OWHC | Ontario Workplace Health Coalition

Psychological Health and Safety in the Workplace: Discussion Paper Response

Government of Canada | Gouvernement du Canada

About the OWHC

The OWHC is a volunteer, not-for-profit, non-partisan organization, serving as a unifying structure among workplace health stakeholders, advocating for a comprehensive approach to creating healthy workplaces in Ontario. The activities of the OWHC can be categorized to include a membership option (consists of organizational members, individual members, and student members), digital media, semi-annual community of practice events, and advocacy.

Vision:

- Value employee mental, physical, and psychosocial health as fundamental to organizational success; and
- Adopt and implement a comprehensive approach to healthy workplace as an integral part of their business strategy and operations

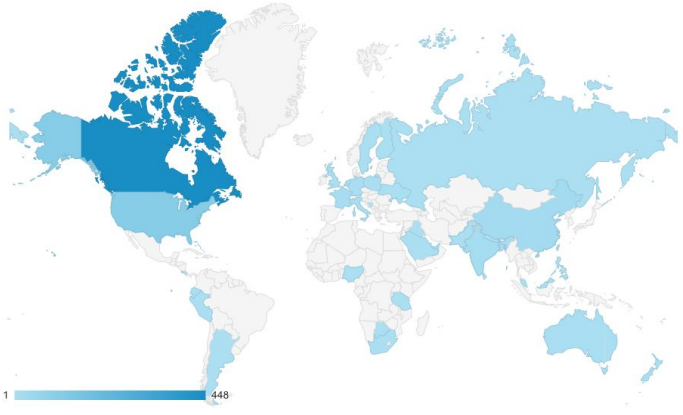
Mission:

- Bring together, educate and support all workplace stakeholders who are working towards creating mental, physical and psychosocial healthy workplaces

Goals:

1. A comprehensive workplace health approach is an integral part of organizational planning and management with ownership and accountabilities created
2. Healthy workplaces is a priority item on the agenda of Ontario governments
3. The full economic and social impact of comprehensive workplace health is measured

The geographic and demographic reach, an emphasis on digital reach, of the OWHC is illustrated below through Google Analytics and LinkedIn data collection.



Website visits by Country as shown in Google Analytics.

Most Views on LinkedIn by Company Size (Top 7): 1) 10001+ 2) 1001-5000 3) 2-10 4) 201-500 5) 1 6) 11-50 7) 5001-10000	Most Followers on LinkedIn by Seniority: (Top 7) 1) Senior 2) Entry 3) Director 4) Manager 5) Owner 6) VP 7) CXO	Most Followers on LinkedIn by Job Function (Top 7): 1) Healthcare Services 2) Business Development 3) Operations 4) Human Resources 5) Community and Social Services 6) Education 7) Sales

The following text is the responses by the Ontario Workplace Health Coalition (OWHC) to questions within the Psychological Health and Safety in the Workplace: Discussion Paper.

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Questions:

Section 2: Background and Prevalence

2. Do you agree with the benefits identified above? Are there any other benefits of having a psychologically healthy and safe workplace?

Our input for this question can share two other areas of benefit of having a psychologically healthy and safe workplace. Two other areas of benefit can include sustainability and the interplay with a term known as “ESG”, as well as consumer health. ESG presents a means to sustain long term value-creation through operational excellence. The three factors of ESG (environmental, social, and governance) are associated with responsible investing whereby “to measure the sustainability and societal impact of an investment in a company or business, to better determine the future financial performance of companies”. The linkage of ESG to psychological health and safety can be through specifically the social factor, which includes employee health and safety, Corporate Social Responsibility (community impact), and working conditions, human rights, development, and management. The 2019 report by Deloitte Insights also mentions ESG factors and how “workplace mental health is gaining recognition as an important component of good business” - a reference to sustainability and societal impact.

Further, the other area of benefit of having a psychologically healthy and safe workplace from our input is consumer health. In the Harvard Culture of Health model, consumer health is a pillar, among the other three pillars of employee health, community health, and environmental health. The Harvard Culture of Health model defines consumer health as “the healthfulness and safety of the products and services that a company sells.” We present this consumer health benefit in our input because of the presence of a value chain in business - “the set of activities that an organization operating in a specific industry performs in order to deliver a valuable service or product for the market.” For each time an organization interacts with a consumer, or another organization in their value chain, or supply-chain, this represents moments of human interaction. If an organization can invest in the psychological health and safety of their workplace to result in prevention of injury and promotion of health, the result can be interactions characterised by constructs such as respect, empathy, and kindness. What these types of interactions can translate to for an organization, and to which can certainly be organizational priorities, may include flourishing customer service, positive company/brand image (implicated with trust and reputation), and low customer churn (leading to high lifetime value of customers).

3. Are certain types of workers more prone to experiencing psychological injuries and illnesses? If so, who are they and are there any specific considerations that your organization has taken into account to better protect them or considerations that you think should be taken into account?

Most Vulnerable Groups

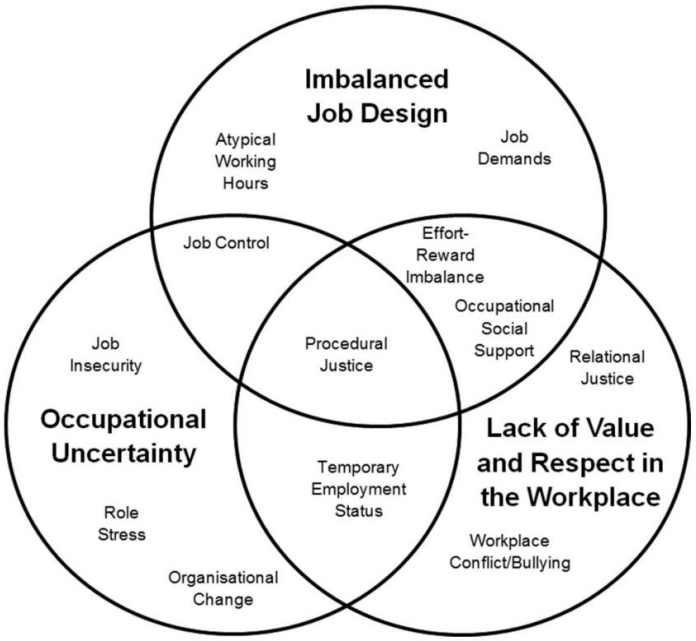
Health Equity issues can have a negative impact on mental health on individuals, groups and communities. Marginalized groups have reduced access to social determinants of health, which are essential to creating conditions which cultivate positive mental health. Intersectionality creates various unique situations that can affect individuals and communities. Intersecting identities lead into further exposure to additional levels of marginalization, which do not exist in isolation from each other. The prevalence of Mental disorders is significantly lower for individuals in rural areas (Souterland, 2016). Young people aged 15 to 24 are more likely to experience mental illness and/or substance use disorders compared to any different age groups.

Industry and Job Role

Risk for psychological injury and mental illness is increased based on many factors which include Industry, role type, and job control. The prevalence of mental illness is highest in the public administration, the information, culture, and recreation, and the accommodation and food services sectors (Souterland, 2016). Although Mental Illness can affect anybody, based on size the highest benefit to increased mental health treatment are the wholesale and retail trade sector, and the health care and social assistance sector, which make up 15 per cent and 12.5 per cent of the total workforce respectively (Souterland, 2016).

When looking at job roles, occupational uncertainty, lack of value and respect are associated with an increased risk for Mental Health disorders (Harvey, 2017). The Job Demand-Control model proposes jobs which create high strain situations involving high demands - higher workloads, inadequate timing, inadequate resource allocation - and low control or minimal decision making (Harvey, 2017). It is these higher strain roles which have the highest risk to mental illness and psychological injury. A meta-analysis completed by Stansfield and Candy found that common mental disorders could be predicted by low job control, high psychological demand and low occupational social support (Stansfield, 2006). These requirements aren't specific to a specific industry, but are very common in many of the industries listed above (accommodation, food, health care, public admin etc.).

After conducting a meta review which looked at 37 review studies, Harvey proposed a unifying model that looked at three broad categories of common workplace risk factors that are linked to common mental health issues in a psychosocial workplace. A representation of that proposed model is below.



Unifying model of workplace risk factors (Harvey, 2017)

Key Considerations

There is a need to understand vulnerable populations, and by doing so design and implement communication strategies in health promotion, which can help increase the overall effectiveness and receptiveness of the target message. Both targeting - general cultural adaptation - and tailoring - modifications to meet individual cultural adaptations - are useful in creating more relevant and understandable material. (Betsch, 2016). This can be done by “targeting cultural subgroups in a campaign with peripheral or linguistic adaptations or by tailoring contents displayed in a decision aid to cultural aspects that are assessed at the beginning of a decision aid” (Betsch, 2016). When cultural norms and values are echoed and are congruent with programming and promotion there will be increased. It is also important to consider the framing of these key messages with the understanding that different types of framing are more effective for different groups. Groups which belong to individualistic cultures tend to be more promotion-oriented so gain framed messages would be effective, whereas groups which belong to more collectivistic cultures tend to be more prevention-oriented so they would be more receptive to loss framed messaging. For example, in a study of East Asians in the UK, loss framed messages were the most effective, while gain framed messages were effective for whites in the UK (Betsch, 2016).

In addition, communication and pulse checks would be beneficial, where these vulnerable groups have an increased voice and self of control on outcomes in the workplace. Direct feedback from the groups which are affected is important to consider to understand the individual differences within workplaces. Communication

should be relatively frequent and should effectively capture the voice of all groups in the workforce. Increases in degree of control has a direct relation in the work satisfaction and overall mental health, so it is effective to not only take stock in what they are saying, but translate that into actionable items. Employees in these vulnerable populations should also be key stakeholders and collaborate with leadership in creating effective wellness programs and strategies. In situations where information is not clear, leaders who address the situation with humility and a competence to learn more is appreciated, and goes a long way for employee groups. The importance of trust is highlighted when looking at 2017's Great Place to Work Institute of Canada Survey, which showed that 4/5 employees in the top 20 companies with the highest trust scores, consider a high trust workplace psychologically and emotionally healthy as opposed to less than half of all of the other employees which belong to lower scored companies (Lowe, 2019).

Section 3: Existing approach and tools

4. Is the Hazard Prevention Program the proper vehicle to address psychological injuries and illnesses in the workplace?

The Hazard Prevention Program is a vehicle to address psychological injuries and illnesses, but the definitions used for what is a workplace hazard matter greatly. Without fully understanding the definitions, employees may falsely assume their psychological injury or illness is not aligned with the support and purpose of a Hazard Prevention Program. Therefore, it must be known what the definitions are of hazards so that a common understanding is achieved. To also mention, ensuring there is the notion of shared responsibility for a Hazard Prevention Program is important so that all employees, especially managers, are accountable towards the Hazard Prevention Program - regardless of their job description so to say (the Hazard Prevention Program is the responsibility of all employees/workers).

From Assembling The Pieces, other elements to put in place for a psychological health and safety management system can include (to complement a Hazard Prevention Program):

- Corrective and Preventive Action Process and Procedures
- Incident Investigation and Reporting Process and Procedures
- Performance Monitoring Process
- Internal Auditing Process and Procedures
- Management Review Process

5. How much interplay should there be between the new Workplace Harassment and Violence Prevention Regulations and any new specific requirement to protect the psychological health and safety of employees?

In responding to this question, it should first be noted there is already a necessary interplay between harassment, violence, and psychological health. The Labour Code new section 122.1 recognizes this inherent psychological aspect to occupational health and safety[1] and the National *Standard* of *Canada* for *Psychological* Health and Safety in the Workplace (the *Standard*) includes *respect and civility* and *psychological and physical protection* as two of its factors, which are linked to harassment prevention.

In our current series of global pandemics, including physical health, mental health, anti-black racism, and domestic violence, which is on the rise during COVID, employers are being asked to pay more attention to this interplay the impacts of inequality, harassment, and exclusion on mental health in their workplaces.[2]

Below are talking points to argue for a more intersectional, integrated and coordinated approach to psychological health and safety and anti-harassment and violence.

Certain groups are at greater risk of work-related harassment and its effects on mental health and well-being. For example, women experience gender-based violence in the workplace more commonly than men and specific groups of women are at higher risk than others, including senior leaders, LGBTQ2+ women, Indigenous women, women with disabilities, and women in male-dominated fields (Bank Jorgensen, Foster, Heyninck, Greenblatt, & Koury, 2020) As noted, research also indicates that women are up to 2 times more likely to experience anxiety and depression than men due in part to gender expectations, including work, family responsibilities. COVID-19 presents an increased risk of these stressors for women. We also know that those who face work-related racial/ethnic discrimination experience negative mental health impacts (Employment and Social Development Canada [EDSC], 2020). Workers of colour may be subject to an additional "emotional tax", which describes the mental health and well-being costs to employees of colour who are often compelled to protect themselves from racial and gender bias and discrimination. In its report on this issue, Catalyst notes that 60 percent of Asian, Black, Latinx, and multiracial women report that they feel compelled to stay alert to protect themselves from racial and gender bias in the workplace (Catalyst, 2018; Global Compact Network Canada, 2020). The racially charged climate these past months, with many organizations scrambling to integrate anti-racism policies, will make the issue of emotional tax a serious concern for all

[1] 122.1 The purpose of this Part is to prevent accidents, occurrences of harassment and violence and physical or psychological injuries and illnesses arising out of, linked with or occurring in the course of employment to which this Part applies.

[2] Social Entrepreneurial Pathways to a Culture of Wellbeing, Ashoka Changemakers Learning Lab, 2016 defines wellbeing as "…a dynamic balance of physical, mental, emotional, and spiritual development in relation to self, community and society. It includes, beyond fulfillment of basic needs, a sense of value and purpose, and being part of a society that validates and respects one's identity…"

employers who want to maintain inclusive and psychologically safe workplaces for everyone.

Therefore it is no longer an option for employers to ignore intersecting factors, including gender, race, and ability in all their health, safety, wellbeing, and risk management. This argument is bolstered by the federal governments' gender-based analysis + (GBA+) evidence-based analytical tool which is recommended for all new federal programs, policies and legislation[3] (Monsef, 2016). GBA+ supports analyzing all federal programs and legislation through an intersectional gender lens, considering other identity factors such as race, ethnicity, religion, age, and mental or physical disability and how the interaction between these factors influences the experience of government policies and legislation.

COVID and the new working from home normal has led to an increase in domestic violence. The UN Women Press Release Focus on Violence against Women at the General Assembly notes that prior to the pandemic, violence against women was already alarmingly high, with nearly one in five women (18 per cent) experiencing violence in the past 12 months at the hands of an intimate male partner. With COVID-19, an increased reporting of domestic violence has surfaced, with a staggering 40 per cent rise in some countries.

In Canada, rates of domestic violence have increased by 20 to 30 percent across the country during the COVID-19 pandemic, coinciding with the shift of the workplace from office to home. Reports increased by 20 to 30 percent and crisis calls by 400 percent in some Canadian regions and a Statistics Canada Survey released in early April 2020 reported one in 10 women saying they are "very or extremely" concerned about the possibility of violence in their homes due to the stress of confinement alone. The pressures of economic insecurity, social isolation, and an inability to leave abusive situations due to lockdowns are all potential contributing factors (Sadovnick, Fibiger, Deschamps, & Erickson, 2020).

Given that employers already have a duty of care to protect the health and safety of workers in the workplace, an argument can be made that employers have a duty of care to employees now working remotely, some of whom may be affected by domestic violence (International Labour Office [ILO], 2018).

[3] In summer 2016, the Federal Government made GBA+ mandatory for all Memoranda to Cabinet and Treasury Board (TB) submissions.

This is also supported by an expansive view of what constitutes "the workplace" in international human rights law[4] and indeed, Canadian legislation[5].

In performing risk and hazard assessments moving forward, and as working conditions evolve with COVID-19, employers will therefore need to be asking if the home is a "safe" place, from a workplace violence and psychological safety perspective.

On this point, it should be noted that harassment and violence, and in particular, domestic violence in the workplace will require a distinct process due to the sensitivity of the issue. That said, any violence and harassment response and prevention initiative should consider psychological impacts. In terms of prevention, a psychologically safe workplace will contribute to developing a violence and harassment-free environment.

In conclusion, given our new normal, issues of gender, diversity, and inclusion (including anti-harassment policies) necessarily overlap with mental health in the workplace. Unfortunately, for some larger organizations, these issues remain siloed (Greenblatt, 2020). Implementation of the Standard is sometimes treated and developed separately from gender equality and diversity and inclusion policies and initiatives. The time is now to move beyond these siloes and ask ourselves how we can reflect a more integrated, intersectional approach in our legislation and workplace policies[6].

6. Should the application of the Standard be mandatory and incorporated by reference in the Code or its regulations?

The standard serves an especially useful purpose in establishing direction for Canadian organizations to enhance the psychological health and well-being of

[4] ILO C190 - Violence and Harassment Convention, 2019 (No. 190) applies to violence and harassment in the world of work occurring in the course of, linked with or arising out of work which includes: (a) in the workplace, including public and private spaces where they are a place of work;(b) in places where the worker is paid, takes a rest break or a meal, or uses sanitary, washing and changing facilities;(c) during work-related trips, travel, training, events or social activities;(d) through work-related communications, including those enabled by information and communication technologies;(e) in employer-provided accommodation; and(f) when commuting to and from work.

[5] While the "workplace" is broadly defined by the Canada Labour Code as any "place where an employee is engaged in work for the employee's employer," the Supreme Court of Canada ruled in a 2019 decision that an employer's health and safety obligations are not limitless and cannot extend to unreasonable circumstances. In Canada Post Corp. v. Canadian Union of Postal Workers, the employer's specific obligation to inspect a workplace was limited by this case to parts of the workplace over which the employer has control. For its part, though not required by law, the Canadian Centre for Occupational Health and Safety recommends that employers create telework policies that consider health and safety protections for teleworking employees and offer the same level of safety and security as the regular workspace. See: Sadovnick, Fibiger, Deschamps, & Erickson, 2020.

[6] Contribution by Adriana Leigh Greenblatt, ALG Consulting.

employees. In terms of constructive feedback, the OWHC would like to provide the following comments:

A. Employers are currently bound by both general and more specific duties to protect the health and safety of every person employed by the employer (see sections 124 and 125). However, there is no specific or prescriptive obligation for employers to protect the psychological health and safety of their employees.
B. Depending on the size and complexity of organizations, the implementation of the standard may be viewed by some as a daunting task. In fact, we believe that the standard was not designed to be "implemented" in its entirety, bur rather as a guide for organizations seeking to improve worker psychological health & safety. If the entire standard is made mandatory, this may place an undue burden or many workplaces that lack the necessary resources For some organizations, e.g. smaller organizations, those with few or no policies relating to psychological health and safety, and/or those organizations with highly structured work environments, there are concerns about the amount of control and variation that can be incorporated into an employee's daily work. Obtaining buy- in and cooperation in such workplaces can quickly and easily become a barrier to success. Examples of such barriers include limited resources, lack of in-house expertise, and timing of production pressures.
C. To ensure that this standard becomes an integral part of organizational thinking and planning, it will be important to consider ways to help small, medium and large organizations with achieving **reasonable and measurable** targets with respect to the standard. Some key areas of support include (but are not limited to) the following:
    i. Development and proactive dissemination of a comprehensive education/ communication plan
    ii. Follow up the communication plan with training programs for those having primary responsibility for areas relating to psychological health & safety; train the trainer programs to allow these individuals to train others in their organization
    iii. Providing peer mentoring opportunities, both within organizations as well across business sectors
    iv. Providing a central repository of effective information on the standard, implementation guide, best/emerging practices, etc.
    v. Inquiry service for organizations to obtain further information or clarity
D. While not all organizations will adhere to a voluntary standard, the early adopters that are recognized as leaders in this area have a competitive advantage, for example with respect to recruiting top talent individuals who seek to work in a positive, healthy environment where they can thrive.

Whether making the standard mandatory will truly enhance work environments is a matter for discussion.

E. The OWHC believes that some elements of the standard may/should become mandatory, for example as cases of psychological health & safety make their way into the courts. In the main, though, we believe the standard should remain voluntary. with strong supports put in place to encourage employers to apply the principles of the standard in organizational policies and everyday practices. An aspirational goal here would be that such practices become ingrained into everyday organizational life.

In view of the above, the OWHC feels the overall standard should remain voluntary. As we have discussed, across the country many organizations of all sizes are already actively engaged in attempting to enhance the psychological health and safety of their workplaces, and we believe it is important to recognize this fact. Having a national standard in this area has helped provide a current and future framework as organizations seek to improve upon their efforts in this area.

F. The OWHC feels as well that, as the standard evolves over time and becomes more ingrained in organizational thinking and planning, it may be advisable to consider ways to incent organizations to ”live up to” this standard. Some examples of how this might be achieved are:

- Establishing a voluntary certification (e.g. ISO-type through the Canadian Standards Association). This implies a need for independent assessment of aspiring organizations.
- Encouraging organizational health vendors to champion the standard and implement elements of the standard into their service offering as applicable. This will help to raise the bar on the importance of psychological health & safety in the workplace and promote a greater spirit of collaboration between vendors and employers in this regard.
- Providing financial incentives through both government (e.g. tax credits, WCB assessments) and the private sector (e.g. pricing of health/disability plans, Employee Assistance Programs, etc.). This should be tied to organizations having put key elements of the standard in place based on predetermined criteria.

In conclusion, the OWHC very much supports the standard. Our comments/suggestions above reflect our desire to see psychological health & safety as a more integral part of how organizations manage their affairs on a daily basis.

Section 4: Causes and barriers to addressing the issue

8. What are the barriers that should be addressed in order to tackle this issue?

The solutions to barriers our input has identified include misconceptions with data collection, the insertion of change management principles when action planning, and the presence of manager support - not only leadership support.

To begin, the identified barriers categorized as data collection, limited access to psychological health and safety data, and inconsistent data collection, may arise because of misconceptions regarding the purpose of data. If the purpose of gathering data is to help answer proposed questions to reduce uncertainty towards a decision, the data is only as insightful or valuable as the proposed questions. The proposed question of having a psychologically healthy and safe workplace, or not, is not a question which needs mass amounts of data - because of the universal truth of a psychologically healthy and safe workplace being the right thing to do (from all cases: business, legal, and moral). For example, it cannot be the case where an organization will only look to action towards a psychologically healthy and safe workplace if their paramedical or disability data reaches a certain threshold.

Second, the identified barrier of a lack of knowledge regarding implementation and tracking can be mitigated by bringing awareness to the effectiveness and realization of utilizing change management principles when action planning. There may be other stakeholders of the organization which use change management principles, and these stakeholders may join the psychological health and safety efforts. Specifically, ISO 9001:2015 identifies requirements for a quality management system, and applies to any organization, regardless of size or industry. Note, without a doubt, continuous improvement is crucial in change management. Central to change management and a quality improvement system is for organizations to go about change management by a means of continuous improvement so that iterations occur over time, and reflections built upon arising information.

Lastly, for this question and identified barriers of inconsistent leadership support, significant organizational change, and a lack of human resources, addressing can include the incorporation of manager support, not only leadership support. If leadership sets the tone, it is still that managers may set the permission. By including manager support that much more, the solution can be in alignment with shared responsibility, resulting in a focus not only at the company level, but also the department level, and even the team level.

9. Is there a stigma surrounding psychological injuries and illnesses in the workplace? If so, what is the best way to tackle it?

There is significant stigma surrounding psychological injuries and illnesses. This is particularly prevalent in the workplace for various reasons including fears of disapproval, rejection and losing out on potential career opportunities. Stigmatizing attitudes can add a secondary layer of suffering to the primary illness, impeding an individual's recovery and promoting more complex, long lasting conditions.

It is in the best interest of employers to foster an environment that is supportive of mental health in the workplace. This includes the willingness of workplace leaders to identify and speak about psychological issues. Anti-stigma programs such as The Road to Mental Readiness for First Responders, The Working Mind and The Opening minds initiatives by the Mental Health Commission of Canada have proven effective in decreasing stigma and increasing self- reported resilience (Dobson et al., 2018).

OWHC has several suggestions for reducing stigma in the workplace. In addition to the programs mentioned, educational initiatives, contact interventions and organizational policy are highly effective against stigmatization.

Education

Stigmatization is often a direct result of a lack of knowledge, which in turn builds fear towards mental health issues. Educational initiatives can argue against negative stereotypes and misinformation, replacing them with facts and data. Studies have shown anti-stigma education is highly effective in reducing self-stigma, improving stress management, and boosting self-esteem (Cook et al., 2018). Through increased knowledge, a workplace culture can foster empathy as team members become more aware of psychological illness.

Contact Interventions

Contact interventions is a way for persons without psychological illnesses to connect with persons who have lived experiences of mental illness. Stigmatization occurs as a result of interpersonal divide and distrust between the two groups that can be overcome with meaningful contact. Contact interventions involve interactions in-person or through technology, such as video or phone where stigmatized persons can share personal stories to reduce public stigma and create an environment of support. Contact interactions can establish peer support where team members can share workday challenges and suggest effective coping strategies.

Organizational Policy

A commitment to removing stigma can be established through organizational policy. Organizations can address negative attitudes towards psychological illnesses by actively seeking representation for individuals with mental illnesses, increasing

access to resources and removing inequalities in the workplace. Normalizing mental health in the workplace must be achieved at a structural level and anti-stigma policies must reflect this.

Section 5: Impact of the COVID-19 pandemic

11. To what extent has the pandemic had an impact on workers' psychological health and safety and what specific populations within your sectors are showing high degrees of COVID-19-related psychological distress?

The COVID-19 pandemic has had a great impact on psychological health on many different sectors, as people struggled with a variety of issues. These issues include insecure finances, job security, job stress, fear and anxiety. This has had an impact on workers who may have had precarious situations in their home life, and feelings of psychological distress have been amplified in isolation. There has been a stark increase in the level of domestic Violence in women, as exemplified by increases in call volume for the Domestic Violence Hotlines. In Toronto, compared to the previous year which had call volumes of 4000/ month, counsellors from Assaulted Women's Helpline picked up more than 55 000 calls between March – September with a peak of 8000 calls in June (Owen, 2020).

One of the sectors which have shown the highest degree of psychological distress are the frontline HealthCare workers who have had the greatest role in maintaining public health and have consistently placed in dangerous and stressful high demand roles with increased level of responsibility and reduced resources. A recent study done in collaboration with the Ontario Council of Hospital Unions-Canadian Union of Public Employees (OCHU-CUPE) explored the impact from the early months of the COVID-19 Pandemic and the psychological impact it had on their sense of safety and wellbeing. All of the health care workers felt feelings of anxiety, stress, anger, and fear. There were also increased feelings of abandonment and being exploited as workers struggled to meet demands in precarious working conditions, while dealing with rapidly changing public health guidelines.

A key consideration is to acknowledge that a large portion of the Health Care Worker workforce are made up of women many of whom are immigrants and/or racialized who face their own unique challenges in relation to mental health risk. Health is "fundamentally related to the distribution of resources and power, which in turn are linked to gender and race—in short, to the political economy" (Brophy, 2020). Women have a higher rate of having mood and anxiety disorders. Although statistically reported cases may be lower in ethnic and immigrant populations, this may be due to ethnic and cultural barriers, stigma and the fact applicants are screened for problems during the immigration process (Pawha, 2012).

12. Are there best practices that have been implemented since the beginning of the pandemic that have had a positive impact on workers' psychological health and safety?

While there have been common psychological stressors among workers which have brought about opportunities for effective action, it should be noted that we are still in the midst of this unprecedented pandemic. While these practices have shown to have a positive impact on workers' psychological health and safety, our response is reflective of reactive, informed actions that have been taken up to this point, which can continue to be implemented to determine their long-term effect and true potential as a best practice.

Investment in Digital Health

Many employers are embracing digital health modalities and choosing to supplement existing Mental Health care coverage to take better care of their employees. Based on a Willis Towers Watson survey which based on results from 816 employers in the US in April, 77% of employers offered or expanded access to Mental Health services (Willis Towers Watson, 2020). There has been an increase in virtual communication to aid in social connectedness. Out of public safety and hygiene concerns, virtual teleconferencing replaced face-to-face meetings and was the modality of choice for work meetings. To date, there has been an 85% increase in the access to videoconferencing to keep teams connected (Willis Towers Watson, 2020).

Increase in High Quality Connections

As Aristotle said 'man is by nature a social animal'. Humans all have a basic need to seek and maintain interpersonal relations. In fact, interpersonal relationships come right after basic safety in Maslow's hierarchy of needs. 56% of employers surveyed used those platforms to connect for virtual 'coffee chats' to connect for non work purposes. These micro-interactions at work previously took place near workstations, in the kitchen, or near the watercooler. It is understated how essential those micro interactions impact overall employee and organizational health and success. These interactions are called High Quality Connections (HQC), and short brief dyadic interactions which take place at work (Stephens, 2012). HQCs have a positive effect on organization learning, cognitive performance, cooperation, psychological safety, trust and employee loyalty (Stephens, 2012).

As we shifted to working remotely in the midst of the pandemic, maintaining these quality connections virtually has been both a challenge and opportunity for best practices. According to the National Standard, humans have a number of basic human needs which should be considered when creating and maintaining a psychologically healthy and safe environment - Of them is the need to belong (CSA Z1003). Workers desire support from both supervisors and colleagues, in the form

of advice, direction and planning, and the ability to translate and foster these feelings through virtual human connection has been an integral part of supporting workers remotely. This has been done by ensuring employees understand their value to the organization, are involved in protocol development surrounding meetings, are clear on their expectations while working from home, and are consulted on and agree with their supervisor check-in preferences (Howatt, and Bradley, 2020). It is vital that employees feel fulfilled and connected to the work they do, and this is especially important in this virtual world.

Management Training

There has been additional investment into training programs for management in this period to support managers so they can be better equipped to support their team. The most common key areas of training for employers who took Willis Towers Watson survey are written below:

Promoting the importance of flexibility to employees' needs and challenges related to the COVID-19 restrictions (e.g., managing children at home)	58%
Managing and engaging a remote workforce	52%
Recognizing signs of anxiety and/or depression and how to refer to resources (Employee assistance program (EAP), etc.)	39%

Due to their role and their relationship to their team, they are uniquely primed to understand challenges employees may be facing at work and at home. They will be able to know how to best communicate messaging to adjust content and context so it is most relevant to their team. By providing adequate mental health training, and clear communication in regards to the changing public health landscape, they will be better equipped to assist employees in distress. They shouldn't be clinical experts overnight by any means, but they should be able to understand, communicate, and leverage the wellness supports the organization has made available.

Increase in Control and Flexibility

Prior to the pandemic, nine in 10 organizations had less than 20% of their workforce working remotely. COVID-19 has changed these numbers drastically, with nearly two thirds of organizations having at least 60% of their workforce working remotely (The

Conference Board of Canada, 2020). To many, this shift to working remotely presented many unique challenges to balancing both work and life responsibilities due to the impact of the pandemic on day to day normalcy.

In the workplace, overwhelming job demands with a lack of control over how to organize and manage tasks reduces job satisfaction. However, intellectual demands, or decision-making abilities, and control over how work is to be completed and managed increases job satisfaction (Ottawa Public Health, 2016). Control and flexibility has been an important best practice to ensure that workers are able to keep up with the competing home and work demands that otherwise would be differently managed under regular circumstances. Being open to accommodations such as flex time, modified hours, compressed work weeks, split shifts or working outside of core hours all aim at supporting those with caregiving or other priorities as a result of COVID-19 (Conference Board of Canada, 2020). Even where there are competing demands, where employees thrive is in their ability to decide how to best complete their work and explore which positive coping behaviours work for them. This has proven especially useful during this time of irregular working conditions, competing stressors and new daily responsibilities.

Increase in Focus on Self-Care

Being faced with daily reports of serious illness and death caused by the coronavirus coupled with personal fears surrounding the effects of the virus has created an increased desire to counter this stress and anxiety. As such, information on how to focus on self-care, both in and out of the work environment have been brought to the forefront. Aiysha Malik, a psychologist with the World Health Organization, listed a number of general tips to help encourage self-care. These included eating healthier foods, staying physically active, getting regular sleep, creating a sense of structure and routine, and staying connected with family and friends (Huang, 2020). It has been essential that employees adopt these positive daily practices, in addition to discovering practices that work for their personal needs in order to maintain a more balanced psychological state. It is also important for Leaders to recognize their own needs at a time when employees are looking to them for answers they struggle to provide. The sincerity in leadership support is founded in their actions, and practicing self-care during a stressful time benefits both the leader and those looking for coping strategies. Practicing self-care as a leader includes being kind to yourself, being self-aware, creating and communicating boundaries, maintaining social connections with employees, and finding time to relax (Howatt and Bradley, 2020).

In order to focus on improving self-care, it has become a best practice to focus on building resilience. This can be done on both a personal level, but also by building team resilience in the workplace. Resilience is the ability to withstand both everyday workplace stressors and serious incidents without becoming psychologically harmed,

and acquiring the skill of resilience as a team means a reduction in the risk or intensity of psychological harm to all members of the organization (Workplace Strategies for Mental Health, 2020). Greater resilience means a greater opportunity to bounce back from stressful events, and find opportunities of using self-care practices to navigate through tumultuous events such as COVID-19.

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