychiatric, and psychological practices have to be integrated well enough with societal and workplace supports."

Leadership

When attitudes change, changes in behaviour are more likely to follow. One of the biggest areas of evolution in the last decade relates to attitudinal changes within the workplace environment toward valuing mental health, particularly among those in leadership roles: increased understanding of mental health issues; reduced stigma and stereotypes; and, awareness of the important role and obligation employers have in dealing with the overall health of their employees, not only in terms of physical health and safety, but also PH&S.

Business/Leadership Reports & Meetings

Several pivotal business/leadership initiatives, reports, and meetings shaped the early landscape of workplace mental health in Canada, and served as catalysts for the milestones and tipping points that were observed from 2007-2017.

The work of the Global Business and Economic Roundtable on Addiction and Mental Health, launched in 1998, was vital in drawing the attention of the business community to issues relating to mental health.

In 2001, the Canadian Mental Health Association (CMHA) established Mental Health Works, which represented an important shift in a broad focus on individuals with mental illness, to individual worker mental health, and the role of the workplace.

Beginning in 2006, several influential reports were written that identified various gaps that existed within the area of workplace mental health, and made the business case for prioritizing work in this area. Some of these key reports included: The Global Roundtable's *2006 Business and Economic Plan for Mental Health and Productivity;*[35] *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*[36]- the highly impactful report of The Standing Senate Committee on Social Affairs, Science and Technology, chaired by Hon. Michael Kirby; and, *Mental Health in the Labour Force: A Literature Review and Research GAP Analysis.*[37]

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[35]Global Business and Economic Roundtable on Addiction and Mental Health (2006). *2006 business and economic plan for mental health and productivity.* Retrieved from http://www.mentalhealthroundtable.ca/20060328/2006BusinessPlan.pdf

[36]Canada. Parliament. Senate. The Standing Senate Committee on Social Affairs, Science and Technology. (2006). *Out of the shadows at last: Transforming mental health, mental illness and addiction services in Canada.* 38th Parl., 1st sess. Retrieved from http://publications.gc.ca/collections/collection_2011/sen/yc17-0/YC17-0-391-2-1-eng.pdf; http://publications.gc.ca/collections/collection_2011/sen/yc17-0/YC17-0-391-2-2-eng.pdf

[37]Riccuiti, J., Attridge, M., Steacy, R., Durant, G., Ausqui, J., DeBortolli, K., & Clarkson, A. (2007). *Mental health in the labour force: Literature review and research gap analysis.* Retrieved from http://www.mentalhealthroundtable.ca/jul_07/WW%20GAP%20Report%20-May30_2007.pdf
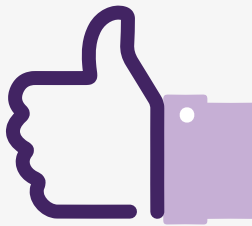
The 2007 establishment of the Mental Health Commission of Canada (MHCC), and shortly thereafter the Great-West Life Centre for Mental Health in the Workplace (the Centre), represented significant milestones. The MHCC and the Centre both served to mobilize resources and facilitate collaborations. In turn, connections facilitated events. The September 2009 Consensus Conference in Vancouver quickly led to a snowballing of events that resulted in a CSA Group Technical Committee being established in 2010 with the mandate of developing Canada's first National Standard for Psychological Health and Safety in the Workplace.

2007 also marked the first of five US-Canada Forums on Mental Health and Productivity, convened by the Global Business and Economic Roundtable on Addiction and Mental Health, that brought together leaders in business, clinical science, and social policy – and served to raise the profile of mental health issues in the workplace to the business community.

At this time, the hunger for evidence-based resources for employers and employees alike was startlingly apparent and growing. The Centre, under the directorship of Mary Ann Baynton (who was the individual most commonly identified by our key informants as being influential in contributing to the evolution of workplace mental health over the past decade) responded by developing a wide breadth and depth of practical – and importantly, free, therefore accessible – resources that provided information, education, and evidence-based approaches for a wide range of key stakeholder groups in workplace mental health. Notable was the commissioning of *Guarding Minds at Work: A Workplace Guide to Psychological Health and Safety* (GM@W) released in 2009, which took the unique approach of focusing on assessing and addressing work environment factors that the law and research identified as being important determinants of worker mental health. GM@W was also influential in coining the use of the term 'psychological health and safety' – which reflected the important shift from focus on individual workers to the work environment, and featured a recognition that psychosocial factors in the workplace have broad impacts on the psychological health of all workers. This demonstrated an important shift away from discussions that narrowly limited the problem only to workers with identified mental illness.

2009 also marked the release of *Stress at Work, Mental Injury and the Law in Canada: A Discussion Paper for the Mental Health Commission of Canada*. This was the first in a series of critical reports authored by Dr. Martin Shain (commissioned by the MHCC and the Centre). These reports increased awareness and underscored the legal imperative that employers may have to create a psychologically safe system of work, which in turn helped prioritize and propel forward the development of the Standard – the first Standard of its kind in the world.

77.4%

Indicate attitudes toward workplace mental health issues across four worker groups (executives/leaders, human resources staff, managers/supervisors and general employees) have improved since 2007

Changes in Attitudes Toward Workplace Mental Health

Survey respondents were asked how much change they believe has occurred since 2007 in terms of attitudes toward workplace mental health across five key worker groups: high-level executives/leaders; human resource staff; union representatives; managers/supervisors; and, employees in general.[38] Across all groups,[39] roughly three-quarters of respondents reported that they perceived attitudes toward workplace mental health issues as being somewhat or significantly better. This suggests an embedding of change in attitudes across individuals in various workplace roles. There were no differences in perceptions of change between those in front-line versus management roles, which is contrary to the prevailing (yet perhaps generally inaccurate) perception that those in management roles are more likely to view themselves more positively than front-line workers may.

High-level executive/leadership attitudes

Human resources attitudes

Union representative attitudes

Manager/supervisor attitudes

General employee attitudes

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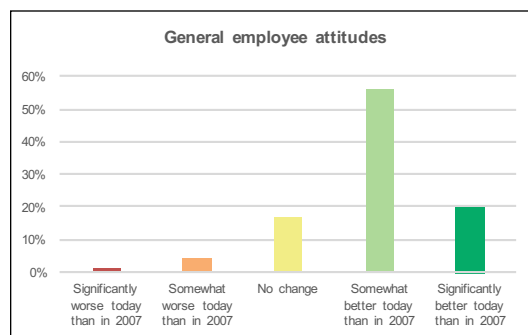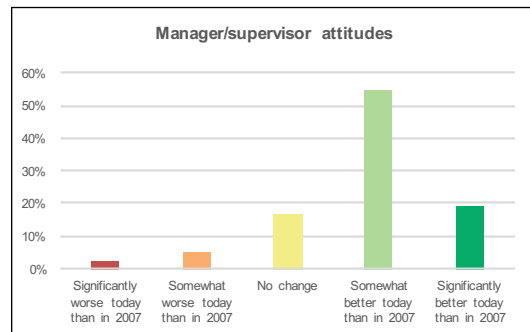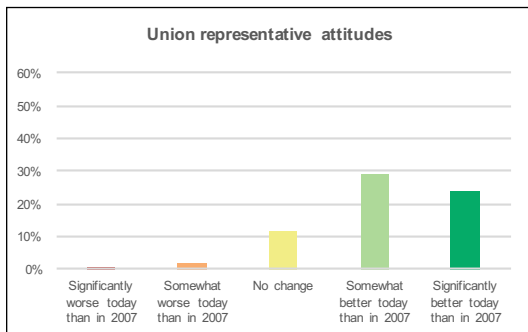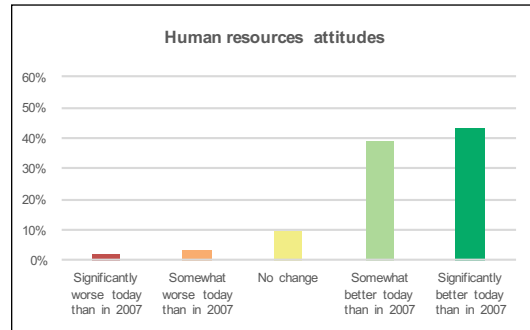
[38] N = 2,148 respondents; there were no meaningful differences between those in management versus front-line worker roles, and as such aggregate data is presented.

[39] It was less frequently reported that attitudes among union representatives had improved (53.3%).
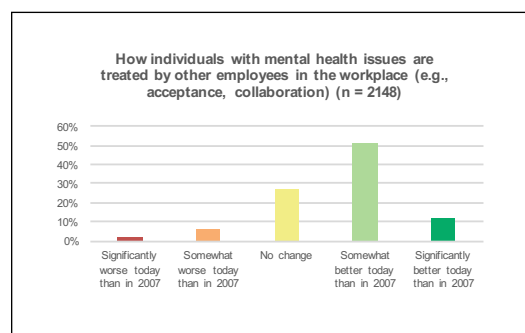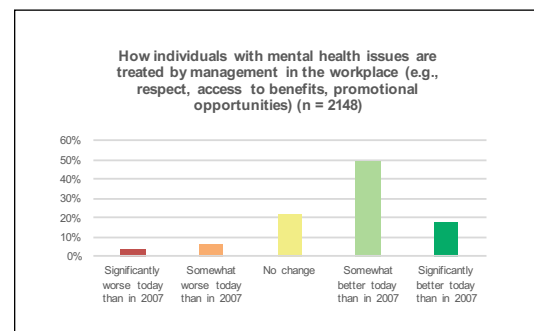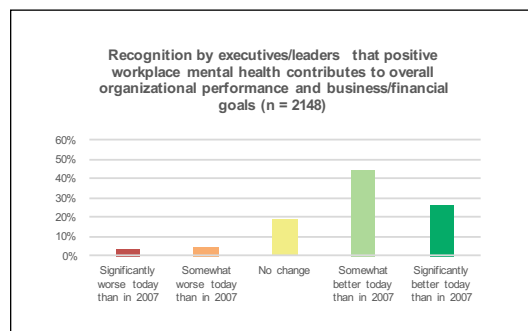
64.7%

Say employees with mental health issues are treated better at work since 2007.

Business Policies & Priorities

Much of the evolution in the business landscape can be attributed to a broad shift in business policies toward the maintenance of good mental health among employees. Naturally, all businesses are limited in their ability to address all demands from governing bodies, employees, the general public, and their own self-interests. Thus, they must weigh the costs and benefits of adopting any new policy or initiative. Irrespective of a given new policy's importance, its implementation, in many cases, can mark a reduction in time and resources devoted to the organization's other objectives. To devote considerable resources to workplace mental health – especially considering its status as a relatively new and growing priority in the business landscape – is to truly regard it as a meaningful component of a healthy organization.

To this end, specific questions were posed about whether respondents felt there had been change with respect to executive/leadership views toward positive workplace mental health as contributing to overall organizational performance and business/financial goals; how management treats individuals in the workplace who have mental health issues; and, how other employees treat workers with mental health issues. The perceptions of change in this area were slightly lower than general attitudes, with approximately two-thirds of respondents indicating that the present state had somewhat or significantly improved since 2007. This suggests that while attitudes are changing, objective behavioural indices of change are lagging somewhat behind. Increasing attention on behavioural expectations in the workplace may be a prudent area of focus.

Recognition by executives/leaders that positive workplace mental health contributes to overall organizational performance and business/financial goals (n = 2148)

How individuals with mental health issues are treated by management in the workplace (e.g., respect, access to benefits, promotional opportunities) (n = 2148)

How individuals with mental health issues are treated by other employees in the workplace (e.g., acceptance, collaboration) (n = 2148)

Psychological Health & Safety of Current Work Environment

Respondents were asked to rate their level of agreement with the statement: "Overall, my current workplace is a psychologically safe and healthy environment to work in". Across the aggregate sample, 23% of respondents disagreed that their work environment is psychologically safe and healthy. The percentage of our respondents who disagreed that their current workplace was psychologically healthy and safe was slightly higher than figures presented in past surveys conducted by the Centre/Ipsos [40]: 2016 (10%); and 2009 (20%). Our survey respondents are collectively a group that is more informed about workplace mental health issues than the average member of the public, and thus likely more aware of – and more likely to identify - gap areas specific to PH&S within their work environments.

My current workplace is a psychologically safe and healthy environment to work in (2009-2016)
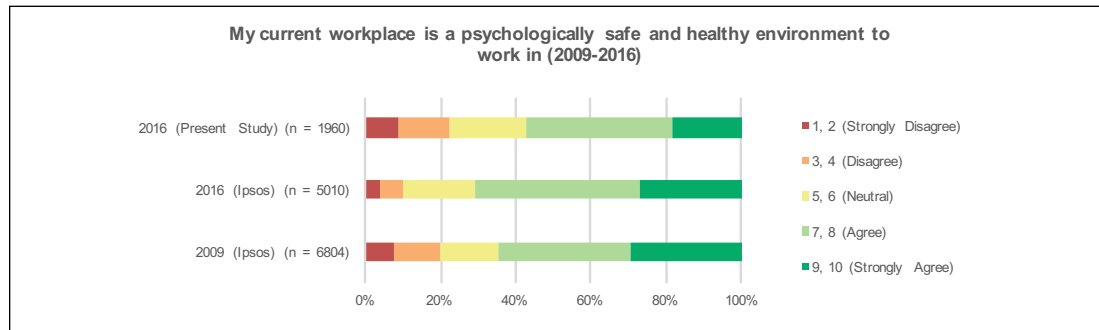
When respondents' ratings of the PH&S of their workplace was examined by the organizational response their workplace has had to the Standard, a very clear trend emerged. Respondents whose organizations were involved in implementing the Standard were more likely to agree that their work environment was psychologically healthy and safe.

My current workplace is a psychologically safe and healthy environment to work in
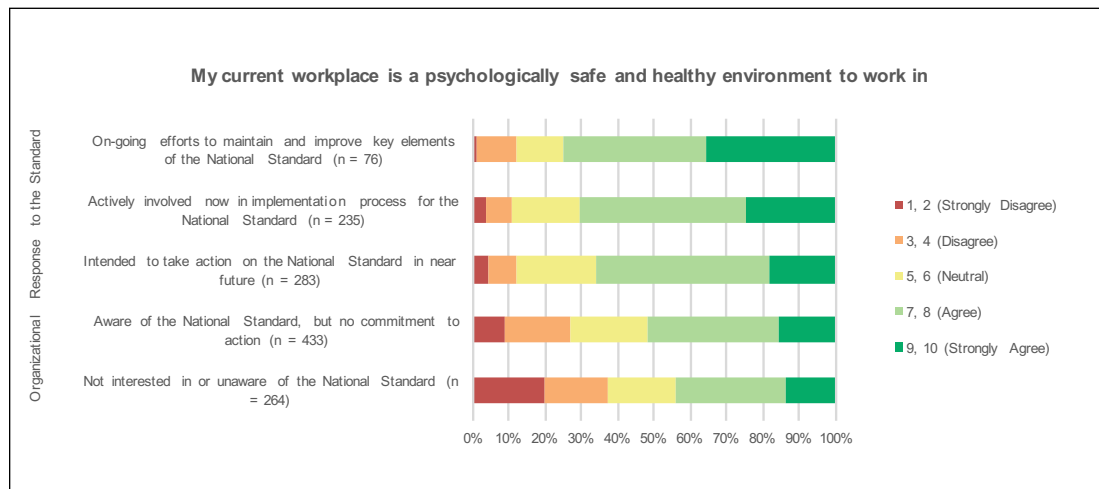
Those respondents who were English-speaking, in front-line roles, union-workers, and those from blue collar work environments all demonstrated a trend toward reporting their workplace as less psychologically healthy and safe than their French-speaking, management, non-union and white/pink collar counterparts.

My current workplace is a psychologically safe and healthy environment to work in

My current workplace is a psychologically safe and healthy environment to work in

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My current workplace is a psychologically safe and healthy environment to work in

English (n = 1687)
French (n = 273)

- 1, 2 (Strongly Disagree)
- 3, 4 (Disagree)
- 5, 6 (Neutral)
- 7, 8 (Agree)
- 9, 10 (Strongly Agree)

My current workplace is a psychologically safe and healthy environment to work in

Management (n = 833)
Frontline (n = 282)

- 1, 2 (Strongly Disagree)
- 3, 4 (Disagree)
- 5, 6 (Neutral)
- 7, 8 (Agree)
- 9, 10 (Strongly Agree)

Respondents were asked about specific elements that contribute to enhancing the overall PH&S of a work environment, including whether their work environment had a psychological (mental) health promotion strategy in place; the types of internal training/education offered; and, availability of benefits and supports for psychological health issues. Over half (51.2%) of respondents from public sector workplaces indicated having a strategy in place, compared to slightly over one-third (36.3%) of those from private sector workplaces.

My organization/employer has a psychological (mental) health promotion strategy

- Private Sector (n = 721)
- Public Sector (n = 1009)
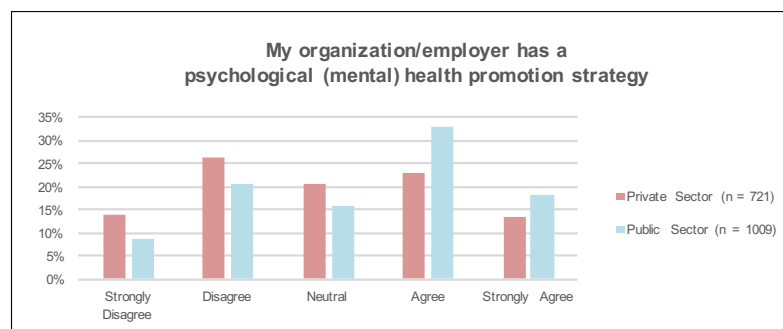
Just over half of respondents (50.5%) indicated that their organization/employer conducts training or offers educational sessions aimed at reducing stigma toward mental health issues. Over three-quarters (77.1%) of respondents indicated that their organization/employer made it easy for employees with mental health issues to access the resources they need (e.g., EFAP, support services, clinical treatment).[41]

My organization/employer conducts training or offers educational sessions aimed at reducing stigma toward mental health issues.(n = 1960)

10.92%
19.54%
21.99%
14.44%
30.97%

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

My organization/employer makes it easy for employees with mental health issues to access the resources they need (e.g., EFAP, support services, clinical treatment) (n = 1960)

5.31%
4.08%
10.71%
40.20%
36.94%

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

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[41] Survey responses were also compared by public/private sector, work role (i.e., management versus front-line workers), and industry type (i.e., blue, white, or pink collar). No meaningful differences were observed in these comparisons.

Ratings of Present Work Environment

Respondents were asked to rate their present workplace across six variables that comprise components of a psychologically healthy workplace.

How would you rate your job or workplace in terms of each of the following? (n = 1,959)
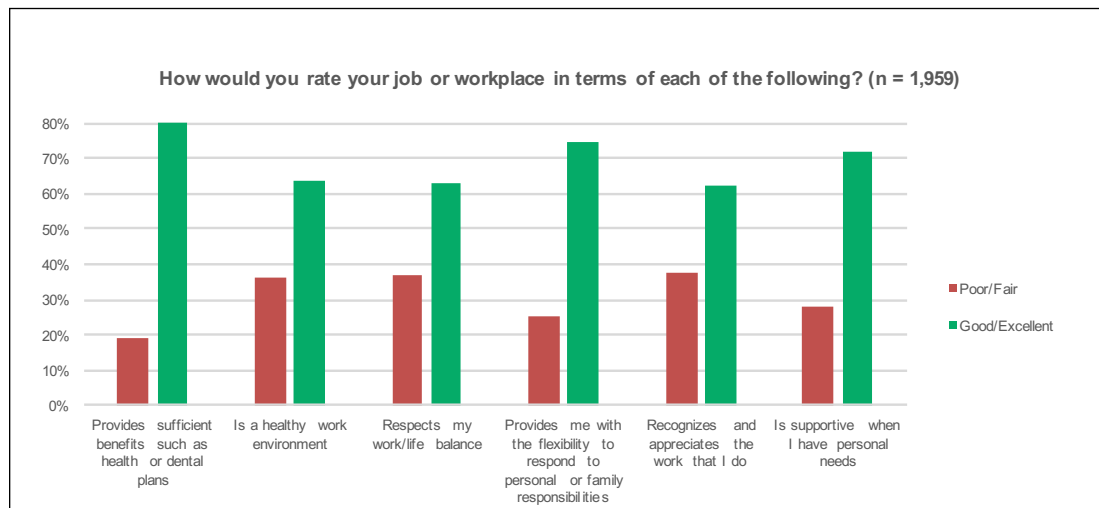
Participants were asked to rate their workplace as "Excellent", "Good", "Fair", or "Poor" for the above factors. In the chart above, 'Excellent' and 'Good' ratings have been amalgamated, as have 'Fair' and 'Poor' ratings.

On average, over two-thirds of respondents provided ratings of "good" or "excellent" across these areas. When compared to 2007 Ipsos survey[42] results, workers today are much more likely to report that their employer provides sufficient benefits (80.7% vs. 62% in 2007). Ratings across other variables were not substantively different now than in 2007, indicating areas for continuing improvement and ongoing focus.

Extended Health Benefits

The provision of comprehensive health benefits, which include counselling or therapy for mental health conditions, is one way organizations can demonstrate the value they place on mental health issues. Given the dearth of available mental health services in Canada's public health care system – particularly for the most common mental health conditions of depression and anxiety – the workplace can fill a very important existing gap by providing coverage that allows individuals to proactively seek treatment. 83.7% of our respondents indicated that their health benefits package includes counselling/therapy benefits. Although there is significant variability across employers in terms of the amount of benefits coverage provided - as well as in the associated uptake of those benefits within workplaces - it is promising that the majority of respondents indicated having some mental health-specific benefits available through their workplace. This was significantly higher than the percentage of respondents who reported having benefits that include counselling/therapy in 2007 (62%). Future research would do well to further investigate the extent to which such benefits are utilized, as well as levels of usage of Employee and Family Assistance Programs (EFAPs) and other internal and external mental health supports provided within the work environment.

Accommodation

While some organizations may commit to the advancement of mental health in the workplace, it is indeed another matter - even after the implementation of formal policies - to effectively accommodate and allow flexibility for workers struggling with mental health difficulties. Gaps between policies and practices are common, and employees may face barriers to accessing these policies. Survey respondents were asked to rate how accommodating their workplace/employer is with respect to dealing with the health needs of individuals struggling with the following: being stressed to the point of reduced productivity or requiring time off work; having anxiety or panic disorders; coping with bouts of depression that may require days off; and, taking an extended leave of absence (three months or more) to deal with a mental health issue.

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[42] For more information, please see: https://www.workplacestrategiesformentalhealth.com/centre-initiatives

Please indicate how accommodating your workplace or employer is in dealing with the health needs of these individuals in coping with their conditions or circumstances (n = 1,959)

Legend:
- Not at all Accommodating
- Somewhat Unaccommodating
- Somewhat Accommodating
- Very Accommodating

Categories:
- Being stressed to the point of reduced productivity or requiring time off work
- Having anxiety or panic disorder
- Coping with bouts of depression that may require days off
- Taking extended leave of absence (3+ months) for a mental health issue

Over two-thirds of our survey respondents indicated that their workplace was somewhat or very accommodating in dealing with the health needs of individuals for each of the following circumstances: being stressed to the point of reduced productivity/requiring time off; having anxiety or panic disorder; coping with bouts of depression that may require days off; and, taking extended leave of absence for a mental health issue. There has been negligible change on these items since 2007, and there exist little differences compared to Ipsos' recent 2016 survey, suggesting that accommodation is an area where ongoing efforts could be placed. Problematically, one-third of respondents indicated that their workplace was not at all accommodating or somewhat unaccommodating. Interestingly, respondents were more likely to indicate their workplace was very accommodating for extended leaves of absence (39.1%) than shorter periods of time off for stress/reduced productivity (32.4%).

The Important Role of Managers in Workplace Mental Health

One of the biggest tangible developments over the last decade has been related to increasing efforts to better equip and support managers and supervisors within the work environment – this is an important development, given the pivotal role that managers play with respect to workplace PH&S.

45% of survey respondents (N = 1,960) indicated that managers/supervisors within their organization had a role in promoting and supporting workplace mental health through programs, policies, or other initiatives; of those who identified themselves as being in a management role, 45.7% indicated that workplace mental health issues were a formal part of their job; a further 45% indicated that workplace mental health was an informal role that is not explicitly part of their job duties
No differences were observed between those from blue, white, and pink collar work environments.

Across the aggregate sample, 69.3% of respondents indicated that offerings of educational and training programs for managers that address mental health in the workplace issues were somewhat or significantly better since 2007.
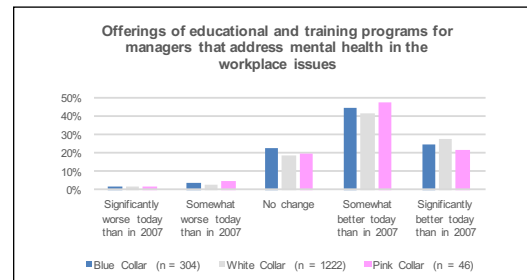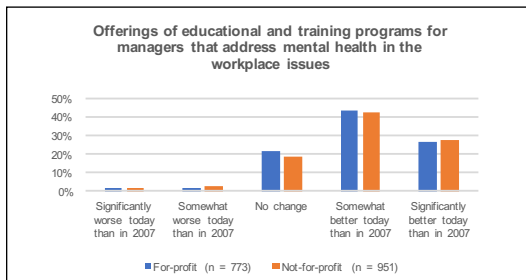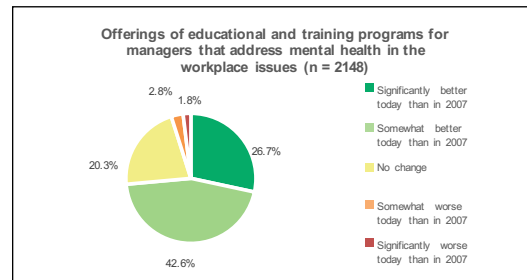
There were no major differences observed for those in for-profit versus not-for-profit work environments, nor were there differences observed for those in blue, white, and pink collar work environments.
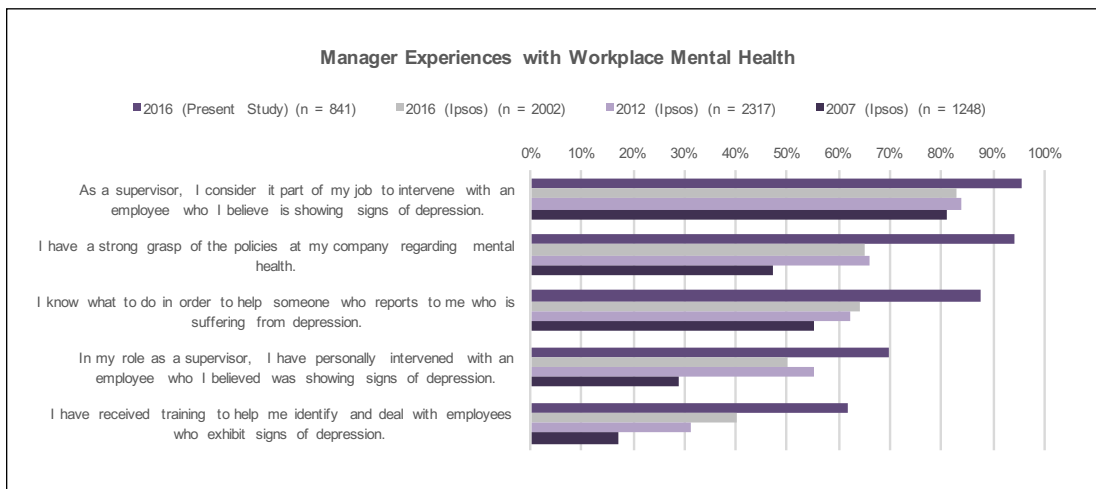
For managers, there was a substantial increase in reported understanding of workplace mental health policies (94% in 2016 vs. 47% in 2007) and feelings of preparedness in helping a fellow employee suffering from depression (87% in 2016 vs. 55% in 2007).

A series of questions was posed to survey participants who identified themselves as being in a managerial or supervisory role - specifically, regarding their beliefs and understanding of policies at work that pertain to mental health. Managers in our sample were substantially more likely (94%)[43] than respondents in previous Ipsos surveys (65% in 2016; 66% in 2012; 47% in 2007) to indicate that they had a strong grasp of the workplace policies that pertained to mental health. They were also substantially more likely to indicate that they knew what to do in order to help someone who reported to them that is suffering from depression (87% in our present sample, vs. 64% in 2016, 62% in 2012, and 55% in 2007), and to indicate they have received training to help them identify and deal with employees who exhibit signs of depression (62% in our present sample, vs. 40% in 2016, 31% in 2012, and 17% in 2007). Managers in our sample were also more likely, on average, to consider it a part of their job to intervene with an employee who is exhibiting signs of depression, and to have personally intervened in these situations. Overall, these results suggest a clear evolution in managers' perceived responsibilities and competencies related to workplace mental health since 2007. It is important to note that our survey respondent group was a more workplace-mental health informed group than Ipsos respondents, who reflect a general population respondent group. Nevertheless, these findings are promising.

Increasing Business Value for Psychologically Healthy Work Environments

Increasingly, organizations are realizing the relevance of employee mental health to their interests, both in terms of creating an enjoyable and fulfilling work environment, and in terms of the business case for addressing employee mental health to improve organizational productivity and reputation. Not only is this indexed by changes in attitudes and behavioural shifts where initiatives are being implemented within work environments, but there have also been increasing indices of objective value as demonstrated by the emergence of awards that recognize, value, and reward organizations who are demonstrating psychologically healthy practices. There is recognition in the business community that an organization with a mentally healthy work environment is more likely to recruit competitive talent, retain skilled staff, and be recognized as an employer of choice.

Awards & Recognition for Workplace Mental Health

Greater focus and adherence to the principles of PH&S is illustrated in the appearance and celebration of awards given by credible organizations to workplaces that can demonstrate their ability to protect the mental health of their employees up to a reasonable standard.[44] Recently, employees themselves have been given the opportunity to recommend their workplaces as environments that help them flourish.[45] If this trend continues, it is possible that the psychological safety of workplaces could be rated as a criterion for not only employee well-being, but also for sustainable market worth and shareholder value.[46]

Examples of Employer Awards for PH&S

Psychologically Healthy Workplace Awards Program

The Psychologically Healthy Workplace Awards program was established in 1999, with awards being presented to organizations by state, provincial and territorial psychological associations with support from the American Psychological Association. Applicants are evaluated on their efforts in the following areas: employee involvement; work-life balance; employee growth and development; health and safety; and employee recognition. Currently, 5 provinces (AB, BC, MB, ON, NS) participate in this program.

Excellence Canada's Mental Health @ Work Award

To receive an Excellence Canada Award is to be recognized by your peers for your commitment to organizational excellence. The Mental Health Award is specifically given to organizations that have successfully and effectively implemented the National Standard of Canada for Psychological Health and Safety in the Workplace. This prestigious award is solid evidence of an organization's level of dedication to improving mental health in the workplace.

Canada's Safest Employers Award: Psychological Safety Award launched in 2014

Launched in 2011, Canada's Safest Employers awards recognize companies from all across Canada with outstanding accomplishments in promoting the health and safety of their workers. The awards boast 10 industry-specific categories, ranging from hospitality to mining and natural resources. Companies are judged on a wide range of occupational health and safety elements, including employee training, occupational health and safety management systems, incident investigation, emergency preparedness and innovative health and safety initiatives. In 2014, the Psychological Safety Award was launched.

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[43] Please note that, in our 2016 survey, responses were gated for this question (i.e., only respondents who said their organization/employer has specific policies in place to prevent psychological (or mental) injuries answered this question). 517 individuals completed this question.

[44] E.g., Canada's Safest Employers Psychological Safety Award (presented by Canadian Occupational Safety annually).

[45] E.g., The Employee Recommended Workplace Award (presented by the Globe and Mail and Morneau Shepell).

[46] E.g., the discussion in: Shareholder Association for Research & Education. (2015). *Psychological health and safety and the Canadian financial sector: SHARE investor briefing note.* Retrieved from http://www.share.ca/files/Psychological_Health_and_Safety_and_the_Canadian_Financial_Sector_FINAL.pdf.

Previously Identified Gaps:
Business State of Workplace Mental Health

- **Collaborate with large insurance companies in Canada to conduct a major study of their combined claims data to document across many employers the financial impact of mental health and addiction disorders in short-term and long-term disability claims.**

  Progress: *Moderate* (Some of the larger insurance companies in Canada have conducted in-depth analyses of claims data to better understand the significant role of mental health disorders in disability claims and return to work outcomes. Researchers have also conducted independent investigations into the financial impact of mental health and addiction disorders, analyzing nationwide insurance claims data as well as comparing these data across different industries to capture the landscape of mental health disorders and financial impact in different sectors. However, most of this research has been US-based.)

- **Develop more standardized measures and larger datasets from Canadian companies to study the contextual variations in the relationship between mental health workplace problems and impaired work capacity of employees (human capital outcomes of absenteeism, productivity, disability, accidents, reduced occupational attainment, and turnover).**

  Progress: *Minimal* (More examination has taken place in the last 10 years using data from employers, but this has rarely been done with use of standardized or research-based measures that have been developed in academic and clinical fields. Adoption of evidence-based metrics has occurred much more frequently in the US. There are emerging Canadian examples of insurers and companies that are implementing internally-developed measures, which are not necessarily standardized/research-based. Typically, the results of this sort of analysis are not published.)

- **Collaborate with business leaders, consultants, and researchers to create an agreed upon conceptual model and practical methodology for employers to use to measure the business case for mental health in the workplace. This could include recommendations for what data are relevant to collect, how they should be collected, how to organize data for analysis, and how to assign dollar or business value metrics to the findings.**

  Progress: *Minimal* (Business case financial analyses of workplace mental health have not been as widely adopted in Canada as they have in the U.S. A good example is the Health and Productivity Questionnaire [HPQ-Select] employee self-report survey, developed by the World Health Organization and researchers at Harvard University. Based on the empirical work that has been done, the cost of employee presenteeism (impaired on-the-job productivity) has been identified as one of the larger areas of cost burden to employers, when compared to other cost areas of absenteeism, health costs, disability costs, turnover, etc.)

- **Employers should increase the number of counselling sessions offered through Employee and Family Assistance Programs (EFAPs), especially in communities where access to other mental health services is limited.**

  Progress: *Minimal* (The maximum number of allowed sessions per each case from EFAP providers depends entirely on the budget that employers select to spend on this employee benefit. Typical cases remain at a level of use between 3 and 5 sessions per individual. Some EFAPs have been implementing Internet-based tools to expand multiple access channels to counsellors as an alternative to traditional face-to-face model of delivery that requires a local office, and hence potentially more limited access.)

- **Create broader access among employers to comprehensive assessment tools that build on the work-life studies done in Canada on the impact of family child care, elder care, marital relationship issues, and the greater societal demands of time and money that can negatively affect work performance and employee mental health.**

  Progress: *Minimal* (Work-balance assessment tools have been developed and put into circulation for use among employers in the UK, Europe, and the US, but this hasn't occured in Canada in the same manner. A trend of assessments for work-life balance in academia (faculty and graduate students) as well as working women, both in and outside of academia, has emerged.)

- **Canadian employers need to increase their use of flexible work arrangements in order to be able to recruit and retain employees in a seller's market for labour.**

  Progress: *Moderate* (An increasing number of Canadian employers are now offering flexible work arrangements to their employees. The federal government has conducted national consultations regarding providing workers covered by the Canada Labour Code with expanded right to request flexible work arrangements. However, this is not yet written in law.)

- **Canadian organizations cannot make progress with respect to employee well-being and work-life balance if they do not focus on changing their organizational cultures.**

  Progress: *Moderate* (There is some evidence of improvements in workplace culture and corresponding improvements in well-being. However, there continue to be concerns that workplace initiatives such as providing worksite perks (e.g., catered lunches, dry-cleaning) do not work to create a culture of well-being that allows employees flexibility and balance in their work-home lives. Most of the published research on organizational culture interventions comes from Europe and the US, with Canadian studies being less common. More significantly, the overall workload and hours spent working has increased over the past decade, which limits the effectiveness of work-life balance strategies and goals when work dominates family life for employees.)

- **Leaders (e.g., CEOs, managers) should: increase engagement with PH&S; link mental health to business/practical interests; foster open discourse on mental health; sponsor policies/practices that reduce the risk of unhealthy workplaces; support workplace mental health research initiatives.**

  Progress: *Significant* (Substantive advances have been made in this area, as described throughout this report. However, if the increasing workload (and demand for productivity) is not tempered and associated pay increased (to reflect this greater productivity), then these kinds of PH&S leadership strategies may have only a modest impact on overall company health and well-being. However, leadership recognition of the problem goes a long way toward reducing stigma around mental health issues and encouraging more prevention and use of treatment services for employees with mental health risks or disorders.)

- **There is a need to reduce the stigma and discrimination associated with entering or re-entering the workforce after an absence related to mental illness. Specifically, improved accommodations are needed for those with a history of mental illness in terms of disability claims, loans, medical insurance, and so on.**

  Progress: *Moderate* (Anti-stigma interventions are being developed and implemented with greater frequency, but most lack empirical support and have not been evaluated for effectiveness. All of the major EFAPs now provide specific support programs for managing employee return-to-work and stay-at-work after disability claims. More employers are paying to provide this kind of additional professional support and are seeing program-related reductions in short-term disability related claims and related workplace costs. Research has investigated the impact of providing accommodations for employees with a history of mental illness, but there is a lack of independent investigation into the effectiveness of specific accommodation strategies. Union-based peer-support programs have also become more popular for helping employees return to work after disability and for traumatic work events – such as accidents or deaths.)

The Evolving Educational & Training Landscape

Snapshot of the 2007
Education & Training State of Workplace Mental Health

- An increasing availability to the public of educational and treatment resources (books, online resources, websites/blogs) for individuals or family members of individuals with mental health issues; an associated dearth of workplace-specific applications or adaptations of content.

- University-based educational training opportunities on work-related mental health issues typically limited to programs in psychology, often within an organizational specialty track; to a lesser degree, these opportunities were available through other specialized health streams (e.g., occupational health, disability management).

- No national agency or body that provided publicly available informational/educational resources on workplace mental health.

- No existing certificates, diplomas or degrees that specifically addressed workplace mental health issues.

- Annual meetings of core workplace mental health professionals within select areas (e.g., Employee Family Assistance Programs), and occasional conferences on business and workplace health (e.g., the Canadian Mental Health Association's Bottom Line Conference).

    Identified Gaps: Need for improvements and adaptations of initiatives providing supports and training in workplace mental health approaches for managers.

Educational and training opportunities in psychological health and safety (PH&S) have truly surged and expanded over the past decade. There have been several key evolutionary developments relating to the development of workplace mental health resources within the public domain, emerging educational opportunities for PH&S, and an embedding of PH&S concepts in professional trade shows and conferences.

Workplace Mental Health Resources: Online, Free, and Evidence-based

Myriad online workplace mental health resources – that are free and evidence-based – have been developed over the last decade; availability of these resources in the public domain has resulted in enhanced public awareness about workplace mental health, and reduction of barriers to access of information.

Canadian Mental Health Association's Mental Health Works (www.mentalhealthworks.ca)

Mental Health Works is a national social enterprise of the Canadian Mental Health Association (CMHA). Launched in 2001, Mental Health Works represented an important shift in broad focus on mental illness, to that of worker mental health and the role of the workplace. Mental Health Works provides capacity building workshops, presentations, and webinars – with the overarching aim of collaborating with organizations to enhance mental health awareness and responses to challenging situations, as well as creating healthier and safer workplaces.

Source:
Mental Health Works. (2016). Mental Health Works. Retrieved from www.mentalhealthworks.ca

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Great-West Life Centre for Mental Health in the Workplace: Workplace Strategies for Mental Health (www.workplacestrategiesformentalhealth.com)

The Great-West Life Centre for Mental Health in the Workplace (the Centre) was established in 2007 with three main objectives: to increase knowledge and awareness of PH&S, improve employers' ability to respond to mental health issues at work, and turn knowledge into action through practical strategies and tools for employers. The Centre works to achieve these objectives by funding and sponsoring research and initiatives aimed at improving the understanding, prevention, and management of mental health issues in the workplace, promoting and facilitating knowledge exchange through the sharing of research, resources, and survey results, and supporting the development of programs and resources aimed at PH&S. Mary Ann Baynton has been the Program Director of the Centre since its inception in 2007.

Workplace Strategies for Mental Health is the website resource of the Centre. A breadth and depth of employer and employee resources are provided on the website, addressing key aspects across the spectrum of PH&S. All tools and resources on the website are free and available to all employers – including a wide range of training/educational videos; presentation materials that can be utilized to make the case for workplace PH&S; handbooks and training materials; and links to external, credible resources within the broader landscape of mental health. The Centre's website has had close to 400,000 visits between just 2011-2015, with half of these visits representing engaged users (visits with more than one-page view).

"The excellent free resources provided by [the Centre]… provide inexpensive ways for Canadian organizations to reduce stigma and provide training for those who manage and/or lead employees."

"[The Centre] is an awesome tool for organizations. I am very grateful for all the work the Centre has been and is still doing,"

"Mary Ann Baynton is a key figure; she takes a practical approach, makes connections with workplaces, is adaptable, flexible, and practices what she preaches."

Source:
Workplace Strategies for Mental Health. (2016). About the Centre. Retrieved from https://www.workplacestrategiesformentalhealth.com/about-the-centre

Workplace Educational Opportunities

A range of formal educational opportunities for enhancing knowledge and expertise in workplace PH&S issues are now available, offering breadth and depth of content. These are available through various delivery formats (e.g., webinars, workshops, online university certificates), enhancing the likelihood of appropriate implementation of workplace mental health initiatives for all employers, irrespective of geographical location or financial considerations.

Offerings of educational and training programs for employees that address mental health in the workplace issues (n = 2148)

- Significantly better today than in 2007 — 30.6%
- Somewhat better today than in 2007 — 42.7%
- No change — 20.6%
- Somewhat worse today than in 2007 — 2.6%
- Significantly worse today than in 2007 — 1.7%
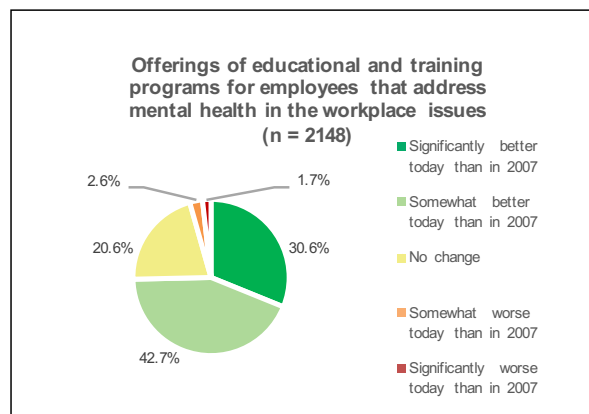
73.3% of respondents reported that availability of workplace mental health educational and training programs for employees are somewhat or significantly better now since 2007.

Participants were asked how much change they had seen since 2007 with respect to offerings of educational and training programs for employees that address mental health in the workplace issues. Overall, 73.3% of respondents indicated offerings were somewhat or significantly better now compared to 2007.

No substantial differences were observed between those from for-profit vs. not-for-profit organizations. This is a promising finding, and may be partly attributable to the numerous resources that are now available to support training within this area at reasonable to low or no cost. Those in white collar and pink collar work environments were more likely (33.2% and 32.6%, respectively) than those from blue collar environments (25%) to indicate that offerings of educational and training programs were significantly better today than in 2007.

The Mindful Employer (*https://www.mindfulemployer.ca/*)
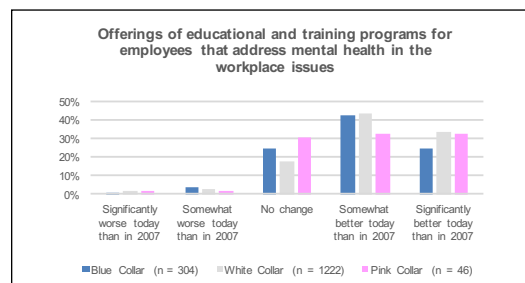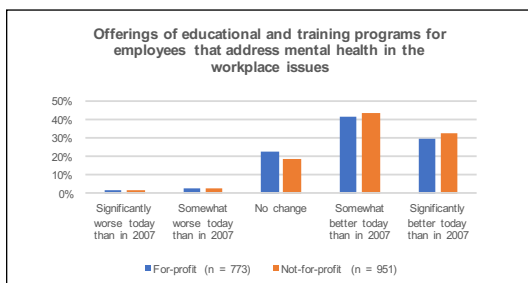
Canadian employers are increasingly becoming aware of the importance of publicly committing their support to further workplace mental health issues. One example that demonstrates this type of public commitment is Mindful Employer Canada - a not-for-profit social enterprise launched by Mary Ann Baynton in appreciation for those employers, union representatives, and managers who work to support employees with mental health concerns. Mindful Employer creates a way for employers to show their commitment to supporting workplace mental health. Mindful Employer strives to promote mentally healthy workplaces, increase mental health awareness, eliminate stigma, develop mindful managers, and support success at work. Signing the Mindful Employer Charter is free, voluntary, and open to any employer in Canada – it signifies an awareness of and a public commitment to supporting workplace mental health.

Source:
Mindful Employer Canada. (2016). Mindful Employer. Retrieved from
https://www.mindfulemployer.ca/

Not Myself Today (http://www.notmyselftoday.ca/)

The Not Myself Today program is an evidence-informed, practical solution to help employers transform mental health at work. The Not Myself Today mental health initiative supports companies to build greater awareness, reduce stigma, and foster a safe and supportive culture. Through interactive material, turn-key activities, and tools and resources, Not Myself Today breaks down barriers and allows mental health to be engaging and accessible for all employees.

Source:
Not Myself Today. (n. d.). Not Myself Today. Retrieved from http://www.notmyselftoday.ca/

Canadian Mental Health Association's Certified Psychological Health and Safety Advisor Training

CMHA's certified Psychological Health and Safety Advisor Training program is designed to help businesses that are working to improve PH&S or implement Canada's National Standard of Psychological Health and Safety in the Workplace (the Standard). In developing this innovative certification course, the CMHA Workforce Mental Health Collaborative aims to break down barriers and seize opportunities for those who are supporting implementation of the Standard.

Source:
Canadian Mental Health Association. (2016). Canadian Mental Health Association certified psychological health and safety advisor training. Retrieved from https://www.cmha.ca/mental-health/the-workforce-mental-health-collaborative/training/canadian-mental-health-association-certified-psychological-health-and-safety-advisor-training/

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have THAT talk (http://www.haveTHATtalk.ca)

The have THAT talk Psychological Health and Safety in the Workplace video series is a result of a collaboration between Ottawa Public Health and the Mental Health Commission of Canada. The content was adapted from Mindful Employer Canada to create a resource that could be used by all employees to improve workplace PH&S, by keeping the conversation going about mental health. There are many uses for the videos in workplaces, and each of the videos has a facilitator's guide to help get the conversation started.

Source:
Ottawa. (2016). have THAT talk Psychological Health and Safety in the Workplace Videos. Retrieved from http://www.haveTHATtalk.ca

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Post-Secondary Programs in Psychological Health & Safety

Although junior in its development, the educational and training landscape for workplace mental health is expected to play an instrumental role in the increased prevalence of psychologically safe workplaces over time. Programs in human resources, health sciences, business administration, occupational health, disability management, and law are important vehicles through which core course curriculum on PH&S content should be embedded. A handful of programs in Canada are beginning to embed content around mental health, although precise estimates were difficult to obtain given several challenges in obtaining this information from the institutions; this suggests the need for a national portal that provides information for prospective students interested in workplace health issues on appropriate programs and institutions that would fill their training needs with respect to PH&S issues.

In 2014, there was an emergence of training opportunities specifically in PH&S offered by accredited universities. For example, Queen's University offers a 3-module Workplace Mental Health Leadership certificate that provides a practical framework and leadership skills. York University offers a 5-day in-class PH&S Certificate that focuses on developing students' direction to start implementing the Standard. The University of Fredericton offers three different streams of online-delivered certificates in PH&S (1 course introductory certificate; 5 course advanced certificate), manager training (3 course certificate), and enhancing worker resiliency (1 course certificate).

University-level training opportunities in psychological health and safety have emerged, providing the first formal and accredited educational opportunities in psychological health and safety.

Professional Education & Training

Education in PH&S is now being incorporated into professional trade shows and conferences across a range of industries and sectors, reflecting the broadening value that professions are now placing on PH&S as being a foundational piece of training for all work environments. There lies great value in familiarizing the existing workforce with PH&S principles – it is these individuals who will foster the work environments in which the emerging workforce can attain their potential and become attuned to organizational culture issues as they pertain to PH&S.

There exists a plethora of trade shows and conferences focused on broad discussions and promotions of initiatives related to specific industries. An increasing number of these shows now support the discussion or promotion of PH&S courses and workshops. For example, Enform's annual Petroleum Safety Conference hosts presentations and discussions of various health and safety initiatives relevant to the oil and gas industry, including PH&S promotional materials. The Big Event Canadian Mining Expo provides similar opportunities to members of the mining industry.

Rich environments for inter-field collaboration, health and safety conferences are diverse initiatives – many of which now respectfully acknowledge PH&S as one of several important pieces to the puzzle of workplace wellness. For example, the University of Fredericton's PH&S certificates are promoted at a number of venues, including the Canadian Society for Safety Engineering, the Western Conference on Safety, and safety conferences for workers' compensation boards, among others – with strong interest being conveyed from those in traditional health and safety roles.

As PH&S is a new field, there naturally exists a limited range of conferences dedicated specifically to its promotion. Nonetheless, several fruitful conferences emerged pre-2007 – and have gained increased attention and traction over the last decade. These conferences help to further the advancement of PH&S across a wide range of attendee stakeholder and sector groups.

The Better Workplace Conference

The Better Workplace Conference (BWC) – launched in 1997 as the Health Work & Wellness™ Conference, and renamed in 2012 – was the first annual Canadian conference on workplace health, becoming a forum for sharing ideas, strategies, issues, and opportunities around creating better workplaces. This conference has brought together the organizational health community in Canada for the past 20 years. BWC welcomes leaders at all levels who want to create healthy change for better business performance.

"Those of us working in this fairly new field of workplace health in the '90's were attending conferences in the US…. There was nothing like this in the marketplace in Canada, and when I started talking about the possibility of a national conference to my team and others…there was a great deal of interest. We attracted 550 people to the first conference. Although we were slightly more program focused in the beginning, those on the organizing committee were really starting to understand the importance of culture in creating workplace wellness even back in the late '90's. Those first keynotes were really ahead of the game as they spoke about things like control, recognition, and how this is what creates the environment for employees to be well. There was some discussion back at that time about who was responsible for employee health - was it the employer's responsibility or should employees be completely responsible for their health? The recognition that workplace culture impacted employees to the degree that it does was not really well recognized then.

It really evolved to encapsulate the themes and issues of the day. We would meet with business people from organizations in different parts of Canada each year for focus groups to ask these questions and then develop the following year's theme from there… Mental Health was something we began addressing in a bigger way starting in about 2010."

> – Deborah Connors, Founder of BWC; Author
> of A Better Place to Work: Daily Practices
> That Transform Culture

Source:
The Conference Board of Canada. (2016). The 2016 Better Workplace Conference: Making a difference through transformation. Retrieved from http://www.conferenceboard.ca/conf/betterworkplace/default.aspx

The Bottom Line Conference

It was in 2000 that CMHA held its first, small Bottom Line Conference (BLC) in Calgary. By 2002, the BLC was an annual event held in Vancouver, BC. What has made the BLC unique among conferences on workplace mental health is its partnership with businesses and employers, labour, researchers, and the mental health community in all aspects of producing the event: on the advisory committee, on the agenda, in speakers, and amongst delegates. Also unique is the BLC's continued focus on practical, solution-based approaches to improve the working lives of Canadians. In early years (2002 - 2005), conference themes drew attention to the rights of individuals, the cost of stigma, and the legal duty to accommodate, as well as the business case for attending to depression and anxiety in workplaces. This paralleled developments in human rights case law, as well as the ground-breaking research and reports of the Senate committee led by Hon. Michael Kirby (Out of the Shadows) and of the Global Roundtable led by Hon. Michael Wilson and Bill Wilkerson. From 2006 - 2009, the BLC emphasized the importance of partnership and leadership amongst all stakeholders in finding and implementing practical improvements for people in the workplace - and for their families.

Starting in 2011, the Conference was a leader in drawing attention to the need for psychologically safe workplaces - for all employees; and then for psychologically healthy workplaces. Over 500 delegates at the 2013 Conference were among the first to learn about the Standard and how to put it into practice in their workplaces.

"In those early days, it was a challenge to get people into the room. Stigma was ever present and not many were open to seeing psychological health as a compelling business issue. Now, psychological health in the workplace has taken on renewed importance. CMHA's Bottom Line conference has emerged from the shadows. We have accomplished so much. In many ways our conference's journey, from shame to dialogue, reflects the mental health journey in Canada."

Source:
Canadian Mental Health Association. (2013). *CMHA's Bottom Line Conference - celebrating 10 years!* [Video File]. Retrieved from http://www.bottomlineconference.ca/resources/videos

Professional conferences (such as the BLC) were cited by 17.9% of Key Informants as being an influential part of contributing to evolution in workplace mental health over the past decade.

While not all-inclusive, these workplace mental health conferences provide a glimpse at the emergence of collaborative intersections that intently focus on the discussion, knowledge dissemination, and training around PH&S.

**Previously Identified Gaps:
Education & Training State of Workplace Mental Health**

Several initiatives have improved support/training of managers so that they are more versed in various aspects of workplace mental health issues. However, improvements are needed in adapting these initiatives across all Canadian workplaces.

Progress: *Moderate to Significant* (Over the last ten years, there has been a substantive increase in the development and availability of educational and training opportunities in workplace mental health broadly, and PH&S specifically. There is emerging research on the efficacy of these educational and training opportunities in improving employee outcomes and reducing stigma, both among managers and in the workplace at large, although additional research in this area is required.)

The Evolving Media Landscape

Snapshot of the 2007
Media State of Workplace Mental Health

- Media stories had a greater focus on attributes of the individual whose mental health was impacted by the workplace, rather than on attributes of the work environment that may have contributed.

- Typical coverage in media emphasized stigmatized portrayals of individuals (and to a lesser degree workers) with mental health conditions, and sensationalized workplace crisis events.

- Few celebrities or media personalities spoke openly about their personal mental health stories.

- Few lay people, including workers, spoke publicly about their personal mental health stories.

Identified Gaps: Need for open education initiatives to direct political and public attention toward mental illness and reduce stigma and discrimination; need for increased public discourse from public figures and others; need for accurate, non-stigmatizing media coverage of mental illness.

What our respondents had to say…

Ten years ago, I had no conscious understanding of mental health or how it can progress. I viewed people who had mental illness as either weak or a burden on the system. I now know that life is not that simple and everybody deserves respect and support. With an increased understanding of mental health issues such as trauma, stigma and stress responses I am actively looking for ways to help people who are suffering. As well I have developed a better understanding of personal boundaries and limits to ensure that my own well-being is taken care of.

Today the topic of mental health in the workplace is brought up. There is still a lot of stigma but more and more individuals are more willing to talk about it.

The stigma [surrounding] having a mental health issue has been greatly reduced, people are more educated and supportive of others having issues.

There are more avenues for assistance and legislation has been increased to protect the rights of workers/people suffering from issues.

There is much more awareness and training to normalize mental health and there is less stigma regarding mental health…there is an emphasis on creating work environments that promote wellness rather than the opposite.

There has been monumental change in the last ten years in all aspects of mental health; from reducing stigma, to creating greater awareness, to the creation of new organizations.

With news, social media and other outlets, information is more readily available to people for self-education… individuals experiencing mental health issues seek out resources that are available on the Internet as a point of first contact.

People speak more openly on the subject. There is much more emphasis and awareness on the issue, and social media has played a big part in this.

Over the last decade, there have been significant societal shifts in terms of attitudes toward mental health issues. Celebrities and other influential individuals have been openly speaking about their mental health struggles. Increased information about mental health has become accessible through a wide range of mediums, increasing the channels through which the average person can learn and access information about mental health issues. The net effect has been widespread awareness, and more empathic and less stigmatizing attitudes and beliefs. This ripple effect extends into attitudes and stigma held by those in workplaces.

Our Evolving Understanding of Mental Health

Since 2007, societal shifts in attitudes toward mental health issues have resulted in overall stigma being reduced. Mental health is increasingly being viewed as an important component of overall health, awareness has increased, and overall understanding of mental health issues has become less judgmental and more compassionate. These changes have been reflected in shifting stories, language, and focus in the media.

Use of non-stigmatizing language around workplace mental health issues
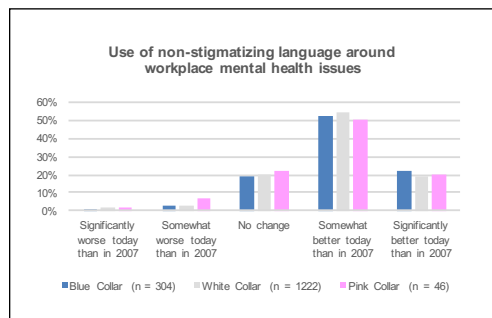
National survey respondents were asked about how much change they had seen since 2007 with respect to the use of non-stigmatizing language in the workplace. 73.3% of respondents indicating that the present state was somewhat or significantly better than 2007, with no significant differences between those who came from white collar, blue collar, or pink collar work environments.

Media coverage (e.g., TV, newspapers, web) of workplace mental health issues (n = 2148)
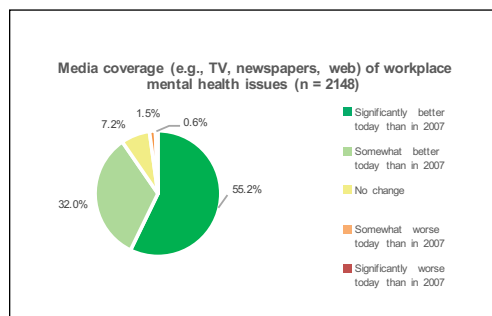
National survey respondents were also asked about how much change they believe there has been since 2007 with respect to media coverage (e.g., TV, newspapers, websites) of workplace mental health issues. The vast majority of respondents (87.2%) indicated that media coverage has somewhat or significantly improved since 2007.

"There's been progress with respect to mental health being spoken about, being less stigmatized - we recognize mental health problems more now than we did before".

Reported use of non-stigmatizing language regarding workplace mental health issues has improved since 2007.

73.3%
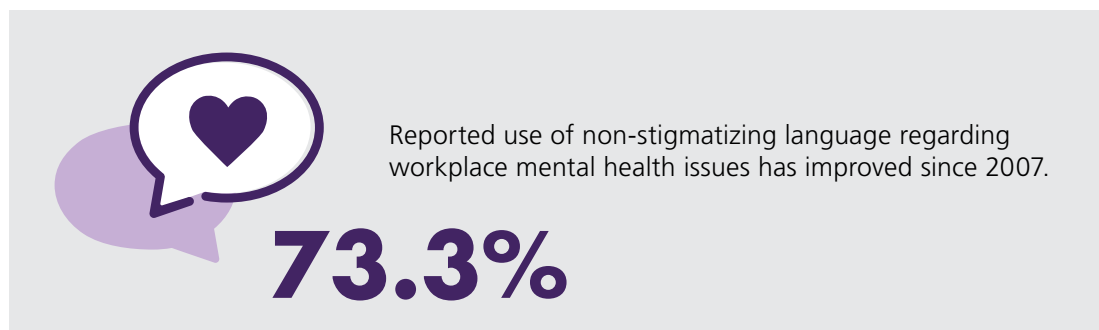
Mental Health Stigma in the Media – Better, but Still Room for Improvement

Our media landscape is improving; news articles that focus on mental health issues at large, as opposed to specific individuals, tend to be more positive and discuss factors that contribute to mental illness, the availability of resources and services, and the process of recovery. They also provide a more accurate and scientific portrayal of mental health issues, incorporating quotes from mental health experts, with articles typically authored by specialist health journalists. While more positive and informative content is emerging, some media still presents mental health issues in a stigmatizing light, particularly news stories about specific individuals with mental illness and especially so when those individuals are male. These news stories tend to focus on violence and criminal behaviour, casting mental health issues and people who experience them in a dangerous and negative light. The media landscape is certainly improving, but stigma and stereotypes continue to be perpetuated in portrayals of people with mental illness as dangerous criminals. It is important that we continue to be mindful of the stories that we tell and the ways that we approach mental health issues in the workplace.

Source:
Whitley, R., Adeponle, A., Miller, A. R. (2015). Comparing gendered and generic representations of mental illness in Canadian newspapers: An exploration of the chivalry hypothesis. *Social Psychiatry and Psychiatric Epidemiology*, *50*(2), 325-333.

The Mindset Media Guide (www.mindset-mediaguide.ca)

Stigma toward mental health remains a large issue in Canadian society and the media plays a significant role in influencing public understanding. If stigma associated with mental health is to change, the media will have to lead the way. The Canadian Journalism Forum, CBC News, and the Mental Health Commission of Canada (MHCC) created the Mindset Media Guide (Mindset) with the aim of encouraging better journalism that is based on facts and does not contribute to stigma.

Mindset focuses on dismissing the idea that people with mental illnesses are naturally dangerous and prone to random fits of violence. It emphasizes the importance of listening and relaying the voices of people with mental illnesses, in order to portray their varied situations accurately and break down the stigma that leads to division. Additionally, Mindset emphasizes that recovery is not only possible for those with a mental illness, but it is the norm. Mindset challenges wrong and outdated assumptions about mental illness, provides factual information, and probes unfairness.

Source:
Mindset. (2016). *Mindset reporting on mental health*. Retrieved from
http://www.mindset-mediaguide.ca

The Mental Health Commission of Canada's Opening Minds Anti-Stigma Initiative

Opening Minds is Canada's largest systematic effort that focuses on reducing stigma associated with mental illness. Established by the MHCC in 2009, the initiative seeks to change Canadians' outlooks and behaviours toward people living with mental illness so that they are treated equally, and as citizens with the same opportunities to contribute to society as anyone else. Opening Minds is focused on tackling stigma within four main target groups: health care providers, youth, the workforce, and the media. The initiative has several goals, from improving understanding of the needs of people with mental health problems, to encouraging youth to speak openly and positively about mental illness.

Opening Minds has taken a unique approach to target stigma elimination and focuses on contact-based education as the key intervention approach. This method involves people with experience of a mental illness sharing their personal stories of recovery. Ultimately, the goal of Opening Minds is to promote an environment in which those living with mental illness feel comfortable seeking help, treatment, and support as they embrace the road to recovery.

Sources:
Mental Health Commission of Canada (2016). Opening Minds. Retrieved from
http://www.mentalhealthcommission.ca/English/initiatives/11874/opening-minds

Chen, S. P., Dobson, K., Kirsh, B., Knaak, S., Koller, M., Krupa, T., ... & Pietrus, M. (2017). Fighting Stigma in Canada: Opening Minds Anti-Stigma Initiative. In Gaebel, W., Rössler, W, & Sartorius, N. (Eds.), *The Stigma of Mental Illness - End of the Story?* (pp. 237-261). doi:10.1007/978-3-319-27839-1

The Impact of Influential Stories

Many initiatives are, or have been underway to reach the public and encourage discussion of workplace mental health issues - free of shame, fear, and hopelessness. For example, Bell *Let's Talk* is a charitable initiative aimed at raising financial support for mental health organizations in order to reduce stigma toward mental health issues, promote research, improve quality of care, and mitigate issues in the workplace. Several media personalities have served as active spokespersons for this campaign, such as Olympian Clara Hughes, and comedian/television star Howie Mandel. These sorts of initiatives play an important role in affirming to the public that the discussion of mental health is one best kept out of the dark.

Bell *Let's Talk*

The Bell *Let's Talk* campaign is a multi-year charitable program dedicated to mental health. Their first annual event started in 2011, drawing widespread national attention to the issue of mental health. The campaign uses social media to encourage awareness as well as an open and supportive dialogue surrounding mental health – encouraging Canadians to reach out and join the conversation about mental health. Bell's *Let's Talk* campaign encourages Canadians to work together to help spread awareness, reduce stigma, and change behaviours and attitudes surrounding mental health issues. Since its inception, Bell *Let's Talk* has raised over $100 million to support a wide range of mental health organizations, large and small, from coast to coast.

Source:
Bell Let's Talk. (2016). Bell Let's Talk. Retrieved from http://letstalk.bell.ca/en/our-initiatives/

83.3% of Survey Respondents indicate Media Personalities have an Important Role in Furthering Public Awareness of Workplace Mental Health Issues (N = 1,856) [47]

Media personalities have an important role in furthering public awareness of workplace mental health issues (n = 1,856)

2.1%   2.6%
11.5%
44.6%
38.7%

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
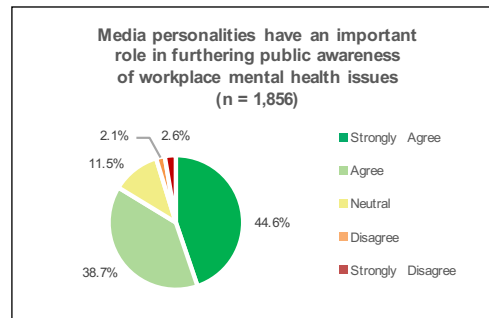
The importance of story-telling…

Over the last 10 years, there has been a dramatic surge of personal stories – both in the news and online – being told by individuals who have been or are currently affected by mental health issues. National initiatives such as the Bell *Let's Talk* campaign have rallied a host of celebrities to the cause, many of whom have publicly opened up about their own struggles with mental health issues. These celebrity narratives lend a legitimacy and validation to the seriousness and impact of mental health issues that was lacking in the past, utilizing social influence to increase awareness while also normalizing the issue and bringing it into the public, rather than private, sphere. Perhaps inspired by celebrity stories, many people are also opening up about their experiences with mental health issues, posting their stories on social media, personal blogs, and other online platforms. This willingness to share personal experiences serves to normalize the issue of mental health and sheds light on what has been a taboo subject for many years.

Our key informants underscored the important role that reduced stigma and associated stories from influential individuals played in the evolution of workplace mental health. When asked *"From your perspective, what have been the most significant developments/milestones/tipping points in workplace mental health over the past decade?"*, the most common "other" key milestone or tipping point identified was increased awareness/social pressure, with 49.5% identifying this as a milestone or tipping point. Stories and tragedies from celebrities, prominent individuals in Canada, and first responders/military were reported by 32.9% of respondents.

Similarly, over half (52.7%) of survey respondents (N=1233) described increased awareness and social pressure as the most significant development in the workplace mental health landscape. Stories and tragedies from celebrities and other prominent individuals in Canada were also cited as important influential factors.

87.2%

Report improvements in media coverage of workplace mental health issues since 2007; 83.3% see celebrities and media personalities as having an important role in contributing to increased awareness.

81%

of respondents seek information about mental health issues now compared to 2007 (38%); 83% say the Internet is a source of their information.

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[47] Comparisons were made by industry type (i.e., blue, white, and pink collar), but no meaningful differences were observed.

Information about mental health issues is now accessible through an increasingly wide range of mediums, allowing the average person to more easily learn about mental health issues and illness – particularly through the expansion of venues such as social media sites and blogs that provide personal and intimate real-world stories.

Survey respondents (N = 1,982) were asked "Through the course of your work responsibilities, have you ever sought information regarding mental health conditions like depression?" Four-fifths of respondents (81%) indicated yes. In contrast, Ipsos' 2007 survey on depression in the workplace[48] revealed that only 38% of surveyed respondents (N = 3,843) had sought information for mental health conditions, while Ipsos' 2016 survey found that 48% had sought this information (N = 5,010).

As a follow-up to the above question, participants in the 2007 Ipsos survey indicated where they have previously sought or would seek information regarding mental health conditions like depression.
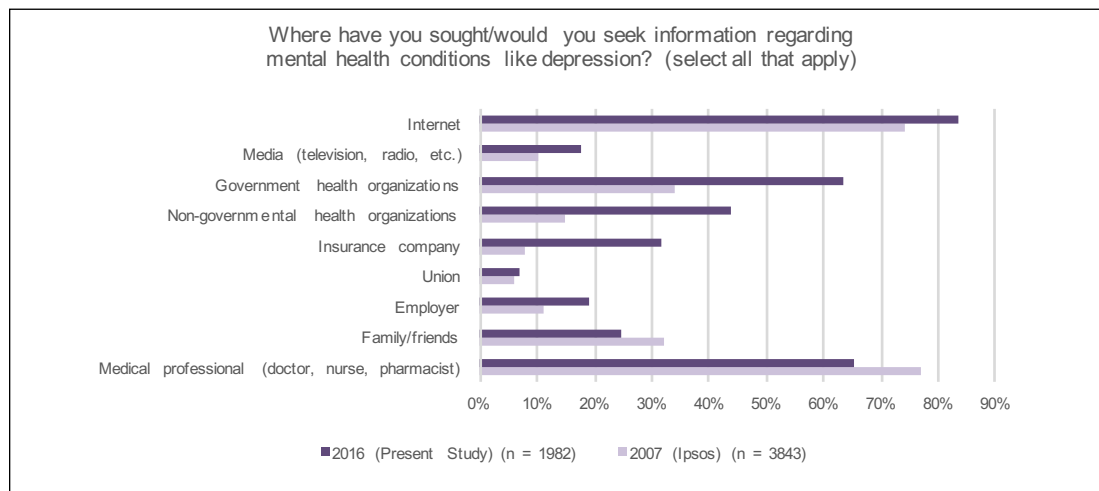
Note: As respondents could select more than one source of information, the sums of the above categories exceed 100%.]

The Internet was cited by three-quarters of respondents (74%), and was a close second to the top source of information – medical professionals (77%). In comparison, results from our survey indicated the Internet far exceeded all other sources of information, and was cited by 83% of respondents. Differences were also examined by industry type (i.e., blue/white/pink collar), but no meaningful differences were observed.

Mental Health First Aid Canada

Mental health 'first aid' refers to the help provided to a person developing a mental health problem or experiencing a mental health crisis – to that end, Mental Health First Aid (MHFA) Canada is designed to teach people the skills necessary to provide early assistance that is so important in mental health recovery. The MHFA program is not designed to teach people how to be therapists – rather, it aims to improve mental health literacy, and provide the skills and knowledge to help people better manage potential or developing mental health problems in themselves, a family member, a friend, or a colleague.

Source:
Mental Health Commission of Canada. (2011). Mental Health First Aid. Retrieved from
http://www.mentalhealthfirstaid.ca

[48] For more information, please see: https://www.workplacestrategiesformentalhealth.com/centre-initiatives

Social Media

Successful promotion of workplace mental health issues relies in part on adaption to emerging technological trends in order to boost and maintain relevance. The Internet, smartphones, and social media have provided an ease of access to information and conversation surrounding mental health. In light of these technological advances, the true prevalence of workplace mental health issues has grown increasingly apparent. Many individuals who once felt isolated or powerless in their mental health journey are now apprised of others experiencing similar hardships, and are also becoming increasingly aware of other broader initiatives focused on the advancement of psychologically healthy and safe workplaces.

Though it may be ingrained in many of our lives today, social media is a relatively new technology that allows for instantaneous international communications on a level that was once unfathomable. Individuals across the globe are now able to easily exchange information, ideas, pictures, and videos, among other uses. Social media provides a central platform for the promotion and discussion of workplace mental health, and may play a critical role in its advancement now, as well as in the future.

When asked about their use of a range of social media sites as sources of information, respondents indicated that websites were their primary source; Facebook, Twitter, blogs, and smartphone or web-based apps were used less frequently.

How frequently do you rely on the following sources for information about workplace mental health? (n = 1,856)
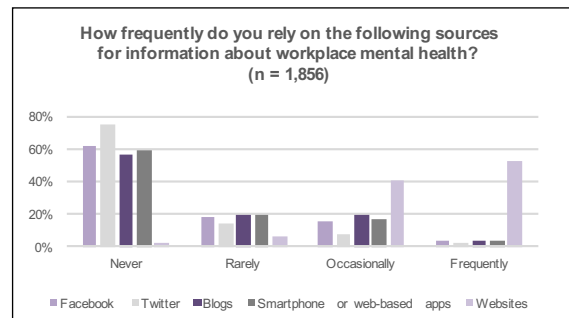
"The largest change over the last 10 years, in my opinion, is the digital and mobile revolution… This new arena has allowed the medical community to better engage their audience through digital conversations. The use of promotional marketing material, when done correctly, has gone far from being just a squeeze toy to help relieve stress. It is now an engagement tool that provides information to drive people into the digital world and help stimulate the conversation."

It is also important to consider the value of public discourse stemming from those other than experts and media personalities. For example, public online forums, blogs, and public outreach events all play an important role in engaging the public on the subject of mental health in the workplace – a topic that just a decade ago, was predominantly viewed as being a private matter.

Moods Magazine

Moods magazine was founded in 2003 and is a quarterly national publication providing educational information about mental health issues. Celebrity success stories, healthy living, and good nutrition are just some of the regular topics. Moods emphasizes preventative measures, while also working to diminish the stigma attached to mental illness. The magazine includes articles on working and organizational culture factors in mental health, as well as case study accounts by individuals.

Source:
Moods Magazine. (n. d.). Moods Magazine. Retrieved from http://www.moodsmag.com/

"The public still doesn't understand that overcoming mental illness isn't just for the famous and the powerful.... We need many more stories about people Canadians might know or become. And those stories should be easier to find than they currently are."

The Advent of Social Media: Implications for Psychological Health & Safety

More and more Canadian businesses are turning to social media to build their platform, and as such social media is increasingly becoming a part of the modern-day work environment. Nearly 50% of business owners use social media to promote their brand and roughly 90% of Canadians use social media for personal use. Facebook is still the largest social media platform, with 52% of users reporting they use it at least every day. Research has found that employees use social media at work for a range of reasons, with taking a mental break being the most popular. However, 24% of individuals use social media platforms to make or support professional connections, 20% use social media to help solve work problems, and 17% use it to strengthen relationships with colleagues. Furthermore, social media can be used to help increase employee engagement; for example, by strengthening employee connection.

Although social media may help businesses connect with their customers, social media has its downsides. For instance, over 1 in every 4 social media users are subjected to unwelcome comments, vicious insults, or threats of violence. Men and women report roughly equal rates of experiencing harassment, and although women were more likely to report certain types of harassment (e.g., strangers making unwelcome negative remarks about their appearance, stalking, sexual harassment), it was found that age is more of a driving factor in terms of likelihood of being harassed than gender. Younger users (ages 18-34) report experiencing online harassment in greater numbers than older users, representing almost half of social media users who have been harassed online. Furthermore, "super users" (i.e., social media users who have platforms on several sites and use them throughout the day) are more likely than any other group to report experiences of harassment online. Unfortunately, individuals who identify with a minority group, such as the LGBTQ community, are also more likely to be harassed.

Creating a sense of connection among employees can build a strong foundation for a company. However, with the knowledge that the online environment can be harmful to mental health, in tandem with the changing work environment, employers will have to increasingly consider approaches that help establish a safe online environment to protect their employees.

Sources:
Angus Reid Institute. (2016, October 21). *Trolls and tribulations: One-in-four Canadians say they're being harassed on social media*. Retrieved from http://angusreid.org/social-media/

Dagliano, M. (2015, March 26). The pros and cons of social media in the workplace [Blog post]. Retrieved from http://www.egroupengage.com/blog/leveraging-social-media-to-increase-employee-engagement

Pew Research Center. (2016, June 22). *Social media and the workplace*. Retrieved from http://www.pewinternet.org/2016/06/22/social-media-and-the-workplace/

Sherpa Marketing. (2012). Canadian social media statistics. Retrieved from http://www.sherpamarketing.ca/_uploads/documents/social%20media%20infograph_

Apps

Apps are a recently developed mobile phone technology that enable large organizations and individuals alike to create smartphone and tablet software applications for a range of purposes, such as entertainment, news, utility, and health. Since the opening of the iTunes App Store and Google Play (formerly Android Market) in 2008, apps have grown increasingly mainstream.

Information on 45 existing workplace mental health-related apps was collected via searches in the iTunes App Store and Google Play, as well as under the Apps category of the Google search engine. Results were limited to apps that, at minimum, contained a workplace mental health or workplace stress-focused module. Thus, apps including only a passing mention of applications to the workplace, as well as those focused on general wellness (e.g., yoga apps) were not included in our tally. Due to a low number of Canadian-developed apps and the general reach of apps regardless of geographical location, internationally-developed apps were included in the results (thus, few were developed within the context of Canadian law or the National Standard of Canada for Psychological Health and Safety in the Workplace). Apps unavailable in English were excluded.

Number of Workplace Mental Health Apps Released by Year

One notable limitation we observed of apps in this area is a lack of demonstrated evidence regarding their development and efficacy. We contacted each developer to clarify the development process and/or evidence behind their product (except in rare cases where these were clearly described), but few responded to our inquiry. Few of the documented apps were clearly based on empirical evidence, but a moderate number were, at a minimum, described as having been developed by relevant professionals (e.g., clinical psychologists, occupational therapists, etc.).

It is worth noting that because apps are a relatively new and increasingly popular technology, a natural longitudinal increase in the number of app releases can be expected for a wide range of subjects. Although the absolute number of apps that exist within this realm is relatively small, a trend was observed demonstrating an increase in the number of workplace mental health-related apps released over time, which in turn improves the prospects of aiding individuals who require or prefer a technological aid for workplace mental health issues.

MoodHacker App

MoodHacker is a self-management intervention mobile app based on Cognitive Behavioral Therapy and Positive Psychology. It helps employees track, understand, and improve their mood, while reducing depression symptoms. MoodHacker is designed to encourage self-management through a practical, real-life, and holistic intervention approach.

MoodHacker has been found to be effective in treating depression symptoms, but according to a recent study it is more effective in combination with an employee assistance program (EFAP). A randomized clinical trial took 300 adult participants, all employed, with mild to moderate depression and randomly assigned them into two groups. Group 1 was asked to use the MoodHacker app for six weeks and Group 2 was given access to a website with information about depression. Researchers examined the effects of the intervention on both self-reported depression symptoms and workplace outcome measures at 6- and 10-week follow-ups. At six weeks, participants using MoodHacker showed significant improvement in regards to depression symptoms, work productivity, and work absence in comparison to the control group. Furthermore, individuals in the treatment group with access to an EFAP program found that additionally, workplace distress was also significantly improved. However, at the 10-week follow-up, the only outcome that still showed significant improvement was workplace absence.

(continued)

One of the researchers associated with the project indicated "What pleased us most is that we achieved essentially the same effect sizes on depression symptoms in this study as reported in previous meta-analyses of Internet-based CBT programs, which require a much larger time commitment than the brief daily interaction promoted in MoodHacker." MoodHacker takes a self-management approach to depression management and although more research is needed, there is emerging evidence supporting the use of evidence-informed app technology in the work environment.

Sources:

Birney A. J., Gunn R., Russell J. K., & Ary D. V. (2016). MoodHacker mobile web app with email for adults to self-manage mild-to-moderate depression: Randomized controlled trial, JMIR mHealth and Uhealth,(1). doi:10.2196/mhealth.4231

Comstock, J. (2016, Feb. 16). In study, CBT app MoodHacker matches web-based programs for depression care. *Mobi Health News*. Retrieved from http://www.mobihealthnews.com/content/study-cbt-app-moodhacker-matches-web-based-programs-depression-care

ORCAS. (2016). *MoodHacker*. Retrieved from http://www.orcasinc.com/products/moodhacker/

Previously Identified Gaps:
Media State of Workplace Mental Health[49]

Promote and develop open education initiatives in order to direct political and public attention toward issues faced by those with mental illness, and reduce stigma/discrimination toward mental illness.

Progress: *Significant* (Mental health awareness has increased dramatically in the last ten years, with both media/news outlets and public/political figures drawing attention to the prevalence of mental health issues, and the impact mental illness has on the lives of affected individuals. By encouraging openness and honesty in regards to how mental health issues are spoken about, these efforts have contributed to helping reduce stigma and discrimination toward mental illness.)

Identify and encourage public discourse from public figures and others who are willing to discuss recovery from mental illness.

Progress: *Significant* (There has been substantive progress in this area, as outlined in earlier parts of the report.)

There is a need for accurate media coverage that does not belittle or disparage mental illness for dramatic effect. Media coverage on the true nature of mental illness aids in reducing stigma-based barriers between those with mental illness and the general public.

Progress: *Moderate* (News and media outlets are increasingly acknowledging the reality of mental illness and more accurately presenting issues related to mental health, both inside and outside of the workplace, as legitimate issues that are in need of greater recognition and support.)

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[49] Although these gaps are not media-specific, the reach of public initiatives would extend to and impact the workplace.

The Evolving Research Landscape

Snapshot of the 2007
Research State of Workplace Mental Health

- Growing body of research on workplace mental health issues that is primarily focused on organizational culture, prevalence data on the types of mental health issues experienced by workers, and the efficacy of mental health intervention plans. Growing focus on the impact of workplace environment factors on individual worker mental health.

- Limited body of research examining issues related to workplace psychological safety. The research that did exist had a stronger focus on workers' responses to stressful and violent/dangerous work environments (e.g., first responders) and ways they can cope with the stress, and a lesser focus on contributing factors in the work environment.

- Limited body of research examining workplace interventions focused on improving the health of the work environment. Research on mental health interventions in the workplace tended to focus on outcomes of mental health treatment plans (e.g., set plans of psychotherapy or drug treatment) or other individual interventions, rather than interventions that addressed workplace factors (e.g., climate, environment, social supports at work, etc.); only a handful of studies were found that had designed or assessed these types of workplace interventions.

- Minimal awareness in the literature of mental health interventions for workers needing to incorporate an understanding of the contribution of work environment factors.

- Focus on direct outcomes of poor mental health (e.g., higher overall medical care treatment costs, increased worker absenteeism), largely ignoring the more costly problem of diminished ongoing worker productivity. Majority of productivity/presenteeism studies focused on physical health issues.

- Small but growing research and applied literature on the general effectiveness of Employee and Family Assistance Program (EFAP) services in US and Canada, showing positive outcomes for the majority of cases in clinical and work performance areas for employees receiving brief counselling for personal and work-related issues.

A number of trends have emerged in the research literature.[50] There has been a broadening and shift of focus in the research literature, paralleling other advances made in the workplace mental health landscape, toward examination of the broader organizational and work environment factors that impact individual worker mental health. This broadening of focus has helped to advance our understanding of psychological health and safety – and the impact of organizational (or psychosocial) factors on individual worker health. There has also been increased focus on understanding the bidirectional influence of physical and psychological health issues.

15.2% of key informants identified expanded research on the return-on-investment (ROI) for psychological health and safety strategies as being an important milestone/tipping point in the landscape of workplace mental health from 2007-2017.

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[50] As the area of workplace mental health is a relatively new area of focus, a full review of the empirical literature and analysis of research gaps identified in past key workplace mental health reports was out of scope for this project. Instead, overarching themes were identified.

Increasing value is being placed by those within the scientific community on research initiatives with strong research and business collaborations, resulting in a deepening of our knowledge in real-world settings. Collaborations between researchers and businesses have expanded, and our understanding of effective implementation of initiatives to build psychologically healthy and safe work environments has been deepening. The trend observed in the literature from 2007-2017 has been that employers are ostensibly more open to implementing workplace mental health strategies and participating in empirical research. Similarly, researchers have demonstrated a trend toward an increased focus on research in 'real-world settings' (e.g., implementing and assessing changes in the workplace, rather than focusing on descriptive self-report data on employee mental health).

CIHR's Catalyst Grant: Work Stress and Well-being Hackathon (2016)

Funding opportunities for research on workplace mental health issues have been increasing in recent years, with national grants such as The Catalyst Grant emerging to support innovative and practical workplace projects on mental health in the workplace. The Catalyst Grant and other funding opportunities are recognizing the importance of collaboration between researchers and organizations, and are encouraging a greater focus on the real-world applications of workplace research and the potential for technology to play a role in workplace mental health in the form of "e-Mental health solutions".

The goal of the Catalyst Grant: Work Stress and Well-being Hackathon is to research and create ways in which to best address the changing work environment. The grant is funded by the Canadian Institute of Health Research (CIHR) in collaboration with several organizations, such as the Institute of Gender and Health, and functions under the premise of the Healthy and Productive Work Initiative. The Healthy and Productive Work initiative aims to bring together researchers, workplaces, workers, and other stakeholders to develop innovative and new approaches that support the health and productivity of Canada's diverse and changing workforce. The Catalyst Grant is aimed at developing innovative, evidence-informed, gender-responsive and culturally-appropriate e-Mental health solutions for those people at risk of or struggling with workplace stress or mental health injuries. Technology offers new and innovative ways to manage psychological health - by leveraging the wide-spread use of smartphones and the Internet, e-Mental health solutions can empower individuals through the provision of health information, self-management tools, and access to support when needed.

This shift to more applied research on workplace mental health and mental health strategies that incorporates the use of technology and other innovative tools marks the beginning of a movement toward a more comprehensive understanding of workplace mental health.

Sources:
Canadian Institutes of Health Research. (2015). Healthy and Productive Work. Retrieved from http://www.cihr-irsc.gc.ca/e/47706.html

Research Net. (2016). Catalyst Grant: Work Stress and Well-being Hackathon. Retrieved from https://www.researchnet-recherchenet.ca/rnr16/vwOpprtntyDtls.do

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Increased focus in the research literature on organizational and workplace determinants of individual worker mental health.

There has been emerging research on understanding the effectiveness of evidence-based mental health interventions that are provided in technologically diverse ways (e.g., efficacy of mobile or remotely-delivered mental health services, self-management approaches, and peer support models). This reflects an understanding that mental health interventions may be uniquely delivered in work versus other settings. With the push for mental health initiatives and programs in the workplace, employers are turning to technology more and more – and the research is following this trend.

BroMatters (http://bromatters.ca/)

BroMatters is a project aiming to develop and evaluate a new e-mental health program for early prevention of major depression in Canadian male workers who are at-risk for major depression. It is a collaboration among researchers and stakeholders from five Canadian universities and six national and local non-government organizations. Professor JianLi Wang of the University of Calgary is the Principal Investigator. $2.1 million in funding for the project is provided by the Movember Canada Foundation. To develop the e-mental health program, BroMatters conducted a national survey in male workers who did not have major depression, but were at high risk, to understand their preferences of design features of e-mental health program. Informed by the survey results, the team developed an e-mental health program – called "BroHealth" – to be evaluated by a randomized controlled trial applied research study design. It is anticipated that the study will be completed by 2018.

BroHealth contains the following key modules: (1) Information, (2) Self-Help, (3) Self-Check, and (4) Goal Setting and Tracking. In addition to the website tools, individual job coaching is also provided as part of the study. The aim of coaching service is to help users set goals and discover answers to problems for themselves and to motivate users to take actions and engage their own solutions. Coaching is carried out by qualified people who work with clients to improve their work effectiveness and performance.

Workplace outcomes of employee absenteeism and presenteeism (work productivity) are measured by the WHO's Health Performance Questionnaire (HPQ) and the Lam Employment Absence and Productivity Scale (LEAPS). The financial ROI from workplace performance changes over the course of the study are also planned.

BroHealth is novel in several ways. First, it focuses on early prevention of major depression, rather than providing treatment to those who already have depression. The outcomes also include work functioning, productivity, and return on investment. Second, BroHealth was developed through a gender lens, focusing on the working men who are at high risk of having depression. Third, the development of the BroHealth set of interventions was informed by men's preferences of design features of e-mental health programs, through a national survey of the target population. Finally, it is one of the few experimental research studies in the area of online Internet-based interventions for mental health that also uses a large national random sample of over 1,200 working men across Canada.

Source:
Wang, J.L., Patten, S.B., Lam, R.W., Attridge, M., Ho, K., Schmitz, N., Marchand, A., & Lashewicz, B.M. (2016). The effects of an e-mental Health program and job coaching on the risk of major depression and productivity in Canadian male workers: Protocol for a randomized controlled trial. *JMIR Research Protocols, 5*(4).

Evolution by Sector

Multiple evolutionary developments have occurred across sectors – with respect to awareness of the pervasive reach of workplace mental health issues; awareness of the impact that specific job factor conditions have, particularly on psychological safety issues; and, recognition that a one-size-fits-all approach to workplace mental health does not work. The pre-2007 state of workplace mental health was not described by sector; given that the entire field of workplace mental health was early in development a decade ago, the gaps identified throughout earlier sections of the report applied across all sectors.

Increased value within the scientific community is being placed on research initiatives with strong research and business collaboration.

Psychological Health and Safety: Impact on All Sectors & Industries

Over the last decade, psychological health and safety (PH&S) issues in the workplace have been recognized to impact all sectors and industries. Indeed, when we examine downloads of the National Standard we see that a wide range of sectors are represented, reflecting widening awareness of the importance of PH&S. Health care, government (including judicial/policing industries), and education industries account for the highest number of absolute downloads of the National Standard of Canada for Psychological Health and Safety in the Workplace (the Standard).

Increased awareness of the impact of specific job factor conditions on worker mental health, resulting in sectors where psychological safety issues are significant having emerged as leaders.

Downloads of the Standard by Sector/Year (CSA Downloads)					
Industry	2013	2014	2015	2016	Total
Agriculture and Related	88	45	44	48	225
Construction / Trades	342	154	106	151	753
Education	1302	724	628	694	3348
Electrical	74	24	19	18	135
Engineering / Scientific / Technical	384	163	151	143	841
Environmental	60	36	29	40	165
Finance & Insurance	516	263	184	175	1138
Government / Judicial / Policing	2016	1315	1545	1474	6350
Health Care	2423	1525	1291	1366	6605
Manufacturing	829	341	219	231	1620
Media	124	71	54	39	288
Mining / Oil & Gas	341	122	121	127	711
Occupational Health and Safety	743	331	335	350	1759
Other	2404	1388	988	1121	5901
Real Estate / Property Management	55	21	26	21	123
Retail Trade	153	62	48	69	332
Transportation / Logistics	275	91	122	103	591
Utilities	215	99	65	66	445
Wholesale Trade / Reseller	69	33	18	12	132
Total	12,413	6808	5993	6248	31,462

Note: Numbers presented in this table reflect an absolute number of downloads, and do not reflect adjusted or standardized rates (e.g., per every 1000 workers in each sector). These absolute numbers are displayed to provide an overview of sectors interested in the Standard.

The Mental Health Commission of Canada's (MHCC) Case Study Project

The Case Study Project, run by the MHCC, is working to document how the Standard is being implemented among Canadian employers throughout Canada. The project's goal has been to identify promising practices, as well as gaps or challenges related to implementation; to better understand costs and benefits related to the adoption of the Standard; and, to help build a strong business case for the adoption of the Standard by all Canadian employers.

The MHCC's Case Study Research Project provides us with a snapshot of organizations' engagement in mental health initiatives, particularly which sectors are leaders in workplace mental health. The case study involves a diverse range of organizations from several sectors, but even so, certain sectors – particularly construction, manufacturing, retail, natural resource, and agriculture – are under-represented in this project and in the general adoption of the National Standard. While organizations are becoming more and more involved in initiatives for workplace mental health, there is still work to be done to encourage the involvement of all sectors.

Source:
Mental Health Commission of Canada. (2015). *Case study research project: Early findings interim report.* Ottawa, ON: Mental Health Commission of Canada. Retrieved from http://www.mentalhealthcommission.ca.

Gap Areas by Sector

Key informants (KIs) were asked, *"What gap areas do you continue to see in workplace mental health (specifically – e.g., by sector, demographic, employer group)?"* There were some discrepancies with respect to which sectors or industries were thought to be behind (i.e., gaps) or ahead of the curve in terms of their attention to PH&S. Almost half (42.3%) of KIs felt that the public sector was ahead of the curve, while no KIs indicated it was behind the curve.
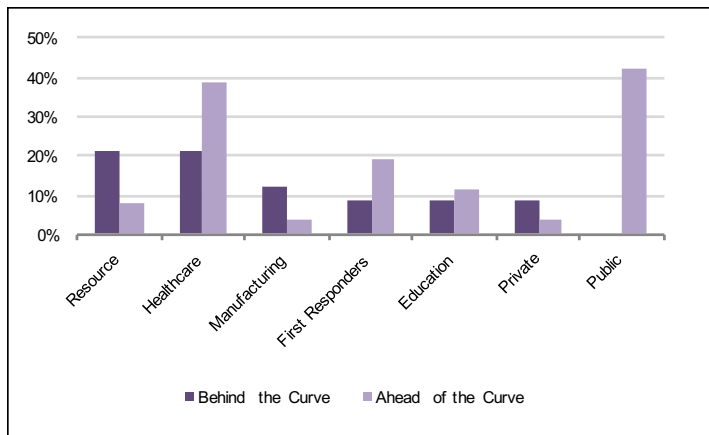
Job Factor Conditions and Psychological Safety

There has been increased awareness that worker mental health is impacted by specific job factor conditions, resulting in select work sectors, where psychological safety issues are paramount, emerging as leaders. Specifically, widespread awareness and recognition of the unique stressors among first responders – and associated legislative changes - represents a natural evolution in the PH&S landscape according to basic human needs and increased points of pain and suffering.

"The new legislation around PTSD has helped first responders be more likely to recognize and be willing to talk about their mental health issues – there's been historically this stereotype that they have to 'be tough', and can't talk about it – but that's changing."

Tailoring of Approaches to Specific Sectors: The Paramedic Standard

There is emerging recognition that a one-size-fits-all approach to workplace mental health does not work, and tailored approaches may be required for different settings, as reflected by the 2016 establishment of the first CSA Group Technical Committee for a tailored standard for PH&S in the workplace. This will be the first standard to provide sector-specific guidance.

Recognition that approaches to workplace mental health must be tailored to fit the differing needs of specific sectors, resulting in the 2016 establishment of the first CSA Group Technical Committee to create a tailored standard for psychological health and safety in the workplace for paramedics.

Other specific sectors – such as the military, post-secondary institutions, and the federal government – have all taken innovative approaches to the manner in which they are approaching enhancement of workplace PH&S.

Paramedic Standard for Psychological Health and Safety in the Workplace

There are approximately 40,000 paramedics in Canada, making them the third largest group of healthcare providers in the country. The psychological hazards that paramedics are routinely exposed to at work may be acute or chronic in nature and can include, but are not limited to: critical incident-operational stressors such as trauma, severe injuries and illness, child health crises, death, violence, threats to their own lives, and adverse weather conditions.

There has been recognition of the fact that these acute and chronic stressors put workers at risk for a wide range of mental health challenges, including post-traumatic stress, depression, anxiety, anger, burnout, and suicidal ideation. Such challenges can lead, or be coincident with, other negative outcomes, such as suicide, substance abuse, relationship difficulties, and absenteeism.

As such, The Paramedic Association of Canada (PAC) has identified paramedic mental health as a top priority, given the lack of Canadian, relevant, and evidence-informed guidelines and tools to assist employers with the unique mental health issues facing paramedics. This national project, funded by the Ontario government and beginning in 2016, will build on the National Standard of Canada for Psychological Health and Safety in the Workplace, and will provide a systematic approach to the management of PH&S hazards and their related risks for paramedics and offer practical, relevant guidance to help protect and promote the PH&S of paramedics in Canada. This is the first standard that will build on the National Standard of Canada for Psychological Health and Safety and provides paramedic sector-specific guidance.

Source:
CSA Group. (2016). Discussion paper on proposed new standard on paramedic psychological health and safety in the workplace.

The Canadian University Response to Developing an Integrated Network of Supports around Psychological Health & Safety Issues

The Community of Practice (COP) Group is a group of Canadian universities with the common goal to create a positive change within the workplace. The COP Group works together to solve problems in the workplace such as health promotion, disability management, PH&S issues, and accommodation. The group began when Tracey Hawthorn, Work Reintegration and Accommodation Coordinator from the University of British Columbia, Okanagan Campus became inspired while attending a presentation on PH&S at a workplace conference in 2011. She immediately shared her thoughts with colleagues, and with the support of Linda Brogden, Occupational Nurse at University of Waterloo, began reaching out to others at universities and colleges across the country. The COP group now has 114 members from over 38 universities and colleges across Canada. The MHCC and the Great-West Life Centre for Mental Health in the Workplace are also involved and provide support as well as resources to support the groups' mandate to improve workplace mental health. Participation in the group is voluntary, although everyone involved is an active member. The COP Group's purpose is to encourage higher education staff members to participate in collaborative conversations, share best practices, develop mentoring relationships, facilitate professional development dialogue, and increase career resources and insight. This is done through monthly teleconference calls, annual meetings/forums, and sharing of information through a shared intranet site. Membership may include the following university work functions: human resources, disability management, work-life, health and safety, and health promotion.

Source:
T. Hawthorn, personal communication, October 19, 2016

Road to Mental Readiness (R2MR) & MHCC's The Working Mind

The Department of National Defence's Road to Mental Readiness (R2MR) training encompasses all the resilience and mental health training that is embedded throughout Canadian Armed Forces (CAF) members' careers, including the deployment cycle. R2MR training is rounded and tailored to meet the relevant demands and responsibilities CAF personnel encounter at each stage of their career and while on deployment. The overall goal of this training is to improve short-term performance and long-term mental health outcomes.

Based on R2MR, the MHCC's *Working Mind: Workplace Mental Health and Wellness* is an education-based program designed to address and promote mental health and reduce the stigma of mental illness in workplace settings. This program functions with the goals of supporting the mental health and well-being of employees, enabling their full productivity, ensuring the workplace is respectful and inclusive (including for those with mental health problems and mental illnesses), and encouraging employees to seek help for mental health problems and mental illnesses.

Sources:
Government of Canada. (2015). Road to mental readiness (R2MR). Retrieved on October 29, 2016 from http://www.forces.gc.ca/en/caf-community-health-services-r2mr/index.page

Mental Health Commission of Canada. (2016). The working mind. Retrieved on October 29, 2016 from http://www.mentalhealthcommission.ca/English/initiatives/11893/working-mind

The Federal Government's Joint Task Force on Mental Health

In March 2015, the Government of Canada and Public Service Alliance of Canada (PSAC) established a Joint Task Force to address mental health in the workplace. Since the release of the first Technical Committee Report to the Steering Committee on Mental Health in the Workplace in December 2015, there has been a groundswell of interest and a renewed commitment in advancing mental health within the federal public service. The Joint Task Force's second report, released in 2016,[51] provides specific direction to federal public service organizations in key areas of workplace mental health, such as guidance on the selection of a mental health champion and the development of organizational engagement.

"The Government is committed to restoring a culture of respect for and within the public service. We will continue to work with public sector unions to improve how we address mental health issues in the workplace. The recommendations by the Joint Task Force will contribute to healthier workplaces for federal public servants across Canada." – The Honourable Scott Brison, President of the Treasury Board

Quote Source: Treasury Board of Canada. (2016). *Mental health joint task force releases second report* [Press release]. Retrieved from http://news.gc.ca/web/article-en.do?nid=1077989

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[51] Technical Committee, Joint Task Force on Mental Health. (2015). *The road to psychological health and safety: Getting started. Implementing the 2015 memorandum of understanding between the Treasury Board of Canada and the Public Service Alliance of Canada with respect to mental health in the workplace.* Retrieved from http://www.tbs-sct.gc.ca/psm-fpfm/healthy-sain/wwb-memt/mhw-mmt/04-2016-eng.asp?utm_source=referral&utm_medium=button&utm_term=gcintranet&utm_content=report&utm_campaign=mentalhealth

The Evolution of Workplace Mental Health in Canada: Summary (2007-2017)

The evolution of workplace mental health was examined across several key domains. In the tables below, the 2007 snapshot for each thematic area is presented, along with a summary of the main evolution shifts that occurred through to 2017.[52]

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

Business State of Workplace Mental Health	
2007 Snapshot	**2017 Snapshot**
The 2007 state was characterized by the following…	**The most significant developments from 2007-2017…**
Primary focus in work environments on the mental health of individual employees; lesser focus on psychosocial work environment factors.	There have been significant attitudinal shifts in the business community – particularly among leaders – with respect to workplace mental health, including increased awareness, understanding, value, and prioritization of the importance of addressing PH&S issues.
Awareness of increasing prevalence and impacts of work-related stress; associated growth of Employee and Family Assistance Program (EFAP) industry to serve needs of employers for workplace mental health prevention and counselling services.	Significant behavioural shifts have occurred for organizations, and individuals within those organizations, particularly with respect to the development and utilization of resources and supports for leaders, managers, and supervisors within organizations.
Emerging awareness of the business case for psychologically healthy work environments.	Objective value – as demonstrated through emerging awards that recognize employers with good practices – is now placed on the importance of considering the PH&S of the work environment as being a core business consideration, which is essential to employee recruitment, engagement, and retention.
Emerging awareness of the role of 'soft skills' such as emotional intelligence in creating a healthy workforce and work environment.	
Dearth of publicly-available evidence-based resources that organizations could utilize at no cost to comprehensively address workplace mental health issues.	
Identified Gaps: Need for collaborations between large insurers to study claims data and better document the financial impact of mental health issues in disability claims; need for standardized measures and large datasets to study impact of mental health issues on work capacity; need for collaborations/standardized approaches to assess the business case for workplace mental health; need for enhanced counselling/EFAP service accessibility for workers; need for additional research on work-life balance, flexible work arrangements and organizational culture interventions; need for enhanced leadership support for workplace mental health; and need for reduction in stigma/discrimination and improved accommodations for workers entering or re-entering the workplace after a mental illness-related absence.	

[52] Note: All 2007 and 2017 snapshots are provided here as a summary. These snapshots have been relocated and restated from relevant sections earlier in this report.

Education & Training State of Workplace Mental Health	
2007 Snapshot	**2017 Snapshot**
The 2007 state was characterized by the following…	**The most significant developments from 2007-2017…**
An increasing availability to the public of educational and treatment resources (books, online resources, websites/blogs) for individuals or family members of individuals with mental health issues; an associated dearth of workplace-specific applications or adaptations of content.	Myriad online workplace mental health resources that are free and evidence-based have been developed over the last decade. This change has resulted in enhanced public awareness and reduction of barriers to information access..
University-based educational training opportunities on work-related mental health issues typically limited to programs in psychology, often within an organizational specialty track; to a lesser degree, these opportunities were available through other specialized health streams (e.g., occupational health, disability management).	A range of educational opportunities for workplace PH&S issues are now available, offering breadth and depth of content. These are available through various delivery formats (e.g., webinars, workshops, online university certificates), enhancing the likelihood of appropriate implementation of workplace mental health initiatives for all employers irrespective of their geographical location or financial considerations.
No national agency or body that provided publicly available informational/educational resources on workplace mental health.	Education in PH&S is now being incorporated into professional trade shows and conferences across a range of industries and sectors, reflecting the broadening value that professions are now placing on PH&S as a foundational piece of training for all work environments.
No existing certificates, diplomas or degrees that specifically addressed workplace mental health issues.	
Annual meetings of core workplace mental health professionals within select areas (e.g., Employee Family Assistance Programs), and occasional conferences on business and workplace health (e.g., the Canadian Mental Health Association's Bottom Line Conference).	
Identified Gaps: Need for improvements and adaptations of initiatives providing supports and training in workplace mental health approaches for managers.	

Media State of Workplace Mental Health	
2007 Snapshot	**2017 Snapshot**
The 2007 state was characterized by the following…	**The most significant developments from 2007-2017…**
Media stories had a greater focus on attributes of the individual whose mental health was impacted by the workplace, rather than on attributes of the work environment that may have contributed.	Societal shifts in the general public's attitudes toward mental health issues have resulted in overall stigma being reduced. Mental health is increasingly being viewed as an important component of overall health, awareness has increased, and overall understanding of mental health issues has become less judgmental and more compassionate. These changes have been reflected in shifting stories, language, and focus in the media.
Typical coverage in media emphasized stigmatized portrayals of individuals (and to a lesser degree workers) with mental health conditions, and sensationalized workplace crisis events.	Celebrities and influential individuals have increasingly spoken publicly about their personal struggles, resulting in increased awareness, accessibility, and relatability of mental health challenges for the average person.
Few celebrities or media personalities spoke openly about their personal mental health stories.	Increased information about mental health disorders and illnesses is now accessible through a wide range of mediums, and opportunities to obtain mental health education have increased for the average person – particularly through the expansion of venues such as social media sites and blogs that can provide personal and intimate real-world stories.
Few lay people, including workers, spoke publicly about their personal mental health stories.	
Identified Gaps: Need for open education initiatives to direct political and public attention toward mental illness and reduce stigma and discrimination; need for increased public discourse from public figures and others; need for accurate, non-stigmatizing media coverage of mental illness.	

Research State of Workplace Mental Health

2007 Snapshot	2017 Snapshot
The 2007 state was characterized by the following…	**The most significant developments from 2007-2017…**
Growing body of research on workplace mental health issues that is primarily focused on organizational culture, prevalence data on the types of mental health issues experienced by workers, and the efficacy of mental health intervention plans. Growing focus on the impact of workplace environment factors on individual worker mental health.	Paralleling other advances made in the workplace mental health landscape, there has been increased focus in the research literature on examination of broader organizational and work environment factors that impact individual worker mental health.
Limited body of research examining issues related to workplace psychological safety. The research that did exist had a stronger focus on workers' responses to stressful and violent/dangerous work environments (e.g., first responders) and ways they can cope with the stress, and a lesser focus on contributing factors in the work environment.	Increased value within the scientific community is being placed on research initiatives with strong research and business collaboration, resulting in a deepening knowledge about workplace mental health issues and the impact on work absence and productivity, including presenteeism, in real-world settings.
Limited body of research examining workplace interventions focused on improving the health of the work environment. Research on mental health interventions in the workplace tended to focus on outcomes of mental health treatment plans (e.g., set plans of psychotherapy or drug treatment) or other individual interventions, rather than interventions that addressed workplace factors (e.g., climate, environment, social supports at work, etc.); only a handful of studies were found that had designed or assessed these types of workplace interventions.	There has been emerging research focused on evaluating the effectiveness of mental health interventions that are provided in technologically diverse ways (e.g., efficacy of mobile or remotely-delivered mental health services, self-management approaches, peer support models), reflecting a broadening understanding that mental health interventions may be uniquely delivered in work versus other settings.
Minimal awareness in the literature of mental health interventions for workers needing to incorporate an understanding of the contribution of work environment factors.	
Focus on direct outcomes of poor mental health (e.g., higher overall medical care treatment costs, increased worker absenteeism), largely ignoring the more costly problem of diminished ongoing worker productivity. Majority of productivity/presenteeism studies focused on physical health issues.	
Small but growing research and applied literature on the general effectiveness of Employee and Family Assistance Program (EFAP) services in US and Canada, showing positive outcomes for the majority of cases in clinical and work performance areas for employees receiving brief counselling for personal and work-related issues.	

Evolution by Sector

2007 Snapshot	2017 Snapshot
The pre-2007 state of workplace mental health was not described by sector, given that the entire field was early in development, and as such general limitations and gaps applied across all sectors.	**The most significant developments from 2007-2017…**
	The framework for PH&S issues in the workplace has been recognized to be universal, impacting all sectors and industries.
	There has been increased awareness that worker mental health is influenced by specific job factor conditions, resulting in select work sectors where psychological safety issues are significant having emerged as leaders.
	There is recognition that a one-size-fits-all approach to workplace mental health is ineffective, and that tailored approaches may be required for different settings. This is reflected by the establishment of the first CSA Group Technical Committee to create a tailored standard for PH&S in the workplace for paramedics. Once completed, this will be the first standard to provide sector-specific guidance with respect to workplace mental health issues.

Concluding Comments & Outlook for the Next 10 Years

As Canadians, we should feel proud of the advances we have collectively made to advance workplace mental health over the past decade. Only ten short years ago, the workplace mental health landscape was sparse. Yet, interest and awareness in workplace mental health was growing, and a small group of committed and passionate individuals recognized what was needed to provide momentum to a slowly growing movement.

The individuals who catalyzed the workplace mental health movement deserve accolades for their energy in advocating for an under-addressed arena. The key agencies that initiated the conversation – particularly the Global Business and Economic Roundtable on Addiction and Mental Health and the Canadian Mental Health Association – warrant recognition as visionaries. A handful of subsequent groups and agencies – most notably the Great-West Life Centre for Mental Health in the Workplace and the Mental Health Commission of Canada – responded to identified needs and gap areas, and worked to mobilize many of the pivotal financial, logistical, and relationship-building supports required to bring together experts and leaders from across the country to advocate for psychological health and safety in the workplace. The Centre also has directly supported the development and funding of a number of the events, reports, and resources that were identified as primary milestones in the evolution of workplace mental health over the past decade.

What we have witnessed over the past decade is an example of the power of collective attention and focus on a topic – when there is awareness of gap areas, identified needs for additional work, enthusiastic and transformational leaders, and a collective and range of workplace stakeholders, true change can occur.

Unique Issues & Future Challenges for Workplace PH&S

The nature of work is changing dramatically, and we are now being faced with unique workplace challenges as a result of those changes – work-life balance, economic security and part-time work, and the developing role of technology in the workplace.

It is increasingly common for employees to work from home, and for the division between work and home life to blur as advancements in technology make it possible to be accessible and productive at any place and any time. Changes in technology that are causing a gradual erosion of personal and family time, along with a decade-long stagnant "real wages" economy, have resulted in many businesses now expecting almost 24/7 access to their employees via smart phone and computer email tools.

Furthermore, high employee turnover and short-term contract work are becoming a trend that is expected to grow in the coming years. The lack of economic security for many part-time and under-employed workers has led to working many hours a week in precarious employment conditions, and thus many of these workers are feeling pressured to be responsive to employer demands.

Considerations for the emerging workforce are also important. Many millennial workers feel they are being passed up for opportunities to develop their skills and advance in their organizations - a disconnect that has resulted in feelings of neglect and job dissatisfaction. This sense of underappreciation has negative implications for the psychological health of young workers, putting them at greater risk of workplace stress and mental health issues. By attending to the needs of millennial employees and providing them with opportunities for engaging and fulfilling work, employers could ensure the loyalty of young talent while simultaneously developing a psychologically healthier workplace.

It is critical to consider these changes in the landscape of work when considering future directions for workplace psychological health and safety.

Gaps to be Addressed in The Next 10 Years

Although many advances have been made, much work remains to be done within the broad landscape of workplace mental health.

Our key informants were asked *"What gap areas do you continue to see in workplace mental health (generally)?"* Cultural gaps were the most commonly reported (36%), followed by leadership gaps (33%), and resource gaps (23%).

The most common **cultural gaps** identified were continual stigma in the workplace (37.4%) and a lack of PH&S culture or exclusive focus on physical safety (22.9%). The most common **leadership gaps** identified among key informants was lack of training and education for leaders (31.3%) followed by lack of awareness of the need to address PH&S in the workplace (30.1%), cherry picking or a flavour-of-the-month approach to workplace PH&S (21.7%), and lack of emotional intelligence (EI) among leaders (15.7%). The most common **resource gaps** identified among key informants were a lack of research/dissemination of research (20.5%) and inadequate accommodation and return-to-work practices (20.5%), followed by ineffective or untailored EFAP (19.3%).

Key informants were also asked *"What would you hope to see in terms of developments/changes over the next 10 years?"* Cultural developments were the most commonly reported (38%) followed by leadership developments (24%), resource developments (22%), legislative developments (9%), and other developments (7%).

The most commonly desired **cultural development** was the merging of physical and psychological health (i.e., placing psychological health on equal footing with physical health; 41.5%), followed by reduced stigma and discrimination (32.9%), and a focus on prevention (24.4%). The most commonly desired **leadership development** was increased training and education for leaders (32.9%). The most commonly desired **resource development** was more evidence based programming (e.g., EFAP; 26.8%) followed by more training and educational programs (19.5%). The most commonly desired **miscellaneous development** was increased collaboration between workplaces and the community to address psychological health (19.5%).

It is our hope for continued progress in these gap areas, as without these improvements, widespread adherence to the principles of psychological health and safety in the workplace cannot be fully realized. In light of the changes we have witnessed over the past decade, we remain wholeheartedly optimistic about what the next decade will look like within the broad landscape of workplace mental health.

Appendix A:
List of Key Informants

Interviewed:

Name (and Title)	Position	Affiliation
Arnold, Dr. Ian	Consultant	Workplace Health and Safety and Workplace Psychological Health and Safety
	Adjunct Professor	Faculty of Medicine, McGill University
Attridge, Dr. Mark	President	Attridge Consulting Inc.
Baker, Ben	President	Your Brand Marketing
Baker, Dr. Ray	Physician	
	Associate Clinical Professor	University of British Columbia, Faculty of Medicine
Bank, Jeanne	Project Lead	Canadian Homecare Association
Belanger, Jan	Vice-President, Community Relations	The Great-West Life Assurance Company
Bellissimo, Kim	Vice President of Human Resources and Organizational Development	Centre for Addiction and Mental Health
Bradley, Louise	President and CEO	Mental Health Commission of Canada
Brown, Dr. David	Medical Director	Canadian Imperial Bank of Commerce
Calgary Police Services Team	Kyle Clapperton, Manager, Health, Safety & Wellness Section Kim Assailly, Business Strategist, Business Strategy & Research Section Theresa Shaw, Wellness Coordinator, Health, Safety & Wellness Section Inspector Mike Worden, Commander, Human Resources Operations Section Staff Sergeant Nadine Wagner, Employee Resource & Support Unit; Office of Inclusion, Development & Employee Engagement	Calgary Police Services
Coleridge, Peter	National President and CEO	Big Brothers Big Sisters of Canada
Collins, Jill	Project Manager	Canadian Standards Association
Connors, Deborah	President	Well Advised Consulting Inc.
Craig, Lloyd	Former CEO	Coast Capital Savings
	Chairman	BC Business and Economic Roundtable on Mental Health
Da Silva, Orlando	Counsel	Ontario Ministry of the Attorney General
Deacon, Mary	Chair	Bell Let's Talk, Bell Canada
Dobson, Dr. Keith	Professor of Clinical Psychology	University of Calgary
Gauthier, Daryl	Director General of Human Resources	Canadian Institute of Health Research
Gundu, Sarika	National Director, Workplace Mental Health Program	Canadian Mental Health Association
Harkness, Andrew	Strategy Advisor, Organizational Health Initiatives	Workplace Safety & Prevention Services
Hawthorn, Tracey	Work Re-Integration & Accommodation Program Coordinator	University of British Columbia, Okanagan

Henick, Mark	Program Manager	Mental Health Works, Canadian Mental Health Association, ON
Howatt, Dr. Bill	Chief Research and Development Officer, Workforce Productivity CEO	Morneau Shepell Howatt HR Consulting
Jenner, Sarah	National Manager Associate	Mindful Employer Mary Ann Baynton & Associates
Johnston, Dave	Former CEO and Chief Operating Officer (Retired)	The Great-West Life Assurance Company
Kaisla, Julia	Director of Community Engagement	Canadian Mental Health Association, BC
Keyes, Dr. Corey	Professor of Sociology Co-Founder	Emory University Simply Flourishing
Kirby, The Hon. Michael (O.C., PhD)	Founding Chair Past Member	Partners for Mental Health and the Mental Health Commission of Canada Senate of Canada
Kirsh, Dr. Bonnie	Associate Professor	Department of Occupational Science and Occupational Therapy, University of Toronto
Flynn, The Hon. Kevin	Minister of Labour	Ontario Liberal Party
Legault, François	Principal Consultant	Consult-Action Inc. and Mindful Employer Canada
Lowe, Dr. Graham	President Professor Emeritus	The Graham Lowe Group Inc. University of Alberta
Lozanski, Laura	Occupational Health & Safety Officer	Canadian Association of University Teachers
MacDonald, Mary-Lou	Director, Workplace Health, Wellness and Safety Research	The Conference Board of Canada
Mahajan, Sapna	Director of Prevention & Promotion	Mental Health Commission of Canada
Moat, Jeff	President	Partners for Mental Health
Mombourquette, David	Partner	Pink Larkin Lawyers
Morley, Dr. Jeff	Psychologist Adjunct Professor	Private Practice University of British Columbia
Pietrus, Mike	Director, Mental Health First-Aid & Opening Minds	Mental Health Commission of Canada
Posen, Dr. David	Physician, Author, Speaker	http://www.davidposen.com/ Author of, "Is Work Killing You?"
Rewari, Nitika	Manager, Workplace Mental Health, Research, Evaluation, & Knowledge Translation	Mental Health Commission of Canada
Shain, Dr. Martin	Founder & Principal Faculty Member	Neighbour @ Work Centre Dalla Lana School of Public Health, University of Toronto
Shaw, Maureen	President	Act Three Consulting
Smofsky, Allan	Managing Director	Smofsky Strategic Planning
Stuart, Dr. Heather	Professor Anti-stigma Research Chair	Queen's University Bell Canada
Szeto, Dr. Andrew	Assistant Professor of Psychology	University of Calgary

Tebbutt, Margaret	Trainer & Senior Consultant	Workplace Initiatives, Canadian Mental Health Association , BC
Vézina, Dr. Michel	Professor	Department of Social and Preventive Medicine, Laval University
	Consultant	National Institute of Public Health
Wesley, Lucette	Consultant & Workplace Trainer	Canadian Mental Health Association
	President	BC Collaborative for Disability Prevention
	President	BC Lymphedema Association
Wilkerson, Bill	Executive Chairman	Mental Health International
	Chairman	European Business Forum for Mental Health in the Workplace
Wilson, The Hon. Michael (P.C., C.C.)	Chair	Board of Directors, Mental Health Commission of Canada
	Chairman	Barclays Capital Canada Inc.
Wong, Jan	Journalist and Author	http://janwong.ca/index.html
	Professor of Journalism	St. Thomas University

Provided Written Feedback:

Name (and Title)	Position	Affiliation
Arbic, Elise	Manager, Healthy Workplace & Engagement	Lakeridge Health
Barath, Irene	Instructor, Team Leader, & Resilience and Wellness Training Coordinator	Ontario Police College
Brogden, Linda	Registered Nurse & Manager of Occupational Health	University of Waterloo
Brownell, Lynn	President & CEO	Workplace Safety and Prevention Services
Buckner, Mandi	Facilitator/Coordinator, Mental Health & Workplace Wellness, Continuing and Professional Studies	Sheridan College
City of Calgary Team	Cindy Munn, Business Partner – Employee Wellness	City of Calgary
	Cory Todd, Human Resources Consultant	
	Nancy Sehn, Human Resources Consultant	
	Samantha Kolapak, Human Resources Consultant	
Coldwell, Susan	Coordinator, Bully-Free Workplaces	Nova Scotia Government and General Employees Union
Demosten, Wendy	Certified Human Resources Professional	HR On Call
Devine, Christine	Wellness Specialist	Michael Garron Hospital
Favreau, Dr. Marie-Helene	Director, Mental Health, Disability, and Workplace Practices	Bell Canada
Gabriel, Peter	Health and Wellness Consultant	Emergency Medical Care Inc.
Gallson, Dave	Associate National Executive Director	Mood Disorders Society of Canada
Gilbert, Dr. Merv	Director	Vancouver Psych Safety Consulting Inc.
	Adjunct Professor	Simon Fraser University

Goldbloom, Dr. David	Senior Medical Advisor Professor of Psychiatry	Centre for Addiction and Mental Health University of Toronto
Gorman, Jen	Coordinator	Belmont Health & Wealth Employee Benefits
Gowan, Nancy	President	Gowan Consulting
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Appendix B:

**The Law, the Standard and Evolution of the Employment Relationship
(Companion Paper Authored by Martin Shain S.J.D.)**

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National Standard on Psychological Health and Safety in the Workplace: High water mark or milestone in the evolution of the employment relationship?

The law and the Standard in an evolutionary context

A hundred years ago in Canada legislators, lawyers, adjudicators and even the public would have had a hard time imagining a society in which the law recognized a duty upon employers to make every practical effort to prevent reasonably foreseeable harm to their workers' mental health. The concept of a category of harm such as "mental injury" was acknowledged only in a very restricted sense by the law of torts and not at all in the context of employment which still retained the full flavour of its feudal origins.[i]

And yet today, more than a hundred years after the passage of the first comprehensive workers' compensation acts in Canada and nearly a hundred years after the creation of the Canadian Standards Association we are witness to courtroom and hearing room dramas in which foreseeably serious harm to employee mental health arising from the acts and omissions of employers and their agents can give rise to substantial awards of damages. Sometimes such awards can exceed the million dollar mark.[ii]

Some adjudicators, not content with monetary awards, will also order systemic remedies that see employers having to account to tribunals for changing their policies and practices to align more with social and legal expectations of what a psychologically safe workplace is.

Even so, and important though these developments are, the law remains disparate and scattered across the country with no single and coherent body of jurisprudence to define what a psychologically safe workplace or system of work should be, with the result that justice may mean different things to different people in different parts of the country. For example, in Ontario it is unlikely that a civil suit in tort for negligent infliction of mental harm to a worker's mental health will succeed while in BC it stands a much higher chance.[iii] This difference is profoundly important: a key criterion for establishing a claim of negligence is that the harm complained of must have been *reasonably foreseeable* by the person against whom the complaint is made. This means that in Ontario employers are not likely to be held liable (in tort at least) for allowing reasonably foreseeable harm to their employees' mental health while in BC they are more likely to be. Major social policy issues underlie these differences.

It was onto this stage that the National Standard on Psychological Health and Safety in the Workplace emerged in 2013. Its primary purpose was and is to define a psychologically safe system of work and thereby to fill a void in the law.

The stated vision of the Standard is a workplace in which the prevention of negligent, reckless and intentional harm to mental health by all reasonably practical means is the norm. The significance of this vision lies in its inclusion of negligence prevention as the basic or floor level of care to which dutiful employers should aspire. Negligence prevention calls for the avoidance of reasonably foreseeable harm through the establishment of a psychologically safe system of work which the Standard defines.

Read as a whole the Standard advises us that mental injury is a type of harm that can and should be prevented by making every reasonable effort to ensure the primacy of fairness, respectfulness and consideration as cardinal values driving everyday interactions and practices in the workplace. It further advises that the need for fairness, respectfulness and consideration is fundamental and that *"Human needs when unmet or thwarted can become risk factors for psychological distress; when satisfied can lead to psychological and organizational health"*.[iv]

And yet in promoting the avoidance of reasonably foreseeable harm as the floor level of care for mental health the presently *voluntary* Standard confronts a fundamental social policy question underlying the requirement. This question is: as a society do we want workplaces in which the prevention of reasonably foreseeable harm to mental health is a normative requirement or not?

More specifically, do we want this requirement to take the form of a *legal* duty?

This question, brought into sharp focus by the Standard, lies at the beachhead of developments in the relationship of employment in general and in occupational health and safety specifically. Only time will tell if as a society we will retreat from this beachhead or whether it represents a foothold into a new era of the employment relationship.

A useful way of exploring this social dilemma is to review the extent to which the law already supports the requirements of the Standard and then to consider how far beyond the law the Standard asks us to go.

Developments in law over the last 10 years

In many ways the law pertaining to mental injury in the workplace has developed more rapidly over the last 10 years than it did over the 50 years preceding it.[v]

We have seen significant changes in the way the law views violence, harassment and bullying at work: today even acts of what 10 years ago might have been characterized as gross incivility can be construed as harassment or bullying.

Acts of harassment and bullying – if sufficiently egregious - can now be characterized by the law as capable of rupturing the contractual ties that bind employer and employee to the extent that they may form the basis for successful claims of constructive dismissal.

As noted earlier, the law of torts is in ferment over the issue whether claims of negligent infliction of mental suffering should be allowed, signaling a fundamental legal and social debate over the extent to which employers should be held liable for failure to prevent reasonably foreseeable harm.

Workers compensation law over the last 10 years has acknowledged, at least in certain parts of the country that chronic or cumulative stress can lead to awards that 25 years ago would have been unthinkable. In some jurisdictions such developments have either flowed from, or led to legislative changes that are unlikely to be rolled back.

Human Rights law over the same period has generated awards for harassment and discrimination of a size that has surprised and even shocked the legal community.

Occupational Health and Safety Law has reached a significant watershed in its development where lively debates focus on whether or not psychological harm is meant to be covered by general duty clauses in statutes across the country that define an employers' duty of care with regard to the protection of workers' health and safety.

And finally we can see gradual changes in the way collective agreements are being drafted to include, in some rare but important instances, provisions to incorporate the requirements of the Standard.

The law and the Standard are not yet integrated: why not?

In spite of these admittedly important developments we have yet to see the Standard used proactively either as an employer's defence to claims of mental injury or as an allegedly injured worker's basis for these claims. The use of the Standard in these ways would be an indicator of how it can serve as the articulation of the duty to provide a psychologically safe system of work. And yet this has not happened. We must ask, why not?

It has been observed that employers are reluctant to acknowledge what they believe they can't respond to. This adage is relevant to the degree to which, and the manner in which the Standard is being used. Some of the obvious barriers are perceived complexity, risks and costs particularly when uptake of the innovation at the gate is presented as voluntary. It is easy to relegate a voluntary initiative to a lower priority level when other mandated programs or policies are vying for resource allocation.

That said, the Standard is not just another HR policy that can be easily absorbed into the corporate fabric. So at least part of the reluctance to adopt, adapt or even "align with" the Standard surely comes from the perception that, if taken seriously, it will shake things up and call for changes of a quite profound nature in some cases.

Differences between traditional and Standard–based employment relationships are profound

At this point then it may be helpful to contrast the differences between a traditional employment relationship and one governed by the requirements of the Standard. This may serve to both highlight the dilemma faced by many employers when contemplating adoption of the Standard and to illustrate the nature of the potentially evolutionary threshold that the Standard invites us to cross with regard to the very nature of the employment relationship itself.

The following comparison is limited to broad descriptors that hopefully give the flavour of the major differences in philosophy and practice. Deeper analysis can be found elsewhere. [vi]

Traditional and Standard Era Employment Relationships compared

"Traditional" employment relationship

- Employment is seen primarily as a commercial contract: an exchange of wages and benefits for labour or services

- Measures to protect employees from reasonably foreseeable mental injuries are regarded as largely discretionary

- Mental injury is barely recognized as an actionable harm outside of egregious acts and omissions

- Workers' needs for fairness and dignity are acknowledged only within a narrow framework of legally protected human rights

- Workplace is treated primarily as a venue for delivery of mental health programs and services

- Mental health is seen as being influenced primarily by factors outside the workplace

- Workplace is considered a closed system insulated from society to a large degree

- Accommodation is seen as a legally enforceable and conditional right

- Value of mental health programs and services is weighed according to a Return on Investment (cost benefit) calculation

"Standard era" employment relationship

- Employment is seen more as a social contract than as a strictly commercial exchange of wages and benefits for labour

- Prevention of reasonably foreseeable mental injuries is acknowledged as a legal duty

- Worker needs for fairness and dignity are treated as foundational to the way things are done in the workplace

- Mental health is seen as being influenced by factors inside and outside the workplace

- Workplace is considered an open system, influencing and influenced by society

- Workplace is seen as a determinant of mental health in its own right per the conduct of employers, managers, supervisors and employees at large

- Accommodation is seen primarily as a norm of conduct within a culture of accommodation

- Protection of mental health is seen as being driven by a duty to invest in it

- Social costs of conduct in the workplace are acknowledged and efforts are made to optimize social benefits (capital) as a by-product of workplace activities

This contrast between the two models of employment is hopefully sufficient to suggest that adoption of the Standard involves a lot more than incorporation of yet another mental health program or service. Clearly the Standard calls for much more: a different way of approaching the employment relationship that could well be referred to as evolutionary.

The Standard: evolutionary milestone or high water mark in the evolution of the employment relationship?

This evolution is not in any sense a foregone conclusion. Many forces are acting upon the will of employers to enact the spirit of the Standard and upon the will of society to stimulate this will. Given the current voluntary status of the Standard it seems just as likely that the progress we have seen in its adoption or adaptation could be rolled back under conditions of economic and social constraint. Voluntary or discretionary policies and practices such as those the Standard advocates may be the first casualties of such constraint.

So are we at an evolutionary milestone where there is still a road ahead or will the evolutionary tide retreat again, leaving behind only the high water mark it once reached? Are we at a tipping point or at a turning back point?

Testing the social and legal appetite for further evolution: a case for regulation?

One way of thinking about where we might go from here is to consider the benefits of going even further with the Standard by regulating certain parts of it. This exercise may help to bring what is at stake for society into sharper focus and provide a more visible platform for discussion of alternatives.

In many ways this social and legal discussion parallels the hesitant process that Tucker describes in relation to the gradual advent of health and safety legislation during the latter part of the 19th and early 20th centuries.[vii] There is no simple way to explicate this process, save to say that it was then, and will likely be now a complex interweaving of economic and social agendas in which private and public interests sought and seek to find accommodation with each other.

In the 19th century the tug of war was between those who believed that the free market should govern outcomes such as occupational health and safety legislation and those who believed that some form of state intervention was required to achieve basic standards of decency in the physical treatment of workers.

In the 21st century the tug of war shows every sign of shaping up the same way except that now it is the psychological treatment of workers that is in play.

That said, the part of the Standard that could be regulated most readily has been identified as the assessment of risk phase.[viii] The case for adopting this policy as presently understood is outlined below.

This case is predicated on the acknowledgment that it would be impossible to regulate the *culture* of an organization. However, the law can be used to stimulate efforts to amend culture to bring it more in line with the Standard. By requiring employers to assess risks to mental health that arise from the way work is organized and people are managed in their own workplaces a stimulus is created to address these risks. In fact, a draft regulation should include a requirement to develop and monitor the progress of plans to address any such identified risks.[ix]

Not to miss the wood for the trees, the basic point about regulation is that it embeds certain processes in the institutional culture of an organization if not in the psychosocial culture. This means that at least there will be no loss of cultural memory at a policy and governance level as changes are made in senior management.

Would this stimulate evolution in the direction of the requirements of the Standard? As with all evolutionary questions about the future, only time will tell.

Mandatory assessment of risks for mental injury in the workplace: an outline of the case

1. Losses to *employers* due to mental injury are assessed at between 25-33% of all corporate costs related to mental disability, making it one of the most expensive unfunded liabilities facing them. Regulation would constrain employers to confront this risk, ultimately to their own advantage and to that of a society that bears the burden of fallout from workplace mental injuries.

2. The incidence of workplace mental injury is such that losses to society associated with it can be assessed as a fraction of the GDP (1-3%). This makes protection of mental health at work a *population health issue* as well as an employer issue. An original intent of the Standard was to reduce the social costs of mental injury generated by the workplace and to increase social benefits arising from more effective mental health protection. Regulation at provincial and federal levels is required in order to advance the population health agenda of the Standard in any meaningful way.

3. Progress toward making the effective *voluntary* assessment of risks for mental injury a normal practice is very slow. Anticipated connections to existing law have not occurred except via a handful of collective agreements.

4. This pace is inconsistent with the seriousness of the issue. Regulation would speed up this pace.

5. Workers' compensation legislative and policy changes and recent awards put pressure on the front end of the system (i.e. OHS) to prevent compensable mental injuries. Regulation is an appropriate response to this pressure.

6. Even when an organization adopts the Standard the decision can be rescinded by the next CEO. Regulation would stop this from happening.

7. Prevention of reasonably foreseeable mental injuries should occur as a matter of right and should not be considered in any way a benefit that can be negotiated or withdrawn.

8. The right to a system of work free of reasonably foreseeable harm to mental health is a reflection of a duty to protect mental health by all reasonable means. Once acknowledged and embodied in regulation, this right and its corresponding duty should not be subject to requirements to show ROI, although VFM (value for money) considerations still apply.

9. Implementation of the Standard needs to be monitored at the Board or governance level to be effective. This is not currently happening in any consistent way. Regulation would put assessment of psychosocial risks on the corporate risk register agenda, making it an accountability issue.

10. Regulation would require corporate resources to be allocated to the advancement of psychological safety via mandatory assessments of risk. Arguments that valid and reliable assessments do not exist are misplaced, often because the purpose of assessment in the context of the Standard is misunderstood.

Taken as a whole, the elements of the case for regulation sketched above lead arguably to the proposition that it would open a wider portal to evolution within the employment relationship, the net effect of which would be a psychologically safer workplace and ultimately a psychologically healthier society.

Is there a downside to regulation?

Regulation as a burden or as an incentive [x]

It might be assumed that employers would dislike further regulation much as they did in the late 19th and early 20th centuries. Legislation and regulations coupled with relevant case law that are perceived to further limit management rights to direct the enterprise are rarely greeted with enthusiasm. But regulation in the area of mental health protection of the sort proposed earlier may have a silver lining for employers, at least for the strategic OHS and HR functions of their organizations, since legal directives of this kind often serve to raise targeted issues onto a higher priority level which in turn raises the odds of attracting corporate resources. This may be a relief to some OHS and HR professionals who currently have to fit mental health protection into the discretionary parts of their mandates and who may wish that a higher priority could be assigned to them.

Regulation may contribute to short-circuiting in the Standard's management system

Regulating the use of risk assessments for psychosocial hazards may lead to situations in which surveys are used outside the context of the Standard's Psychological Health and Safety Management System. This may lead to a phenomenon observed even among organizations that are attempting to implement the Standard that can be referred to as "rushing to survey".

Doing risk surveys prematurely can defeat the purpose and spirit of the Standard. The groundwork for surveys needs to be laid carefully over months, sometimes many months, in order for their intent to be discussed and understood by all stakeholders in the workplace: if this crucial "front end" phase is missed out or foreshortened it can lead to misunderstandings and resentment, particularly if surveys are conducted when people are already aware of chronic problems that have not been addressed.

Regulation should be introduced within the policy and planning framework of the Standard

This problem can be addressed, however, by introducing regulations accompanied by appropriate policies and guidelines that reinforce the need to conduct risk assessments within the planning and implementation framework of the Standard. Examples of such explanatory policies can be found in many legislative contexts such as Workers Compensation and Occupational Health and Safety.

Does evolution in social thinking about mental health in the workplace support regulation?

Compared with the situation ten years ago, today there appears to be an increasing recognition and acknowledgement among employers that the choices they make about how to organize work and manage people can have a significant impact on the mental health of their workers. This recognition has long been present among the population at large at an intuitive and sometimes experiential level in both negative and positive ways. But today this increased consciousness has begun to translate into an understanding that the successful recruitment and retention of valuable and valued employees may depend in no small measure on assurances of a psychologically safe and healthy workplace.

This trend is illustrated in the appearance and celebration of awards given by credible organizations to workplaces that can demonstrate their ability to protect the mental health of their employees up to a reasonable standard.[xi] Recently employees themselves have been given the opportunity to recommend their workplaces as environments that help them flourish.[xii]

If this trend continues we might expect to see the psychological safety of workplaces rated as a criterion for not only employee wellbeing but also for sustainable market worth and shareholder value.[xiii]

So whereas our preoccupation over the last decade has been to de-stigmatize mental illness as it may manifest itself in the workplace our focus in the next ten years may expand to reassign stigma to organizations that choose to ignore the psychological safety of their workers.

Such a development would be no more than an acknowledgment that the employment relationship, once considered a private contractual arrangement, has broad social currency in the sense that what happens in the workplace doesn't stay in the workplace but rather migrates out into families, communities and society at large as either social capital or social exhaust.

At some point we may be able to measure this migration. In fact we should make every effort to do so. This development would be consistent with the recognition that workplace psychosocial dynamics have an important influence on the mental health of whole populations and so should be accounted for in a comprehensive population health strategy. But the enactment of this strategy must be driven by the strong expression of a social will to actualize it through policies supported in some cases by legislation and regulation.

Meanwhile it remains to be seen whether the protection of mental health as an expression of the general duty to provide a safe system of work will achieve the same level of legal recognition accorded to the protection of physical health and safety.

Such legal recognition would herald the next stage in evolution of the employment relationship further away from its feudal origins and more toward a contract for service with terms that more fully account for the value of what employees bring with them to the bargain with employers, namely their mental health and all that entails.

Endnotes

[i] Tucker, E. (1990) Administering Danger in the Workplace: the law and politics of occupational health and safety in Ontario, 1850-1914. See also Risk R.C.B. (1983) This nuisance of litigation: the origins of workers' compensation in Ontario. In D.H. Flaherty (ed.) Essays in the History of Canadian Law pages 418-491. University of Toronto Press.

[ii] For a review see: Shain M. (2009) Stress, Mental Injury and the Law in Canada: a review of legal issues surrounding stress in the workplace for the Mental Health Commission of Canada. www.mentalhealthcommission.ca; Shain M. (2010) Tracking the Perfect Legal Storm: converging systems create mounting pressure to create the psychologically safe workplace. Mental Health Commission of Canada. www.mentalhealthcommission.ca; Shain M. (2014) Weathering the Perfect Legal Storm: Navigating requirements of the emerging duty to provide a psychologically safe system of work in the context of the voluntary National Standard of Canada on Psychological Health and Safety in the Workplace CSA Z1003/BNQ 9700-803. Published by Great West Life Centre for Mental Health in the Workplace www.workplacestrategiesformentalhealth.com

[iii] See note 2 above

[iv] National Standard on Psychological Health and Safety at page 2. This statement is central to the spirit of the Standard and is based on both legal and social psychological arguments and evidence. See Vézina, M. "Santé mentale au travail: répondre à des besoins humains fondamentaux", in Travail et Santé. Ed. Y. Clot and D. Lhuilier. Éditions Érès 2010, pp. 169–174 ; Rawls J. (2001) Justice as fairness: A restatement. Cambridge: Harvard University Press; Dworkin R. (1978). Taking rights seriously. Duckworth, London; Donais, B.(2006) Workplaces that Work: A Guide to Conflict Management in Union and Non-Union Work Environments. Canada Law Book (Carswell) Toronto

[v] See note 2 above for reviews

[vi] See Shain M. (2016) The Careful Workplace: seeking psychological safety at work in the era of Canada's National Standard. Thomson Reuters. Toronto

[vii] Tucker, note 1 above

[viii] See Shain, note 6 above

[ix] Shain note 6 above, pages 55-60

[x] Tucker and Risk, note 1 above, explore this antipathy in depth

[xi] E.g. Canada's Safest Employers Psychological Safety Award presented by Canadian Occupational Safety annually

[xii] E.g. the Employee Recommended Workplace Award (presented by the Globe and Mail and Morneau Shepell)

[xiii] See for example the discussion in: Thomas K. and Fontana B. (2015) Psychological Health and Safety and the Canadian Financial Sector: SHARE Briefing Note. Shareholder Association for Research and Education www.share.ca. See also: Standard and Poors (2004) Credit Policy Update: S&P extends review of corporate governance for rated entities. www.ratingsdirect.com 26.03.2004