Healthy Work **Strategies**

A national standard for psychological health and safety in the workplace in Canada

A voluntary national Standard (that is, guidelines), requested by the Mental Health Commission of Canada (MHCC) and developed and published in 2013 by the Canadian Standards Association (CSA Group), provides information to raise the awareness of employers and others in positions of leadership, to prevent sources of stress at work (stressors), and to promote a psychologically healthy and safe workplace.[1] Standards produced by the CSA Group represent a consensus of groups that include consumers, businesses, government agencies, unions and professional organizations. Early in the development of the Standard, union leaders were concerned that the Standard might affect privacy rights among workers, possibly increasing discrimination towards workers with mental illness. In order to address this concern, the Canadian Labour Congress appointed 3 union representatives to the Technical Committee for the Standard.[2]

Based on scientific research in the areas of workplace health and safety, law, and social science, the Standard presents a vision of a workplace where management can prevent work stressors and achieve a psychologically healthy and safe workplace. This would be achieved by implementing 13 organizational policies and practices that can benefit workers' psychological health (also found in the Principles of Healthy Work), including:

- psychological and social support
- clear leadership and expectations
- civility (no harassment) and respect
- employee growth and development
- employee recognition and reward
- employee involvement and greater influence
- employee "engagement"
- work/life balance
- psychological protection

▪ protection of physical safety

Additional factors that need to be addressed include:

▪ organizational culture
▪ psychological demands of work
▪ workload management

Psychological protection

"Psychological protection" means that workers feel comfortable asking questions and seeking feedback, proposing new ideas, and reporting issues without fear of retaliation or worries about effects on their jobs or careers. Human Resources and upper management can promote well-being and minimize known risks to mental health by preventing bullying, harassment, discrimination, and violence in the workplace.[1] In unionized workplaces, union representatives can encourage social support, provide information and resources, involve workers in decision making processes, resolve disputes, and ensure workers' confidentiality.[2]

The authors of the Standard argued that following the Standard was likely to benefit companies by resulting in reduced injuries and illnesses and improved recruitment and retention of workers (that is, fewer employees quitting). They described the potential positive effects of "organizational excellence and sustainability" in which workers would be more engaged, creative, innovative, and productive, companies would have higher profit levels, and there would be reduced conflict, turnover, disability, injuries, sickness absenteeism, and low morale. The authors described implementation of the Standard as an ongoing process that would require continual evaluation and improvement.

Awareness and implementation of the Standard

The Mental Health Commission of Canada (MHCC) conducted a study examining short-term results of attempts to follow the Standard at 41 organizations, and published the results in 2015.[3] Organizations were located in 7 provinces in Canada, with 29 fully or partially unionized, 30 were government or public organizations, and 28 had 500 or more employees. MHCC found that most of the organizations considered "protecting the psychological health of employees" to be the most common reason for implementing the standard, followed by calling it "doing the right thing." Reducing liability and managing costs were the "least important" reasons given. More than 60% of the organizations took actions to promote respect in the workplace, improve workers' knowledge of psychological health and safety, support work/life balance, and provide stress management training. Barriers to implementing the Standard included limited access to psychological health data, organizational changes (such as mergers and restructuring), and inconsistent support from leadership.

Organizations had achieved 55% compliance with five elements reflecting management goals for implementation of the Standard:

- Commitment, Leadership and Participation
- Planning
- Implementation
- Evaluation and Corrective Action
- Management Review

In 2017, the MHCC published a new report involving 40 of the original 41 organizations, with one organization with 9 employees not participating.[4] By this time, organizations had achieved 72% compliance with the five elements. This time, "doing the right thing" was the most common reason for implementing the standard, followed by "protecting the psychological health of employees." Reducing liability and managing costs were still least in importance. Limited access to psychological health data was still the greatest barrier to implementing the Standard, this time followed by inconsistent support from leadership and organizational changes, such as mergers and restructuring.

MHCC identified 7 factors that were necessary for organizations to succeed in implementing the Standard:

- Leadership support and involvement
- Adequate structure and resources
- Larger size of the organization
- Psychological health awareness
- Existing processes, policies, and programs to support employee psychological health and safety
- Previous experience with implementation of standards
- Connection (the degree to which an organization is able to network with other organizations and individuals with interest and experience related to workplace psychological health and safety. Some organizations created communities in which to talk about key issues affecting their sectors, while others formed partnerships with organizations not involved with the study.)

Additional research studies explored the impacts of the Standard on the Canadian workforce, looking at its strengths and weaknesses, and trying to determine why few companies were aware of the Standard, and fewer still had implemented it. In 2016, a focus group of 17 management participants felt that the size and scope of the Standard might discourage some employers from implementing it, suggested simplifying the Standard, and suggested creating versions of the Standard that could be customized for different industries [see Appendix A].[5] In 2018, in a cross-sectional survey of 1,010

companies, most participants felt positively about the Standard, and thought its potential benefits included better job satisfaction and productivity, and fewer employees leaving.

However, barriers to implementation included concerns about not having sufficient resources or knowledge about the process [see Appendix B].[6] Finally, a consultant who served as a member of the Technical Committee that developed the Standard studied potential legal issues that might occur as a result of the Standard creating increased protections for workers.[7,8] Some of the managers in the 2016 and 2018 studies thought that the Standard could result in more employee claims, including false claims.[5,6] The consultant favored preventive methods of avoiding claims rather than focusing on defensive strategies to deal with claims after the fact [see Appendix C].

Further research and greater awareness needed

While existing research shows some implementation of the Standard among employers, further outreach to increase awareness and encourage implementation, is required. Research on employees' and labor unions' assessments of the Standard's impact and effectiveness is also needed.

References:

1. CSA Group and Bureau de normalixation du Quebec. (2013). Psychological health and safety in the workplace - Prevention, promotion, and guidance to staged implementation. CAN/CSA-Z1003-13/BNQ 9700-803/2013, National Standard of Canada, reaffirmed 2018. Retrieved from https://www.csagroup.org/.

2. Canada Life, "Union support for psychological health and safety." Workplace Strategies for Mental Health. Retrieved from https://www.workplacestrategiesformentalhealth.com/.

3. Mental Health Commission of Canada. Case Study Research Project: early findings interim report. 2015. Ottawa (ON): Mental Health Commission of Canada; 2015. Retrieved from https://www.mentalhealthcommission.ca/.

4. Mental Health Commission of Canada. Case study research project findings. Ottawa (ON): Mental Health Commission of Canada; 2017. Retrieved from https://www.mentalhealthcommission.ca/.

5. Kunyk, D., Craig-Broadwith, M., Morris, H., Diaz, R., Reisdorfer, E., & Wang, J. (2016). Employers' perceptions and attitudes toward the Canadian national standard on psychological health and safety in the workplace: A qualitative study. International journal of law and psychiatry, 44, 41-47. Retrieved from https://www.ahigherself.com.au/.

6. Sheikh, M. S., Smail-Crevier, R., & Wang, J. (2018). A cross-sectional study of the awareness and implementation of the National Standard of Canada for psychological health and safety in the workplace in Canadian employers. The Canadian Journal of Psychiatry, 63(12), 842-850. Retrieved from https://europepmc.org/articles/ and https://europepmc.org/backend/.

7. The National Standard of Canada on Psychological Health and Safety in the Workplace: Legal Developments between 2013 and 2019. A summary of the 2019 Shain report:

Getting ahead of the Perfect Legal Storm – toward a basic legal standard of care for workers' psychological safety. https://www.workplacestrategiesformentalhealth.com/.

8. Shain, M. (2019) Weathering the Perfect Legal Storm: Analysis and Commentary. Retrieved from https://www.workplacestrategiesformentalhealth.com/.

Appendix A
Group interviews with managers and other professionals

In 2016, a group of researchers that included university medical and nursing faculty in Alberta and Calgary published results of an exploratory study to examine organizations' potential openness towards implementation of the Standard.[5] The researchers conducted five focus groups involving face-to-face group interviews with 17 participants who worked in management positions in healthcare, construction, manufacturing, business services, and finance.

At the beginning of the study, around half of the participants were aware of the Standard. The research team found that the study participants were very receptive to the idea of incorporating a workplace standard designed to protect workers' mental health, and some expressed the idea that the goals of the Standard involved common sense and should already be included in workplace policies. The most common potential barrier to implementation mentioned was the size, scope, and complex nature of the Standard. Study participants suggested that implementation methods for the Standard needed to be simplified, and said that it should also be customized for different industries.

Some participants expressed a great need for the protections offered by the Standard, as well as concern that some sectors would be especially resistant to it implementation - particularly healthcare. The researchers suggested that organizations who need the benefits of the Standard most "may be the least receptive."

Appendix B
Survey of 1,010 companies

In 2018, a team that included some of the same researchers, this time from Calgary and Ottawa, conducted a follow-up study, a cross-sectional survey of 1,010 companies.[6] The goal was to measure awareness of the Standard, determine the extent of its implementation, and identify potential barriers to implementation. Only 17% of companies were aware of the Standard, only 1.7% had implemented the entire Standard, and only 20.3% had implemented elements of the Standard. However, 71.4% thought that

elements of the Standard would be implemented within a year, and most participants had a positive impression of the Standard.

Perceived benefits of implementing the Standard were improved job satisfaction, employee retention, and productivity. Perceived barriers included not having enough resources, the idea that improved psychological health and safety are not relevant in a participant's workplace, and not having adequate knowledge to implement the Standard.

Appendix C
Legal concerns

A very small number of participants in the 2016 and 2018 studies thought that implementing the Standard might result in more employees filing claims, including what they thought might be false claims, especially since it could be difficult to verify psychological injury compared with physical injury.[5, 6] Between the years 2013, when the Standard was introduced, and 2019, legal developments related to psychological safety in the workplace occurred.[7, 8] These included:

- In 2014 and 2015, two legal cases resulted in the conclusion that it could no longer be considered "shop talk" or "business as usual" to speak about co-workers in demeaning terms in the workplace.
- From 2015 to 2017, the Standard was incorporated as part of collective bargaining agreements, for example, the agreement at the Public Service Alliance of Canada and the British Columbia Nurses' Union.
- In 2017, the Supreme Court of Canada affirmed that employers are responsible not only for the discriminatory behavior of employees, but also for that of consultants, and in some cases even that of customers and patients.
- In 2019, Canada's labor code was revised to broaden definitions of harassment and violence, resulting in the need that prevention strategies include assessments of psychosocial risk.

Martin Shain, a consultant who served as a member of the Technical Committee that developed the Standard, studied potential legal concerns before and after publication and implementation of the Standard. Although his work did not show the degree to which the Standard influenced regulation or legislation, it was clear that from 2013 to 2019 there was an increase in awareness of effects of the workplace on employees' mental health and psychological safety.