

The Sociopolitical Context of Canada's National Standard for Psychological Health and Safety in the Workplace: Navigating Policy Implementation

Contexte sociopolitique de la Norme nationale du Canada sur la santé et la sécurité psychologiques en milieu de travail : aperçu de la mise en œuvre de la politique



CINDY MALACHOWSKI, MSCREHAB, PHD
Postdoctoral Research Fellow, School of Public Health and Health Systems
University of Waterloo
Waterloo, ON

BONNIE KIRSH, PHD, MED, BSC(OT)
Associate Professor, Department of Occupational Science and Occupational Therapy
University of Toronto
Toronto, ON

ELLEN MCEACHEN, PHD
Associate Professor, School of Public Health and Health Systems
University of Waterloo
Waterloo, ON

Abstract

In January 2013, Canada introduced the National Standard for Psychological Health and Safety in the Workplace. This paper describes how the standard, which is the first of its kind internationally, came to be the instrument of choice within the current Canadian sociopolitical climate. A key consideration was that the policy tool had to be packaged in a manner that would be accessible and relevant across all workplaces and across all provinces and territories. This paper explores possibilities for future regulation of the standard.

Résumé

En janvier 2013, le Canada présentait la Norme nationale du Canada sur la santé et la sécurité psychologiques en milieu de travail. Cet article décrit comment la norme, première du genre au monde, est devenue l'instrument de prédilection dans le contexte sociopolitique canadien actuel. Un des principaux critères pour la conception de l'outil était qu'il devait être accessible et pertinent pour tous les milieux de travail ainsi que dans toutes les provinces et territoires. Cet article explore d'éventuelles réglementations liées à la norme.

Introduction

In January 2013, Canada introduced the National Standard for Psychological Health and Safety in the Workplace. This National Standard was created to address the rising legal, social and economic costs of mental health issues in Canadian workplaces. Until the announcement of the Standard, there was no national Act, regulation or standard that explicitly dealt with workplace conditions that could be the cause of mental injury (Lippel 2011).

The objective of the Standard is to promote employees' psychological health and prevent psychological harm due to workplace factors. It identifies 13 organizational factors that impact organizational health, such as organizational culture, psychological job fit, workload management, engagement, balance and psychological protection, and it provides a set of guidelines, tools and resources to address these (Shain and Nassar 2009). Key topics covered in the standard include the following: understanding the diverse needs of the organization's population so they can be appropriately addressed; establishing a policy and planning process to implement the system; identifying the organization's particularly hazardous substances (PHSs), assessing risks and implementing preventive and protective measures; ensuring infrastructure and resources are in place to support the system; providing education and awareness; and ensuring key people are trained and competent. The policy has been championed by the Mental Health Commission of Canada (MHCC) and developed by the Canadian Standards Association (CSA Group) and the *Bureau de normalisation du Québec*.

It is important to consider the sociopolitical context of the Canadian workplace to gain insight into the factors underlying the creation of the Standard. This article provides an overview of the development of the current conceptualization of policy on workplace mental health in Canada. We review policy alternatives, and discuss how the Standard came to be the instrument of choice within the current sociopolitical climate.

Problem Recognition

In a report titled "Making the Case for Investing in Mental Health in Canada", the MHCC (2013) reported that approximately 21.4% of the working population in Canada experienced mental health problems and illnesses, representing a cost of more than \$6 billion in lost productivity from absenteeism, presenteeism and employee turnover. This also represents a significant

social problem as mental ill-health has been shown to be a predictor of unemployment, reduced career goals, decreased quality of life and diminished community participation (Stuart 2004).

Over the past two decades, an increasing number of mental health-related legal claims have been filed under occupational health and safety, human rights laws and across other areas, including labour relations, employment standards, tort law (negligence) and workers' compensation (Shain 2010a). Mental health problems in the Canadian workplace account for approximately 30% of short- and long-term disability claims, and are identified by >80% of employers as one of the top three drivers of disability claims (MHCC 2013). These factors have led to a focus on employers' duty to provide a psychologically safe workplace and have led to what Shain (2010b) has depicted as a perfect legal storm for prompting improvements to Canadian workplace mental health.

Federal standards are not needed for policy areas that fall under provincial jurisdiction. *The Constitution Act, 1867*, allows provincial and territorial legislatures in Canada to create employment laws governing health and safety; therefore, Canada has 14 sets of Occupational Health and Safety (OHS) laws from its various jurisdictions (Pang 2013). Many jurisdictions began to address psychological health and safety by adding the concepts of workplace violence or psychological harassment (including bullying) to their existing OHS laws and regulations. For example, as early as 2004, Quebec became the first jurisdiction in North America to acknowledge workers' right to a workplace free of psychological harassment, placing responsibility on employers for preventing workplace harassment (Lippel 2011). A uniform policy at a national level would provide a benchmark for all Canadian provinces and territories, and would deliver a standardized framework to help employers improve psychological health and safety in workplaces with a consistent approach across Canada.

Policy Arena for Workplace Mental Health Reform

The Canadian workplace mental health policy community consists of various levels of government, academia, special interest groups, and public and private organizations that appear to share a common goal: to improve the lives of individuals living with mental health issues. Once largely considered to fall within the realm of the biomedical model, a paradigm shift over the past two decades in psychiatry now positions mental illness as a bio-psychosocial issue (Ramon and Williams 2005).

The global emphasis on workplace mental health can be traced to the World Health Organization (WHO), which led to the development of a series of information modules to guide governments to strengthen mental health policies and legislation plans. One of the modules specifically addresses the government's role in "establish[ing] policy and legislation in key areas, including safety and health at work, mental health policy and services, and reduction of unemployment" (WHO 2005: 2), which had been reflected in Canadian discourse and practice.

An example of a national targeted workplace strategy to create a mentally healthy workplace is the government-funded "Heads Up" initiative in Australia (2017). Although

this initiative has not been introduced as a policy or a standard, it is funded through the Commonwealth Department of Health. "Heads Up" provides individuals and businesses across Australia with free tools and resources to address mental health in the workplace. The estimated return on investment of this program is significant: for every dollar (AU\$) spent on creating a mentally healthy workplace in Australia, there is on average AU\$2.30 in benefits to be gained by the organization (PricewaterhouseCoopers 2014).

In Canada, workplace mental health is complicated by the provincial healthcare system structure, in which planning and decision-making in healthcare are delegated to provincial governments, resulting in provincial variations within the healthcare system (Deber 2003) and provincial mental healthcare delivery. This arrangement has resulted in provincial disparities in mental health service delivery, which were highlighted in a federal report that reviewed the current and future states of healthcare in Canada: *The Health of Canadians – The Federal Role*, released in 2002 (Canada Parliament 2002). Canada's overall mental health service provision was identified as problematic. The Standing Senate Committee on Social Affairs, Science and Technology was then authorized to further examine and report on the mental health system in Canada (Kirby and Keon 2006). This committee assessed the status quo as unacceptable, and made 118 recommendations to improve the system (Kirby and Keon 2006). A key recommendation was to establish the MHCC. The MHCC was established with a mandate to improve mental health services across the country, and to change the attitudes and behaviours of Canadians around mental health issues (MHCC 2012).

The MHCC's delivery of the first National Mental Health Strategy, *Changing Directions, Changing Lives*, provides a common vision for Canada's mental health system (MHCC 2012), and acknowledges that mental health is "not the concern of the health sector alone" (MHCC 2012: 9). Workplace mental health is captured within the first strategic direction "promotion and prevention" (MHCC 2012). The MHCC Workforce Advisory Committee was created to undertake three primary projects, one of which was to establish the Standard for Psychological Health and Safety in the Workplace. For the first time in Canadian history, the workplace was identified as a venue for mental health recovery and for the prevention of mental health issues.

Is a Formal Legislative Framework Possible?

The Standard for Psychological Health and Safety in the Workplace is voluntary. Criticisms of voluntary standards include the generous latitude that comes with self-regulation and also that voluntary standards may lead to imperfect outcomes (Castro 2011). Formal legislation could circumvent these limitations. However, legislation comes with its own complexities, as a legislated Standard would also have to intersect with different existing federal and provincial Acts and Regulations, and could lead to imperfect outcomes. Therefore, the remainder of this article discusses pros and cons of formal policy alternatives, drawing on Vedung's (1998) typology of policy instruments.

This national initiative – as indicated earlier, it also includes Quebec – faced limited workplace mental health policy options. The policy tool had to be packaged in a standardized manner that would be accessible and relevant across all workplaces and across all provinces and territories. Targeting only high-incident industries and/or penalizing some organizations and not others were not options. The policy tool also had to be relatively non-threatening to those adopting it. As such, swift regulations or potentially paternalistic interventions (as described by Vedung and van der Doelen 1998) were less feasible than introducing a standard as a first, voluntary measure. This would help the public to “soften up” to the idea, and possibly create a climate receptive to more significant changes in the future if needed (Kingdon 2003).

Vedung (1998) identifies three key policy instruments: economic means (“carrots”), regulations (“sticks”) and information (“sermons”). As the new standard is essentially a set of systematic guidelines, it is a “sermon”: the least intrusive policy initiative to address a public problem (Vedung and van der Doelen 1998). This type of information program within the public policy process uses the least amount of coercion exercised by government. It aligns private and public interests (Vedung 1998) by promoting an enhanced, healthy and productive workforce.

Introducing the Standard as a voluntary initiative also provides opportunity to develop infrastructure to support more formal regulation and to evaluate the effectiveness of the policy. The Standard could be monitored for perverse effects, such as boomerang effects, or a shift in the attitude in the direction opposite to that intended (Vedung and van der Doelen 1998).

Looking forward, National Standard evaluations are a logical starting place for the design of optimal policy instruments. For instance, the federal or provincial governments could eventually introduce economic policy instruments (e.g., economic subsidies, tax credits or an accreditation system) to incentivize compliance with the National Standard (Vedung 1998). Stronger government control could also take the form of mandatory compliance. Organizations failing to comply with the National Standard could face economic sanctions. Such a regulation might be justified on the grounds that it can help correct the significant economic costs associated with mental health in the workplace.

It is possible that had the voluntary Standard been first introduced as national or federal regulation, the reaction by affected social groups would have been positive. However, the implementation of the regulation may have faced resistance from employers; the cost of implementation, lack of infrastructure and uncertainty of the impact would present significant concerns. More significantly, an infrastructure to monitor and regulate such a policy would have been needed. Formal enactment of the policy as a regulation would require the right political climate and national mood (public opinion) to provide a political window of opportunity for enduring change (Kingdon 2003).

Uptake of the Standard

To facilitate uptake of the National Standard, the MHCC introduced an implementation guide for employers in 2014 (CSA Group and MHCC 2014). This guide was introduced to help employers understand the Standard, and to provide a framework that addresses the

stages of implementation to develop a psychologically healthy and safe workplace. In addition to the implementation guide, the CSA Group, *Bureau de normalisation du Québec* and the MHCC have provided a free, voluntary Standard Audit Tool that organizations can access to conduct an internal audit (CSA Group et al. 2013). Information gleaned by means of this tool can be used to highlight areas within the organization that require further attention to meet the requirements of the Standard.

Despite the introduction of the guidebook, and the strong legal and scientific arguments underpinning the development of the Standard, there are many challenges to overall adoption in the workplace. Preliminary investigations indicate that the scope and complexity of the Standard can pose challenges for its uptake and application in the workplace, and that some employers had limited awareness of the Standard altogether (Kalef et al. 2015; Kunyk et al. 2016). Simplified engagement and implementation strategies may be needed along with a tailoring of the Standard to nuanced differences between types and sizes of industries.

Discussion

The 2013 Standard is the first national attempt towards remediation of psychologically unhealthy workplaces. Despite activities to facilitate the uptake of the new voluntary Standard, significant barriers remain. These barriers include the comprehensive nature of the Standard and a lack of visible outcomes for employers adopting the Standard, which may impact the speed at which employers take it up. Another potential barrier is the significant investment required by employers, as resources and human capital may need to be allocated to ensure that the policy is being implemented and supported within their organization. Finally, another challenge to the uptake of the Standard is stigma towards mental health issues, which remains pervasive in the Canadian workplace.

If the Standard remains voluntary, there is potential for selective uptake, which could contribute to workforce inequalities across provinces and territories and/or across industries and work sectors. The impact of the Standard as a voluntary initiative will have to be carefully monitored, and it will require continued research and discussion. Depending on the outcome of the implementation of the voluntary Standard, the government might consider a more controlling policy such as (dis)incentives or regulation. For this to happen, the Standard would have to be integrated into existing provincial policy and legislation. The political climate and public perception, including among employers, would also have to be ripe to accept more stringent regulation. Nonetheless, by introducing the voluntary Standard, national public policy makers have made a first step towards improving workplace conditions for psychological health and safety. The political climate and the policy agenda will ultimately determine if the Standard will remain voluntary or if it will become regulation in Canada.

Correspondence may be directed to: Cindy Malachowski, Postdoctoral Research Fellow, School of Public Health and Health Systems, University of Waterloo, Waterloo, ON; e-mail: cindy.malachowski@uwaterloo.ca.

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