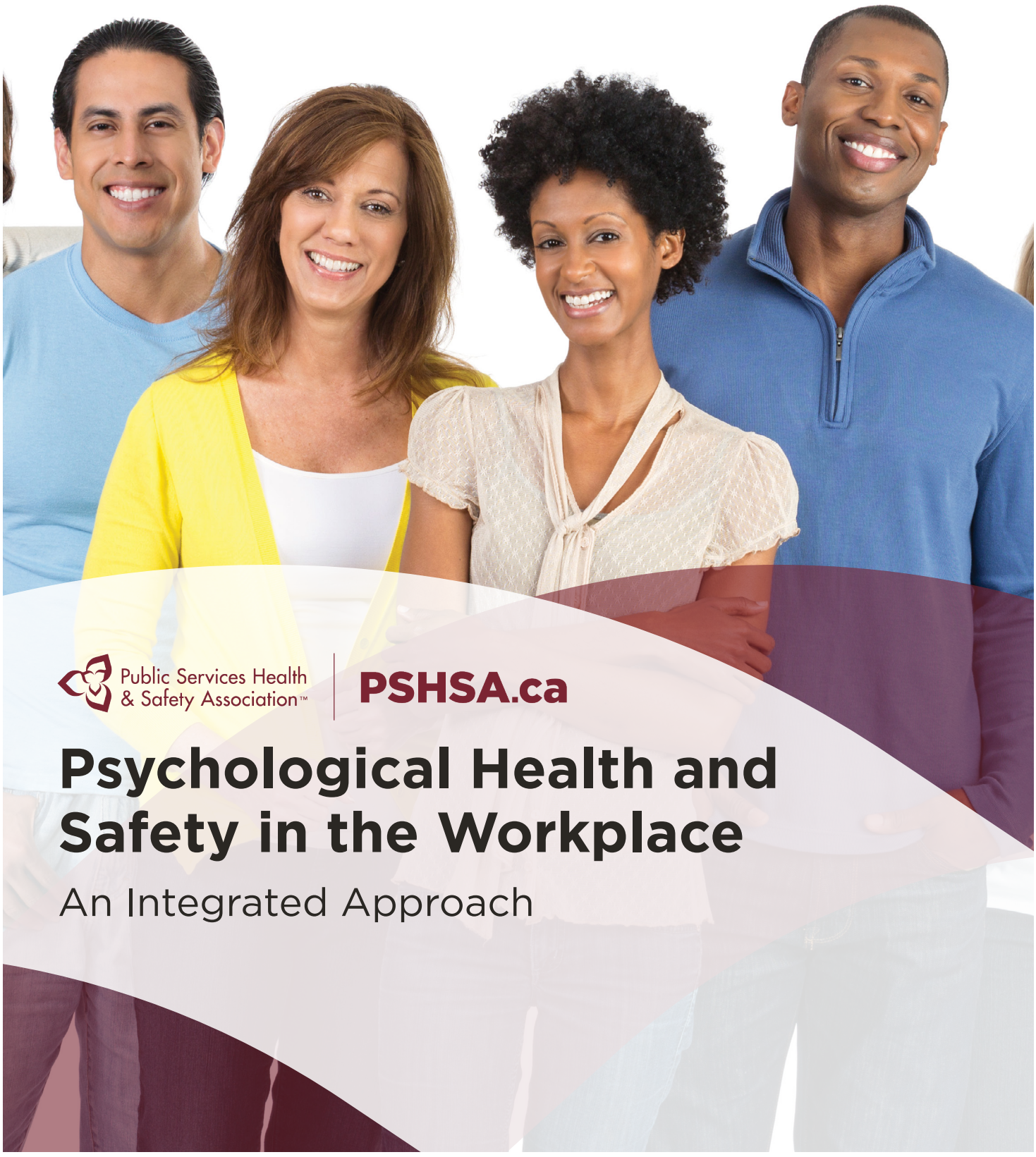


Public Services Health & Safety Association™

PSHSA.ca

Psychological Health and Safety in the Workplace

An Integrated Approach

Psychological Health and Safety in the Workplace
An Integrated Approach

Product Code: HEHMNAEN0422

Public Services Health and Safety Association (PSHSA)
4950 Yonge Street, Suite 1800
Toronto, Ontario M2N 6K1
Canada
Telephone: 416-250-2131
Fax: 416-250-7484
Toll Free: 1-877-250-7444
Web site: www.pshsa.ca

Connect with us:
@PSHSAca
@pshsa
@Public Services Health & Safety Association

Terms of Use

By accessing or using these Public Services Health & Safety Association (PSHSA) resource materials, you agree to be bound by these terms and conditions.

Content: Although PSHSA endeavors to ensure that the information provided within these resource materials is as accurate, complete and current as possible, PSHSA makes no representations or warranties about the information, including in respect of its accuracy, completeness or currency. PSHSA assumes no responsibility for any loss or damage to you or any other person, howsoever caused, that is in any way related to the information found within these resource materials or your use of it.

Intent: The content within these resource materials is provided for educational and general informational purposes. It should not be considered as solicitation, endorsement, suggestion, advice or recommendation to use, rely on, exploit or otherwise apply such information or services.

Copyright: These resource materials and their content are protected by Canadian and international intellectual property laws, regulations, treaties, and conventions. The content of this document, in whole or in part, may be reproduced without permission for non-commercial use only and provided that appropriate credit is given to PSHSA. No changes & / or modifications other than those required to reflect the utilizing organization's structure and terminology can be made to this document without written permissions from PSHSA. These Terms of Use must be retained and communicated in full on any permitted reproductions, disseminations, and work products.

Other intellectual property rights: No permission is granted for the use of any other intellectual property right, including official marks or symbols, trademarks, logos, domain names or images.

Document Name: Psychological Health and Safety Program Guide

Product Code:

Version Date: 2022.03.07

About PSHSA

Public Services Health & Safety Association (PSHSA) provides occupational health and safety training and consulting services to various Ontario public sectors. These include healthcare, education, municipalities, public safety, and First Nations communities.

As a funded partner of the Ministry of Labour, Training and Skills Development (MLTSD), we work to prevent and reduce workplace injuries and occupational diseases by helping organizations adopt best practices and meet legislative requirements. To create safer workplaces, employers and employees must work together to identify potential hazards and eliminate or control risks before injuries and illnesses occur.

Table of Contents

Making Psychological Health and Safety A Priority in Public Service Workplaces **5**
Guide Purpose and Scope **5**
Stages of Readiness **7**
Introduction **8**
A Psychologically Healthy and Safe Workplace 8
Legislation and Standards Supporting A Psychologically Healthy and Safe Workplace 8
Building The Case For A Psychologically Healthy and Safe Workplace 9
An Integrated Approach to Psychological Health and Safety **10**
Step 1 - Plan: Commit-Identify-Develop 10
Commit: Leadership Commitment & Participation 10
Identify: Identification of Organizational Need 12
Develop: Program Elements 12
Step 2 - Do: Implement-Communicate-Educate 20
Step 3 - Check: Monitor-Evaluate 21
Step 4 - Act: Improve-Communicate 22
Building Your Program – Meeting You Where You Are **22**
Appendix A – Definitions **24**
Appendix B – Legislative Requirements **26**
Appendix C – A Health And Safety Management Systems Approach: Plan-Do-Check-Act **30**
Appendix D – Sample Psychological Health And Safety Policy **33**
Appendix E – Psychological Health And Safety Program Checklist **37**
Appendix F – Organizational Psychosocial Factors **39**
Appendix G – Job-Specific Psychological Factors **41**
Appendix H – Program Resources Table **47**
References **63**

Making Psychological Health and Safety A Priority in Public Service Workplaces

Now more than ever, workers in the broader Public Service in Ontario - including Public Safety, Health and Community Care, Education, Municipal and First Nations workplaces - are at risk for work-related mental injuries due to the frequency and severity of direct and indirect exposure to psychological hazards and psychosocial factors in the workplace. Events such as physical assaults, death of a client and significant exposure to high workloads and violent/abusive clients often lead to symptoms of burnout, compassion fatigue, chronic mental stress, and traumatic mental stress (Stelnicki, 2000). PSHSA's psychological health and safety program is designed to provide tools and resources to workplaces in the broader public sector to support the creation and maintenance of a psychologically healthy and safe workplace.

Guide Purpose and Scope

The purpose of this guide is to provide information, guidance, tools, and resources for Psychologically Healthy and Safe Workplaces in the broader public sectors to employers, JHSC/HSR and other interested parties. This guide presents a framework for an integrated approach to psychological hazards in the workplace focusing on prevention, intervention, and recovery program elements. The guide can be used to build a new psychological health and safety program, and/or to identify program gaps in an existing one. It offers new innovative tools and solutions to enhance and/or augment the program development and implementation journey. These resources will:

- Provide awareness of supporting provincial legislation and national/international standards.
- Review the traditional workplace psychological health and safety and psychosocial factors and the additional healthcare factors.
- Provide occupational health and safety hazard mitigation concepts at the organizational level and at the job-position levels.
- Provide information on psychological health and safety program development and implementation using systematic occupational health and safety and continuous improvement processes.
- Where appropriate provide linkages to existing supporting resources and tools for successful implementation; and
- Offer additional tools and checklists to augment existing public resources.

This document is intended to take an organizational approach to psychological health and safety program planning to support a psychologically safe workplace culture. This document does not address individual considerations or individual (non-work related) contributing factors or solutions for worker mental health. Please connect with the PSHSA consultant in your area for assistance and guidance navigating this document and the resources found within.

Please refer to Appendix A for a list of terms and definitions used throughout this document.

Your workplace should be psychologically healthy and safe.

This guide can help.

I want to understand the current state of my psychological health and safety program

I need to address an immediate concern to support worker mental health

I want to prevent workplace psychological harm

I'm concerned about psychological health and safety in my workplace

Stages of Readiness

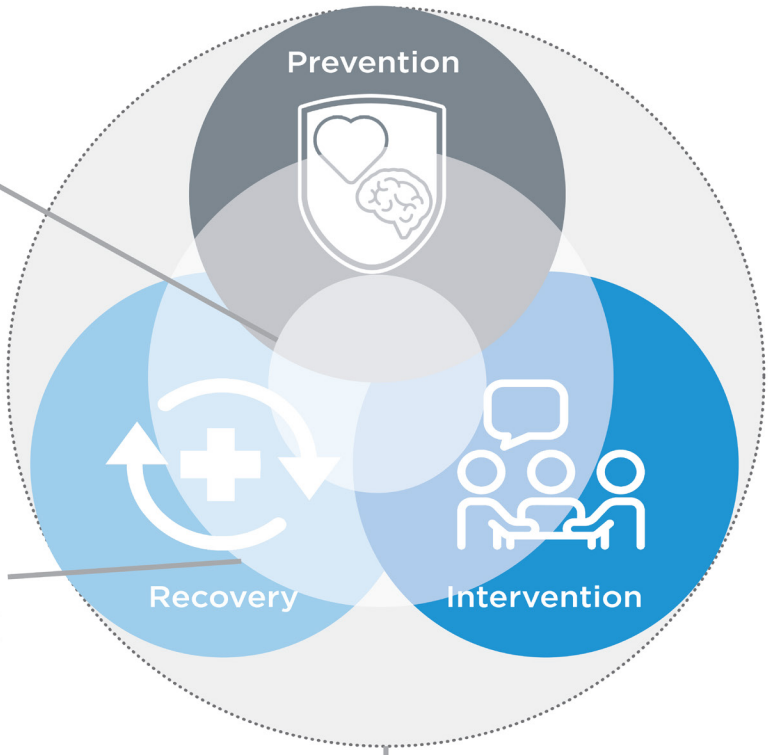
PSHSA's Psychological Health and Safety program takes an integrated approach to Prevention, Intervention and Recovery. When it comes to each component, your organizational needs will vary depending on whether you're Getting Started on your journey to a psychologically healthy and safe workplace, proactively Moving Forward beyond foundational elements, or engaging in continuous improvement by implementing Promising Practices. You may find, for example, that your organization is Moving Forward when it comes to Prevention, but just Getting Started in terms of Recovery – and that's okay! This guide is intended to meet you where you are.

Getting Started

At this stage of the journey the employer needs help understanding their legal requirements and potentially help dealing with a crisis. They are looking for basic support and may not be able to support a significant investment. The goal is to get them started with basics.

Moving Forward

This stage of the journey is about moving from a reactive state to a proactive state. The employer has the basics in place and is ready to develop a more comprehensive program.



Promising Practices

At this stage, the employer is ready to implement best practices into an already functioning program. There is an interest in evaluation and research. Psychological Health and Safety becomes integrated seamlessly into the work environment and organizational culture.

Introduction

A Psychologically Healthy and Safe Workplace

A psychologically healthy and safe workplace is one that actively works to prevent harm to worker psychological health, including in negligent, reckless, or intentional ways, and promotes psychological well-being (CSA Z1003-13, 2018)

'Psychological health and safety is embedded in the way people interact with one another on a daily basis and is part of the way working conditions and management practices are structured and the way decisions are made and communicated.' (CSA Z1003-13, 2018)

While it can be challenging to conclusively identify work factors as a primary contributor to a person's state of mental health and well-being, a psychologically unsafe work environment may contribute to mental ill-health, make an existing mental health condition worse, and/or impede effective recovery. By contrast, a psychologically healthy work environment may help reduce the onset, severity, impact, and duration of a mental health condition (Guarding Minds at Work, 2022).

While employers have a legal obligation to provide a healthy and safe place to work, inclusive of psychological health and safety, human rights – autonomy, integrity, dignity and respect for the person, and organizational justice - there is also a moral obligation for the protection of mental health and wellbeing (Shain, Publications, 2010; Guarding Minds at Work, 2022; Taris, 2022).

Legislation and Standards Supporting a Psychologically Healthy and Safe Workplace

Legislation and the Internal Responsibility System

Psychological hazards are one of many occupational health and safety hazard categories that can harm workers. In Ontario, outside of workplace violence and harassment, there is no legislation pertaining specifically to psychological health and safety. The Occupational Health and Safety Act (OHSA, 1990) and supporting regulations, however, require that employers take every precaution reasonable under the circumstances for the protection of workers. This general duty clause may be interpreted to extend to the protection of both physical and psychological health. The Ontario OHSA is founded on the principal of the Internal Responsibility System, whereby all workplace parties have specific roles and responsibilities pertaining to health and safety, inclusive of recognition, assessment, and control of workplace hazards, and providing and/or participating in instruction and training. Legislation and standards support worker and JHSC participation and employers are encouraged to integrate participation and good communication into their policies and processes.

For further information on legislation related to psychological health and safety, please refer to Legislative Requirements in Appendix B.

Standards for Psychological Health and Safety in the Workplace

In 2013, the Standard for psychological health and safety in the workplace was developed by the Canadian Standards Association (CSA Z1003-13, 2018). The standard was the first of its kind internationally, and at the time, Canada was a leader in this space. Since 2013, many countries have developed their own standards to support national, provincial, and/or state legislation pertaining to psychological health and safety. Most recently, the International Standards Association developed the ISO 45003:2021, a standard that builds on the ISO 45001 framework for workplace health and safety. A brief description of the CSA Z1003 and the ISO 45003 standards are provided here.

CSA Standard on Psychological Health and Safety in the Workplace

The Canadian Standards Association (CSA) has developed a voluntary national standard for Psychological Health and Safety in the Workplace (hereafter referred to as 'The standard'. The standard specifies requirements for a documented and systematic approach to develop and sustain a psychologically healthy and safe workplace. Several key, comprehensive resources have been created to support implementation of the standard such as Assembling the Pieces: an Implementation guide to the National Standard for Psychological Health and Safety in the Workplace.

To access links to the standard and additional resources supporting implementation of the standard, please refer to the Organizational Commitment section of the Program Resources Table in Appendix H.

ISO Standard on Psychological Health and Safety at Work

Recently, the International Standards Association (ISO) developed the ISO 45003:2021 standard - Occupational health and safety management – Psychological health and safety at work – Guidelines for managing psychosocial risks. This is a global standard with the purpose of promoting workplace well-being and providing systematic steps and approaches to manage workplace psychological health and safety and controlling psychological risks. It has been designed so that it can be used in tandem with the ISO 45001 standard regarding Occupational health and safety management systems and requirements.

Building The Case for a Psychologically Healthy and Safe Workplace

Now more than ever there is an overwhelming need for employers to support the mental health of their workers by creating and maintaining a psychologically healthy and safe workplace. Notwithstanding the impact to workers, the impact of a psychologically unsafe workplace has a substantial financial impact to employers. Each week in Canada an estimated 500 000 workers are unable to work due to poor mental health, thereby contributing to direct annual economic costs of at least 50 billion dollars, and additional indirect costs of 6 billion dollars (Deloitte, 2018). Direct and indirect costs include healthcare costs (psychological care benefits and drug costs), income support (short and long-term disability claims), absenteeism, presenteeism, and employee turnover among others (MHCC, 2021).

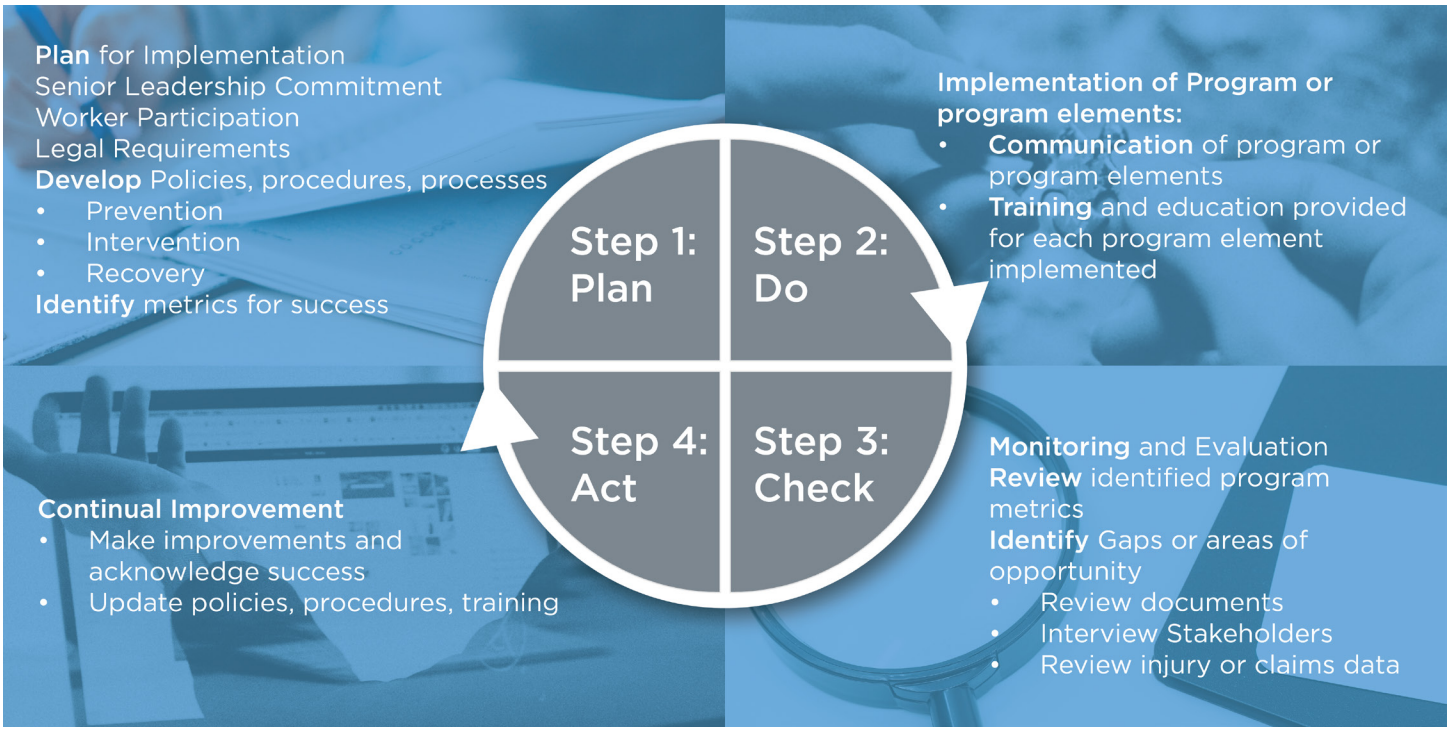
With the development of the Standard for Psychological Health and Safety in the Workplace, Canada is a global leader for psychological health and safety (CSA Z1003-13, 2018). Despite the widespread availability of the standard and the associated implementation guide, Assembling the Pieces (CSA Group / MHCC, 2014), in 2018 only one-third of Canadian employers had a mental health strategy in place (Burnett-Nichols, 2018), and even fewer employers were measuring the outcomes of their program (Deloitte, 2018).

Psychologically healthy and safe workplaces, with an open and supportive culture, are better able to attract and retain workers, have higher levels of employee engagement, productivity and performance, and lower rates of absenteeism, short- and long-term disability claims rates, grievances and conflict. This leads to increased profitability and cost effectiveness (Deloitte, 2018; CSA Z1003-13, 2018; Workplace Strategies for Mental Health, 2022).

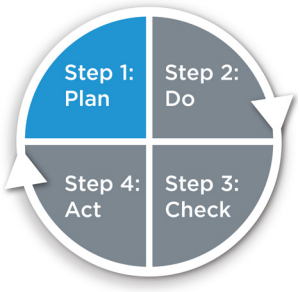
An Integrated Approach to Psychological Health and Safety

PSHSA's psychological health and safety program and supporting elements are designed to take an integrated approach to workplace psychological health and safety and fit within a health and safety management system, using the Plan-Do-Check-Act (PDCA) cycle to promote continual improvement. This approach is in line with the CSA Z1003 standard for psychological health and safety in the workplace, the WHO Healthy Workplace Framework and model and ISO 45003. A management systems approach speaks to the importance of building a program within a system, not just implementing a stand-alone initiative (CSA Group / MHCC, 2014).

For further details of the Plan-Do-Check-Act process and associated elements, please see Appendix C.



The PDCA cycle is in-line with WSIB's Health and Safety Excellence Program and management systems approaches outlined in various CSA standards, including CSAZ1003 (CSA Z1003, 2013).



Step 1 - Plan: Commit-Identify-Develop

Planning for success includes senior leadership commitment, worker participation, identification, and incorporation of associated legal requirements and development of policies, procedures, processes and written instruction. During planning, consideration should be given to setting objectives to measure success, such as identifying leading and lagging indicators and program metrics.

COMMIT: Leadership Commitment & Participation

Successful implementation of a psychological health and safety program and/or individual program elements begins with senior leadership commitment to a workplace that promotes workers' psychological well-being and actively works to prevent harm to worker psychological health including in negligent, reckless or intentional ways (CSA Z1003, 2018). The Occupational Health and Safety Act promotes a participatory approach to workplace health and safety, with active

involvement from the Joint Health and Safety Committee to support a well-functioning internal responsibility system. For further information on workplace party roles and responsibilities, please refer to the Legislative Requirements in Appendix B, and the Psychological Health and Safety Policy in Appendix D.

Organizational Commitment. Workplaces getting started on their psychological health and safety journey may begin by incorporation of a general statement in the Health and Safety Policy committing to the promotion and protection of worker physical and psychological health. Moving forward, consideration can be given to the development of a business case to provide dedicated resources for the development and implementation of psychological health and safety program elements. Workplaces engaging in promising practices in their commitment to a psychologically healthy and safe workplace will have psychological health and safety embedded into mission, vision, and values statements to become an integral part of workplace culture.

Worker Participation. Health and safety participation is often evidenced through active involvement of the joint health and safety committee. As a starting point, employers should clearly outline the role and function of the joint health and safety committee as it pertains to psychological health and safety. This can be accomplished by including psychological health and safety within the JHSC terms of reference and clearly outlining roles and responsibilities of all workplace parties. As the committee becomes more established in its participatory role, consideration can be given to incorporation of psychological hazards into monthly JHSC inspections, provision of formal recommendations from the committee to the employer regarding psychological hazards, and inclusion of psychological hazards as a standing item on committee meeting agendas. In large committees, or organizations with substantial exposure to psychological hazards, a subcommittee may be formed to specifically address psychological hazards in the workplace.

Additional means of participation may be to include psychological hazards as a standing item on departmental meeting agendas, safety huddles and communications.

Promising practices for worker participation include JHSC members leading by example – becoming organizational champions for psychological health and safety committee strategies and promoting a psychologically healthy and safe work climate. As a result of monthly inspections including identification of psychological hazards, where qualified, the JHSC may promote controls and workplace specific solutions to address hazards and mitigate risk of psychological harm to workers.

Beyond the Joint Health and Safety Committee participation, a psychological health and safety committee may be established and supported by organizational leaders. The role and function of the committee is clearly defined and communicated within the organization, and communication and collaboration occur between the psychological health and safety committee and the JHSC.

Policies. In addition to a general statement supporting psychological health and safety within the organizational health and safety policy, a psychological health and safety policy is created and communicated throughout the workplace. Where applicable, supporting psychological health and safety committee policy and terms of reference are created and communicated. A psychological health and safety policy template is found in Appendix D.

Promising practices include linkages to all organizational policies relating to psychological health and safety, including such policies as: workplace violence and harassment, bullying, anti-stigma, code of conduct, respect in the workplace, PTSD prevention (where applicable) working alone etc.

Recognition and Reward. Organizational commitment to a psychologically safe workplace is linked to appropriate recognition and reward – one of the CSAZ1003 thirteen psychosocial factors. Organizations showing commitment to psychological health and safety should at minimum, review compensation packages to ensure that they adequately represent industry standards for work being performed, conduct regular review of employee salaries, and make adjustments. Moving forward, instituting a program to recognize worker contributions to a healthy and safe work environment should be considered. Recognition may be evidenced in performance appraisals, milestones, years of service, compensation increases, awards or other.

For resources supporting leadership commitment and participation, please see Organizational Commitment, Worker Participation, and Recognition and Reward sections in Appendix H.

IDENTIFY: Identification of Organizational Need

Once leadership commitment and participation has been established, it's time to understand what the specific psychological health and safety needs of your organization are. Is your organization ready to take a wholesome approach to program implementation? Do you have an existing, comprehensive health and safety program in place with hazard management, training and education, incident reporting and investigation, incident response and return to work elements? Can you use your existing framework and add in elements specifically related to psychological health and safety? Or are you just getting started and you have an immediate need in a particular area such as peer support or return to work?

Workplaces getting started on program development can use PSHSA's Psychological Health and Safety Program Checklist in Appendix E as an initial needs assessment within a gap analysis to determine what the workplace has in place, whether current state meets organizational need, and to assist in future program planning and communication to relevant stakeholders.

Leading and lagging indicators with links to workplace psychological climate and psychosocial factors may also be reviewed for a deeper understanding and baseline measure of current state. Indicators to consider for review include work-related injuries and claims, non-work-related short-term and long-term disability claims, absenteeism, job turnover, benefits usage, and employee and family assistance program usage among others (CCOHS, 2022; Deloitte, 2018).

Where there is already a clearly identified need related to a specific program element supporting psychological health and safety, workplaces are encouraged to visit the Table of Resources in Appendix H of this document to access resources and support for planning and implementation of the program element. For example, perhaps absenteeism or job turnover has been identified as particularly high for frontline healthcare workers providing care in the hospital emergency department. It may be beneficial to identify the psychological risks associated with the job that are contributing to turnover and absenteeism rates. Recognizing elements unique to the tasks or demands required that may impact an employee's psychological response by completing a job-specific psychological risk assessment is an excellent starting point to meet immediate organizational need.

Please refer to Appendix G for a list of job-specific psychological factors.

DEVELOP: Program Elements

After securing leadership commitment and participation and identifying organizational need, it's time to develop your program and/or related elements. This program framework is intended to take an integrated approach to help workplaces navigate through development and implementation of a psychological health and safety program regardless of size, complexity or need.

An integrated approach to Prevention, Intervention and Recovery identifies resources and tools that support each program element that as a whole, make up a comprehensive psychological health and safety program designed to decrease risk of work-related psychological injury or illness.

PREVENTION

Hazard Recognition and Control

- Organizational Psychosocial factors assessed
- Job Specific psychological factors are identified
- Job Demands are identified
- JHSC monthly inspections include psychological hazards
- Safe work plan and procedures are developed and communicated for • job tasks at risk of causing psychological harm

Training and Education

- General Mental Health Awareness training provided
- Workplace-specific psychological health and safety training is provided on policies and procedures
- JHSC is trained on psychological health and safety
- Training provided specific to psychological hazards on the job
- Leaders are trained in roles and responsibilities for psychological health and safety

INTERVENTION

Incident Reporting and Investigation

- Psychological incidents included in hazard and incident reporting
- Formal process in place for investigation of psychological incidents and injuries

Incident Response

- Serious incident plan developed and communicated
- Crisis response plan developed and communicated
- Supervisors respond appropriately to psychological incidents

Workplace Supports

- Community supports identified and communicated
- Employee and Family Assistance Program is in place
- On-site supports in place such as:
- Peer Support program
- Organizational psychologist

RECOVERY

Post-incident Response

- Informal and/or formal de-briefing process developed and communicated
  - initiation of EFAP
  - initiation of Peer Support / other

Return to work and Stay at Work

- RTW/SAW process for psychological injury/illness is established and communicated
- Workplace stakeholders trained on R&R and RTW process
- Suitable work is identified and provided in-line with worker cognitive/psychological ability

Links to tools and resources for each program element are found within the Program Resources Table in Appendix H (link)

PREVENTION

Prevention – or primary prevention - focuses on developing the basic elements of psychological health and safety management such as recognizing, assessing, and controlling hazards, workplace inspections, developing safe work practices and procedures, and providing training and education to workplace stakeholders. The goal is to establish psychological health and safety prevention practices that actively work to prevent harm to a worker's mental health.

Hazard Management

Hazard management involves establishing and maintaining processes to assess risks from identified hazards, while considering the effectiveness of existing controls (CSA Z450001:19). In the context of psychological health and safety, this may include assessing organizational state as it pertains to the CSA Z1003 thirteen (13) psychosocial factors (15 in Healthcare) or assessing job-specific factors impacting worker mental health.

Hazard Recognition and Assessment

Organizational Psychosocial Factors - The Psychosocial Factors are defined and described in Appendix F, with supporting resources provided by GuardingMinds@Work (Guarding Minds at Work, 2022). Note that tools such as StressAssess (OHCOW, 2016) and the Copenhagen Psychosocial Questionnaire III (Burr, 2019) consider

a more expansive list of psychosocial factors that have impacts at both the organizational and individual levels.

Job Specific Psychological Factors – Similar to organizational psychosocial factors that impact the employees' psychological response to work and work conditions, each job has elements unique to the tasks or demands required that may equally impact an employee's psychological response. Job-factors impacting psychological response may be categorized by work demands, environmental working conditions, physical exposure and workplace supports. When identifying and assessing psychological risk in the workplace, factors impacting employee psychological response should be considered at both an organizational level (psychosocial factors – see Appendix F), and the job-level (Appendix G).

Job Demands Descriptions - As best practice, workplaces should consider identifying the demands associated with each job. Most workplaces are familiar with identifying the physical demands of the job (mobility, strength, environmental demands), but what about the cognitive and psychological demands of the job? It is important to consider completing a Job Demands Description to identify the full breadth and scope of demands required to better inform development of safe work practices, worker orientation, and to assist with return to work and stay at work after injury.

Leader Assessment - In addition to recognizing and assessing organizational psychosocial factors and job-specific psychological factors, a workplace moving forward with psychological hazard management may consider identifying leadership competence and strengths in psychological health and safety to support and promote an overall culture of psychological health and safety. This can be accomplished through a Psychologically Safe Leaders Assessment, either as a leadership self-reflection exercise, or with input from workers reporting into the leader (Workplace Strategies for Mental Health, 2022).

Workplace Inspections - One of the primary ways physical hazards are identified in the workplace is through Joint Health and Safety monthly inspections. Consideration should be given to inclusion of psychological hazards on the JHSC monthly inspection checklist in support of the internal responsibility system.

Moving forward with psychological hazard recognition and assessment, supervisors may incorporate psychological health and safety-related hazards into regularly scheduled and informal (walk through) workplace inspections. During inspections, supervisors may look to ensure that workers have the appropriate equipment, tools, and resources available to do their jobs. Adequate tools and equipment, including personal protective equipment are directly linked to worker perception of psychological safety - specifically feelings of anxiety - in the workplace (CCOHS, 2020). Supervisors may also identify presence of psychological hazards by reviewing workplace data specific to their own department(s), such as results of psychosocial surveys, or job-specific psychological risk assessments.

Workplace inspections for psychological hazards are a collaborative effort between all stakeholders – Senior Leadership, Management, Workers and Joint Health and Safety Committee – promoting and strengthening the internal responsibility system. The workplace inspection should identify psychological hazards and rate their associated risk (likelihood, severity, duration).

Hazard Control

Once organizational and job specific hazards have been recognized through various means of assessment, the workplace should consider identifying the root causes for each factor of concern. This can be accomplished by doing a root-cause analysis of the top psychosocial factors of concern, and for each root cause, identifying workplace-specific solutions to mitigate exposure to the worker. For example, if Predictability of Work is identified as the primary psychosocial factor of concern, what workplace practices are primary causes? What are the associated underlying causes? Could it be organizational direction, work context, training, and mentorship? Each cause should then have a clear action plan associated with it to mitigate harm to the worker.

Safe work practices and procedures. Safe work plans and procedures should be developed and communicated for job-specific tasks with risk of worker psychological response or worker psychological injury or illness. Safe work practices should be monitored and updated annually or as needed to reflect organizational change.

Training and Education

Training and education are provided with the objective of incorporating health and safety procedures into specific job practices and to raise awareness and skill levels to an acceptable standard (CCOHS, 2022). When considering relevant legislation, worker and supervisor training is a requirement under Ontario's occupational health and safety act (OHSA, 1990). Training and education may be considered a measure of prevention but may also be provided after an incident has occurred to re-educate, increase awareness, or provide additional skills and resources as a means of preventing the incident from recurring.

Mental Health Awareness Training - General mental health awareness training may be provided across stakeholder levels with the intent of increasing mental health literacy, decreasing stigma, bringing focus to workplace psychosocial factors, and normalizing conversations on mental health in the workplace. Awareness training can be provided in a variety of ways including webinars, lunch and learn sessions, eLearning or facilitated in-person sessions.

A list of mental health awareness training programs and courses is located in the Mental Health Awareness Training section of the Table of Resources, in Appendix H.

Worker Orientation Training - Best practice is to include awareness-level training into new worker orientation and ongoing worker training. Worker orientation training should provide new workers with information and instruction on workplace-specific policies and procedures relating to psychological health and safety, including access to workplace and community resources and support, incident reporting and investigation, and roles and responsibilities of workplace parties in the return to work and stay at work process after mental injury.

Joint Health and Safety Committee Training - Following a participatory approach to psychological health and safety, and in line with the concept of the workplace internal responsibility system, the Joint Health and Safety Committee should be provided training and education on their roles and responsibilities pertaining to workplace psychological health and safety.

Advanced Mental Health Training and Education - Building on general awareness training, workplaces may provide advanced mental health training to workers and supervisors to support a psychologically healthy and safe workplace. Training may include information and instruction on actual and potential workplace psychosocial factors, psychological hazards, and associated controls to prevent exposure or mitigate harm. Workplaces with identified high levels of frequency of exposure to psychological hazards or potential severity of resulting harm should consider providing advanced training that is specific to the job hazards. For example, consideration may be given to training on secondary/vicarious trauma, post-traumatic stress disorders, chronic mental stress, compassion fatigue, and workplace violence and harassment among others.

Leader training - Studies show that one of the greatest areas of impact for return on investment is provision of training for leaders on psychological health and safety in the workplace (Deloitte, 2018). Consideration for training programs such as Psychological Health and Safety for Leaders or R2: Building resilient workplaces among others. Consideration should also be given to psychological health and safety training specific to senior leadership teams and board of directors on general mental health awareness and their specific role in supporting a psychologically healthy and safe workplace.

INTERVENTION

Intervention – or secondary prevention - focuses on decreasing harm once an incident has occurred. This includes ensuring that psychological incidents are properly reported and investigated, workers and supervisors know how to respond and manage ongoing psychological events and are provided with adequate psychological supports.

Incident Reporting and Investigation

Incident reporting and investigation ensure that the immediate and underlying root causes of an incident are identified, documented, and that corrective actions are put in place to prevent similar incidents from occurring again. A comprehensive incident reporting and investigation system should incorporate psychological incidents, including incidents where a worker has experienced chronic mental stress, traumatic mental stress, vicarious trauma, harassment or workplace violence, among others. Incident reporting may come from various sources including hazard reports from workers, communication or reporting from a worker to their supervisor, informal report to a peer supporter or through a peer support program (where established and applicable), or a formal incident report.

Promising practices for fully functioning reporting and investigation processes for psychological health and safety incidents include:

- Establishing roles and responsibilities of all parties participating in the investigation process
- Practices that foster a psychologically safe environment that allow workers to report errors, hazards, adverse events, and close calls
- A commitment to appropriate accountability, looking first at system factors that contributed to the error or adverse event
- Actions to mitigate any consequences of work-related psychological injuries, illnesses, acute traumatic events, chronic stressors, fatalities (including suicides), suicide attempt, threats of harm, and psychological health and safety incidents
- The identification of the immediate and underlying cause(s) of such incidents and the implementation of recommended corrective and preventive actions across the workplace where relevant; and
- An assessment of effectiveness of any preventive and corrective actions taken.

Incident Response

In the context of this program, incident response refers to policies and procedures that are developed, communicated, and practiced for the immediate response to ongoing psychological incidents. These may include incidents of workplace violence, harassment, or traumatic mental stress among others.

Serious Incident Response - Consideration should be given to the development of serious incident response plans for psychological hazards including workplace violence. This could include emergency codes such as

Code White and Code Silver. Emergency preparedness programs must be developed and communicated.

Serious Incident Debrief - Debrief after a serious psychological incident may be facilitated by various knowledgeable stakeholders either internal or external to the workplace. Incident debrief includes assessing the impact of the incident, identifying issues of safety and security, creating a space for communication, and predicting future events and reactions. Consideration should be given to ensure the serious incident debrief does not contribute to further trauma or interfere with the natural processing of the event.

Crisis Response - Notwithstanding general emergency preparedness and emergency management workplace practices, consideration should be given to the development of a crisis support plan for workers suffering from mental injury or illness at work. Crisis support may include development of leader strategies and peer support programs, as well as access to external supports through employee and family assistance programs, contracted workplace psychologists or social workers (or other) for ongoing worker debriefing and support after a critical event.

Supervisor Response - Support of leadership, including supervisor response to worker mental ill-health or mental injury after exposure to psychological events is an important part of a psychologically healthy and safe workplace. Supervisors should be trained to respond appropriately to workplace psychological incidents, identify worker signs and symptoms of mental ill-health and refer the worker to appropriate supports – either internal to the workplace or external, community supports.

This may involve use of knowledge and skills acquired in supervisor training on mental health awareness, training on psychosocial factors in the workplace and implementation of controls, or use of knowledge and skills acquired in supervisor training on job-specific psychological hazards in the workplace and implementation of controls.

Ideally, the supervisor has a good understanding of the demands of the job – physical, cognitive, and psychological – and where needed, can provide appropriate modified work or accommodation for the worker after psychological exposure or injury.

For a list of resources supporting supervisor response, please refer to the Supervisor Response and Workplace Supports sections of the Table of Resources in Appendix H.

Workplace Supports

Consideration for the level and complexity of workplace supports should be based on the type of work and work tasks required and actual or potential exposure to psychological hazards or job factors. In workplaces where exposure is relatively low in frequency and severity, it may be sufficient to provide information and education to workers on how to access community supports and treatment options for non-work-related mental health injuries or illness.

Community Supports - Community supports in Ontario are easily accessible through 211Ontario, or for a more thorough list of resources, please refer to the Community Supports section of the Table of Resources in Appendix H (link).

Employee and Family Assistance Program - Where employers have the capacity to do so, establishing a relationship with an employee and family assistance program provider will give workers access to additional mental health supports. Consideration can also be given to identifying the need for psychological benefits to meet the needs of exposure to psychological hazards in the workplace. Increased exposure levels may require higher than standard access to psychological benefits.

Workplace Psychologist or Counsellor - Where workplace exposure to psychological events is high, the employer may consider specialized supports for response to work-related events. For example, access to an organizational psychologist on-staff or a regularly scheduled counsellor.

Peer Support - Peer support is a supportive relationship between people who have a lived experience in common (MHCC, 2016). Peer supporters can often be more easily accessed in a timely manner than leadership support or support external to the organization. Peer support contributes to a culture of community and supportiveness.

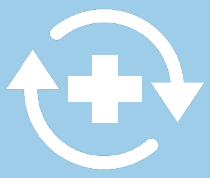
Peer support may be beneficial in organizations where frequency or severity of exposure to psychological

events is identified as having potential for psychological harm to workers. Examples of such workplaces include public safety services (police, paramedic, fire), health and community care (hospital, long-term care, congregate care, family and child services), education (elementary and high schools/school boards), First Nations, and other workplaces where worker support or provide services to vulnerable populations.

To successfully establish a peer support program, consideration should be given to garnering senior leadership commitment, identification of barriers for achieving an effective program, and selection of appropriate peer supporters with lived experience.

A successful peer support program requires identification and communication of expected program goals, establishment of guidelines for practice, tracking of program use as an organizational metric, and ongoing evaluation and commitment for continual improvement. Where a well-established peer support program is in place, the workplace has built support into workplace culture and mental health language is normalized.

For a list of Peer Support content, please refer to the Peer Support section in the Table of Resources in Appendix H.



RECOVERY

Recovery – or tertiary prevention – focuses on interventions to reduce symptoms and impact of injury. Among others, recovery strategies involve post-incident response, and return to work/stay at work programs.

Post Incident Response

Post incident response includes the formal, immediate response procedures following an incident. Notwithstanding WSIB reporting requirements for workplace violence, workplace harassment, chronic mental stress and traumatic mental stress injuries (see Legislative Requirements below) post-psychological-incident response includes the following processes.

Onsite debriefing - The supervisor or the worker(s) immediately involved in the event, or responsible for the work tasks or area where the event occurred coordinates onsite debriefing immediately following the event. Debriefing may include providing information and instruction to access workplace supports and/or community supports where relevant, access or referral to the employee and family assistance program for individual counselling, or use of online-screening tools to help identify symptoms of mood disorders such as PTSD exposure screening or CIPSRT screening. See also 'Serious Incident Debrief' in the Incident Response section above.

Initiation of EFAP or Third-Party Resources - Following a critical event that has potential for impact to worker psychological health, the supervisor responsible (or dedicated internal person), may contact the EFAP provider if one exists, and arrange for incident debriefing or group counselling sessions.

Initiation of Peer Support - Post-incident, Peer Support may be activated or requested per internal processes within the peer support program. This may include a direct connection between the worker and a peer supporter, an automatic referral from the supervisor in charge to the peer support program, or other. Peer supports external to the workplace may also be initiated.

Organizational Response - A serious incident with potential for psychological harm may result in the activation of an organizational response or department response specific to the type of incident. For example, team, unit, or department work activities may be paused for a pre-determined amount of time to allow for worker debrief, decompression, access of appropriate resources and completion of required internal reporting procedures.

Return to Work and Stay at Work

Development, implementation, and communication of work and non-work-related mental health injury/illness compensation process, stay at work/return to work program, and specialized return to work program for complex mental health related absences should be included as part of a comprehensive psychological health and safety program.

Legislative requirements - Employers have a legal requirement to facilitate early, safe, and suitable return to work. The Workplace Safety and Insurance Act (WSIA), monitored and enforced by the WSIB, requires employers to promote healthy and safe workplaces, ensure successful return to work of workers following work-related injuries or occupational illnesses wherever possible, provide compensation and other benefits to workers and survivors of deceased workers, and facilitate re-entry into the labour market for workers (WSIA, 1997). Under the Supporting Ontario's First Responder Act, a PTSD diagnosis for certain workers is presumed to be work-related, and workers will have faster access to WSIB benefits, resources, and timely treatment (MLTSD, 2022). The Ontario Human Rights Code (OHRC, 1990) requires employers to accommodate workers who seek accommodation due to disability up to the point of undue hardship. The employer has the onus to prove that an accommodation cannot be made based on undue hardship.

WSIB reporting requirements specific to chronic mental stress and traumatic mental stress injuries, or exposures are found within the WSIB Chronic Mental Stress Policy and WSIB Traumatic Mental Stress Policy. For additional resources supporting legislative requirements and return to work, please refer to the Legislative Requirements section of the Table of Resources in Appendix H.

Return-to-Work/Stay-at-Work Program - A return to work/stay at work program is a proactive, formal plan that helps injured/ill workers remain at work or safety return to suitable work. The goals of a RTW/SAW program for workers with psychological injury/illness are to:

- Provide work that is consistent with the workers' functional abilities and skills
- Restore pre-injury/illness earnings, ideally returning to pre-injury/illness job and
- Prevent recurrence of the psychological injury/illness

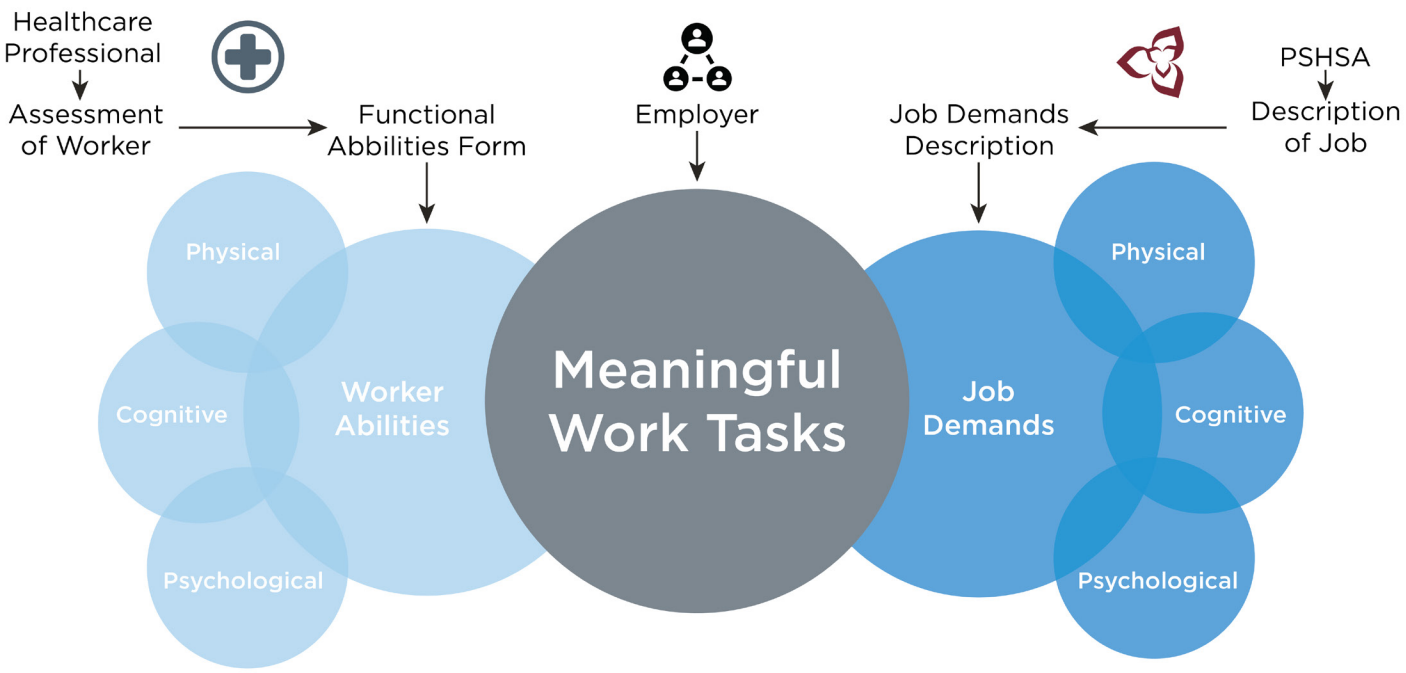
RTW Process - The return-to-work process after psychological injury or illness should follow the employers' general, established process for returning an injured worker to the workplace. Post-injury, the following steps should occur (PSHSA, 2022)

Reporting to the WSIB

1. Ongoing communication with WSIB and the worker
2. Identification of suitable work and creation of return-to-work plan
3. Implementation and monitoring of the RTW plan
4. Completion of the return to work/stay at work plan.

Identification of suitable work - Often lacking from a return to work/stay at work plan after psychological injury is identification of suitable work. The employer should consider not only the physical demands of the work, but also the cognitive and psychological demands to match the demands of the job with the functional abilities of the worker. The employer can ensure that they have the tools and resources necessary for successful job matching during return to work by having Job Demands Descriptions completed, current and available for each position within the organization.

A Job Demands Description (JDD) is a structured process designed to identify the specific physical, psychological, and environmental requirements of the essential duties of a job; it is the sum of a cognitive demands analysis and physical demands analysis in one document. A comprehensive JDD can provide an employer with a relatively clear picture of the physical and cognitive needs of a particular position as well as workplace factors that may give rise to mental stress in the workplace.



RTW/SAW Training and Education - It can be challenging as both a worker and a supervisor to navigate the return-to-work process after injury or illness, and potentially even more challenging when returning to work from a psychological injury or illness. Specific training on return to work to help clarify worker and supervisor roles and responsibilities as well as how to access and navigate organizational RTW resources should be provided. Return to work for psychological injury or illness may include training and resources on:

- Legislation and Program development
- Disability Management, Claims management and privacy
- Completing a RTW self-assessment
- Supporting a co-worker's return to work
- Managing Mental Health RTW/SAW in First Responder and Healthcare Organizations
- Psychological Health and Safety for Leaders

Identification of Metrics for Success

Leading and lagging indicators with links to workplace psychological climate and psychosocial factors should be identified and reviewed for a deeper understanding and baseline measure of organizational current state. Indicators to consider for review include work-related injuries and claims, non-work-related short-term and long-term disability claims, absenteeism, job turnover, benefits usage, and employee and family assistance program usage among others (CCOHS, 2022).

Step 2 - Do: Implement-Communicate-Educate

After planning for each psychological health and safety program element, the "Do" step of the PDCA cycle is about implementation of the program and/or associated elements. This step includes implementation of the developed measures, procedures, training, and education to address the identified hazards related to prevention, intervention, and recovery.

Communication of measures, procedures and training is essential in this step. Internal workplace communication may include: i) members of the board of directors; ii) senior leadership team; iii) other management staff; iv) JHSC; v) union or labour group leadership; vi) service providers on-site (contractors); vii)

clients; and viii) visitors.

Success of the psychological health and safety program and associated elements relies heavily on senior leadership and relies on their determination to articulate and implement appropriate policies and practices.

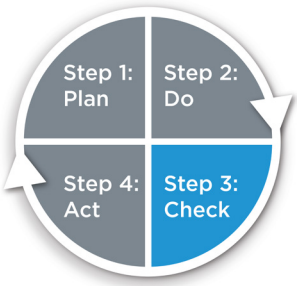
Key messages pertaining to psychological health and safety for all workplace stakeholders include:

The Program Resource Table in Appendix H provides useful information and linkages to support program implementation including measures, procedures, training, and education topics.

- Leading and fostering a psychologically healthy and safe workplace culture is everyone's responsibility. This includes a culture of mutual respect, open and honest communication, and encouragement of reporting of psychological incidents or event.
- A psychologically unsafe workplace may have serious consequences including immediate and long-term effects to both the organization and the mental health of affected workers.
- Psychological health and safety must be part of an overall culture of occupational health and safety.

Developing, coordinating, and scheduling training and education is an important aspect of program implementation. Recall that some health and safety regulations require workplaces to review health and safety training and education needs in consultation with the JHSC/HSR. Organizations should consider various training and education options including formal in-class sessions, eLearning, distance learning, workshops; and opportunities to integrate knowledge translation into normal business functions such as meetings, lunch and learns, huddles, posters, social media microlearning, safety talks, just in time learning apps etc. Workplaces should consider developing appropriate training matrices based on the participant's needs, requirements of the job, and the risk assessment. Maintenance and retention of documentation, training and education records is essential.

A training matrix may be used to assess risk and the associated training and education required for stakeholder groups based on their own unique setting, environment, job tasks and exposure. It is recommended that a training matrix be developed and utilized by a multi-stakeholder assessment team. This team may include, but not limited to, Joint Health and Safety Committee (JHSC) members, Occupational Health and Safety (OHS) professionals, senior management and others. Once completed, the matrix must be sent to the JHSC. The JHSC should make recommendations on the development and measurement of the training program, focusing on the transfer of knowledge and practical skills.



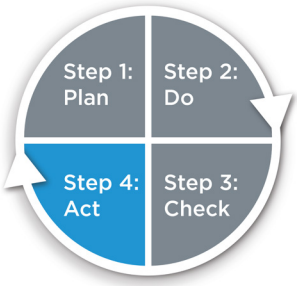
Step 3 - Check: Monitor-Evaluate

Once the psychological health and safety program is operational, organizations need to monitor and measure the program effectiveness and the extent to which the program policy, objectives and targets are being met. It is important that the process evaluates the impact on PHS hazard and risk reduction. The evaluation may be coordinated by the program lead and PHS committee, if any. A variety of data and measures should be considered including outcome and process measures. Leading and lagging indicators may be used.

- Outcomes measures reflect the impact of an intervention on a worker's mental health and well-being (health outcome). For example, measure the impact of control measures implemented at the job-level (elimination of split shifts; increase in worker-supervisor communication etc) on worker reports of psychological incidents or injuries related to the job or job tasks.
- Output measures determine whether an activity has been accomplished or process followed as designed e.g., percentage of staff who attended mandatory PHS awareness training.

Identifying appropriate indicators and metrics helps an organization monitor and measure the program's progress and performance as part of the evaluation process. Analysis of the measures helps organizations identify what is working well and opportunities for improvement. Documentation of data and measures is required. Promoting stakeholder participation and consultation during this phase is important with regards

to sharing findings and considerations related to opportunities for improvement. Recommendations to management can be made for corrective action and improvement. For more information on PHS indicators and metrics, please find your PSHSA Consultant.



Step 4 - Act: Improve-Communicate

Once recommended improvements and corrective actions have been agreed upon and approved by management, an action plan that includes:

- the corrective actions and improvements
- assignment of responsible persons to ensure implementation
- target dates for completion

can be developed and communicated.

This may include new or revised policies, measures, procedures, training/education to address various the PHS program performance gaps or identified risks. Utilization of change management processes including communication of changes and results to those affected, and to stakeholders is an important part of this step. It is also crucial that the organization continue with ongoing implementation and maintenance of what is working within the PHS program.

Improvements and corrective actions must be monitored for intended and/or adverse results.

Building Your Program – Meeting You Where You Are

PSHSA's Psychological Health and Safety program take an integrated approach to Prevention, Intervention and Recovery. Recognizing that each workplace has unique needs, resources and tools provided in the Table of Resources (Appendix H) are identified and categorized to support workplaces who are Getting Started (foundational elements; primarily reactive), Moving Forward (building on program foundations, moving from reactive to proactive), or implementing Promising Practices (engaging in continuous improvement; industry leaders) for a psychologically healthy and safe workplace.

Getting Started. An organization who is getting started on their psychological health and safety journey is in a more reactive state and may need help understanding their legal requirements. There is a potential that the organization is dealing with a crisis, or they may simply need basic support. At this stage they may not be ready or able to make a significant investment in psychological health and safety prevention outside of their own organizational resources and capabilities. There is a focus on building awareness and reducing stigma, developing policies, defining roles and responsibilities.

Moving Forward. An organization who is moving forward on their psychological health and safety journey has foundational elements in place in one or more of the focus areas – prevention, intervention, and recovery/return to work/stay at work. Policies and practices are established and working well. At this point the organization is ready to move from a reactive state to a more proactive state. The organization can now recognize organizational and individual factors that affect psychological health and safety and have addressed the issue of stigma towards workers. The organization knows how to help prevent or mitigate a worker from being exposed to psychological health and safety incidents. They also know how to help a worker recover and return to work after exposure to psychological health and safety incidents. The organization is ready to strengthen their efforts and implement more proactive solutions.

Promising Practices. Organizations ready to implement leading or promising practices are staying on top of new research and are actively engaged in continuous improvement activities and applying the latest resources appropriately. Organizations have a clear understanding of organizational psychosocial risk factors, psychological job risks, individual psychological risks and support systems are solidly in place to support workers. There is an interest and engagement in evaluation practices, and they may be ready to consider addressing other mental health and wellbeing initiatives. Organizations are among sector leaders in providing support or mentorship.

APPENDIX A – Definitions

Employer: As defined in the OHSA, "means a person who employs one or more workers or contracts for the services of one or more workers and include a contractor or subcontractor who performs work or supplies services and a contractor or subcontractor who undertakes with an owner, constructor, contractor or subcontractor to perform work or supplies services. May also be called Senior Leader.

Harm: Anything that damages a person's health, including a physical or psychological injury

Hazard: A source, situation or act with a potential for harm in terms of human injury

Hazard Identification: A process of recognizing that a hazard exits and defining its characteristics (Ontario Government Chief Prevention Office)

Health: A state of complete physical, social and mental wellbeing that is due to more than just the absence of disease or infirmity (World Health Organization, 2010)

Health Promotion: The process of enabling people to increase control over and to improve their health (CSA Z1003-13)

Mental Health: A state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (World Health Organization, 2010)

Mental Ill-Health or Illness: A medically diagnosable illness resulting in significant impairment of a person's cognitive, affective, or relation abilities according to the DSM-5 a standard classification of mental disorders used by mental health professionals. DSM stands for Diagnostic and Statistical Manual of Mental Disorders

Mental Injury: Harm to mental health that significantly impairs a person's ability to function at work or at home.

Occupational Health and Safety Management System: Means a coordinated system of procedures, processes and other measures that is designed to be implemented by employers in order to promote continuous improvement in occupational health and safety. It may be called Safety Management.

Organization: A company, corporation, firm, enterprise, authority or institution, or part or combination thereof, whether incorporated or not, public or private, that has its own functions, management and administration

Psychological Health: See Mental Health

Psychologically Healthy and Safe Workplace: A workplace where psychological health and wellbeing are prioritized and where structures are in place to prevent psychological harm

Psychological Safety: A condition in which people are free from threats of harm to their mental wellbeing

Psychosocial Factors: Elements that impact employee's psychological responses to work and work conditions, potentially causing psychological health problems

Psychosocial Risk: A combination of the likelihood of occurrence of exposure to work-related hazard(s) of a psychosocial nature and the severity of injury and ill-health that can be caused by these hazards (International Standards Organization 45003):

Risk Assessment: The overall process of risk analysis and risk evaluation (CSA Z1003-13)

Risk Management: The overall process of identifying hazards, assessing the risk of those hazards, eliminating or controlling those hazards and monitoring and reviewing risk assessments and control measures.

Supervisor: As defined by the OHSA, "means a person who has charge of a workplace or authority over a worker". Titles may vary from organization to organization, and may include but not limited to lead, leader, manager, director, charge, program leader etc.

Well-being at work: Fulfillment of the physical, mental, social and cognitive needs and expectations of a worker related to their work (International Standards Organization 45003).

Worker: As defined in the OHSA "means any of the following, but does not include an inmate of a correctional institution or like institution or facility who participates inside the institution or facility in a work project or rehabilitation program:

i. A person who performs work or supplies services for monetary compensation.

ii. A secondary school student who performs work or supplies services for no monetary compensation under a work experience program authorized by the school board that operates the school in which the student is enrolled.

iii. A person who performs work or supplies services for no monetary compensation under a program approved by a university, private career college or other post-secondary institution.

iv. Such other persons as may be prescribed who perform work or supply services to an employer for no monetary compensation

Workplace: As defined in the OHSA, "means any land, premises, location or thing at, upon, in or near which a worker works."

APPENDIX B – Legislative Requirements

Please refer to the links provided for an updated version of the noted legislation.

Occupational Health and Safety Act

Joint Health and Safety Committee

Section 9(18) Powers of the committee – It is the function of the committee, and it has the power to,

(a) Identify situations that may be a source of danger or hazard to workers.

(b) Make recommendations to the constructor or employer and the workers for the improvement of the health and safety of workers

(c) Recommend to the constructor or employer and the workers the establishment, maintenance and monitoring of programs, measures and procedures respecting the health and safety of workers

(d) Obtain information from the constructor or employer respecting,

(i) The identification of potential or existing hazards of materials, processes or equipment, and

(ii) Health and safety experience and work practices and standards in similar or other industries of which the constructor or employer has knowledge.

Health and Safety Representative

Section 8 (10) Idem – A health and safety representative has the power to identify situations that may be a source of danger or hazard to workers and make recommendations or report his or her findings thereon to the employer, the workers or trade unions representing the workers.

Section 8(11) Powers of the representative – A health and safety representative has the power.

(c) Obtain information from the constructor or employer respecting,

(i) The identification of potential or existing hazards of materials, processes or equipment, and

(ii) Health and safety experience and work practices and standards in similar or other industries of which the constructor or employer has knowledge.

Duties of Employers

Section 25(2)(a) provide information, instruction and supervision to a worker to protect the health and safety of the worker

Section 25(2)(d) acquaint a worker or a person in authority of a worker with any hazard in the work and …

Section 25(2)(h) take every precaution reasonable in the circumstances for the protection of a worker

Section 25(2)(l) provide to the committee or a health and safety representative the results of a report respecting occupational health and safety that is in the employee's possession and, if that report is in writing, a copy of the portions of the report that concern occupational health and safety

Section 25(2)(m) advise workers of the results of a report referred to in clause (l) and, if the report is in writing, make available to them on request copies or the portions of the report that concern occupational health and safety

Duties of Supervisor

Section 27(2)(a) advise a worker of the existence of any potential or actual dangers to health and safety of the worker of which the supervisor is aware

Section 27(2)(c) take every precaution reasonable in the circumstances for the protection of a worker

Duties of Workers

Section 28(1)(d) report to his or her employer or supervisor any contraventions of this Act or the regulations or the existence of any hazard of which he or she knows

Workplace Violence and Harassment

Also see OHSA Workplace Violence and Harassment requirements Sections 32.0.1-32.0.8

Healthcare and Residential Facility Regulation

Organizations governed by this regulation include hospitals, psychiatric facilities, long term care, intensive support or supported group living, specified laboratories and child, youth and family services, Section 8 and 9 can apply to psychosocial hazards.

Section 8.

Every employer in consultation with the joint health and safety committee or health and safety representative, if any, and upon consideration of the recommendation thereof, shall develop, establish, and put into effect measures and procedures for the health and safety of workers.

Section 9.

(1) The employer shall reduce the measures and procedures for the health and safety of workers established under section 8 to writing,

(2) At least once a year the measures and procedures for the health and safety of workers shall be reviewed and revised in light of current knowledge and practice.

(3) The review and revision of the measures and procedures shall be done more frequently than annually if,

(a) the employer, on the advice of the joint health and safety committee or health and safety representative, if any, determines that such a review and revision is necessary: or

(b) there is a change in circumstances that may affect the health and safety of a worker.

(4) The employer, in consultation with and in consideration of the recommendations of the joint health and safety committee or health and safety representative, if any, shall develop, establish and provide training and educational programs in health and safety measures and procedures for workers that are relevant to the worker's work.

Supporting Ontario's First Responders Act

Entitlement to benefits

(3) Subject to subsection (7), a worker is entitled to benefits under the insurance plan for posttraumatic stress disorder arising out of and in the course of the worker's employment if,

(a) the worker is a worker listed in subsection (2) or was a listed worker for at least one day on or after transition day.

(b) the worker is or was diagnosed with posttraumatic stress disorder by a psychiatrist or psychologist.

Presumption re: course of employment

(6) For the purposes of subsection (3), the posttraumatic stress disorder is presumed to have arisen out of and in the course of the worker's employment, unless the contrary is shown.

No entitlement, employer's decisions or actions

(7) A worker is not entitled to benefits under the insurance plan for posttraumatic stress disorder if it is shown that the worker's posttraumatic stress disorder was caused by his or her employer's decisions or actions relating to the worker's employment, including a decision to change the work to be performed or the working conditions, to discipline the worker or to terminate the worker's employment.

Human Rights Code

Freedom from discrimination

Services

1 Every person has a right to equal treatment with respect to services, goods and facilities, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

Accommodation

2 (1) Every person has a right to equal treatment with respect to the occupancy of accommodation, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, disability or the receipt of public assistance.

Harassment in accommodation

(2) Every person who occupies accommodation has a right to freedom from harassment by the landlord or agent of the landlord or by an occupant of the same building because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sexual orientation, gender identity, gender expression, age, marital status, family status, disability or the receipt of public assistance.

Contracts

3 Every person having legal capacity has a right to contract on equal terms without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

Accommodation of person under eighteen

4 (1) Every sixteen- or seventeen-year-old person who has withdrawn from parental control has a right to equal treatment with respect to occupancy of and contracting for accommodation without discrimination because the person is less than eighteen years old

Idem

(2) A contract for accommodation entered into by a sixteen- or seventeen-year-old person who has withdrawn from parental control is enforceable against that person as if the person were eighteen years old.

Employment

5 (1) Every person has a right to equal treatment with respect to employment without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, record of offences, marital status, family status or disability.

Harassment in employment

(2) Every person who is an employee has a right to freedom from harassment in the workplace by the employer or agent of the employer or by another employee because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sexual orientation, gender identity, gender expression, age, record of offences, marital status, family status or disability.

Sexual harassment

Harassment because of sex in accommodation

7 (1) Every person who occupies accommodation has a right to freedom from harassment because of sex, sexual orientation, gender identity or gender expression by the landlord or agent of the landlord or by an occupant of the same building. R.S.O. 1990, c. H.19, s. 7 (1); 2012, c. 7, s. 6 (1).

Harassment because of sex in workplaces

(2) Every person who is an employee has a right to freedom from harassment in the workplace because of sex, sexual orientation, gender identity or gender expression by his or her employer or agent of the employer or by

another employee. R.S.O. 1990, c. H.19, s. 7 (2); 2012, c. 7, s. 6 (2).

Sexual solicitation by a person in position to confer benefit, etc.

(3) Every person has a right to be free from,

(a) a sexual solicitation or advance made by a person in a position to confer, grant or deny a benefit or advancement to the person where the person making the solicitation or advance knows or ought reasonably to know that it is unwelcome; or

(b) a reprisal or a threat of reprisal for the rejection of a sexual solicitation or advance where the reprisal is made or threatened by a person in a position to confer, grant or deny a benefit or advancement to the person. R.S.O. 1990, c. H.19, s. 7 (3).

Section Amendments with date in force (d/m/y)

Reprisals

8 Every person has a right to claim and enforce his or her rights under this Act, to institute and participate in proceedings under this Act and to refuse to infringe a right of another person under this Act, without reprisal or threat of reprisal for so doing. R.S.O. 1990, c. H.19, s. 8.

Infringement prohibited

9 No person shall infringe or do, directly or indirectly, anything that infringes a right under this Part.

APPENDIX C – A Health and Safety Management Systems Approach: Plan-Do-Check-Act

Pre-planning

Prior to planning for a successful PHS program, bringing leadership on board and obtaining buy-in is required. This may require developing and presenting a case that demonstrates the value of psychological health and safety program implementation to the organization. A successful pitch can influence management commitment to program implementation (CSA Group / MHCC, 2014). The case may include insights and perspectives related to the impact on business, worker health outcomes, legal consequences, and even workplace culture.

PLAN

The following identifies planning requirements and activities.

Leadership

Key activities for leadership are to develop a PHS policy that demonstrates organizational commitment to develop, implement and maintain a program to protect workers as well as to provide the necessary resources. Leadership commitment should include:

- Appointing a PHS leader and PHS committee for oversight.
- Support towards appropriate assessments to identify gaps and risk while meeting legislation.
- Setting goals, objectives, and targets.
- Supporting the development of an implementation plan post assessments; and
- Ensuring processes are in place to manage change that may affect psychological health and safety (CSA Z1003-13, 2018).

In addition, commitment to stakeholder consultation, worker participation, ongoing communication, annual evaluation and quality improvement is also important to ensure sure program sustainability.

Participation

Active, meaningful and effective worker and stakeholder participation is an essential requirement in a PHS program. Integration of engagement processes at all stages of program planning, implementation, assessment and improvements need to be considered. Inclusion and diversity should be top of mind.

Legal and Other Requirements

As part of the planning step, it is essential that all legal and other requirements are identified and considered in the program e.g., Occupational Health and Safety Act and Regulations, Human Rights Code, related standards. For more information, please see Appendix B.

Barriers and Facilitator Assessment

Knowledge translation research has shown that conducting a program barriers and facilitators assessment can improve planning and successful implementation processes. Barriers can be proactively mitigated or reduced, and facilitators leverage to help enhance program implementation. Some barriers identified in healthcare research related to implementation of the psychological health and safety standard include weaking program support, lack of risk data, or significant organizational change; and facilitators included strong leadership support, alignment with organizational mission and leveraging existing structures (Gilbert, 2016). Applying these findings may improve an organization's program implementation journey. Organizations need to identify their own barriers and facilitators to enhance and ensure their own program's implementation success.

Organizational Readiness Assessment

Prior to implementation, an organization may consider a readiness assessment using a readiness tool for change. Such tools could provide actionable guidance for program implementation (Robertson, 2018). Organizations that are prepared for a change are likely to be more successful in program implementation. Guarding Minds @ Work "Using Guarding Minds at Work Effectively" also provides readiness tips for implementation of the psychosocial factor survey.

DO

The "Do" step of PDCA cycle is about implementation of PHS control program and solutions to manage the risks identified in the risk assessment. This step includes implementation of measures, procedures, training and education to address the risks related to three areas of prevention, intervention and recovery; and to address the PHS learning needs of workplace parties.

The Program Resource Table in Appendix H provides useful information and linkages to support program implementation including measures, procedures, training, and education topics.

Developing coordinating and scheduling training and education is an important aspect of program implementation. Recall that some health and safety regulations require workplaces to review health and safety training and education needs in consultation with the JHSC/HSR. Organizations should consider various training and education options including formal in-class sessions, eLearning, distance learning, workshops; and opportunities to integrate knowledge translation into normal business functions such as meetings, lunch and learns, huddles, posters, social media microlearning, safety talks, just in time learning apps etc. Workplaces should consider developing appropriate training matrices based on the participant's needs and the risk assessment. Maintenance and retention of documentation, training and education records is essential.

External resources such Mental Health Strategies for Mental Health On the Agenda Workshop Series provides potential training and education materials to address psychosocial factors. See the Program Resource Table in Appendix H for more information.

Communication of measures, procedures and training is equally important in this step.

CHECK

Once PHS program is operational, organizations need to monitor and measure the program effectiveness and the extent to which the program policy, objectives and targets are being met. It is important that the process evaluates the impact on PHS hazard and risk reduction. The evaluation may be coordinated by the program lead and PHS committee, if any. A variety of data and measures should be considered including outcome and process measures. Leading and lagging indicators may be used.

- Outcomes measures reflect the impact of an intervention on a worker's mental health and well-being (health outcome) for example measure the impact of a new procedural intervention on worker psychological injury or harm incidents.
- Output measures determine whether an activity has been accomplished or process followed as designed e.g., percentage of staff who attended mandatory PHS awareness training.

Identifying appropriate indicators and metrics helps an organization monitor and measure the program's progress and performance as part of the evaluation process. Analysis of the measures helps organizations identify what is working well and opportunities for improvement. Documentation of data and measures is required. Promoting stakeholder participation and consultation during this phase is important with regards to sharing findings and considerations related to opportunities for improvement. Recommendations to management can be made for corrective action and improvement. For more information on PHS indicators and metrics, please find your PSHSA Consultant.

ACT

Once recommended improvements and corrective actions have been agreed upon and approved by management, an action plan that includes:

- The corrective actions and improvements
- Assignment of responsible persons to ensure implementation
- Target dates for completion can be developed and communicated.

This may include new or revised policies, measures, procedures, training/education to address various the PHS program performance gaps or identified risks. Utilization of change management processes including communication of changes and results to those affected, and to stakeholders is an important part of this step. It is also crucial that the organization continue with ongoing implementation and maintenance of what is working within the PHS program.

Improvements and corrective actions must be monitored for intended and/or adverse results.

APPENDIX D – Sample Psychological Health and Safety Policy

Document Control

Review Date:

Revision Date

Approved by:

Approval Date:

1. Purpose

The purpose of this policy is to recognize the importance of psychological health and safety (PHS) in the workplace, and to establish and maintain workplace practices that promote positive mental health, prevent psychological harm, and protect the psychological wellbeing of all employees of ABC Company.

ABC Company has adopted this Policy as part of its commitment to ensuring psychologically healthy and safe environment for all employees. The specific objective of the Policy is to:

- Commit to the development, implementation, and maintenance of a PHS program
- Provide strong leadership to support the success of a PHS Program
- Take every precaution reasonable in the circumstances for the protection of a worker

2. Scope

This Policy applies to all ABC Company employees, including but not limited to permanent, temporary and contract employees (collectively called "employees"). This Policy also applies to volunteers, students and interns.

This Policy protects employees from workplace stressors and potential psychological harm from all sources, including:

- ABC Company personnel at any level including executives, managers, supervisors, and workers.
- ABC Company customers, clients, suppliers, vendors, contractors that ABC Company employees encounter as part of their job duties; and
- Visitors to ABC Company premises.

For purposes of this Policy, the conception of workplace is to be construed broadly as encompassing any location in which ABC Company employees are likely to encounter stressors or sources of psychological harm while conducting their duties:

- Within ABC Company work site; and
- At off-site locations where workers are required to perform their duties, including but not limited to client offices, sites of business conferences, and ABC Company -sponsored events.

3. Guiding Principles

This Policy is based on the following guiding principles:

- individuals have a prime responsibility towards their own health and behaviour
- legal requirements associated with psychologically healthy and safe workplaces applicable to the organization will be identified and complied with as a minimum operational standard at ABC Company
- Psychological health and safety is a shared responsibility among all stakeholders in the workplace and

commensurate with the authority of the stakeholder.

- The workplace is based on mutually respectful relationships among the organization, its management, its workers, and the union representatives, which also includes maintaining the confidentiality of sensitive information
- A demonstrated and visible commitment by senior management for the development and sustainability of a psychologically healthy and safe workplace
- Organizational decision making incorporates psychological health and safety in the processes; and
- A primary focus on psychological health, safety, awareness, and promotion as well as the development of knowledge and skills for those individuals managing work arrangements, organization, processes, and/or people.

4. Roles and Responsibilities

ROLE	RESPONSIBILITY
Employer/ Management	• Foster an organizational culture that promotes psychological health and safety • Ensure that a psychological health and safety management system is in place to provide a work environment that is free from psychological harm where: o Psychological health and safety hazards are identified o Psychological health and safety hazards are communicated to supervisors, workers, psychological health and safety committee, human resources, occupational health, safety and wellness, unions, and external stakeholders as appropriate o Workers are trained to recognize psychosocial hazards and respond to situations involving psychological harm o Every reported incident of psychological harm is investigated in a fair, objective and timely manner o Workers who report psychological injuries or adverse symptoms from psychological harm are advised to consult a health professional o Appropriate support for affected workers is provided • Ensure compliance with occupational health and safety, human rights, and other applicable laws • Ensure that problems, mistakes and potential areas of improvement are identified. • Maintain the confidentiality of the individuals concerned, except where disclosure is necessary to investigate the complaint or take disciplinary measures in responding to the complaint

Supervisor/ Line Managers	• Exhibit leadership behaviours to support workers' psychological wellbeing • Help to identify workplace stressors and conduct workplace psychological harm risk assessments • Look out for and responding to signs and symptoms of psychological harms exhibited by their team members • Promote a culture in which workers who exhibit or report psychological harms are met with support rather than stigma • Offer immediate and ongoing support to staff involved in traumatic or stressful incidents, complaints or claims • Support employees who require assistance by providing information on EFAP and other corporate programs and supports • Provide additional support to workers experiencing stress outside work, e.g., due to family situation • Assist in the evaluation of the psychological health and safety management system • Ensure that all team members are made aware of this Policy
Workers	• Treat one another with dignity, courtesy and respect at all times • Be familiar with and following the policies and procedures in place to protect their psychological healthReceive and apply training and instruction on psychological hazards provided by ABC Company • Immediately report violations of this Policy or PHS hazards to their Supervisor or to Human Resources representative. • Participate in work site hazard assessments and implementing controls and procedures to eliminate or control the associated hazards.
Psychological Health and Safety Committee	• Support and contribute to the ABC Company's aim of providing a mentally healthy and supportive environment for all employees by reinforcing the Policy in everyday activities and being an active representative of the Policy's principles • Actively work with and engaging all employees represented by the Committee through regular communication • Advise on the evaluation of the psychological health and safety management system • Advise on or providing training and educational materials on psychological hazards and psychological health and safety to all ABC Company employees
Human Resources	• Lead annual revision of this Policy via Psychological H&S Committee • Consult with relevant stakeholders to determine and evaluate the effectiveness of the Policy • Ensure effective communication and promotion of the Policy • Solicit feedback from ABC Company employees • Ensure effective communication of the Policy and notifying employees of any changes to the Policy

Occupational Health, Safety and Wellness or Designate	• Support the Psychological Health and Safety Committee, Human Resources Supervisor/Line Managers and Management as experts in Health and Safety Programming with the planning, development, implementation and review of a Psychological Health and Safety program • Support the development of a psychological incident reporting system • Provide monitoring and data tracking of psychological incidents and report to management
Union	• Foster an organizational culture that promotes psychological health and safety • Support unions member on PHS issues or concerns, while respecting the collective agreement • Work collaboratively with the organization to support and contribute to provide a mentally health and supportive environment for all employees • Advise on the evaluation of the psychological health and safety management system

References/Resources

CSA Z1003-13. (2018). CAN/CSA-Z1003-13/BNQ 9700-803/2013 (R2018).

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

Ministry of Labour, Training, and Skills Development. (1990). Occupational Health and Safety Act. Ontario, Canada.

APPENDIX E – Psychological Health and Safety Program Checklist

PSHSA's psychological health and safety program is designed to provide tools and resources to workplaces in the broader public sector to support the creation and maintenance of a psychologically healthy and safe workplace.

Workplaces getting started on program development can use PSHSA's Psychological Health and Safety Program Checklist as an initial needs assessment within a gap analysis to determine what the workplace has in place, whether current state meets organizational need, and to assist in future program planning and communication to relevant stakeholders.

The Psychological Health and Safety Program checklist may be accessed online here. For support navigating this tool and for a list of comprehensive solutions to help support development of each program element, please contact your PSHSA Health and Safety Consultant.

Organization Name
Name of Assessor:
Date

	Program Element	Meets Needs
1.0	**Leadership Committment and Participation**	
1.1	Senior leadership is committed to creating and maintaining a psychologically healthy and safe workplace.	☐
1.2	Workers participate in a psychologically healthy and safe workplace.	☐
1.3	The workplace has an organizational psychological health and safety policy.	☐

Prevention

2.0	**Hazard Recognition, Assessment and Control**	
2.1	An organizational assessment is completed to identify current state with respect to the CSAZ1003 Psychosocial factors.	☐
2.2	An assessment of job-specific factors impacting worker psychological health is completed.	☐
2.3	Contributors are identified for organizational and job-specific psychosocial factors of concern.	☐
2.4	Safe work plans and procedures are in place for job tasks with risk of psychological harm.	☐
2.5	Job demands (physical, cognitive, and psychological) are identified for all jobs in the organization.	☐
2.6	Joint Health and Safety Committee monthly inspections include organizational and job-specific psychological factors that may impact worker mental health.	☐
3.0	**Training and Education**	
3.1	General mental health awareness training is provided across all stakeholder levels.	☐

3.2	Information and instruction are provided on workplace-specific psychological health and safety policies and procedures, including: • Incident reporting and investigation, and • Return to work after psychological injury or illness.	☐
3.3	Joint Health and Safety Committees are trained on roles and responsibilities for psychological health and safety.	☐
3.4	Information and instruction are provided to workplace stakeholders on organizational and job-specific psychological factors that impact worker psychological health.	☐
3.5	Leaders are provided training specific to their roles and responsibilities for leading and fostering a psychologically healthy and safe workplace.	☐

Intervention

4.0	**Incident Reporting and Investigation**	
4.1	Psychological incidents are included in the hazard and incident reporting process.	☐
4.2	A formal process for investigation of psychological incidents and injuries is in place.	☐
5.0	**Incident Response**	
5.1	An incident response plan is in place where supervisors are trained to respond appropriately to workplace psychological incidents and events.	☐
5.2	A serious incident response plan is in place and actively practiced in the workplace. (for example, emergency response plan).	☐
5.3	A crisis response plan is in place to support workers suffering from mental injury or illness at work.	☐
6.0	**Workplace Supports**	
6.1	The workplace provides workers with access to community-based resources to prevent harm, promote well-being and protect worker mental health.	☐
6.2	An Employee and Family Assistance Program is available and accessible through the employer.	☐
6.3	On-site supports such as counsellors or peer support programs are in place where relevant.	☐

Recovery

7.0	**Post-Incident Response**	
7.1	Informal and/or formal de-briefing processes after psychological events are in place. These may include: • Initiation of EFAP or third-party resources • Peer Support, or • Other organizational response	☐
8.0	***Return to work and stay at work***	
8.1	A return to work or stay at work process for psychological injury or illness is in place for all workplace stakeholders.	☐
8.2	Suitable work is identified for the worker that is consistent with the worker's functional abilities, including physical, cognitive, and psychological abilities. Accommodations are provided where necessary.	☐

APPENDIX F – Organizational Psychosocial Factors

Psychosocial factors (organizational factors) are elements that impact employees' psychological response to work and work conditions (Guarding Minds at Work, 2022).

Psychosocial factors, as identified in the CSA Standard for psychological health and safety in the workplace (CSAZ1003, 2018), include the way work is carried out (deadlines, workload, work methods) and the context in which work occurs (including relationships and interactions with managers and supervisors, colleagues and coworkers, and clients or customers) (Guarding Minds at Work, 2022).

Guarding Minds at Work identifies the thirteen (plus two for Healthcare Workers) psychosocial factors having a substantial impact on the psychological health of workers as:

Psychological Support

A work environment where coworkers and supervisors are supportive of employees' psychological and mental health concerns and respond appropriately as needed.

Organizational Culture

The degree to which a work environment is characterized by trust, honesty and fairness.

Clear Leadership & Expectations

A work environment where there is effective leadership and support that help employees know what they need to do, how their work contributes to the organization, and whether there are impending changes.

Civility & Respect

A work environment where employees are respectful and considerate in their interactions with one another, as well as with customers, clients and the public

Psychological Competencies & Requirements

A work environment where there is a good fit between employees' interpersonal and emotional competencies and the requirements of the position they hold.

Growth & Development

A work environment where employees receive encouragement and support in the development of their interpersonal, emotional and job skills.

Recognition & Reward

A work environment where there is appropriate acknowledgement and appreciation of employees' efforts in a fair and timely manner.

Involvement & Influence

A work environment where employees are included in discussions about how their work is done and how important decisions are made.

Workload Management

A work environment where tasks and responsibilities can be accomplished successfully within the time available. This is the psychosocial factor that many working Canadians describe as being the biggest workplace stressor.

Engagement

A work environment where employees feel connected to their work and are motivated to do their job well.

Balance

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

Psychological Protection

A work environment where employees' psychological safety is ensured. This is demonstrated when workers feel able to put themselves on the line, ask questions, seek feedback, report mistakes and problems, or propose a new idea without fearing negative consequences.

Protection of Physical Safety

A work environment where management takes appropriate action to protect the physical safety of employees.

Organizational state with respect to the 13 psychosocial factors can be identified and assessed in a variety of ways. **Stress Assess (link)** (OHCOW) and **Guarding Minds at Work (link)** (Canada Life) are survey tools that take a more global approach to identifying the overall state of an organization as it pertains to the 13 psychosocial factors and beyond.

While it is important for senior leaders to have a solid understanding of organizational culture and climate as it pertains to the overall psychological health and safety of workers, these global organizational assessment tools do not identify job-specific factors that may directly contribute to or impact a worker's mental health or state of mental ill-health. A more focused approach to identifying specific job-related factors, or 'psychological hazards' should also be considered as part of a comprehensive hazard recognition and control approach.

For further information on the thirteen psychosocial factors, visit Guarding Minds at Work or Have That Talk (Ottawa Public Health) resources.

Two additional psychosocial hazards have been identified by the Mental Health Commission of Canada for Healthcare Workers (MHCC, 2021). These include:

Protection from Moral Distress

A health-care work environment where staff are able to do their work with a sense of integrity that is supported by their profession, employer, and peers

Support for Self-Care

A health-care workplace where staff are encouraged to care for their own psychological health and safety.

APPENDIX G – Job-Specific Psychological Factors

Similar to organizational psychosocial factors that impact the employees' psychological response to work and work conditions, each job has elements unique to the tasks or demands required that may equally impact an employee's psychological response. Job-factors impacting psychological response may be categorized by work demands, environmental working conditions, physical exposure and workplace supports. When identifying and assessing psychological risk in the workplace, factors impacting employee psychological response should be considered at both an organizational level and the job-level.

To learn more about how you can identify and assess psychological risk at the job level, understand what controls mitigate risk, and find suggestions for potential solutions for factors of concern, please connect with your PSHSA Consultant to access PSHSA's Job-Specific Psychological Risk Assessment Tool.

Work Demands

Sustained and/or excessive effort is required to meet the physical, mental and or emotional demands of the work. Demands which chronically exceed workers' skills, and/or are unreasonable for the available staff and/or distributed inequitably (New South Wales, 2021)

Working time

Working time is defined as time spent in the workplace and is influenced by:

Work hours, including

- Shift work
- Unpredictable work hours
- Rigid (lack of flexibility) scheduling
- Vacation scheduling

Work-life balance, including

- Inability to maintain work-life blend
- Required mandatory overtime
- No advanced notice on overtime

An imbalance of work hours and/or work-life balance or blend may be considered a work-related stressor, negatively impacting worker mental health.

Workload

Workload is defined as the amount of work required by or assigned to the worker in a specified time period. Jobs with a high workload may contribute to workplace stress resulting in anxiety or chronic mental stress. High workload may be evidenced by:

- Inability to accomplish tasks in allotted time
- Working extra, unpaid hours to accomplish tasks
- Inability to take scheduled breaks
- Inadequate resourcing (people resources, staffing complement)

Jobs with low workload may contribute to boredom and frustration, including:

- Not enough to do
- Lack of task variety
- Monotonous tasks ((New South Wales, 2021))

Cognitive Demands

Cognitive demands are defined as the mental demands required by the worker to effectively perform work functions. Cognitive demands include factors such as:

- Time demands
- Communication
- Memory
- Attention
- Problem solving and decision making
- Adaptability and Flexibility
- Exposure to distracting stimuli
- Exposure to confrontational situations

High levels of cognitive demands may contribute to chronic mental stress or otherwise impact worker mental health. **Specific attention may be given to jobs/ job tasks with high levels of cognitive demands where there is substantial impact to a person's life, safety or health.*

Physical Demands

Physical demands refer to the level and/or duration of physical exertion generally required to perform occupational tasks.

Physical demands may include:

- Lifting, lowering, pushing, pulling
- Carrying
- Walking
- Sustained awkward postures
- Repetitive motions

Physical demands may affect worker mental health when linked to financial incentives, time constraints or the potential for injury.

Effort-Reward Imbalance

The effort-reward imbalance is evidenced in jobs requiring a high-effort and low reward. Effort-reward imbalance is correlated with adverse health effects including adverse mental health effects.

Jobs where there is:

- An imbalance between workers' efforts and associated rewards and recognitions
- Little positive feedback for good performance
- Lack of opportunity for skills development
- Skills and experience are underused

(New South Wales, 2021)

Job Control / Autonomy at work

Workplace autonomy is the power of a worker to shape their work and environment in ways that allow optimal performance. An autonomous workplace is based on trust, respect, dependability, and integrity. Lack of autonomy results in low engagement and low motivation.

Examples of low job control / autonomy include:

- Work is machine or computer paced
- Work is tightly prescribed or scripted (i.e., call centres, telehealth screening)
- Workers have little say in the way they do their work when they can take breaks, or change tasks
- Workers are not involved in decision making about work which affects them or their clients
- Workers are unable to refuse to work with violent or aggressive individuals where inadequate controls are in place *note: limited right to refuse unsafe work (OHSA S.43(1))

(New South Wales, 2021)

Working alone

A person is "alone" at work when they are on their own; when they cannot be seen or heard by another person. It is important to consider all situations carefully. Working alone includes all workers who may go for a period of time where they do not have direct contact with a co-worker (CCOHS, 2022). Working alone may contribute to decreased worker mental health as it pertains to feelings of isolation and lack of support.

Working alone may include:

- Working in social isolation
- Working on projects / tasks outside of the team environment
- Little to no contact with co-workers and/or public.
- Lack of social supports
- Lack of diversity and inclusivity of work environment

Environmental Working Conditions - Emotional Exposure

Exposure to Traumatic Events

A traumatic event is a shocking, scary, or dangerous experience that can affect someone emotionally and physically (National Institute of Mental Health, 2022).

Traumatic events may include:

- Large-scale adverse events causing harm to people or damage to property (natural disasters etc.)
- Witnessing a fatality or a horrific accident
- Witnessing or being the object of an armed robbery
- Witnessing or being the object of a hostage-taking
- Being the object of death threats
- Exposure to significant events of workplace violence (WPV) or harassment

Single or repeated exposure to traumatic events in the workplace may result in mental injury such as traumatic mental stress or PTSD among others.

Secondary exposure to traumatic events

Hearing about first-hand traumatic experiences of others in the course of work-related activities.

In the course of work-related job tasks:

- Experiencing emotional duress while working with people who have been traumatized
- I.e., workers must repeatedly listen to detailed descriptions of very painful and traumatic events experienced by others (New South Wales, 2021)

Secondary exposure to traumatic events may result in secondary traumatic stress. Vicarious trauma or secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another (TEND, 2022; NCTSN, 2022).

Exposure to Workplace Harassment or incivility

Workplace incivility is evidenced by low-intensity deviant behaviour with ambiguous intent to harm the target. Uncivil behaviours are characteristically rude and discourteous, displaying a lack of regard for others (Andersson, 1999).

Incivility may be evidenced by:

- Disrespecting workers by comments, gestures or proven behaviors (hostility) based on characteristics such as their race, religion, gender, etc. This is considered workplace discrimination.
- Disrupting meetings
- Emotional put-downs
- Giving dirty looks or other negative eye contact
- Giving public reprimands
- Giving the silent treatment
- Insulting others
- Making accusations about professional competence
- Not giving credit where credit is due
- Overruling decisions without giving a reason
- Sending a nasty and demeaning note (hate mail)
- Talking about someone behind his or her back
- Undermining credibility in front of others

Workplace incivility can lead to workplace harassment, defined as:

Engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome (OHSA, 1990).

Exposure to Workplace Violence

Workplace Violence is:

(a) the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker,

(b) an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker,

(c) a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

(OHSA, defined)

Where workers witness or experience

- Verbal and or physical abuse – assault such as being spat at, bitten, hit, or threatened
- Workers family members or friends being threatened with harm

Exposure to responsive behaviours, and/or workplace violence in the course of essential or non-essential job tasks may result in cumulative mental harm including chronic mental stress.

(New South Wales, 2021)

Environmental Working Conditions - Physical Exposure

Physical Safety of the worker

Physical safety of the worker is ensured when exposure to physical hazards in the workplace are controlled to mitigate risk of injury.

Physical hazards may be:

- Biological (virus, bacteria, parasite, fungi)
- Chemical (scents, medications, illicit substances, cleaning chemicals)
- Physical (noise, temperature extremes, vibration, radiation)
- Musculoskeletal Disorders (force, repetition, awkward posture, duration)
- Safety (slips/trips/falls, machine hazards, driving, materials handling, electrical hazards)

Repeated or prolonged exposure to actual or potential physical hazards in the workplace without adequate controls may contribute to worker mental stress.

Workplace Supports

Support of Leaders

Supportive leaders are those who are willing to focus on identifying what changes and support is required to ensure the well-being of their team and, in turn, deliver a high standard of performance by alleviating any unnecessary obstacles.

Employees who work for psychologically safe leaders are more likely to report higher job satisfaction and engagement, better workplace relationships, and better psychological well-being (Workplace Strategies for Mental Health, 2022). A psychologically safe leader is strong in the following areas:

- Communication and collaboration
- Social intelligence
- Problem solving and conflict management
- Security and safety
- Fairness and integrity

Supportive leaders provide role clarity and job expectations. Unclear or constantly changing management may lead to an unsupportive or psychologically unsafe work environment (New South Wales, 2021)

Support of co-workers

Coworker support is defined as “employees’ global beliefs concerning their coworkers’ attitudes toward them” (Ladd, 2000). Support of co-workers enables navigation through workplace stressors, including job-specific factors contributing to mental harm. Workplace systems are in place to enable and encourage employees to support their colleagues, and workers know what support is available and how and when to access it.

Support of co-workers may be evidenced by:

- Normalized discussions on mental health in the workplace
- Adequate informal or formal peer support program

Job Resources

Workers are provided with the equipment, materials, tools and practical resources necessary for completion of job tasks. Employees know how to access the required resources to do their job. Chronic under-resourcing may contribute to job-stress.

Knowledge, skills, training, and ability

Workers have the required knowledge, skills, training and ability to complete job tasks required within their job description and scope of work. This may include:

- Appropriate level of education
- Adequate organization and job or unit-specific training
- Peer mentoring
- Onboarding / orientation practices
- Ongoing education opportunities to foster skill maintenance and development

Lack of adequate knowledge, skill and ability required to complete job tasks may lead to increased time demands and potential adverse outcomes potentially leading to mental harm.

Scope of Work

The agreement between the employer and employee on the job tasks required to be performed. A requirement or expectation (real or perceived) to work outside of the scope of work as defined by either a regulatory college (scope of practice) or as identified in the job description may lead to mental stress.

Communication

Communication is the exchange of information within the work team or workplace, or externally with stakeholders or other organizations. Poor or lack of communication is a common source of stress, especially where the consequences of miscommunication can lead to serious errors. (New South Wales, 2021)

APPENDIX H – Program Resources Table

Resources and associated links provided in this Appendix are intended to support workplace stakeholders during planning and implementation of a psychological health and safety program inclusive of program elements in the areas of prevention, intervention, and recovery. This Appendix follows PSHSA's Psychological Health and Safety in the Workplace: An Integrated Approach program guide. Resources found herein are accessible online through various organizations and are not solely the property of PSHSA. Resources are categorized by organizational need, whether you're Getting Started on your journey to a psychologically healthy and safe workplace, Moving Forward beyond foundational elements, or implementing Promising Practices.

COMMIT: Leadership Commitment & Participation

Successful implementation of a psychological health and safety program or individual program elements begins with senior leadership commitment to a workplace that promotes workers' psychological well-being and actively works to prevent harm to worker psychological health including in negligent, reckless, or intentional ways. The following table provides resources to support leadership commitment and participation for a psychologically healthy and safe workplace.

For additional tools, resources, and guidance, please connect with your PSHSA Consultant.

Getting Started	Moving Forward	Promising Practices
Organizational Commitment		
Senior Leadership Team is committed to workplace Psychological Health and Safety CSA Z1003 Annex C3 Assembling the Pieces: An implementation Guide to the National Standard for Psychological Health and Safety in the Workplace Psychological Health and Safety: An Action Guide for Employers Workplace Strategies for Mental Health: Tools and strategies for workplace mental health and psychological safety Guarding Minds @ Work: Assess and address psychological health and safety at work website ISO 45003:2021 Occupational health and safety management – Psychological health and safety at work – Guidelines for managing psychosocial risks.	Resources are dedicated to psychological health and safety program success CSA Z1003 Annex C3 Workplace Strategies for Mental Health – Commitment, leadership and participation for psychological health and safety Develop a Business Case for workplace psychological health and safety Thrive at Work: Construct a Business Case Business Case Workshop: Motivating the Powers that Be MHCC: A Clear Business Case for Hiring Aspiring Workers WSFMH: Evidence for psychological health and safety Deloitte: The ROI in workplace mental health programs	Psychological health and safety is embedded into organizational mission, vision and values Workplace Strategies for Mental Health – Commitment, leadership and participation for psychological health and safety MHCC: Declaration of Commitment to Psychological Health and Safety in Healthcare Communication and knowledge translation (CKT) plan priority audiences in workplaces

Organizational Commitment		
	Examples of the need: CFNU: Mental Disorder Symptoms Among Nurses in Canada CIPSRT: Veteran and First Responder Mental Ill Health and Suicide Prevention	
Worker Participation		
The role and function of the JHSC as it pertains to psychological health and safety is identified PSHSA: JHSC Roles and Responsibilities (PHS Standard)	Psychological hazards are incorporated into monthly JHSC inspections PSHSA JHSC Inspection Checklist Recommendations to employers are provided regarding psychological health and safety hazards PSHSA JHSC recommendation form available through a JHSC Certification or by contacting a PSHSA Consultant. In large committees, or organizations with substantial exposure to psychological hazards, a subcommittee is formed to specifically address psychological hazards in the workplace. Psychological hazards are a standing item on departmental agendas during regularly planned meetings / huddles / communications.	The Joint Health and Safety committee members lead by example, - becoming organizational champions for PHS strategies and promoting a psychologically healthy and safe workplace and culture. JHSC promotes specific controls for the mitigation of psychological risk in the workplace. JHSC promotes workplace resilience Psychological Health and Safety Committee A psychological health and safety committee is established and supported by organizational leaders The role and function of the committee are clearly defined and communicated within the organization Communication and collaboration occur between PHSC and JHSC. PHS Policy Template

Policies		
A psychological health and safety policy is developed PHS Policy Template Workplace Strategies for Mental Health – Policy Recommendations Workplace psychological health and safety is referenced within the organizational H&S policy PHS Policy Template Workplace Strategies for Mental Health – Policy Recommendations A code of conduct policy is developed A working alone policy is developed	A psychological H&S Committee policy and terms of reference are developed A mental health anti-stigma policy is developed PSHSA PTSD Prevention Plan	A PHS policy is cross referenced to existing organizational policies (WPV / WPH) which includes reporting expectations PSHSA WPV / WPH Policy templates Workplace Strategies for Mental Health – Harassment and Bullying Policies A workplace impairment policy is developed Workplace Strategies for Mental Health - Impairment policy
Recognition and Reward		
Compensation packages adequately represent industry standards for work being performed. Regular review of employee salaries are conducted and adjustments are made as needed Guarding Minds @ Work	Recognition program are in place to recognize worker contributions to a healthy and safe work environment. Recognition program may include: • recognition in performance appraisals • milestones • recognition of years of services • recognition and reward • compensation	

IDENTIFY: Identification of Organizational Need

Identification of organizational need informs planning and implementation of associated psychological health and safety program elements. The following table provides resources to support identification of current state, program gaps or areas of need, and opportunities to measure indicators for continual improvement.

Getting Started	Moving Forward	Promising Practices
Psychological health and safety program needs are identified and assessed Psychological Health and Safety Program Checklist	Leading and lagging indicators to measure psychological health and safety performance are identifiedWork-related injuries and claims • Work-related injuries and claims • Non-work-related STD/LTD Claims • Absenteeism • Job Turnover • EFAP usage • Benefits usage	A comprehensive gap analysis is developed, inclusive of a needs assessment with the identification of: • current state • current performance • ideal future state • ideal future performance • action plan to meet future state and performance Psychological Health and Safety Program components are audited in conformity with the CSA Z1003 requirements CSA Z1003 Audit Tool (Annex E)

DEVELOP: Program Elements: Prevention-Intervention-Recovery

This table provides resources to support psychological health and safety program development in the areas of prevention, intervention, and recovery.

PREVENTION
Prevention – or primary prevention - focuses on developing the basic elements of psychological health and safety management such as recognizing, assessing, and controlling hazards, workplace inspections, developing safe work practices and procedures, and providing training and education to workplace stakeholders. The goal is to establish psychological health and safety prevention practices that actively work to prevent harm to a worker's mental health.

Getting Started	Moving Forward	Promising Practices
Hazard Recognition and Assessment		
Organizational Assessment		
An organizational assessment is completed to identify organizational risk for psychosocial factors Guarding Minds at Work Stress Assess Workplace Strategies for Mental Health – Organizational Culture Have That Talk Workplace Violence Risk Assessments are completed at the organizational and individual level. PSHSA Workplace Violence Resources	In follow up to the organizational assessment, a root cause analysis is completed to understand contributing factors for each identified psychosocial area of concern. An action plan is created to support the psychosocial areas of concern. Consider resources to use organizational assessment tools effectively: Using Guarding Minds at Work Effectively	An action plan is established to support continual improvement of psychosocial factors Guarding Minds at Work Stress Assess Psychological Health and Safety Factor Recognition, Assessment and Control Summary Tool

Job Assessment		
The organization begins to recognize which jobs have increased risk of psychological exposure Injury and incident reports are reviewed	A job-specific assessment of psychological hazards and associated risks is completed for all jobs within the organization Job-Specific Psychological Factors	A job demands description (JDD) is completed for each job within the organization to identify physical, cognitive, and psychological demands of the job tasks www.pshsa.ca
Leader Assessment		
Leaders assess their own competence and strengths in psychological health and safety to support and promote an overall culture of psychological health and safety Psychologically Safe Leaders Assessment	Leaders' direct reports assess leadership competence and strengths in psychological health and safety Psychologically Safe Leaders Assessment	An action plan is established to strengthen leadership psychological health and safety skills Psychologically Safe Leaders Assessment
Workplace Inspections		
JHSC incorporates psychological hazards into monthly inspections JHSC Inspection Checklist	Supervisors incorporate psychological health and safety-related hazards into regularly scheduled and informal (walk through) workplace inspections PSHSA JHSC Inspection Checklist CCOHS Sample Checklist for Psychological Hazards PSHSA Job-Specific Psychological Factors Workplace Inspection training	Workplace inspections for psychological hazards are a collaborative effort between all stakeholders. Identified psychological hazards are included in the workplace risk registry and prioritized appropriately. JHSC Inspection Checklist
Hazard Control		
Safe Work Practices and Procedures		
Job tasks requiring safe work plans for psychological safety are identified by completing organizational and job specific Risk Assessments – see 'job assessment' above	Safe work plans and procedures developed and communicated for tasks common to all workers within the workplace i.e.: • Working alone • Arriving / departing work	Safe work plans and procedures are developed and communicated for job-specific tasks with risk of psychological health and safety injury / illness Safe work practices are monitored and updated annually or as needed to reflect organizational change

Training and Education		
Mental Health Awareness Training		
General mental health awareness training is provided to workers and supervisors. The following resources and training webinars may apply based on identified risk factors. PSHSA Webinars PTSD prevention Reducing Mental Health Stigma in the Workplace Speaking to colleagues and staff about mental health Chronic mental stress and resilience WPSFMH - On the Agenda workshop series Beating the blues Establishing a proactive workplace program for resiliency and self-care CCOHS - Psychological Health and Safety for Workers	Advanced mental health training is provided to workers and supervisors. Training includes actual and potential psychosocial risk factors and psychological hazards and controls to mitigate or prevent exposure Beyond Silence Mental Health Champion Mental Health First Aid PTSD anti-stigma eLearning	Hazard specific mental health training is provided to workplace stakeholders such as: PSHSA PTSD Prevention Resources Beyond Silence Peer Educator Training Compassion Fatigue/Secondary Trauma Training (Tend) ASIST Suicide Intervention Training (Livingworks) Toolkit for people who have been impacted by a suicide attempt Toolkit for people who have been impacted by a suicide loss Secondary Traumatic Stress – A fact sheet for child-service Professionals (NCTSN, 2011) Training Matrix – Workplace Violence Prevention in Healthcare Leadership Table
Worker Training		
Workers are trained on psychological hazards present in their jobs and controls that exist to mitigate risk Workplace Strategies for Mental Health – New worker orientation	On a regular, ongoing basis, workers are trained on psychological hazards present in their jobs and controls that exist to mitigate risk Workers are re-educated on policies, reporting requirements and investigation of PHS hazards and incidents.	Workers are provided with adequate skills, knowledge, and education to support and care for clients, patients, public Gentle Persuasive Approach Non-Violent Crisis Intervention Management of Resistive Behaviours Trauma Informed Care

Joint Health and Safety Committee Training		
JHSC Roles and responsibilities are clearly identified and communicated as for Psychological Health and Safety	Training is provided for the JHSC on Psychological Health and Safety	Regular, ongoing training is provided on emerging psychological and psychosocial hazards and organizational state
Leader Training		
Leaders are provided general mental health awareness training – see 'Mental Health Awareness Training' above	Supervisors are provided with the adequate knowledge, education and skills to support their workers on an ongoing basis and when in crisis. PSHSA Managing Mental Health RTW in First Responder Organizations PSHSA Mental Health Stay at Work and Return to work for Healthcare Organizations Supervisors are provided training on psychological hazard identification and control	Senior leaders and board members are trained on psychological hazards in the workplace, workplace culture and psychological health and safety roles and responsibilities PSHSA Health and Safety for Board Members eLearning

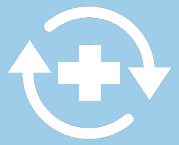
INTERVENTION
Intervention – or secondary prevention - focuses on decreasing harm once an incident has occurred. This includes ensuring that psychological incidents are properly reported and investigated, workers and supervisors know how to respond and manage ongoing psychological events and are provided with adequate psychological supports.

Getting Started	Moving Forward	Promising Practices
Incident Reporting and Investigation		
Psychological incidents are included in the workplace incident reporting system. WSIB CMS Policy WSIB TMS Policy	A comprehensive and effective incident reporting system is developed and used across the organization, incorporating physical and psychological hazards and incidents. PSHSA How to Investigate an Incident PSHSA Accident Investigation Training	Incidents are investigated, controls are implemented specific to the incident and across the organization where relevant, and the outcomes of the investigation are communicated back to the worker.
Incident Response		
Serious Incident Response		
A serious incident response plan is in place for psychosocial hazards including workplace violence. PSHSA Code White Resources Emergency preparedness programs are developed and communicatedEmergency preparedness programs developed and communicated Emergency Management Ontario (Program Resources) OHA Emergency Management Toolkit Critical event debriefing programs in place PSHSA Counterproductive behaviours blog	The incident response plan is practiced (tabletop) regularly. Exercises are adapted to include psychological incident response. OHA Emergency Management Toolkit Emergency Management Ontario – EM 225 Exercise Program Management	The incident response plan is practiced (practical) regularly and amended as needed for continual improvement. Exercises are adapted to include psychological incident response. OHA Emergency Management Toolkit An emergency preparedness and response plan is established with appropriate and ongoing exercises for continual improvement (tabletop and practical components)

Incident Response		
Crisis Response		
The employer recognizes the need to develop a crisis response plan to support workers suffering from mental injury or illness at work.	The crisis response plan for staff suffering mental injury or illness is developed and communicated Workplace Strategies for Mental Health – Trauma in Organizations Here to help (BC): Trauma resources	Leader strategies are in place for workplace traumatic events Workplace Strategies for Mental Health – Trauma in Organizations (Leader Strategies) Where appropriate, a peer support program is in place for ongoing worker debriefing and support after critical events. Workplace Strategies for Mental Health – Peer Support Programs
Supervisor Response		
Supervisors provide general mental health support. Supervisors respond to worker signs of mental ill health using knowledge and skills acquired in supervisor training on mental health awareness. Impairment in the Workplace (Fatigue, Alcohol, Cannabis) PSHSA's Cannabis: An Employers Guide to the New Normal PSHSA Cognitive Demands Description	Supervisors provide workplace-specific mental health support. Supervisors respond to worker signs of mental ill-health (possibly precipitated by workplace factors) using knowledge and skills acquired in supervisor training on organizational psychosocial factors, job-specific factors and implementation of controls.	Supervisors provide job-specific support. Supervisors respond to job-specific exposure to psychological events using knowledge and skills acquired in supervisor training on job-specific factors and related worker supports and organizational controls.

Workplace Supports		
Community Supports		
Employer communicates supports and treatment options for employee mental health available in the community. Community supports may include: For any emergency, call 9-1-1 Community and Social Supports 211 Ontario Distress and Crisis Locations Online Mental Health Community Togetherall Community Mental Health Clinics Local Hospitals Connecting to Addiction, Mental Health and Problem Gambling Treatment Connex Ontario Wellness Together		
EFAP, Benefits, and specialized support services		
The employer has established an employee and family assistance program service with specific supports for mental health	The employer has negotiated psychological benefits that meet the needs of the organization's exposure to psychological hazards. Increased exposure to psychological hazards may require higher than standard access to psychological benefits plan	In-house specialized services are provided to support work-related exposure to psychological incidents. The workplace has specialized support response to worker signs and symptoms of mental ill-health arising from work-related psychological hazards or events. For example, access to an organizational psychologist on-staff or regularly scheduled counsellor.

Peer Support		
Where applicable, senior leadership is committed to establishing a peer support program Barriers for achieving an effective peer support program are identified Peer Supporters with lived experience are selected and trained Guidelines for the Practice and Training of Peer Support An Evidence informed guide for supporting people with depression in the workplace	Peer support program goals are established and communicated Guidelines for practice are established and communicated to the organization Use of Peer supporters is tracked as an organizational metric Peer support program is evaluated on an ongoing basis for continual improvement. Guidelines for the Practice and Training of Peer Support An Evidence informed guide for supporting people with depression in the workplace	The peer support program is expanded throughout the organization. Support is built into the culture of the organization and mental-health language is normalized. Guidelines for the Practice and Training of Peer Support An Evidence informed guide for supporting people with depression in the workplace Peer Support Canada Resources (Competencies, Certification, Code of Conduct, Core Values, etc.) Boots on the Ground (anonymous peer support for First Responders) Peer Support Apps & online communities: Beyond Silence (Healthcare) Peer Connect (First Responder Type and Location Specific) Togetherall (Employers, Educators, Healthcare)



RECOVERY and Return to Work/Stay at Work

Recovery – or tertiary prevention – focuses on interventions to reduce symptoms and impact of injury. Among others, recovery strategies involve post-incident response, and return to work/stay at work programs.

Getting Started	Moving Forward	Promising Practices
Post Incident Response		
Onsite Debriefing	**Initiation of EFAP or Third-Party Resources**	**Organizational Response**
An on-site debrief process for parties immediately involved in an incident affecting psychological health is developed Online self-screening tools are available to help identify symptoms of mood disorders, anxiety disorder or PTSD	Supervisors provide information on EFAP resources available for workers involved in incident response or secondary incident response Referral to Peer Supporters is initiated	Peer Support is initiated – peer supporters reach out to worker for on-site debrief and discussion Third party Peer Support is identified and communicated Boots on the Ground (Peer Support for First Responders in Ontario) Peer Connect (First Responder Type and Location Specific) Togetherall (Employers, Educators, Healthcare) Critical incident stress debrief or critical incident stress management process is available for workers Here to Help BC (Here to Help Critical Incident Stress Debriefing, 2022)

Return to Work and Stay at Work
Legislative Requirements
The employer takes every precaution reasonable under the circumstances for the protection of the worker Occupational Health and Safety Act The employer is to ensure successful return to work of workers following work-related injuries or occupational illnesses wherever possible, provide compensation and other benefits to workers, and facilitate re-entry into the labour market Workplace Safety and Insurance Act Where applicable, workers have entitlement to benefits under PTSD presumptive legislation Supporting Ontario's First Responders Act Employers accommodate workers who seek accommodation due to disability up to the point of undue hardship Ontario Human Rights Code
Return to Work Process
The following return to work processes are established and communicated: Development, implementation, and communication of work and non-work-related mental health injury/illness compensation process (WSIB, STD, LTD) Knowledge and communication of WSIB CMS/TMS Policies Comprehensive general RTW program for work and non-work-related injuries and illness that can be adapted for mental health injury Clear communication of roles and responsibilities of affected worker and surrounding workers during graduated return to work process to ensure a supportive, non-stigmatizing culture Ongoing communication between worker and supervisor Workplace Strategies for Mental Health WSIB CMS Policy WSIB TMS Policy PSHSA Return to work: legislation and program development PSHSA Return to work: Claims management and Privacy PSHSA Return to work self-assessment PSHSA Closing the gap on return to work FrontlineHealthcare.ca – RTW Program

Identification of suitable work
Suitable work within the workers' functional abilities is provided during return to work or stay at work. Suitable work is supported by:
Specialized return to work support for complex mental health related absences
Support from specialized professionals (ex. OT, Kinesiologist, Psychologist) specific RTW process (job coaching, shadowing)
Family and community engagement for support during graduated return to work
PSHSA Managing Mental Health RTW in First Responder Organizations
PSHSA Mental Health Stay at Work and Return to work for healthcare Organizations
PSHSA Cognitive Functional Ability Form. Contact a PSHSA consultant
Work hardening Program
Training and Education
Training and education specific to return to work and stay at work after psychological injury/illness is provided to all workplace parties.
General Worker RTW Roles and Responsibilities.
Worker training and education on organizational policies and procedures for general return to work.
General Supervisor RTW Roles and Responsibilities.
Supervisor training on internal policies and procedures for return to work – inclusion of third-party roles and responsibilities where applicable
Supervisor training on general return to work process.
PSHSA Return to work: legislation and program development
PSHSA Return to work: Claims management and Privacy
PSHSA Return to work self-assessment
PSHSA Closing the gap on return to work
Supervisor RTW for specific psychological hazards in the workplace
PTSD
PSHSA Managing Mental Health RTW in First Responder Organizations
PSHSA Mental Health Stay at Work and Return to work for Healthcare Organizations

Identify metrics For Success

Leading and lagging indicators with links to workplace psychological climate and psychosocial factors should be identified and reviewed for a deeper understanding and baseline measure of organizational current state. Indicators to consider for review include work-related injuries and claims, non-work-related short-term and long-term disability claims, absenteeism, job turnover, benefits usage, and employee and family assistance program usage among others

Getting Started	Moving Forward	Promising Practices
Identify and monitor absenteeism data such as incident data (directly and indirectly related to PHS incidents), sick time, personal days, etc.	Identify and monitor PHS related action plans for program auditing, organizational risk assessment, job-specific risk assessment Identify PHS related training compliance Identify staffing ratio, workload capacity, workplace support responses as it relates to PHS	PHS Dashboard of leading and lagging indicators identified and created Dashboard communicated to all levels of leadership Dashboard indicators analyzed to identify correlation and causation of events and improvement strategies

References

American Heart Association's Center for Workplace Health. (2019). Mental Health: A Workforce Crisis. American Heart Association.

Andersson, L. M. (1999). Tit for Tat? The Spiraling Effect of Incivility in the Workplace. Academy of Management.

Australian Government. (2022, 02 24). National Workplace Initiative. Retrieved from National Mental Health Commission: https://www.mentalhealthcommission.gov.au/mental-health-reform/national-workplace-initiative

BC First Responders' Mental Health. (2019, 10 28). Recommended Practices. Retrieved from BC First Responders Mental Health: https://bcfirstrespondersmentalhealth.com/resource/recommended-practices/

Brown, F., Cowan, M., Horvat, M., & Lisi, L. (2018). Workplace Wellness and Mental Health: Emerging Issues, Effective Management [Webinar]. Aird Berlis.

Burnett-Nichols, H. (2018, December). How the Health Benefit Trust of Alberta redesigned its mental-health program. Benefits Canada.

Burr, H., Berthelsen, H., Moncada, S., Nubling, M., Dupret, E., Demiral, Y., . . . Berthelsen, H. (2019). The Third Version of the Copenhagen Psychosocial Questionnaire. Safety and Health at Work.

Butler, J., & Kern, M. (2016). The PERMA-Profiler: A brief multidimensional measure of flourshing. International Journal of Wellbeing, 1-48.

Canadian Mental Health Association. (2022). Peer Suppport Canada Home. Retrieved from Peer Suppport Canada: https://peersupportcanada.ca/

Castro, F. C., Barrera Jr., M., & Martinez Jr., C. R. (2004). The Cultural Adaptation of Prevention Interventions: Resolving Tensions Between Fidality and Fit. Prevention Science, Vol 5 No 1, 41-45.

CCOHS. (2020). Health-care workers lacking PPE suffer from more anxiety and depression. The Conversation.

CCOHS. (2022). Mental Health - Recognizing Psychological Health and Safety Hazards. Retrieved from Canadian Centre for Occupational Health and Safety: https://www.ccohs.ca/oshanswers/psychosocial/mentalhealth_checklist_phs.html

Centre for Addiction and Mental Health (CAMH). (2016, October 5). Mental Health and Addictions: Facts and Statistics. Retrieved from www.camh.ca: http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx

Connors, D. (2018). A Better Place to Work: Daily Practices that Transform Culture. Well-Advised Publishing.

CSA Group / MHCC. (2014). Codes and Standards / Publications. Retrieved from Assembling the Pieces: An Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace: https://www.csagroup.org/documents/codes-and-standards/publications/SPE-Z1003-Guidebook.pdf

CSA Z1003-13. (2018). CAN/CSA-Z1003-13/BNQ 9700-803/2013 (R2018). Retrieved from www.csagroup.org: https://www.csagroup.org/store/product/CAN%25100CSA-Z1003-13%25100BNQ%209700-803%251002013/

de Lange, A. H., & Lovseth, L. T. (2020). Editorial: healthy healthcare: Empirical Occupational Health Research and Evidence-Based Practice. frontiers in Psychology: Organizational Psychology, 1-6.

Deloitte. (2018). The ROI in workplace mental health programs: Good for people, good for business. A blueprint for workplace mental health programs. Deloitte Insights.

Demerouti, E., Bakker, A. B., Peeters, M. C., & Breevaart, K. (2021). New directions in burnout research. European Journal of Work and Organziational Psychology, 686-691.

Feringa, A. (2021, July 12). Emergency preparedness and return to work [Psych Health & Safety Podcast]. (J. v. Schie, Interviewer)

Finch, L. (2022, February 7). Operationalising the integrated approach [Psych Health & Safety Podcast]. (J. v. Schie, Interviewer)

Fox, K. E., Johnson, S. T., Berkman, L. F., Sianoja, M., Soh, Y., Kubzansky, L. D., & Kelly, E. L. (2021). Organisational- and group-level workplace interventions and their effect on multiple domains of worker well-being: A systematic review. Work & Stress.

Gilbert, M., & Bilsker, D. (2016). Implementing the National Standard in the Canadian Health Sector. Mental Health Commission.

Guarding Minds at Work. (2022, 02 15). Guarding Minds at Work. Retrieved from Guarding Minds at Work: https://www.guardingmindsatwork.ca

Guarding Minds at Work. (2022, 02 15). What is psychological health and safety and why is it important? Retrieved from Guarding Minds at Work: guardingmindsatwork.ca/about/about-safety

Hassard, J., Teah, K., Vlsockaite, G., Dewe, P., & Cox, T. (2017). The cost of work-related stress: a systematic review. Journal of Occupational Health Psychology, 1-17.

Hassard, J., Teoh, K., Cox, T., & Dewe, P. (2014). Calculating the costs of work-related stress and psychosocial risks - A literature review. Luxembourg: European Agency from Safety and Health at Work.

Health and Safety Executive. (2022, 02 24). Managing Stress at Work. Retrieved from Stress and mental health at work: https://www.hse.gov.uk/stress/

Here to Help Critical Incident Stress Debriefing. (2022). Retrieved from Here To Help BC: https://www.heretohelp.bc.ca/critical-incident-stress-debriefing

Jimmieson, N., Tucker, D., & Bordia, P. (2016). An Assessment of Psychosocial Hazards in the Workplace. Brisbane: People at Work Project: Australian Government.

Ladd, D., & Henry, R. (2000). Helping Coworkers and Helping the Organization: The Role of Peer Support Perceptions, Exchange Ideology, and Conscientiousness. Applied Social Psychology, 2028-2049 (2034).

LaMontagne, T. (2021, September 13). The Integrated Model of Workplace Mental Health [Psych Health & Safety Podcast]. (J. v. Schie, Interviewer)

Lippel, K. (2020). Strengths and Weaknesses of the use of Law to Protect Workers' Mental Health [Webinar]. Ottawa: University of Ottawa.

MacEachen, E. (2019). Practical Strategies for Managing Mental Health and Return to Work. Waterloo: School of Public Health, University of Waterloo. Retrieved from http://ellenmaceachen.ca/rtw-mental-health-guide/

Martin, A. (2021, March 21). Psych Health and Safety for Small Business [Psych Health & Safety Podcast]. (J. v. Schie, Interviewer)

McCreary, D. (2019). Veteran and first responder mental ill health and suicide prevention: A scoping review of prevention and early intervention programs used in Canada, Australia, New Zealand, Ireland, and the United Kingdom. Donald McCreary Scientific Consulting.

Mental Health Commission of Canada. (2017). Case Study Research Project Findings. Ottawa: Mental Health Commission of Canada.

Mental Health Commission of Canada. (2022, 02 24). MHCC: Home. Retrieved from Mental Health Commission of Canada: https://www.mentalhealthcommission.ca

Mental Health Works. (2022, 02 24). Mental Health Works: Home. Retrieved from Mental Health Works: https://www.mentalhealthworks.ca/

MHCC. (2012). Psychological Health and Safety Workforce Employers Guide. Retrieved from Psychological Health & Safety: An Action Guide for Employers: https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/Workforce_Employers_Guide_ENG_1.pdf

MHCC. (2021). Caring for Healthcare Workers. Mental Health Commission of Canada. Retrieved from https://www.caringforhealthcareworkers.com/about/about-psychosocial-factors

Ministry of Labour, Training, and Skills Development. (1990). Occupational Health and Safety Act. R.S.O 1990, c. O.1. Ontario, Canada: Queen's Printer for Ontario.

MLTSD. (2022). Post-traumatic stress disorder prevention plan. Retrieved from Ontario.ca: https://www.ontario.ca/page/post-traumatic-stress-disorder-prevention-plans#:~:text=Under%20the%20Supporting%20Ontario's%20First,workers%2C%20emergency%20dispatchers%20and%20others.

National Institute of Mental Health. (2022). Mental Health Information: Coping with Traumatic Events. Retrieved from National Institute of Mental Health: https://www.nimh.nih.gov/health/topics/coping-with-traumatic-events

NCTSN. (2022). Secondary Traumatic Stress Introduction. Retrieved from The National Child Traumatic Stress Network: https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress/introduction

Neilsen, K., & Shepherd, R. (2022). Understanding the outcomes of training to improve employee mental health: A novel framework for training transfer and effectiveness evaluation. Work & Stress, 1-16.

New South Wales. (2021, May). Code of Practice: Managing Psychosocial Hazards at Work. New South Wales Code of Practice: Managing Psychosocial Hazards at Work. NSW Government Department of Customer Service.

OHCOW. (2016). A survey of the psychosocial factors in your workplace. Occupational Health Clinics for Ontario Workers.

OHRC. (1990). Human Rights Code. Queen's Printer for Ontario.

OHSA. (1990). Occupational Health and Safey Act, R.S.O 1990, c. O.1. Ontario, Canada. Retrieved from MInistry of Labour, Training, and Skills Development e-Laws: https://www.ontario.ca/laws/statute/90o01

Page, D. K. (2021, November 8). Making Integrated Approaches Practical [Psych Health & Safety Podcast]. (J. v. Schie, Interviewer)

Papas, A. (2021, July 19). The role of line managers [Psych Health & Safety Podcast]. (J. v. Schie, Interviewer)

Pearson, E. (2021, June 14). Safeguarding Mental Health First Aiders [Podcast]. (J. v. Schie, Interviewer)

Pieper, C., Schroer, S., & Eilerts, A.-L. (2019). Evidence of Workplace Interventions—A Systematic Review of Sytematic Reviews. Environmental Research and Public Health, 1-13.

PSHSA. (2022, 03 03). Front Line Healthcare . Retrieved from Front Line Healthcare PTSD Resource Toolkit: https://frontlinehealthcare.ca/

PSHSA. (2022). Frontline Healthcare Home. Retrieved from #Frontline Healthcare: https://frontlinehealthcare.ca/

Queensland Government. (2022, 02 24). Mentally health workplaces: Psychosocial risk assessment tool. Retrieved from Work Safe: https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0027/19476/psychosocial-risk-assessment.pdf

Ramkissoon, A., Smith, P., & Oudyk, J. (2019). Dissecting the effect of workplace exposures on workers' rating of psychological health and safety. American Journal of Industrial Medicine, 412-421.

Robertson, M., Tubbs, D., Henning, R., Nobrega, S., Calvo, A., & Murphy, L. (2018). Designing an Organizational Readiness Survey for Total Worker Health. In Proceedings of the 20th Congress of the International Ergonomics Association (pp. 437-445). International Ergonomics Association.

Safe Work Australia. (2019, June 7). Work-related psychological health and safety: A systematic approach to

meeting your duties. Retrieved from Safe Work Australia: https://www.safeworkaustralia.gov.au/doc/work-related-psychological-health-and-safety-systematic-approach-meeting-your-duties

Schoellbauer, J., Sonnentag, S., Prem, R., & Korunka, C. (2021). I'd rather know what to expect...Work unpredictability as contemporary work stressor with detrimental implications for employees' daily wellbeing. Work & Stress.

Schreibauer, E. C., Hippler, M., Burgesse, S., Rieger, M. A., & Rind, E. (2020). Work-Related Psychosocial Stress in Small and Medium-Sized Enterprises: An Integrative Review. Environmental Research and Public Health, 1-23.

Shain, M. (2010, 05). Publications. Retrieved from Neighbour@Work Centre: https://wsmh-cms.mediresource.com/wsmh/assets/q8cfyt48m6sow4ws

Shain, M. (2019). The National Standard of Canada on Psychological health and Safety in the Workplace Legal Developments between 2013 and 2019. Workplace Strategies for Mental Health.

Stavroula, L., & Houdmont, J. (2010). Occupational Health Psychology. West Sussex: Blackwell Publishing LTD.

Stelnicki, A. M., Carleton, N. R., & Reichert, C. (2000). Mental Disorder Symptoms Among Nurses in Canada. Canadian Federation of Nurses Union. Retrieved from https://nursesunions.ca/research/mental-disorder-symptoms/

Taris, T. W., de Lange, A. H., & Nielsen, K. (2022). Taming the flood of findings: What makes for a really useful literature review in occupational health psychology. Work & Stress, 1-5.

TEND. (2022). Defining Vicarious Trauma and Secondary Traumatic Stress. Retrieved from Tend Academy: https://www.tendacademy.ca/resources-2/defining-vicarious-trauma-and-secondary-traumatic-stress/

Tend Academy. (2022, 02 24). Tend: home. Retrieved from Tend Academy: https://www.tendacademy.ca/

Workplace Strategies for Mental Health. (2022). How to use the Psychologically Safe Leader Assessment. Retrieved from Psychologically Safe Leader: https://www.psychologicallysafeleader.com/how-to-use

Workplace Strategies for Mental Health. (2022). Psychologically Safe Leader Home. Retrieved from Psychologically Safe Leader: https://www.psychologicallysafeleader.com/

Workplace Strategies for Mental Health. (2022, February 24). Resources - Considering the Cost. Retrieved from Workplace Strategies for Mental Health: https://www.workplacestrategiesformentalhealth.com/resources/Considering-the-Costs

Workplace Strategies for Mental Health. (2022, 02 24). WSFMH: Home. Retrieved from Workplace Strategies for Mental Health: https://www.workplacestrategiesformentalhealth.com

World Health Organization. (2010). WHO Health Workplace Framework and Model: Background and Supporting Literature and Practice. Geneva: WHO Headquarters.

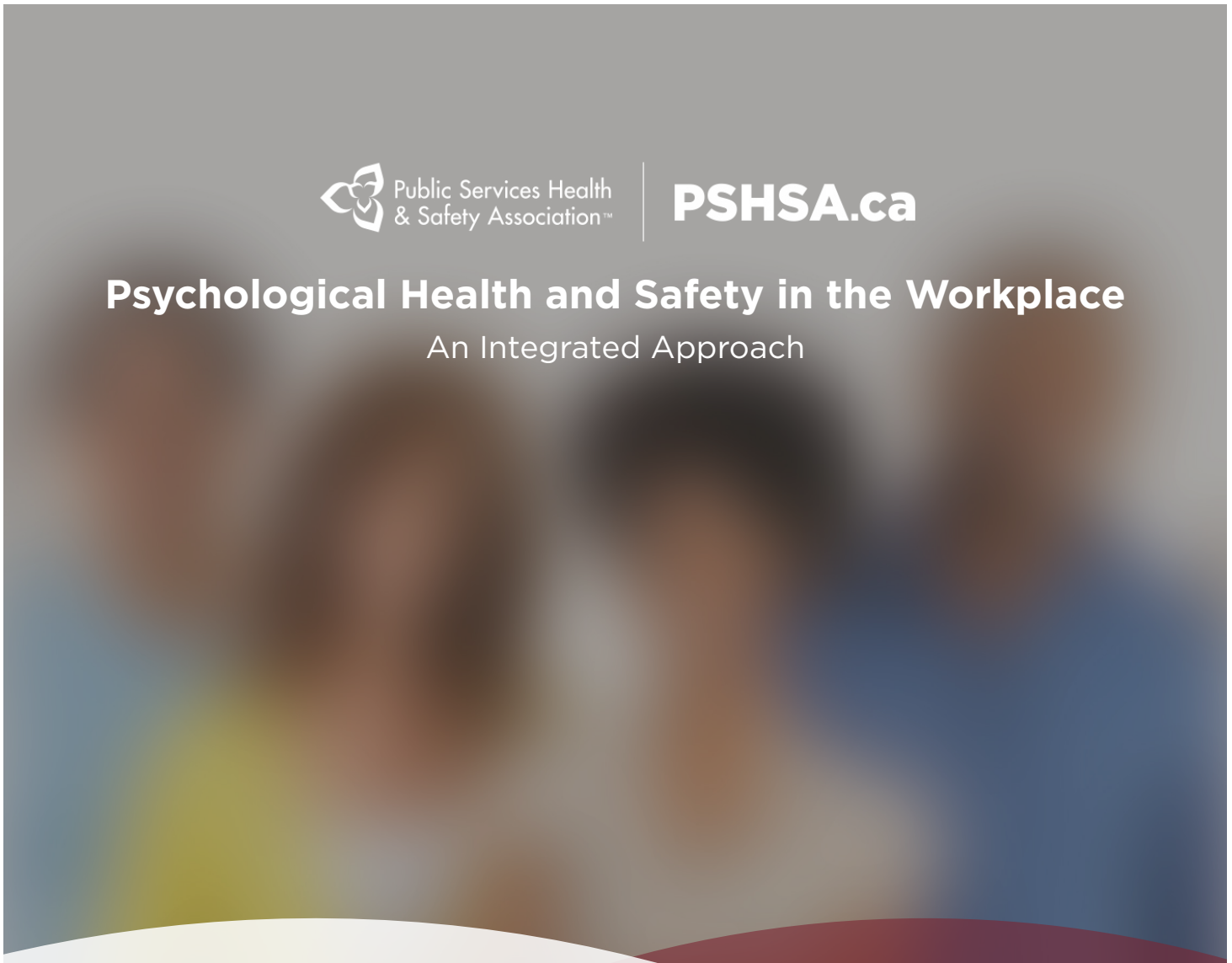
WSFMH. (2022, 02 23). Workplace Strategies for Mental Health Home. Retrieved from Workplace Strategies for Mental Health: https://www.workplacestrategiesformentalhealth.com/

WSIA. (1997). Workplace Safety and Insurance Act. S.O. 1997, c. 16, Sched. A. Ontario: Queen's Printer for Ontario.

Public Services Health & Safety Association™ | PSHSA.ca

Psychological Health and Safety in the Workplace

An Integrated Approach



Public Services Health and Safety Association (PSHSA)
4950 Yonge Street, Suite 1800
Toronto, Ontario M2N 6K1
Canada
Telephone: 416-250-2131
Fax: 416-250-7484
Toll Free: 1-877-250-7444
Web site: www.pshsa.ca

Connect with us:
@PSHSAca
@pshsa
@Public Services Health & Safety Association

Product Code: HEHMNAEN0422