



Opening Minds Psychological Health and Safety

Integration Framework



**Opening
Minds**

MENTAL HEALTH
COMMISSION
OF CANADA

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CAN/CSA-Z1003-13/BNQ 9700-803/2013 (R2022) for Psychological health and safety in the workplace – Prevention, promotion, and guidance to staged implementation

ISO 45003:2021 Occupational health and safety management – Psychological health and safety at work – Guidelines for managing psychosocial risks

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Authors: Liz Horvath, Tiana Field-Ridley, Mikhaila Skehor

With thanks to the following people for their input:

- Cam Mitchell
- Anji Lawrence
- Nathan Kolar
- Carson Powell
- Mary Jo Spence
- Liz Sisolak
- Jeremy Holden

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Introduction

Workplaces can play an essential part in maintaining positive mental health. They can give people the opportunity to feel productive and be a strong contributor to employee wellbeing. Effective workplace strategies have a positive effect on employee mental health, both in terms of supporting those with existing problems and preventing the onset of new challenges.

Building psychological health and safety (PHS) into everyday operations is not only beneficial to workers and their communities, but amplifies economic wealth through increased employee engagement, reduced absenteeism and lost time claims, and an increase in productivity and quality of work.

While many people, including leaders of organizations, agree with these statements in principle, the question remains – how do we do this?

Two health and safety Standards have emerged that provide guidance on what processes an organization should have in place to support a psychologically healthy and safe workplace:

- CAN/CSA-Z1003-13/BNQ 9700-803/2013(R2022) *National Standard for Psychological health and safety in the workplace (the National Standard)*, and
- ISO 45003:2021 *Occupational health and safety management – Psychological health and safety at work – Guidelines for managing psychosocial risks (the International Standard)*.

While the Standards have similar requirements, there are some differences.

In addition to the Standard, various governments have been amending health and safety legislation to include expanded legal requirements to protect the health, safety, and wellbeing of workers.

The problem that people often face is trying to figure out how to build PHS into their workplace, and how to monitor and measure their efforts and the impact they are having. Legislation and standards outline what is required. They are not designed to answer the question of how.

To effectively manage risk related to psychosocial factors, these requirements must be integrated into the everyday operations of an organization. Integration means that PHS has become embedded in the expectations that guide decisions and actions at every level, in every interaction, throughout every aspect of work.

To address this need, the PHS team at Opening Minds, the social enterprise arm of the Mental Health Commission of Canada, developed the **OM PHS Integration Framework** and the **OM PHS Assessment Program**.

This document outlines the **OM PHS Integration Framework**, which is to be used in conjunction with the **Integrating PHS into the Workplace training course**.

PHS Integration

To achieve integration, PHS must be built into structures throughout the organization that guide everyday decisions and actions, which can affect PHS positively or negatively.

Defining, documenting, and communicating clear expectations throughout these structures can aid people in decisions and actions that support a psychologically healthy and safe working environment.

These structures include things such as:

- Policies, strategies, and action plans
- Roles, responsibilities, and authorities
- Resourcing and budgeting
- Programs and benefits
- Processes and procedures
- Education and training
- Communications
- Assessments and evaluations
- Reporting and follow up

How can your organization do this?

In relation to PHS,

- Establish commitment and expectations for leadership and participation
- Assess what structures are in place throughout the organization*
- Plan what needs to be done to maintain what is in place and close gaps
- Implement the plans, making necessary corrections along the way
- Evaluate progress and measure impact
- Report and determine next steps

This is commonly referred to as a “management system approach”, and it is what the Standards are based on.

| What structures are in place | Where are these structures within the organization |
|---|--|
| PHS built into: <ul style="list-style-type: none">• Policies, strategies, and action plans• Roles, responsibilities, and authorities• Resourcing and budgeting• Programs and benefits• Processes and procedures• Education and training• Communications• Assessments and evaluations• Reporting and follow-up | Within elements of work related to: <ul style="list-style-type: none">• Governance and leadership• People and culture (a.k.a. human resources)• Health, safety, and wellness• Operations• Etc. |

* Assessing what is in place throughout an organization

The OM PHS Integration Framework

The **OM PHS Integration Framework** (“the Framework”) identifies where the overall requirements outlined in the Standards are built into key elements of work within organizations where decisions and actions can affect PHS.

Since the Framework is designed to help with integration, if the Standards change, using the Framework will help your organization be able to demonstrate that the right things are in place, as PHS is embedded into the culture of the organization.

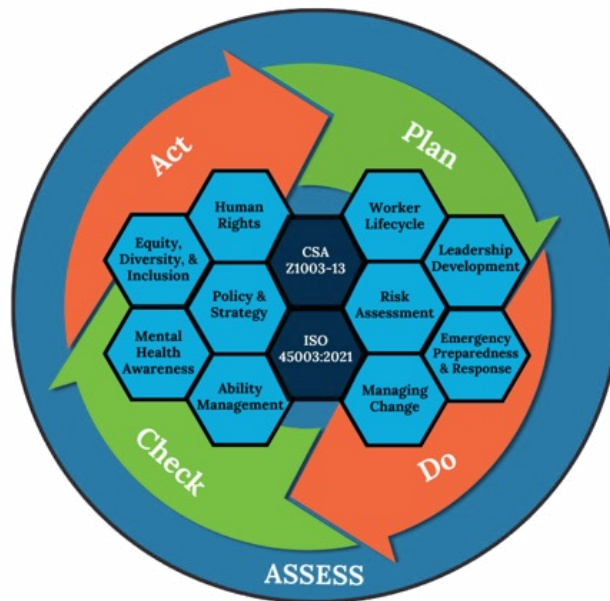


Figure 1 OM PHS Integration Framework

For example, the key requirements outlined in the Standards can be summarized as:

1. A current policy statement for psychological health and safety in the workplace
2. Process for planning how the Standard will be implemented and sustained
3. Roles, responsibilities, and authorities for psychological health and safety are communicated throughout the organization
4. A clear engagement plan to ensure active, meaningful and effective participation of workers and worker representatives
5. A process for identification of work-related PHS hazards, risk assessment, and risk control
6. A process for gathering data and protecting confidentiality
7. Documented objectives and targets and action plans
8. System for managing changes that can affect PHS
9. Infrastructure and resources needed for implementation
10. Processes for education, awareness, and communication
11. Processes for competence and training
12. Processes for critical event preparedness
13. Procedures for reporting and investigations of work-related PHS incidents
14. Processes for engaging with external parties
15. Procedures for evaluation and corrective action
16. Processes to facilitate management review and continual improvement

These requirements are to be integrated into, or compatible with, governance practices and other systems in the organization.

To achieve integration, it is necessary to consider key questions about the structures within an organization. For example:

- How are leaders at all levels prepared and equipped to make decisions when those decisions may have an impact on the health, safety, and well-being of a worker?
- How is change managed and communicated?
- How are workers at all levels and in all positions throughout the organization protected from risks to their health, safety, and wellbeing, including PHS?
- How are the needs of diverse workers understood and addressed throughout the employee life cycle?
- How are workers supported with staying at work or returning to work when they have physical, cognitive, or emotional limitations?

By looking at the structures throughout the organization through a PHS lens, an organization should be better able to integrate what is needed into how work is done, and ultimately demonstrate improvements in the effects that that decisions and actions are having on the psychological health and safety of workers.

The Framework outlined in this document provides guidance on assessing what is in place throughout an organization. This is what the **OM PHS Assessment** is based on.

The Framework consists of ten elements of work where structures should be in place to guide decisions and actions that affect PHS. Although each of the elements are interconnected and often interdependent, ownership of data and authority for changes in these aspects of work often lies within different departments. Therefore, the elements are categorized under three different three areas of focus.



Risk

Mental Health Awareness,
Promotion and Supports

Risk Assessment
and Control

Emergency Preparedness
and Response



People

Human Rights and
Employment Standards

Equity Diversity
and Inclusion

Ability Management

Worker Life-cycle



Leadership

Policy and Strategy

Managing Change

Leadership Development
and Competencies

When combined, assessing what is in place throughout these elements of work provides a powerful pathway for an organization wide approach to improving PHS.

Improvements in one aspect of work can help with improvements in other aspects, and the opposite is also true: a breakdown of the integration of PHS requirements in one aspect of work can have a negative effect on others.

The Framework Elements

This section describes what each element is and how PHS should be integrated within the element. The numbers in brackets at the end of paragraphs correspond with the question numbers in the OM PHS Assessment Tool.



Area of Focus: Risk

The elements under this category are those where people throughout the organization need to be equipped with the knowledge, skills, and abilities to understand the importance of supporting the mental health and wellbeing of workers, how to recognize work-related hazards and risks to the mental health and wellbeing of workers, and how to prepare for and respond appropriately to critical events that can negatively impact of the mental health and wellbeing of workers. This is all within the greater context of other risk management processes in the organization This category includes:

- Mental Health Awareness, Promotion, and Supports
- Risk Assessment and Control
- Emergency Preparedness and Response

Mental Health Awareness, Promotion, and Supports

The World Health Organization (WHO) defines mental health as:

A state of well-being enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.

It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in.

Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.

Mental health is an essential component of one's overall health and well-being. It underpins our individual and collective abilities to make decisions, build relationships, and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community, and socio-economic development.

Perceptions about mental health and mental illness vary with knowledge and experience. Improving awareness about mental health and mental illness, promoting mental health, and providing mental health supports for workers can help to overcome stigma and create a more psychologically healthy and safe environment for all workers, including those who live with mental illness.

Mental health supports are resources and assistance that help people with their mental health.

Mental health promotion is the efforts and activities that an organization carries out to improve mental health awareness and knowledge and use of the supports available.

Together these dimensions of mental health comprise a key component of any organization's PHS strategy. They reduce stigma, increase awareness of mental health and resources available to support mental health, and ensure that issues and practices related to mental well-being are advanced in the

workplace. They include communication, education, and training. Mental health awareness, promotion, and supports should be acknowledged within the PHS policy, or any other policy addressing mental health (e.g., EDI, harassment, accommodation, return to work, risk assessment, emergency preparedness and response, etc.).

Integration

There should be a written program outlining the organization's approach to mental health awareness, promotion, and support. The program should have specific goals and objectives and success criteria that fall within a specific department for accountability. Roles and responsibilities related to success of the program must be clearly defined and communicated, and a sponsor and budget identified. Ideally the mental health awareness, promotion, and support program should be integrated with the PHS strategy. Program elements can include anti-stigma training, mental health first aid, peer support, benefits, worker and family assistance programs, available community supports, and ongoing mental health awareness training, among others. (4.1)

Mental health awareness should be acknowledged within the PHS policy or any other policy addressing mental health. (4.2)

If the organization provides a benefits package, the benefit program should be reviewed regularly to determine if it meets the diverse needs of the organization's workers. The review should include consultation with workers. While benefits for psychological counselling and therapy should be included in the review, it should also include review of other benefits that can support the mental health and well-being of workers, such as access to dental, medical, paramedical benefits, and health and wellness spending accounts. (4.3)

If the organization provides an employee and family assistance program (EFAP), it should be reviewed regularly to ensure it is meeting the diverse needs of the organization's workers. The review should include consultation with workers regarding the suite of services available such as access to counselling and therapy, legal assistance, financial counselling, management support, workload management, family issues, and conflict resolution. (4.4)

Available community mental health supports should be collated and reviewed to meet the diverse needs of the organization's workers. The review should include collection of information about services available outside of the

organization that could support the mental health and well-being of workers. These services may be accessed by workers at cost, a reduced cost, or no cost. Availability can be within the local community, regionally, federally, in-person, or online, and services may include access to counselling and therapy, legal assistance, financial counselling, management support, workload management, family issues, conflict resolution, among others. (4.5)

If the organization provides a peer support program, the program should be reviewed regularly to meet the diverse needs of the organization's workers. The review should include consultation with workers to identify their needs and preferences with respect to peer support. (4.6)

Anti-stigma training helps to reduce the stigma related to mental health and increase awareness, thereby increasing access to mental health supports. Prioritizing stigma reduction encourages healthy behaviour and promotes psychological safety within the organization. Anti-stigma training should include information distinguishing mental health from mental illness, signs and symptoms of declining mental health, strategies to address mental health issues, where to go for supports, among other factors. Anti-stigma training should be delivered by qualified and reputable trainers and/or organizations. Training must be done at all levels and regularly delivered. Note: Mental health first aid is not included in this section. (4.7) This will be addressed in Emergency Preparedness and Response.

Managers and supervisors should be engaged to ensure their needs and their teams' needs are being met with mental health awareness and anti-stigma programming. This should include consultation with workers regarding timing of events, modes of communication, and best ways to roll out the programs. They must ensure that there are supports for roll out and implementation of mental health and anti-stigma programs, since they are expected to support the needs of the organization and answer questions that its workers may have. (4.8)

Workers should be engaged to identify their concerns and needs for mental health awareness initiatives and support. This could include timing of events, modes of communication, and best ways to roll out the programs. (4.9)

Mental health and anti-stigma programs are intended to provide ongoing guidance and support for workers. They can include education, campaigns, events, tools, activities, and so on. Programs should be assessed for suitability to meet the needs of workers and chosen and implemented in

consultation with workers and/or their representatives. To be effective, programs should be implemented as instructed and the organization should encourage or require participation. (4.10)

A communication plan regarding mental health awareness and anti-stigma programs should include how to access supports (including peer support), how to access benefits, what community supports are available, what training is available, and regular promotion of mental health awareness events, activities, and programs. (4.11)

The roles, responsibilities, and accountabilities of mental health awareness, programs, and supports should be outlined in the program details and communicated on a regular basis. Ensuring workers can connect with appropriate supports and programs is the responsibility of all levels within the organization. (4.12)

To demonstrate commitment to the program and increase engagement and participation, a rewards program should be implemented to reward workers for their contributions to the success of the program. These processes should be integrated with performance management and can include achievement of specific objectives and milestones. (4.13)

Evaluation

Measurement and evaluation of participation rates in mental health awareness and training programs helps the organization determine adequate resourcing and whether strategic goals in this area are being met. Indicators of success should be identified, and measurements should include qualitative, quantitative, and mixed methods data. If participation rates are low, the organization should investigate and remove any barriers to participation and utilization. (4.14)

The ability to participate in mental health awareness, promotion, and support programs, activities, and events, and to use the tools and resources available, is an important indicator of inclusivity, and may be impacted by a variety of factors: stigma, accessibility of languages, format, neurodivergent needs, workload, personal circumstances, among others. (4.15) See the Equity Diversity and Inclusion section for additional details.

Gathering data is essential to understand the needs of workers and inform decision-making. Many organizations provide education and training for mental health and anti-stigma awareness, however, often outcomes are not

tracked. This leads to gaps where the organization cannot know whether the programs are effective or whether it is receiving a return on its investment. To prevent the risk of mental health programs being decommissioned, data related to mental health awareness, anti-stigma training, participation rates, and evaluation of programs should be collected. Processes for data collection must include details on how private and confidential information will be collected, stored, accessed (and by whom), and used in reporting. Degree of detail required must also be considered for privacy reasons. Other sources of data can include EFAP providers, benefits programs, and worker surveys. (4.16)

Reporting

Details regarding how results are being reported to relevant parties should be included in the mental health awareness, promotion, and support program. Reporting to senior management is important to determine achievement of goals and objectives, return on investment, and demonstrate commitment to the creation of a psychologically healthy and safe workplace. Confidentiality considerations should be strongly considered in the reporting process. Parties can be members of the board of directors and executive team, directors, managers, workers, and external parties (e.g., clients, vendors, suppliers, regulatory authorities, contractors, members of the public, as applicable). (4.17)

Risk Assessment and Control

Expanding risk assessment practices to include the identification of hazards and psychosocial factors that can affect the mental health of workers helps embed PHS within an organization's occupational health and safety risk assessment and control processes.

Assessment of PHS risk must include guidance on identification of hazards that can affect PHS of workers, how to assess risk associated with those hazards, and determination of appropriate and effective risk control measures. The process must identify the psychosocial factors to be assessed and include descriptions of each to aid in understanding how the factor affects workers' PHS. Like other occupational health and safety risk control measures, determining appropriate and effective risk control measures for PHS hazards must adhere to the hierarchy of risk control.

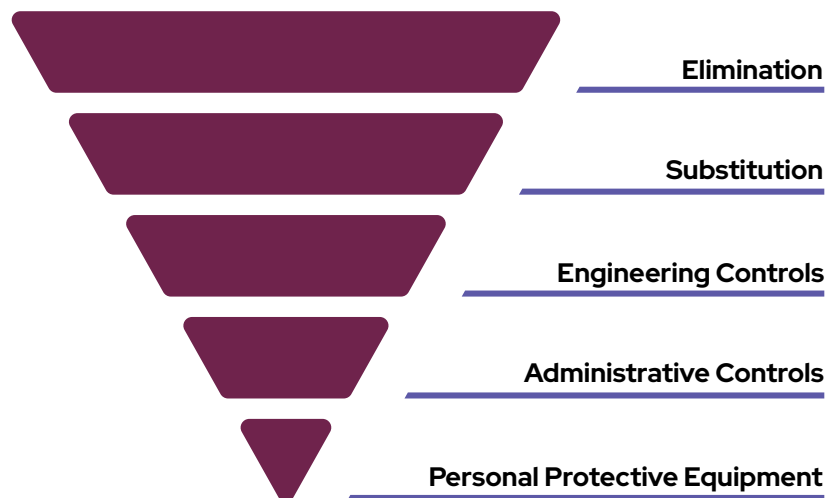


Figure 2 Hierarchy of Risk Controls

Integration

The PHS risk assessment program should have specific goals and success criteria, along with a budget allocation, one or more sponsors, and a responsible department. Sponsors must have sufficient knowledge, skills, and abilities to carry out their role. This includes access to resources such as training, tools, equipment, personnel, and funds. Success criteria, roles, responsibilities, and goals must be clearly defined and communicated, along with documentation requirements. The sponsor(s) should have sufficient authority to complete their duties and experience in identifying and assessing factors that affect psychological health and safety. (6.1)

Assessment of PHS risk must include guidance regarding hazard identification, how to assess risk, and how to determine risk effective of risk control measures. (6.2)

The process must identify the psychosocial factors to be assessed and include descriptions of each. Identification and descriptions may align with the National and/or International Standard (e.g., psychosocial factors), and additional factors that are specifically relevant to the workers in the organization or industry should be defined where necessary. Some of the organizational factors may overlap with the job and department-level risk factors.

The following factors could be considered at the organization level (6.3):

| Psychological support | Civility and respect |
|-----------------------------------|--|
| Organizational culture | Organizational change management |
| Clear leadership and expectations | Remote and isolated work |
| Roles and expectations | Growth and development |
| Job control or autonomy | Job security and precarious work |
| Recognition and reward | Involvement and influence |
| Workload management | Engagement |
| Work-life balance | Other chronic stressors as identified by workers |
| Protection of physical safety | Psychological protection from violence, bullying, and harassment |

The following factors could be considered at the department and job level (6.4):

| Roles and expectations | Remote and isolated work |
|--|--|
| Job control or autonomy | Job security and precarious work |
| Job demands | Recognition and reward |
| Civility and respect | Involvement and influence |
| Interpersonal relationships | Workload management |
| Supervision | Engagement |
| Work environment, equipment, and hazardous tasks | Psychological protection from violence, bullying, and harassment |
| Psychological job demands | Work-life balance |
| Protection of physical safety | Other chronic stressors as identified by workers |

In addition to the above, organizations may have specific factors to consider based on their sector. For example, healthcare has identified two additional factors (support for self-care and protection from moral distress), and paramedic services has identified cumulative exposure to critical or stressful events as an additional factor.

The negative and positive mental health impacts of workplace factors, and the risks associated with them, should be assessed throughout the organization. The process should follow the hierarchy of risk control and consider how more effective management of these factors can support workers' mental health. The process should include identification and assessment of opportunities to promote psychological health, in addition to mitigating risk. Every job should be assessed, in particular, jobs that may present higher psychological risk. (6.5)

Data sources and methods of collection used for the risk assessments should be identified. The methods of collection, including qualitative, quantitative, and mixed methods, should be recorded, and required data should be shared with the OHS committee or H&S rep. Details on the handling of private and confidential information should be outlined. (6.6)

The person(s) who conducts the risk assessments need to be the same person(s) who oversees the entire risk assessment process. The person(s) who conduct the risk assessments can be internal workers or external

consultants. They must have sufficient knowledge, skills, and abilities to carry out their role. Documentation should be readily available demonstrating competency in psychosocial risk assessments, such as training records, or proof of qualification or experience. (6.7)

Roles and responsibilities must be clearly defined, communicated, and understood by all stakeholders regarding PHS hazard identification and reporting, and assessment of risk and opportunities for promotion of PHS. (6.8)

Training for identifying PHS hazards and risks should be identified and an action plan outlined to ensure adequate and relevant training of stakeholders throughout the organization. This training must be facilitated by competent trainers and/or reputable organizations. (6.9)

The risk assessment plan should identify tools and resources available to support responsible parties in their duties of identifying PHS hazards, assessing risk, and promoting PHS throughout the organization. Any identified hazard should go through a risk assessment process and minimized as much as possible. Tools and resources may include human resources, budget, materials (such as assessment tools and hazard reporting forms), and, where applicable, personal protective equipment. (6.10)

Management must be able to contribute to the process for assessing risks from psychological hazards and promoting psychological health. Therefore, the risk assessment process should include meaningful dialogue with people in managerial roles. (6.11) Workers must also be able to contribute to the PHS risk assessment process via individual, collective, and worker representative participation. (6.12)

Risk assessments must include identification of preventive, protective, and corrective measures following the hierarchy of risk controls. Such measures may need to be integrated into organizational policies, processes, procedures, and training as required. Measures should include organizational-level controls, job-level controls, procedures for refusals of unsafe work, and interventions to reduce the harmful effects of exposure to psychological hazards. (6.13)

Evaluation

An action plan must be in place to ensure the identified preventive, protective, and corrective measures are communicated to management and

that appropriate action is being taken. This includes identification of key stakeholders, clarification regarding who leads implementation of the needed changes, objectives and targets, a process for managing change, and who is assigned to follow up on progress. (6.14)

Information about workplace factors that contribute to PHS must be communicated regularly to stakeholders to inform them about how to reduce risk and support psychological health. Provision of information must be a part of the regular communication plan and provide opportunities for stakeholder feedback. Ideally, this information should also be integrated into job descriptions, new worker orientation, safe work procedures, and job health and safety training. (6.15)

The process must include mechanisms to evaluate whether the PHS risk assessment process and control measures are in place and operating effectively. This may include periodic reviews of the process, interviews with stakeholders, and assessment of outcomes and impact. (6.16)

Reporting

Ensuring that management is informed of the effectiveness and impact of the PHS risk assessment program and control measures is essential to support decision-making processes. The reporting plan should outline which reports are being distributed to which stakeholders, along with recommendations for improvement to the PHS risk assessment process. (6.17)

Emergency Preparedness and Response

Workplace emergencies that can affect the PHS of workers include traumatic incidents, violence, threats, natural disasters, fires, explosions, floods, infectious diseases, suicide of a colleague, terror, robbery, and dismissals. Critical events in a worker's life can also affect their PHS (e.g., harassment, bullying, violence, death of a family member or friend, serious medical diagnosis, etc.).

To support workers during incidents or critical events, organizations should develop a process for assessing PHS risks and impacts at the individual and organizational levels, as well as responses to these incidents. Clear instructions and training for key people will help to minimize the risk of negative effects from emergency situations.

Integration

There must be a process in place for identifying, preparing for, and responding to emergencies and critical events in the workplace. This process may be built into the existing emergency preparedness and response program. Emergencies at the workplace and critical events in an individual's life can affect workers' PHS. The PHS emergency preparedness and response program should have specific goals and success criteria, along with a budget allocation, one or more sponsors, and a responsible department. Sponsors must have sufficient knowledge, skills, and abilities to carry out their role, and roles and responsibilities must be clearly defined and communicated. (7.1)

There must also be a process in place for assessing the PHS risks and impacts of emergencies at the individual and organizational levels. (7.2)

In addition, suitable prevention and response mechanisms must be identified and put in place, including procedures, equipment, facilities, training, and access to support to manage these events in a manner that reduces psychological risk. This must include provision of appropriate care for workers during emergency response. Both processes must include consultation with

workers or worker representatives and include provisions for protection of personal privacy and confidential information. (7.3)

Following emergencies and critical incidents (as defined by applicable health and safety legislation), psychologically safe debriefings should be conducted. To reduce risk of retraumatization, the debriefing should be conducted by someone with specialized skills in psychologically safe debriefing procedures and include information about supports available both within the workplace and in the community. (7.4)

Unexpected changes or absences within a key role can significantly impact the ability to find information, have questions answered, or carry out functions that are dependent on or related to that role. This can result in increased levels of stress, particularly if the role is unfilled for a prolonged duration. Contingency plans should be in place to support workers in being able to continue with work and manage stress. (7.5)

A process must be in place to review learning from emergencies and debriefings. The process should include gathering and analyzing data regarding events leading up to the emergency, how it was handled, and the outcome. The process must include reporting of findings and recommendations for improvement, which should be incorporated into established plans related to managing PHS in the workplace (e.g., policies, procedures, training, communications, etc.). The process should include consultation with workers or worker representatives and include provisions for protection of personal privacy and confidential information. (7.6)

There must be a process in place for regular review of guidelines for preparation and response to emergencies, including necessary revisions stemming from critical events or incident reports. This will ensure appropriate support is identified and made readily available as soon as possible and increase the organization's capacity to respond appropriately to future emergencies. (7.7)

Instructions for notifying management of emergencies and critical events that can affect workers' PHS should be documented, communicated, and accessible to all workers. Workers should also be consulted on and familiar with the instructions. (7.8)

Procedures must be established to provide guidance to workplace parties on how to respond to a notification of an emergency or critical event that can affect worker PHS. Procedures should include defined roles and responsibilities, including how to protect workers from imminent danger, how to

connect workers with organizational and/or community emergency support services, and applicable legal reporting requirements. The procedures should be documented and communicated to all workers, particularly those with assigned roles and responsibilities within the PHS preparedness and response program. (7.9)

A process should be in place to guide those with key roles and responsibilities in following up with affected individuals after an emergency. Follow-up might include checking in to inquire about coping and support needs, communicating about the status of workplace changes, providing access to support services, and so on. (7.10)

Suicide in the workplace can have widespread effects. There should be guidance in place to address situations related to suicide, ideally including training for how to talk to someone about suicide, how to get help for someone in need, and how to support workers and their families who have been impacted by a suicide loss. Steps to link workers with culturally appropriate supports should be made available, including suicide a prevention hotline and grief counsellors. (7.11)

Everyone in the organization should be aware of their roles and responsibilities in relation to emergency preparedness and response. Roles and responsibilities within an emergency or critical event situation should be documented, communicated, and reviewed regularly. (7.12)

Protection of physical safety in an emergency can minimize the risk of a negative psychological impact. Tools and equipment to protect workers in the event of emergencies can include fire extinguishers, first aid kits, first aid equipment, audible and visible alarms, silent alarms to call for help, barriers, lock down equipment and facilities, among others. For workers in the field in remote areas, satellite communications may be necessary to signal for help, and specialized tools and equipment to respond to emergency situations may be necessary. (7.13)

There should be trained people that are available to the organization that can address the psychological aspects of emergency or crisis situations, along with associated effects of debriefings. These can include workers trained in mental health first aid, as well as internal or external resources with training in crisis intervention, suicide prevention, de-escalation, and access to the organization's employee assistance program and benefits, if applicable, as well as access to community resources. (7.14)

Internal and external supports need to be visible and communicated regularly in case an incident arises. The information should be readily available. This includes the physical workplace (facilities, vehicles, in the field, remote workplaces) and virtual workspaces (e.g., company intranet). (7.15)

Management should be engaged to determine what they need to adequately prepare for and respond to emergencies. (7.16)

Workers must be able to contribute to the processes for preparing for and responding to emergencies. Worker engagement should include provisions for participation in the process individually, collectively, and through worker representatives. (7.17)

Key staff who would be involved in responding to workplace emergencies that can affect the PHS of workers must receive appropriate training on the organization's procedures for responding to a such emergencies. This might include supervisors, managers, human resources, and members of the organization's emergency response team. Training in Mental Health First Aid and suicide prevention is highly recommended. (7.18)

Reporting

Following an emergency or critical event there may be a need for investigation and reporting on PHS issues (e.g., to management, to regulatory authorities, health insurance, workers compensation, etc.). A process should be set out to provide guidance on what types of information should be collected, by whom, and how the information should be reported and maintained. The process must include compliance with legal requirements and the protection of personal and confidential information. (7.19)



Area of Focus: People

The elements under this category are those where people throughout the organization need to be equipped with the knowledge, skills, and abilities to understand the effect that policies and processes related to people management and interactions can have on worker's experience with an organization, and on their mental health. This falls within the greater context of human resources and daily operations. This category includes:

- Human Rights and Employment Standards
- Ability Management
- Worker Lifecycle
- Equity, Diversity, and Inclusion

Human Rights and Employment Standards

Human rights include civility and respect, and protection from workplace discrimination, harassment (including sexual harassment), bullying, and violence. These rights are also enshrined in jurisdictional employment standards and must be considered when developing policies, processes, incident reporting, and investigation structures. Confidentiality and privacy legislation must also be respected.

Integration

The organization must have anti-violence, harassment, and discrimination policies. These policies must be approved by senior management and easily accessible by all workers. These policies may be stand-alone or part of other relevant policies. (2.1)

Relevant human rights and employment standards legislation must be regularly reviewed to ensure changes are updated in anti-violence, harassment, and discrimination policy, and subsequently communicated to the organization. (2.2)

A process for reporting concerns and incidents related to human rights must exist and be communicated and known throughout the organization. It must include:

- explanations of workplace discrimination, harassment, bullying, and violence,
- mechanisms for psychologically healthy and safe conflict resolution,
- mechanisms for reporting concerns and incidents, and
- protection for workplace parties who bring forward a report.

The process must also include details regarding confidentiality and the protection of personal private information. (2.3)

There must be a process for reporting concerns and incidents related to employment standards that is communicated and known throughout the organization. The process must include:

- explanations of employment standards legislation for specific issues such as hours of work, right to disconnect, maternity leave, scheduled breaks, among other issues.
- mechanisms for psychologically healthy and safe conflict resolution,
- mechanisms for reporting concerns and incidents, and
- protection of workplace parties who bring forward a report.

The process must include considerations for protection of confidentiality and personal private information. (2.4)

When a workplace party has reported a concern or incident, there must be clear steps for the person(s) receiving the report to follow. This may include inquiry, conflict resolution, escalation, and investigation. If an investigation is needed, it must be conducted in a psychologically safe way by a competent and impartial investigator(s), following established processes for conducting an investigation. The process must include mechanisms for protection of confidentiality and personal private information. (2.5)

All workplace parties must receive information and education about their legal rights and responsibilities related to employment standards and related company policies and procedures. This information must be communicated during the orientation process for new workers and be periodically refreshed for existing workers. (2.6)

All workplace parties must receive information and education about their legal rights and responsibilities related to human rights and related company policies and procedures. This information must be included in orientation processes for new workers and periodically refreshed for existing workers. Look for evidence that information and education on human rights has been provided to all workers. (2.7)

External parties (e.g., vendors, supplies, customers, patients, members of the public, etc.) who interact with the organization must be made aware of the organization's expectations related to human rights and employment standards. Expectations must be documented and communicated regularly, including which actions will be taken if expectations are not met.

This should be communicated through various means (e.g., visitor policy, contractor and vendor management programs, etc.). (2.8)

Evaluation

To better inform decision-making, a process for collecting and analyzing data related to human rights and employment standards in relation to PHS should exist. The process should include identification of what data to collect, what methods to use, how to protect private and confidential information, who has access to the data, what will the data be used for, and how results will be reported to stakeholders. (2.9)

Reporting

A psychologically safe process for reporting data related to human rights and employment standards complaints and incidents should be clearly outlined, with respect to which parties may be receiving the report, such as the board of directors and executive team, managers, workers, and any relevant external parties. The process should include identification of results that may be disturbing or triggering, how those in managerial roles are prepared and equipped to address questions and concerns that their direct reports may have, and what psychological or social support is available to workers who may need it. (2.10)

Equity, Diversity, and Inclusion

Intersectionality is defined as the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups.

(Intersectionality Definition & Meaning - Merriam-Webster)

Acknowledging intersectionality of worker identities and social determinants of health is an important part of a psychologically healthy workplace.

Ideally, the PHS strategy and equity, diversity, and inclusion (EDI) strategy inform each other and are linked with common definitions such as diversity (demographic, identity, protected grounds, and neurodivergence), equity, inclusion, anti-racism, reconciliation, and anti-discrimination.

Integration

Governance of the EDI program should be demonstrated with written policy and strategy, with documentation showing budget allocation, roles and responsibilities, accountabilities, processes, and resources. Roles and responsibilities related to achievement of the goals of the EDI strategy must be clearly defined and communicated. Ideally, the EDI strategy should be linked to or integrated with the PHS strategy. (3.1)

The organization's written EDI policy should be approved by senior management and easily accessible to all workers. The policy should include definitions of diversity (including neurodiversity), equity, and inclusion; a statement of commitment; description of the stakeholders it affects (e.g., workers at all levels, FT/PT, seasonal, contract, volunteers, visitors, vendors, contractors, etc.); organization responsibilities; guidelines for workers; and accountability. It should address anti-discrimination and anti-racism, and define the link between PHS and EDI. This is important to ensure that people with lived and living experience with mental illness are not discriminated against. This policy may be stand alone or part of another policy or program. (3.2)

The organization should have a committee or worker resource groups that meet regularly to represent the unique needs of workers from diverse populations. These groups should be made up of a cross section of workplace parties (including leadership and workers), to avoid tokenism and encourage equity and inclusion. This is especially important if there is reluctance on the part of workers to participate or barriers exist to active participation in the committee or group among workers who are being represented. All members do not need to be from equity-deserving groups to represent them, however, equity-deserving groups must be well represented or given priority. The committees need mechanisms to guide how they will carry out their roles (e.g., terms of reference, procedures, training, etc.), particularly for how committees will consult with and represent workers. (3.3)

Retention of workers from diverse populations is affected by the opportunities they have for recognition, growth, and development in the organization. An organization that provides these opportunities are more likely to have workplaces that are more equitable and psychologically healthy and safe. Processes to ensure such opportunities should be informed by EDI considerations and practices. The organization should solicit the input of workers from diverse populations regarding factors that can affect their experience in the workplace, their ability to stay at work or return to work, and opportunities for recognition, growth, and development. The organization should also be mindful of the psychological impact of overreliance on equity-deserving groups' emotional labour in these programs and processes. (3.4)

Examples of tools and resources that have been implemented specifically for EDI can include surveys, focus groups, committees, worker resource groups, consultation with experts, appropriate language guides, multi-cultural calendars, and knowledge events. (3.5)

The organization should develop a process to identify psychosocial hazards and manage psychological risks that considers the needs, experience, language skills, literacy, and diversity of individual workers. This is necessary for the prevention of psychological and physical harm for workers with diverse backgrounds and needs. (3.6)

Communication of information throughout an organization is essential. Communications must be inclusive and promote accessibility. There should be a variety of different modes of communication used within an organization that meet the unique needs identified by workers of diverse populations. (3.7)

EDI training needs should be identified and an appropriate plan be implemented to ensure the training is adequate and relevant, both for stakeholders and the organization. Training can include appropriate language use, unconscious bias, microaggressions, race, mental health, and any other specialized training. The training should be accessible, available in various formats, and communicated throughout the organization. (3.8)

Evaluation

Measurement and evaluation of participation rates in EDI activities and training helps the organization determine adequate resourcing and achievement of strategic goals in this area. Measurements should include qualitative, quantitative, and mixed methods data. If participation rates are low, the organization should investigate barriers to participation that may exist and how to remove them.

An important indicator of inclusivity is the ability to participate in EDI-related activities and use the tools and resources available. This may be impacted by a variety of factors, including stigma, accessibility of languages, format, neurodivergent needs, workload, personal circumstances, among others. (3.10)

There must be processes in place for monitoring and measuring progress against the identified goals and objectives of the strategy. Regular monitoring ensures that corrective actions can be taken in a timely manner. (3.11)

Gathering data is essential to understand the needs of workers and inform decision-making. There must be a process established that guides what types of data needs to be gathered, the methods of data gathering, storage, access, and use of data, and protection of private and confidential information. (3.12)

Reporting

The EDI strategy should include information on how data is being reported to relevant stakeholders, in particular senior management. Reporting should be appropriate to inform the needs of these stakeholders and communicated through appropriate means. Results reported to management must outline how the goals and objectives of the EDI strategy are being achieved, and should include results of data analysis, detailed review of significant findings, and other key information (such as recommendations for improvement) (3.13)

Ability Management

Inclusion of mental health conditions in an ability management policy and program is crucial for normalizing PHS in an organization. Relevant stakeholders (e.g., supervisors, HR, union reps, workers, health care providers, etc.) should be provided guidance for identifying psychological abilities, limitations, and support needs for workers who may need assistance in the workplace for a mental health condition.

Guidance must also be provided in dealing with accommodation plans and claims for benefits related to mental health (e.g., health care or lost time benefits). This must also include provisions for confidentiality and protection of private information.

Integration

The ability management program should have specific goals and success criteria, along with a sponsor and budget allocated. The program should fall within a specific department for accountability. Roles and responsibilities related to achievement of the program must be clearly defined and communicated. (5.1)

There should be a policy for ability management that includes provisions for accommodations needed for workers who live with mental illness or who may be experiencing mental health challenges. The policy should be approved by senior management and communicated throughout the organization. (5.2)

Processes for ability management must include guidance for relevant parties (e.g., supervisors, HR, union reps, workers, health care providers, etc.) in identifying psychological abilities, limitations, and support needs for workers who may need help with or accommodation for a mental health condition. This should include education and tools (e.g., forms and guidance) to ensure clarity, consistent application of processes, and documentation

of procedures and accommodation plans. The process must also include provisions for confidentiality and protection of private information. (5.3)

The organization should have an accommodation process and associated procedure specifically for mental health needs, which may be included in the overall accommodation plan. The goal of the plan should be to support workers to stay at work, when possible, access mental health support when needed, and allow for time off for treatment and recovery with subsequent return-to-work planning. The process must include procedures to meet applicable legal requirements and protection of confidential information. (5.4)

The organization should have processes and procedures for managing claims for work-related and non-work-related psychological injury. The process must be clearly communicated and include procedures to meet applicable legal requirements and protection of confidential information. (5.5)

Relevant parties (e.g., workers, supervisors, HR, union reps, health care providers, etc.) involved in mental health accommodation need to understand their roles and responsibilities in relation to ability management and accommodation. (5.6)

Management should be consulted to address specific cases pertaining to accommodation and return-to-work planning, and ability management effectiveness. (5.7)

Workers should also be engaged to inform processes and procedures regarding accommodation. This engagement should consider the unique needs of workers to stay at work or return to work, and it should consider workplace factors that may influence their abilities. (5.8)

Training for workers, worker representatives, supervisors, and HR may be needed to upskill on information related to ability management (e.g., how to access support; procedures for identifying abilities, limitations, and support needs; how to use forms and other tools available; how to accommodate for mental health needs; claims management; monitoring of progress; etc.) There should be an assessment of whether training needs are being met. (5.9)

Evaluation

Data must be gathered to determine if processes and tools are being used as intended, and examples can be collected and redacted if necessary to preserve confidentiality. (5.10)

Gathering data is essential to understand the needs of workers and inform decision-making. A process must be established to guide data collection to determine the types of data that need to be gathered, the methods used to gather it (which must include qualitative, quantitative and mixed methods), and how data is stored, accessed, and used, with attention to protection of private and confidential information. Data related to ability management specific to mental health may include, for example, the number of requests for accommodation, number of health care claims, lost time claims, days lost, cost of claims related to mental health, duration of claims related to mental health, types of accommodation, effectiveness of accommodation, and return-to-work plans. This data may be collected and analyzed as part of the overall process for ability management (physical and mental health). (5.11)

Reporting

Reporting results of ability management programs can reduce stigma related to mental health in the workplace, inform improvements to the ability management program, and inform other areas of improvement related to workplace PHS. The reporting process should include which data is being reported to which stakeholders, and the process must include how confidential information will be protected. Stakeholders can include members of the board of directors or executive team, directors, managers, workers, and external parties (e.g., clients, vendors, suppliers, regulatory authorities, contractors, members of the public, as applicable). Senior management reporting is particularly significant; they must receive information regarding how the goals and objectives of the ability program are being met, and recommendations for improvement. (5.12)

Worker Lifecycle

Demonstrating commitment to PHS throughout workers' journey from recruitment to offboarding is an essential part of PHS integration. The organization's commitment to PHS should be clearly stated in job postings, and benefits and perks can be helpful in supporting the mental health of workers and their dependants. The organization should have mechanisms in place to support internal team members with workload and stress management during the recruitment and hiring process.

Ensuring PHS training is a mandatory part of the orientation process (and woven throughout all levels of the organization), developing growth paths for workers, and enhancing retaining efforts are important aspects of PHS implementation.

Integration

Demonstrating commitment to psychologically healthy and safe workplaces is important in attracting prospective workers. Externally facing publications (e.g., company website, social media, recruitment materials) should mention the organization's commitment to PHS and how the organization demonstrates that commitment in its day-to-day operations. (9.1) Job postings should also clearly state the PHS commitment, along with available benefits and perks that can support the mental health of prospective workers and their dependants. This may include reference to EDI policies, flexible working policies, and accommodation of workers. (9.2)

The recruitment and hiring process can be stressful for workers involved as well as for potential candidates, especially when trying to fill a vacant position that requires specific knowledge and skills. Recruitment, reviewing applications, scheduling interviews, conducting interviews, evaluating potential candidates, selecting the top candidate, making the offer, negotiating terms, securing the contract, and communicating takes time and energy, in addition to team members' regular workload. The organization should have mechanisms in place to support team members with workload and stress management during these times. (9.3)

Interviews can be a challenging time for people internal to the process. There should be a process for conducting interviews that is outlined with psychological safety in mind. Some questions to address during the development of this process would be: What is the onus on the interviewer? Are they aware of roles? Have interviewers received training or instruction on how to ask questions and respond to interviewees' comments in a psychologically safe way? (9.4)

The job offer process can induce significant anxiety for all parties involved due to its inherent uncertainty. When prioritizing PHS in the recruitment process, a candidate's time and needs should be considered by keeping them informed of next steps and ensuring adequate time to review the offer. Additional time should be built into the process for the negotiation of the contract and to address any questions before the new hire starts with the organization. (9.5)

PHS training should be a mandatory part of the orientation process. PHS training may be at all levels of an organization, from workers to senior management, and could include the basics of psychological safety and education about PHS supports available both within and outside the organization. (9.6) Demonstrating that PHS is a part of the organization's mission, vision, and values can help the new worker connect with the purpose and culture of the organization and can help set the tone for expected behaviour and decision-making. (9.7)

Clarity and understanding of not only the worker's role, responsibilities, and accountabilities, but how their role, responsibilities and accountabilities interact with others within the organization can help reduce confusion and uncertainty. Ambiguity and lack of clarity are known drivers of stress, and reducing both can help to improve the worker's onboarding experience. It will be important for them to know who does what and who they can go to with their questions. (9.8) Understanding various processes and procedures within the organization can also help to reduce confusion and uncertainty. Knowing how things are done, why they are done that way, and how to use available tools and technology will help build a solid foundation for the worker's tenure at the organization. (9.9)

Growth and development are psychosocial factors that affect the mental health of workers. Organizations should provide opportunities and guidance for workers to grow and develop their skills along with opportunities to advance. (9.10) The organization should also have a process to identify and

address gaps for competency requirements in career development. This may include performance dialogues, surveys, core requirements, competency assessments, among others. (9.11) Actual or potential opportunities within the organization for a worker to grow is an important part of a career development plan, and can include committee participation, training, working groups, cross-cutting projects, time for sabbaticals, and so on. (9.12) These development opportunities should be supported by a budget for workers at all levels to develop core competencies needed for career growth. (9.13)

Policies that support PHS should be reviewed and may need to be updated to meet the current needs of workers and the organization, comply with legislative changes, and current socio-economic and environmental realities (e.g., pay, benefits, career opportunities, harassment, recognition and reward, etc.). (9.14)

Monitoring worker satisfaction, motivation, and fulfilment can help to identify what is working well and areas that need improvement. Methods should engage workers in meaningful dialogue to identify issues related to PHS (e.g., focus groups, surveys, one-on-one discussions, performance dialogues, etc.). Retention efforts and engagement along with recommendations for improvement should be reported to senior management. (9.15)

Organizations should have action plans that outline their retention efforts, both on a team and organization level. They should include success criteria and actions to be taken to track whether those criteria are being met (e.g., worker engagement surveys, PHS assessments, annual performance reviews, tracking of conflicts and harassment claim resolution, etc.). Roles, responsibilities, timing, and budgets should be included. (9.16)

Psychological safety is the belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes at work. Efforts should be made to examine psychological safety within teams and across the organization. For example, questions related to psychological safety may be included in worker satisfaction surveys, performance dialogues, pulse surveys, focus groups, online reviews, conflict resolution, and claims of harassment or bullying. The data should be analyzed for follow-up. (9.17)

Supports should be given to promote psychological safety and be regularly communicated to workers (e.g., training for leaders and team members, access to guidance, time to hear a worker's concerns, and access to safe spaces – physical and virtual, etc.) (9.18)

Resignations, terminations, and layoffs can be stressful for everyone involved. Processes should be outlined to minimize the risk for negative impacts on the mental health of the separating worker, co-workers, and those directly involved in the separation. Efforts to minimize the risk of negative impacts to the worker may include ensuring clarity on the reason for the separation, considering timing of terminations and layoffs, ensuring key staff are ready for the conversation, responding to specific health concerns for the worker(s) separating, ensuring support is available at the time of separation and into the future, determining the setting for termination meetings, developing relevant severance packages, and planning the tone for termination meetings. (9.19)

Co-workers might experience increased stress upon learning of the separation of one or more co-workers. Efforts to minimize the impact may include developing a communication plan, availability of leaders to provide guidance and answer questions following the separation, and addressing concerns about workload and workflow, particularly if positions remain vacant or are deemed redundant. Opportunities should be provided to bring team members together in a meaningful way, provide access to mental health support, and provide clarity where possible. (9.20)

People directly involved in termination discussions might experience increased stress leading up to, during, and after the discussion. Efforts to minimize negative impacts may include ensuring the direct supervisor is involved and made aware of the basis of the decision, using dry runs to prepare those who may be involved, avoiding speaking notes, considering who should be in the room, addressing concerns about potential violence, and offering post-termination support to those involved. (9.21)

Exit interviews are valuable for gaining insight for the organization to understand why a worker is leaving and what can be done to improve retention rates and company culture. They can also be used to identify supports the separating worker may need during the transition (e.g., unemployment, new job, retirement, etc.). The organization should have a clear process for conducting effective exit interviews that includes preparation, clarification of who should be interviewed and when, identification of supports that might be needed during or after the interview, specifying how the interview should be conducted and who will conduct it, and how the information will be collected and used. Best practices include conducting exit interviews with all workers, whether the separation is voluntary or involuntary; conducting interviews one-on-one, in a non-threatening atmosphere,

and in a way that allows for direct two-way dialogue. The purpose of the interview should be clear, and there should be guiding questions to choose from. Anonymized themes from exit interviews should be collated and presented to senior management as potential recommendations for improvement (9.22)

Actions following a worker's departure can contribute to a healthy organizational culture and maintain positive relationships by supporting the mental health of the departed worker and those who remain. This can include, for example, acknowledgement of the worker's service, indicating there may be an opportunity for the separated worker to return in the future, considering employment references for the worker(s), offering invitations to participate in community events, and so on. (9.23)

Evaluation

Gathering data is essential to understand the needs of workers and inform decision-making in worker lifecycle processes. A process must be established that guides the types of data needing to be gathered, the methods of data gathering (which must include qualitative, quantitative and mixed methods), how data is stored, accessed, and used, and how private and confidential information is protected. Data related to worker lifecycle specifically may include average tenure at organization, progression through various roles, worker engagement surveys, PHS assessments, records of PHS training, average length of role vacancies, average length of recruitment process, themes from exit interviews, among others. This data may be collected and analyzed as part of the overall PHS strategy as well. (9.24)

Reporting

Reporting results of worker lifecycle data analysis and the effectiveness of PHS initiatives within the organization and on teams can guide efforts to improve the worker lifecycle process and other areas related to workplace PHS. The reporting process should include identification of what data to report to which stakeholders, and it must include guidelines for the protection of confidential information. Stakeholders can include members of the board of directors or executive team, directors, managers, workers, and external parties (e.g., clients, vendors, suppliers, regulatory authorities, contractors, members of the public, as applicable). Reporting should be appropriate to stakeholder type and communicated through appropriate means. (9.25)



Area of Focus: Leadership

The elements under this category are those where people in leadership roles in the organization need to be equipped with the knowledge, skills and abilities to understand the potential impact of their decisions and actions on the wellbeing of workers. This category includes:

- Policy and Strategy
- Managing Change
- Leadership Development and Competencies

Policy and Strategy

Policy and processes are the foundations upon which an organization is managed, and strategies integrate written policy into living company culture. A PHS policy establishes leadership's commitment to protecting and promoting the mental well-being of an organization's workers and sets out general expectations and guidelines for workplace parties. Following the guidelines established in the policy, a strategy and action plan must be developed to guide the operationalization of PHS throughout the entire organization.

Integration

To demonstrate that it has conformed to the Policy and Strategy element, an organization must have a written Psychological Health and Safety (PHS) policy statement, either on its own or integrated into another policy (e.g. health and safety policy statement). It must be current and signed/approved by the organization's top leaders (i.e., senior or top management) and must include the following:

- a definition of a psychologically healthy and safe workplace,
- a statement of commitment,
- a description of the parties the policy affects (e.g., workers at all levels, FT/PT, seasonal, contract, volunteers, visitors, vendors, contractors, etc.),
- organizational responsibilities,
- guidelines for workers, and
- accountability of workplace parties to comply with the policy. (1.1)

Organizations need to demonstrate workers are aware that a PHS policy exists, know where to find it, and are familiar with its contents. (1.2)

In addition to the policy, a written strategy should be in place that outlines the organization's PHS goals and objectives, in line with the PHS policy, within a set timeframe. The strategy should be integrated with the organization's vision, mission and values.

Like the PHS statement, the strategy can be standalone or integrated into another strategy (e.g., occupational health and safety; workplace wellness; equity, diversity, and inclusion). The strategy must also provide details such as a change management process, documentation requirements, success criteria, clear identification of responsibility and authority (e.g. champion, sponsor), and budget. (1.3)

A successful strategy cannot be implemented without an action plan. The organization should have an action plan explaining how it will achieve its PHS commitments, goals, and objectives, while accounting for competing priorities that staff at all levels are faced with. The action plan should include identification of current practices that support PHS, and clearly outline what is needed to achieve the organization’s PHS goals and objectives (including training, education, and communication plans). (1.4)

| Policy Statement | Strategy | Action Plan |
|---------------------------------------|---|---|
| Commitments, expectations, guidelines | What the organization will do over a specific time period in accordance with the policy statement | How the organization will achieve the goals and objectives outlined in the strategy |

Implementation of a PHS strategy is dependent on workplace parties at all levels demonstrating responsibility and accountability for shared goals. Written roles, responsibilities, and authorities must be outlined for leaders at all levels (e.g., C-suite, directors, managers, supervisors), workers, and those with roles on committees or other groups related to PHS in the workplace. (1.5)

Tools (e.g. guides, procedures, checklists, etc.) and resources (e.g. time, budgets, access to benefits, access to knowledge and expertise, etc.) are needed to support staff with effective implementation of PHS in the workplace. They should be appropriate to the stage of implementation, and there should be evidence they are being used. If tools and resources are not being used, the organization should determine why this is the case so that barriers to successful completion can be removed. (1.6)

The occupational health and safety (OHS) Committee or health and safety representative (H&S) representative, where required, must be engaged to define their level of involvement in PHS. This should include:

- ensuring the OHS committee members or H&S reps are aware of the PHS policy, strategy, and action plan and have definitive roles,
- ensuring confidentiality of all persons is respected when sharing information about PHS with the OHS committee or H&S rep, and
- psychological hazards are identified in accordance with the OHS requirements. (1.7)

Successful strategies and PHS programming require buy-in of workplace parties at all levels throughout the organization. Workplace parties at all levels, and in particular, workers, must be encouraged to participate in programs, education, and training that support implementation of the strategy (including OHS & equity, diversity, and inclusion (EDI) committee members, wellness champions, and members of the human resources department). Management also must be engaged to understand their needs and provide support for successful implementation. Engagement of workplace parties should also include involvement in development of the PHS policy, planning, implementation, and operation of related programs, as well as feedback. (1.8)

A detailed communication plan for implementation of the strategy must be developed. It must include identification of key workplace parties, what needs to be communicated, the mode(s) of communications, timing and frequency of communications, and responsibility for communications. Communication should be done in a way that clarifies content, protects confidentiality, and respects the diverse ways that people communicate. (1.9)

Education and training needs for workers at all levels must be identified to support implementation of the organization's strategy and action plans. The organization should have an initial training plan in place, which can help to ensure adequate resources are allocated to support the training needs that have been identified. This should include comprehension of the strategy, roles, and responsibilities; definition of PHS management system elements; and how to access and use tools and resources available to support implementation. (1.10)

Evaluation

Measurement and evaluation of PHS initiatives helps to ensure continuous quality improvement, along with decisions regarding allocation of resources. Indicators of success should be identified throughout the policy, strategy, and action plan, and include qualitative, quantitative, and mixed methods reporting. (1.11)

Measuring and evaluating participation in PHS initiatives demonstrates effectiveness of communications, training, and suitability of resources and tools provided. Low participation rates can help identify barriers to participation and areas for improvement. (1.12)

To ensure the strategy is effective, success criteria must be identified in the action plan and should include leadership engagement, assessment of psychosocial risk factors, assessment of other workplace determinants of psychological health, psychological injury and illness rates, data related to disability management, and aggregated data related to critical events and investigations. (1.13)

There must be a process established within the PHS strategy that guides what types of data need to be gathered, the methods of data collection, storage, access, and use of data, and protection of private and confidential information. Confidentiality must be respected within reporting structures and activities. Data gathering processes must indicate the required degree of detail of data to ensure reasonable accuracy of results and should clarify who will have access to the data. (1.14)

Reporting

Reporting results of PHS system evaluations is crucial in several regards. Such reports are helpful in ensuring the strategy and action plans are on track. Moreover, evaluation results can inform decision-making, highlight opportunities to celebrate success, and determine plans for continual improvement.

The PHS strategy must outline how results are being reported to relevant parties, and how they are appropriate to the needs of said parties. Senior management should be provided more detailed reports regarding the progression of the strategy. Reports should include results of data analysis, level of conformance to the standards being followed, detailed review of significant findings, and other key information such as recommendations for improvement. (1.15)

There must be a process in place for regularly scheduled management reviews of the PHS system. The review should include reporting of all relevant data to demonstrate how much progress has been made with respect to implementation of the strategy and action plans and the effectiveness of the measures implemented. (1.16)

Managing Change

Change is inevitable in organizations. While change can bring about improvements, change can also have the potential to affect PHS. For some people change can cause uncertainty and increase stress.

How change is managed within an organization is closely related to risk management. Managing change is a process that includes preparation, communication, and support through all stages of the change.

Integration

The organization must establish, implement, and maintain a system to manage changes that can affect PHS, and one or more persons must be assigned to oversee it. They must have sufficient knowledge, skills, and abilities to carry out their role. There should be a budget to support managing changes in a psychologically healthy and safe manner. The requirements, roles, and responsibilities of key staff must be clearly defined and communicated. (8.1)

Types of changes the system should address include:

- new products, processes, or services at the design stage,
- significant changes to work procedures, equipment, organizational structure, staffing, and products,
- changes to services or suppliers,
- changes to strategies and practices,
- changes to legal requirements and other requirements (such as company policies and procedures, collective agreements, etc.), and
- changes to work arrangements, including modified work arrangements. (8.2)

When changes are being made that can affect PHS, people who are involved and those who may be affected must be identified and a communication plan must be developed. This plan should include key messaging and relevant information for all workplace parties to minimize uncertainty and confusion. Consideration should be given to how messages about the changes will

be received by various people, especially for changes that involve highly sensitive issues or that may generate a lot of questions. Additional support may be needed during the period of adjustment that occurs as changes are implemented, and potentially for some time after. Diverse needs of workers should be considered.

Roll out of communications should be thought out to ensure front-line managers and supervisors are equipped to handle questions from their direct reports. (8.3)

Workers and worker representatives should be prepared to work through change implementation, and training may be needed to provide workers and their representatives with sufficient knowledge and skills to navigate the changes. While not all changes will require training, the system should include provision for training, which should be integrated with the organization's operational plans, staffing schedules, and budgets. Training and information sessions may include information regarding the following questions:

- What changes are happening?
- How do these changes impact the workers involved and those who may be affected?
- How can we prepare workers for the changes?
- How do workers seek support for upcoming changes?
- Where do workers go for help with adjusting to changes that may be affecting them?
- Plus any other questions that may need to be answered as it pertains to PHS (8.4)

Changes often require a period of adjustment and supports may be needed. The change management process should include provisions to provide support as necessary to minimize the risk of negative PHS impacts. This might include adjustments to pacing, workload, deadlines, along with communication with external parties to manage expectations. Consideration should be given to identifying the unique needs of workers to adjust to changes, so that appropriate support and accommodation can be provided if necessary. If changes involve a higher risk of negative PHS impacts, provisions should include access to mental health support services. (8.5)

Evaluation

Monitoring is important to identify and address any unintended or negative impacts caused by changes and reinforce and strengthen positive impacts. The process should include guidance on what to do if an unintended or negative impact is discovered. The change management process should include specific mechanisms to evaluate the effectiveness and impact of implemented changes. (8.6)

Reporting

The change management process should outline details on reporting to various workplace parties, but especially senior management. Ensuring that senior management is informed of the effectiveness and impacts of implemented changes is essential to support decision-making processes and responses to issues raised. (8.7)

Leadership Development and Competencies

Leadership development is the process of building the competencies of a person in a leadership role to lead others and manage themselves well in a way that supports psychologically healthy and safe interactions.

Integration

Leaders should be trained on key aspects of psychologically healthy and safe leadership and be accountable to the achievement of the organization's PHS goals. Training may include topics such as leading people, emotional intelligence, conflict resolution, psychologically safe language, interpersonal communication, difficult conversations, EDI, and so on. (10.1)

There should be proof that leaders participate in ongoing leadership development events and activities. Leaders should be involved in continual development of their leadership skills in relation to PHS to ensure they are up to date on how to effectively lead diverse people in current and emerging workplace realities. (10.2)

The organization should have a process that outlines how leadership competencies will be assessed. This can include, for example, 360 evaluations, external assessments, and performance reviews. The process should include methods of identifying, assessing, and addressing leadership competency gaps. (10.3)

Leaders should be able to show that they include PHS in their work planning, budgeting, communications, and other leadership activities. (10.4)

Leaders of all levels should be attending mental health and PHS activities internally to show demonstrated commitment to efforts made within the organization to improve mental health and PHS. Attendance is important as it shows that leaders are making mental health and PHS a priority. (10.5)

There should be evidence showing how PHS is considered during decision making both at the organizational levels and within individual teams. This could include, for example a decision tree process. (10.6)

The organization's leadership is accountable for the achievement of organizational strategy and goals related to PHS. Processes for assessing leadership accountability should include assessment of:

- How leaders reinforce the development and sustainability of a psychologically healthy and safe workplace
- How leaders support and reinforce all line management decisions and actions that support PHS
- Key objectives toward continual improvement of PHS
- The influence of the leader's decisions and actions on organizational culture**
- Integration of PHS in organizational decision-making processes
- Engagement of workers and their representatives with respect to matters that involve PHS

** A leaders' positive influence on organizational culture is demonstrated in multiple ways. For example,

- Supporting the vision for a psychologically healthy and safe organization
- Demonstrating integrity, empathy, and vulnerability
- Open door policies, with appropriate respect for boundaries and privacy
- Creating an environment that supports motivation and success in a healthy way
- Showing and upholding civility and respect
- Providing necessary resources to support success of people with diverse needs
- Encouraging consultation and active and effective participation
- Creating a community environment at work
- Open to hearing from workers about concerns and new ideas, and ensuring responsiveness

The leaders' perception of how they are positively influencing culture should sync with workers' perception of their leadership and influence on culture. (10.9)

The organization should have a succession planning process which is carried out with leaders at all levels to ensure workers are supported in the event that there is a change at the leadership level (e.g. departure, retirement, illness, death, sabbatical, etc.). (10.8)

Evaluation

Gathering data on leadership development and competency is essential to understanding whether leadership accountabilities and competencies are being addressed successfully, and whether competency gaps are being closed. There must be a process established that guides what type of data needs to be gathered, the methods by which data is gathered (which must include qualitative, quantitative, and mixed methods), the storage, access, and use of data, and protection of private and confidential information.

Data can also help verify whether leadership and workers are aligned in their assessment of leadership's influence on the organization's culture. Data related to leadership development and competencies could include, for example, completion of training by leaders and their direct reports, worker engagement surveys, and 360 reviews. (10.10)

Reporting

Reporting results of leadership development and competencies can help improve workplace culture and other areas related to PHS.

The reporting process should include identification of what data to report to which parties and must include how confidential information will be protected. Parties can include members of the board of directors and executive team, directors, managers, workers, and external parties (e.g. clients, vendors, suppliers, regulatory authorities, contractors, members of the public, as applicable). Reporting should be appropriate to intended recipients and communicated through appropriate means. (10.11)



Bringing It All Together

When PHS is integrated throughout the structures of an organization, there is a greater likelihood of creating and sustaining psychologically healthy and safe workplaces.

All organizations have to start somewhere. It is important to consult with people throughout the organization to gain a comprehensive and holistic view of what structures are in place and where they exist throughout the organization. This approach will help to build the requirements of PHS into the way work is designed and carried out. Resources can be better aligned toward common goals and objectives, with a greater likelihood of success.

Achieving PHS integration is a journey. An organization may be at beginning stages or well on their way to having PHS integrated.

An **OM PHS Assessment** can help to identify strengths and gaps across all of the criteria outlined in this Framework.

For more information contact phs@openingminds.org.

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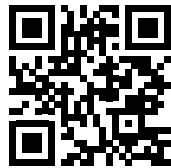
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Opening Minds

Suite 1210, 350 Albert Street
Ottawa, ON K1R 1A4



613.683.3755

613.798.2989



phs@openingminds.org



openingminds.org



[/Opening Minds](https://www.linkedin.com/company/opening-minds)

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