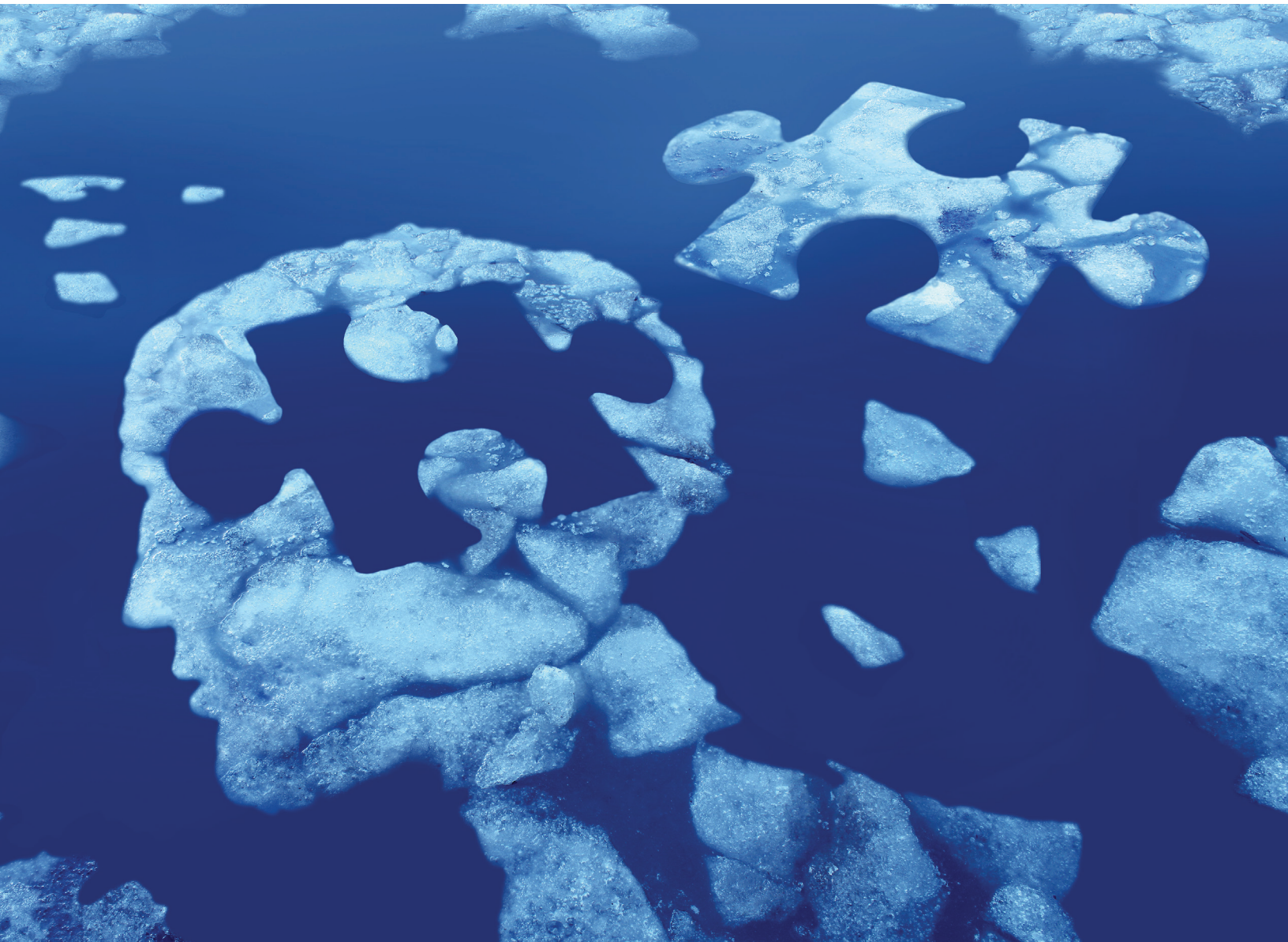


Psychological Health & Safety:

Building psychologically safe workplaces to protect the well-being of all workers in Canada



Please note that this document is only for informational purposes and endorsement of best practices. It does not necessarily reflect the views or practices of all AWCBC member organizations.

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Introduction

In 2019, the Safety and Prevention Committee from the Association of Workers' Compensation Boards of Canada (AWCBC) acknowledged the emerging trend of psychological injuries and discussed the unique challenges related to this issue. Psychological injuries became a focus when amendments to legislation allowed for broader coverage and acceptance of these claims in certain jurisdictions, since 2016. This broader legislation led to higher acceptance rates for psychological injuries across all jurisdictions. Psychological claims make up smaller numbers of total claims, however these injuries are often almost double or more than the durations of a physical injury claim, thus their impact to the costs in the system are substantial. The impact of these injuries, not only on the claimants themselves, but their families and co-workers can be significant. Psychological health and safety becomes even more important with impacts exacerbated by the global pandemic.



Purpose

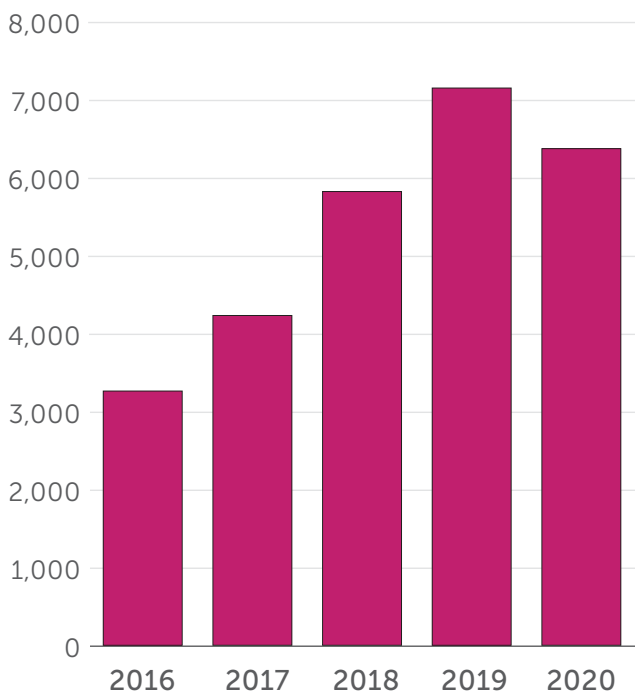
There is much to be done to prevent psychological injuries from happening within workplaces. Mental health continues to be an emerging issue in workplaces across Canada. Psychological claims have seen an increase almost double in numbers across all jurisdictions in Canada in the last five years (3,267 claims in 2016 to 6,382 in 2020¹). This paper outlines the methodology that was taken to gain more insight into this topic, and recommends key principles that jurisdictions and organizations can look to adopt in order to move their workplaces to not only physically healthier workplaces, but also psychologically healthier work environments for all.

The primary focus for the Prevention Committee mental health sub-committee was to develop mental health resources based on the following criteria:

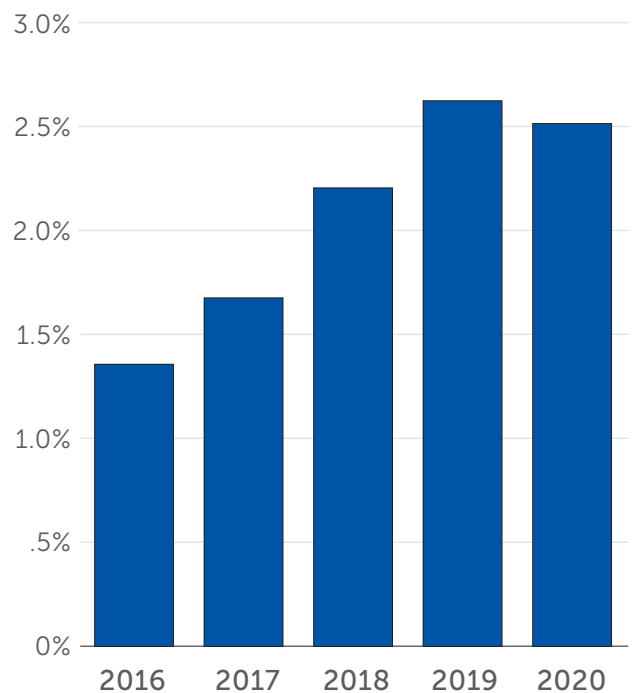
1. Mental health resources for small business is a gap across many jurisdictions (resources should be designed so that they are applicable to small business)
2. Return to Work resources to help manage psychological injuries is a gap across many jurisdictions (resources should be designed to address RTW gaps for psychological injuries).
3. Resources should be designed to support a safety systems approach.

The AWCBC endorses these deliverables as important first steps for business owners and workers to start the implementation process for psychologically healthier and safer workplaces. The tools and resources created through this work will break down the steps for any business so that each piece is manageable and can be implemented in a way that makes sense to all.

Total Number of Psychological Injuries Across Canada



Total Percentage of Psychological Claims Across Canada



1 SOURCE: AWCBC DATA

Background

The members of AWCBC have a common goal of injury prevention. Focus on this topic is required in order to provide all stakeholders with the tools required to manage psychological health and safety either for themselves or within their own organizations. It is recognized that there is an abundance of information on the topic of psychological health and safety; however, it can be overwhelming and confusing as to which tools and resources would be the best fit for individual workplaces.

While a standard¹ specific to this topic exists, employers, and in particular small businesses, need more tools and resources in order to build safe psychological workplaces, specifically more information on how to implement the 13 psychosocial factors that are outlined in the standard. There are many resources available on the topics, however, selecting the right tools and resources that best fit a specific organization can be a challenge. Smaller organizations have fewer resources to manage health and safety on all levels, requiring additional assistance to understand and manage these types of injuries in their workplaces.

The AWCBC formed a sub-committee to focus on Psychological Health and Safety (PH&S) resources with an objective to develop and provide resources for utilization by small business owners which would involve a small business tool kit along with return to work resources – these were identified as common needs across the country.

Prevention Mental Health Sub-Committee

Members of the sub-committee consisted of representation from the jurisdictions of Saskatchewan, Alberta, Ontario and Prince Edward Island, along with the Canadian Centre for Occupational Health and Safety (CCOHS). CCOHS was doing some work at that time at the request of the Canadian Association of Administrators of Labour Legislation (CAALL) for the labour deputy ministers to better understand mental health best practices across the country and their involvement became vital to the process.

This sub-committee also partnered with Dr. Joti Samra who is working closely with Saskatchewan WCB on their psychological health and safety strategy. Dr. Samra is a renowned psychologist and founding member of the CSA Technical committee that developed the National Standard of Canada for Psychological Health and Safety in the Workplace².

The primary focus for the prevention mental health sub-committee was to develop mental health resources based on the following criteria:

- a. mental health resources for small business is a gap across many jurisdictions (resources should be designed so that they are applicable for small business).
- b. RTW resources to help manage psychological injuries is a gap across many jurisdictions (resources should be designed to address RTW gaps for psychological injuries).
- c. resources should be designed to support a safety systems approach.

Key deliverables for the sub-committee were:

- a. Small Business Psychological Health and Safety (PH&S) Toolkit
- b. Return to Work Toolkit
- c. Psychological Health and Safety (PH&S) Roadmap

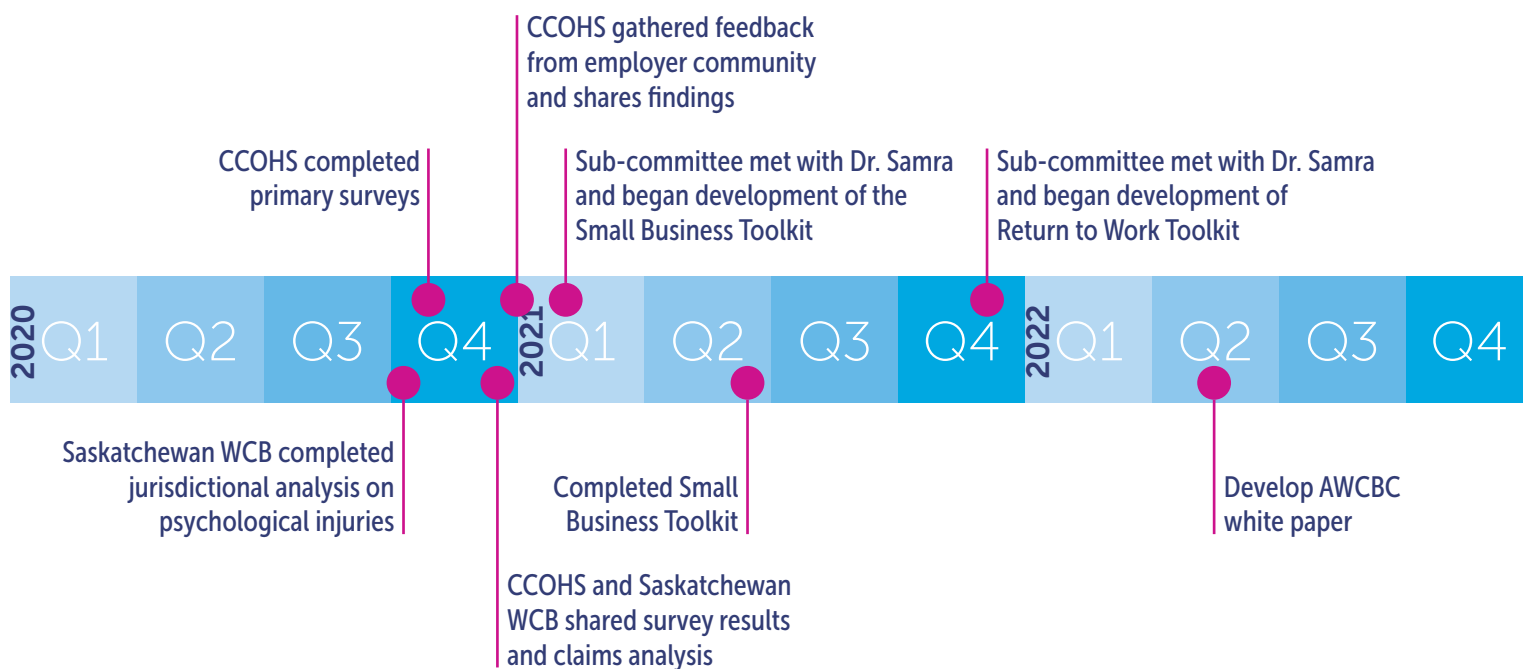
1 CAN/CSA/BNQ Standard CAN/CSA-Z1003-13/BNQ 9700-803/2013 – Psychological health and safety in the workplace standard

2 CAN/CSA-Z1003-13/BNQ9700-803/2013

Methodology

The methodology below outlines the combination of approaches that were taken to conduct a scan of psychological health and safety initiatives across Canada.

Approach of the AWCBC Mental Health Sub-Committee



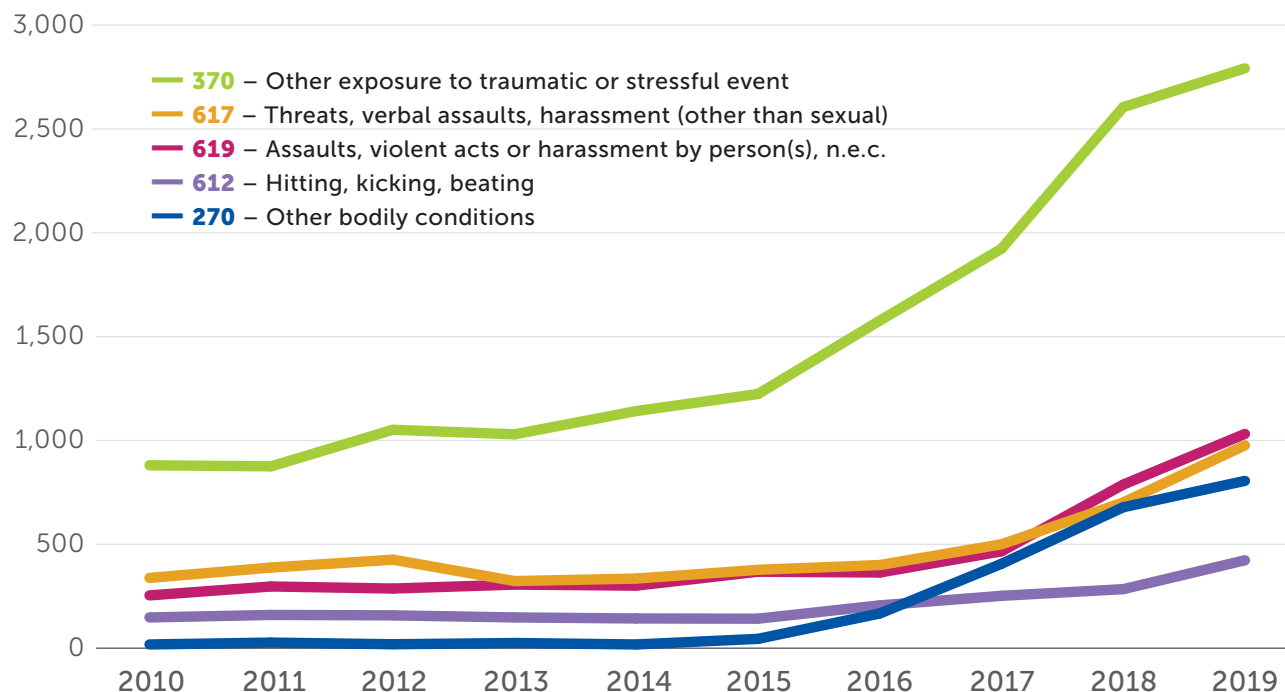
- The questions for the jurisdictional scan was a collaborative effort between all members of the sub-committee and CCOHS.¹ Online jurisdictional scans of legislative requirements and additional phone interviews were performed with OHS regulators, WCB jurisdictions and employer and labour groups.
- The sub-committee completed a jurisdictional statistical analysis on psychological injuries, and outreach with the Canadian Federation of Independent Business.²
- As previously stated, psychological injuries make up a smaller portion of injuries across Canada, however, increases in these types of injuries are increasing across the country. When reviewing the AWCBC data, there were 2,000 claims in 2010 compared to over 7,000 by 2019 (over 242% increase across Canada). The occupations with the highest growth in psychological claims were health care, sales, service and transportation.²

1 See Appendix A for the jurisdictional questions.

2 See Appendix B for results of the analysis.

The data also indicated growth in the areas of anxiety and adjustment disorder (as the primary diagnosis for the injuries) and violence, harassment, assaults and threats also on the rise. These trends were taken into consideration when developing the tool kits.

Lost Time Claims – By Event



Common Themes

Key findings from the various surveys and feedback indicated that employers needed assistance in selecting tools and resources to best suit their workplaces. In addition, best practices would suggest that:

- a. the work environment is a factor that can impact an individual’s psychological health and safety,
- b. customized training in this area should be standard operating practice for all employees,
- c. effective return to work strategies that include the elements of practical accommodation plans should be developed and implemented within workplaces,
- d. workplaces should incorporate language within policies and procedures that is inclusive of psychological health and safety and,
- e. workplaces should incorporate and implement metrics that will help employers to assess success in this area.

Many jurisdictions have prioritized psychological health and safety as part of their work going forward and many are calling on employers to use the National standard as the guiding tool to help implement mental health into their health and safety systems.

There were many activities happening across the country and the common prevention areas of focus included:

- a. building awareness around mental health,
- b. creating and offering tools and resources that can help move employers and workers towards healthier workplaces, and
- c. ensuring that employers were aware of the different types of assessment tools that were available for their use.

Jurisdictions initiated awareness campaigns to reduce the stigma around these types of claims. Also, the review identified several initiatives in various jurisdictions to educate employers and workers on the National standard and return to work processes related to mental health claims.

Tools and resources have been developed that focus on topics such as respectful management practices, creating an environment where workers feel safe and respected and valued, identifying and assessing psychological hazards, and mental health first aid training.

Jurisdictions are looking to ways to help employers integrate psychological health and safety into overall health and safety systems.

When developing tools and resources three commonalities emerged as key needs to address:

- a. make the tools practical and reasonable – specifically for small business
- b. help organizations achieve buy-in from leadership
- c. advise workplaces how to practically assess the factors from the national standard

Saskatchewan’s Psychological Health and Safety Experience

Saskatchewan started the psychological health and safety journey in 2017 with the development of a 3-year strategy that included awareness and education around this topic. Initially, the strategy focused on presentations at conferences and to stakeholder groups with the intention of raising awareness of the psychological claims in the workplace. Those conversations focused on the basics, such as noting the definition of psychological safety as defined in the CSA standard and working to eliminate the stigma present in the province (and Canada) regarding PH&S illness.

The strategy focused on providing educational resources to employers and workers in the province, which were achieved through partnership with CCOHS. This partnership resulted in the launch of five free e-courses:

- a. Mental Health: Awareness
- b. Mental Health: Communication Strategies
- c. Mental Health: Health and Wellness Strategies
- d. Mental Health: Psychologically Healthy Workplaces
- e. Mental Health: Signs, Symptoms and Solutions

In partnership with the University of Fredericton, three on-line courses (one on resiliency and two certification courses aimed at managers and organizational leaders) made these educational opportunities accessible to workers and employers. The last commitment within that strategy was to host a psychological health and safety event for three years. Feedback from those three safety events indicated that employers needed more information on this topic in order to create psychologically healthy workplaces.

In 2020, WorkSafe Saskatchewan entered into partnership with Dr. Joti Samra who proceeded to create a resource centre focused on psychological health and safety that is embedded in the [WorkSafe Saskatchewan website](#). The resource centre focuses on the 13 psychosocial factors as well as the five domains of leadership and how to operationalize these factors and domains within a workplace. Each factor and domain is defined, has a video embedded to explain in more detail what each entails, and also has practical tools in order to start the process.

A community of practice launched in 2021 with the Saskatchewan health and safety charter signatories and safety leaders in the province. This approach is designed to get commitment from leaders to start to work towards implementing psychological health and safety into their workplaces. Each month an interactive newsletter is distributed to the group of charter members, which gets them involved in the conversation around mental health, and asks the group what information is needed to help them move this forward in their organizations. The learning community provides an avenue for leaders to share their experience, successes, challenges and barriers. Their responses to the monthly questions helps to create the focus for the next month’s newsletter.

AWCBC Sub-Committee Outcomes

The AWCBC sub-committee agreed that there was a need to focus on providing practical tools and resources to small business that will aid them in implementing psychological health and safety within workplaces. It was also decided that return to work resources and information in this area were also needed in order to help to manage a mental health claim.

In discussions¹ around the development of the tool kit for small business the committee acknowledged that smaller business may have stronger relationships with their employees, however, they may have the common barriers of:

- a. Limited short term return for prevention in this area
- b. Resistance in acknowledging this as work-related
- c. Lack of resources to deal with the issue, lack of comfort in talking about this issue and many conflicting priorities.

Committee consensus was:

- a. small business owners, as defined by the sub- committee were those business with 25 and fewer employees, would be the target audience of the resources being developed. The business owner would then share the resources with those responsible for its implementation;
- b. to be intentional on the focus of the tools by focusing on the top causes
- c. to provide easy to use templates and information to the target audience
- d. to be consistent with the feedback from the Canadian Federation of Independent Business which asked for: short bursts of information, plain and simple language, practical and tangible resources, and short bite-sized videos.

¹ See Appendix C for discussion points.

The work of the committee resulted in the creation of three resources housed on the WorkSafe Saskatchewan's Psychological Health and Safety resource centre:

Small Business Psychological Health and Safety Toolkit

- This toolkit helps to identify why this is important to a small business owner and provides basic knowledge of what to say, when to say it, what to do and how to identify psychological health and safety. This toolkit focuses on Civility and Respect as a cornerstone to psychological health and safety and also links back to the data when considering the growth in harassment, violence and assaults.



[DOWNLOAD PDF](#)

Return to Work Toolkit

- The RTW toolkit helps employers to get comfortable talking with workers about mental health but also to recognize signs and symptoms of mental health issues and how to best develop accommodation strategies for those affected.
- This resource helps organizations take actionable steps to assess and enhance the psychological health and safety of their organization.



[DOWNLOAD PDF](#)

AWCBC recommends these following key principles when managing psychological health and safety in workplaces:

Leadership

As with all safety & health programs, commitment from leadership is foundational to successful efforts to reduce the risk of harm in the workplace, this includes psychological harm.

National CSA Standard

The CSA Standard should be used as the framework for any organization to manage psychological safety and health. The standard clearly outlines the 13 psychosocial factors that lead to healthy organizations, but it also outlines the need for psychological health and safety to be embedded into the overall safety management system of an organization.

Training

Training to be targeted at all levels of an organization to address the following areas:

- a. Equip workers to understand their own ability to reduce psychological harm;
- b. Equip leaders (especially front line leaders) to recognize harm and work with empathy and understanding to help prevent and respond to incidents.
- c. Equip those responsible for the safety and health program to incorporate the effective management of psychological harm, based on the CSA standard, into their health and safety program.

Effective Return to Work Programs

Much more work is needed to provide support and resources for effective return to work following a psychological injury.

Appendix A

Draft – Jurisdictional Scan Questions

Legislation/Regulatory

- 1) Does your jurisdiction have specific legislation for mental health/psychological health and safety?
- 2) Describe the high-level intent of each piece of mental health/psychological health and safety legislation in your jurisdiction?

Psychological Claims

- 3) What percentage of claims in your jurisdiction are psychological?
- 4) What has been the trend of these claims over the past three years?
- 5) Can you identify types of claims, sectors or other trending factors in your psychological claims?

Training Programs

- 6) List the types of mental health/psychological health and safety training promoted in your jurisdiction.
- 7) Describe the high-level learning objective (i.e. awareness, resiliency, implementation, PH&S system development, etc.) for each mental health/psychological health and safety course offered in your jurisdiction.

Program Deployment

- 8) Does your jurisdiction have a mental health/psychological health and safety strategy?
- 9) Describe the mental health/psychological health and safety programs that you have deployed in your jurisdiction.

Results

- 10) Describe how you are measuring the results of the mental health/psychological health and safety programs deployed in your jurisdiction.
- 11) Which mental health/psychological health and safety programs have been the most effective in your jurisdiction? Why?

Service Providers

- 12) Has your jurisdiction developed mental health/psychological health and safety partnerships?
- 13) Has your jurisdiction hired service providers to assist in the delivery of mental health/psychological health and safety programming?

Gaps

- 14) The AWCBC Prevention Committee believes that mental health resources for small business is a gap across many jurisdictions. From your experience, what elements are required to make mental health/psychological health and safety programming successful for small business?
- 15) What are the current RTW gaps to successfully managing psychological injuries? What advice or programming is available in your jurisdiction to successfully manage psychological injuries?
- 16) What mental health/psychological resources are organizations' looking for in your jurisdiction?

Appendix B

TOP 5 INDUSTRIES FOR PSYCHOLOGICAL CLAIMS

Total Across Canada

Code	Industry	TOTAL	2016	2017	2018	% Change	TREND
NC	Not Coded	3,445	772	1,137	1,536	99%	
86	Health and social service industries	3,306	795	1,032	1,475	86%	
45	Transportation industries	1,272	380	411	481	27%	
83	Local government service industries	1,201	259	421	518	100%	
82	Provincial and territorial government service industries	594	179	176	239	34%	
81	Federal government service industries	439	86	123	230	167%	

TOP 5 OCCUPATIONS FOR PSYCHOLOGICAL CLAIMS

Total Across Canada

Code	Occupation	TOTAL	2016	2017	2018	% Change	TREND
74	Intermediate occupation in transport, equipment operation, installer	1,888	454	663	771	70%	
32	Technical and Skilled Occupations in Health	1,616	387	496	733	89%	
64	Intermediate Sales and Service Occupations	1,606	383	499	724	89%	
62	Skilled sales and service Occupations	1,449	344	517	583	69%	
NS	Occupations not stated	874	342	252	280	-18%	

TOP 5 DIAGNOSES FOR PSYCHOLOGICAL CLAIMS

Total Across Canada

Code	Diagnosis	TOTAL	2016	2017	2018	% Change	TREND
52110	Post-traumatic stress disorder (PTSD)	5,260	1,405	1,628	2,219	58%	
52100	Anxiety, stress, neurotic disorders, uns	3,321	702	1,174	1,445	106%	
52193	Adjustment disorder	2,518	584	744	1,190	104%	
52190	Anxiety, stress, neurotic, disorders, n.e.c.	1,229	285	403	541	90%	
52000	Mental disorder, or syndrome, uns	436	106	169	161	52%	

TOP 5 CAUSES OF INJURY FOR PSYCHOLOGICAL CLAIMS

Total Across Canada

Code	Cause of Injury	TOTAL	2016	2017	2018	% Change	TREND
370	Other exposure to traumatic or stressful event	6,114	1,578	1,924	2,609	65%	
619	Assaults, violent acts or harassment by person(s), n.e.c	1,623	366	468	789	116%	
617	Threats, verbal assaults, harassment (other than sexual)	1,607	402	502	703	75%	
270	Other bodily conditions	1,257	169	408	680	302%	
612	Hitting, kicking, beating	748	208	254	286	38%	

Appendix C

Considerations for a Small Business Toolkit

Who is our target audience (HR lead, owner, manager, etc.)?

Does the jurisdictional data analysis provide any insights for the development of the PH&S small business toolkit?

There are many small business tool kits online. Do any of the following descriptions accurately describe what the PH&S tool kit should look like? In other words, what is the guiding principle for the development of our PH&S small business toolkit?

- a. A business toolkit is designed to help small business through the early stages of developing a psychologically safe workplace?
- b. A toolkit is a collection of adaptable resources for front-line staff that enables them to learn about an issue and identify approaches for addressing them?
- c. Toolkits can help translate theory into practice, and typically target one issue or one audience?
- d. Other??

Is there a primary gap that the PH&S toolkit will help address for small business?

What kinds of templates, policies (i.e. diversity and inclusion, harassment and bullying, etc.) are small employers looking for/need?

What barriers do small businesses face?

What partnership opportunities exist to provide feedback, co-brand, and market the tool kit that we develop?

