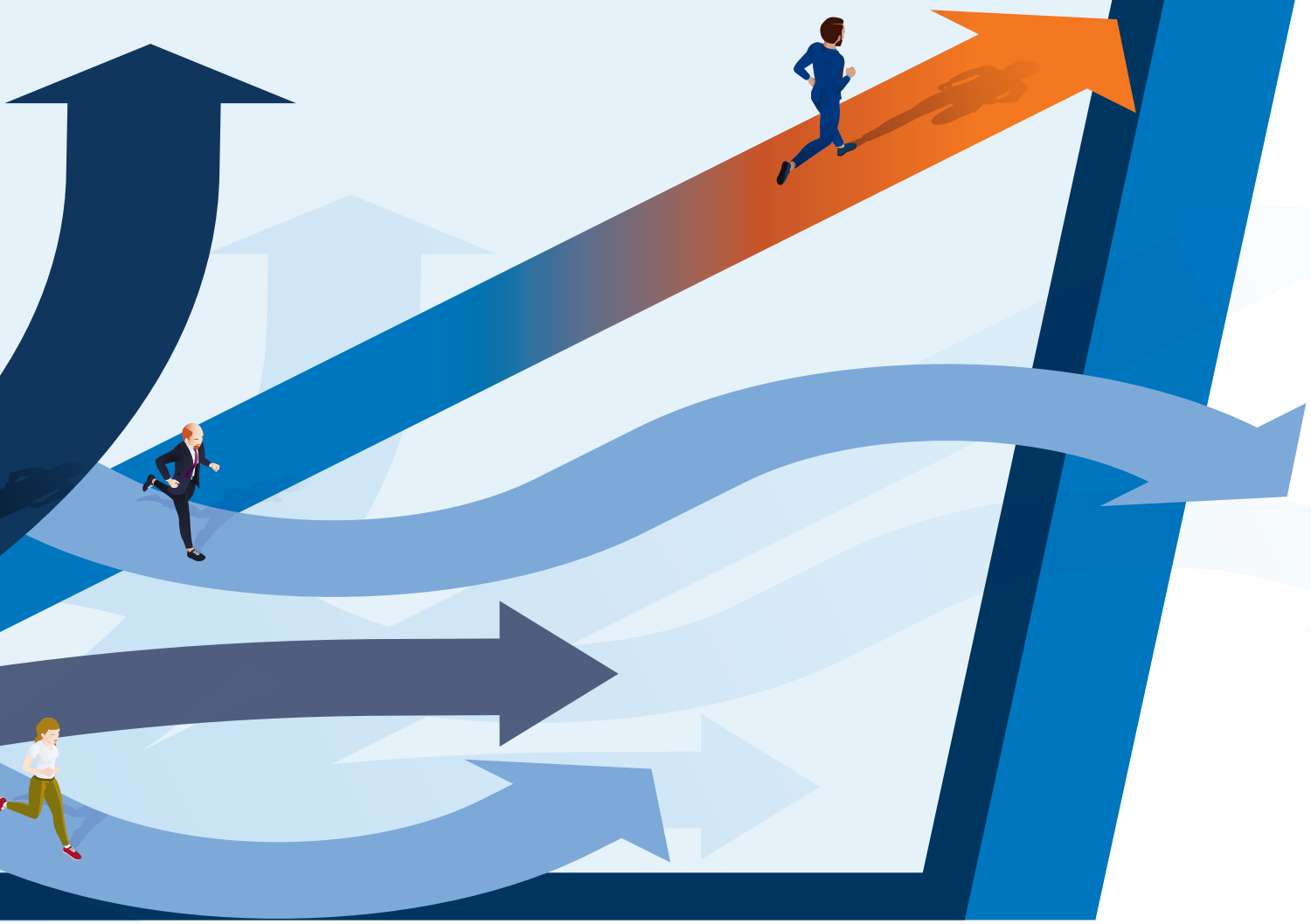
Workplace Safety & Prevention Services

MENTAL HARM PREVENTION ROADMAP

Research Findings

A search for evidence on the applied benefits of the Roadmap for psychological health and safety facilitators



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Mental Harm Prevention Roadmap: Research Findings

A search for evidence on the applied benefits of the Roadmap for psychological health and safety facilitators

Acknowledgements

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Introduction

This is a year-two follow-up study to *Moving to Action: Implementing Workplace Safety & Prevention* Services' (WSPS) Mental Harm Prevention Roadmap[1] that created the foundation for this applied research study. The Roadmap is a user-friendly tool to assist organizations in facilitating psychological health and safety. The Roadmap is aligned to the guidance provided by CAN/CSA Z1003 Standard. CAN/CSA-Z1003-13/BNQ 9700-803/2013 (R2018), Psychological Health and Safety in the Workplace – Prevention, Promotion, and Guidance to Staged Implementation (CAN/CSA-Z1003 Standard) to assist employers in framing WHAT they can do to create a psychologically safe and healthy workplace. However, the CSA Z1003 Standard does not provide clear direction on the HOW.

The Roadmap provides employers — regardless of their size, budget or resources — with practical steps for reducing mental harm and promoting mental health. The Roadmap's primary purpose is to encourage employers to promote workplace mental health and facilitate a Plan – Do – Check – Act (PDCA) approach to all workplace mental health initiatives.

The Roadmap is a scalable and flexible tool organizations can use to plot their journey towards a PDCA model of psychological health and safety, wherever they may be in that process. It is intended to help psychological health and safety facilitators/champions assess where their organization stands regarding promoting mental health and reducing mental harm, and to assist stakeholders to decide what the employer will do based on needs and capacity. The Roadmap consists of eight building blocks (see Appendix A for an introduction), aligned to the CAN/CSA Z1003 Standard.

[1] https://www.conferenceboard.ca/e-library/abstract.aspx?did=10866

Year-two study search for evidence

The primary goal for year two's search for evidence was moving the Roadmap from informed evidence to evidence-based. The research design for year two focused on psychological health and safety facilitators (i.e., person/persons accountable for workplace mental health). To be useful, the Roadmap must provide these individuals with knowledge and skills to positively impact workplace mental health. This study explored how exposing psychological health and safety facilitators to the Roadmap improved their self-efficacy (i.e., confidence) for reducing mental harm and promoting mental health within their organizations' budgets and capacity. One challenge with workplace mental health is that some psychological health and safety facilitators perform this role off the side of their desks. It is not their core function. Other organizations have resources dedicated to the process.

The search for evidence began with recruiting nine organizations to participate in this study (see Appendix C for list of participating organizations). To understand the Roadmap's usefulness and benefits, it was determined the first step would require evaluating each organization's psychological health and safety facilitators' self-efficacy regarding psychological health and safety. The next step was providing each organization with a WSPS consultant as a Roadmap and workplace mental health coach to help them plan to use the Roadmap. The WSPS consultant met with the organization on a regular basis to support them in developing an action plan and providing any training and resources required as they started to implement the plan. Each company completed an assessment of their organization in regard to the Roadmap building blocks. Dr. Bill Howatt, in collaboration with WSPS, facilitated a webinar series over eight months to introduce the eight Building Blocks. This approach was intended to increase the psychological health and safety facilitators' capacity to have an impact.

The Roadmap's impact in this study was measured by examining changes over the eight months between Time 1 and Time 2 assessments on user capacity and confidence (self-efficacy). The Roadmap's impact was assessed via quantitative questionnaires and qualitative interviews. Two specific outcomes were of interest: Outcome #1) The percentage of affirmation or positive acceptance and confirmation from participating organizations and Outcome #2) percentage of participating organizations that can demonstrate increased confidence to create and implement workplace mental health programs.

Although we also examined the potential impact of the Roadmap action plan on employees with assessments at Time 1 and Time 2, given the short timeframe of the project, we did not anticipate any significant changes to have trickled down to employees. Consistent with CSA Z1003 guidance on ensuring workers' voices are considered, the employee experience was captured using the Mental Fitness Index (MFI). The MFI tracks employee experience, measures psychological health and safety in the workplace, and allows companies to evaluate the impact of policies and programs on employees' psychological health and safety. The MFI provided organizations' psychological health and safety facilitators with clarity on psychosocial risk factors and hazards and their mental health programs' utilization and perceived usefulness.

A requirement of this study was ensuring every organization completed Time 1 and Time 2 assessments over the period of eight months and had a plan for using the Roadmap to improve workplace mental health.

Procedure

This mixed-methods study used pre- and post-study surveys with psychological health and safety facilitators, including HR and health and safety (HS) staff with an active role in mental health strategy or psychological health and safety management systems. HR and HS staff participated in structured interviews at month eight to explore their experience with the Roadmap and perceived benefits of using the Roadmap. MFI data was also collected on employee experience.

Nine companies participated. Each company completed the following steps at Time 1:

1) Psychological health and safety facilitators completed the Building Block assessment and self-efficacy questionnaire.
2) Employees completed the MFI.
3) Psychological health and safety facilitators used Roadmap resources relevant to building blocks that included live and recorded webinars, training tools, assigned WSPS consultant, and resources for developing and implementing practices, procedures, programs, and behaviours to address psychological health and safety issues for that building block.

After eight months, each company completed Time 2:

1) Psychological health and safety facilitators completed the Building Block assessment and self-efficacy questionnaire.
2) Employees completed an MFI pulse check (short form of the MFI).
3) Psychological health and safety facilitators attended a virtual interview with the researcher to review their experiences with the Roadmap.

Note: All MFI data was confidential and is presented in aggregated or anonymized format in this report to each organization. Organizations did not have access to employees' raw data or other organizations' MFI results as per ethics guidelines.

Results

Qualitative Results

Psychological health and safety facilitators' participation in the structured interviews conducted by Dr. Dayna Lee-Baggley was to better understand user experiences with the Roadmap and its perceived benefits (i.e., did it help them develop more competency and confidence?). Participants consented for their comments to be included in the report anonymously. They were asked about their experiences with the Roadmap, including its impact on their planning and implementation and their own confidence in psychological health and safety planning and implementation. They were also asked to identify the most and least effective parts of the program. The goal was to determine the perceived value of the Roadmap through an applied lens to help psychological health and safety facilitators impact workplace mental health.

The Roadmap was well designed, useful, and helpful.

All respondents reported that their experience with the Roadmap was positive and built their confidence, capacity, and skills in their PHS plans. Thus, Outcome #1 was met: 100% of participating organizations reported positive acceptance and confirmation of using the Roadmap. They also mentioned that they made progress in their mental health plans for the workplace. They reported the content was helpful and useful and accomplished the goal of providing a clear "roadmap" of where to start, how to plan, and what aspects to keep in mind to be successful.

Respondents who were at "foundational" and more advanced stages found the Roadmap helpful. Some responded that it clarified what to do and where to start, even after years of previous attempts that did not get traction. For others, it confirmed they were on the right track and reminded them of other aspects to consider. Several indicated they would use the resource after the research project was completed.

No consistent aspect was highlighted as the most or least useful, indicating that different organizations benefited from different parts of the program. Some mentioned the ongoing accountability and contact with WSPS or Howatt HR team member. Some cited the sessions that built the foundation, such as how to get buy-in. All respondents mentioned that the content provided by Dr. Howatt, in collaboration with WSPS, was excellent, clear, helpful, and applicable, and gave them specific steps to create and implement their plan. Several reported they could not attend all the sessions live and appreciated the ability to watch the recordings to keep on track.

Sample comments:

"for 10 years we have been talking about mental health at work and encouraging these conversations but no framework to guide us. This gave us that framework"

"the layout was intuitive, easy to follow, progressive"

"It was just what we needed"

"well put together"

"really good content and information"

"building blocks laid out nicely"

"Having these resources was invaluable. We wouldn't even know where to start"

"gives us verbiage to share with others, we're all talking the same language"

"great resource"

"will be valuable information moving forward"

"helped create structure…got us organized"

"content was very good and progressive"

"every building block had something helpful"

"flexible program"

"could work at own pace"

Using the Roadmap increased participants' confidence and capacity to build PHS in the workplace.

All respondents were unanimous that the Roadmap increased their capacity and confidence in creating and implementing a plan to address mental health in the workplace. Thus, Outcome #2 was achieved: 100% of participating organizations reported in qualitative interviews that their confidence to create and implement a workplace mental health program had increased from using the Roadmap. On a 1-10 rating scale (higher scores indicating more helpful) of the extent the Roadmap helped create or implement a plan to address PHS in the workplace, scores ranged from 7 to 10. Thus, while all respondents indicated their confidence had increased, the *degree* of confidence increase ranged from 7 to 10 on a 10-point scale. Several respondents indicated they had a different sense of self-efficacy regarding "creating" a plan vs. "implementing" a plan. Many respondents indicated they did not have time to implement a plan. Thus, they reported their self-efficacy in *implementing* a plan was lower than their self-efficacy for *creating* a plan. Several indicated they would have rated the Roadmap even higher if they had had enough time to implement the plan they developed through the Roadmap.

Sample comments:

"…[The Roadmap's impact on our confidence was] huge"

"not just checking a box"

"we know what we're talking about now"

"it was a guiding light, north star to follow progressively, step by step"

"confidence relates to: do I know where we are and where we are going, can we get there, is it manageable? [The Roadmap] helped with all of that"

"made it not overwhelming"

The Roadmap improved participants' ability to evaluate their progress and engage in continual improvement (PDCA).

Several participants mentioned that engaging in the Roadmap increased their ability to plan how to track or use metrics to follow the success of their plans. This is particularly meaningful as evaluation of programs is essential to success but not done frequently in organizations. Several participants mentioned how useful and helpful the MFI data was to their organization and planning.

Sample comments:

"The analytics [were the most impactful part]. Being able to speak to [the numbers] helped"

"[before this program] we did not know how to measure success"

"gave us metrics to use"

"the biggest impact was establishing metrics"

"MFI was really great data…we're waiting on the results"

They would recommend the program to others.

When queried whether they would recommend the program to a colleague (internal or external) working on psychological health and safety in the workplace, respondents were unanimous that they would recommend it.

Sample comments:

"certainly"

"yes absolutely"

"absolutely 100%, we already have"

"Yes I would"

"I would because everything is ground-breaking for this topic"

Participants needed more time to make progress on implementing a PHS plan.

All respondents reported experiencing challenges with the timeline of the project. They reported they did not have enough time to implement their plans generated through their interactions with the Roadmap. Some said they would have rated the helpfulness of the project even higher if they had more time to implement a plan, but gave it high ratings because it helped create the plan even if it had not yet been implemented and had increased their confidence to implement the plan with more time. For some organizations, this was due to ongoing or competing projects, issues arising from the pandemic, or budgetary timelines that required more time to secure funding for planned projects. Several respondents asked if there was a way they could continue with the project past the initial endpoint.

Very few problems were reported with the Roadmap.

When queried about aspects of the Roadmap that could be improved, suggestions were varied and described as minor. No consistent problem was reported. A few respondents indicated they were not sure how to make the best use of their meeting time with the WSPS consultant. This might have been due to the timing of the meetings which occurred after each building block. Organizations were encouraged to work on building blocks that were most useful to them and not necessarily all of the building blocks. Therefore, if the organization were not taking steps related to that building block it may not have been clear how to make use of the time with the WSPS consultant that was scheduled after each building block. There was some feedback that more interaction such as Q and A time with Dr. Howatt and discussion and engagement/networking with the other companies in the project would have been appreciated. Because of the terms "Roadmap" and "Building Blocks," a few participants reported they often mistakenly said "roadblocks." One organization indicated that the term "mental" fitness index brought stigma associated with mental health and perhaps lowered employee participation in their company.

Sample comments:

"nothing comes to mind"

"Can't think of anything"

Quantitative Results

Changes in capacity and self-efficacy

Companies completed an assessment of each Building Block from Time 1 to Time 2, which are reported in Table 1. This table reflects the extent to which the respondent indicated that their organization was engaging in the key performance behaviours of each building block at Time 1 and Time 2 (see Appendix A for more details on the items used to rate each building block). Collapsed across the nine organizations, Table 1 indicates that companies reported an overall average improvement in building blocks of 35%. Individually, there were increases in all the Building Block except Building Block 2. Building Block 2 represents defining and validating which supports are in place for employees and the minimal level of supports recommended. This suggests that organizations noted improvements in each of the areas assessed by the Building Blocks between Time 1 and Time 2 for almost all the Building Blocks. Staff self-efficacy was examined quantitatively between time 1 and time 2. Results showed an increase in self-efficacy from Time 1 (Mean = 7.78, SD = 4.75) to Time 2 (Mean = 8.08, SD = 1.48). This represents an overall increase of 4%. This provides additional support for Outcome #1 as this quantitative data suggests an increase in confidence between Time 1 and Time 2 for participating organizations through using the Roadmap, which is consistent with their qualitative self-report.

We also examined changes in the MFI assessment. While the Building Blocks data represents perceptions from psychological health and safety facilitators, MFI data comes directly from employees. Studies suggest that ROI for mental health initiatives commonly takes 2-3 years to emerge[2]. Given the short duration between Time 1 and

[2] https://www2.deloitte.com/content/dam/Deloitte/ca/Documents/about-deloitte/ca-en-about-blueprint-for-workplace-mental-health-final-aoda.pdf

Time 2, many organizations had not yet implemented their plans to change. Therefore, we did not anticipate changes to have trickled down to employee behaviour, which requires more time to develop.

Overall, Table 2 highlights changes in a few relevant items in the MFI, which may have changed because of greater emphasis on awareness of mental health issues, even if specific initiatives had not yet been implemented. The companies' results showed an increased awareness of the availability of EFAP and increases in employee perception of inclusion and sense of feeling welcomed. This suggests that change can happen through increased awareness and accountability on programs, which is consistent with a Plan – Do – Check – Act approach. It also shows the benefits of checking in with workers to ensure they understand what programs are in place and value them. The MFI Test 1 may partially explain an improvement in EFAP awareness in Test 2 because employers may have put some more focus on EFAP. It was encouraging to see two key levers that support psychologically safe cultures of inclusion and feeling welcomed were improved, providing applied evidence that psychological health and safety outcomes are behaviour-driven (i.e., happen because of the employee experience).

Table 3 shows the results of MFI subscales. Additional details of these subscales can be found in Appendix B. The four pillars represent behaviour health by employees. Unsurprisingly, these items did not improve over time, given the limited time for initiatives to impact employee behaviour. The five factors represent employee perceptions of key factors described by the CAN/CSA Z1003 Standard. Results suggest that these items showed some improvements across companies from Time 1 to Time 2, which could be attributed to the MFI Test 1 creating more intention and conversations

Table 1: Changes in building blocks between Time 1 and Time 2

	Time 1				Time 2				Change	
	Min	Max	Mean	SD	Min	Max	Mean	SD	Value	%
Foundation Building Block 1	0	7	3.78	2.386	1	7	4.78	1.856	1	26.45%
Support Building Block 2	3	7	5.44	1.236	3	7	5.22	1.481	-0.22	-4.04%
Planning Building Block 3	0	6	1.22	2.048	0	6	2.67	2.291	1.45	118.85%
Leadership Building Block 4	0	4	2.44	1.424	0	8	4.33	2.828	1.89	77.46%
Culture Building Block 5	1	7	5.00	1.936	3	7	5.89	1.537	0.89	17.8%
Connections Building Block 6	0	5	2.78	1.641	0	6	3.33	1.871	0.55	19.78%
Prevention Building Block 7	0	6	1.78	1.986	0	6	3.56	2.297	1.78	100%
Excellence Building Block 8	0	4	2.11	1.764	0	7	3.33	2.828	1.22	57.82%
All Blocks	15.00	45.00	24.56	10.13	16.00	52.00	33.11	14.24	8.56	34.84%

Table 2: Average positive changes across all organizations' MFI data from Time 1 to

MFI item-specific findings	Time 1				Time 2				Change	
	Min	Max	Mean	SD	Min	Max	Mean	SD	Value	%
Employee Family Assistance Program – utilization and perceived value	48	96	72	14.541	54	91	77.44	12.35	5.44	7.56%
Inclusion – worker perception	61	74	66.25	4.496	64	73	68.33	3	2.08	3.14%
Welcoming – worker perception	70	88	78	6.141	73	86	80.67	4.387	2.67	3.42%

Time 2

Table 3: Change in MFI Scales data from Time 1 to Time 2

	Time 1				Time 2				Change	
	Min	Max	Mean	SD	Min	Max	Mean	SD	Value	%
4 pillars*										
Physical	52	59	54.75	2.25	50	56	52.89	2.20	-1.86	-3.40%
Mental	63	69	66.25	2.25	55	73	65.78	5.04	-0.47	-0.71%
Work	73	78	75.38	2.06	72	79	75.78	2.73	0.4	0.53%
Life	71	77	73.36	1.84	62	78	71.78	4.71	-1.583	-2.16%
5 factors*										
Manage	51	60	56.38	3.07	53	64	58.56	3.91	2.18	3.87%
Align	50	66	59.38	5.58	56	67	61.78	3.90	2.4	4.04%
Culture	50	65	58.75	5.06	53	65	60.44	4.12	1.69	2.88%
Strategy	57	70	65.00	4.60	61	70	66.22	2.99	1.22	1.87%
Safety	60	74	68.88	4.97	64	78	70.00	5.29	1.12	1.63%

*See Appendix B for a description of each pillar and factor. The Howatt HR Factor 5 is the 13+ psychological health & safety factors identified in the CSA Z1003 Standard, categorized under 5 themes.

Discussion

The Roadmap's year-two journey measured its benefits of increasing psychological health and safety facilitators' capacity and confidence regarding their psychological health and safety initiatives in 9 companies. Both qualitative and quantitative results found the Roadmap positively impacted the psychological health and safety facilitators participating in the study and provided positive benefits for participating organizations. The psychological health and safety facilitators from all nine organizations reported that they better understood how to evaluate psychosocial risk factors, psychosocial hazards, and protective factors because of their exposure to the Roadmap. They also knew how to create an action plan to meet their organizations' needs within the context of their budget, leadership support, resources, and capacity.

The Roadmap and MFI data clearly provided participants with an applied experience of HOW to facilitate the PDCA framework for continual improvement. As this is something with which organizations often struggle[3], there is a need to better support them in a PDCA approach. At an organizational level, workers reported positive shifts of awareness and perceptions regarding EFAP, inclusion, and feeling welcomed from MFI Test 1 to Test 2. Though some minor improvements were found in the MFI data from Test 1 to Test 2, we did not expect to see any significant changes because the gap between Test 1 and Test 2 was less than eight months. This is consistent with past studies that suggest it takes 2-3 years of focus to see the impact of PHS initiatives[4].

[3] https://www.csagroup.org/wp-content/uploads/CSA-Group-Research-Psychological-Health-and-Safety-in-the-Workplace-Employer-Practices-COVID-19.pdf
[4] https://www2.deloitte.com/content/dam/Deloitte/ca/Documents/about-deloitte/ca-en-about-blueprint-for-workplace-mental-health-final-aoda.pdf

Limitations

Because this was an open trial without a control group, we cannot definitively attribute any changes found in the building blocks or the MFI scores from Test 1 to Test 2 to exposure to the Roadmap. However, qualitative interviews indicate that psychological health and safety facilitators attributed the changes to their knowledge and skills improvement to the Roadmap. As the subjective experience of confidence is critical, the fact that they attributed the increase in confidence to the Roadmap is meaningful. Additional studies could provide a more robust test by comparing companies using the Roadmap to companies not using the Roadmap. Additionally, numerous companies participating indicated that eight months was insufficient time for them to implement any plans. For example, some indicated that they did not have enough time to get budgetary approval for new initiatives, which inhibited launching new initiatives. It also is worth noting that this study was done during a peak period in the COVID pandemic when leaders were managing return-to-office and other ongoing pandemic demands.

Conclusion

Psychological health and safety is gaining more attention as a strategic imperative for reducing mental harm and promoting workers' mental health. While the CAN/CSA Z1003 Standard provides clear guidance on *what* should be done, it does not provide guidance on *how* to implement it. Thus, the Roadmap provides an implementation guide and fills a space that many psychological health and safety facilitators are needing. It includes practical, applied insights for using a PDCA approach to impact workplace mental health.

This study found that the Roadmap can help psychological health and safety facilitators (i.e., persons tasked to support workplace mental health) obtain the knowledge, skills,

and confidence to impact psychological health and safety. The Roadmap appears to assist organizations to create workplace mental health strategies aligned to CSA Z1003 and adhere to the PDCA continual improvement approach. Additional applied research is needed to evaluate its impact on implementing health and safety initiatives and improving workers' experience with psychological health and safety.

Appendix

Appendix A: The Roadmap eight building blocks

Building Block 1: Foundation

Establishes organizational readiness, budget, resources, and senior leadership buy-in.

Key Performance Behaviours (KPBs)

- Senior leaders are engaged and committed to supporting psychological health and safety.
- There's a defined budget for supporting psychological health and safety.
- The reason the organization is motivated and ready to develop psychological health and safety in the workplace has been clearly defined.
- The internal champion responsible for leading all psychological health and safety initiatives has been identified and their role has been communicated.
- The goals leadership wants to be achieved regarding psychological health and safety initiatives have been clearly defined (i.e., reduce short-term disability claims due to mental health).
- A business case that supports the benefits of investing in psychological health and safety has been built
- The organization has made an initial determination regarding roadmap destination, outcome desired, timelines, and human and other resources needed.

Building Block 2: Support

Defines and validates which supports are in place for employees and the minimal level of supports recommended.

Key Performance Behaviours (KPBs)

- All employees have been effectively trained in the respectful workplace policy that includes workplace violence and harassment.
- Crisis response planning has been put in place to deal with critical incidents, including suicide, violence, and domestic violence.
- Policies and programs support employees' mental health accommodation and return-to-work needs.
- Mental health supports that acknowledge the organization's size, budget, resources, employee needs and values are in place.
- Mental health supports that include at minimum Employee Family Assistance Programming (EFAP) up to and including paramedical psychological services and access to internet cognitive behavioural therapy for anxiety and depression (this may be more of an enhanced program) are in place.

- A substance use policy for managing substance use impairment in the workplace is in place and employees have been trained in it.
- An inventory of all policies and programs, including employees' participation levels, is in place.

Building Block 3: Planning

Establishes which actions the employer will take regarding programs and policies to promote mental health and reduce mental harm.

Key Performance Behaviours (KPBs)

- A strategic plan for facilitating psychological health and safety within the workforce has been completed.
- The types of data and method of collection have been clearly defined.
- The most important key performance indicators have been determined and a reporting frequency for senior leadership is in place.
- A program review process for determining what new programs will be added and what old programs may be removed, based on data and program evaluation, is in place.
- A reporting schedule is in place with clear timelines and audience to get each report.
- A change management strategy for how all new programs and policies will be onboarded and communicated to staff is in place.

Building Block 4: Leadership

Defines organizational expectations and behaviours around the manager-employee relationship and the well-being of managers and senior leaders.

Key Performance Behaviours (KPBs)

- Clearly define leaders' behaviour expectations (e.g., leadership core competency).
- Learn about and understand the strengths, limitations, and vulnerabilities of your people. Encourage as much employee voice and participation in decision-making as possible.
- Train all leaders in the duty to inquire and how to support employees experiencing a mental health concern in the workplace.
- Focus leaders' training and development plans on providing the core knowledge and skills required to be an effective leader.
- Allow as much room as possible for employee discretion about how they do their work. Allow leaders to learn and apply psychologically-safe leadership principles.
- Regularly evaluate leaders' performance and behaviours (e.g., extent to which leaders are psychologically safe).
- Validate your acts and intentions by seeking feedback (360-degree tools) and modifying your practices accordingly.

- Ensure leadership well-being and support plans are in place, including self-care, peer support, and coaching resources.

Building Block 5: Culture

Defines specific actions to shape the culture and influence the social norms around respect, civility, teamwork, and basic human needs.

Key Performance Behaviours (KPBs)

- Core values have been defined and communicated to all employees.
- Leaders and employees are implementing and maintaining a no-tolerance policy for bullying, harassment and violence.
- Workplace factors and basic human needs are assessed and prioritized.
- Basic human needs are considered and addressed by leaders.
- Action plans are developed for prioritized workplace factors and monitored.
- Inclusion and diversity (e.g., risk of institutional racism) are recognized and celebrated.
- The organization strives to facilitate a psychologically-safe culture to ensure all employees feel safe and welcome.

Building Block 6: Connections

Defines how to assist employees to connect with one another and reduces the risks of perceived isolation and loneliness. The goal here is to build safe communities where all feel included.

Key Performance Behaviours (KPBs)

- The organization has a strategy for supporting employees to build healthy social connections in the workplace.
- Leaders are encouraged to do regular check-ins with all employees to ensure they have at least one person they feel psychologically safe to share concerns with.
- Action plans are in place to reduce employees' risk of experiencing workplace isolation and loneliness.
- Building and maintaining healthy workplace social connections is a priority for leadership.
- A formal peer support program is in place to provide support and encourage help-seeking behaviour when appropriate.
- The organization promotes activities designed to encourage employees to get out and meet each other in creative ways to build a safe community.

Building Block 7: Prevention

Defines how the employer will help employees gain knowledge and skills to reduce mental harm and promote mental health.

Key Performance Behaviours (KPBs)

- Active program in place that facilitates mental health and substance use disorder awareness training.
- Campaigns in place to eliminate the stigma associated with mental illness and substance use disorders.
- Regular evaluation and monitoring of communication effectiveness of psychological health and safety initiatives.
- Education on suicide ideation for persons at risk and access to support in the workplace.
- Proactive prevention programs such as promoting mental fitness and resiliency are in place.
- Constant evaluation and monitoring of the employee experience to uncover potential mental harm and mental health distress.

Building Block 8: Excellence

Defines the components needed to implement, sustain, and continually improve a management system aligned to the National Standard.

Key Performance Behaviours (KPBs)

- Has completed a gap analysis aligned to the National Standard.
- Has implemented an audit process that validates programs and policies are doing what they are supposed to be doing.
- Has a process in place to facilitate corrective action.
- Processes in place to report and investigate psychological health and safety incidents.
- Processes in place that facilitate continual improvement of all programs and policies.
- Regular engagement of all key stakeholders to ensure consistent messaging of PHSMS goals and objectives.
- Defined escalation process in place for how PHSMS violations will be reported and managed.

Note: To access the above Jump Start Guide assessment tool, go to: https://www.wsps.ca/resource-hub/employee-wellbeing/wsps-mental-harm-prevention-roadmap-jump-start-guide

Appendix B: MFI Four pillars and Five Factors

Howatt HR's MFI four pillars	What is included	The success of this factor…
Physical	• Exercise • Nutrition and hydration • Sleep	Is dependent and will be influenced by an individual's lifestyle habits that support optimal physical health.
Mental	• Coping skills • Emotional intelligence • Emotional literacy	Is dependent and will be influenced by an individual's ability to handle stress and maintain optimal mental health.
Work	• Self-advocacy • Collaboration • Leader and peer relationships	Is dependent and will be influenced by an individual's behaviours in the workplace, and how they create trusting relationships with coworkers/ leaders as well as advocate for their personal needs.
Life	• Social connections • Financial literacy • Community involvement	Is dependent and will be influenced by an individual's quality of authentic connections, ability to manage their personal finances and engage in their community.

Howatt HR Factor 5

Howatt HR's Factor 5	13 PHS factors included	The success of this factor…
Factor 1 – Management and leadership	• PF 3 – Clear leadership and expectations • PF 7 – Recognition and reward • PF 11 – Balance of work and life	Is dependent and will be influenced by the organization's management approach as well as the skills of each individual leader at all levels.
Factor 2 – Employee Alignment	• PF 8 – Involvement and influence • PF 9 – Workload management • PF 10 – Engagement	Can be positively influenced by employees' coping skills, personal decision making, persistence, self-advocacy, job satisfaction and confidence in their ability to communicate with their managers.
Factor 3 – Culture	• PF 1 – Psychological and social support • PF 2 – Organizational culture • PF 4 – Civility and respect	Will be impacted by senior leadership follow-through and commitment to promoting and monitoring core values, employee value proposition (EVP), policies, and principles that define the expectations as to how the organization's community will behave.
Factor 4 – Strategic HR	• PF 5 – Psychological competencies and requirements • PF 6 – Growth and development	Will be influenced by talent management initiatives that are influenced by core competencies, job selection process, evaluation of job fit, learning and development, support to fulfill job requirements, and performance management.
Factor 5 – Safety	• PF 12 – Psychological protection • PF 13 – Protection of physical safety	Is dependent on employers facilitating policies, training, and employee participation in risk management, return to work protocols, accommodation, and functional assessment and close monitoring.

Appendix C: Participating Organizations

Note: This list contains the names of organizations that provided consent to be named in this report. Three organizations did not provide consent.

- Give and Go Prepared Foods
- BASF Canada Inc.
- Workplace Safety & Prevention Services
- Perley Health
- Modern Niagara
- Waterloo North Hydro Inc.

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Workplace Safety & Prevention Services™ (WSPS) is a not-for-profit health and safety organization in Ontario, serving more than 171,000 member firms and 4.2 million workers across the agricultural, manufacturing and service sectors.

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